Re-wiring health systems under pressure: Uganda's experience with health financing policy transitions and service adaptation

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The ongoing contraction of donor funding is reshaping health systems across the global south, forcing countries to reconfigure financing, service delivery, and priority-setting mechanisms. This study examines Uganda's evolving response to reduced external support, focusing on strategies for domestic resource mobilization, service adaptation, and governance of prioritization. Using longitudinal documentation of national policy processes (2025–2026), we analyzed high-level dialogues, budget negotiations, technical working groups, and multi-stakeholder platforms that shaped domestic health financing policy reforms. Uganda adopted a multi-pronged approach to mobilizing domestic resources, including increased budget allocations (rising from 5.6% to 6.3% of the national budget), co-financing commitments, and alignment of external financing with government systems. Evidence-driven advocacy, particularly by civil society played a critical role in influencing fiscal space debates and budget prioritization. Service delivery adaptations focused on integration and efficiency, with deliberate efforts to reduce fragmentation, transition results-based financing into government systems, and strengthen primary health care platforms. Decision-making on priorities was guided by a combination of fiscal realities, political commitments, and evidence on cost-effectiveness and equity, often negotiated through inclusive policy forums. While reduced donor funding posed risks to service continuity, it also catalyzed shifts toward domestic ownership and policy coherence. Emerging initiatives, including joint planning and budgeting frameworks and the national health financing strategy, signal progress toward universal health coverage and health sovereignty. Uganda's experience demonstrates that financing transitions, when strategically governed, can serve as a catalyst for building more resilient, integrated, and country-owned health systems in contexts of deep uncertainty.