UGANDA

International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Gastric Cancer Care** in Uganda

EXECUTIVE SUMMARY

Gastric cancer care in Uganda is at a nascent stage. Most patients present with advanced disease, diagnostic capacity is concentrated in urban referral hospitals, and access to biomarker testing or advanced systemic therapies is virtually absent in the public sector. High out-of-pocket costs, limited national guidelines, and underdeveloped palliative and survivorship programs further constrain outcomes.

This policy brief outlines critical gaps and strategic reforms to lay the foundation for an integrated gastric cancer care system in Uganda.

INTRODUCTION

Building from a Low Base Amid Rising Burden

Uganda faces a rising burden of gastric cancer, compounded by late presentation and limited health system readiness. Diagnostic services such as endoscopy are scarce, mostly located in Kampala and a few regional hospitals, creating barriers for rural populations.

With a **Level 1 – Nascent** gastric cancer maturity, Uganda requires urgent investment in screening awareness, diagnostic infrastructure, treatment access, and palliative care integration.

Uganda Ranks at Level 1– Gastric Cancer Care Maturity Framework

International Cancer Patient Coalition

GASTRIC CANCER IN UGANDA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national screening or awareness programs; most patients present with late-stage disease. Endoscopy services limited and concentrated in few tertiary hospitals.	Emerging capacity at Mulago National Referral Hospital and regional cancer centers.	Establish awareness campaigns for alarm symptoms; expand endoscopy capacity through procurement of equipment, training, and outreach; subsidize diagnostic services for low-income patients.
Biomarker & Molecular Testing	Virtually no access to HER2 or MSI testing in the public system.	Academic collaborations provide small-scale pilot projects.	Build partnerships with research labs for subsidized testing; integrate HER2 testing in tertiary hospitals as capacity grows.
Treatment Access	Surgery and chemotherapy available only in national referral and select regional hospitals; targeted therapies and immunotherapy not available in public sector.	Existing cancer surgery expertise in Kampala.	Expand surgical training and decentralize oncology services; establish drug-access partnerships with pharmaceutical companies and donors; pilot subsidized access to targeted agents.
Clinical Guidelines	No standardized national gastric cancer guidelines.	Regional centers follow adapted international protocols on a case-by-case basis.	Develop national GC treatment guidelines aligned with global standards; train clinicians in guideline use.
Palliative & Survivorship Care	Palliative care services limited and mostly NGO-driven; opioid availability restricted; survivorship care almost non-existent.	Uganda has a history of community-based palliative care leadership through NGO networks.	Expand opioid availability and training; scale community-based palliative care; initiate basic survivorship programs (nutrition, psychosocial support).

UGANDA

International Cancer Patient Coalition

CONCLUSION & Call to Action

Uganda's gastric cancer care is at an early stage and needs urgent action to improve outcomes. Key priorities include increasing awareness and diagnostic capacity, piloting molecular testing through partnerships, enhancing surgical and oncology training, developing national guidelines for consistent care, expanding community-based palliative services, and investing in data systems to track diagnosis and treatments.

KEY POLICY PRIORITIES

1. Launch awareness and early-detection initiatives focusing on alarm symptoms.
2. Expand endoscopy services with procurement, training, and outreach.
3. Integrate HER2 and MSI testing via donor-supported pilots.
4. Strengthen oncology training and decentralize treatment services.
5. Create and implement national gastric cancer guidelines.
6. Scale palliative and survivorship programs across the country.
7. Enhance cancer registry coverage and accuracy for gastric cancer data.

CONCLUSION

Uganda is at a critical juncture in gastric cancer care. While current services remain fragmented and limited, strategic investments in awareness, diagnostics, treatment, and palliative care can establish the foundations of an equitable gastric cancer care system. Leveraging NGO networks, regional collaborations, and government commitment will be key to moving from a nascent stage toward structured, patient-centered care.