

Price of sight: The pain in



A new report indicates poor access to eye care services, limited awareness about eye health, and insufficient basic eye care in rural areas, among other factors, are contributing to the high rates of blindness in the country. Eye specialists say cataracts and glaucoma are the commonest eye diseases causing blindness among Ugandans.

BY TONY ABET

Mr Paul Odongo, a 74-year-old retired pharmacist from Apac District, experienced a gradual decline in his eyesight for over five years that nearly led to permanent vision loss.

The deterioration culminated in a sudden, shocking loss of sight from a painless disease that caused his left eye to narrow noticeably when he looked in the mirror.

"Every day I looked at my face in the mirror, my left eye was narrowing. But there was no pain in the eye," he recalls.

With no pain involved, the condition progressed stealthily, blurring his vision until he could no longer enjoy simple activities like reading.

Seeking help locally at Apac hospital, a government facility Mr Odongo received a vague diagnosis from a non-specialist doctor, who could not identify the exact issue.

"I went to Apac hospital, and the doctor who examined my eyes said there was a disease in my eyes. But he couldn't tell me the exact issue because he was not a specialist," he remembers.

This highlights the common challenges faced by Ugandans outside major urban centres in accessing accurate diagnosis and timely care.

As his sight worsened, Mr Odongo travelled more than 300 kilometres to Mengo Hospital in Kampala City in 2021 for specialised treatment. There, doctors diagnosed cataracts in both eyes.

He underwent surgery with an operation for one eye costing Shs1.2 million. A new 2025 report by the Ministry of Health indicates that this can go as high as Shs2.5 million in some private facilities for some patients, amid limited access to the services in public facilities.

"I am now seeing things," Mr Odongo says, confirming the surgery's success.

"After the surgery they gave me some eyeglasses that I used for two years and then changed to another pair of eyeglasses," he added.

Mr Odongo's story is far from isolated. His experience reflects the widespread struggle many Ugandans face with eye problems, compounded by limited local expertise and resources, according to eye specialists.

Burden of eye problems

The 2025 Health ministry report, that of Makerere University School of Public Health, Sight Savers and others, indicates that the country has an estimated 28,843 blind people, 329,489 people with low vision and 6,314 people who are deaf and blind.

According to the report, there were 154,465 cases of eye problems treated in the outpatient departments of regional referral hospitals, and 27,813 cases treated in inpatient units (admissions) between 2020 and 2024.

"Among outpatient cases, over 74,925 (50 percent) were classified as other eye conditions, an issue partly attributed to challenges with the reporting system," part of the report read.

It read further: "These were followed by refractive errors, cataracts and glaucoma. For inpatient cases, the main conditions were other eye issues, cataracts, refractive errors, glaucoma and diabetic retinopathy."

Dr Jacob Ntende, an eye specialist at Mulago National Referral Hospital, says eye health remains a major public health challenge in Uganda, where visual impairment affects a significant portion of the population, particularly older adults.

He states that cataracts and glaucoma are the commonest eye diseases causing blindness in Uganda.

Recent data also indicates that around seven percent of Ugandans experience decreased vision, with some national surveys showing moderate or worse visual impairment ranging from 6.9 percent to 8.9 percent among those aged 50 and above.

This is based on a 2023 report by researchers from Sight Savers Uganda, as well as Mulago and Mbarara hospitals. Factors contributing to the high rates of blindness include poor access to eye care services, limited awareness about eye health, and insufficient basic eye care in rural areas, according to the report.

"The major cause of blindness was unoperated cataract (39.3 percent),

28,843

The number of blind people, according to a new 2025 report by the Ministry of Health, Makerere University School of Public Health, Sight Savers and others.

Shs1.2m

The cost of operating one eye, according to a 2025 report by the Health ministry and other stakeholders. But the same report revealed that this amount could go as high as Shs2.5 million in some private facilities.

with corneal opacities (trachoma and other causes) responsible for a further 32.6 percent," the 2023 report read in part.

It added: "Cataract and age-related macular degeneration (ARMD) were also the most important causes of severe visual impairment: 59.2 percent and 9.6 percent, respectively."

"Overall, 72 percent of the blindness and severe visual impairment was due to avoidable causes. Prevalence of severe visual impairment and blindness was relatively low in this population," the report read in part.

System accessing care

The crisis in accessing care stems from systemic issues, according to specialists. Rural and upcountry facilities often

lack basic diagnostic equipment, relying on torches instead of slit lamps, ophthalmoscopes, or magnifiers essential for micro-level eye examinations.

Dr Ntende is blunt about the challenges in accessing care and reasons for the high burden of blindness.

"Many people are less informed about eye problems, which is why some resort to using herbal remedies," he says.

Dr Ntende added: "Many of these hospitals don't have equipment. That's why we find that almost whoever has a big eye condition runs to Kampala, runs to Mulago hospital, runs to these other private hospitals, because for them, I think they try to equip themselves."

The specialist says medical personnel use obsolete methods to diagnose and manage patients, thus the limitations as experienced by Mr Odongo.

"When you go deep out there, you'll find that a clinician, instead of using an arch lamp, an equipment with magnifiers, so that you can even see what the naked eye cannot see... up country, the only equipment that one has is a torch. What will a torch help you to see? The eye has the smallest structures," Dr Ntende says.

Human resource shortages exacerbate the problem. Uganda has only about 40 ophthalmologists serving more than 45 million people, far below recommended rates.

Dr Ntende says as a result, several regional hospitals such as those in Jinja, Lira, and Gulu, have just one or none, relying instead on ophthalmic clinical officers.

Ms Primrose Magala, a British senior ophthalmic nurse at London's Moorfields Eye Hospital and the founder of Eye Health Africa CIC, has first-

accessing eye care services



Dr Immaculate Atukunda (right), an ophthalmologist, says low-cost devices can be used for accurate diagnosis of eye diseases in low-resource settings. PHOTO/TONY ABET

hand experience with Uganda's issues.

They say...



Primrose Magala, Senior ophthalmic nurse

We have got the human resources, but we just need to support them. The cost of training is not that high... If you give us six weeks, we can teach 100 ophthalmologists. As a nurse, I can treat 1,000 patients in a month, and I just want that in my country, Uganda.



Dr Jacob Ntende, an eye specialist

Many of these hospitals don't have equipment. That's why we find that almost whoever has a big eye condition runs to Kampala, runs to Mulago hospital, runs to these other private hospitals, because for them, I think they try to equip themselves.



Dr D Kyabazwe, public health director

There are seven known reasons for cataracts: ageing, genetic conditions, underlying medical conditions, trauma from accidents, medication for chronic illnesses with drugs that have steroids, smoking and drinking, and exposure of the eyes to sun rays.

"I am a nurse practitioner in the United Kingdom, and although I am recognised there, sadly here, in Uganda, the colleagues who are trained are not recognised," she said.

Ms Magala added: "We have got the human resources, but we just need to support them. The 45 ophthalmologists, who go to 100 in a year, because the cost of training is not that high... If you give us six weeks, we can teach 100 ophthalmologists. The nurses can treat patients. As a nurse, I can treat 1,000 patients in a month, and I just want that in my country, Uganda."

Dr Daniel Kyabazwe, the director of public health at the Ministry of Health, acknowledged the challenges and echoes the government's commitment to address them. He urged those over 40 years, especially those with diabetes or long-term steroid use, to screen regularly for cataracts and other issues.

"There are seven known reasons for cataracts: ageing, genetic conditions, underlying medical conditions, trauma from accidents, medication for chronic illnesses with drugs that have steroids, smoking and drinking, and exposure of the eyes to sun rays," he observed.

Dr Immaculate Atukunda from Makerere University highlighted a recent study by a team of researchers from Makerere University, Busitema University, and the University of St Andrews in Scotland, which validated a low-cost solar-powered device for an accurate diagnosis of eye diseases in low-resource settings.

She said the new device, Arclight, identifies preventable eye diseases that can leave a person partially or completely blind.

Dr Atukunda said Arclight was found to be as effective as the commonly used portable slit lamp in diagnosing frontal eye diseases such as cataracts, trachoma, corneal ulcers, corneal trauma and conjunctivitis.

According to the 2025 report,

private sector and non-governmental organisations remain essential players, bridging gaps in eye care.

Last week, the Rupelia Foundation announced an eye treatment camp scheduled to run this month from 27-29th in eastern Uganda, at the Rupelia Teaching Hospital, with experts from Mulago hospital also coming to offer services.

Hundreds of patients from eastern and northern Uganda are expected to benefit from the free eye treatment camp.

This is being organised in memory of the late businessman Rajiv Rupelia, with organisers and his billionaire father Sudhir Rupelia saying "the untimely reflects his belief that wealth should be shared with others."

Ms Joyntina Rupelia said the camp is intended to promote the values her son espoused during his lifetime. Rajiv Rupelia died on May 3, 2025, in a road crash along the Entebbe Expressway.

"The late Rajiv always said your money is not good if you do not share it with people. In March last year, he sent me a message saying mum fix a date for the eye camp, and I will be blessed. For the family, late Rajiv liked friends and there was nothing as good as giving sight," she said last Tuesday.

Funding gaps

The new 2025 report by the Ministry of Health and others further highlights limited prioritisation for eye health by the government, with many interventions currently supported by non-governmental organisations.

Citing the health sector budget for the 2023/2024 financial year, which was Shs4,052 trillion, with 52 percent from the government and 34 percent from health partners, the report indicates sidelining of eye health despite the high burden.

"Eye health does not have direct funding in the budget and is given lower priority, affecting resources. Funds for eye care mainly go to salaries, equipment, and medicines through the National and Joint Medical Stores," the report read in part.

It added: "In the 2023/2024 financial year, 29 percent of the government's health contribution went to wages, 27 percent to supplies, and six percent to infrastructure."

"District-level eye health funding follows primary healthcare guidelines and supports salaries and supplies. However, eye care remains a lower priority compared to other health needs."

In the report, the government policy is to provide free health services in public facilities, including eye care, "but funding shortages force many patients to pay out-of-pocket for private treatment."

"Some public hospitals used cost-sharing, where patients pay part of the fees, such as Shs150,000-250,000 (\$40-67) for cataract surgery in some parts of the country. Others have private wings where patients can pay for faster services," the report read in part.

It added: "Only 1.1 percent of the population has private health insurance, mostly in urban areas. Coverage is limited, often paying for consultations but not full treatment."

The country has been working toward Uganda Healthcare Coverage since 2015, according to the Ministry.

KEY INFORMATION

According to a new 2025 report by the Ministry of Health, Makerere University School of Public Health, Sight Savers and others, there are 28,843 blind people, 329,489 people with low vision and 6,314 people who are deaf and blind in Uganda.

Cataracts account for a substantial share, often over 50 percent of blindness cases in various studies.

Causes of blindness and severe visual impairment

• 72% of blindness and severe visual impairment are preventable or treatable

• 154,465 cases of eye problems handled in the outpatient department of the regional referral

• 27,813 cases handled in the inpatient units (admission) between 2020 and 2024

• Shs1.2 million for operating one eye

Main causes of blindness, reduced sight nationally include:

• Cataracts

• Refractive errors

• Glaucoma

• Trachoma

• River blindness (onchocerciasis)

• Diabetic and hypertensive retinopathy

Prevention of blindness

• Regular eye check up

• Eat Balanced diet

• Treat underlying diseases like diabetes that increase risk of blindness

• Wear protective eyewear in workplace to prevent injury

• Always wash your hands with bad germs in your hands

• Reduce screen time to protect your eyes from straining



But one of the essential elements, the National Health Insurance Scheme (NHIS) Bill has not also been approved after decades of advocacy to put it in place. This challenge, health experts said, has limited several Ugandans who cannot afford cost of care to ignore eye treatment and face preventable blindness.

The researchers also found the cost of selected eye health services. "Insured clients often paid more, while vulnerable patients would get discounts or pay in instalments," the report read in part.

It added: "Cataract surgery costs ranged from Shs300,000 (\$80) for financially struggling patients to between Shs2.5 million and Shs3 million (\$627- \$750) for those considered able to pay. Spectacle prices start at Shs50,000 (\$13) but had not set an upper limit."

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