



# **BRIDGING THE GAP**

# Strengthening **Prostate Cancer Care** in Uganda

#### **EXECUTIVE SUMMARY**

# **Uganda's** prostate cancer response remains at a nascent stage, with most cases diagnosed late and limited access to specialized oncology services. The absence of a national screening program, scarcity of diagnostic equipment, and high treatment costs contribute to poor survival outcomes. Cancer care infrastructure is heavily concentrated in urban areas, leaving rural populations underserved.

This policy brief examines Uganda's current prostate cancer landscape and outlines priority reforms to build a more equitable, patient-centered care system.

#### INTRODUCTION

# Addressing a High Burden with Limited System Capacity

Prostate cancer is a growing public health concern in Uganda, ranking among the most common cancers in men. However, systemic weaknesses—such as minimal early detection, limited diagnostic capacity, and uneven distribution of treatment facilities—mean that most patients present with advanced disease. Public awareness of prostate cancer remains low, and existing cancer care facilities are under pressure from rising demand.

With a **Level 1 – Nascent** maturity rating, Uganda has an urgent need to build the foundational components of an effective prostate cancer care pathway.









## **PROSTATE CANCER IN UGANDA**

### **Current Landscape and Strategic Gaps**

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organized screening program; PSA testing and biopsies available in a few referral hospitals; most diagnoses occur at advanced stages.	Presence of the Uganda Cancer Institute as a national referral center.	Introduce a targeted national screening program for men aged 50+ (45+ for high-risk groups) and expand PSA testing services to regional hospitals.
Biomarker & Molecular Testing	Advanced biomarker testing is not available in the public sector; limited to research or private facilities.	Some collaborations with international cancer research programs.	Integrate biomarker testing into public health labs through global health partnerships and funding support.
Treatment Access	Surgery, radiotherapy, and chemotherapy are mainly available in Kampala; capacity is insufficient for demand; costs are a major barrier.	Uganda Cancer Institute provides some subsidized services.	Increase regional cancer treatment capacity, procure essential prostate cancer drugs, and expand radiotherapy facilities outside Kampala.
Clinical Guidelines	No standardized national prostate cancer guidelines; treatment varies across institutions.	Oncologists in tertiary hospitals use adapted international protocols.	Develop and implement national evidence-based treatment guidelines with regular training for healthcare providers.
Palliative & Survivorship Care	Limited palliative care services, mostly urban-based; poor access to pain relief medicines in rural areas.	Uganda is a regional leader in community palliative care for other cancers, offering a platform for expansion.	Scale up palliative care units in district hospitals, ensure morphine availability, and launch survivorship programs.





#### **CONCLUSION** & Call to Action

Prostate cancer care in Uganda is fragmented, under-resourced, and geographically inequitable. The high incidence of late-stage presentation underscores the urgent need for early detection and improved treatment access. Strategic, coordinated investments in infrastructure, workforce training, and policy frameworks can create a pathway toward better outcomes.



- Launch a National Screening Program: Focus on high-risk age groups with accessible PSA testing and DRE services in public hospitals.
- Strengthen Diagnostic Capacity: Equip regional hospitals with biopsy and imaging capabilities.
- **Expand Treatment Access:** Develop regional oncology centers and subsidize essential medicines and radiotherapy.
- **Establish National Guidelines:** Create standardized prostate cancer care protocols with monitoring systems.
- 5 Enhance Palliative & Survivorship Care: Build community-based care models and provide psychosocial and rehabilitation support.

#### CONCLUSION

Uganda's **Level 1 – Nascent** maturity prostate cancer system faces critical gaps in prevention, diagnosis, treatment, and follow-up care. Most men are diagnosed too late, with limited chances for curative treatment. Transitioning to a more mature system will require **political commitment**, **resource mobilization**, **and partnerships** with global health organizations. By prioritizing equitable service distribution and integrating prostate cancer into national health strategies, Uganda can move toward a system where timely, high-quality care is accessible to all men, regardless of income or location.