



Cost-Effectiveness Evaluation of District Hospital Systems in Uganda: A Randomized Field Trial

Kiganda Muhumuza^{1,2}, Semedi Kamy^{2,3}, Nkasi Nabasajja⁴

¹ Department of Internal Medicine, Gulu University

² Kyambogo University, Kampala

³ National Agricultural Research Organisation (NARO)

⁴ Department of Internal Medicine, Kyambogo University, Kampala

Published: 02 March 2003 | **Received:** 09 November 2002 | **Accepted:** 12 February 2003

Correspondence: kmuhumuza@aol.com

DOI: [10.5281/zenodo.18775901](https://doi.org/10.5281/zenodo.18775901)

Author notes

Kiganda Muhumuza is affiliated with Department of Internal Medicine, Gulu University and focuses on Medicine research in Africa.

Semedi Kamy is affiliated with Kyambogo University, Kampala and focuses on Medicine research in Africa.

Nkasi Nabasajja is affiliated with Department of Internal Medicine, Kyambogo University, Kampala and focuses on Medicine research in Africa.

Abstract

District hospitals in Uganda face significant challenges in providing cost-effective healthcare services to their populations. A randomized controlled trial was conducted across five districts, employing mixed methods including surveys, clinical audits, and economic modelling to assess service delivery efficiency and patient outcomes. The analysis revealed that the average cost per patient consultation decreased by 10% after implementing evidence-based interventions, with a 95% confidence interval for this reduction ranging from -2.5 to -7.5%. This study provides robust evidence on the potential of randomized trials in evaluating district hospital systems and highlights specific areas where resources can be more efficiently allocated. District health authorities should prioritise training programmes for healthcare providers, focusing on best practices from successful interventions identified through this trial. district hospitals, cost-effectiveness, randomized field trial, Uganda

Treatment effect was estimated with $\text{text}\{\text{logit}\}(\pi) = \beta_0 + \beta^T p X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *Sub-Saharan, healthcare delivery, cost-effectiveness, randomized control trial, public health systems, resource allocation, primary care effectiveness*

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ **REQUEST FULL PAPER**

Email: info@parj.africa

Request your copy of the full paper today!

SUBMIT YOUR RESEARCH

Are you a researcher in Africa? We welcome your submissions!

Join our community of African scholars and share your groundbreaking work.

Submit at: app.parj.africa



Scan to visit app.parj.africa

Open Access Scholarship from PARJ

Empowering African Research | Advancing Global Knowledge