





# **EXECUTIVE SUMMARY**

Improving the quality of life for Ugandan citizens requires the implementation of effective public policies, programs, plans, and projects that address cancer as a significant public health issue. The development and implementation of a National Cancer Control Plan (NCCP) is crucial for transforming the lives of citizens by providing comprehensive cancer care. Despite the adoption of critical legislative measures such as the Tobacco Control Act (2015), the Uganda Cancer Institute Act (2016), and the Uganda National Alcohol Control Policy (2019), significant gaps remain. These gaps include an inadequate number of oncologists, insufficient cancer screening, diagnosis, and treatment equipment, limited availability of cancer control services in rural areas, and low levels of cancer awareness among health workers and the general population. Additionally, issues such as the infiltration of substandard or counterfeit cancer drugs, weak coordination mechanisms, and prevalent myths and misconceptions about cancer continue to hinder cancer control efforts in Uganda.

This policy brief, informed by the 2023 National Cancer Symposium held in Kampala, highlights the urgent need for the adoption and implementation of the NCCP. Stakeholders, including ministers, directors, commissioners, civil society actors, academia, research institutions, media, and donor partners, have emphasized the importance of a structured, systematic, and evidence-based approach to cancer control. Currently, cancer services in Uganda are centralized and lack coordination, surveillance mechanisms, and active participation from survivors, which hampers the effective and efficient delivery of cancer care.

To address these challenges, it is imperative to develop and implement the NCCP, which will provide a holistic approach to cancer prevention, treatment, and care. The NCCP will facilitate the integration of cancer services into the broader health system, ensuring accessibility and equity in cancer care across the country. It will also enhance the capacity of healthcare professionals through specialized training and improve public awareness through targeted education and outreach programs.

## **KEY ISSUES**

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In Uganda, there are currently more than 34,008 new cases, and over 22,992 cancer deaths annually. 2

The 58th World
Health Assembly
resolution on cancer
prevention and control,
adopted in May 2005, calls on
member states to intensify
actions against cancer, by
developing and
re-enforcing cancer
control programs.

3

Uganda is currently developing the National Cancer Control Plan is to reduce cancer risk, sickness, and death in the country.

### 1. INTRODUCTION

The 58th World Health Assembly resolution on cancer prevention and control (WHA58.22), adopted on 25th May 2005, urges member states to intensify actions against cancer by developing and reinforcing comprehensive cancer control programs. In 2017, the same Assembly re-affirmed its commitment to cancer prevention and control, using integrated approach (WHA70.12) [1].

Article 5, sections (b) and (e) of the Uganda Cancer Institute Act (2016) mandates the Institute to manage cancer and cancer-related diseases and oversee cancer services in both public and private health centers [2]. Consequently, the development and implementation of the NCCP will be overseen by the Uganda Cancer Institute, with assistance from the National Cancer Control Multi-Sectoral Committee of the Prime Minister's Office, hosted by the Ministry of Health. The NCCP includes a framework for monitoring and evaluation to track progress on specific indicators and targets.

The NCCP aligns with national strategies such as the National Development Plan (NDP), the Uganda Health Sector Development Plan, and the Health Sector Strategic and Investment Plan. It also contributes to Vision 2040, which emphasizes empowering households and communities to take control of their health through healthy practices and lifestyles.

## 2. PURPOSE OF THE POLICY BRIEF

The purpose of this policy brief is to advocate for the urgent adoption and implementation of the NCCP in Uganda. It aims to:

- a) Highlight the Need: Emphasize the critical gaps and challenges currently hindering effective cancer control in Uganda, such as the shortage of oncologists, inadequate screening and treatment equipment, limited cancer services in rural areas, and low levels of cancer awareness.
- b) Present Evidence and Recommendations: Provide evidence-based recommendations from stakeholders, including insights from the 2023 National Cancer Symposium, to support a structured, systematic, and inclusive approach to cancer control through the NCCP.
- c) Align with Global and National Priorities: Show how the NCCP aligns with international resolutions, such as the 58th World Health Assembly's resolution on cancer prevention and control, and national policies like the Uganda Cancer Institute Act, National Development Plan, and Uganda Health Sector Development Plan.
- d) Encourage Stakeholder Engagement: Promote the involvement of various stakeholders, including government bodies, civil society, research institutions, and the private sector, in the development and implementation of the NCCP to ensure comprehensive and coordinated cancer control efforts.
- e) Facilitate Policy and Advocacy: Serve as a tool for policy advocacy to ensure adequate resources, political will, and strategic partnerships are mobilized to support the NCCP, ultimately aiming to reduce cancer-related morbidity and mortality in Uganda.



# 3. FINDINGS

#### 3.1 Achievements

Development of NCCP: A Technical Working Group (TWG) and National Steering Committee were constituted. A roadmap and Terms of Reference were developed to guide the writing process.

**Benchmarking:** A benchmarking visit to Kenya was conducted to study their NCCP development process, which informed Uganda's plan. WHO supported the costing of the Plan.

**Writing of the Plan:** The TWG developed drafts reviewed by various stakeholders. Stakeholder Engagement: Different constituencies, including persons with albinism, child-focused organizations, patients, and survivors, were engaged to gather diverse perspectives and support for the Plan.

**Decision Making:** The draft Plan was reviewed and adopted by the UCI board of directors and forwarded to the Health Policy Advisory Committee of the Ministry of Health in 2024. It is now awaiting presentation to the Top Management of the Ministry of Health.

**Efforts to Implement Key Pillars of the Plan:** The Ugandan government, through UCI, has made efforts to strengthen cancer service delivery, including decentralizing services, training oncologists, and constructing more treatment facilities.

## 3.2 Enabling Factors

**Increased Political Will:** The Ugandan government has included efforts to support cancer control in the National Development Plan III and party manifestos.

**Strong Support from Global Partners:** WHO provided a consultant for the Plan's costing, and the Commonwealth Foundation funded stakeholder engagement initiatives.

**Strong Government-Civil Society Relationship:** UCI provides technical leadership, and civil society organizations contribute community perspectives and resources for stakeholder engagement.

**Good Leadership at UCI:** Strong leadership and political commitment have supported the Plan's adoption and implementation.

### 3.3 Challenges

Despite substantial progress in developing the National Cancer Control Plan (NCCP) in Uganda, several challenges continue to hinder its finalization and implementation. These challenges include:

**Time Constraints:** The NCCP's development has spanned over seven years, requiring frequent adjustments to align with changing government priorities and policies. This prolonged timeline has delayed the implementation of critical interventions, affecting timely service delivery.



**Technical Gaps in Costing:** Accurately costing the NCCP proved technically complex, leading to significant delays. External support from the World Health Organization (WHO) was necessary to address these gaps, further slowing the plan's progress.

**Financial Limitations:** Insufficient government funding has led to heavy reliance on civil society organizations and donor partners. This dependency is unsustainable and risks the continuity of cancer control efforts.

**Infiltration of Substandard Drugs:** The presence of counterfeit cancer drugs in the market jeopardizes patient safety and undermines public trust in the healthcare system. Addressing this issue requires stringent regulatory measures and robust surveillance mechanisms.

**Limited Cancer Control Services in Rural Areas:** Centralized cancer care facilities limit access for patients in remote regions, exacerbating health inequities and hindering equitable cancer care.

Low Levels of Cancer Awareness: Myths and misconceptions about cancer among health workers and the general population delay early detection and treatment. Enhancing cancer education and awareness is crucial for improving early diagnosis and promoting healthier lifestyles.

**Weak Coordination Mechanisms:** Poor coordination among government agencies, healthcare providers, and civil society organizations hampers efficient cancer care delivery. Stronger coordination is needed to streamline efforts and ensure cohesive implementation of the NCCP.

**Political and Bureaucratic Hurdles:** Navigating political and bureaucratic challenges has delayed the approval and implementation of the NCCP. Continuous advocacy and engagement with policymakers are required to secure sustained political support.

Addressing these multifaceted challenges is essential for Uganda to achieve the goals outlined in the NCCP and improve cancer care and outcomes for its citizens.

### 3.4 Practical Solutions

### **Speedy Adoption and Subsequent Implementation:**

With the political landscape in Uganda gearing up for upcoming elections, there is an urgency to expedite the adoption of the National Cancer Control Plan (NCCP). Delays in implementation could lead to further gaps in cancer care, affecting countless lives. Accelerating the adoption process through streamlined bureaucratic procedures and leveraging political momentum can ensure that the NCCP is enacted swiftly, providing a structured framework for comprehensive cancer control.

**Budget Advocacy:** Civil society organizations play a crucial role in advocating for adequate resource allocation to support cancer control interventions. By engaging in persistent budget advocacy, these organizations can highlight the discrepancies between approved budgets and actual expenditures, ensuring that sufficient funding is allocated for medical supplies, advanced diagnostic equipment, and treatment facilities. Advocacy efforts should focus on securing sustained financial commitments from the government and minimizing reliance on inconsistent donor funding.



**Strengthening Multi-Sectoral Partnerships:** Developing robust partnerships across various sectors is essential for the successful implementation of the NCCP. Collaborations between government bodies, non-governmental organizations, private sector stakeholders, and international partners can pool resources, expertise, and innovations. Multi-sectoral partnerships can enhance the reach and effectiveness of cancer control initiatives, ensuring a cohesive and comprehensive approach to addressing the cancer burden in Uganda.

**Enhancing Cancer Education and Awareness:** A critical component of effective cancer control is raising awareness and educating both health workers and the general population about cancer prevention, early detection, and treatment options. Implementing targeted education campaigns can dispel myths and misconceptions about cancer, promoting healthier lifestyles and encouraging regular screenings. Utilizing various media platforms and community outreach programs can amplify the impact of these educational efforts, leading to increased cancer awareness and proactive health-seeking behavior.

**Decentralizing Cancer Services:** Centralized cancer care facilities often limit access for patients in remote and rural areas, exacerbating health inequities. Decentralizing cancer services by establishing regional cancer treatment centers and mobile screening units can bring essential services closer to underserved populations. This approach not only improves accessibility but also enhances early detection and timely treatment, leading to better health outcomes.

**Ensuring Regulatory and Surveillance Mechanisms:** Addressing the infiltration of substandard or counterfeit cancer drugs requires stringent regulatory measures and robust surveillance mechanisms. Strengthening the capacity of regulatory bodies to monitor and enforce quality standards for cancer medications is imperative. Implementing effective surveillance systems can ensure the safety and efficacy of cancer drugs, maintaining public trust in the healthcare system and improving patient outcomes.

**Promoting Research and Innovation:** Encouraging and funding research initiatives focused on cancer prevention, diagnosis, and treatment can provide evidence-based solutions tailored to Uganda's specific needs. Collaborative research with local and international institutions can foster innovation and contribute to the global body of knowledge on cancer control. Establishing research grants and incentives can stimulate scientific inquiry, driving advancements in cancer care and improving patient outcomes.

By addressing these practical solutions, Uganda can make significant strides in cancer control, ultimately improving the quality of life for its citizens and reducing the burden of cancer nationwide.

### 3.5 Lessons Learned

Speedy Adoption and Subsequent Implementation: With the political landscape in Uganda gearing up for upcoming elections, there is an urgency to expedite the adoption of the National Cancer Control Plan (NCCP). Delays in implementation could lead to further gaps in cancer care, affecting countless lives. Accelerating the adoption process through streamlined bureaucratic procedures and leveraging political momentum can ensure that the NCCP is enacted swiftly, providing a structured framework for comprehensive cancer control.



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# 4. CONCLUSION

The National Cancer Control Plan is a crucial tool for bridging gaps in cancer control in Uganda. It provides a comprehensive framework for implementing cost-effective and evidence-based cancer control interventions across the cancer control continuum. The NCCP's holistic approach encompasses prevention, early detection, diagnosis, treatment, palliative care, and survivorship, addressing the entire spectrum of cancer care. By integrating cancer services into the broader health system, the NCCP ensures that cancer care is accessible, equitable, and of high quality, especially in underserved and rural areas. Adequate multi-sectoral support is essential for the successful implementation of the NCCP. The engagement of government bodies, civil society organizations, academic and research institutions, the private sector, and international partners will be pivotal in mobilizing resources, expertise, and political will. This collaborative effort will enhance the effectiveness of cancer control initiatives, leveraging diverse strengths to overcome challenges and achieve the plan's objectives.

Significant progress can be made in reducing cancer-related morbidity and mortality through the NCCP. By prioritizing the adoption and implementation of the NCCP, Uganda can strengthen its healthcare system's capacity to address cancer comprehensively. The plan's success will demonstrate Uganda's commitment to improving public health and serve as a model for other countries facing similar challenges in cancer control.

The adoption of the NCCP represents a significant step forward in Uganda's fight against cancer. It is a testament to the collective dedication of stakeholders to improve the health and well-being of Ugandan citizens. Moving forward, continued advocacy, resource allocation, and stakeholder engagement will be critical in transforming the NCCP's vision into reality, ultimately leading to better health outcomes and a brighter future for all Ugandans.

# 5. RECOMMENDATIONS

Presenting the Plan for adoption: The Uganda Cancer Institute (UCI) should finalize the National Cancer Control Plan (NCCP) by incorporating feedback from the Health Policy Advisory Committee as well as that of the Minister of Health. By the time of developing this Policy Brief the Writing Team for the NCCP at UCI was incorporating feedback. This finalization process must be thorough, ensuring that all stakeholder inputs are meticulously addressed, and the plan reflects a comprehensive approach to cancer control. Fast-Track Review and Adoption: The Ministry of Health should prioritize the review and adoption of the NCCP by the Top Management once submitted by UCI. Expedient approval will facilitate the swift implementation of critical interventions outlined in the plan. An accelerated review process is essential to address the urgent need for structured cancer control and to avoid any delays that could impact the delivery of cancer care services.

**Resource Allocation:** The Ministry of Finance, Planning, and Economic Development should allocate a vote or significantly increase the allocation of resources to the NCCP. Adequate funding is necessary to support high-impact research, foster innovation, enhance disease prevention strategies, improve early detection mechanisms, and ensure comprehensive treatment and surveillance. A well-funded NCCP will enable the procurement of modern diagnostic and treatment equipment, support the training of oncologists and other healthcare professionals, and facilitate the expansion of cancer services to rural areas.



**Strengthening Surveillance and Data Management:** The Ministry of Health and Uganda Cancer Institute should establish robust cancer surveillance systems to gather accurate and timely data on cancer incidence, prevalence, and outcomes. Effective data management will inform policy decisions, enable efficient allocation of resources, and track the progress of cancer control initiatives. This will also facilitate the identification of emerging trends and areas needing focused intervention.

**Enhancing Public Awareness and Education:** The Parliament of Uganda should allocate resources toward developing and implementing targeted education and outreach programs to raise public awareness about cancer prevention, early detection, and treatment options. These programs should address prevalent myths and misconceptions about cancer, promote healthy lifestyles, and encourage regular screenings. Collaboration with media, civil society organizations, and community leaders will be vital in disseminating information and mobilizing community support.

**Fostering Multi-Sectoral Collaboration:** The Office of the Prime Minister working closely with the Ministry of Health should strengthen partnerships between government bodies, civil society organizations, academic and research institutions, private sector stakeholders, and international partners. A coordinated, multi-sectoral approach will enhance the effectiveness of cancer control efforts, leveraging diverse expertise and resources to implement the NCCP comprehensively. Establishing clear roles and responsibilities for each stakeholder will ensure accountability and collaborative success.

**Building Healthcare Capacity:** Uganda Cancer Institute with funding support from the Ministry of Finance should Invest in the training and capacity-building of healthcare professionals specializing in oncology. Continuous professional development programs, coupled with opportunities for local and international training, will enhance the skills of oncologists, nurses, and other relevant healthcare providers. Building a strong cadre of trained professionals is crucial for delivering high-quality cancer care and managing complex cases effectively.

**Ensuring Accessibility and Equity:** Uganda Cancer Institute ought to, in addition to the regional cancer centres, develop strategies to decentralize cancer services, ensuring they are accessible to populations in rural and underserved areas. Implement mobile cancer screening units and establish regional cancer treatment centers to reduce the burden on centralized facilities. Equity in access to cancer care is essential for addressing disparities and improving health outcomes across different demographic groups.

**Monitoring and Evaluation:** Uganda Cancer Institute and Ministry of Health should establish a robust framework for monitoring and evaluating the implementation of the NCCP. Regular assessments will track progress against defined indicators, identify challenges, and inform necessary adjustments to the plan. Transparency in reporting and accountability mechanisms will ensure that the NCCP achieves its objectives and delivers tangible improvements in cancer control.

Through addressing these recommendations, Uganda can make significant strides in cancer control, ultimately improving the quality of life for its citizens and reducing the burden of cancer nationwide. The successful implementation of the NCCP will demonstrate Uganda's commitment to public health and set a precedent for other nations in the region to follow.

























































### **REFERENCES**

The Uganda Cancer Institute Act (UCI) Act, 2016 The 58th World Health Assembly Resolution, May 2015 and 2017 Report on the 2nd National Cancer Symposium, 7th December 2023. (http://npa.ug/wp-content/themes/npatheme/documents/vision2040.pdf)

### CONTACT

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