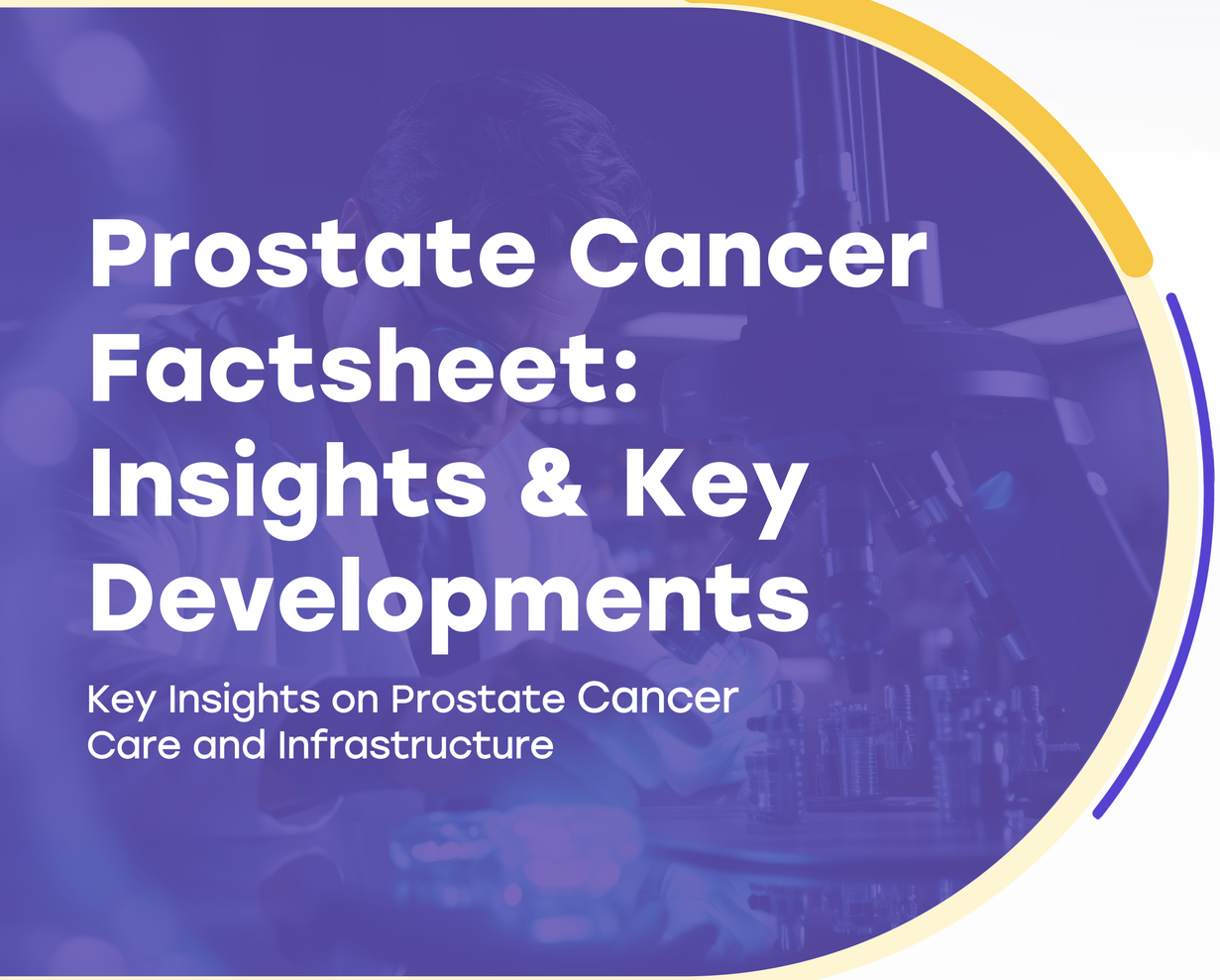
International Cancer Patient Coalition

Uganda



Prostate Cancer Factsheet: Insights & Key Developments

Key Insights on Prostate Cancer Care and Infrastructure

Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Prostate Cancer Screening

Prostate cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

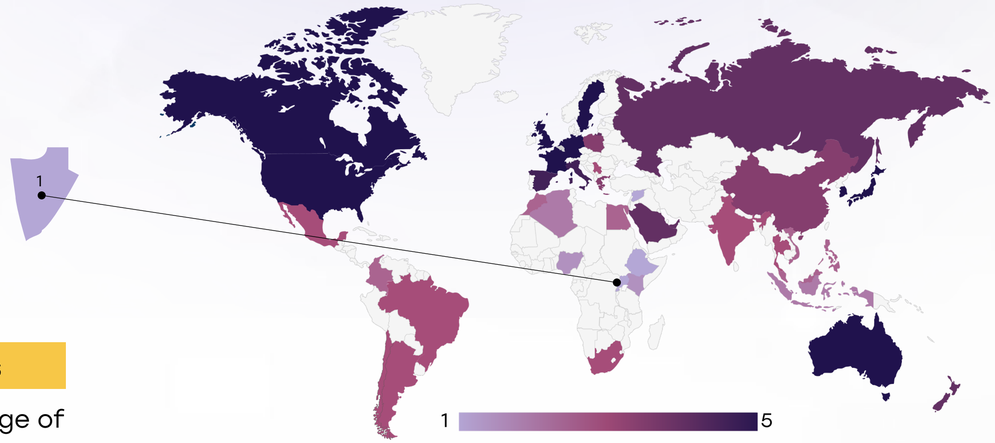
This factsheet provides a comprehensive overview of key pillars shaping Prostate cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- **Incidence share:** Among the top 3 cancers in Ugandan men.
- **Incidence rate:** Approximately 20 per 100,000 men per year.
- **Total new cases (2022):** Around 2,500 men.
- **Daily diagnoses (2022):** Approximately 6–7 men per day.
- **Deaths (2022):** Estimated 1,500–1,700 men.
- **5-year survival rate:** Likely < 50%, due to late-stage detection and resource constraints.
- **Most affected age group:** Men aged 60 +, with earlier onset in some cases.
- **Screening participation:** Very low; PSA testing rare and opportunistic.

International Cancer Patient Coalition

Uganda

Infrastructure



Strengths

- Presence of national cancer referral centers, such as the Uganda Cancer Institute (UCI), providing oncology services.
- Government efforts to decentralize cancer care with emerging regional cancer centers (e.g., Mbarara, Gulu).

Weakness

- Severe shortage of oncology infrastructure, especially outside of Kampala.
- Many primary and district hospitals lack urology or pathology services to support diagnosis.

S W O T

Opportunity

- Expand and equip regional cancer centers to deliver prostate cancer diagnosis and treatment.
- Leverage global partnerships to strengthen telepathology and diagnostic networks.

Threats

- Dependence on donor funding for cancer programs may limit long-term sustainability.
- Infrastructural improvements may lag behind rising cancer burden.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

3. Moderate infrastructure, primarily in private settings or research institutions.

2. Limited infrastructure, available only in select centers or for high-cost private testing.

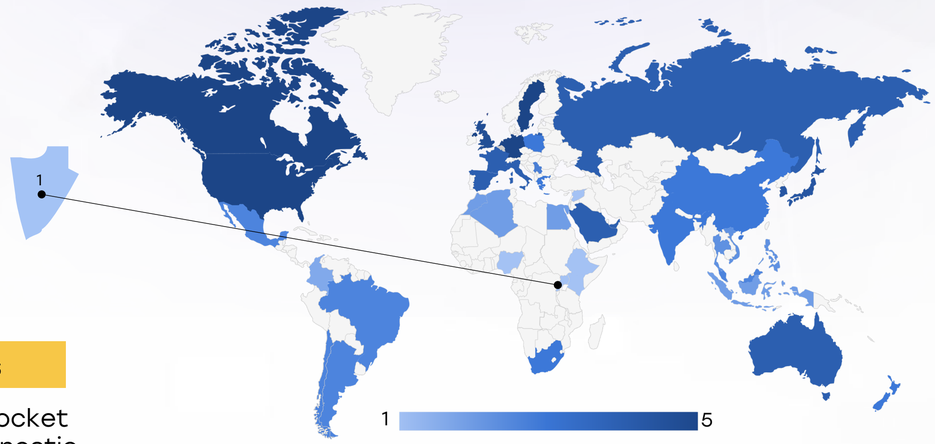
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	2	2
Nigeria	2	2
Egypt	2	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	4
Japan	4	4
South Korea	4	4
China	4	4
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	4
France	4	4
Netherlands	5	4
Sweden	5	4
Italy	4	3
Spain	4	3
Poland	4	3
Mexico	2	4
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	4
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	3
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	3
Syria	1	1
Indonesia	2	2
Vietnam	3	4
Philippines	2	2
Russia	3	3
Malaysia	3	3

International Cancer Patient Coalition

Uganda

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Government recognizes cancer as a national health priority under the National Health Strategic Plan.
- Some NGOs (e.g., Uganda Cancer Society) and media support awareness campaigns.

Weakness

- High out-of-pocket costs for diagnostic tests, biopsies, and treatments.
- Minimal local research on prostate cancer, biomarkers, or disease patterns.

S W O T

Opportunity

- Encourage public-private partnerships to subsidize diagnostics and treatment.
- Promote community-based awareness drives targeting older men in rural areas.

Threats

- Low national cancer budget allocation restricts program reach and innovation.
- Competing public health priorities (e.g., malaria, HIV/AIDS) overshadow cancer care.

5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.

4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.

3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.

2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.

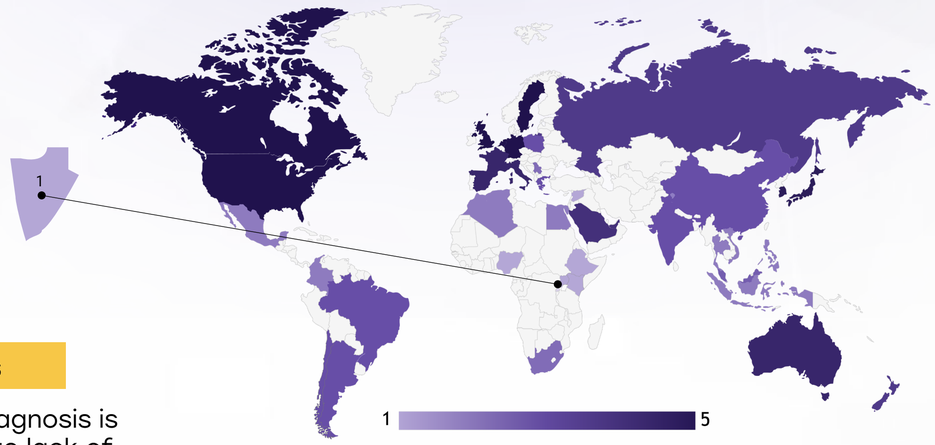
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	3	3	3
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	5
South Korea	4	4	5
China	3	3	3
Thailand	2	3	2
Singapore	4	5	5
United Kingdom	4	5	5
Germany	5	5	5
France	4	4	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	3	3
Brazil	2	3	3
Argentina	2	3	3
Chile	2	3	3
Colombia	1	2	3
United States	5	5	5
Canada	5	5	5
Australia	4	4	4
New Zealand	3	3	3
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	2	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	1	1	1
Indonesia	2	2	2
Vietnam	2	2	3
Philippines	2	2	3
Russia	4	4	4
Malaysia	3	2	3

International Cancer Patient Coalition

Uganda

Survival Rates, Early Detection and Palliative Care



Strengths

- Existence of basic palliative care programs supported by the Palliative Care Association of Uganda.
- Some integration of cancer pain management at lower-level health centers.

Weakness

- Late-stage diagnosis is common due to lack of early detection and stigma.
- Inadequate follow-up systems for patients once diagnosed.

S W O T

Opportunity

- Train primary healthcare providers in prostate symptom screening and referral.
- Expand community-based palliative care models with low-cost morphine availability.

Threats

- High mortality rates from prostate cancer due to delayed presentation.
- Cultural perceptions and gender norms discourage men from seeking care.

5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.

4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.

3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.

2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.

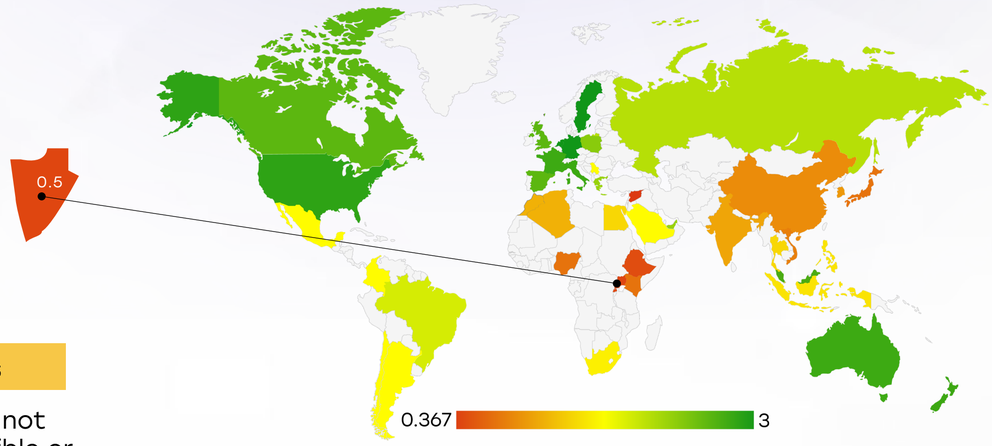
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa	2	3	2
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	4	5
South Korea	5	4	4
China	3	3	4
Thailand	2	2	2
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	4	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	5	4	5
Spain	5	4	5
Poland	3	3	3
Mexico	2	2	2
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	2	2	2
United States	5	5	5
Canada	5	5	5
Australia	5	4	4
New Zealand	4	4	3
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	2	3	2
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	1	1	1
Indonesia	2	2	2
Vietnam	2	2	2
Philippines	2	2	2
Russia	4	4	3
Malaysia	3	2	3

International Cancer Patient Coalition

Uganda

Utilization of Biomarkers



Strengths

- PSA testing is available in major urban laboratories and private hospitals.
- Some medical professionals are trained in cancer genetics and biomarker basics.

Weakness

- PSA testing is not widely accessible or affordable across most of the country.
- Advanced biomarker testing (BRCA1/2, PTEN, TMPRSS2-ERG) is virtually absent.

S W O T

Opportunity

- Integrate PSA screening into men's routine health checkups at regional hospitals.
- Build capacity for molecular diagnostics through regional labs and training programs.

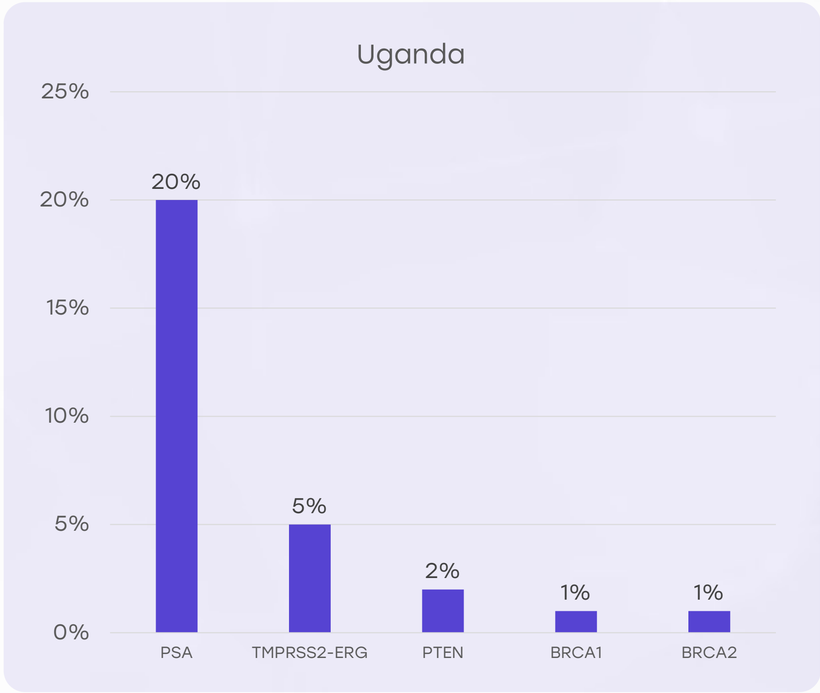
Threats

- No local production or subsidization of biomarker tests.
- Lack of regulatory framework for genetic testing or its clinical application.

Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.

Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

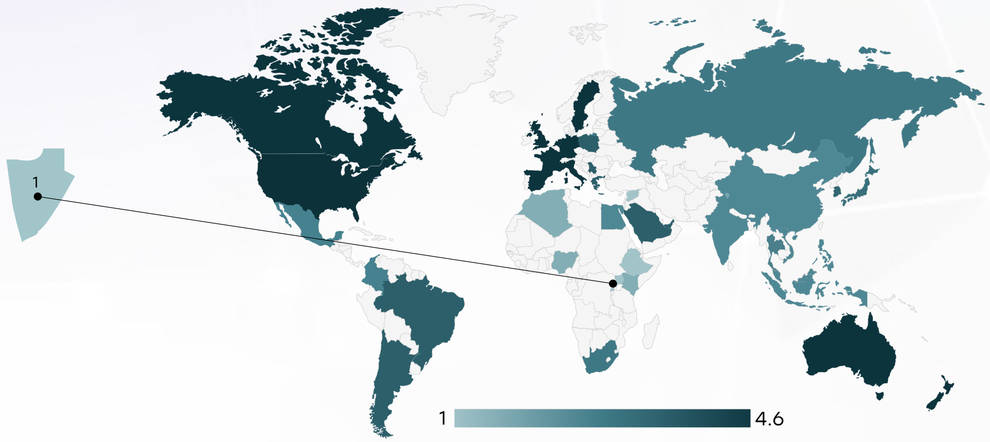
Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

Uganda

Clinical Guidelines



Strengths

- Uganda Cancer Institute follows international clinical treatment protocols (e.g., NCCN).
- Some hospitals have internal protocols for urological cancers.

Weakness

- No national clinical guideline specific to prostate cancer or biomarker usage.
- Inconsistency in diagnosis and treatment practices across facilities.

S W O T

Opportunity

- Develop Uganda-specific prostate cancer guidelines using local epidemiology.
- Include PSA thresholds and risk-based stratification in protocols.

Threats

- Without national guidance, treatment decisions are fragmented and vary by hospital resources.
- Clinicians may over- or under-utilize biomarkers without standardized criteria.

	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✖	✖	✖	✖	O
Feasibility of Integration	✖	✖	✖	✖	O
Adoption of International Guidelines	✖	✖	✖	✖	O
Engagement with Updates	✖	✖	✖	✖	O
ESMO Guidelines Implementation	✖	✖	✖	✖	O

International Cancer Patient Coalition

Uganda

Reimbursement

Strengths

- Cancer care is part of the essential health services outlined by the Ministry of Health.
- Some diagnostic services are subsidized in public facilities, depending on availability.

Weakness

- No universal health insurance; patients must pay for most diagnostics and drugs.
- Molecular diagnostics and advanced imaging are not covered or affordable for the average patient.

S W O T

Opportunity

- Expand government funding or voucher schemes for cancer diagnostics in rural areas.
- Pilot insurance-based coverage for PSA screening in high-risk populations.

Threats

- Continued financial burden deters early diagnosis and compliance with treatment.
- Inadequate reimbursement limits investment in modern biomarker technologies.

● A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.

● A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.

● No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement Framework	No-cost Access
United States	●	○
United Kingdom	●	●
Canada	●	●
Australia	●	●
Germany	●	●
France	●	●
Netherlands	●	●
Sweden	●	●
Italy	●	●
Spain	●	●
Poland	●	●
Japan	●	●
South Korea	●	●
China	●	●
India	○	○
Singapore	●	●
Thailand	●	●
South Africa	○	○
Kenya	○	○
Nigeria	○	○
Egypt	○	○
Morocco	○	○
Algeria	●	●
Ethiopia	○	○
Mexico	●	●
Brazil	●	●
Argentina	●	●
Chile	●	●
Colombia	●	●
New Zealand	●	●
Greece	●	●
Rwanda	○	○
Uganda	○	○
Serbia	●	●
Saudi Arabia	●	●
UAE	●	●
Syria	○	○
Indonesia	●	○
Vietnam	●	○
Philippines	○	○
Russia	●	●
Malaysia	●	●

International Cancer Patient Coalition

Uganda

Prostate Cancer Screening

Strengths

- Growing national discourse around the need for men's health awareness.
- PSA testing and digital rectal exam (DRE) available in select health facilities.

Weakness

- No organized national screening program for prostate cancer.
- Most rural clinics lack lab services for PSA or referral systems for follow-up

S W O T

Opportunity

- Develop low-cost screening models led by trained community health workers.
- Use radio and mobile platforms to reach older men with screening messages.

Threats

- Without structured screening, early-stage disease is rarely detected.
- Misinformation and stigma can reduce uptake even when services are available.

Country	Prostate Cancer Screening
United States	Annual LDCT (50-80 years, high-risk smokers)
United Kingdom	LDCT for high-risk individuals (55-74 years)
Canada	LDCT for high-risk individuals (55-74 years)
Australia	No national program, high-risk groups advised LDCT
Germany	No national program, under evaluation
France	No national LDCT screening
Netherlands	Participating in European screening studies
Sweden	No national LDCT screening
Italy	Regional pilot LDCT screening
Spain	No national LDCT program
Poland	No national program
Japan	No national LDCT program
South Korea	LDCT for high-risk individuals (50-74 years)
China	No national LDCT program
India	No national LDCT program
Singapore	No national LDCT program
Saudi Arabia	No national LDCT program; some hospital-based opportunistic screening
UAE	No national LDCT program; early-stage pilot studies ongoing in select hospitals
Syria	No national LDCT program; screening not prioritized due to conflict
Malaysia	No program; high-risk CT pilots

Country	Prostate Cancer Screening
Thailand	No national LDCT program
South Africa	No national LDCT program
Kenya	No national LDCT program
Nigeria	No national LDCT program
Egypt	No national LDCT program
Morocco	No national LDCT program
Algeria	No national LDCT program
Ethiopia	No national LDCT program
Mexico	No national LDCT program
Brazil	No national LDCT program
Argentina	No national LDCT program
Chile	No national LDCT program
Colombia	No national LDCT program
New Zealand	No national LDCT program
Greece	No national LDCT program
Rwanda	No national LDCT program
Uganda	No national LDCT program
Serbia	No national LDCT program
Indonesia	No national LDCT program; opportunistic screening in private sector
Vietnam	No national LDCT program; early pilot screening studies in Hanoi and Ho Chi Minh
Philippines	No national LDCT program; feasibility and awareness programs under discussion
Russia	No formal national LDCT program; regional pilot screening programs in large cities