

## Editorial: Reimagining cataract financing in Uganda

As an ophthalmologist and clinical lecturer at Mbarara University of Science and Technology, I am deeply committed to transforming eye health in Uganda. My academic journey began with earning a medical degree and a Master's in Medicine from Mbarara University, followed by a PhD from the London School of Hygiene & Tropical Medicine (LSHTM), where I focused my research on corneal infections in Uganda. With a strong emphasis on anterior segment diseases and public health innovation, I have dedicated my career to combating preventable blindness and reimagining Uganda's eye care landscape through research, leadership, and advocacy. My vision is to create accessible and sustainable solutions for the challenges we face, which are substantial.

In Uganda, the need for eye care is immense. With only 50 ophthalmologists serving a population of 45 million, and similar shortages in allied eye health professions, the lack of resources is staggering. Of the 1.26 million people currently requiring cataract surgery, just 13,500 surgeries are performed annually. Financial constraints exacerbate the problem—only 10% of those in need can afford the procedure, leaving a vast unmet demand.

To help address this, I founded Dr. Arunga's Eye Hospital (DAEH) as the first social enterprise facility in Uganda dedicated to improving eye health. The hospital provides quality, affordable eye care to underserved communities, ensuring that no patient is turned away due to financial constraints. However, operating within the current model is challenging. At times, the hospital struggles to cover its costs, limiting our ability to invest in the future and tackle the broader gap in Uganda's eye care system. Uganda does not have a National Health Insurance scheme that is able to minimise out of pocket expenditure for the patients.

Through my journey I have been fortunate enough to encounter fantastic colleagues and mentors. One such colleague is Dr. Andrew Bastawrous, founder and CEO of Peek Vision and Professor of Global Eye Health at LSHTM. A few years ago, we began talking about some of my challenges and what needed to change. What if there was an innovative solution to the problem – far from unique to Uganda – of huge backlogs, patients who can't afford surgery and a system that can't sustainably

provide high-quality care? Peek has been at the forefront of developing technology-led solutions to support eye health programmes at scale. In many regions Dr Bastawrous and his team experience the same issues we see in Uganda – even where programmes are successfully using Peek's technology to help them find patients and connect them to care, people are unable or unwilling to pay and continue to live without sight. What if patients could access low-cost capital to enable them life changing cataract surgery? Such an approach wouldn't just change lives—it could transform household incomes and futures.

From there, an idea was born! Using Peek's technology and our know-how, we approached Opportunity Bank, who are at the cutting edge of providing loans to underserved communities and have a fantastic track record of helping people in Uganda. Together, we developed the outline for a programme whereby cataract patients can be identified in the community then assessed medically at a local facility, all using the Peek technology so outcomes can be monitored. Those who need straightforward cataract surgery but cannot pay upfront are referred to Opportunity Bank, who provide the individual with counselling and financial literacy training. Where appropriate, the patient or their caregiver will be offered a small loan to cover the cost of surgery.

The programme pilot launched in March 2025 and is now underway. Our collective goal is to ensure that financial barriers do not prevent access to life-changing care. While it is still early days, our aspiration is that this model creates a self-sustaining system by connecting patients to financial resources, ensuring access to surgery, and making our hospital financially sustainable. We have dubbed this as a “see now, work and pay later” model. While we are at the very early stages, the potential is huge and could change the lives of so many families in Uganda.

These ideas inspire me to keep pushing for a future where no one in Uganda is left in the dark due to preventable blindness.

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