# STRENGTHENING HEALTH SYSTEMS FOR ENDOSCOPY IN UGANDA


## Authors

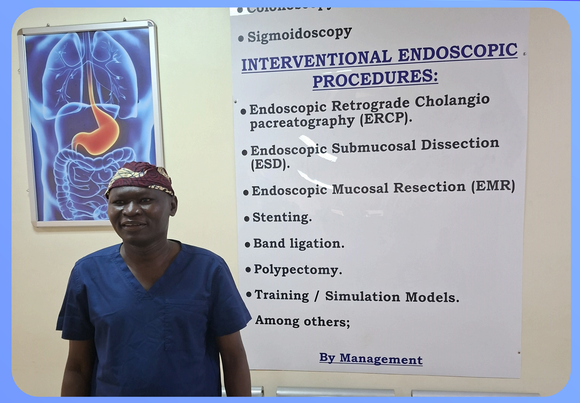
Principal Investigator: Dr Ogwang Oscar MD, MMed (Gen.Surgery)
Makerere University, College of Health Sciences, Kampala, Uganda
Collaborators: Katambala K Perez, MPH
Lund University, Faculty of Medicine, Malmo, Sweden
Dr. Elobu Emmanuel Alex, MBCHB, MMED, FCS(ESCA), MBA
Mulago National Referral Hospital, Department of Surgery, Kampala, Uganda
Dr. Okeny Paul MBCHB, MMED, FCS(ESCA)PhD
Makerere Uversisty College of Health Sciences
Dr. Kurigamba Gideon MBCHB, MMED, FSC(ESCA)
Mulago National Referral Hospital, Department of Surgery, Kampala, Uganda


MAKERERE UNIVERSITY

UGANDA

## Introduction

Endoscopy has transformed surgical care globally, yet its uptake in low-resource countries remains limited. In Uganda, Infrastructure gaps: Most endoscopic procedures are concentrated in urban hospitals, leaving rural areas underserved. health system challenges, financial constraints, and gender inequities within the surgical workforce may hinder equitable adoption of Endoscopy. Evidence is needed to guide sustainable policy and workforce strategies.




## Objectives

- Identify health system barriers to endoscopy adoption in Uganda
- Analyze insurance coverage and cost-effectiveness of endoscopy compared to other diagnostic procedure,
- Assess workforce challenges and potential task-shifting models
- Explore gender equity in surgical practice and leadership

## Expected Outcomes

The project is expected to generate actionable evidence on barriers to endoscopy scale-up, highlight opportunities for policy and insurance alignment, and propose task-shifting and gender equity strategies. Findings will inform policymakers, hospital administrators, and surgical educators in designing sustainable pathways for expanding endoscopy in Uganda.

## Methodology

A prospective mixed-methods study will be conducted in three regional referral hospitals Mbale, Lira, Hoima, and Mulago National Referral Hospital in Uganda. Data collection will include policy and insurance reviews, semi-structured interviews with surgeons, anesthetists, and policymakers. Workforce mapping will identify training gaps, while focus groups will assess perceptions of gender equity and leadership opportunities in surgery.

## Conclusion

This project will provide a critical evidence base for advancing surgical equity in Uganda. By addressing health policy, financial, workforce, and gender dimensions, the study aims to strengthen national strategies for sustainable adoption of endoscopy in low-resource settings.

## Contact


+256776942440 ogwangoscarv@gmail.com