



ADVANCING HER2-POSITIVE BREAST CANCER CARE IN UGANDA

Laying the Foundation for Equitable Access and Diagnosis

EXECUTIVE SUMMARY

Breast cancer is among the most prevalent cancers affecting women in Uganda, but diagnosis and treatment—particularly for HER2-positive subtypes—remain critically limited. HER2 testing is almost entirely unavailable in the public sector, and access to HER2-targeted therapies like trastuzumab is minimal due to high costs, stockouts, and health system constraints. With fragmented data systems, low awareness, and under-resourced oncology infrastructure.

Uganda currently operates at **Maturity Level 1 – Critical**, requiring urgent investment in basic cancer infrastructure, HER2 diagnostic capacity, and equitable access pathways.

CURRENT SITUATION

The **Uganda Cancer Institute**, the country's leading national cancer center, provides oncology services to patients from across Uganda and neighboring countries. However, it remains under-resourced relative to demand. **HER2 testing is largely unavailable** outside of select research projects or private facilities, and HER2-targeted therapies are not part of the public formulary due to high cost.

There is **no national registry that reports HER2-specific outcomes**, and cancer awareness is low across the population. Breast cancer screening is opportunistic, with no structured national program. Given this reality, Uganda functions at a **Critical maturity level**, needing essential infrastructure investment and donor-backed support for HER2 diagnostics and treatment access.

INTRODUCTION

Uganda is experiencing a rising burden of non-communicable diseases, including cancer. Breast cancer is the most common cancer among Ugandan women, with **HER2-positive disease estimated at 15–20%**, based on global averages. However, due to minimal biomarker testing, most patients are diagnosed clinically without molecular subtyping, leading to suboptimal treatment.

HER2-targeted treatments such as trastuzumab are prohibitively expensive and only sporadically available at the **Uganda Cancer Institute (UCI)** in Kampala. Most patients present at advanced stages, and referral pathways are often unclear. There is no national breast cancer screening program, and survivorship services are largely nonexistent. Uganda must urgently prioritize HER2-positive breast cancer as part of its broader cancer control and universal health coverage ambitions.



HER2 BREAST CANCER IN UGANDA

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	The Uganda Cancer Institute offers limited oncology services...	...but HER2 testing is not available in most public hospitals or labs.	Invest in national HER2 testing capacity through partnerships with international donors and diagnostic suppliers.
Access to Treatment	Trastuzumab is on WHO's essential medicines list...	...but not included in the national treatment program and is unaffordable for most patients.	Secure public funding and pooled procurement for HER2 therapies through UCI and national health budgets.
Research & Innovation	Some collaborative cancer research exists through UCI and global partners...	...but there is no HER2-specific registry or disaggregated outcome data.	Establish HER2-positive breast cancer monitoring through a national sub-registry and real-world data projects.
Awareness & Education	Breast cancer education campaigns are limited and mostly donor-led...	...with little focus on HER2 awareness or early detection.	Launch HER2-sensitive awareness campaigns and include biomarker training in CME programs for health workers.
Survival Rates	Most breast cancer patients present with advanced disease...	...and HER2-stratified survival data is nonexistent.	Initiate retrospective and prospective studies on HER2-related outcomes at UCI.
Early Detection & Palliative Care	Clinical breast exams are performed in some clinics...	...but there is no national screening program, and palliative care is underdeveloped.	Create mobile outreach for screening and expand basic palliative care integration into district hospitals.
Biomarker	Estrogen and progesterone testing are limited; HER2 is rarely tested...	...due to lack of lab reagents, equipment, and training.	Include HER2 testing in national cancer plans and fund IHC lab expansion in public hospitals.
Clinical Guidelines	Uganda follows general cancer care guidelines through UCI...	...but HER2 pathways and relapse testing are not included.	Update national breast cancer protocols to include HER2 testing, classification, and treatment sequencing.
Reimbursement	Most cancer care costs are out-of-pocket or donor-supported...	...and HER2 drugs are rarely procured publicly.	Advocate for national insurance coverage of trastuzumab under Uganda's National Health Insurance Scheme.
Screening	No national mammography program exists...	...and most diagnoses occur symptomatically at late stages.	Pilot free breast screening days and integrate breast exams into maternal health clinics.



CONCLUSION

Uganda's current state of HER2-positive breast cancer care reflects a broader challenge in cancer health system readiness. With testing and treatment nearly inaccessible for the majority of the population, patients face poor outcomes and inequitable care. As a **Critical-level system**, Uganda must urgently invest in foundational diagnostics, treatment access, and national awareness to create a path toward personalized and equitable HER2-positive breast cancer care.



KEY POLICY MESSAGES

- 1 HER2 testing is virtually nonexistent in Uganda's public health sector.
- 2 HER2-targeted therapies are unaffordable and unavailable to most women with breast cancer.
- 3 National guidelines and registries do not include HER2 classification or tracking.
- 4 Survivorship care and early detection services remain minimal, particularly in rural areas.

CALL TO ACTION

- **Fund HER2 diagnostic infrastructure** through global health grants, PEPFAR/Global Fund integration, or bilateral support.
- **Ensure trastuzumab access** via donor-funded procurement programs and inclusion in public insurance coverage.
- **Update clinical protocols** to include HER2 classification and treatment guidance, including HER2-low definitions.
- **Launch HER2 awareness and early detection outreach** tailored to community health workers and rural populations.
- **Create a national HER2 registry** under the UCI to track access, response, and outcomes and inform future strategy.