The 5th Uganda Conference on Cancer and Palliative Care

Uganda Cancer Institute

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

PALLIATIVE CARE ASSOCIATION OF UGANDA
(PCAU)

Embracing Uniqueness and Empowering Communities

10th – 12th September 2025 at **Speke Resort Munyonyo, Kampala**

Conference Abstract Book and Programme

Conference.pcauganda.org

The 5th Uganda Conference on Cancer and Palliative Care

Uganda Cancer Institute

FOR GOD AND MY COUNTRY
THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

PALLIATIVE CARE ASSOCIATION OF UGANDA
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Part 1

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Message from the Vice President

Distinguished Delegates, Ladies and Gentlemen,

It is a privilege to join you at this important gathering, where we reflect not only on the science of medicine but also on the values that bind us as a nation. The theme *"Embracing Uniqueness and Empowering Communities"* invites us to look beyond numbers and statistics, and to see in each patient a mother, a father, a child each with dignity, each with dreams, each deserving of hope. Our country has made great strides in expanding health services, but the growing burden of cancer and the need for palliative care remind us that health is not a matter for professionals alone it is a shared national responsibility. Communities must be empowered with knowledge, support, and compassion to respond effectively.

This conference is therefore more than a meeting of experts; it is a call to solidarity. We must stand together as leaders, health workers, families, and communities to ensure that every Ugandan facing serious illness receives care that restores not only health but also hope.

On behalf of the Government of Uganda, I extend my deep appreciation to the organizers, the Uganda Cancer Institute, the Palliative Care Association of Uganda, and to all health workers and caregivers who carry this noble responsibility daily.

As government, we reaffirm our commitment to:

- Expanding cancer services beyond Kampala to regional centres of excellence;
- Strengthening prevention and early detection programs through health education, vaccination, and screening.
- Enhancing palliative care services in both hospitals and communities throughout the whole country.
- Supporting partnerships with academia, civil society, and development partners to address the growing burden of cancer and other non-communicable diseases.

I extend my appreciation to the Uganda Cancer Institute, the Palliative Care Association of Uganda, health workers, caregivers, researchers, and all partners for your tireless efforts. Your dedication is transforming cancer and palliative care services in Uganda.

May your deliberations inspire solutions that strengthen our health system and uplift every Ugandan household touched by cancer or serious illness.

I thank you.

H.E. Maj. Jessica Rose Epel Alupo
Vice President of the Republic of Uganda

Message from Minister of Health

Ladies and Gentlemen,

I am honored to welcome you to the 5th Uganda Conference on Cancer and Palliative Care. This conference arrives at a time when non-communicable diseases are rising sharply, presenting one of the most urgent health challenges for Uganda and globally.

Cancer continues to claim millions of lives. Each year, more than 36,000 Ugandans are newly diagnosed, and most of them seek care when it is already too late. This is why the Ministry of Health has prioritized **prevention and early detection** through vaccination, screening, and public education. At the same time, we are decentralizing cancer services so that diagnosis and treatment are not confined to Kampala but are within reach of communities across the country.

Equally, palliative care is now recognized as an essential health service. Uganda has been a pioneer in this area, integrating palliative care into our health system, and ensuring that pain relief medicines such as oral morphine are available free of charge to those who need them. To date up to 232 facilities have been accredited to provide the Oral Liquid Morphine.

Our responsibility now is to strengthen these services at both hospital and community level so that they reach every Ugandan who requires them.

The Ministry remains committed to supporting partnerships with academia, civil society, and our international friends to accelerate progress in cancer and palliative care. Together, we can ensure that the uniqueness of every patient is respected, and that every community is empowered to be part of the solution.

I commend the Uganda Cancer Institute, the Palliative Care Association of Uganda, and all our dedicated health professionals and partners for their tireless work. I look forward to the outcomes of this conference as we continue to build a healthier Uganda.

Thank you.

Dr. Jane Ruth Aceng Ocero
Minister of Health, Republic of Uganda

Message from the Director General of Health Services

Dear Reader,

It is my pleasure to address you at this 5th Uganda Conference on Cancer and Palliative Care. For those of us in the health sector, this is more than a scientific gathering it is an opportunity to reflect on our practice, to learn from one another, and to sharpen the tools we need to serve our people better.

The statistics remind us of the magnitude of our task: tens of thousands of new cancer cases each year, limited survival, and only a fraction of patients accessing specialized treatment or palliative care. These figures represent real people in our wards and communities, and they challenge us to work differently.

As health professionals, we must push for earlier detection, faster referrals, and stronger linkages between hospitals and communities. We must build the skills of our workforce in oncology, surgery, radiotherapy, and palliative care. We must innovate with technology, with data, and with community-driven models that bring services closer to the people.

The theme *"Embracing Uniqueness and Empowering Communities"* captures this responsibility perfectly. Each patient's journey is unique, and care must be tailored accordingly. Each community has strengths whether cultural, spiritual, or social that can be harnessed in the fight against cancer and in the delivery of compassionate care.

I am encouraged by the partnerships that this conference represents. The Uganda Cancer Institute, the Palliative Care Association of Uganda, our civil society, academia, and international colleagues are working hand in hand with government. This is the spirit we must continue to nurture.

I thank all participants for your dedication. May your deliberations be practical, innovative, and impactful for the patients and families we serve.

Dr. Olaro Charles
Director General Health Services,
Ministry of Health – Uganda

Message from the Executive Director

Uganda Cancer Institute

Distinguished Delegates, Ladies and Gentlemen,

On behalf of the Uganda Cancer Institute, it gives me great pleasure to welcome you all to the 5th Uganda Conference on Cancer and Palliative Care, convened under the timely and inspiring theme: *"Embracing Uniqueness and Empowering Communities."* This conference brings together a rich diversity of professionals, advocates, researchers, caregivers, patients, and policymakers who share a common goal advancing cancer and palliative care for the people of Uganda and beyond.

Cancer remains a growing challenge in our country. Each year, we register an increase in new cases, with many presenting late due to limited awareness, stigma, and challenges in accessing health services. This trend demands urgent and coordinated responses that integrate prevention, early detection, effective treatment, and comprehensive palliative care.

At the Uganda Cancer Institute, we have continued to strengthen our role as the national referral center for cancer care, research, training, and prevention. Over the years, we have made important strides in expanding infrastructure, introducing new technologies, and developing human resources in oncology. We are also working closely with the Ministry of Health and partners to decentralize cancer services, so that communities outside Kampala can access quality care closer to their homes.

Palliative care remains central to our vision. Uganda is recognized as a global leader in community-based palliative care, and the Uganda Cancer Institute has been at the forefront of ensuring that patients receive not only medical treatment but also holistic support that addresses pain, psychological needs, and dignity at the end of life. Our strong partnerships with the Palliative Care Association of Uganda and other civil society actors have been instrumental in extending these services across the country.

The theme of this conference calls us to action. To *embrace uniqueness* is to recognize the individuality of every patient, every community, and every health system. To *empower communities* is to equip families, health workers, and caregivers with the knowledge, skills, and resources needed to take ownership of cancer prevention and care. Both are critical to building resilient and equitable health systems.

I want to re-affirm that the Uganda Cancer Institute is committed to advancing excellence in cancer care, strengthening research to generate locally relevant solutions, and building collaborations that benefit the people we serve. We are determined to ensure that no one is left behind in the fight against cancer and that every Ugandan can access care with dignity and hope.

I extend my gratitude to the organizers of this conference, our partners, and all participants for your continued dedication. May your discussions and recommendations during this meeting contribute to a stronger, more responsive cancer and palliative care system in Uganda.

I wish you fruitful deliberations and great success.

Thank you.

Dr. Jackson Orem
Executive Director, Uganda Cancer Institute

Message from the Executive Director

Palliative Care Association of Uganda

The Chief Guest
The Hon Minister of Health
Members of Parliament Present
The Director General of Health Services
The Chair of the Board and members of the Board of UCI
The Executive Director of UCI
The Vice President and Chief Operations Officer – Center for Hospice Care USA
The Chair of the Board and Members of the Board of PCAU
The Conference Co-Chairpersons and organizing committees
All conference delegates, ladies and gentlemen

I warmly welcome you to the Conference. I am honored to be part of the PCAU and UCI partnership that has hosted this scientific event since 2017. At each conference, we host over 350 delegates from more than 10 countries, present hundreds of papers, and pass groundbreaking resolutions.

The new World Health Organization (WHO) conceptual development model for palliative care development comprises six essential building blocks: integrated palliative care services, Health policies, the use of crucial medicines, education and training, empowerment of people and communities, and research. This conference meets the research indicator for a national scientific meeting on palliative care. Along with other achievements, it helps Uganda serve as a model of palliative care in Africa.

Once again, this year, we have high-quality content reflected in the three-day conference program. I thank all professionals who responded to the call for abstracts and accepted invitations to speak, chair sessions, or participate in side events. The gathering's value and credibility depend on your research papers and evidence-based lessons from your work. We are gathering at a suitable conference venue, due to the strong support of the UCI Board and Dr. Jackson Orem, the Executive Director. PCAU appreciates your commitment and pledges continued partnership on all work aimed at alleviating pain and suffering across Uganda.

Organizing a conference of this magnitude requires considerable effort and planning. The preparations were led by members of the organizing committees, with Dr. Nixon Niyonzima and Dr. Eddie Mwebesa serving as Chairpersons. We had a great secretariat team. Many volunteers will oversee the conference. I want to thank everyone who made significant contributions to the preparations. As we attend the fifth edition of the meetings, we should remember those who contributed to earlier events, including Dr. Samuel Guma, who passed away in December 2023. We are also grateful to all our sponsors and conference partners

I want to conclude by thanking everyone who supports and subscribes to PCAU. I would also like to acknowledge the PCAU Board Members, representatives from member organizations, Life Members, and individual members. For those who are not yet members of PCAU, I invite you to join us today. Details on how to join PCAU are included in your conference bags.

I wish you all a very great conference experience.

Mark-Donald Mwesiga
Executive Director, Palliative Care Association of Uganda (PCAU)

Message from the Chair of the Board

Uganda Cancer Institute

Distinguished Delegates, Ladies and Gentlemen,

On behalf of the Board of the Uganda Cancer Institute (UCI), it is my pleasure to welcome you to the 5th Uganda Conference on Cancer and Palliative Care. This gathering, convened under the theme *"Embracing Uniqueness and Empowering Communities,"* provides an important opportunity for us to reflect on the progress we have made and to chart a bold way forward in cancer and palliative care in Uganda and beyond.

Cancer continues to pose a major public health challenge in our country. The burden is rising, and unfortunately, many patients are still diagnosed at late stages, which reduces survival and increases the need for comprehensive palliative care. At the same time, the demand for cancer services far outstrips the available infrastructure and workforce. These realities remind us that addressing cancer and providing palliative care require collective commitment, innovation, and sustainable investment.

The Uganda Cancer Institute has, over the past years, made remarkable progress in strengthening cancer care and research. We are expanding diagnostic and treatment facilities, increasing training opportunities for oncology professionals, and working to decentralize cancer services to regional centers across Uganda. These developments show the government's commitment and the strong partnerships we enjoy with local and international stakeholders.

Equally, Uganda has been recognized as a leader in integrating palliative care into the public health system. Access to oral morphine and community-based models of care remain some of our country's most impactful achievements. However, we must go further to ensure that every patient, whether in rural or urban settings, has timely access to quality care, comfort, and dignity throughout the cancer journey.

The theme of this year's conference resonates deeply with our mission. By *embracing uniqueness,* we acknowledge that every patient's experience is different and must be treated with compassion, equity, and respect. By *empowering communities,* we recognize that families, caregivers, health workers, and communities themselves are central in the fight against cancer. Sustainable solutions will only be realized when we build resilient health systems and strengthen the power of communities as partners in prevention, early detection, care, and support.

As Board Chair of Uganda Cancer Institute, I reaffirm our commitment to governance that prioritizes patient-centered care, accountability, and innovation. We will continue to work with the Ministry of Health, civil society, academia, and international partners to improve outcomes for patients and families affected by cancer.

I take this opportunity to thank the organizers, participants, and all stakeholders for your dedication to this cause. May this conference inspire us to build on our unique strengths and renew our commitment to empowering every community in Uganda and across the region.

I wish you productive deliberations and great success in the days ahead.

Thank you.

Prof. Damalie Nakanjako
Chairperson Board – Uganda Cancer Institute

Message from the Chair of the Board

Palliative Care Association of Uganda

Distinguished Delegates, Ladies and Gentlemen,

On behalf of the Board of the Palliative Care Association of Uganda (PCAU), I am honored to welcome you to the 5th Uganda Conference on Cancer and Palliative Care, held under the theme *"Embracing Uniqueness and Empowering Communities."*

Since 2017, the Uganda Cancer Institute and the Palliative Care Association of Uganda have collaborated to a joint conference on cancer and palliative care. This conference is a milestone in our country's journey of advancing cancer and palliative care. It brings together government, academia, civil society, health professionals, patients, caregivers, and international partners to reflect on the progress we have achieved and to explore innovative ways of addressing the challenges that remain.

Uganda is internationally recognized as a pioneer in integrating palliative care within the public health system. From ensuring access to oral morphine, to building the capacity of health workers, and expanding services across all regions of the country, Uganda has shown what is possible when vision, collaboration, and commitment converge. The Palliative Care Association of Uganda is privileged to work alongside the Ministry of Health, the Uganda Cancer Institute, development partners, and our member organizations in driving and sustaining this progress.

Yet, as the burden of cancer and other conditions causing serious health related suffering continue to rise. We must acknowledge that many patients and families still struggle to access timely, holistic, and equitable care. The theme of this conference is therefore a call to action. To embrace uniqueness is to respond to the individual needs of each patient and family with compassion and respect. To empower communities is to strengthen the knowledge, skills, and resources of those closest to patients' families, caregivers, and community health workers so that no one suffers in silence or alone.

As PCAU's Board, we remain committed to fostering governance, accountability, and partnerships that ensure palliative care continues to be recognized as an essential part of the health system. We will continue to support advocacy for policies, financing, and innovations that guarantee access to quality care for all Ugandans, regardless of where they live.

I extend my sincere appreciation to all our partners, sponsors, and delegates for your dedication and contribution to this important cause. May the deliberations of this conference inspire us to harness our collective strengths, honor our diversity, and commit to building stronger, more compassionate health systems that leave no one behind.

I wish you fruitful discussions and every success in this conference.

Thank you.

Dr. Nixon Niyonzima
Chairperson Board – Palliative Care Association of Uganda

Message from the Conference Chairs

Dear Colleagues, Partners, and Friends,

It is our great pleasure that we welcome you to the 5th Uganda Conference on Cancer and Palliative Care, held under the theme “Embracing Uniqueness and Empowering Communities.” This conference has grown into a platform for knowledge exchange, collaboration, and innovation, bringing together clinicians, researchers, policymakers, advocates, and stakeholders committed to improving the lives of people affected by cancer and in need of palliative care.

Over the years, Uganda and the region have made remarkable progress in both cancer treatment and palliative care. This has been possible through the dedication of health professionals, the resilience of patients and families, and the commitment of government and partners to strengthening health systems. The conference offers us an opportunity not only to celebrate these achievements, but also to reflect on the gaps that remain and to chart new pathways for solutions.

As we gather for this year’s discussions, we look forward to sharing groundbreaking research, exchanging best practices, and exploring innovative approaches to enhance patient care, improve access, and build stronger, more resilient health systems. Beyond the science, this conference is also about people the inspiring stories of resilience, the lessons learned from communities, and the impactful work shaping the future of cancer and palliative care.

We extend our deepest gratitude to all participants, partners, and sponsors whose support and dedication have made this conference possible. May your contributions, collaborations, and commitments during these three days inspire us to embrace our uniqueness and empower every community in Uganda, Africa, and beyond.

We also invite you to take time to enjoy the conference in the lush green setting and cool breezes of Speke Resort Munyonyo, a place that reflects the beauty and warmth of Uganda.

We wish you a fruitful and memorable conference.

Thank you.

Dr. Nixon Niyonzima
Conference Co-Chair

Dr. Eddie Mwebesa
Conference Co-Chair

Message from the Chairs of the Scientific Committee

Dear Colleagues, Partners, and Friends,

On behalf of the Scientific Committee, we are delighted to welcome you to the 5th Uganda Conference on Cancer and Palliative Care, taking place from September 10–12, 2025, at the beautiful Speke Resort Munyonyo.

This year's theme, *"Embracing Uniqueness and Empowering Communities,"* reflects our commitment to advancing cancer care and palliative services that are inclusive, patient-centered, and accessible. We are proud to present a rich scientific program that embodies this vision.

Across the three days, you will engage with plenary sessions on strengthening health systems, harnessing innovation, and redefining patient-centered care. We have carefully curated interactive workshops on critical topics such as access to essential medicines, survivorship, healthy aging, pediatric care, humanitarian responses, and diagnostic challenges in cancer.

The program features scientific tracks that address advocacy and sustainable financing, community-driven care models, empowering healthcare professionals and caregivers, innovation and technology, care for special and underserved populations, and personalized and culturally inclusive care.

We are also honored to host special sessions, including the Legacy Lecture on Prof. Charles Olweny's contributions to cancer care in Uganda and a Memorial Lecture in honor of Prof. Anne Merriman, whose pioneering work laid the foundation for palliative care in Africa. The closing panel will translate insights into action by addressing the future of specialized and supportive healthcare in Uganda.

Beyond science, this conference provides space for storytelling, cultural expression, and networking, ensuring that we learn not only from research, but also from lived experiences.

We encourage you to fully participate in the sessions, poster discussions, and networking opportunities. Your insights and contributions will be vital in shaping policies, improving patient outcomes, and driving the future of cancer and palliative care in Uganda and beyond.

We wish you an inspiring and productive conference

Thank you.

Dr. Naghib Bogere
Scientific Co-Chair

Prof. Julia Downing
Scientific Co-Chair

Uganda Cancer Institute

Uganda Cancer Institute

Uganda Cancer Institute: A Beacon of Progress in the Fight Against Cancer

Nestled on Mulago Hill in Kampala, the Uganda Cancer Institute (UCI) stands tall not just in architecture, but in achievement. From humble beginnings as a small clinical cancer research unit in the 1960s, UCI has transformed into a regional center of excellence for cancer treatment, research, training, and prevention. Over the years, the Institute has made remarkable strides in confronting one of Uganda's most pressing health challenges: cancer.

Infrastructure: From One Small Building to a National Footprint

One of UCI's most visible transformations is the expansion of its physical infrastructure. In recent years, the Institute commissioned a state-of-the-art Adult In-Patient Cancer Ward Complex, an 8-floor facility that has improved inpatient care for thousands of Ugandans. This facility is equipped with modern diagnostic and therapeutic equipment, private and general wards, chemotherapy suites, and surgical theatres.

UCI also has a fully-fledged modern children's cancer ward, designed with the needs of young patients in mind. This ward has significantly improved the quality of care for children with cancer.

Recognizing the need to bring services closer to the people, UCI has rolled out Regional Cancer Centres in Gulu (Northern Uganda) and Mbarara (Western Uganda). Additional centres in Mbale and Arua are in development.This is aimed at reducing the burden of travel to Kampala for cancer care and improving early detection in rural Uganda.

Research Legacy and Breakthroughs

UCI's reputation as a center of scientific excellence dates to the 1960s, when it helped make a landmark discovery linking the Epstein-Barr Virus (EBV) to Burkitt lymphoma, one of the most common childhood cancers in Africa. This groundbreaking research placed Uganda on the global map of oncology science.

Today, UCI continues to lead and participate in cutting-edge research on cancers common in the Ugandan population, including cervical, breast, prostate, esophageal, Kaposi's sarcoma, and HIV-associated malignancies. The Institute collaborates with global partners such as the Fred Hutchinson Cancer Center, the USA National Institute of Health (NIH), The South Korea National Cancer Centre (NCC), The Korea Foundation for International Healthcare (KOFIH), and Makerere University, among others, ensuring its work contributes to both local and global knowledge.

Access to Quality Cancer Treatment

One of UCI's most significant accomplishments is the improvement in the availability and accessibility of cancer treatment. The Institute offers a full range of cancer therapies, including:

- Chemotherapy
- Immunotherapy
- Hormonotherapy
- Radiotherapy (with LINAC and brachytherapy)
- Surgery
- Palliative care

The acquisition of advanced radiotherapy equipment, including a Linear Accelerator (LINAC), has reduced treatment backlogs and improved care outcomes.

In early 2025, UCI launched a Nuclear Medicine and Imaging Unit equipped with a SPET-CT scanner, enabling accurate cancer diagnosis, staging, and treatment monitoring—services previously only available abroad.

UCI also runs a centralized pharmaceutical supply system, ensuring a FREE reliable stock of essential cancer drugs for patients.

Training the Next Generation of Oncologists

As the national referral centre for cancer, UCI is a key player in building Uganda's oncology workforce. In collaboration with

Makerere University, the Institute offers:

- Fellowships in Pediatric Hematology Oncology, Radiation Oncology, Gyn Oncology, Adult Hematology Oncology, Oncology Nursing, and Palliative Care
- Short courses for tertiary and primary health workers across the country

UCI has also hosted oncology students and trainees from neighboring countries, cementing its status as a training hub for the East African region.

Plans are also underway to develop a UCI Oncology Academy to offer fully-fledged courses in cancer care, early detection, and screening.

Policy and Leadership in Cancer Control

UCI's contributions go beyond the UCI's hospital walls. It has played a central role in developing Uganda's National Cancer Control Plan (NCCP) and provides technical guidance to the Ministry of Health and other agencies on cancer prevention, diagnosis, and care.

In 2021, UCI became the national lead and one of the African pilot country sites for the Global Initiative for Childhood Cancer (GICC) in Uganda, a WHO-supported effort to improve outcomes for children with cancer. As a result, survival rates for some childhood cancers, like leukemia, have significantly improved due to timely diagnosis and standardized care protocols.

UCI also champions the integration of cancer services into Uganda's Universal Health Coverage (UHC) agenda and advocates for sustainable cancer financing.

Community Awareness and National Campaigns

Understanding that cancer can be beaten if detected early, UCI invests in community engagement and education. Through national campaigns, mobile screening outreaches, school health programs, and media engagements, the Institute is raising awareness about:

- Early signs and symptoms of cancer

- Preventive measures, including HPV vaccination, alcohol drinking, and tobacco use cessation
- The importance of timely care and treatment.

Events like World Cancer Day, Breast Cancer Awareness Month, and Prostate Cancer Awareness Campaigns have brought together communities, survivors, leaders, and health professionals to unite efforts against cancer.

Digital Innovation and Data Systems

In line with global health trends, UCI is embracing digital health innovations:

- Electronic Medical Records (EMR) have streamlined patient management and recordkeeping.
- Virtual Tumor Boards allow real-time consultation among multidisciplinary teams across Uganda and beyond.
- The Uganda Cancer Registry, maintained by UCI, is one of Africa's most reliable sources of cancer data, supporting planning, monitoring, and international reporting.

The Road Ahead: A Vision for Equity and Excellence

With cancer cases projected to rise in the coming decades, UCI is not resting on its laurels. Plans are underway to:

- Expand molecular diagnostics and genomic research
- Establish a Comprehensive Cancer Centre in Uganda
- Strengthen survivorship care and palliative care integration
- Scale up partnerships to improve cancer prevention and financing
- Implement a national cancer control programme.

Backed by strong government support, international partnerships, and a highly committed team, the Uganda Cancer Institute is shaping the future of cancer care in Uganda with a vision to ensure that every Ugandan, regardless of location or income, has access to life-saving cancer services.

Palliative Care Association of Uganda

The **Palliative Care Association of Uganda (PCAU)** is the National Association for Palliative Care Providers and well-wishers in Uganda. PCAU was established in 1999 and registered as a Non-Governmental Organisation (NGO) in 2003 with the aim of supporting and promoting the development of palliative care in Uganda. In 2024, PCAU commemorated 25 years of compassion, holistic care, pain relief, hope and justice for families and community.

PCAU is composed of 38 Member Organizations and over 1800 individual Members.

PCAU works in partnership with the Ministry of Health, other line government ministries, agencies, departments, civil society and individuals to accelerate the integration of palliative care into the health care system in Uganda.

Our Vision
Palliative Care for All in Uganda

Goal
Universal provision and access to culturally appropriate palliative care in Uganda.

Our Mission
To accelerate the provision and integration of palliative care in Uganda's healthcare system through capacity building, advocacy, research, governance and resources mobilization.

Where are Palliative care services found?

Palliative Care services are found in 107 districts of Uganda and 233 accredited facilities within these districts. These include National referral Hospitals, Regional referral Hospitals, District Hospitals, General hospitals, and Health center IVs. 13 stand-alone hospices offer palliative care services throughout the country. These provide different palliative care models, including home care, roadside clinics, outreach palliative care programs, community daycares, and facility-based care.

Our Focus Areas and Objectives

i. Capacity Building

To strengthen the capacity of palliative care providers in Uganda through supporting training, continuous professional education, mentorship and supervision. PCAU conducts training and mentorship to strengthen the knowledge, competences and skills of palliative care providers at all levels. This includes support for continuous professional education, development of curricula, offering scholarships for palliative care education, and supervision to ensure quality service delivery.

ii. **Advocacy and Awareness Creation**
To advocate for a supportive environment and increase understanding of palliative care among stakeholders in Uganda.

PCAU conducts and participates in strategic advocacy activities and engagements right from the global, regional, national to the community level to increase understanding of palliative care. Other activities include mainstreaming palliative care into government ministries, improving access to essential medicines (notably oral liquid morphine), legal services, equipment, and technologies. PCAU engages multiple stakeholders including policymakers, police, media, religious and cultural leaders, and communities to increase awareness and acceptance of palliative care.

Notably under the advocacy focus area is the work on compassionate communities and children's programs.

Compassionate Communities to Improve Access to Palliative Care for ALL in Uganda

PCAU is pioneering initiatives to build compassionate communities in Uganda. The initiatives are rooted in a health promotion approach to palliative care, aiming to support solidarity among community members.

The World Health Organization (WHO), in their new conceptual development model for palliative care worldwide, have emphasized the need for empowered people and communities. According to WHO, individuals, families, and communities must play their role as partners in the development of health and social services as well as in the engagement in shared decision-making about their health. It is this background that necessitates such an initiative that brings onboard nonprofessional palliative care actors to contribute to addressing the health and suffering in the community.

Through a public health palliative care approach, therefore, PCAU is empowering communities in Uganda to be close-knit and supportive of neighborliness. PCAU is harnessing the individual acts of kindness by ordinary people. This way, communities are not only supporting their own but also standing strongly together to advocate for their rights. There are more opportunities for education, awareness, information sharing, and improved referrals for the sick, those living with disabilities, and older persons in need of support.

At the heart of efforts to rebuild compassionate communities in Uganda is the acknowledgment that sickness, death, dying, loss, ageing, and caregiving are contextual, social experiences that affect all human beings without exception.

They are universal. PCAU recognizes that having strong social relationships with individuals and institutions within one's community facilitates better life choices and helps alleviate pain and suffering during times of need. Conversely, loneliness, exclusion, discrimination, and stigma exacerbate the pain and suffering of individuals with illness and their families.

Special Hearts to Nurture Every Child Program (SHiNE Child Program)

The Special Hearts to Nurture Every Child (SHiNE Child) Program is a PCAU initiative that seeks to respond to the unique needs of children living with serious health-related suffering. Recognizing that children with life-limiting and life-threatening conditions require holistic care that goes beyond medical treatment, the program places emphasis on compassion, dignity, and nurturing support for both the child and their family.

SHiNE is built on the conviction that every child deserves to live free from pain and distress, surrounded by love, understanding, and the opportunity to thrive despite illness. The program

works hand in hand with health facilities, communities, caregivers, and policy makers to ensure that palliative care services for children are accessible, integrated, and sustainable across Uganda.

iii. Palliative Care Research and Information

To establish a hub of research and information on palliative care in Uganda.
We actualize the Research Agenda and encourage scholars and health professionals to conduct studies from it, continue to strengthen the management of national palliative care data, conduct and publish research studies on palliative care through collaborating with local and international universities as well as other stakeholders and plan to develop a peer-reviewed journal on palliative care. We are establishing an online and physical resource center at the PCAU Secretariate, have established a PCAU Cares App and published the Palliative Care Provider Directory as well as host biennial international conferences on cancer and palliative care in partnership with Ministry of Health and Uganda Cancer institute and disseminate palliative care IEC materials and information.

iv. Governance and Support Functions

To enhance effective and efficient governance and management of palliative care services in Uganda.

PCAU strengthens governance through an effective board, robust financial management systems, performance management, monitoring and evaluation frameworks, and strengthening regional branches and national coordination structures including the Ministry of Health Division of Palliative Care.

v. Sustainability and Financial Efficiency

To enhance resource mobilization and financial efficiency for palliative care in Uganda.

PCAU mobilizes resources through grants, income generation activities like the sale of branded items, membership fees, and partnerships. It aims to establish a national palliative care fund, strengthen member organizations' capacity in resource mobilization, acquire land for office expansion and recreational facilities, and advocate for sustained government funding for palliative care.

About the Conference theme:
"Embracing Uniqueness and Empowering Communities"

The 5th Uganda Conference on Cancer and Palliative Care will be held under the theme "Embracing Uniqueness and Empowering Communities." The theme emphasizes the need for inclusive, patient-centered cancer and palliative care that acknowledges Uganda's diverse population, which encompasses various socio-economic backgrounds, age groups, cultural identities, geographic locations, and ethnic communities. It also highlights the importance of strengthening community-led solutions to improve access, equity, and holistic support for individuals facing serious illnesses.

The conference also recognizes that uniqueness extends beyond those receiving care to the service providers themselves. It highlights the diverse actors in cancer and palliative care, acknowledges the distinct models of service delivery they employ, and celebrates the innovative approaches they bring to addressing complex health challenges. The conference further highlights the vital role of different stakeholders, health workers, caregivers, policymakers, and organizations in shaping person-centered care.

This year's conference takes place amid unprecedented challenges, particularly due to the US government's freeze on funding for critical health initiatives. Many patients and families who rely on healthcare facilities and non-governmental organizations for psychosocial support, medication refills, and essential care now face uncertainty. At the community level, there are growing concerns over the future of life-saving disease prevention and treatment programs.

The conference will provide a platform to explore local resilience, innovative strategies, and community-driven approaches that ensure continuity of care and sustained support for those in need.

The conference Tracks

The conference is being organized on the following tracks and the details under each track are explained in the call for abstracts.

i. ***Personalized and Culturally Inclusive Care*** which explores the importance of tailoring care to diverse populations by integrating cultural, spiritual, and ethical considerations into healthcare delivery. It also highlight approaches that enhance patient-centered care, survivorship, and emotional well-being.

ii. ***Community-Driven Care Models*** which focus on the role of communities in improving health care, highlighting grassroots initiatives, caregiver support, and the integration of services into primary healthcare. It explores strategies to enhance access, early detection, and patient-centered care through community-driven efforts.

iii. ***Innovation, Technology, and Artificial Intelligence (AI)*** which explores how emerging technologies and AI are transforming care. It highlights digital tools, predictive analytics, and cutting-edge therapies that enhance access, improve patient outcomes, and optimize care delivery while addressing implementation challenges and ethical considerations.

iv. ***Empowering Healthcare Professionals and Caregivers*** which focuses on strengthening the capacity, well-being, and leadership of healthcare professionals and caregivers. It explores strategies to enhance training, communication, resilience, and advocacy, ensuring that providers are well-equipped to deliver compassionate, high-quality care.

v. ***Advocacy, Policy, and Sustainable Financing*** which explores the role of policy, advocacy, and financing in shaping care systems. It highlights strategies to influence decision-making, strengthen legal frameworks, and secure sustainable funding to ensure equitable access to quality care.

vi. ***Care for Special and Underserved Populations*** which aims to address the unique challenges faced by populations with specific healthcare needs, ensuring equitable access to care. Discussions will explore barriers, policy considerations, and tailored interventions to improve outcomes for these groups.

The Committees that organized the 5th Uganda Conference on Cancer and Palliative Care.

Steering Committee / General Committee

Name	Organization
Co-Chairpersons	
1. Dr. Eddie Mwebesa	Hospice Africa Uganda
2. Dr. Nixon Niyonzima	Uganda Cancer Institute
Committee Secretary	
3. Zipporah Kyomuhangi	Palliative Care Association of Ugandan
4. Catherine Amuge	Uganda Cancer Institute
Committee Members	
5. Dr. Jackson Orem	Uganda Cancer Institute
6. Mark Donald Mwesiga	Palliative Care Association of Uganda
7. Irumba Lisa Christine	Palliative Care Association of Uganda
8. Joyce Zalwango	Palliative Care Association of Uganda
9. Rita Nanyomo	Palliative Care Association of Uganda
10. Cynthia Kabagambe	Palliative Care Association of Uganda
11. Daniela Akellot	Palliative Care Association of Uganda
12. Dr. Muwanga Moses	Ministry of Health
13. Dr. Emily Tumwakire	Ministry of Health
14. Dr. Karamagi Yvonne	Mildmay Uganda
15. Prossy Nakyanja	Hospice Africa Uganda
16. Prof. Julia Downing	International Children Palliative Care Network
17. Dr. Elizabeth Namukwaya	Makerere University
18. Dr. Kirungi Gloria	Palliative Care Association of Uganda
19. Rev. Sr. Kaddu Judith	St. Francis Hospital Nsambya Training School
20. Rose kiwanuka	Lweza Community Health Program
21. Sylvia Nakami	Rays of Hope Hospice Jinja
22. Mr. Mukago Paulina	Uganda Cancer Institute
23. Dr. Bogere Naghib	Uganda Cancer Institute
24. Christine Namulindwa	Uganda Cancer Institute
25. Mr. Ezra Anecho	Uganda Cancer Institute
26. Bashir Ngobi	Uganda Cancer Institute
27. Dr. Benjamin Mwesige	Uganda Cancer Institute
28. Agatha Nakiganda	Uganda Cancer Institute

Scientific Committee

Name	Organization
Co-Chairpersons	
1. Prof Julia Downing	International Children Palliative Care Network
2. Dr. Naghib Bogere	Uganda Cancer Institute
Committee Secretary	
3. Lisa Christine Irumba	Palliative Care Association of Uganda
4. Dr. Annet Nakaganda	Uganda Cancer Institute

Name	Organization
Committee Members	
5. Mark Donald Mwesiga	Palliative Care Association of Uganda
6. Rinty Kintu	American Cancer Society
7. Dr. Ludoviko Zirimenya	MRC / Uganda Virus Research Institute
8. Dr. Ekiria Kikule	Institute of Hospice and Palliative Care
9. Atsede Aregay (PhD)	Department of Health and Nursing Sciences, University of Agder
10. Dr. Peace Bagasha	Mulago National Referral Hospital
11. Dr. Eve Namisango	African Palliative Care Association
12. Hajjati Mwazi Batuli	Islamic University in Uganda
13. Dr. Ddamulira Christopher	Uganda National Council for Science and Technology
14. Roselight Katusabe	Hospice Africa Uganda
15. Kavuma David	Mildmay Uganda
16. Dr. Henry Ddungu	Uganda Cancer Institute
17. Dr. Alfred Jatho	Uganda Cancer Institute
18. Dr. Edward Kakungulu	Uganda Cancer Institute
19. Dr. Deo Kyambadde	Uganda Cancer Institute
20. Dr. Solomon Kibudde	Uganda Cancer Institute
21. Dr. Semei Sekitene	Uganda Cancer Institute
22. Dr. Geriga Fadhil	Uganda Cancer Institute
23. Beatrice Rukundo	Uganda Cancer Institute
24. Susan Nabakooza	Uganda Cancer Institute
25. Komakech Ignatius	Uganda Cancer Institute
26. Dr. Kafeero James	Uganda Cancer Institute
27. Bridget Angucia	Uganda Cancer Institute

Thank you to our Abstract Reviewers

Name	Organization
28. Prof Julia Downing	International Children Palliative Care Network
29. Dr. Naghib Bogere	Uganda Cancer Institute
30. Rinty Kintu	American Cancer Society
31. Irumba Lisa Christine	Palliative Care Association of Uganda
32. Dr. Ekiria Kikule	Institute of Hospice and Palliative Care
33. Dr. Peace Bagasha	Mulago National Referral Hospital
34. Dr. Eve Namisango	African Palliative Care Association
35. Hajjati Mwazi Batuli	Islamic University in Uganda
36. Dr. Kavuma David	Mildmay Uganda
37. Dr. Henry Ddungu	Uganda Cancer Institute
38. Dr. Alfred Jatho	Uganda Cancer Institute
39. Dr. Edward Kakungulu	Uganda Cancer Institute
40. Dr. Solomon Kibudde	Uganda Cancer Institute
41. Dr. Semei Sekitene	Uganda Cancer Institute
42. Dr. Geriga Fadhil	Uganda Cancer Institute
43. Dr. Kafeero James	Uganda Cancer Institute

Publicity and ICT Committee

Name	Organization
Committee Co-Chairs	
1. Christine Ebong	National Medical Stores
2. Christine Namulindwa	Uganda Cancer Institute
Committee Secretary	
3. Cynthia Kabagambe	Palliative Care Association of Uganda
4. Asasira Judith	Uganda Cancer Institute
Committee Members	
5. Mark Donald Mwesiga	Palliative Care Association of Uganda
6. Irumba Lisa Christine	Palliative Care Association of Uganda
7. Anita Balikobaku	Palliative Care Association of Uganda
8. Joyce Zalwango	Palliative Care Association of Uganda
9. Sarah Gann	University of Notre Dame
10. Dr. Mark Muyanga	Uganda Medical Association
11. Dr. Iddi Matovu	Kitovu Mobile
12. Miriam Ahumuza	Joint Medical Stores
13. Zahara Namuli	Uganda Lung Institute
14. Grace Mirembe	Uganda Heart Institute
15. Joseph Serebe	Palliative Care Association of Uganda
16. Nelson Gumoyesige	Hospice Africa Uganda
17. John Mwayi	Rays of Hope Hospice Jinja
18. Sarah Komugisha	Kawempe Home Care
19. Mpamani Jackson Collins	Uganda cancer Institute
20. Collins Gyezaho	Uganda Cancer Institute
21. Charity Kobusingye	Uganda Cancer Institute
22. Fatina Nakalembe	Uganda Cancer Institute
23. Dr. Valeria Nabbosa	Uganda Cancer Institute
24. Abraham Okol	Uganda Cancer Institute
25. Isaac Manga	Uganda Cancer Institute
26. Timothy Nkwasibwe	Uganda Cancer Institute
27. Maxencia Nyanjura	Uganda Cancer Institute

Resources Mobilization & Finance Committee

Name	Organization
Committee Co-Chairs	
1. CPA Dr. Basiimampora Timothy	Palliative Care Association of Uganda
2. Mr. Mukago Paulina	Uganda Cancer Institute
Committee Secretary	
3. Rita Nanyomo	Palliative Care Association of Uganda
4. Dr. Benjamin Mwesige	Uganda Cancer Institute
Committee Members	
5. Mark Donald Mwesiga	Palliative Care Association of Uganda
6. Irumba Lisa Christine	Palliative Care Association of Uganda
7. Joyce Zalwango	Palliative Care Association of Uganda
8. Zipporah Kyomuhangi	Palliative Care Association of Uganda
9. Fiona Siima	Palliative Care Association of Uganda
10. Matthias Kakumba	Palliative Care Association of Uganda
11. Dr. Ajambo Miriam	Ministry of Health
12. Caroline Violet Alony	Hospice Africa Uganda
13. Grace Nayiga	UGANET
14. Dr. Nixon Niyonzima	Uganda Cancer Institute
15. Mr. Ezra Anecho	Uganda Cancer Institute
16. Irene Judith Nassozi	Uganda Cancer Institute
17. Yovan Omojong	Uganda Cancer Institute
18. Amuge Catherine	Uganda Cancer Institute

Invited Speakers

Keynote Speaker

Thursday September 11, 2025

Prof. Damalie Nakanjako, MBChB, MMed, PhD
Board Chair, Uganda Cancer Institute (UCI)

Professor Damalie Nakanjako is a distinguished physician, academic leader, and researcher with a career spanning medical education, governance, and scientific innovation.

She currently serves as Board Chair of the Uganda Cancer Institute, inaugurated in June 2025 by the Minister of Health. In this role, she guides the Institute's strategic governance, ensuring it continues to serve as Uganda's foremost cancer-care and research institution.

From 2020 to 2024, Professor Nakanjako was Principal of Makerere University College of Health Sciences, having previously served as Dean of the School of Medicine. During her tenure, she strengthened academic programs, fostered research partnerships, and expanded mentorship opportunities for young scientists.

Her academic journey began at Makerere University, where she earned her MBChB and MMed in Internal Medicine. She later completed a PhD in Biomedical Sciences at the University of Antwerp, Belgium (2010), and a Certificate in Leadership & Management in Health from the University of Washington, Seattle.

A leading researcher in translational immunology, her work has advanced understanding of chronic immune activation in adults living with HIV on antiretroviral therapy—critical research for developing an HIV cure in African contexts. She also directs and co-leads several high-impact initiatives, including the Makerere University–UVRI Infection & Immunity (MUII) Program, the ADAPT One Health Network, and the Afya Bora Global Health Leadership Consortium.

Through these roles, she has mentored over 50 postgraduate, doctoral, and postdoctoral trainees, shaping the next generation of African medical scientists.

Her achievements have been recognized internationally, with awards such as the Merle A. Sande Health Leadership Award (2013) and the TWAS–Abdool Karim Award in Biological Sciences (2022).

Today, Professor Nakanjako stands as a leading voice in African health sciences—committed to building strong institutions, advancing groundbreaking research, and nurturing future leaders in medicine.

Conference Speakers

Thursday September 11, 2025

Legacy Lecture, Prof. Charles Mark Lwanga Olweny – Evolution of Cancer Care and Treatment in Uganda

Prof. Nelson Sewankambo, Physician, Researcher, Medical Educator, Makerere University College of Health Sciences

Friday September 12, 2025 10:45 – 11:45

Memorial Lecture, Legacy of Prof. Anne Merriman – Pioneering Palliative Care in Uganda and Africa

Dr. Elizabeth Namukwaya, Lecturer, Makerere University, School of Medicine.

Dr. Elizabeth Namukwaya is a Medical Doctor. She holds a PhD from the University of Edinburgh, a Master's Degree in Internal Medicine from Makerere Medical School, and a Diploma in Palliative Care. She has been practicing in palliative care for the last 17 years, initially with Hospice Africa Uganda and later with Makerere Mulago Palliative Care Unit and Palliative Care Education and Research Consortium. She is a Lecturer in the Department of Medicine at Makerere University and an honorary lecturer at the Institute of Hospice and Palliative Care in Africa. She is involved in collaborative research locally and internationally with African Palliative Care Association, the University of Coimbra, Sheffield, and Oslo University.

Sr. Martha Rabwoni, Retired Palliative Care Nurse, Co-founder and former Health Services Coordinator, Mobile Hospice Mbarara (MHM)

Sr. Martha Rabwoni is a Co-founder and former Health Services Coordinator, Mobile Hospice Mbarara (MHM).

Sr. Martha Rabwoni is one of the pioneering and retired palliative care nurses in Uganda, a researcher, and advocate whose work has shaped the development of hospice and palliative care in Uganda. With over 28 years of service at Hospice Africa Uganda (HAU), she served as a senior leader and Lead Nurse, providing compassionate care while mentoring health professionals.

She is also the co-founder and Health Services Coordinator of Mobile Hospice Mbarara (MHM), a program that delivers home-based and community palliative care to rural populations in southwestern Uganda. Through this initiative, she has helped bring essential pain relief and holistic support to patients and families who would otherwise lack access to specialized care. Beyond clinical practice, Rabwoni has been a strong advocate for policy and education, raising awareness about the importance of palliative care in Uganda's health system. She has published research exploring the socioeconomic challenges faced by patients, including the financial and social burdens of cervical cancer, as well as studies emphasizing the role of accurate documentation in care delivery.

Her dedication has earned her national recognition, including the 2020 Award of Excellence in Palliative Care from the Heroes in Health Awards (HIHA).

Plenary Speakers

Wednesday September 10, 2025 9:00 – 10:30 am

Plenary 1: Victoria Ballroom

Strengthening Health Systems from the Ground Up: Empowering Communities and Strategic Leadership.

9:00 - 9:15

People Centred Health System Planning and Positioning of Universal Health Coverage in Uganda's National Development Plan IV, ***Manager Family Health & Nutrition, National Planning Authority, Uganda.***

Dr. Sarah Birungi Nahalamba is a seasoned public health expert with over 25 years of experience in development planning, social policy and advisory services. She started her career as a Gender Officer in Kayunga District later joining the National Planning Authority in the same portfolio. She has risen through the ranks and currently serves as the Manager in charge of Family Health and Nutrition. She provides oversight, technical guidance and coordination of national health system planning and nutrition initiatives. She holds a PhD in Health services with specialization in public health policy; a Master of Arts Degree in Development Studies, Post Graduate Diploma in Project Planning and Management and a Bachelor of Science Degree.

She has been a core technical team member in development of Uganda's Vision 2040, and the subsequent five-year National Development Plans. She has served as a technical team member on several assignments including; the feasibility studies for expansion of heart and cancer services at the national and country regional levels and supported financing processes; policy paper on accelerating Universal Health Coverage in Uganda and policy briefs among many others.

She has participated in several International conferences including: International Conference on Food and Nutrition Security: Sharing China's Experience; EU Supporting Public Health Institutes Programme (SPHIP) Seminar on "*Innovative Approaches in Public Health Capacity Building*" – Presenter on Uganda's policy experiences towards Universal Health Coverage (UHC); Symposium on Health Financing for Universal Health Coverage in Low and Middle Income Countries; Consultation on implementation of the World Health Assembly Resolution (WHA 63.23) to scale up Nutrition in the African Region among others.

9:15 – 9:30

Advancing human rights, promoting mental health, and empowering self-care for all – ***Janet Kantalama, the Executive Director, Safe Places Uganda.***

Janet Kantalama is the Executive Director of Safe Places Uganda, a private provider of mental, neurological, and addiction support services for individuals, families, workplaces, schools, and communities. She brings over 15 years of experience in strategy development, project planning and implementation, mental health policy management, capacity building, and organizational development.

A passionate psychologist and advocate for social justice, Janet is deeply committed to personal growth, people development, and advancing girl child affairs. Her professional expertise spans trauma-informed care, cognitive behavioral therapy, change management, and enhancing individual and organizational effectiveness.

Currently pursuing a Doctorate in Psychology at the University of Namibia, Janet continues to contribute to the field of mental health with a focus on neuro-cognition, development, learning, personality, and health psychology. She is recognized for her proactive leadership, dedication to service, and her role in building partnerships that strengthen mental health systems in Uganda and beyond.

9:30 - 9:45

Catalyzing Change in Africa's Health Systems Through Community Engagement and Leadership, **Dr. Abeid Omar, *Head of Oncology, Kenyatta National Teaching Hospital, Kenya.***

Dr. Abeid Athman Omar is a clinical Oncologist and head of the Oncology department at the Kenyatta University Teaching Referral and Research Hospital in Nairobi Kenya.

Dr. Omar is a fellow of the European school of oncology in Milan Italy, he underwent his Oncology training in Alexandria, Egypt.

Dr. Omar is passionate about global oncology access to cancer care. Although he manages all cancers he mainly focuses on breast cancer in young women, oncofertility, oncosexuality and lung cancer. Dr. Omar is an established author and reviewer of peer reviewed journals such as JCO, ESMO open among others.

He is very excited and looking forward to taking part in this year's conference.

9:45 - 10:00

Developing the National Cancer Control Strategy for Children and Adolescents – ***Dr. Joyce Balagadde Kambugu, Head of Pediatrics, Uganda Cancer Institute.***

Dr. Joyce Balagadde Kambugu is a Consultant Paediatric Oncologist and Head of Paediatrics at the Uganda Cancer Institute (UCI). She obtained her MBChB and Master of Medicine in Paediatrics and Child Health from Makerere University, and completed a fellowship in Paediatric Medical Oncology at the University of Cape Town under the African Paediatric Fellowship Programme. She also holds an MBA in Healthcare Management and Leadership.

Dr. Kambugu has played a central role in developing paediatric oncology services in Uganda, including establishing a dedicated paediatric unit at UCI and initiating the national paediatric oncology fellowship training programme. She has supervised numerous postgraduate research projects and contributed to building research capacity in paediatric cancer.

At national level, she is a member of the National Cancer Control Plan (NCCP) Secretariat, serving as the technical lead for childhood and adolescent cancers, and has contributed to key institutional and national policy documents. Internationally, she serves as Continental President of the International Society of Paediatric Oncology (SIOP Africa) and as a Board Member of SIOP International. Her professional work spans clinical care, research, policy, and training in paediatric oncology across Africa.

10:00 - 10:15

Anchoring Palliative Care At The AgaKhan University Hospital Nairobi, A practice Changing Approach, ***Prof. Mansoor Saleh, Professor and Founding Chair, Department of Haematology–Oncology, and Founding Director, Cancer Centre, Aga Khan University, Nairobi.***

Mansoor Saleh, MD began his early education in the Aga Khan School system in East Africa and pursued his medical degree at the University of Heidelberg in Germany. He completed his doctoral research at the prestigious Max Planck Institute for Medical Research in Heidelberg. Dr. Saleh went on to receive his internal medicine training at Henry Ford Hospital in Detroit, Michigan, followed by subspecialty training in Hematology and Oncology at the University of Alabama at Birmingham (UAB) Comprehensive Cancer Center. At UAB, he served as a tenured Professor of Medicine and Pathology and was the Director of the Firstin-Human Early Drug Development Program. His research and clinical work have centred on the targeted therapy of cancer, with a strong focus on translating novel agents from bench to bedside.

In January 2020, Dr. Saleh returned to East Africa to join the Aga Khan University in Nairobi, Kenya, where he currently serves as the Founding Chair of the Department of Hematology-Oncology and Founding Director of the AKU-Nairobi Cancer Center. Mansoor Saleh, MD earned his medical degree from the University of Heidelberg in Germany and conducted his doctoral research at the Max Planck Institute for Medical Research.

He trained in internal medicine at Henry Ford Hospital in Detroit and completed his Hematology-Oncology fellowship at the University of Alabama at Birmingham (UAB), where he became a tenured Professor and Director of the First-in-Human Early Drug Development Program. His research focuses on targeted cancer therapies and translational oncology.

In 2020, he joined Aga Khan University in Nairobi as Founding Chair of Hematology-Oncology and Founding Director of the University's Cancer Center.

Thursday September 11, 2025 9:00 – 10:00 am

Plenary 2: Victoria Ballroom

Harnessing Innovation and Building Systemic Resilience in an Evolving Global Landscape.

9:00 -9:15

Strategies in combating Non-communicable diseases in the developing world: A case of Uganda Heart Institute, ***Dr. Mwambu Tom Philip, Senior Consultant Cardiothoracic and Vascular Surgeon, Head Division of Adult Cardiovascular Surgery, Uganda Heart Institute.***

Dr Mwambu Tom Philip is a Senior Consultant Cardiothoracic and Vascular Surgeon working with the Uganda Heart Institute (UHI) in Kampala. He attained his Bachelor of Medicine and Bachelors of Surgery (MB.CH.B) degree from Makerere University, Kampala in and thereafter proceeded to attain a Master of Medicine (M.Med.) in General surgery from the same University. He is a Fellow of the College of Surgeons of East, Central and Southern Africa (COSECSA) as well as a Fellow of the Institute of Cardiovascular Diseases ICVD) Madras, India where he attained training in cardiothoracic and vascular surgery. He was at the lead of revamping open-heart surgery in Uganda in 2007 and has since facilitated training of more surgeons in the same field. He completed a scientific fellowship of the Lee Jong-wook Fellow in Aortic and Heart Valve surgery (South Korea) and has presented many scientific papers in cardiovascular surgery at International fora. In Uganda he is among the leading surgeons in AV Fistula surgery for haemodialysis access and performs some of the most complex interventions.

At UHI he is the head of the Adult Cardiovascular Surgery Division. In addition, he is an honorary lecturer at the College of Health Sciences, Makerere University.

9:15 -9:30

The Role of Partnership in Training Specialists in developing countries, ***Mr. Josh Wood, Executive Director, International Volunteers in Urology Med, United States of America.***

Josh Wood has over 15 years of experience leading global health programs and operations for International Volunteers in Urology (IVUmed). He returned as IVUmed's executive director in July 2023 after working as the director of a conservation science organization from 2020 to 2023.

He previously served as IVU's Executive Director from 2010 to 2020 and as Program Manager from 2006 to 2010. Josh has a master's degree in international relations and public administration from the University of Utah. Prior to joining IVU, Josh served as a United States Peace Corps Volunteer in Armenia and then worked with community health centers in Utah.

Josh has organized hundreds of surgical teaching workshops in over 30 countries and manages all aspects of IVUmed's global work.

9:30 -9:45

Bone marrow Transplant – Revolutionary Treatment for blood cancers and blood disorders, ***Prof. Ganesh Jaishetwar, Haemato-Oncologist, Department of Clinical Hematology and Bone Marrow Transplant, Yashoda Hospitals, India.***

Dr. Ganesh S. Jaishetwar is a highly skilled Hematologist and Bone Marrow Transplant specialist with over a decade of experience in managing complex hematological conditions. He currently leads the Department of Hematology & BMT at Yashoda Hospital, Hyderabad, where he has independently performed over 500 bone marrow transplants across a patient age range of 9 months to 72 years. Dr. Jaishetwar is a pioneer in introducing TCR-αβ-deplete haploidentical transplants for adults in India and has presented his research on haploidentical stem cell transplants at multiple international hematology conferences.

His clinical expertise spans allogeneic stem cell transplantation, leukemia, lymphoma, and other advanced hematology therapies.

9:45 -10:00

Leveraging Digital Innovation and Technology to Advance the Sustainable Development Goals through Universal Health Coverage, ***Dr. Albert Byamugisha, Senior Technical Adviser and Head of the Sustainable Development Goals Secretariat, Office of the Prime Minister.***

Dr. Albert Byamugisha is the Senior Technical Adviser and Head of the National SDG Secretariat at the Office of the Prime Minister, Uganda. He supports the implementation and monitoring of the SDG 2030 Agenda, coordinates stakeholder engagement across government, civil society, private sector, and development partners, and provides technical support to strategic coordination, monitoring, and evaluation. He also contributes to Government Performance Reports, Cabinet retreats, and the Presidential Advisory Committee on the Budget, ensuring alignment of sector plans with the NDP, manifesto, and SDGs.

Previously, he served as Commissioner for Monitoring and Evaluation at the Office of the Prime Minister, M&E Expert at the National Planning Authority, and Assistant Commissioner for Statistics, Research, Monitoring, and Evaluation in the Ministry of Education and Sports. He lectured and headed the Department of Statistical Methods at Makerere University (1991–2000).

Dr. Byamugisha holds a Ph.D. in Regional Cooperation Policy Studies from Kobe University, has published widely, and is an Adjunct Associate Professor at the School of Business and Management, Uganda Technology and Management University.

Friday September 12, 2025 9:00 – 10:00 am

Plenary 2: Victoria Ballroom

Redefining Patient-Centered Care in a Multicultural Setting.

9:00 - 9:15

Listening to the Voices of Minority Populations in health Care, ***Kwesiga Robert, Secretary General, Uganda Red Cross Society***

Work Experience

Kwesiga Robert is the Secretary General of Uganda Red Cross Society, a position he has held since March 2015. He has also served as a Head of Region, Southern Africa – Danish Red Cross in Harare and Zimbabwe (2007 – 2013), Deputy Head of Region/Regional Programmes Coordinator – International Federation of Red Cross and Red Crescent Societies (IFRC) in Southern Africa Region Harare and Zimbabwe (2005 – 2007). From 1999 to 2005, Robert was the Secretary General of Uganda Red Cross Society, a position

he took on after being a Deputy Secretary General.
Robert has over 33 years experience in the humanitarian sector both locally and internationally. He has a passion for service and volunteerism. He has significant experience in representation, policy formulation, lobbying, with proven ability to create strategic partnerships and has special interest in Fundraising for Humanity.

Education
Robert holds a Masters Degree in Social Sector Planning and Management from Makerere University, Post graduate Diplomas in Project Planning and Management at the University of Zimbabwe and Education at Makerere University. He also holds a Bachelors Degree in Economics at Makerere University Kampala.

Boards served
Robert has served and is serving on several Boards such as Uganda National Pandemics & Disasters Inter Ministerial Task Force, Chairman AIDS Information Centre Board of Trustees (a National Non-Governmental Organisation). He also served as President, East African Red Cross **Network** (RCNET).
He is a Board Member Uganda Road Safety Council, Task Force Member of the Uganda National Disaster Management Advisory Committee, Board Member for Uganda Blood Transfusion Services, served as a Board Member for Global Fund Country Coordinating Mechanism Board, Served as a Member of various Federation of Red Cross and Red Crescent Secretary Generals Advisory Groups and is a Member of the Danish Red Cross Task Force.

Family life and Hobbies
Robert is a proud father of three children and is happily married to Hilda. He balances life, family and career. He loves playing golf and is a Member of the Uganda Golf Club.

9:15 - 9:30

Strengthening Integrated Healthcare Training to optimize shared decision making in collaborative care, ***Sr. Dr. Gorretti Nassali, Senior Consultant Surgeon, St. Francis Naggalama Hospital.***

Sr. Dr. Gorretti Nassali

is a Senior Consultant Surgeon and Fellow of the College of Surgeons of East, Central and Southern Africa (FCS-ECSA), with over two decades of surgical and academic experience. She serves as a Senior Consultant Surgeon at St. Francis Naggalama Hospital and an Honorary Senior Lecturer of Surgery with Uganda Martyrs University. Her clinical and academic journey began at Makerere University, where she earned her Bachelor of Medicine and Bachelor of Surgery (1998) and a Master's degree in Surgery (2003). Driven by a passion for oncology, she pursued advanced training in breast surgery in Italy and specialized surgical oncology training in India and Kenya. She played a pioneering role in establishing the Breast Clinic and Oncology Department at St. Francis Hospital Nsambya, as well as initiating therapeutic and diagnostic laparoscopic surgery services.

Dr. Nassali has held numerous leadership positions including Head of Surgery and Oncology Departments at St. Francis Hospital Nsambya, Chairperson of the Nsambya Hospital Cancer Program Steering Committee, and Chairperson of the Quality Improvement and Patient-Centered Care initiatives. She is also a long-serving member of ethics and regulatory committees, including the Institutional Review Board (IRB) at Nsambya Hospital and the Medical Licensure Examination Board (MLEB). She is committed to quality and standards in healthcare, having been certified as a Hospital Quality Management System Auditor. Beyond her surgical practice, she mentors future health professionals and serves as Patron of the Association of Laparoscopic Surgeons in Uganda.

Her outstanding contributions have been recognized nationally and internationally, including awards for excellence in leadership, oncology, and quality improvement.

9:30 - 9:45

Supporting the Soul: The Role of Health Professionals in Delivering Spiritual Care in Cancer and Palliative Care, ***Rev. Prof. Dr. Samuel Abimerech Luboga, Chairperson of the Education Service Commission.***

Rev. Prof. Dr. Samuel Abimerech Luboga is a distinguished medical educator, surgeon, academic leader, and ordained priest whose career reflects a unique blend of science, leadership, and service. He holds a Doctor of Philosophy (PhD), a Master of Medicine in Surgery, a Diploma in Health Administration, and a Bachelor of Medicine and Bachelor of Surgery (MBChB), all from Makerere University.

Prof. Luboga currently serves as Chairperson of the Education Service Commission. He is also an Affiliate Associate Professor of Family Medicine at the University of Washington School of Medicine. At Makerere University, he served as Associate Professor of Anatomy, Deputy Dean of Education in the Faculty of Medicine, and Acting Director of Quality Assurance. In the early years, he was s Head of the Anatomy Department where he shaped generations of health professionals. His international academic engagements include visiting professorships at McMaster University in Canada and Marshall

University in the United States, as well as directing the Makerere University/Yale University Collaboration (MUYU). Beyond academia, Prof. Luboga is deeply committed to faith and community service. He is an ordained priest in the Church of Uganda, Namirembe Diocese, where he integrates spiritual care with health service. He is also the founding chairman and technical advisor of St. Stephen's Hospital (COU) Mpererwe.

Throughout his career, Rev. Prof. Luboga has been recognized for his ability to bridge medicine, education, leadership, and faith, fostering holistic approaches to health and human development.

9:45 - 10:00

The role of diagnostic imaging in advancing personalised care strategies for multicultural and diverse patient populations, ***Dr. Rosemary Byanyima, Executive Director, Mulago National Referral Hospital.***

Dr. Rosemary Kusaba Byanyima is a Senior Consultant Radiologist and the Executive Director of Mulago National Referral Hospital.

She joined Mulago in 1993 as a Medical Officer and later did her Master's Degree in Medicine in the Diagnostic Radiology at Makerere University. She holds an Executive MBA from Eastern and Southern African Management Institute (ESAMI).

Dr. Byanyima has held various leadership offices including Head of Radiology Department (2005-2011), Chair of Radiology Department under Makerere University Faculty of Medicine (2007-2008) and Member of Atomic Energy Council and Uganda Medical Board. She is a Visiting Professor of Radiology for Mbarara University of Science and Technology and also the Chairperson of the National Advisory Committee on Medical Equipment (NACME).

Friday September 12, 2025 14:00 – 160:30 hours

Panel Discussion: Victoria Ballroom

Translating Conference Insights into Action through Advancing Specialized and Supportive Health Care for the Future.

The position of cancer control and palliative care in Uganda's Health Sector strategic and investment plans, ***Dr. Charles Olaro, Director General of Health Services, Ministry of Health.***

Dr. Charles Olaro is the Director General of Health Services at the Ministry of Health, Uganda, where he oversees service delivery, health systems strengthening, and policy implementation at the national level. A surgeon by training, he holds an MBChB and MMed in Surgery from Makerere University, a Master of Science in Health Services Management from Uganda Martyrs University, Nkozi, and a Master of Business Administration from the Eastern and Southern African Management Institute.

With more than 30 years of experience, Dr. Olaro has held several leadership positions in Uganda's health sector. Before becoming Director General, Dr. Olaro was the Director of Curative Services at the Ministry of Health from 2017.

In this capacity, he was involved in Uganda's response to the COVID-19 pandemic and Ebola outbreaks. He also served as Hospital Director at Fort Portal Regional Referral Hospital and as Medical Superintendent at Arua Regional Referral Hospital, where he was instrumental in advancing hospital governance and improving patient care. His leadership is characterized by a strong focus on health systems efficiency, capacity building, and equitable access to quality health services.

Dr. Olaro is an Honorary Fellow of the College of Surgeons of East, Central, and Southern Africa (COSECSA). He was also recognized through the International Visitors Leadership Program on Global Women's Health Issues by the U.S. Department of State.

Centering Women's Leadership in Specialized Health Care: A Gender-Equity Lens for Uganda's Future, ***Prof. Rose Nanyonga, Vice Chancellor, Clarke International University.***

Rose Clarke-Nanyonga (Ph.D.) is a Vice-Chancellor and Associate Professor at Clarke International University (CIU). Dr Nanyonga is a well-established and inspirational healthcare leader, educator, learner, researcher, nurse, mentor, and global health enthusiast.

She earned her education from Arkansas Tech University (BSN, 2002), Baylor University (MSN, 2005), Yale University (PhD, 2015), and the Whitney and Betty McMillan Center for International Studies at Yale University (Graduate Certificate of Concentration: Global Health, 2015). She is a Jonas Scholar (Yale); a Distinguished Alumna

(Yale, 2018); a Hall of Distinction Alumna (ATU-2020); and was named among the 100 Outstanding Women Nurse and Midwife Leaders (Women in Global Health, 2021).

Dr. Clarke-Nanyonga is interested in research that investigates issues related to health system strengthening, management of chronic illnesses, healthcare and higher education leadership and policy, and nursing workforce studies.

Dr Nanyonga is the founder of the Rose's Journey Scholarship Fund, established to support and increase the number of nurses with baccalaureate degrees in Uganda. She serves on numerous boards, including the Inter-University Council of East Africa, Uganda National Examination Board, Public Health Ambassadors Uganda, REMI East Africa, SOPHOS Africa, and Uganda Healthcare Federation.

The Future of Palliative Care in Uganda's Evolving Health Landscape, ***Mark-Donald Mwesiga, Executive Director, Palliative Care Association of Uganda.***

Mark-Donald Mwesiga is the Executive Director of the Palliative Care Association of Uganda (PCAU). He holds a Master of Public Health with a focus on health promotion, a Master of Management Studies, and a Bachelor of Social Sciences from Makerere University. He has attended various short courses and Diplomas, including one in Drug Policy and Public Health, at The Graduate Institute in Geneva.

He is an alumnus of OMI Seminars in Austria and recently completed a fellowship at the Center for Compassionate Leadership in the USA. Over the past decade, he has led programming teams and advocated for palliative care in Uganda. He leads a team in building compassionate communities and improving the socioeconomic well-being of families with life-limiting illnesses in Uganda. He serves on several governance platforms, including being a founding Board Member of HelpAge Advocacy Network Uganda and co-chairing a global steering committee for Healthy Aging by HelpAge International. He is a passionate scholar in public health, palliative care, and community-based initiatives, and a member of the Lions Club of Entebbe Road.

The Future of Cancer Care: Institutional Reflections and Forward Vision, ***Dr. Jackson Orem, Executive Director, Uganda Cancer Institute.***

Dr. Jackson Orem, MBChB, MMed, PhD, is a medical oncologist, an Executive Director of the Uganda Cancer Institute, and an honorary lecturer at Makerere University. He spearheaded the creation of the East Africa's Centre of Excellence in Oncology at the Uganda Cancer Institute with a mandate to provide specialized cancer care research and training for the entire East Africa region under the East African Community (EAC) network of Centers of Excellence.Dr. Orem is also leading the development of several international collaborations with renowned international cancer centres and institutions for infrastructure, human resource capacity development. Such institutions include Fred Hutchinson Cancer Research Center, the University of Washington, Case Western Reserve University, the National Cancer Center of Korea (NCC), and lately the University of Cambridge

Sustaining the Momentum: Outcomes, Lessons, and Post-Conference Priorities, ***Prof. Julia Downing, Executive Director, International Children's Palliative Care Network.***

Professor Downing is an experienced palliative care nurse, educationalist, and researcher. She is the Chief Executive of the International Children's Palliative Care Network (ICPCN) and a Professor at several universities. She supports the Palliative Care Education and Research Consortium (PcERC) here in Kampala and is a life member of the Palliative Care Association of Uganda. She has extensive experience in Global palliative care, research, and education, and is on the editorial board of ecancer, APM, and the IJPN. She has worked in palliative care for >30 years, with 23 of those working in Uganda. Professor Downing serves on the Boards of several NGOs including the International Society of Nurses in Cancer Care, the Worldwide Hospice and Palliative Care Alliance, the International Society of Nurses in Cancer Care, the African Palliative Care Association UK, and ehospice.

Wednesday September 10, 2025 from 15:40 – 17:30 hours

Storytelling and Painting with **Jacqueline Asiimwe-Mwesige, Chief Executive Officer, CivSource Africa.**

About the Storytelling Evening

The Storytelling evening is a powerful platform to celebrate the human spirit behind cancer and palliative care. While data informs decisions, stories inspire action. The evening will bring together voices from across Uganda's care ecosystem patients, caregivers, health professionals, researchers, leaders, and advocates to reflect on personal and institutional journeys that have shaped the landscape of compassionate cancer and palliative care work. Through real stories and shared experiences, we seek to humanize care, amplify impact, and paint a collective picture of hope, resilience, and transformation. The session also includes a collaborative live painting activity, offering a visual expression of the conference themes of embracing uniqueness and empowering communities.

The aim of the Storytelling Evening is to inspire reflection, action, and renewed commitment through storytelling and art, showcasing the real-world impact of cancer and palliative care services in Uganda and beyond.

Objectives of the Storytelling Evening

a) To humanise the experience of cancer and palliative care through personal and institutional stories.

b) To highlight how embracing unique perspectives from patients to professionals strengthens cancer and palliative care teams.

c) To create a shared artistic expression of our collective commitment to compassion and care.

Jacqueline Asiimwe-Mwesige, Chief Executive Officer, CivSource Africa

Jacqueline Asiimwe-Mwesige is a Ugandan lawyer, and leader in African philanthropy. She earned her law degrees from Makerere University and Georgetown University in Washington, D.C, and a Postgraduate Diploma in Legal Practice from the Law Development Centre.

Her career began with activism at FIDA Uganda, followed by leadership at the Uganda Women's Network (UWONET), where she championed women's rights, governance, and civic engagement. In 2017, she founded CivSource Africa, an advisory firm promoting African philanthropy and locally driven development.

Jacqueline serves as Chairperson of the East African Philanthropy Network (EAPN), Chair of ICRW Uganda, and a Global Board Member of the International Center for Research on Women (ICRW). She has consulted for organizations including GiZ, Oxfam, UN Women, and the European Union, and has been recognized among the 100 Most Influential African Women (2023).

Her services include Philanthropy advisory, leadership coaching, facilitation, story telling, grant making, wellness for leaders.

Outside her professional life, she is an avid mountain climber, having scaled peaks like Mount Rwenzori and Kilimanjaro, and a devoted mother of two.

Meet the Guest Speakers – Session Elevators

Thursday September 11,2025 14:00 – 17:00

Leveraging Policy Innovation, Political Leadership, and Sustainable Financing for Resilient Health Systems - **Prof. Freddie Ssengooba, *Director SPEED Project and the Center for Health Policy and Systems Development, Makerere University School of Public Health.***

Scaling Up Community-Driven Models: Lessons Learned, Sustainable Models, and Pathways - ***Rose Kiwanuka, Patron, Lweza Community Health Program.***

Transforming the Health Care Workforce through Building Competency, Compassion, and Systems Thinking - ***Prof. Harriet Mayanja, Physician, Researcher, Makerere University College of Health Sciences.***

Driving inclusive health policy and financing to strengthen equitable health systems - ***Dr. Andrew Ocero, University Research Co.***

Bridging clinical expertise with grassroots action and community empowerment for effective gynecologic cancer care in Uganda - ***Dr. Martin Origa, Gyne-Oncologist, Uganda Cancer Institute.***

Digital Transformation in Healthcare: Building Capacity through AI and Emerging Technologies - ***Dr. Phipps Warren, Medical Director, Uganda Cancer Institute Hutchison Centre.***

Upholding the Right to Health and Patient Autonomy: The Role of Advance Directives in Cancer and Palliative Care - ***David F.K Mpanga, Minister/Special Duties, Buganda Kingdom Government.***

A Patient-Centred Approach to Caring for People with Chronic Lung Diseases - ***Dr. Bruce Kirenga, Executive Director, Makerere University Lung Institute.***

World Radiotherapy Awareness Day (WRAD), ***Ssemata Benjamin, Uganda Cancer Institute.***

Friday September 12, 2025 11:45 – 13:00

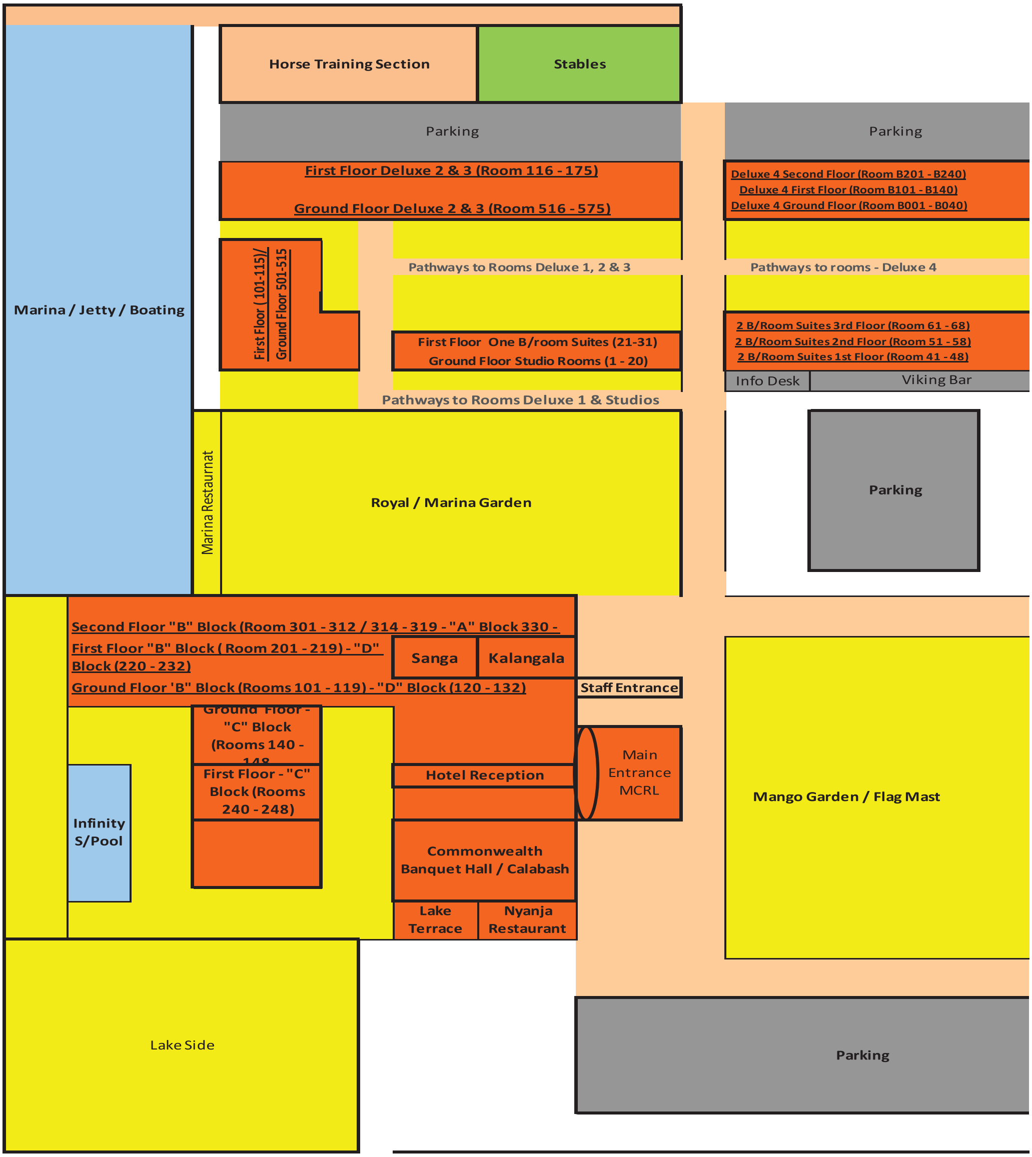
Innovations and advances in Treatment of Uganda's Six Most Common Cancers in Uganda - ***Dr. Fred Okuku, Oncologist, Uganda Cancer Institute.***

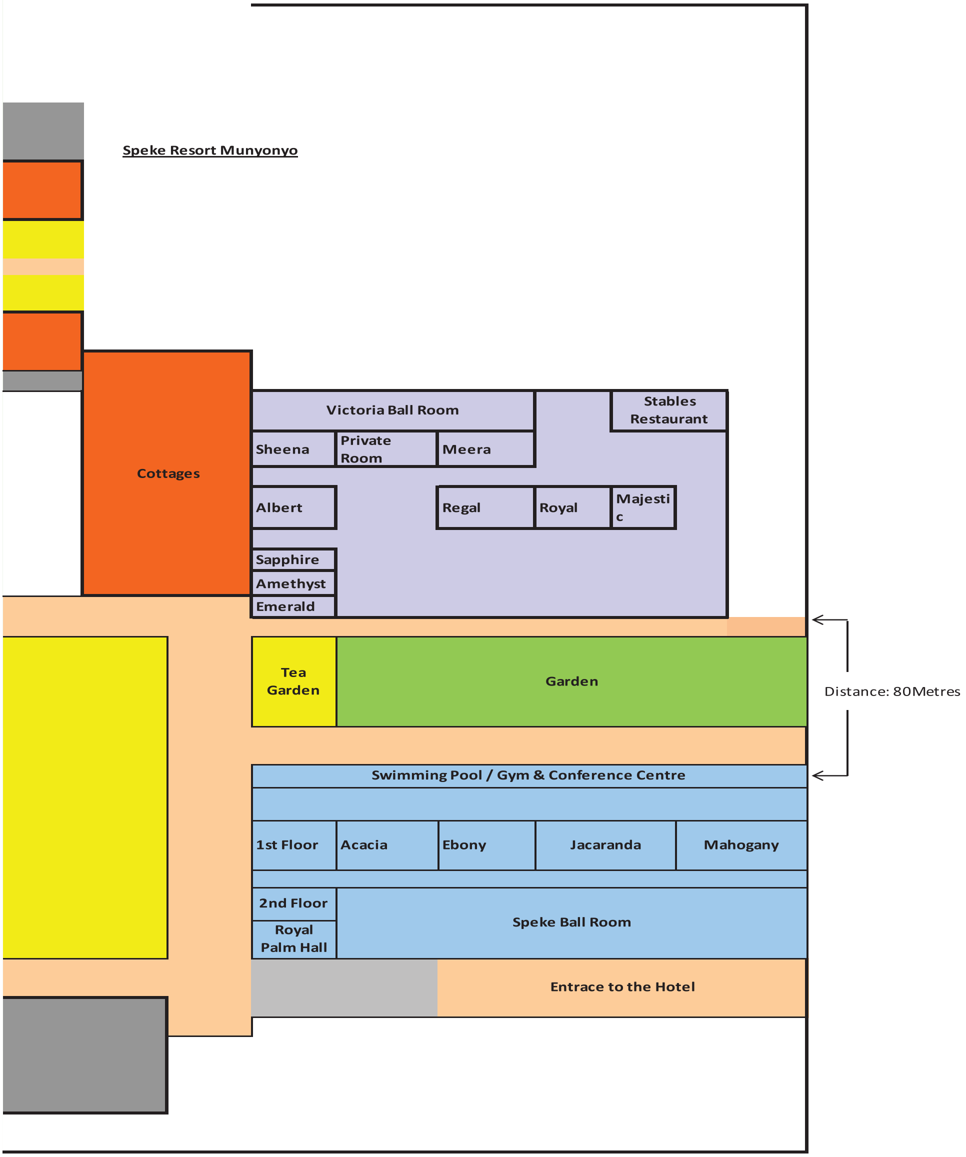
Caring for Uniformed Personnel with Chronic Diseases in Uganda: Strengthening Continuity of Care for Armed Forces and Their Families - ***Col Dr. Ronald Nangamba, UPDF National Referral Hospital Mbuya.***

Advancing Surgical Oncology Through Personalized Care for Improved Quality of Life - ***Dr. David Nyeko, St. Mary's Hospital Lacor.***

The Venue Plan

(Ground floor plan and Accessibility)




Speke Resort Munyonyo
Cottages
Victoria Ball Room
Stables Restaurant
Sheena
Private Room
Meera
Albert
Regal
Royal
Majestic
Sapphire
Amethyst
Emerald
Tea Garden
Garden
Distance: 80Metres
Swimming Pool / Gym & Conference Centre
1st Floor
Acacia
Ebony
Jacaranda
Mahogany
2nd Floor
Royal Palm Hall
Speke Ball Room
Entrace to the Hotel

Program at a Glance

The 5th Uganda Conference on Cancer and Palliative Care 10th – 12th September 2025

Conference Day 1: Wednesday 10th September 2025					
8:00 – 8:30	**Registration of Delegates and Conference Inquiries**				
8:30 – 9:00	**Welcome Remarks, What to Expect and How to Make the Most of the Conference**				
9:00 – 10:30	**Plenary 1 Victoria Ballroom: Strengthening Health Systems from the Ground Up: Empowering Communities and Strategic Leadership**				
10:15 – 10: 30	**Poster Viewing, Exhibitions and Networking Session**				
10:30 – 11:00	**Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				
	Workshops				
11:00 – 13:00	**Workshop 1:** ***Albert Hall*** Access to Essential Medicines for patients with cancer and palliative care needs.	**Workshop 2:** ***Meera Hall*** Driving Evidence-Based Education and Translational Research	**Workshop 3:** ***Sheena Hall*** Healthy Aging: Supporting Aging Populations in Health care.	**Workshop 4:** ***Regal Hall*** Addressing the Unique Holistic Needs of Children	**Workshop 5*****: Victoria Ball Room*** Survivorship, navigating life beyond treatment among adults.
13:00 – 14:00	**Lunch Break and Poster Viewing**				
14:00 – 15:00	**Workshops Continued and Cancer & Palliative work exposure**				
	Workshop 6: ***Albert Hall*** The Diagnostic Chameleons of Cancer and their role in Delayed Detection	**Workshop 2:** ***Meera Hall*** Driving Evidence-Based Education and Translational Research	**Workshop 7:** ***Sheena Hall*** Humanitarian Approaches, Environmental Emergencies and Disasters	**Workshop 4:** ***Regal Hall*** Addressing the Unique Holistic Needs of Children	**Workshop 5*****:*** ***Victoria Ball Room*** Survivorship, navigating life beyond treatment among adults
15:00 – 15:30	**Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				
15:30 – 15:40	**Presentation from Kampala Pharmaceutical Industries**				
15:40 – 17:30	**Storytelling Evening and Painting in Victoria Ballroom**				
Conference Day 2: Thursday 11th September 2025					
8:00 – 8:30	**Registration of Delegates, Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				
8:30 – 8:50	**Welcome Remarks from the Scientific Chairs**				

8:50 – 9:00	Presentation About DEI BIO Pharma				
9:00 – 10:00	**Plenary 2 *Victoria Ballroom:* Harnessing Innovation and Building Systemic Resilience in an Evolving Global Landscape**				
	Conference Opening Ceremony in *Victoria Ballroom*				
13:00 – 14:00	**Lunch Break and Exhibitions**				
14:00 – 17:30	**Presentation of Oral Papers in Tracks and Side event**				
	Side Event: *Albert Hall* Driving healthcare impact through Business Leadership "Invite Only Event"	**Track 1: *Meera Hall*** Advocacy, Policy, and Sustainable Financing	**Track 2: *Sheena Hall*** Community-Driven Care Models	**Track 3: *Regal Hall*** Empowering Healthcare Professionals and Caregivers	Victoria Hall Closed for Cocktail preparations
17:30 – 18:00	**Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				
18:00 – 21:00	**Conference Cocktail – *Victoria Ballroom* (Theme and Dress code – African Elegance Meets Cultural Heritage)**				

Conference Day 3: Friday 12th September 2025

8:00 – 8:30	Registration of Delegates				
8:30 – 8:40	Remarks from the Conference Chairs				
8:40 – 9:00	Presentation from AstraZeneca				
10:15 – 10:45	**Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				
10:45 – 11:45	**Memorial Lecture, *Victoria Ballroom:* Legacy of Prof. Anne Merriman – Pioneering Palliative Care in Uganda and Africa**				
	Presentation of free Papers and Workshops				
11:45 – 13:00	**Workshop 8: *Albert Hall*** Building Compassionate Communities and Public Health Approaches	**Workshop 9: *Meera Hall*** Digital Health and Artificial Intelligence	**Track 4: *Sheena Hall*** Innovation and Technology	**Track 5: *Regal Hall*** Care for Special and Underserved Populations	**Track 6: *Victoria Ball Room*** Personalized and Culturally Inclusive Care
13:00 – 14:00	**Lunch Break and Poster Viewing**				
14:00 – 16:30	**Panel Discussion and Conference Closing Ceremony: Victoria Ballroom; Translating Conference Insights into Action through Advancing Specialized and Supportive Health Care for the Future"**				
16:30 – 17:00	**Final Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				

Part 2 Conference Workshops, and Side Meetings

Workshop 1:

Access to Essential Medicines for patients with cancer and palliative care needs.

Date: Wednesday September 10, 2025

Venue: Albert Hall

Time: 11:00 – 13:00

Access to essential medicines is a cornerstone of effective cancer treatment and palliative care. However, challenges such as affordability, supply chain inefficiencies, regulatory restrictions, and stock-outs continue to hinder patient outcomes in Uganda. Recognizing this, a dedicated workshop on access to medicines will be held during a breakout session, bringing together key stakeholders to collectively address gaps and opportunities in the supply chain for cancer and palliative care medications.

The workshop will provide a platform to discuss the Anti-Narcotics and Psychotropic Substances Act (2023) and its implications for balancing access with regulatory control, while also examining issues of availability, affordability, and safety of anti-cancer medicines. It will convene a diverse group of stakeholders, including officials from the Ministry of Health, Ministry of Internal Affairs, National Drug Authority, National Medical Stores, Uganda Cancer Institute, Hospice Africa Uganda, Joint Medical Stores, pharmacists, oncology and palliative care practitioners, beneficiaries of care, and other partners within the medicines supply chain. Each of these actors plays a critical role in ensuring uninterrupted, equitable access to medicines for patients in need.

The workshop is aimed at strengthening the supply chain for essential medicines used in the treatment of cancer and the provision of palliative care in Uganda.

The workshop is expected to identify gaps and bottlenecks hindering timely availability of essential medicines, strengthen multi-sectoral collaboration among key stakeholders, and generate actionable recommendations to improve affordability, safety, and uninterrupted supply of essential medicines.

Workshop 2 :

Driving Evidence-Based Education and Translational Research.

Date: Wednesday September 10,2025
Venue: Meera Hall
Time: 11:00 – 15:00

Education and training as well as research are strong pillars in the advancement of cancer treatment and palliative care. Evidence-based education and training ensure that health professionals are equipped with the skills, knowledge, and attitudes needed to deliver safe, effective, and compassionate care. At the same time, research and translational science generate the evidence base that informs these practices, turning data into actionable insights that shape clinical care, policy, and health systems.

In Uganda, where the cancer burden is rising and palliative care is a vital part of comprehensive health care, both education and research are indispensable. While research outputs in oncology and palliative care are steadily increasing, gaps remain in translating findings into clinical practice, training programs, and standards formulation. Similarly, while training opportunities exist, they are often not systematically linked to the latest evidence or adapted to local contexts. This disconnect can limit the impact of both research and education, leaving patients, families, and health systems underserved.

Translational research provides the critical bridge between discovery and practice moving innovations “from bench to bedside and into policy.” When coupled with evidence-based education and training, it ensures that scientific innovations, local data, and best practices are contextualized and applied in real-world settings.

This workshop will bring together researchers, educators, practitioners, and policymakers to critically reflect on the current state of cancer and palliative care research and education in Uganda. It will explore current available opportunities are available for education in palliative care and oncology, discuss strategies for integrating evidence into training curricula, professional development, and clinical practice while fostering collaboration across institutions.

This workshop is open to all conference delegates with representations from the institute of Hospice and Palliative Care in Uganda, Ministry of Health, Ministry of Education and Sports, Uganda Cancer Institute, Palliative Care Association of Uganda, other Academic Institutions, Health workers/health facility representations.

The workshop is expected to enhance understanding of training opportunities in cancer and palliative care, secure commitments from academic institutions and partners to collaborate on capacity-building for research and curriculum development and produce a draft roadmap for establishing or strengthening collaborative research and education platforms.

Workshop 3 :

Healthy Aging: Supporting Aging Populations in Health care.

Date: Wednesday September 10,2025
Venue: Sheena Hall
Time: 11:00 – 13:00

Uganda's population is steadily aging, with over 1.7 million Ugandans now aged 60 years and above a figure projected to more than double by 2050, according to the Uganda Bureau of Statistics (2024). While increased life expectancy reflects important gains in public health, it also brings a growing burden of chronic and life-limiting conditions such as cancer, cardiovascular diseases, diabetes, dementia, and other non-communicable diseases (NCDs). These conditions require integrated, long-term, and palliative care approaches to maintain quality of life for older persons. However, Uganda's health system remains largely oriented toward the needs of younger populations, with insufficient attention to the specific physical, psychosocial, and end-of-life care needs of the elderly. Structural barriers such as late diagnosis, limited access to cancer and NCD treatment, inadequate workforce training in geriatric care, weak social and financial protection systems, and the poor integration of palliative care leave older adults underserved and exposed to catastrophic health expenditures.

The workshop aims to catalyse dialogue and coordinated action to address the healthcare needs of Uganda's aging population, especially in the areas of oncology and palliative care. It seeks to bring together key stakeholders to assess service gaps, explore the relevance of the Universal Health Coverage (UHC) Toolkit for Older Persons, share best practices and lived experiences from both community and institutional settings, and identify opportunities for strengthening age-inclusive health services.

The workshop is expected to build a shared understanding of the unique healthcare needs of older persons in Uganda, particularly in cancer and palliative care, and to highlight critical service delivery gaps and barriers to access. It will aim to generate consensus on actionable recommendations for integrating age-appropriate and inclusive care models within Uganda's health system. Additionally, the workshop will document commitments to strengthening workforce capacity, enhancing multi-sectoral collaboration, and advancing policies and programs that promote healthy aging, improved social protection, and equity in healthcare access for older adults.

Workshop 4 :

Thriving Beyond Cancer: Supporting children in survivorship.

Date: Wednesday September 10, 2025
Venue: Regal Hall
Time: 11:00 – 15:00

Childhood cancers represent a unique and growing challenge in Uganda's health system. Although survival rates are improving globally, many children in Uganda continue to face barriers to early diagnosis, timely treatment, and appropriate palliative care. Families often navigate significant psychosocial and financial challenges, while children endure long-term treatment-related side effects that extend into survivorship.

Childhood cancer survivorship is therefore emerging as a critical area of concern, yet it remains under-recognized and under-resourced within the continuum of cancer care. Survivors may experience late effects such as physical disabilities, cognitive and developmental delays, impaired fertility, and ongoing emotional or psychological distress. At the same time, parents and caregivers often struggle with uncertainty, stigma, financial burdens, and limited access to support systems to help their children thrive after treatment.

The aim of this workshop is to provide a dedicated platform to explore the unique realities of childhood cancer survivorship in Uganda, drawing on the experiences of survivors, families, clinicians, and advocates. It will examine the intersection of medical, psychosocial, and educational needs of survivors, and seek to build a shared understanding of how health systems and communities can better support them beyond treatment.

The workshop is expected to generate awareness of the breadth of survivorship needs, highlight family- and community-based models of care that can be adapted in low-resource settings, and offer practical recommendations for integrating survivorship programs into Uganda's cancer and palliative care framework. Participants will also be encouraged to consider how policy, advocacy, and multi-sectoral collaboration can ensure that every child who survives cancer is supported to live with dignity, resilience, and opportunity.

Workshop 5 :

Survivorship, navigating life beyond treatment among adults.

Date: Wednesday September 10,2025
Venue: Victoria Ballroom
Time: 11:00 – 15:00

As advances in cancer detection and treatment continue to improve, the number of people living beyond a cancer diagnosis is steadily increasing in Uganda and globally. This growing population of survivors presents both new opportunities and complex challenges that extend well beyond the completion of active treatment. Survivorship is increasingly recognized as a critical phase of the cancer care continuum, requiring attention to physical, emotional, social, and economic wellbeing. Adult cancer survivors often face a range of long-term and late effects of cancer and its treatment, including fatigue, pain, infertility, financial strain, and mental health challenges. Many struggle with reintegration into family, work, and community life, often confronting stigma and limited support structures. While cancer care has traditionally focused on diagnosis and treatment, there is a growing need to prioritize survivorship care, including psychosocial support, rehabilitation, and the integration of palliative care to enhance quality of life. In Uganda, survivorship remains a relatively underexplored area, with limited systems and policies in place to address the diverse needs of this growing group.

The aim of this workshop is to provide a dedicated platform for survivors, health professionals, caregivers, and advocates to share experiences, exchange knowledge, and co-create practical strategies for supporting adult cancer survivors in navigating life beyond treatment. The workshop will focus on holistic wellbeing, quality of life, and building resilient support systems that allow survivors to thrive.

The workshop is expected to raise awareness of the unique physical, psychosocial, and economic challenges faced by adult survivors, highlight lived experiences as a source of learning, inspiration, and advocacy, explore the role of palliative care in enhancing long-term wellbeing, and generate practical recommendations for strengthening survivorship programs, policies, and community-based support systems in Uganda and the region.

Workshop 6:

The Diagnostic Chameleons of Cancer and their role in Delayed Detection.

Date: Wednesday September 10,2025
Venue: Albert Hall
Time: 14:00 – 15:00

Cancer is often assumed to be easy to diagnose given its feared and debilitating nature. In practice, however, many patients do not present with typical signs until the disease has reached an advanced stage. Like a chameleon, cancer can camouflage, masking itself behind vague or misleading symptoms that resemble benign conditions. This makes it one of the most challenging diseases to detect early.

Examples abound in clinical practice. A patient with lung cancer may be treated for tuberculosis for months before the true diagnosis is uncovered. Pancreatic cancer is often confused with gallstones, irritable bowel syndrome, or pancreatitis due to non-specific symptoms such as abdominal pain and weight loss. Ovarian cancer may present with bloating, fatigue, or weight changes that mimic common gynecological conditions. Changes in bowel habits may be dismissed until colorectal cancer is advanced, while inflammatory breast cancer can be mistaken for mastitis, delaying urgent treatment. Even more complex are cancers with unknown primaries or leukemias that alter their molecular profile to evade therapy.

This workshop will examine the diagnostic “chameleons” of cancer and their role in delayed detection. Participants will discuss the consequences of missed or late diagnosis, including unnecessary procedures, delayed initiation of treatment, and poorer outcomes for patients. The session will also highlight the growing opportunities for earlier and more accurate detection, from heightened clinical suspicion and improved frontline training to advanced imaging techniques, histopathology, molecular characterization, multi-cancer early detection tests such as liquid biopsies, and the use of artificial intelligence in risk stratification and diagnostic interpretation.

The workshop is expected to provide a platform for oncologists, general practitioners, radiologists, pathologists, palliative care providers, and researchers to reflect on real-world cases of diagnostic delays, share experiences, and generate practical recommendations to strengthen early cancer detection in Uganda. It is expected to raise awareness of the diagnostic challenges posed by cancers with atypical presentations, build consensus on strategies to minimize misdiagnosis, and identify opportunities for integrating advanced diagnostic tools into the health system.

Workshop 7 :

Humanitarian Approaches, Environmental Emergencies and Disasters Detection.

Date: Wednesday September 10,2025
Venue: Sheena Hall
Time: 14:00 – 15:00

Uganda and the wider region are increasingly experiencing emergencies including floods, droughts, epidemics, refugee influxes, and other environmental disasters. In these contexts, people living with cancer and those requiring palliative care are among the most vulnerable, often facing interrupted treatment, medicine shortages, and limited access to supportive services.

Integrating humanitarian approaches into cancer and palliative care systems is therefore essential to ensure continuity of care, uphold patient dignity, and meet critical needs even during crises. At the core of humanitarian cancer care is the embedding of cancer and palliative care into emergency response plans, guaranteeing access to essential services and addressing the financial and social burdens patients encounter during disasters.

This interactive workshop will provide a platform for stakeholders to explore practical strategies for merging humanitarian principles with disaster preparedness in cancer and palliative care delivery. Through case studies from Uganda and other contexts, participants will examine frameworks for continuity of care, identify lessons for building resilient health systems, and develop strategies to protect vulnerable patients in times of crisis. The workshop will also foster experience sharing, innovation, and collaboration to strengthen cancer and palliative care services in environments affected by conflict, disasters, and emergencies.

This workshop aims to strengthen the integration of humanitarian principles and disaster preparedness into cancer and palliative care systems, ensuring that vulnerable populations continue to receive essential services during crises, conflicts, and environmental emergencies.

The workshop is expected to enable participants to identify practical strategies and frameworks, develop actionable recommendations for continuity of care and access to essential medicines, and establish collaborative commitments to build resilient, crisis-ready cancer and palliative care systems in humanitarian settings.

Workshop 8 :

Building Compassionate Communities and Public Health Approaches to Cancer and Palliative Care Services.

Date: Friday September 10,2025
Venue: Albert Hall
Time: 11:45 – 13:00

Meaning of compassionate communities

The Compassionate Communities movement is expanding through the Public Health approach to bolster health systems. It views illness, care, dying, death, and loss as everyone's responsibility, with neighbours actively supporting during illness or grief. Compassionate communities improve support in physical, emotional, social, and practical aspects and can be based on location, social group, shared purpose, or online, aided by technology. In Uganda, the Palliative Care Association launched the Compassionate Community Initiative in 2023, now active in four areas with partners like Lweza Community Health Program, Hospice Africa Uganda, and Ishaka Adventist Hospital.

Brief about the workshop, time, and target audience

This workshop aims to introduce delegates to the concept of compassionate communities as a key pillar of the public health approach to palliative care. The delegates attending this workshop will interact with the pioneers of the compassionate community initiative in Uganda. The workshop also features a presentation and discussion on the public approach to cancer control in Uganda. The workshop is aimed at program officers, managers, community practitioners, and policy makers.

As outcomes of the workshop, participants will be oriented on concepts related to public health palliative care, receive information on community mobilization and engagement practices from the Uganda Cancer Institute, and share knowledge on bereavement practices and the roles of community members. Participants are expected to sign a resolution to support a compassionate community initiative in Uganda.

The workshop also offers an opportunity to launch a compassionate community song composed by the palliative care club at Ishaka Adventist College.

Workshop 8 Brief:

Digital Health and Artificial Intelligence.

Date: Friday September 10,2025
Venue: Meera Hall
Time: 11:45 – 13:00

Digital health and artificial intelligence (AI) are transforming healthcare by improving access, efficiency, and quality of care. In Uganda, where cancer and palliative care face challenges such as late diagnoses, fragmented data, and limited specialist access, digital solutions offer innovative pathways to enhance service delivery. From AI-driven diagnostics and mobile health (mHealth) solutions to integrated data systems, technology is reshaping how care is delivered, monitored, and optimized.

This workshop will aim to introduce delegates to the practical applications of digital health and AI in cancer and palliative care. Participants will interact with health professionals, technologists, and policymakers implementing digital solutions in Uganda and beyond. The workshop features presentations, technology demonstrations, and interactive discussions. The workshop targets health workers, program managers, innovators, researchers, and policymakers interested in leveraging technology to improve care.

The workshop is expected to enable participants gain insights into Uganda-specific and global digital health trends, reflect on practical experiences from both health and tech perspectives, and provide feedback to directly shape ongoing tools such as the PCAU Cares App. Delegates are expected to contribute to defining actionable follow-up steps, including connecting with digital innovators and supporting continued digital health engagement in cancer and palliative care.

Invite only Side Event:

Driving Healthcare Impact through Business Leadership: A Side Event for CEOs and Board Leaders.

Date: Thursday September 11,2025
Venue: Albert Hall
Time: 14:00 – 17:30

Building on the success of the inaugural Chief Executive Officers (CEO) and Board Member side event during the 4th conference which attracted 44 participants from 27 organizations and development partners, this year's side event expands engagement to explore the critical role of business leadership in shaping healthcare outcomes.

Titled **"Driving Healthcare Impact through Business Leadership,"** the event is designed as an invite-only workshop for CEOs and board leaders from healthcare institutions, corporate organizations, government agencies, civil society organizations, insurance companies, telecommunication firms, banks, professional associations, academia, and international development partners. It aims to strengthen collaborations between healthcare institutions and the corporate sector while providing insights into innovation, governance, leadership, and sustainable health financing.

The session will include expert presentations, panel discussions, and interactive Q&A sessions moderated by Dr. James Onyoin, Partner at HLB Roberts, and Pheona Nabasa Wall, Executive Director of Fidelis Leadership Institute-Kampala. Key topics include building and sustaining strong organizational brands, contemporary leadership skills, innovation and ICT for corporate leaders, and risk management and sustainability practices for NGOs. Discussants such as Dr. Maggie Kigozi (UNIDO) and Mike Wargo (Center for Hospice Care, USA) will share international perspectives and practical lessons for driving healthcare impact through strategic leadership.

The workshop provides a unique platform for participants to share ideas on innovative approaches to healthcare delivery, explore alternative models of health financing, and foster partnerships that enhance patient care and organizational effectiveness. Through these engagements, leaders will gain actionable strategies to improve governance, efficiency, accountability, and sustainability in health institutions.

The expected outcomes for the side event include increased public and corporate awareness of cancer and palliative care challenges, strengthened collaborations between healthcare and corporate organizations, and the launch of the CEO Forum a platform for continued engagement, partnerships, and strategic advocacy. Participants will leave equipped with practical insights, peer connections, and a shared commitment to driving healthcare impact through business leadership.

Scientific Program

The 5th Uganda Conference on Cancer and Palliative Care 10th – 12th September 2025

	Conference Day 1: Wednesday 10th September 2025				
8:00 – 8:30	Registration of Delegates and Conference Inquiries				
8:30 – 9:00	**Welcome Remarks, What to Expect and How to Make the Most of the Conference** **Dr. Mwebesa Eddie**, *Director International Programs, Hospice Africa Uganda* **Dr. Nixon Niyonzima**, *Head of Research and Training, Uganda Cancer Institute*				
9:00 – 10:30	**Plenary 1 Victoria Ballroom: Strengthening Health Systems from the Ground Up: Empowering Communities and Strategic Leadership** *Session Chairs:* **Dr. Solomon Kibudde,** *Radiation Oncologist, Uganda Cancer Institute* **Ms. Gertrude Nakigudde,** *Executive Director, Uganda Women's Cancer Support Organization*				
9:00 - 9:15	People Centred Health System Planning and Positioning of Universal Health Coverage in Uganda's National Development Plan IV***, Dr. Sarah Nahalamba, Manager Family Health & Nutrition, National Planning Authority, Uganda***				
9:15 – 9:30	Advancing human rights, promoting mental health, and empowering self-care for all – ***Janet Kantalama, the Executive Director, Safe Places Uganda***				
9:30 – 9:45	Catalyzing Change in Africa's Health Systems Through Community Engagement and Leadership, **Dr. Abeid Omar, *Head of Oncology, Kenyatta National Teaching Hospital, Kenya***				
9:45 – 10:00	Developing the National Cancer Control Strategy for Children and Adolescents – ***Dr. Joyce Balagadde Kambugu, Head of Pediatrics, Uganda Cancer Institute***				
10:00 – 10:15	Anchoring Palliative Care At The AgaKhan University Hospital Nairobi, A practice Changing Approach, ***Prof. Mansoor Saleh, Professor and Founding Chair, Department of Haematology-Oncology, and Founding Director, Cancer Centre, Aga Khan University, Nairobi***				
10:15 – 10: 30	**Q&A Session**				
10:30 – 11:00	**Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				
	Workshops				
11:00 – 13:00	**Workshop 1: *Albert Hall*** **Access to Essential Medicines for patients with cancer and palliative care needs.** *Session Chairs:* **Dr. Benjamin Mwesige,** *Head of Research, Uganda Cancer Institute* ***& Rinty Kintu,*** *Consultant, Global Cancer Treatment*	**Workshop 2: *Meera Hall*** **Driving Evidence-Based Education and Translational Research** *Session Chairs:* **Dr. Edith Akankwasa**, *Principal Mildmay Institute of Health Sciences &* **Dr. Irene Atuhaire**, *Country Director, SEED Global*	**Workshop 3: *Sheena Hall*** ***Healthy Aging: Supporting Aging Populations in Health care.*** *Session Chairs:* **Menya Patrick,** *Principal Social Gerontologist, Ministry of Gender, Labor and Social Development &* **Emily Kemigisha**, *Partner led Programming Strategy Manager, HelpAge International*	**Workshop 4: *Regal Hall*** **Thriving Beyond Cancer: Supporting children in survivorship** *Session Chairs:* **Dr. Joyce Balagadde Kambugu,** *Head of Peadiatrics, Uganda Cancer Institute*	**Workshop 5*: Victoria Ball Room*** **Survivorship, navigating life beyond treatment among adults.** *Session Chairs:* **Ms. Gertrude Nakigudde,** *Executive Director, Uganda Women's Cancer Support Organization &*
13:00 – 14:00	**Lunch Break and Poster Viewing**				
14:00 – 15:00	**Workshops Continued and Cancer & Palliative work exposure**				

	Workshop 6: ***Albert Hall***	**Workshop 2:** ***Meera Hall***	**Workshop 7:** ***Sheena Hall***	**Workshop 4:** ***Regal Hall***	**Workshop 5:** ***Victoria Ball Room***
	The Diagnostic Chameleons of Cancer and their role in Delayed Detection *Session Chairs:* **Dr. Edward Kakungulu & Dr. Alex Bakenga,** *Uganda Cancer Institute*	**Driving Evidence-Based Education and Translational Research** *Session Chairs:* **Dr. Edith Akankwasa**, *Principal Mildmay Institute of Health Sciences &* **Dr. Irene Atuhaire**, *Country Director, SEED Global*	**Humanitarian Approaches, Environmental Emergencies and Disasters** *Session Chairs:* **Dr. Jenniffer Nabukenya** *Uganda Cancer Institute*	**Thriving Beyond Cancer: Supporting children in survivorship** *Session Chairs:* **Dr. Joyce Balagadde Kambugu,** *Head of Peadiatrics, Uganda Cancer Institute*	**Survivorship, navigating life beyond treatment among adults** *Session Chairs:* **Ms. Gertrude Nakigudde,** *Chief Executive Officer, Uganda Women's Cancer Support Organization &*

15:00 – 15:30	**Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**	
15:30 – 15:40	**Presentation:** Management of Chemotherapy induced Anemia other than Blood Transfusion, **Amitav Banerjee**, *Regional Marketing Head – East Africa (Oncology / Nephrology)*	
15:40 – 17:30	**Storytelling Evening and Painting with Jacqueline Asiimwe Mwesige in Victoria Ballroom** **Moderator: Sophie Matovu,** *Programs Director, Uganda Broadcasting Cooperation*	
Conference Day 2: Thursday 11th September 2025		
8:00 – 8:30	**Registration of Delegates, Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**	
8:30 – 8:50	**Welcome Remarks from the Scientific Chairs** **Prof. Julia Downing,** *Executive Director, International Children's Palliative Care Network* **Dr. Naghib Bogere,** *Medical Oncologist, Uganda Cancer Institute*	
8:50 – 9:00	**Presentation – About DEI BIOPHARMA, Dr. Magoola Matthias**, *Founder and Managing Director, Dei BioPharma Ltd*	
9:00 – 10:00	**Plenary 2** ***Victoria Ballroom:*** **Harnessing Innovation and Building Systemic Resilience in an Evolving Global Landscape** ***Session Chairs:*** **Dr. Rose Nakasi,** *Head of the Artificial Intelligence Lab, School of Computer Science, Makerere University* **Dr. Eve Namisango**, *Programmes, Research and Development Manager, Chair – African Palliative Care Research Network, African Palliative Care Association*	
9:00 – 9:15	Strategies in combating Non-communicable diseases in the developing world: A case of Uganda Heart Institute, ***Dr. Mwambu Tom Philip, Senior Consultant Cardiothoracic and Vascular Surgeon, Head Division of Adult Cardiovascular Surgery, Uganda Heart Institute,***	
9:15 – 9:30	The Role of Partnership in Training Specialists in developing countries***, Mr. Josh Wood, Executive Director, International Volunteers in Urology Med, United States of America***	
9:30 – 9:45	Bone marrow Transplant – Revolutionary Treatment for blood cancers and blood disorders***, Prof. Ganesh Jaishetwar, Haemato-Oncologist, Department of Clinical Hematology and Bone Marrow Transplant, Yashoda Hospitals, India***	
9:45 – 10:00	Leveraging Digital Innovation and Technology to Advance the Sustainable Development Goals through Universal Health Coverage, ***Dr. Albert Byamugisha, Senior Technical Adviser and Head of the Sustainable Development Goals Secretariat, Office of the Prime Minister***.	
10:00 – 10:20	**Q & A Session**	
	Conference Opening Ceremony in ***Victoria Ballroom***	
10:20 – 10:25	Ugandan Anthem and East African Anthem	Master of Ceremony
10:25 – 10:35	Thanksgiving and Prayer	Sr. Catherine Nakiboneka, Coordinator of the Catholic Health Training Institutions and Trainings, Uganda Catholic Medical Bureau (UCMB)

10:35 – 10:40	Welcome Remarks by the Executive Director, Palliative Care Association of Uganda	Mark-Donald Mwesiga
10:40 – 10:50	Conference Opening Remarks by the Country Representative World Health Organization	Dr. Kasonde Mwinga
10:50 – 11:10	Keynote Address: Embracing Uniqueness, Empowering Communities: A People-Centered Approach to Cancer and Palliative Care	Prof. Damalie Nakanjako, Chairperson Board of Directors, Uganda Cancer Institute
11:10 – 11:40	Legacy Lecture, Prof. Charles Mark Lwanga Olweny – Evolution of Cancer Care and Treatment in Uganda	Prof. Nelson Sewankambo, Physician, Researcher, Medical Educator, Makerere University College of Health Sciences
11:40 – 11:50	Remarks by the Executive Director, Uganda Cancer Institute	Dr. Jackson Orem
11:50 – 12:00	Entertainment	Catherine Amuge
12:00 – 12:25	Graduation Ceremony & Launch of the Uro- Oncology Fellowship	Dr. Nixon Niyonzima
12:25 – 12:35	Speech from Minister for Health	Dr. Jane Ruth Aceng Ocero, Minister of Health Uganda
12:35 – 12:45	Official Opening of the Conference	Her Excellency Jessica Alupo, Vice President of the Republic of Uganda Office of the Vice President
12:45 – 12:50	East African Anthem and Ugandan Anthem	Master of Ceremony
12:50 – 13:00	Conference Group Photo & Press Briefing	Christine Namulindwa & Joyce Zalwango
13:00 – 14:00	**Lunch Break and Exhibitions**	
14:00 – 15:30	Presentation of Oral Papers in Tracks and Side event	

	Side Event: ***Albert Hall*** **Driving healthcare impact through Business Leadership** ***"Invite Only Event"***	**Track 1:** ***Meera Hall*** **Advocacy, Policy, and Sustainable Financing** *Session Chairs:* ***Dr. Geriga Fadhil, Uganda Cancer Institute & Dr. Kirungi Gloria, Uganda Christian University***	**Track 2:** ***Sheena Hall*** ***Community-Driven Care Models*** *Session Chairs:* ***Dr. Noleb Mugisha, Uganda Cancer Institute & Dorothy Adong Olet,*** ***Hospice Africa Uganda, Invited Researcher University of Coimbra***	**Track 3:** ***Regal Hall*** ***Empowering Healthcare Professionals and Caregivers*** *Session Chairs:* ***Dr. Ludoviko Zirimenya, Medical Research Council & Dr. Clara Atieno Odhiambo, St. Francis Hospital Nsambya***	***Victoria Hall Closed for Cocktail preparations***
14:10		**Guest Speaker** Leveraging Policy Innovation, Political Leadership, and Sustainable Financing for Resilient Health Systems ***Prof. Freddie SSengooba, Director SPEED Project and the Center for Health Policy and Systems Development, Makerere University School of Public Health***	**Guest Speaker** Scaling Up Community-Driven Models: Lessons Learned, Sustainable Models, and Pathways ***Rose Kiwanuka, Patron, Lweza Community Health Program***	**Guest Speaker** Transforming the Health Care Workforce through Building Competency, Compassion, and Systems Thinking ***Prof. Harriet Mayanja, Physician, Researcher, Makerere University College of Health Sciences***	

14:20		Understanding How Policies, Politics, and National Contexts Influence Access to Opioid Medicines in Uganda ***Brandon Maser,*** ***University of Toronto, The Hospital for Sick Children, Canada***	Bridging the Gap: Village Health Team (VHT) and Cancer Survivor Training for Early Breast Cancer Diagnosis in Uganda ***Alfred Jatho,*** ***Uganda Cancer Institute***	Enhancing the Role of Nursing Competency in Pediatric Early Warning Scores (PEWS) and Timely Interventions at pediatric oncology, Kilimanyaro Christian Medical Center, Cancer Care Center. ***Irene Ngowi*** ***Kilimanyaro Christian Medical Center, Princess Maxima Center, Utrecht, Netherlands***	
14:27		Incidence and Predictors of Chronic Kidney Disease among patients with Prostate cancer at Mbarara Regional Referral Hospital ***Fredrick Bongomin Okello*** ***Mbarara University of Science and Technology, Uganda Cancer Institute***	Leveraging Regional Champions to Strengthen Palliative Care Data Collection and Reporting in Uganda's National Health Management Information System (HMIS) ***Cynthia Kabagambe,*** ***Palliative Care Association of Uganda***	Immediate Outcomes of Inter-Institutional Collaboration on Paediatric Central Nervous System Tumour Care in Uganda. ***Jane Namusisi, Uganda Cancer Institute***	
14:34		Factors Influencing the Utilization of Palliative Care Services among Cancer Patients at Mbale Regional Referral Hospital ***Esther Taaka,*** ***Mbale RRH***	Addressing Cervical Cancer Disparities through Community Engagement: Lessons and Best Practices from Midwestern Uganda, a Case Study of Kakumiro District. ***Catherine Amuge,*** ***Uganda Cancer Institute***	Parental factors that influence access to palliative care services for children with Cancer **Roselight Katusabe, Hospice Africa Uganda**	
14:41		Ten-year trend of new cancer diagnoses at the Uganda Cancer Institute: 2015-2024 ***Judith Asasira,*** ***Uganda Cancer Institute***	Bridging the gaps on access to palliative care services in Uganda through building compassionate communities. ***Zipporah Kyomuhangi,*** ***Palliative Care Association of Uganda***	Knowledge of diagnosis and treatment intent among caregivers of children undergoing cancer care at the Uganda Cancer Institute. ***Susan Nabakooza,*** ***Uganda Cancer Institute***	

14:48		Empowering Nurses as Agents of Change: The Impact of Specialized Palliative Care Training at Mulago School of Nursing ***Iremba Wilfred,*** ***Mulago School of Nursing & Midwifery.***	Knowledge and Attitude Toward Breast Cancer Prevention and Screening Practice Among Catholic Nuns in Central Uganda ***Nantayi Martha,*** ***Uganda Cancer Institute***	Nursing and medical students' experiences of handling difficult conversations with patients: A qualitative focus group study ***Germans Natuhwera,*** ***Hospice Africa Uganda***	
14:55		Together towards the elimination of cervical cancer in the Busoga Region and beyond ***Namuli Emily Nalugwa,*** ***Rays of Hope Hospice Jinja***	Community-Based Nutrition Education for Supportive Cancer Care: Empowering Households through Local Knowledge in Kanungu District, Uganda ***Kamara Daniel,*** ***Bwindi Community Hospital***	Strengthening community participation in palliative care advocacy through empowered child caregivers in Uganda. ***Anita Balikobaku,*** ***Palliative Care Association of Uganda***	
15:02		Innovative Resource Mobilization Strategies for Sustainable Pediatric Oncology Care in Uganda: A Case Study of the Uganda Child Cancer Foundation ***Anecho Ezra*** ***Uganda Cancer Institute, Uganda Child Cancer Foundation***	Harnessing Community-Driven Fundraising: A Sustainable Approach to Resource Mobilization for Childhood Cancer Support ***Jaimin Varsani*** ***Uganda Child Cancer Foundation***	Prevalence of burnout among healthcare professionals: a survey at Fort Portal Regional Referral Hospital ***Ian Batanda*** ***Fort Portal Regional Referral Hospital***	
15:09		Advocacy for Accessibility and Strengthening the Availability of Essential Palliative Care Medicines for Children and Adults Experiencing Serious Health-Related Suffering in Uganda ***Lisa Christine Irumba*** ***Palliative Care Association of Uganda***	A community-co-designed intervention for improved bereavement outcomes of family caregivers; a preliminary account of a new model to increase awareness about grief and bereavement in rural communities in South-central Uganda. ***Iddi Matovu*** ***Kitovu Mobile***	Experience of Volunteer Social Workers Supporting Patients and Families in Palliative Care. A case study of Mulago National Referral Hospital ***Jemimah Vicky*** ***Palliative Care Education and Research Consortium***	

15:15		Adherence to chemo radiation schedules among cervical cancer patients before and after in-house chemotherapy implementation at the Radiation Oncology Division of Uganda Cancer Institute ***Okello Quinton*** ***Uganda Cancer Institute***	Treatment abandonment and associated factors among pediatric leukemia patients attending the Uganda Cancer Institute (UCI), Uganda ***Derrick Bary Abila*** ***Uganda Cancer Institute, Uganda Child Cancer Foundation***	Effectiveness of Psycho-social care interventions in improving the Quality of Life for Adult Patients with Cancer in low-and middle-income countries (LMICs): A Systematic Review and Meta-Analysis ***David Kavuma*** ***Mildmay Institute of Health Sciences***	
15:22		**Q&A**	**Q&A**	**Q&A**	
	Side Event: ***Albert Hall*** **Health Financing, Leadership and Governance** ***"Invite Only Event"***	**Track 1:** ***Meera Hall*** **Advocacy, Policy, and Sustainable Financing** *Session Chairs:* ***Dr. Geriga Fadhil, Uganda Cancer Institute & Dr. Kirungi Gloria, Uganda Christian University***	**Track 2:** ***Sheena Hall*** ***Community-Driven Care Models*** *Session Chairs:* ***Dr. Noleb Mugisha, Uganda Cancer Institute & Dorothy Adong Olet,*** ***Hospice Africa Uganda, Invited Researcher University of Coimbra***	**Track 3:** ***Regal Hall*** ***Empowering Healthcare Professionals and Caregivers*** *Session Chairs:* ***Dr. Ludoviko Zirimenya, Medical Research Council & Dr. Clara Atieno Ondhiambo, St. Francis Hospital Nsambya***	***Victoria Hall Closed for Cocktail preparations***
15:35		**Guest Speaker** Driving inclusive health policy and financing to strengthen equitable health systems ***Dr. Andrew Ocero, University Research Co.***	**Guest Speaker** Bridging clinical expertise with grassroots action and community empowerment for effective gynecologic cancer care in Uganda. ***Dr. Martin Origa, Gyne-Oncologist, Uganda Cancer Institute***	**Guest Speaker** Digital Transformation in Healthcare: Building Capacity through AI and Emerging Technologies ***Dr. Phipps Warren, Medical Director, Uganda Cancer Institute Hutchison Centre***	
15:42		Uptake and awareness of the Human papillomavirus vaccine in rural Uganda ***Musana Emmanuel,*** ***Rays of Hope Hospice Jinja***	Lived experiences of parents and primary caretakers of children during pediatric leukemia diagnosis and pathological treatment monitoring at the Uganda Cancer Institute, Uganda ***Elizabeth Nakamya,*** ***Uganda Cancer Institute***	Empowering Caregivers of Children with Cancer in a Hostel-Based Support Setting: Strengthening Skills and Psychosocial Resilience. ***Auleria Kakwara,*** ***Kawempe Home Care***	

15:49		Palliative Care Needs and Factors Influencing the Utilization of Palliative Care for Patients with Advanced Chronic Kidney Disease at Kiruddu Hospital ***Sserusiba Hassan,*** ***Institute of Hospice and Palliative Care in Africa***	Mental Health Challenges Among Women Fighting Cancer: Gaps, Causes, and Recommendations for Integration in Cancer Care in Uganda ***Frank Kalyango,*** ***Victoria University Uganda, Uganda Women's Cancer Support Organisation***	Piloting the Treat the Pain eLearning module training in Uganda ***Joyce Zalwango,*** ***Palliative Care Association of Uganda***	
15:56		Pharmacist Specialization and its benefits to cancer patient care ***Shauna Georgia Odongo,*** ***Uganda Cancer Institute***	Community Palliative: Experience of Lweza Community Health Program (LCHP) ***Basirika Dianah,*** ***Lweza Community Health Program, Hospice Africa Uganda***	The role of pharmacovigilance in research and cancer care at the Uganda Cancer Institute ***Benjamin Mwesige,*** ***Uganda Cancer Institute***	
16:03		Breaking barriers, breaking stigma: advocacy for cancer and palliative patients and caregivers ***Daniel Drileba Dratibi,*** ***Voices of Restoration International***	Outcomes of a program to train village health teams (VHTs) and cancer survivors to improve referral for breast cancer diagnosis in Uganda ***Gertrude Nakigudde,*** ***Uganda Women's Cancer Support Organisation***	Impact of educating health care Professionals on Holistic pain assessment and management. ***Nalubega Josephine,*** ***St. Francis Hospital Nsambya***	
16:10		Transforming Research Funding at Uganda Cancer Institute: Seven-Year Impact of Grants Office and Training Initiatives ***Anecho Ezra,*** ***Uganda Cancer Institute***	Utilization of palliative care services by cancer patients and associated factors at Arua regional referral hospital ***John Baptist Nsamba,*** ***Muni University Arua***	Developing Six Specialist Oncology Nursing Curricula to Strengthen Cancer Care Capacity in Uganda through the Uganda Cancer Institute Cancer Academy ***Mariam Ndagire,*** ***Uganda Cancer Institute***	

16:17		Survival and its predictors among cervical cancer patients treated with radiotherapy with or without chemotherapy: a retrospective cohort study ***Germans Natuhwera,*** ***Hospice Africa Uganda***	The Role of Schools in Community Mobilization for Cancer Screening: A Case Study of the 3C Model ***Priscilla Nambalirwa,*** ***Uganda Cancer Institute***	Factors Associated with Utilization of Palliative Care Services Among People Living with HIV/AIDS Aged 18years and Above Attending Entebbe Regional Referral Hospital, Uganda ***Moses Muwanga,*** ***Ministry of Health***	
16:24		Socio-economic inequalities in the coverage of cervical cancer screening among women living with HIV in five Low- and Middle-Income Countries (LMICs) ***Godwin Candia,*** ***Uganda Cancer Institute, Uganda Child Cancer Foundation***	Bereavement support for patients and family members in palliative care: A case study for Kiruddu National Referral Hospital, Kampala, Uganda ***Cathy Magoola Namuto,*** ***Kiruddu National Referral Hospital***	Quantifying Cervical Cancer Radiotherapy Care Gap: Baseline Assessment Prior to implementation of the GLOCASSA mobile App ***Apollo Muramuzi,*** ***Uganda Cancer Institute***	
16:31		Factors associated with wasting among pediatric cancer patients aged 2-17 years at the Uganda Cancer Institute: a cross-sectional study. ***Wannyana Daisy,*** ***Uganda Cancer Institute***	A Community-Centric Innovation for Expanding Access to Early Cervical Cancer Detection in Uganda. ***Maria Regious Nansereko,*** ***Ernest Cook University***	Antinociceptive Activity of Leucas calostachys Oliv Extracts in Wistar Albino Rats ***Nyandejje Francis,*** ***Uganda Cancer Institute***	
16:38		"The Forgotten Pillar of Opioid Access, "Informed Consent" ***Angella Namatovu, Makerere University, School of Public Health***	Uptake of Cervical Cancer Screening and Its Determinants among Refugee Women in Uganda: Insights from the Uganda Refugee Population-based HIV Impact Assessment ***Steven Kikonyogo,*** ***Uganda Child Cancer Foundation, Uganda Cancer Institute***	Prevalence and factors associated with non-continuity of palliative care for children with cancer in the Busoga sub-region, Eastern Uganda ***Miriam Ajambo,*** ***Ministry of Health***	

16:45		Telepathology: revolutionizing diagnostic medicine at the Uganda Cancer Institute ***Ssemakula Hamidu,*** ***Uganda Cancer Institute***	Factors associated with treatment outcomes among breast cancer patients attending UCI ***Christine Nalugo,*** ***Uganda Cancer Institute***	A patient co-designed approach to delivering person-centered end-of-life care in rural settings ***John Lule, Kitovu Mobile***	
16:52		Re-allocation of non-administered parenteral chemotherapy: a cost reduction strategy for palliative cancer treatment at Uganda Cancer Institute, Mbarara, Uganda ***John Isiiko,*** ***Mbarara RRH, Uganda Cancer Institute***	Enhancing adherence to follow-up care for women with abnormal cervical cancer screening results in rural areas: insights from the URTD in midwestern Uganda ***Namagembe Shamim,*** ***Uganda Rural Development and Training Programme***	Improving the Services of Oncology Emergencies at the Uganda Cancer Institute Emergency Department ***Nabbanja Hanifah,*** ***Uganda Cancer Institute***	
17:00		**Guest Speaker** Upholding the Right to Health and Patient Autonomy: The Role of Advance Directives in Cancer and Palliative Care ***David F.K Mpanga, Minister/Special Duties, Buganda Kingdom Government***	**Guest Speaker** A Patient-Centred Approach to Caring for People with Chronic Lung Diseases ***Dr. Bruce Kirenga, Executive Director, Makerere University Lung Institute***	**Guest Speaker** World Radiotherapy Awareness Day (WRAD), ***Ssemata Benjamin, Uganda Cancer Institute***	
17:15		**Q&A**	**Q&A**	**Q&A**	
17:30 – 18:00	**Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				
18:00 – 21:00	**Conference Cocktail – *Victoria Ballroom* (Theme and Dress code – African Elegance Meets Cultural Heritage)**				
Conference Day 3: Friday 12th September 2025					
8:00 – 8:30	Registration of Delegates				
8:30 – 8:40	**Remarks from the Conference Chairs** **Dr. Mwebesa Eddie,** *Director International Programs, Hospice Africa Uganda* **Dr. Nixon Niyonzima,** *Head of Research and Training, Uganda Cancer Institute*				
8:40 – 9:00	Presentation from AstraZeneca on Maximizing Outcomes with Faslodex (Fulvestrant)				
9:00 – 10:15	**Plenary 3 *Victoria Ballroom*: Redefining Patient-Centered Care in a Multicultural Setting** *Session Chairs:* **Dr. Ekiria Kikule,** *Principal Institute of Hospice and Palliative Care in Africa* **Dr. Victoria Walusansa**, *Deputy Executive Director, Uganda Cancer Institute*				

9:00 – 9:15	Listening to the Voices of Minority Populations in health Care, ***Kwesiga Robert, Secretary General, Uganda Red Cross Society***				
9:15 – 9:30	Strengthening Integrated Healthcare Training to optimize shared decision making in collaborative care, ***Sr. Dr. Gorretti Nassali, Senior Consultant Surgeon, St. Francis Naggalama Hospital.***				
9:30 – 9:45	Supporting the Soul: The Role of Health Professionals in Delivering Spiritual Care in Cancer and Palliative Care, ***Rev. Prof. Dr. Samuel Abimerech Luboga, Chairperson of the Education Service Commission***				
9:45 – 10:00	The role of diagnostic imaging in advancing personalised care strategies for multicultural and diverse patient populations***, Dr. Rosemary Byanyima, Executive Director, Mulago National Referral Hospit***al				
10:00 – 10:15	**Question and Answer Session**				
10:15 – 10:45	**Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				
10:45 – 11:45	**Memorial Lecture, *Victoria Ballroom*: Legacy of Prof. Anne Merriman – Pioneering Palliative Care in Uganda and Africa** Speaker 1 – **Dr. Elizabeth Namukwaya**, Lecturer, Makerere University, School of Medicine. Speaker 2 - **Martha Rabwoni**, Retired Palliative Care Expert ***Session Chair:*** **Dr. Henry Ddungu**, *Consultant Haemato - Oncologist, Uganda Cancer Institute*				
	Presentation of free Papers and Workshops				
11:45 – 13:00	**Workshop 8: *Albert Hall*** **Building Compassionate Communities and Public Health Approaches** *Session Chairs:* ***Dr. Jenniffer Sengooba, Uganda Cancer Institute***	**Workshop 9: *Meera Hall*** **Digital Health and Artificial Intelligence** *Session Chairs:* ***Edwin Muyise, Tellistic Technologies***	**Track 4: *Sheena Hall*** ***Innovation and Technology*** *Session Chairs:* ***Denis Kidde, Centre for Hospice Care & Al Hajjati Mwazi Batuli, Islamic University in Uga***nda	**Track 5: *Regal Hall*** ***Care for Special and Underserved Populations*** *Session Chairs:* ***Prossy Nakyanja, Hospice Africa Uganda & Dr. Semei Sekitene, Uganda Cancer Institu***te	**Track 6: *Victoria Ball Room*** **Personalized and Culturally Inclusive Care** *Session Chairs:* ***Dr. Nasur Buyinza, Institute of Hospice and Palliative Care in Africa & Dr. Peace Bagasha, Mulago National RRH***
11:50			**Guest Speaker** Innovations and advances in Treatment of Uganda's Six Most Common Cancers in Uganda ***Dr. Fred Okuku, Oncologist, Uganda Cancer Institute***	**Guest Speaker** Caring for Uniformed Personnel with Chronic Diseases in Uganda: Strengthening Continuity of Care for Armed Forces and Their Families ***Col Dr. Ronald Nangamba,*** ***UPDF National Referral Hospital Mbuya***	**Guest Speaker** Advancing Surgical Oncology Through Personalized Care for Improved Quality of Life ***Dr. David Nyeko,*** ***St. Mary's Hospital Lacor***

12:00			Quantitative expression of estrogen, progesterone and human epidermal growth factor receptor-2 and their correlation with immunohistochemistry in breast cancer at Uganda Cancer Institute **Henry Wannume,** **Uganda Cancer Institute**	Alcohol harm and Access to Cancer and Palliative Care in the Underserved Ugandan Communities: A Policy Advocacy Perspective. **Nassanga Margaret,** **Uganda Alcohol Policy Alliance**	Alcohol Consumption and Cancer Risk Burden in Uganda: A Review for Evidence-Based Alcohol Control Policy **Alfred Jatho,** **Uganda Cancer Institute**
12:07			"Innovating palliative care delivery: the development and evaluation of the mpallcare platform" **Nabunje Diana Lubega,** **MRIT IT Peaks LTD, African Palliative care, University of LEEDS**	Suicidality and coping styles among adolescents and young adults (AYAs) receiving cancer care at Mbarara Regional Referral Hospital and Uganda Cancer Institute. **Nicholas Mukiibi,** **Uganda Cancer Institute**	Addressing grief, loss, and bereavement: Exploring approaches to support individuals and families coping with loss. Experiences & Lessons Learned from Kitovu Mobile Hospice, Masaka ,Uganda. **Gerald Kato,** **Kitovu Mobile**
12:14			Digitalization of Uganda Cancer Institute to Improve the quality of care **Isaac Manga,** **Uganda Cancer Institute**	Assessing the physical needs in paediatric palliative care for newly referred children living with disabilities in a refugee resettlement: A case of New Hope Rehabilitation Center, Bidibidi Refugee resettlement, Yumbe District, Uganda. **Alinaitwe Justine S,** **Hew Hope Disability Rehabilitation Center**	Chemotherapy-associated hematological adverse drug reactions among adult cancer patients at a Cancer Unit in Southwestern Uganda. A Prospective Observational Study. **Damale Abdu, Mbarara University of Science and Technology**
12:21			Data as a Catalyst: Improving Access, Accuracy, and Planning in Palliative Care Services" **Mwayi John,** **Rays of Hope Hospice Jinja**	The quality of life and lived experiences of adolescent cancer survivors in Southwestern Uganda **Barnabas Atwiine** **Mbarara RRH, Mbarara University of Science and Technology**	Survival outcomes of esophageal cancer patients at the Uganda Cancer Institute: a five-year retrospective analysis **Bridget Sharon Angucia,** **Uganda Cancer Institute**

12:28			Impact of LINAC on Radiotherapy Services at UCI: A Retrospective Analysis of Treatment Outcomes and Service Delivery ***Solomon Kibudde,*** ***Uganda Cancer Institute***	Factors influencing place of care among children and adults with life-limiting conditions in Uganda: a longitudinal qualitative study ***Dorothy Adong Olet,*** ***Hospice Africa Uganda, Invited Researcher University of Coimbra***	Comparison of trends in place of death of adults dying from cancer and non-cancer causes between 2012 and 2021 in Uganda ***Elizabeth Namukwaya,*** ***Faculty of Medicine, University of Coimbra, Portugal, Makerere University***
12:35			Strengthening Ethical Compliance in Research: Aligning Practice with Uganda's National Guidelines and Policies ***Harriet Nakiganda Muganga,*** ***Hospice Africa Uganda***	Advance Care Planning Among Patients with Advanced Cancer at Joy Hospice: Prevalence, Knowledge and Perception ***Wonasolo Denis,*** ***Joy Hospice Mbale***	Health-related quality of life among adult patients with cancer in Uganda: A cross-sectional study ***Allen Naamala,*** ***Uganda Cancer Institute***
12:42			Predictors of 6-months Survival Rates of Adults with Esophageal and Gastric Cancers in Mbarara, Uganda, 2015-2022 ***Jacinta Ambaru Ojia, Uganda Cancer Institute, Mbarara***	Palliative care for people with cardiovascular disease in Uganda ***Oketayot Anna Noland,*** ***Uganda Heart Institute***	Impact of patient navigation services on patients' experience while accessing care at Uganda Cancer Institute ***Fatina Nakalembe,*** ***Uganda Cancer Institute***
12:49			**Q&A**	**Q&A**	**Q&A**
13:00 – 14:00	**Lunch Break and Poster Viewing**				
14:00 – 16:30	**Panel Discussion and Conference Closing Ceremony: *Victoria Ballroom*; Translating Conference Insights into Action through Advancing Specialized and Supportive Health Care for the Future"** *Session Chairs:* **Dr. Rony Bahatungire,** *Commissioner Clinical Sciences, Ministry of Health* **Dr. Yvonne Karamagi,** *Executive Director, Mildmay Uganda* **Panelists** 1. The position of cancer control and palliative care in Uganda's Health Sector strategic and investment plans, ***Dr. Charles Olaro, Director General of Health Services, Ministry of Health*** 2. Centering Women's Leadership in Specialized Health Care: A Gender-Equity Lens for Uganda's Future, ***Prof. Rose Nanyonga, Vice Chancellor, Clarke International University*** 3. The Future of Palliative Care in Uganda's Evolving Health Landscape, ***Mark-Donald Mwesiga, Executive Director, Palliative Care Association of Uganda*** 4. The Future of Cancer Care: Institutional Reflections and Forward Vision, ***Dr. Jackson Orem, Executive Director, Uganda Cancer Institute*** 5. Sustaining the Momentum: Outcomes, Lessons, and Post-Conference Priorities, ***Prof. Julia Downing, Executive Director, International Children's Palliative Care*** *Network*				
16:30 – 17:00	**Final Break Tea & Coffee, Poster Viewing, Exhibitions and Networking**				

POSTER PRESENTATIONS

Advocacy, Policy, and Sustainable Financing

Abstract ID	Abstract Title	Author
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189	Experiences of adult patients with cancer at a Specialized cancer care facility in Uganda	Allen Naamala
286	Adolescent-Tailored Oncology Services at the Uganda Cancer Institute- An Unmet Need in the Health Workers' Perspective.	Jane Namusisi
332	Dissecting SMAD4-dependent malignant cell-intrinsic and -extrinsic mechanisms driving metastasis of Pancreatic Cancer	Gideon Nsubuga

Care for Special and Underserved Populations

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183	Factors affecting uptake of cervical cancer screening among HIV positive women receiving care at antiretroviral therapy clinic at Kaberamaido general hospital.	Mawogole John
211	The impact of Interpersonal Relations on Depression among Older Adults in Central Uganda	Ddumba Matovu Pius
219	Establishing a Community-Based Cancer Navigation Platform for Children: Lessons from the Special Hearts to Nurture Every Child (SHiNE) Child Program in Uganda.	Nakasita Catherine
240	Ensuring access to cancer treatment for everyone - including the most disadvantaged.	Walusansa Susan
248	The changes in profiles and patterns of Cancer among Paediatric Patients at Hospice Africa Uganda	Nasur Buyinza
258	Care for the Special and Underserved Population	Birungi Paul
315	Palliative Care service delivery to underserved refugee populations in Southwest Uganda. Insights from Hospice Africa Uganda's outreach and roadside clinics model	Germanus Natuhwera
324	Empowering Cancer Survivors living with Disabilities: The 'Learn to Earn' Initiative by Cancer Disabilities Advocacy Centre (CADAC)	Solomon Muliika
280	Prevalence of Depression and Associated factors among school-going adolescents with hearing impairment in Kampala district, Uganda	Muyanga Andrew Mark

Community-Driven Care Models

Abstract ID	Abstract Title	Author
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213	Detection of Oesophageal Cancer in Uganda: Patients and Healthcare Professionals' Perspectives	Alfred Jatho
214	Role of Cancer Care Champions in providing Psychosocial Support to Cancer Patients	Saima Furqan
218	Integrating palliative care into public health care services. A case of Fort Portal Regional Referral Hospital.	Ian Batanda
242	Empowered by Compassion: Communities Driving Cervical Cancer Prevention in Busoga Region	Irene Naleba

244	Palliative Care at The End of Life in the Communities	Akongo Paula
257	Bone and Soft Tissue Cancers in the Shadows: A Retrospective Review from Masaka Regional Referral Hospital in Uganda	Kabazzi Kaweesa Paul
264	Expanding Access to Cancer Awareness and Palliative Care in Rural Uganda: A Field Office Model for Reaching the Underserved	Balonde Joseph
291	Best Practice: Palliative Care in Community Private Clinic; A Case Study	Beatrice Buladina Juru
297	Medcancer Initiative Rwanda: A young led solution to cancer awareness in Rwanda	Benimana Darius
323	Abstract: Embracing Uniqueness and Empowering Communities through a Community-Driven Palliative Care Model for Cancer Patients	Olwit Morris
329	Strengthening Tobacco Taxation Policy in Uganda: A Coalition Approach to Driving Policy Change and Public Awareness	Nandutu Brenda
	Empowering Healthcare Professionals and Caregivers	
330	Expanding national coverage of palliative care services through capacity-building initiatives.	Joyce Zalwango
196	Knowledge, Attitudes, and Practices Among Nurses and Doctors Regarding Psychosocial Factors Affecting Patients at the Uganda Cancer Institute	Nalubwama Flavia
197	Empowering Nurses and Parents in Pediatric Oncology by Advancing Central Line Access in A Gertrude Children's Hospital in Kenya.	Jacqueline Runyora
198	Length of clinician-patient consultation time in a hospice and palliative care setting: Findings from a clinical audit	Francisca Nagujja
202	Vantage Care Ltd: Leading the Way in Home Caregiver Training for Africas' Underserved	Barnabas Nkore
209	Empowering Healthcare Providers and Caregivers through Soft Skills Training for Improved Patient-Centered Care:	Nabukeera Winnie
210	Navigating the Tide: A Day in the Life of a Charge Nurse at the Uganda Cancer Institute	Leila Naluyima
220	Prevalence and factors associated with chemotherapy induced peripheral neuropathy among adult patients with cancer at Mbarara Regional Cancer Centre	Avaga Stanslas
226	Referral patterns and associated factors among children with leukemia who received treatment at Uganda Cancer Institute, Kampala, Uganda	Derrick Bary Abila
237	Strengthening Palliative Care in Hospital Setting. A case study from the Uganda Cancer Institute.	Harriet Kebirungi
250	Palliative care practices in advanced COPD in resource limited Uganda	Banturaki Amon
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288	A Retrospective Morbidity and Mortality Audit of the Solid Tumor Centre Ward at the Uganda Cancer Institute	Jacinta Ambaru Ojia
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292	Prevalence And Factors Associated with Burn Out Among Nurses In Mulago National Referral Hospital, Kampala-Uganda	Tumwesigye Ambrose
316	Palliative and end-of-life care from an education lens. A worldwide systematic appraisal of undergraduate medical and nursing students' knowledge and perceptions of and orientation towards palliative and end-of-life care	Germans Natuhwera
225	Patient satisfaction towards oncology services at Uganda Cancer Institute	Jovia Nabuleje
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215	Patient Empowerment and Patient-Reported Outcomes in Cancer Care in Uganda Using Mhealth	Bridget Sharon Angucia
287	Developing Standard Operating Procedures to Enhance Care in the Pediatric Oncology Outpatient Unit at the Uganda Cancer Institute: A Quality Improvement Initiative	Mariam Ndagire
299	Electronic medical records system: A game changer for palliative care services in Arua Regional Referral Hospital, Uganda.	Manenga Emmanuel
305	Comprehensive care: An analysis of the need and psychosocial support given to children with cancer at the Uganda Cancer Institute, Kampala.	Barungi Brenda Banana
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241	Follow-Up Clinic Adherence Among Childhood Cancer Survivors at the Uganda Cancer Institute (UCI): A Retrospective Cohort Study	Godwin Candia
306	Enhancing Palliative Cancer Care through Health Coaching and Lifestyle Medicine: A Holistic Approach to Quality of Life	Yacoub Hachine
252	Diagnosis and treatment initiation for childhood leukemia and associated factors at the Uganda Cancer Institute, Kampala	Veronica Nyakato
262	The effect of Road to Care program in improving access to chemo radiotherapy for patients with cervical cancer in Uganda	Roselight Katusabe
304	Palliative Wound Care Management in St Francis Hospital Nsambya	Elizabeth Babirye
283	Automated red cell exchange for sickle cell disease: nursing experiences in Uganda	Nakabugo Prossy
279	Assessing Health Workers' Knowledge and Attitudes on Palliative Care in Private For-Profit (PFP) Hospitals: Quantitative Survey Study	Beatrice Buladina Juru
331	Factors Associated with Low Participation of Cervical Cancer Screening Programmes among Ethnic Minority Women Living in Developed Countries: A Critical Literature Review	Daniella Akelot

Conference Day 2: Thursday, 11th September 2025

Track 1: Advocacy, Policy, and Sustainable Financing

14:20 - 14:27

Abstract ID 184: Understanding How Policies, Politics, and National Contexts Influence Access to Opioid Medicines in Uganda.

Authors: Brandon Maser[1], Eve Namisango[2], Jillian Kohler[3], Avram Denburg[4], Mark Dobrow[1]

Affiliation: [1]University of Toronto, [2]African Palliative Care Association, [3]University of Toronto Sumit Gupta, The Hospital for Sick Children, [4] The Hospital for Sick Children

Background: Many low-income countries (LICs) lack sufficient access to essential opioid medicines for pain relief, palliative care, and opioid use disorder treatment. Previous research has identified multiple policy barriers that impede opioid access, which endure in many LICs. One explanation for this is that policy reform often results from contested decision-making and is influenced by political factors and national contexts.

Aims: This research seeks to understand how political and contextual factors influence policy agenda setting and formulation processes within efforts to reform opioid medicine policies in LICs.

Methods: This is a qualitative case study of Uganda's past opioid reforms since the 1990s, including efforts for improving access to oral morphine and the 2020 implementation of Uganda's first methadone program. We have collected qualitative data using structured document review and semi-structured interviews with key stakeholders from government, civil society, the pharmaceutical sector, and clinical providers. Informed by the Multiple Streams and the Advocacy Coalition policy theories, we are analyzing the data using deductive framework analysis methods and inductive grounded theory methods.

Results: We have identified several factors that have impacted policy reform efforts for improving access to opioid medicines in Uganda, including the burden of disease from cancer and HIV; the perceived feasibility of policy solutions; well-respected advocates with access to government decision-makers; transnational and multilateral training, evidence, and resources; programs and forums for continuing medical education and awareness raising; and longstanding governmental practices of collaboration with civil society.

Conclusion: The convergence of several factors–related to political institutions, policy actor characteristics, beliefs and values, advocacy networks, resource availability, and external events has been instrumental for improving access to essential opioid medicines in Uganda. These policy-relevant findings will help national and regional stakeholders to identify opportunities and strategies for reforming opioid policies and improving access to opioid medicines in LICs.

14:27-14:34

Abstract ID 216: Incidence and Predictors of Chronic Kidney Disease among patients with Prostate cancer at Mbarara Regional Referral Hospital.

Authors: Fredrick Bongomin Okello[1], Dr. Grace Kansiime[1], Semei Ssekitene[2].

Affiliation: [1]Mbarara University of Science and Technology
[2]Uganda Cancer Institute (Southwestern Uganda)

Background: Chronic kidney disease (CKD) is a significant comorbidity among patients with prostate cancer (PCa), yet its burden and predictors remain underexplored in resource-limited settings. This study aimed to determine the incidence and predictors of CKD among patients with PCa at Mbarara Regional Referral Hospital (MRRH) in southwestern Uganda.

Methods: A retrospective cohort study was conducted in the oncology unit of MRRH, a satellite center of Uganda Cancer Institute, involving 212 participants with PCa and no known CKD, initiated on treatment between 2019 and 2022, who were followed up for 2 years for the development of CKD, defined as an eGFR <60 mL/min/1.72 m^2 for at least 3 consecutive months as calculated by the CKD-EPI Formula 2021 using at least 2 serial serum creatinine measurements. Survival data analysis was used to determine CKD incidence, and the Cox proportional hazards model was used to identify its predictors in the data analysis software STATA version 17.

Results: The mean (±SD) age was 73.6 ± 9.9 years, with 89.6%, 29.25%, and 8.49% having advanced PCa, hypertension, and diabetes mellitus, respectively. The mean (±SD) baseline eGFR, Gleason score, and hemoglobin were 83.09 ±16.38 mL/min/1.73 m^2, 8 ±1, and 12.3 ±2.7 g/dL, respectively. 43 patients developed CKD, with a 2-year cumulative incidence of CKD of 20.28% and an incidence rate of 11.9 per 1,000 person-months (95% CI: 8.85-16.1). Multivariable analysis identified anemia, defined as hemoglobin < 13.0 g/dL (aHR: 2.52, 95% CI: 1.27–5.03, p = p=0.008), and hypertension (aHR: 1.90, 95% CI: 1.01–6.3.60, p = 0.048) as independent predictors.

Conclusion: CKD is a common complication among patients with PCa at MRRH, with hypertension and anemia as predictors. We recommend prospective studies to develop risk stratification models and explore early biomarkers of CKD in this study population.

14:34-14:41

Abstract ID 191: Factors Influencing the Utilization of Palliative Care Services among Cancer Patients at Mbale Regional Referral Hospital.

Author: Esther Taaka[1]

Affiliation: [1]Mbale Regional Referral Hospital

Background: Palliative care enhances the quality of life for patients with life-threatening illnesses but remains limited, particularly in low-income countries like Uganda. Despite approximately 33,000 new cancer cases annually, with over 80% in advanced stages, only 11% of patients receive necessary palliative care due to resource shortages, low awareness, and weak healthcare integration.

Objectives

1. To identify patient related factors
2. To explore system related factors
3. To analyze healthcare worker related practices

Methodology: A cross-sectional study design was employed, incorporating both qualitative and quantitative methods. Quantitative data were collected from 80 cancer patients randomly selected using the Krejcie and Morgan Table, while qualitative data were obtained from 20 purposively selected key informants (10 patients and 10 oncology department health workers). Consecutive sampling ensured comprehensive inclusion, and thematic saturation guided qualitative analysis.

Results: A response rate of 88% (49% patients, 39% health workers) was realized. Moderate awareness of palliative care was observed among healthcare workers (64%), primarily through hospice training and media. However, 50% lacked experience with terminally ill patients, and most training was brief, impacting expertise in pain management and psychological support. Patient awareness was low (31%), with barriers such as affordability, cultural stigma, and discomfort in discussing care limiting utilization. System-related challenges included limited service availability, inadequate pain management, and difficulty accessing essential medications like opioids. Most care was accessed in hospitals (44%), with minimal home-based or hospice care.

Conclusion: The study concludes that while awareness among healthcare workers is moderate, practical experience and in-depth training are lacking. Patient awareness and utilization are significantly constrained by outreach gaps, cultural factors, and system-level barriers. Recommendations include continuous healthcare worker training, public education campaigns, enhanced communication with patients and families, improved access to affordable pain relief, and strengthened palliative care infrastructure, including expanded home-based services and holistic care approaches.

14:41-14:48

Abstract ID: 231: Ten-year trend of new cancer diagnoses at the Uganda Cancer Institute: 2015-2024.

Authors: Judith Asasira[1], Bridget S Angucia[1], Florence Nanteza[1], Raymond Arinitwe[1], Allen Tushemereirwe[1], Jacqueline Nanyonjo[1], Annet Nakaganda[1], Nixon Niyonzima[1],

Affiliation: [1]Uganda Cancer Institute

Background: Rapid growth of cancer incidence and high mortality have been observed in Uganda, and hence it has emerged as one of the biggest public health problems in the country. The biggest challenge in Uganda is the lack of comprehensive data on the burden and trends of cancer incidence to inform policies, strategies, and interventions.

Objective: This study aimed to evaluate the trend of new cancer diagnoses at the Uganda Cancer Institute (UCI) in the past decade.

Methods: We conducted a cross-sectional study of patients admitted into care at UCI with a histological diagnosis of cancer from January 2015 to December 2024. We used data from the UCI Electronic Medical Records (EMR) system. Data was exported to Microsoft Excel and analyzed using Stata version 17.

Results: Overall, 53,452 new patients were registered in 10 years. Cases almost doubled from 4194 in 2015 to 7,943 cases in 2024. The majority of the cases were females, 2,970 (55.6%), and the median age was 53 years (IQR, 39-67). Among female adults, 36.2% had cervical cancer, 23.7% breast cancer, 5.4% esophagus, 4.5% colorectal cancer, and 4.2 % ovary. Among male adults, 25% had prostate cancer, 13.9% had esophagus, 11% had Kaposi Sarcoma (KS), 8.5% had lymphoma, and 6.8% had colorectal cancer. Among 3,952 children, 28.7% had lymphoma, 20.1% kidney, 13.9% leukemia, 6.8% retinoblastoma, and Rhabdomyosarcoma 6.3%.

Conclusion: The results show an exponential growth in the number of new cases seen at the UCI over 10 years. More studies should be conducted to quantify the effect of changes in known risk factors on the increasing burden of cancers

14:48-14:55

Abstract ID: 223: Empowering Nurses as Agents of Change: The Impact of Specialized Palliative Care Training at Mulago School of Training.

Authors: Iremba Wilfred[1], Johnson Musinguzi[1]
Affiliation: [1]Mulago School of Nursing and Midwifery

Background: In Uganda, an estimated 75% of the population resides in rural areas, yet only about 10% of those in need of palliative care have consistent access to services (Hospice Africa Uganda, 2023). Recognizing this disparity, the Mulago School of Nursing, under the Ministry of

Education and Sports (MoES) with support from PCAU (Palliative Care Association of Uganda), introduced specialized training in palliative care. This program equips nurses with the knowledge and skills necessary to provide holistic, compassionate care, even in resource-limited and underserved settings.

Objective: To evaluate the contribution and impact of nurses trained through the Mulago School of Nursing's palliative care program (2022–2024 cohorts) in enhancing service delivery within Uganda's healthcare system, particularly in rural and underserved regions.

Methods: This descriptive study employed mixed methods, including follow-up surveys and structured interviews with 68 program graduates, 24 facility supervisors, and 36 patients across 19 districts. Data focused on clinical improvements, outreach initiatives, symptom management, and interdisciplinary engagement.

Results: The findings indicate a measurable improvement in palliative care services in 81% of facilities where trained nurses were deployed. Specific outcomes included: A 60% increase in documented pain assessments and symptom control measures. Establishment of palliative care units in 13 previously unserved health facilities. 47% of trained nurses initiated or participated in community outreach programs, directly sensitizing over 4,500 individuals.

39% of nurses facilitated in-service mentorship for fellow healthcare workers, fostering interdisciplinary collaboration. Patient satisfaction scores improved by 55%, particularly in communication and emotional support.

Conclusion: The specialized palliative care training at Mulago School of Nursing has empowered nurses to become transformative leaders in health service delivery. Their actions have led to culturally sensitive, patient-centered, and sustainable improvements in palliative care, especially in rural and underserved regions of Uganda, aligning with national health goals.

Acknowledgements: We extend our heartfelt gratitude to the administration and faculty of Mulago School of Nursing for their unwavering support and dedication to building Uganda's palliative care capacity. Their leadership has been instrumental in realizing these impactful outcomes.

14:55 - 15:02

Abstract ID 236: Together towards the elimination of cervical cancer in the Busoga Region and beyond.

Author: Namuli Emily Nalugwa[1],

Affiliation: [1]Rays of Hope Hospice -Jinja

Background: In Uganda cervical cancer is the most common cancer with 35% of all new cancers in women. At Rays of Hope Hospice Jinja (RHHJ), a holistic palliative care NGO operating in Busoga Region (10,000 km2, population >4.5 million), around 140 women are enrolled any given month with cervical cancer. Guided by the WHO strategy for accelerated elimination of cervical cancer, RHHJ has since 2019 developed an efficient, low-cost programme built on the three pillars of vaccination, screening, and treatment. The goal of eliminating cervical cancer in rural Africa is bold, but it can and must be reached.

Methods:

- HPV vaccination: Comprehensive advocacy, education, and training programs targeting district health administrations, educators, parents, and communities have generated significant interest in vaccination and increased uptake.
- Cervical Cancer Screening: Free screening done through outreaches to rural communities in collaboration with government clinics. Health workers trained in 5-day courses for sustainability
- Treatment: Precancerous lesions are treated on site. Women with suspected cancers helped to get further diagnosis and treatment.
- Training of government health workers in early diagnosis and referrals.
- Awareness created through IEC materials, radio programs, campaigns
- Research to better understand issues and find solutions to cervical cancer control in rural sub-Saharan Africa.

Results:

- 10,000 girls received the HPV vaccine in past year.
- 12000 women screened since 2018, 1/16 women had pre-cancerous lesions. Treated on site. 730 women with precancerous lesions or suspected cancer facilitated for diagnosis and treatment.
- 13 screenings centers established in government clinics.
- >500 health workers trained, increasing referrals from 18% to 35%.
- Rapidly increasing screening requests from community groups.

Conclusion: Cervical cancer is killing our mothers in rural Sub-Saharan Africa. With awareness, education, and access to vaccination, screening, and treatment, communities seek these services. Together we can eliminate cervical cancer. There is no time to wait.

15:02 - 15:09

Abstract ID 282: Innovative Resource Mobilization Strategies for Sustainable Pediatric Oncology Care in Uganda: A Case Study of the Uganda Child Cancer Foundation.

Authors: Anecho Ezra[1], Derrick Abila[2], Moses Echodu[2], Steven Kikonyogo[2], Banana Barungi Brenda[2], Elizabeth Nakamya[2].

Affiliation: [1]Uganda Cancer Institute, [2]Uganda Child Cancer Foundation

Background: The Uganda Child Cancer Foundation (UCCF), based at the Uganda Cancer Institute in Kampala, supports children with cancer through direct care and advocacy. Post COVID-19 funding withdrawals disrupted operations, threatening care sustainability. This study evaluates innovative resource mobilization strategies implemented since January 2021 to address financial challenges and improve survival rates and quality of life for affected children.

Methods: A retrospective analysis assessed UCCF's fundraising initiatives over the study period. Strategies included submitting grant applications, launching a research program in July 2023 with the Uganda Cancer Institute, and enhancing organizational branding for greater visibility. Local efforts featured the Guardian Angel Program, promoting monthly donations of 20,000 Ugandan shillings via digital platforms, and the Childhood Cancer Colour Run, a community fundraising event. New partnerships have expanded resource networks. Financial records and patient support data were analyzed using statistical software to evaluate strategy impact.

Results: The research program submitted 30 grant applications, securing 4 grants and establishing 8 collaborative partnerships. Funds raised increased by 300% from 2023 to 2024, expanding annual support from 50 to 64 children. Medical assistance, including drugs and diagnostic tests like echocardiograms and CT scans, reached 41 children, while transportation funding supported 14 children to access treatment. Bereavement services aided families post-loss, and enhanced branding drove increased public engagement and in kind donations.

Conclusions: Diversified fundraising, integrating research grants, digital campaigns, community events, and strategic partnerships, significantly bolstered resources for pediatric oncology care in Uganda. Improved branding amplified community involvement, creating a replicable model for resource-constrained settings. These strategies demonstrate that innovative funding and advocacy can enhance support for children with cancer and influence national health policy by showcasing scalable solutions for vulnerable populations.

15:09 - 15:15

Abstract ID: 293: Advocacy for Accessibility and Strengthening the Availability of Essential Palliative Care Medicines for Children and Adults Experiencing Serious Health-Related Suffering in Uganda.

Authors: Lisa Christine Irumba[1], Joyce Zalwango[1], Mark Donald Mwesiga[1], Moses Muwanga[2].

Affiliation: [1]Palliative Care Association of Uganda, [2]Ministry of Health

Background: Untreated pain severely affects individuals experiencing serious health-related suffering, diminishing their quality of life and impeding recovery. Uganda was the first African country to recognize palliative care as an essential clinical service in its Health Sector Strategic Plan and HIV/AIDS National Strategic Framework (2000, 2004). It was also the first to allow specially trained nurses and clinical officers to prescribe oral narcotic medicines for pain management. Despite Uganda's extensive palliative care services and local manufacture of oral liquid morphine, access to controlled medications remains inequitable, with many patients unable to obtain adequate pain relief. The World Health Organization emphasizes the importance of opioid access for pain management, and the Palliative Care Association of Uganda (PCAU) collaborates with stakeholders to improve availability and accessibility.

Aim: To raise awareness among policymakers, healthcare providers, and the public about the necessity for improved availability and equitable distribution of oral morphine.

Methods: A comprehensive review of existing literature and national policies was conducted. Stakeholder mapping was performed, followed by meetings and capacity-building sessions with key groups. Three morphine partner meetings were held with relevant stakeholders, alongside two sensitization meetings for pharmacists, and targeted training sessions for nurses and doctors to enhance knowledge and advocacy skills.

Results: In 2023, PCAU, together with beneficiaries of palliative care and other stakeholders, presented a position paper to the Committee on Health at the Parliament of Uganda regarding the Narcotic Drugs and Psychotropic Substances (Control) Bill 2023. This advocacy contributed to amendments based on the recommendations provided. There were no major morphine stock outs reported in 2023/2024.

Conclusions: PCAU's advocacy efforts addressed regulatory barriers, strengthened medical education, fostered stakeholder collaboration, and supported research initiatives. Civil society engagements have contributed to a sustainable supply of oral morphine, ensuring that both children and adults in Uganda can access essential pain relief when needed.

15:15 - 15:22

Abstract ID 230: Adherence to chemo radiation schedules among cervical cancer patients before and after in-house chemotherapy implementation at the Radiation Oncology Division of Uganda Cancer Institute.

Authors: Quinton Okello[1], Bridget S Angucia[1], Stella Alupo[1], Gladys D Atim[1], Felix Amati[1], Harriet Amaguru[1], Olivia Kaitesi[1], Solomon Kibudde [1].

Affiliations: [1]Uganda Cancer Institute

Background: Chemo radiation is the standard treatment for locally advanced cervical cancer, a significant public health concern in Uganda. For optimal outcomes, chemotherapy and radiation therapy must be administered consistently and on schedule. However, patients at the Radiation Oncology Division of the Uganda Cancer Institute have historically struggled to adhere to their recommended chemotherapy regimens, often due to logistical and access challenges when obtaining chemotherapy from the outpatient department.

Objective: This study will examine the impact of in-house chemotherapy administration within the Radiation Oncology Division on chemotherapy adherence among women with cervical cancer.

Methods: This will be a cross-sectional study involving a retrospective chart review. We will compare the proportion of women who completed their chemotherapy schedules before the implementation of in-house administration (January 2022 - December 2022) with those who did so after the implementation (January 2024 - December 2024). The study will employ a random sample of 364 charts (equally divided before and after) and a data abstraction form will be used for data collection. Both descriptive (summary statistics) and inferential analyses will be conducted at 95% level of confidence using Stata version 17.

Expected Outcomes: It is hypothesized that the in-house administration of chemotherapy will significantly increase the proportion of women with cervical cancer who adhere to their scheduled chemo radiation, leading to improved treatment completion rates and potentially better clinical outcomes.

Limitations: The findings may not be generalizable to other cancer treatment centers or settings. Incomplete or inaccurate records may affect the study's validity and reliability. Changes in treatment protocols, staffing, or other factors over time may affect the study's outcomes.

15:42 - 15:49

Abstract ID: 263: Uptake and awareness of the Human papillomavirus vaccine in rural Uganda.

Authors: Troels Einarson[1], Musana Emmanuel[1], Balonde Joseph[1]

Affiliation: [1]Rays of Hope

Background: Cervical cancer remains a leading cause of cancer-related deaths among women in Uganda. The Human papillomavirus (HPV) vaccine is key in reducing cancer incidence. It is part of the three global WHO 2030 goals of 90% vaccine coverage, 70% screening, and 90% treatment of precancerous and cancer lesions. In 2015, Uganda introduced the vaccine nationally, yet coverage remains suboptimal in many districts, particularly rural and peripheral ones.

Aim: We aimed to describe HPV vaccination awareness and uptake among women in rural Uganda.

Methods: We collected data for this study via questionnaires among women above 18 years of age in five districts in the Busoga Region of Uganda. We included rural villages and selected three women from three different households in each village. Results are presented in descriptive statistics.

Results: We included 585 women for this study. 12.6% had heard about HPV, but 36.4% had heard about the HPV vaccine. We found limited knowledge on target group for HPV vaccination. Among the 585 women, 213 were mothers to daughters between 10 and 18 years. We registered 388 daughters in this age group. 246 daughters had not received the vaccine according to their mother, leaving a any-dose vaccination rate of 36.6%.

Conclusion: HPV vaccine awareness is low in rural Uganda, calling for future information campaigns on the topic. We found a low vaccination rate of 36.6% in rural Uganda, which calls for further action to disseminate the vaccine to the population who need it the most.

15:49 - 15:56

Abstract ID: 275: Palliative Care Needs and Factors Influencing the Utilization of Palliative Care for Patients with Advanced Chronic Kidney Disease at Kiruddu Hospital.

Author: Sserusiba Hassan[1],

Affiliation: [1]Institute of Hospice and Palliative Care in Africa

Background:_Chronic kidney disease (CKD) poses a significant public health challenge, with rising burden in low-resource settings like Uganda. Hypertension, diabetes, and delayed diagnosis contribute to increasing CKD burden in the region. Patients with advanced CKD experience high symptom burden and limited access to renal replacement therapy, necessitating palliative care. Despite rising demand, access to palliative care for CKD patients is limited. This study aimed to assess the palliative care needs and factors influencing the utilization of palliative care for patients with advanced chronic kidney disease (ACKD) at Kiruddu Hospital.

Methods: Using a mixed-method cross-sectional design, data were collected from 74 patients and 19 healthcare providers through questionnaires and interviews. Descriptive statistical analysis was applied to the quantitative data. Categorical data are presented as frequencies and percentages, whereas continuous data are presented as means and standard deviations. Inductive thematic analysis was used for the qualitative data.

Results: The mean patient age was 43.2 years (SD 13.57), with the majority being male (66.7%), married (72.73%), educated in secondary school, and urban residents (70.45%). Only 4.6% of the patients had previously heard of and received palliative care during treatment. On a scale of 1–10, the mean score for willingness to utilize palliative care was 8.8 (SD 1.96). The most common palliative care needs included pain, fatigue, depression, and worry about the future. The findings revealed four major barriers to service utilization: financial constraints, lack of information about palliative care services, transportation or geographical limitations, and limited availability of services at the hospital.

Conclusion: There is high unmet need for palliative care among ACKD patients at Kiruddu Hospital. Addressing the identified barriers and integrating palliative care into nephrology services are essential to alleviate suffering and improve patient quality of life in low resource settings

15:56 - 16:03

Abstract ID 302: Pharmacist Specialization and its benefits to cancer patient care.

Author: Shauna Georgia Odongo Arao[1].
Affiliation: [1]Uganda Cancer Institute

Background: As healthcare systems grow increasingly complex, the role of pharmacists has evolved from traditional dispensing to dynamic, patient-centered clinical functions. Pharmacist specialisation—characterised by advanced training and credentialing in areas such as oncology, infectious diseases, and critical care—is associated with significant improvements in therapeutic safety, efficacy, and multidisciplinary coordination. In cancer care, where therapies are highly individualised and toxic, the integration of specialised pharmacists is particularly critical.

Objective: To evaluate the impact of pharmacist specialisation on the quality, safety, and effectiveness of care in oncology and other high-risk clinical settings, and to illustrate contributions to patient-centered cancer care.

Methods: A structured literature review was conducted using PubMed, ResearchGate, and ScienceDirect. Articles published between 2015 and 2024 were selected based on relevance, methodological strength, and clinical significance. Eleven peer-reviewed sources were analysed thematically to determine clinical outcomes linked to pharmacist specialisation.

Results: Pharmacist specialisation led to a 30–50% reduction in adverse drug events in oncology and intensive care units. Dose optimisation improved by 45% due to pharmacist-led therapeutic drug monitoring. Hospital readmissions related to medication issues dropped by 25%. Protocol adherence improved by 40% with active pharmacist participation in multidisciplinary rounds. One study noted increased progression-free survival in pediatric oncology when clinical pharmacists were included in treatment planning.

Conclusion: Pharmacist specialisation significantly enhances clinical outcomes by improving pharmacotherapy safety, patient satisfaction, and team-based care. Particularly in oncology, specialised pharmacists contribute to safer chemotherapy administration, dose accuracy, and reduced complications. Strategic investment in specialised pharmacy training and structured integration into care teams is essential to advancing modern cancer treatment and improving survival outcomes

16:03 - 16:10

Abstract ID: 296: Breaking barriers, breaking stigma: advocacy for cancer and palliative patients and caregivers.

Author: Daniel Drileba Dratibi[1],

Affiliation: [1]Voice of Restoration International

Background: Cancer and palliative care pose significant health challenges worldwide, especially in low resource settings like Uganda. Patients and caregivers face barriers such as limited healthcare access, social stigma, misinformation, emotional distress, and insufficient public awareness, which hinder timely diagnosis, effective treatment, and quality of life.

Objectives: To address these barriers, the initiative aimed to:

- Increase awareness about cancer prevention, early detection, and palliative care.
- Support patients and caregivers emotionally and socially.
- Influence policy and systemic improvements through advocacy.

Methods:

1. Radio Programs: Developed educational segments broadcasted to inform the public about cancer symptoms, risk factors, treatment options, and palliative care benefits.
2. Community-Based Advocacy Campaigns: Organized local events, stakeholder meetings, and grassroots outreach to raise awareness, provide psychosocial support, and advocate for better healthcare services.

Key Results:

- Enhanced Public Awareness: Improved understanding of cancer and palliative care among the community.
- Support Structures: Formation of local support groups for patients and caregivers, fostering emotional support and information sharing.
- Policy Engagement: Dialogues with health authorities led to commitments to integrate cancer and palliative care education into public health programs.
- Community Participation: Increased involvement of community leaders, media, and healthcare professionals fostered a more inclusive advocacy environment.

Challenges Encountered:

- Limited financial resources restricted the initiative's scope and sustainability.
- Deep-rooted stigma and misinformation hindered open dialogue and community engagement.

Recommendations for Future Action:

- Sustain and expand awareness efforts through continued radio and grassroots campaigns.
- Seek increased funding to reach underserved communities.
- Strengthen collaborations with healthcare institutions, civil society, and policymakers to amplify impact.

Conclusion: The integrated approach of mass media and community advocacy has demonstrated effectiveness in raising awareness, improving support networks, and influencing policy. Long-term success depends on sustained investment, multisectoral partnerships, and scaling the model to reach more communities.

16:10 - 16:17

Abstract ID: 281: Transforming Research Funding at Uganda Cancer Institute: Seven-Year Impact of Grants Office and Training Initiatives.

Authors: Anecho Ezra[1], Bayo Vivian[1], Irene Nassozi[1], Nixon Niyonzima[1], Jackson Orem[1].

Affiliation: [1]Uganda Cancer Institute

Background: Founded in 1967, the Uganda Cancer Institute (UCI) stands as a pillar of oncology research in East Africa. For decades, however, it faced persistent funding obstacles due to limited human resources, inadequate infrastructure, and insufficient grants expertise. In 2017, UCI launched strategic interventions to overcome these barriers and elevate its research capacity.

Methods: UCI adopted a multifaceted approach to strengthen its research ecosystem. Comprehensive training programs—including grantsmanship workshops, mentorship, and degree support—equipped researchers and administrators with critical skills. A dedicated grants office was established to streamline operations, complemented by a Research Ethics Committee, Institutional Biosafety Committee, and modern research laboratories. To foster a research-driven culture, UCI introduced weekly research-in-progress meetings, journal clubs, and mentorship initiatives. Strategic partnerships with international and regional institutions further enhanced UCI's research capabilities and visibility.

Results: Between 2018 and 2025, UCI secured 51 research grants totaling UGX 34.3 billion (approximately USD 9.384 million), averaging UGX 4.3 billion (USD 1.17 million) annually. The peak year, 2023, saw 9 grants worth UGX 13.46 billion (USD 3.6 million). Men comprised 78% of grant recipients, signaling a need for greater gender equity. Geographically, 41% of grants—amounting to UGX 11.6 billion (USD 3.1 million)—originated from the United States. Breast cancer led with 20% of awards

(11 grants), while cervical cancer, despite fewer awards (11.7%, 6 grants), attracted the highest funding at UGX 13.5 billion. UCI researchers spearheaded 53% of these grants as principal investigators, reflecting growing leadership in oncology research.

Conclusion: The grants office, alongside robust training and infrastructure enhancements, has revolutionized UCI's funding landscape. These efforts have driven significant evidence generation, improved clinical outcomes, and established UCI as a leader in African oncology research. Moving forward, sustained investment in training, partnerships, and gender equity will ensure continued progress.

16:17 - 16:24

Abstract ID: 311: Survival and its predictors among cervical cancer patients treated with radiotherapy with or without chemotherapy: a retrospective cohort study.

***Authors:** Germans Natuhwera[1,] Ndinawe JB Kateera[2], Eddie Mwebesa[1], Solomon Kibudde[3] Moses Nduhukire[4], Roselight Katusabe[1], Susan Nakibirango[1], Elizabeth Namugambe[5], Eve Namisango[6].*

***Affiliation:** [1]Hospice Africa Uganda, [2]Road to Care, [3]Uganda Cancer Institute [4]Mobile Hospice Mbarara-Hospice Africa Uganda, [5]Little Hospice Hoima-Hospice Africa Uganda [6]African Palliative Care Association*

Aim: To examine survival and its correlates among Cervical cancer patients treated with radiotherapy with or without chemotherapy.

Methods: Retrospective cohort study conducted at the three sites of Hospice Africa Uganda. Consecutive sampling was utilised to select charts of patients with a histologically confirmed diagnosis of cervical cancer and who received radiotherapy with or without chemotherapy between 2000 and 2020. A structured checklist designed for the aims of the research was used to collect data between May 2024 and January 2025. Data were analyzed in STATA v17. Chi-square (χ2), Fisher's exact test and multinomial logistic regression were performed to examine predictors of survival.

Results: 854 participants were recruited. 83(9.7%), 669(78.5%) and 100(11.7%) of the participants were still alive, dead and had unknown survival status respectively. Multivariate analysis showed that participants who were divorced/separated (β=1.95, p=0.037, 95% CI=0.1194-3.7856), with Other comorbid illness (β=2.23, p=0.014, 95% CI=0.4580-4.0163) were more likely to survive compared with those who were single and living with comorbid diabetes respectively. Having an HIV positive status (β=-1.06, p=0.009, 95% CI=-1.8634- -0.2618), low hemoglobin 9.0-12.4g/dl (β=-0.78, p=0.037, 95% CI=-0.5193-0.0466), and late cancer stage (β=-1.98, p=0.000, 95% CI=-2.9153- -1.0357) were associated with reduced chances of being alive compared with those with HIV negative status, hemoglobin level ≥12.0g/dl and early cancer stage respectively. Among participants with unknown survival status, those with Other comorbid illness (β=-2.39, p=0.012, 95% CI=-4.2599- -0.5272) were less likely to die compared with those with diabetes as comorbid illness.

Conclusion: Survival rates among participants who received chemoradiation and surgery were higher than among those that received radiotherapy or chemotherapy alone. Overall, survival rates are still low with just 23% of participants surviving for five years and longer. Late-stage disease is the strongest predictor of poor survival. Urgent system-wide interventions are needed to ensure early diagnosis for better treatment outcomes.

16:24 - 16:31

Abstract ID: 253: Socio-economic inequalities in the coverage of cervical cancer screening among women living with HIV in five low- and middle-income countries (LMICs).

Authors: Godwin Candia[1], Derrick Abila[1], Steven Kikonyogo[1], Ezra Anecho[1]

Affiliation: [1]Uganda Child Cancer Foundation

Background: Women living with HIV (LWH) are at a high risk of developing cervical cancer and the World Health Organization recommends that they are screened from the age of 25 years. We describe the socioeconomic inequalities in the coverage of cervical cancer screening among LWH and those not living with HIV (NLWH) in five low- and middle-income countries (LMICs).

Aims: To describe the socioeconomic inequalities in the coverage of cervical cancer screening among LWH and NLWH in five LMICs.

Methods: A weighted secondary data analysis of the Demographic and Health Surveys (DHS) conducted in Cameroon, Ivory Coast, Lesotho, Namibia, and Zimbabwe. These were the only countries that tested women for HIV and interviewed them on cervical cancer screening between 2010 and 2019. We included women aged 25 to 49 years with HIV test results. Absolute and relative socioeconomic inequalities were calculated using the Slope Index of Inequality and Concentration Index respectively by wealth quintile.

Results: A total of 22,420 women were included in this study (3,444 LWH and 18,976 NLWH). In all the countries, there was a low coverage of screening but higher rates of coverage among those LWH (ranging from 1.8% in Ivory Coast to 33.5% in Namibia) compared to those NLWH (ranging from 0.2% in Ivory Coast to 23.3% in Namibia). In all the countries, higher proportions of women in the richest wealth quintile were screened compared to those in the poorest wealth quintile. In all the countries, higher proportions of women in the urban areas were screened compared to those in the rural areas.

Conclusion: There are higher rates of cervical cancer screening among LWH compared to LWH with pro-rich and pro-urban inequalities in the utilization of cervical cancer screening. Cervical cancer screening programs in LMICs need to reduce these inequalities.

16:31 - 16:38

Abstract ID: 185: Factors associated with wasting among pediatric cancer patients aged 2-17 years at the Uganda Cancer Institute: a cross-sectional study.

Authors: Wannyana Daisy[1], Arthur Bagonza[1], Sandrah Joyce Mwima[1], Christine Nalwadda, Rawlance Ndejjo[2]

Affiliation: [1]Department of Community Health and Behavioural Sciences, School of Public Health, Makerere University Kampala, Uganda, Department of Public Health and Nutrition, Faculty of Health Sciences, Victoria University, Kampala, Uganda, [2]Department of Disease Control and Environmental Health, School of Public Health, Makerere University, Kampala, Uganda

Background: Wasting is a major concern among pediatric cancer patients and significantly affects treatment outcomes and quality of life. However, limited data exists on the prevalence of wasting and its associated factors in low-income contexts. This study determined the prevalence of wasting and its associated factors among pediatric cancer patients aged 2--17 years at the Uganda Cancer Institute.

Methods: An institutionally based, cross-sectional study was conducted among 270 systematically randomly selected caregiver–child pairs. Univariate, bivariate, and multivariable analyses were conducted using STATA version 14. Variables with p-value < 0.05 were considered statistically significant.

Results: Among 270 pediatric cancer patients aged 2–17 years, 27.4% (n=74) were wasted. Children aged 5 years and older had a 20% higher prevalence of wasting (APR=1.2; p=0.002). Cancers near the gastrointestinal tract were associated with a 10% greater prevalence of wasting (APR=1.1; p=0.028). Wasting was lower by 20% among children whose caregivers had tertiary education (aPR=0.8; p=0.002), whereas treatment effects increased wasting prevalence by 10% (aPR=1.1; p=0.013).

Conclusion: Wasting is a prevalent form of malnutrition among pediatric cancer patients requiring the integration of nutritional services to address the nutritional needs of children, especially those aged greater than 5 years, those with cancers along the gastrointestinal tract, and those experiencing treatment effects. Additionally, health and nutrition education programs tailored to the caregiver's level of education are needed.

16:38 - 16:45

Abstract ID: 192: "The Forgotten Pillar of Opioid Access, "Informed Consent."

Author: Angella Namatovu[1]

Affiliation: [1]St. Francis Hospital Nsambya

Background: Pain relief is a fundamental human right, and while significant strides have been made in opioid availability for palliative care in low- and middle-income countries, one critical element remains overlooked: informed consent. Global advocacy has focused on improving availability and reforming supply chains, but the ethical processes through which opioids are prescribed, particularly in chronic opioid therapy, have not received sufficient attention. This oversight threatens patient autonomy and undermines the quality of care, leading to ethical, clinical, and public health consequences.

Objective: To highlight the ethical gap in informed consent during chronic opioid therapy and propose practical approaches for integrating ethical prescribing into opioid access frameworks, particularly in Uganda and similar settings.

Methods: This commentary synthesizes first-hand clinical experiences, insights from national opioid access initiatives, and existing literature on informed consent in low-resource palliative care environments. It challenges the narrow view of access as a logistical issue and advocates for a more comprehensive, rights-based approach.

Key Findings / Discussion:

- Patients are often initiated on long-term opioid therapy without adequate understanding of risks, benefits, or alternatives.
- Barriers include time constraints, limited training, language and literacy gaps, and the absence of culturally adapted consent tools.
- There is a need to recognize informed consent not as an administrative hurdle but as a patient right and a pillar of ethical access.
- Practical strategies include integrating consent protocols into training programs, co-developing tools with patients and caregivers, and embedding ethical considerations into policy guidelines.

Conclusion: Informed consent must be integral to opioid access programs. Ethical opioid prescribing requires investments in patient education, clinician training, and systemic safeguards. As we expand access to opioid medications, we must ensure that the process remains not only equitable but ethically sound.

16:45 - 16:52

Abstract ID: 278: Telepathology: revolutionizing diagnostic medicine at the Uganda Cancer Institute.

Authors: Ssemakula Hamidu[1], Wasswa Hassan[1], Mukwaya Rogers[1], Adong Linda Lutada[1], Namagembe Alice[1], Nanyonjo Cynthia Katana[1], Okecha Tonny[1], Nixon Niyonzima[1]

Affiliation: [1]Division of Pathology and Laboratory Medicine, Pathology Laboratory, Uganda Cancer Institute, Kampala, Uganda

Background: Telepathology is a branch in Pathology that involves the process of electronically transmitting pathological images typically obtained from microscopes from one place to another for diagnosis and interpretation. Images can be transmitted in the form of still photos or video, which can be captured or supplied as a live stream from a microscope-mounted video camera. In 2019 the American Society for Clinical Pathology donated and installed a MoticEasy Scan This was the first telepathology platform at the Uganda Cancer Institute (UCI). This digital pathology system enabled the UCI to scan slides for banking and to do consultations with pathologists both local and international. By March 2020, we had scanned 2,282 slides from 1,128 patients into our bank for review. In 2023, a multi header microscope (Olympus BX53) with a 10-binocular capacity, a camera DP 75 and computer system was installed. In 2024, a new platform Ventanna DP 200 was installed, which scans and stores images in a cloud via the navify portal. The key components of this equipment include; objective lenses, digital scanning system, network connectivity and software. The benefits of telepathology are: rapid provision of expert opinion, provision of an on-call service, external quality assurance, provision of an urgent diagnostic service in the absence of a local pathologist, education and training, archiving of images and cases in soft copy form, and research.

Objective: To describe telepathology in revolutionizing diagnostic medicine at the Uganda cancer institute.

Methods: A conference presentation with concise points, graphical data, with illustrations and visual aid for the presentation to the audience.

Conclusion: The power of telepathology makes the process of consultation easier and faster thereby improving diagnostic accuracy, speed and ultimately reduces the turnaround time.

16:52 - 17:00

Abstract ID: 290: Re-allocation of non-administered parenteral chemotherapy: a cost reduction strategy for palliative cancer treatment at Uganda Cancer Institute, Mbarara, Uganda.

Authors: John Isiiko[1], Idrine Kato[2], Imelda Busingye[2], John Baptist Bitwiire[1], Semei Sekitene[1]

Affiliation:[1]Uganda Cancer Institute, Mbarara Uganda, [2]Mbarara Referral Hospital, Mbarara, Uganda

Background: The global rate of chemotherapy expenditure is high, with approximately $223 billion spent in 2023. In Uganda, 80% of cancer patients present with advanced disease, thus a high need for palliative treatment. Over 1000 new cancer cases are registered annually at the Uganda Cancer Institute, Mbarara Cancer Centre (UCI-M), which increases the need for anti-cancer drugs. However, with a small budget, the risk of drug stockout increases, interrupting treatment schedules, hence disease progression and poor quality of life for patients with cancer. The reallocation of non-administered parenteral chemotherapy is a strategy that can minimize drug wastage and treatment costs without compromising treatment outcomes.

Aim: This study aimed to determine if re-allocation of non-administered parenteral chemotherapy is a feasible cost-saving strategy at a limited resource cancer centre.

Methods: The study was conducted at UCI-M involving reallocation of non-administered chemotherapy for patients aged 18 years and above, between July and December 2024. Re-allocation was only applied to drugs that fulfilled the stability criteria for prepared chemotherapy, and as per the prescribed dosages. The cost was represented as the shilling per vial of the drug saved by dose reallocation, based on the market price. Data were analyzed using Stata version 17.

Results: 298 doses were non-administered during the study period. 198 (72%) of the non-administered doses qualified for re-allocation to other patients. The most re-allocated drugs include, 5 fluorouracil, platinum agents, cyclophosphamide, doxorubicin, taxanes, and cytarabine. The cost saved was about Ush. 16,200,000.

Conclusion: The dose re-allocation of non-administered chemotherapy is a feasible strategy for minimizing the cost of cancer treatment in a resource-limited oncology setting. Standardized guidelines should be developed for the safe implementation of the strategy.

Track 2: Community-Driven Care Models

14:20-14:27

Abstract ID: 271: Bridging the Gap: Village Health Team (VHT) and Cancer Survivor Training for Early Breast Cancer Diagnosis in Uganda.

Authors: Gertrude Nakigudde[1], Nixon Niyonzima[2], Noleb Mugisha[2], Nakayinga Betty[1], Darya Kizub[3], Catherine Duggan[4]

Affiliation: [1]Uganda Women's Cancer Support Organisation (UWOCASO), [2]Uganda Cancer Institute, [3]University of Texas MD Anderson Cancer Center, Houston, United States of America, [4]Fred Hutchinson Cancer Center, Seattle, United States of America Dr John Sceel, (john.scheel@vumc.org)

Introduction: To improve early breast cancer diagnosis in Uganda, we designed and implemented a training program for Village Health Teams (VHTs) and cancer survivors focused on the breast health referral pathway, diagnosis, and treatment.

Methods: Two training curricula were developed: (1) VHT – signs and symptoms of breast cancer, where to refer patients, how breast cancer is diagnosed and treated; (2) refresher training for breast cancer survivors who provide navigation services through UWOCASO, focused on the referral system and how to help navigate barriers to diagnosis and treatment. In-person trainings were conducted in November 2023. VHTs completed a semi-structured questionnaire pre- and post-training, and cancer survivors completed a semi-structured post-test questionnaire. Data was analyzed using descriptive statistics. Changes in VHT self-efficacy were assessed using Fisher's exact test.

Results: Twenty-six VHTs (21 women) completed the training. After training, VHT knowledge significantly improved regarding knowledge of cancer treatment, side effects, and pain control ($p < 0.05$). Before the training, only 4 VHTs felt very qualified to refer women with breast health concerns; this increased to 13 post-training (14 felt qualified before, 8 were neutral or unqualified; $p = 0.025$). Confidence in helping women overcome barriers to diagnosis also improved, with those feeling very qualified increasing from 6 to 13 ($p = 0.039$). All 10 cancer survivors who participated in a refresher training demonstrated strong knowledge of the referral pathway through free-text responses. Six felt highly qualified and four felt qualified to encourage women with breast symptoms to overcome barriers to diagnosis; similarly, five felt highly qualified and four qualified to support treatment navigation.

Conclusion: The training effectively enhanced VHTs' self-efficacy in managing breast health concerns and breast cancer pathways. Cancer survivors also reported high self-efficacy in supporting women through diagnosis and treatment.

14:27-14:34

Abstract ID: 313: Leveraging Regional Champions to Strengthen Palliative Care Data Collection and Reporting in Uganda's National Health Management Information System (HMIS).

Authors: Cynthia Kabagambe[1], Lisa Christine Irumba[1], Joyce Zalwango[1], Mark Donald Mwesiga[1].

Affiliation: [1]Palliative Care Association of Uganda

Background: Palliative care is a critical component of Uganda's health system, yet it remains underreported in routine health data. In recent years, notable progress has been made in developing and integrating palliative care indicators and tools into the national HMIS, including standardized registers and reporting forms. However, gaps persist in consistent and accurate data collection, especially at lower-level facilities. To bridge this gap and ensure national coverage, the Palliative Care Association of Uganda, in collaboration with the Ministry of Health, adopted the Regional Champions model. This approach deploys trained health professionals across all regions to support data quality, completeness, and use. It was chosen for its efficiency, sustainability, and ability to reach a wide geographical area simultaneously.

Objective: To improve and increase the reporting and use of palliative care information in the national HMIS.

Methods: A cohort of 20 Regional Champions was selected from public and private not-for-profit health facilities across 16 health sub-regions of Uganda. They were trained in the use of HMIS tools, national palliative care standards, support supervision, routine monitoring, and data use for decision-making. Champions conducted regular facility visits, provided on-site mentorship, facilitated monthly virtual peer-support sessions, and followed up with health workers to strengthen their capacity in palliative care reporting.

Results: From 2023 to 2024, reporting completeness and timeliness in supported facilities improved from 30% to 50% with over 800 health workers trained and supported. There was better documentation of morphine use, pain assessment, and other palliative care indicators. The Champions served as a link between providers and the national data system.

Conclusion: The Regional Champions model is a cost-effective, scalable, and sustainable approach that empowers communities to improve palliative care data reporting. By embracing the unique strengths of local health professionals, this model supports long-term improvements in HMIS and demonstrates potential for replication in other health program areas.

14:34-14:41

Abstract ID: 224: Addressing Cervical Cancer Disparities Through Community Engagement: Lessons and Best Practices from Midwestern Uganda, a Case of Kakumiro District.

Author: Catherine Amuge[1],
Affiliation: [1]Uganda Cancer Institute

Background: In Uganda, cervical cancer is a significant burden, accounting for 6,938 of 20,509 annual female cancer cases (33.8%) and 4,782 of 24,628 cancer-related deaths (19.4%), making it the leading cause of cancer death among women, particularly in the Midwestern regions. Barriers driving this burden include limited access to screening, prevention, and treatment services. We share insights from a community-led initiative that used Village Health Teams (VHTs) to deliver door-to-door HPV screening and engage men as key partners in cervical cancer prevention.

Methods: We used a community-engaged, mixed-methods approach. We trained VHTs to conduct household visits offering HPV self-sampling kits, provide culturally sensitive health education, and track follow-up care. We held focus group discussions with women, men, local leaders, and health workers to shape key messages and outreach strategies. The messaging involved encouraging men's participation through targeted dialogues and inclusion in educational sessions to promote supportive roles in women's health decisions.

Result: The initiative led to a marked increase in screening uptake 60% among women who had never previously accessed services. Community trust in VHTs, combined with the convenience of home-based testing, proved critical in overcoming access barriers. The inclusion of men helped reduce stigma and encouraged open discussions around reproductive health. However, challenges included limited availability of test kits, delays in returning results, and inadequate linkage to treatment for women who tested positive. Persistent myths and fear around cancer also remained a barrier, especially in remote communities.

Conclusion: Community-based cervical cancer programs are most effective when they are locally led, flexible, and inclusive. We recommend scaling up door-to-door HPV self-sampling led by VHTs, integrating male engagement as a standard component, and strengthening systems for follow-up care and treatment. Investing in continuous community dialogue and training for health workers is also essential to sustain progress and build long-term trust.

14:41-14:48.

Abstract ID: 307: Bridging the gaps on access to palliative care services in Uganda through building compassionate communities.

Authors: Mark-Donald Mwesiga[1], Anita Balikobaku[1], Kyomuhangi Zipporah[1], Saphrah Amumpaire[2]

Affiliation: [1]Palliative Care Association of Uganda, [2]Taibah International School Paul Mwambi, Taibah International School

Background: The World Health Organization (WHO) conceptual model of palliative care emphasizes the importance of empowering people and communities. PCAU adopted the WHO public health model to strengthen community-based palliative care in response to socio-economic and cultural changes that have weakened traditional caregiving systems. Through a partnership with Lweza Community Health Program, PCAU developed a school compassionate community program at Taibah International School to empower communities in supporting those facing health-related suffering PCAU aimed to reinforce community-based care, promoting the culture of compassion by rebuilding support systems around families and communities to care for the Sick persons, Older persons, Persons living with disabilities, The dying and the bereaved, Caregivers etc.

Methods: The starting point for PCAU's compassionate community model is a palliative care team or hospice. If a palliative care provider does not exist in a community, the site is not selected for intervention. Community Assessment The palliative care team assesses the community to identify key needs and barriers Volunteer Mobilization The intervention unit (hospice or PC team) identifies and trains local volunteers who then assess individual and household needs and help connect them to available services. Compassionate Community Activities. Tailored activities are implemented based on community needs.

Results:

1. Improved community awareness and health literacy (1151 sensitized)
2. Increased referrals and linkages to palliative care services (08 hospices and local organizations strengthened)
3. Mobilization of more volunteers and community caregivers
4. Reduction in stigma around illness and caregiving
5. More advocacy for the needs of vulnerable groups

The initiative empowered individuals and raised collective awareness to address caregiving roles. Efforts are now underway to expand the model nationwide.

14:48-14:55

Abstract ID: 217: Knowledge and Attitude Toward Breast Cancer Prevention and Screening Practice Among Catholic Nuns in Central Uganda.

Authors: Nantayi Martha[1], Alfred Jatho[1]

Affiliation:[1]Uganda Cancer Institute

Background: Breast cancer ranks number three in Cancer-related mortality among Women in Uganda. Catholic nuns, who are often nulliparous, represent a population with an increased risk of developing breast cancer. Despite this risk, they remain an understudied population group.

Objective: This study assessed the Catholic Nuns` Knowledge and Attitude Toward Breast Cancer Prevention and Screening Practice Among Catholic Nuns in Central Uganda participating in the Uganda Cancer Institute community cancer services (UCI-CCS) screening program.

Methods: In 2024-2025 UCI-CCS (20 informational in-depth-interviews of Catholic Nuns aged 50 years and above residents of central Uganda were nested in the Uganda Cancer Institute community cancer services screening program.

Results: Of the 20 participants interviewed, 17 demonstrated negative attitudes towards Breast cancer screening and inadequate understanding of how regular screening and monthly Self Breast examination could downstage cancer and improve prognosis. "…. does breast cancer also affect us, we do not breast-feed, we don't give birth". "I thought it affects those who breastfeed", "is the screening free of charge in Cancer Institute". "You see Am an old person now you my daughter, I get naked in front of you is really not good". "If the services are brought near to us, maybe we can always test for Breast cancer". "I have never screened for breast cancer before; this is my first time". Overall, most of the participants showed limited knowledge of Breast cancer risk reduction and screening, coupled with negative attitudes toward BC screening and lack of screening before participating in the UCI-CCS screening program.

Conclusion: This study highlights the need for designing interventions to improve BC knowledge, promote a positive attitude toward BC screening, and increase the uptake of screening services among the Catholic Nuns` population group.

14:55 - 15:02

Abstract ID: 255: Community-Based Nutrition Education for Supportive Cancer Care: Empowering Households through Local Knowledge in Kamungu District, Uganda by Kamara Daniel.

***Author: Kamara Daniel*[1]**
Affiliation* [1]*Bwindi Community Hospital

Background: Cancer is a leading cause of death globally (WHO, 2025) and Uganda's incidence is also rising. Many households have limited nutrition literacy (Kiwanuka et al., 2025), undermining home-based supportive care; community nutrition education can empower families especially in rural Kanungu District to improve supportive cancer care outcomes. Nutrition implemented a community-based nutrition education initiative aimed at empowering individuals, families, and communities to support patients living with cancer. The focus was on promoting knowledge of cancer-reducing foods and appropriate meal timing to improve patient care and household practices in resource-limited settings.

Methods: The intervention targeted 20 households affected by cancer. Health workers conducted structured home visits and community sessions over a period of three months. Methods included cooking demonstrations, use of visual aids, storytelling, and participatory discussions delivered in the local language. Emphasis was placed on locally available foods, culturally familiar recipes, and adjusting meal timing to accommodate patients' needs.

Findings: Following the intervention, 18 out of the 20 households reported improved knowledge and more positive attitudes toward nutrition for cancer care. Caregivers reported increased confidence in preparing nutrient-rich meals, better understanding of balanced diets, and adjustments to meal schedules that aligned with patients' energy levels and appetite. Observable changes included greater inclusion of fruits, vegetables, and legumes in meals, as well as increased meal frequency for those in treatment.

Conclusion: The program demonstrated that community-tailored nutrition education can significantly empower caregivers and improve home-based cancer care. Leveraging culturally relevant methods and local foods proved effective in enhancing knowledge, promoting behaviour change, and strengthening community support.

Recommendations: Policymakers and health institutions should consider supporting similar low-cost, culturally adapted initiatives to improve nutrition and care outcomes for people living with chronic illnesses such as cancer.

15:02 - 15:09

Abstract ID: 260: Harnessing Community-Driven Fundraising: A Sustainable Approach to Resource Mobilization for Childhood Cancer Support.

Author: Jaimin Varsani[1]
Affiliation: [1]Uganda Child Cancer Foundation Introduction

Background: Resource mobilization remains a critical challenge for institutions and non-profit organizations, particularly those relying on traditional funding sources such as grants and large-scale donations, especially in LMICs. To address this gap, there is a pressing need for innovative and community-driven fundraising methods. Peer-to-peer support and engagement present an opportunity to create a more resilient and self-sustaining funding model.

Aims: This study was conducted at Uganda Child Cancer Foundation to explore the potential of community-based financial mobilization strategies and their effectiveness in fostering sustainable support networks via its novel Guardian Angel Program.

Methods: Data was collected using Google Sheets through a Google Forms designed to encourage participation in the "Guardian Angel Program". This program enables individuals to contribute small monthly donations that collectively support children with childhood cancer. The form was distributed through peer networks and shared widely on social media platforms to maximize outreach and engagement. Data was analyzed using R-programming.

Results: Data was collected between September 2024 to March 2025 with 42 respondents. The respondents were from Business & Finance (32.5%), Healthcare & Medical (30%), Education & Research (22.5%), Civil Work (10%), and others (5%) respectively. 61.9% of people got to know about their programs from friends and family. Mean age of respondents was 27 years. Average monthly contribution per person was $8.72, with standard deviation of $6.53. The amount of donation received increased with age ($r= 0.43$, $P= 0.001$). On average, participants committed to monthly donations for a duration of 1.2 years ($P=0.04$).

Conclusion: These insights reinforce the importance of leveraging community networks for financial mobilization, reducing reliance on traditional grant-based funding models. Despite the relatively small individual contributions, the collective nature of monthly commitments indicates long-term sustainability. The diversity of professional backgrounds among respondents further demonstrates the broad appeal of such initiatives.

15:09 - 15:15

Abstract ID: 309: A community-co-designed intervention for improved bereavement outcomes of family caregivers; a preliminary account of a new model to increase awareness about grief and bereavement in rural communities in South-central Uganda.

Authors: Iddi Matovu[1], Jackie Namulondo[1], David Muwonge[1] Florence Namugenyi[1], Jenny Hunt[2], Eugene Rusanganwa[3], Eve Namisango[3]

Affiliation: [1]Kitovu Mobile Limited, [2]Independent Consultant, Zimbabwe, [3]African Palliative Care Association

Background: Caregivers of patients with terminal illnesses face complex pre- and post-loss psychopathology, but they have limited support within their communities to help them cope with the impact of loss on their well-being. With high death rates and weak health systems, trained community counselors with lived loss experiences could be well-placed to provide peer bereavement support to the grieving caregivers in their communities in order to prevent grief disorders.

Aim: To co-design and pilot a community led model for grief and bereavement care in a rural palliative care setting.

Methods: The intervention was co-designed using the 9-cell bereavement tool. We conducted FGDs with 30 community counselors with lived loss experiences. The discussions were moderated by grief therapists and covered thematic areas such as positive and negative experiences, helpful and unhelpful support, and how services should be structured. This feedback helped co-design an intervention which was delivered to the community counselors, who were later trained to deliver this intervention to bereaved families at household level in four structured visits. The selected families were screened for grief risk using BRISQ before the psychotherapy sessions. We captured data on social, mental and physical wellbeing outcomes.

Results: Of the 185 caregivers screened, 120 were enrolled. Each of the 60 trained community counselors was allocated two families to support. Most caregivers were females, 66.7%, elderly, 43.3% and widowed, 42.5%. There was health improvement among bereaved caregivers including those who had lost interest in their family, friends and outside activities, dropping from 61.4% to 38.6% and those who felt that they have the same illness as the person who died, from 61.0% to 39.0% at baseline and end-line respectively.

Qualitatively, there was high satisfaction with the model intervention among family caregivers.

Conclusion: The community-co-designed intervention achieved better family functioning, thus improved psycho-social outcomes of their grief.

15:15 - 15:22

Abstract ID: 227: Treatment abandonment and associated factors among pediatric leukemia patients attending the Uganda Cancer Institute (UCI), Uganda.

Authors: Derrick Bary Abila[1], Veronica Nyakato[2], Godwin Candia[1], Steven Kikonyogo[1], Ezra Anecho[1], Moses Echodu[1], Joyce B. Kambugu[2]

Affiliation: [1]Uganda Child Cancer Foundation, [2]Uganda Cancer Institute

Background: Treatment adherence is crucial for improving survival outcomes in pediatric leukemia. However, treatment abandonment remains a significant challenge, particularly in low resource settings. Treatment abandonment is defined as the failure to continue prescribed therapy before completion. In this study, we describe the prevalence of treatment abandonment and identify associated factors among children receiving leukemia care at the Uganda Cancer Institute (UCI).

Methods: In this cross-sectional study, we abstracted data from patient files (1 - 19 years at diagnosis) of those who received care for leukemia (2022 and 2023) at UCI, Kampala, Uganda. Our main variable was whether or not a patient abandoned treatment after initiation of chemotherapy treatment. Independent variables included demographic characteristics. Chi square statistics and bivariable poission regression reporting incidence risk rations and 95% Confidence interval were used to determine the factors associated with treatment abandonment following initiation of chemotherapy treatment.

Results: We included 74 participants in the study with a median age of 10 years (IQR: 4 – 14 years), most being male (52.7%). About 63.5% were Acute Lymphoid Leukemia (ALL), and 36.5% were Acute Myeloid Leukemia (AML). Most initiated chemotherapy treatment (82.4%), of which 13.5% abandoned it (19.2% in ALL and 3.7% in AML), with 90% abandoning it within one year of initiation. Treatment abandon rates were 19.1%, 13.3%, 4.6%, and 20% in 1-4 years, 5-9 years, 10-14 years, and 15-19 years, respectively. Treatment abandonment rates in males and females were 12.8% and 14.3%, respectively. Treatment abandonment after initiation was not associated with age at diagnosis, sex, region of residence at time of diagnosis, and type of leukemia.

Conclusions: Treatment abandonment remains a challenge, with most cases occurring within the first year. Addressing barriers to adherence is crucial for improving leukemia treatment completion and outcomes at the UCI and in other low and middle-income countries.

15:42 - 15:49:

Abstract ID: 228: Lived experiences of parents and primary caretakers of children during pediatric leukemia diagnosis and pathological treatment monitoring at the Uganda Cancer Institute, Uganda.

Authors: Elizabeth Nakamya[1], Derrick Bary Abila[1], Veronica Nyakato[2], Steven Kikonyogo[1], Godwin Candia[1], Moses Echodu[1], Ezra Anecho[2], Joyce B. Kambugu[2]

Affiliation: [1]Uganda Child Cancer Foundation, [2]Uganda Cancer Institute

Background: Parents and primary caregivers of children with leukemia face significant emotional, financial, and logistical challenges during diagnosis and treatment monitoring. We explored the lived experiences of parents/caregivers of children and adolescents with pediatric leukemia at Uganda Cancer Institute (UCI) regarding their journey during the diagnostic process and pathological treatment monitoring.

Methods: Using a qualitative approach, we used focus group discussions with consented parents or primary caregivers of children and adolescents receiving care for pediatric leukemia at UCI, Kampala, Uganda. We followed a structured interview guide, were audio recorded, and were transcribed verbatim. Thematic analysis was used for data analysis, during which themes were identified and coded using NVivo software. Analysis was guided by constructs from the COM-B model (Capability, Opportunity, Motivation - Behavior) and the Health Belief Model (HBM).

Results: Caregivers of children faced several challenges: (1) Emotional distress and uncertainty were common, often worsened by inadequate information and misconceptions. (2) Limited access to diagnostic services and long wait times caused frustration. (3) Financial burdens from treatment, transportation, and accommodation forced many to borrow money or sell assets. (4) Social isolation was experienced by some caregivers despite available family and peer support. (5) Communication gaps with healthcare providers led to misunderstandings and delays in decision-making. (6) Difficulty navigating the healthcare system created additional stress, with caregivers struggling to access timely care. However, several opportunities for improvement emerged: (1) Strengthening support systems through caregiver networks and psychosocial assistance to reduce emotional and financial burdens. (2) Improving healthcare communication to enhance caregivers' understanding and decision-making. (3) Expanding access to diagnostic and treatment resources to reduce delays, leading to improvement in pediatric leukemia care experiences.

Conclusions: Addressing caregivers' challenges through strengthened support systems, better communication, and improved healthcare access can enhance the pediatric leukemia care experience at UCI and improve patient outcomes

15:49 - 15:56

Abstract ID: 229: Mental Health Challenges Among Women Fighting Cancer: Gaps, Causes, and Recommendations for Integration in Cancer Care in Uganda.

Authors: Frank Kalyango[1], Mr. Herbert Mutunzi[2], Ms Caroline Akello[2], Ms Namugwanya Noeline[2], Ms Nakayinga Betty[2]

Affiliation: [1]Victoria University Uganda, [2]Uganda Women's Cancer Support Organisation,

Background: According to Globocan 2020, 57.2% of cancer diagnoses in Uganda occurred among women, with cervical and breast cancer being the most common. Depression and anxiety are the leading mental health conditions among adults (Opio et al., 2022), and the risk is heightened in individuals diagnosed with cancer (Patel & Kleinman, 2003). If untreated, these mental health conditions negatively affect treatment adherence and outcomes.

Aim: This intervention, "Mentally Cancer-Free and Thriving," sought to empower women fighting cancer by providing psychosocial and economic support to reduce mental health challenges and improve quality of life and treatment adherence.

Methods: The initiative employed participatory approaches including a baseline needs assessment, home visits, peer support sessions, physical activities, music, dance, and drama. It also engaged stakeholders in mental health and cancer care through workshops, sensitizations, and media outreach. Economic empowerment and skills development for rights holders were also central.

Results: A total of 61 cancer patients (41 females, 20 males, aged 4–91) were enrolled in Mende sub county, Wakiso District. Among them, 30% had cervical cancer, 25% breast cancer, and the rest had prostate, Kaposi's sarcoma, and other cancers. Seventy percent of caregivers were women. Reported mental health challenges included anxiety, bitterness, withdrawal, suicidal thoughts, and self-stigma, often linked to financial distress and social discrimination. After 6 months, participants showed improved coping, became peer supporters, and some emerged as community champions.

Conclusion: Mental health remains a neglected dimension of cancer care. Integrating psychosocial support, especially involving cancer survivors, psycho-oncologists and social workers, can significantly improve treatment adherence and emotional wellbeing for both patients and caregivers.

15:56 - 16:03

Abstract ID: 328: Community Palliative: Experience of Lweza Community Health Program (LCHP).

Authors: Basirika Dianah[1], Kiwanuka Rosemary[1], Basirika Dianah[1], Karamagi Fredrick[1]

Affiliation: [1]Lweza Community Health Program

Background: LCHP was established in 2020 to promote primary health care by addressing social determinants of health through community mobilization, empowerment, and capacity building.

Aim: To have a healthy, informed, and productive community.

Methods: LCHP pioneers engaged LC1 leaders of Lweza B to introduce Primary Health Care (PHC) and discuss local health challenges. The leaders endorsed PHC and identified community volunteer workers (CVWs) and local healthcare workers to support its implementation. A needs assessment was conducted to identify priority health concerns. The CVWs and healthcare workers were trained in PHC, palliative care, and identified community issues. They were introduced to the community through LC1 meetings for acceptance and assigned to work in collaboration with larger health facilities. These members provided health education, mobilization, basic nursing tasks, and making referrals.

Results:

Community Mobilization

- Community mobilized to identify suffering members; 5 unknown severe cancer cases identified and supported to get treatment
- Five community health camps held and over 5000 patients seen by a health worker

Empowerment

- Collaboration with the local council to seek out and alleviate health related suffering
- Increased dissemination of information concerning healthcare services and human rights

Capacity Building

- Over twenty CVWs educated to identify and assist suffering patients
- Over 20 patients/cases linked to the general health care system and referred for specialized services/guidance.
- Education of community about daily health improvement practices
- Sanitation improvements such as bi-weekly cleanings and better garbage disposal implemented

Conclusion: Community participation and ownership improve societies' quality of life and ensures sustainable solutions to health challenges. In the process, those most vulnerable and forgotten are supported and given hope for the future.

16:03 - 16:10

Abstract ID: 268: Outcomes of a program to train village health teams (VHTs) and cancer survivors to improve referral for breast cancer diagnosis in Uganda.

Authors: Nixon Niyonzima[1], Noleb Mugisha[1], Darya Kizub[2], Jatho Alfred[1], Ms Betty Nakayinga[3], Catherine Duggan[4], Dr John Scheel[5],

Afiiliation: [1]Uganda Cancer Institute, [2]University of Texas MD Anderson Cancer Center, Houston, United States of America, [3]Uganda Women's Cancer Support Organisation(UWOCASO), [4]john.scheel@vumc.org, [5]Vanderbilt University Medical Center, Nashville, United States of America

Background: To improve early breast cancer diagnosis in Uganda, we implemented a community-based referral program that trained Village Health Teams (VHTs) and cancer survivors to deliver education and facilitate referrals for individuals with breast health concerns. We evaluated feasibility, patient experience, and referral outcomes.

Methods: Between 2024–2025, adults with breast symptoms presenting to 7 health centers (HCs) or VHTs in Kampala or Wakiso districts were eligible. The program was co-designed with VHTs, cancer survivors, and clinicians, and included training, patient education, and referrals to HCs or the Uganda Cancer Institute (UCI). Data were analyzed descriptively.

Results: A total of 185 participants were enrolled (median age 28.0 years, SD 12.3). Education levels were primary (40.0%), secondary (44.9%), and university (8.1%); 54.6% lived in urban areas and 40.5% in rural areas. Most presented first to an HC (68.1%) or a VHT (23.8%). Median time from symptom onset to presentation was 2.6 months (SD 130.5).

Clinical breast exams were performed in 93.5%; 53.5% reported pain and 22.7% had a painless mass. Management included reassurance (29.7%), observation (23.2%), antibiotics (20.5%), referral to level 3/4 HC or UCI (26.5%), and ultrasound (62.4%). Two individuals were diagnosed with breast cancer with imaging and biopsy investigations in others still ongoing. Thirty-nine (21.1%) said it was very easy and 47 (25.4%) said it was easy to get to the next level of care for diagnosis, while 10 (5.4%) said it was fair or not easy.

Participants reported high program acceptability: 88.6% found instructions clear, and 87.5% felt access to care improved due to faster referrals, clearer guidance, and increased breast health knowledge.

Conclusion: Training VHTs and cancer survivors is a feasible and effective strategy to improve breast cancer referral pathways in Uganda. The program strengthened early diagnosis efforts through education, timely referrals, and high patient engagement.

16:10 - 16:17

Abstract ID: 301: Utilization of palliative care services by cancer patients and associated factors at Arua Regional Referral Hospital.

Author: John Baptist Nsamba[1]

Affiliation: [1]Muni University Arua

Background: Palliative care (PC) aims to improve the quality of life of patients and their families by addressing pain and other physical, psychological, social, and spiritual problems associated with life-threatening illnesses such as cancer (Connor et al., 2020). Globally, approximately 56.8 million people require PC annually (Connor et al., 2020), but only about 8 million individuals (14%) of them receive it. Despite its proven benefits, the utilization of palliative care services (PCS) remains low, particularly in low- and middle-income countries (LMICs), including Uganda (Connor et al., 2020).

Aim: The aim of this study was to assess the level of utilization of palliative care services by cancer patients and associated factors at Arua Regional Referral Hospital.

Methods: A descriptive cross-sectional study was conducted among 196 cancer patients attending the palliative care clinic at ARRH from December 16th, 2023, to March 31st, 2024. Purposive sampling was used to recruit participants who met the inclusion criteria. Data were collected using a structured questionnaire, analyzed using SPSS version 22 for descriptive statistics, and a binary probit regression model was used to determine factors influencing PCS utilization.

Results: The majority of respondents were female (58.7%) and aged 51 years and above (88.8%). Cervical cancer was the most reported type (17.3%). Only two types of PCS were available at ARRH: symptom management (63.7%) and psychological counseling (36.3%). Statistically significant barriers to PCS utilization included lack of awareness ($p < 0.001$) and low educational levels ($p = 0.034$).

Conclusion: The study reveals a low level of PCS utilization at ARRH, with limited service offerings and key barriers such as inadequate awareness and low education. To improve utilization, community sensitization, health education, and expansion of palliative care services at ARRH are recommended.

16:17 - 16:24

Abstract ID: 245: The Role of School in Community Mobilization for Cancer **Screening:** A Case Study of the 3C model.

***Authors:* Priscilla Nambalirwa[1], Ezra Anecho[2], Steven Kikonyogo[1], Moses Echodu[1], Phiona Kabasinga[2], Candia Godwin Ivan[1], Brenda Barungi Banana[1], Abila Derrick Bary[1]**

***Affiliation:* [1]Uganda Child Cancer Foundation, [2]Uganda Cancer Institute**

Background: The Children Caring about Cancer (3C) program, an initiative by the Uganda Child Cancer Foundation (UCCF), empowers Ugandan high school students to establish cancer awareness clubs, known as 3C clubs. The program aims to raise awareness about cancer, encourage early detection, and increase participation in cancer screening within schools and local communities. The study aims to determine the impact of school-based communication strategies in mobilizing communities for cancer screening and increasing awareness of early detection.

Methods: The 3C program establishes clubs in high schools in Uganda. Each club is led by an elected team of students mentored by a teacher who serves as a patron. We train students in cancer prevention, early detection, and the importance of screening. Now equipped with knowledge, these students become cancer screening advocates within their communities. Working alongside UCCF and the Uganda Cancer Institute's Community Cancer Program (CCP), the program organizes cancer screening events in targeted communities, where students actively mobilize participants and disseminate information.

Results: The 3C program currently operates in 250 schools across Uganda, supported by strong leadership teams. Currently in 2025, over 1,134 individuals, primarily teachers and community members, have participated in cancer screenings. In a recent program in 2024, five positive cases of early breast cancer were identified and referred to the Uganda Cancer Institute for further treatment. The program has significantly increased community engagement and awareness, with many participants now expressing interest in regular cancer screening.

Conclusions: Schools can be used as an avenue to mobilize the communities for cancer screening.

16:24 - 16:31

Abstract ID: 327: Bereavement support for patients and family members in palliative care: A case study for Kiruddu National Referral Hospital. Kampala, Uganda.

***Authors:* Cathy Magoola Namuto[1], Bernadette Basemera2, Liz Nabirye[2], Florence Nalutaaya[2], Elizabeth Namukwaya[2]**

***Affiliation:* [1]Kiruddu National Referral Hospital, [2]Palliative Care Education Research Consortium**

Background: Bereavement support is a vital yet often under-emphasized component of palliative care, particularly in low-resource settings. Kiruddu National Referral Hospital (KNRH) has been providing palliative care services to patients admitted on the wards with different medical and surgical conditions. Palliative care integration within the hospital aimed to strengthen holistic care for patients and their families, mentor nurses and doctors, and provide placement opportunities for medical and nursing students from various institutions.

Aim: To explore the current state of provision of bereavement support to patients and families at Kiruddu NRH to understand the existing practices, challenges, and opportunities during end-of-life care and following the death of a loved one.

Methods: Through daily interactions and informal discussions with patients, family members, and healthcare providers at Kiruddu National Referral Hospital, several key themes have emerged. Many families experience significant emotional distress, anxiety, and uncertainty as their loved one approaches the end of life. Bereavement support, when provided, is often informal and primarily delivered by palliative care providers. However, the support is inconsistent and largely dependent on individual staff members' initiative and experience. Cultural factors, stigma, and limited resources further hinder open discussions about death, dying, and grief.

Results: The observations reveal a pressing need for more structured and proactive support within the palliative care framework. Healthcare providers express willingness to offer emotional support but often lack formal training and resources. Families would benefit from anticipatory guidance, counselling, and community-based support networks to help them cope with loss and grief.

Conclusions: Integrating bereavement support into routine palliative care is both necessary and feasible. There is an opportunity to strengthen care by providing training, developing culturally sensitive guidelines, and fostering collaboration with community organisations. Such efforts would ensure that bereavement care becomes a core component of compassionate, patient and family-centred palliative care in Uganda.

16:31 - 16:38

Abstract ID: 239: A Community-Centric Innovation for Expanding Access to Early Cervical Cancer Detection in Uganda.

Author: Maria Regious Nansereko[1]

Affiliation: [1]Ernest Cook University

Cervical cancer is the most common cancer among women in Uganda, accounting for over 40% of female cancer cases and approximately 3,915 deaths annually. Despite being preventable through early screening, more than 70% of cases are detected at advanced stages due to barriers such as limited trained personnel, inadequate infrastructure, and restricted access to affordable screening tools in remote areas. As a result, cervical cancer remains a leading cause of cancer-related deaths among Ugandan women.

Developed by Clinovate Foundation Uganda, **CaviScope** is a low-cost, portable cervical screening device designed to enhance the WHO-recommended **Visual Inspection with Acetic Acid (VIA)** method. It integrates LED illumination, digital magnification, and image capture into a battery-powered device for use by trained community health workers in low resource settings. This enables high-resolution visualization of cervical lesions and facilitates timely referrals for treatment. CaviScope is also being designed with **AI-enabled image classification** to enhance diagnostic accuracy and support frontline health workers in making real-time, data-driven assessments, even in the absence of specialists.

The device is central to the **CerviBridge** model, which seeks to decentralize cervical cancer screening by training non-specialist providers and integrating CaviScope into primary healthcare and outreach programs. This approach empowers frontline workers to screen more women confidently before referring them to Uganda's only cancer institute.

CaviScope is being developed iteratively in consultation with Ugandan clinicians and biomedical engineers, with upcoming pilot studies in remote areas to ensure usability, safety, and contextual relevance. By pairing **appropriate technology** with **community empowerment,** CaviScope offers a scalable solution to bridge systemic gaps in cancer care and bring life-saving services closer to those who need them most.

16:38 - 16:45

Abstract ID: 243: Uptake of Cervical Cancer Screening and its Determinants among Refugee Women in Uganda: Insights from the Uganda Refugee Population-based HIV Impact Assessment.

Authors: Steven Kikonyogo[1], Ezra Anecho[2], Derrick Bary Abila[1], Anthony Kayiira[3], Priscilla Nambalirwa[1], Brenda Barungi Banana[1], Godwin Candia Ivan[1]

Affiliation:[1]Uganda Child Cancer Foundation, [2]Uganda Cancer Institute, [3]Mulago Specialized Women and Neonatal Hospital,

Background: Cervical cancer is the fourth most common cancer in women globally, with 660,000 new cases and 350,000 deaths in 2022. The burden is disproportionately high in low- and middle-income countries (LMICs), particularly sub-Saharan Africa. Despite proven interventions like HPV vaccination and screening, uptake remains low. While cervical cancer screening has been studied in the general population, little is known about uptake among refugee women in Uganda, which hosts approximately 1.7 million refugees. This study examines cervical cancer screening uptake and associated factors among refugee women in Uganda.

Methods: We conducted a cross-sectional secondary analysis of the 2021 Uganda Refugee Population based HIV Impact Assessment (RUPHIA) survey, focusing on women aged 21–49 in refugee settlements in the West Nile and South-Western regions, which host 90% of Uganda's refugee population. The primary outcome was self-reported cervical cancer screening status. We used descriptive statistics and logistic regression to identify factors associated with screening uptake.

Results: Among 731 women, only 72 (9.8%) reported undergoing cervical cancer screening. The mean age of screened women was 37 years (±7), compared to 32 years (±8) for unscreened women. Screening uptake was significantly higher among women aged 31–39 years (AOR = 2.67, 95% CI: 1.32–5.52, p = 0.007), married women (AOR = 12.0, 95% CI: 1.76–163, p = 0.03), and those in polygamous relationships (AOR = 4.76, 95% CI: 1.96–11.1, p < 0.001)

Conclusion: Cervical cancer screening uptake among refugee women in Uganda is critically low. Integrating culturally sensitive screening programs into refugee health services and addressing socio-economic barriers could improve access and utilization.

16:45 - 16:52

Abstract ID: 276: Factors associated with treatment outcomes among breast cancer patients attending UCI.

Author: Christine Nalugo[1]

Affiliation: [1]Uganda Cancer Institute

Background: Breast cancer is the leading cause of cancer-related deaths among women in Uganda, and it's the leading cause of cancer admissions among women at the Uganda Cancer Institute (UCI). With improved diagnostic equipment, treatment modalities and staff capacity to provide care to cancer patients, breast cancer-related deaths haven't subsided at the institute. The purpose of this study was to determine the factors associated with treatment outcomes among breast cancer patients attending UCI.

Methods: This was a cross-sectional review and abstraction of breast cancer treatment records for a period spanning from 2020 to 2023. A total of 183 patient files for breast cancer were reviewed using a pre-tested data abstraction tool. Inferential statistical analysis was done using logistic regression analysis to ascertain factors associated with breast cancer treatment outcomes. The level of significance was set at p-value of 0.05.

Results: 183 patients' treatment records were reviewed and majority (84.7%) were 45 years and above, 54.6% were married, 88.5% were Ugandans and 65.6% resided in urban areas. Among 183 participants, 55.0% had poor treatment outcomes (death) following breast cancer treatment. Factors that significantly influenced breast cancer treatment outcomes included; hailing from over 20 kilometers, tumor size of <5 cm, timely diagnostic tests, availability of medical supplies, provision of timely breast cancer treatment and these were all statistically significant. On Pearson's Chi-Square analysis, breast cancer treatment outcomes were strongly associated to stage of cancer and anti-cancer therapy used.

Conclusion and recommendation: Breast cancer treatment outcomes at UCI are influenced by individual factors, medical-related factors and health facility-related factors. Management at UCI should invest in measures for tackling factors that greatly influence poor breast cancer treatment outcomes, especially the stage of cancer that patients present with at UCI, timely diagnostic tests and anticancer therapy used in management of breast cancer.

16:52 - 17:00

Abstract ID: 273: Enhancing adherence to follow-up care for women with abnormal cervical cancer screening results in rural areas: insights from URTD in midwestern Uganda.

Author: Namagembe Shamim[1]

Affiliation: [1]Uganda Rural Development and training Programme

Background: The World Health Organisation recommends screening 70% of eligible women followed by timely diagnosis and treatment for the elimination of cervical cancer. Screening cervical cancer is only effective in preventing it if the efforts to adherence to diagnosis, early detection and treatment of precancerous lesions are strengthened. Rural Development and Training Programme (URDT) is applying its methodology of creative process and systems thinking to implement community-based cervical cancer interventions in Midwestern Uganda, screening approximately 5000 women annually, and treating women with precancers since 2017. Adherence to follow-up care remains a challenge for early detection of high-risk women and suspected cervical cancer cases in rural areas, thus creating a weak link to the elimination of cervical cancer.

Aim: To share the importance of strengthening adherence to follow-up care for the implementation of effective community-based cervical cancer screening programmes in rural areas.

Methods: URDT facilitates effective follow-up through community-based staff and VHTs who provide reminders, health education, home visits, counselling, and transport support for women referred. The data management tracks screening, treatment, reviews after treatment, and referral outcomes, ensuring continuity of care.

Results: A total of 30,424 women have been screened with both HPV testing and VIA; of these, 1666 were VIA+ and 1606 were HPV+. In Uganda, the screen-and-treat policy directs treating all hrHPV-positive women; therefore, 2487 (76%) women with abnormal results have received follow-up treatment, and 88% of women effectively followed up for referral hospital visits. Persistent follow-up through phone calls and home visits, along with increasing conscious awareness about screening procedures and early detection, improves adherence to follow up, which improves early detection and treatment.

Conclusion: Decision-making processes about health in families should guide culturally sensitive community education and addressing socio-economic barriers to follow-up care. Consider measures to prevent and manage domestic violence-related cervical cancer screening.

Track 3: Empowering Healthcare Professionals and Caregivers

14:20-14:27

Abstract ID: 182: Enhancing the Role of Nursing Competency in Pediatric Early Warning Scores (PEWS) and Timely Interventions at Pediatric Oncology, Kilimanyaro Christian Medical Center, Cancer Care Center.

Authors: Irene Ngowi[1], Benedict Mushi[2]

Affiliation: [1]Kilimanyaro Christian Medical Center (KCMC),
[2]Princess Maxima Center, Utrecht, Netherlands

Background: PEWS is a clinical tool used in hospitals to identify early signs of deterioration in pediatric patients, it uses a scoring system based on physiological parameters such as heart rate, respiratory rate, oxygen saturation, blood pressure, capillary refill time, and level of consciousness In low-middle-income countries (LMICs) often there are challenges in providing high-quality nursing care due to gaps in education, training, and standardized practices. However, there is an important role among oncology pediatric nurses in early detection and intervention for critically ill children. It also helps nurses to advocate for prompt medical attention, enhancing patient safety and overall quality of care in pediatric settings.

Aim: To enhance the nursing role of competency to evidence-based practices such as Pediatrics Early Warning Scores (PEWS) in the pediatric oncology Ward at Kcmc-Cancer Care Center.

Methods: This was an evidence-based- study that involved pediatric oncology Senior nurses. They participated in a program covering PEWS principles, clinical case simulations, and teaching methodologies, followed by departmental training through the SOPs which were adjusted to absorb the department's needs. The program also developed and introduced standardized operating procedures (SOPs) to establish consistent care practices. Practical tools, for example, the Pediatric Early Warning Score (PEWS) have been implemented on the ward.

Results: The evaluation revealed significant outcomes, including demonstrating improved competency in both theoretical knowledge and clinical practice. Additionally, there were eight (8) SOPs developed and more than half of them were implemented across the department.

Conclusion: Effectively enhancing nursing competency in pediatric oncology comes by strengthening PEWS implementation, clinical practice, and enhanced knowledge. Its significance in pediatric nursing is multifaceted, contributing to improved patient safety, timely interventions, and enhanced interdisciplinary collaboration to foster long-term improvements in pediatric oncology care.

14:27-14:34

Abstract ID: 204: Immediate Outcomes of Inter-Institutional Collaboration on Paediatric Central Nervous System Tumour Care in Uganda.

Author: Jane Namusisi[1]

Affiliation: [1]Uganda Cancer Institute

Background: Accessing timely multidisciplinary care for children with central nervous system tumours (CNSTs) in low-income countries (LMICs) is a challenge. In November 2023, the Uganda Cancer Institute (UCI) established a formal collaboration with Cure Children's Hospital Uganda (CCHU) to streamline the care of children with CNSTs.

Objectives: This study evaluates the immediate outcomes of inter-institutional collaboration on Paediatric CNSTs CARE in Uganda.

Methods: A retrospective chart review of children with CNSTs treated since the collaboration's conception (November 2023 to November 2024) was conducted. Demographic data, important dates (surgery, referral, admission at UCI, start of chemotherapy, discussion at the tumour board, radiotherapy), additional specialist review and improvement strategies were abstracted.

Results: Fifty children were seen, but 29 children's files were available for review. Of these, 25 (86.2%) received upfront surgery, 17 (72.4%) were discussed at the neuro-oncology tumour board meetings, and 11 (37.9%) received adjuvant chemotherapy or radiotherapy. The median time between surgery and referral to UCI was 21 (IQR 14-43) days and 5 (IQR 3-15) days between the referral from CCHU and presentation at UCI. The median duration from admission to UCI to the tumour board discussion was 14.5 (IQR 4-18) days. The median time from tumour board discussion to the start of the adjuvant treatment was 4 (IQR 4-15) and 79 (IQR 62.5-105.5) days for chemotherapy and radiotherapy, respectively.

Over the one year of the collaboration, admissions, tumour board discussions, and decision implementation have increased. The median delay between referral from CCHU and admission at UCI has reduced from 27 to 5 days in the first and last quarters, respectively.

The collaboration's benefits include weekly joint tumour board meetings with multidisciplinary representation, harmonised treatment protocols, a brain tumour registry, and a biobank.

Conclusions: The UCI-CCHU collaboration has improved access to and quality of treatment for children with CNSTs.

14:34-14:41

Abstract ID: 259: Experiences of Palliative Care Nurse Prescribers in Managing Pain and Other Distressing Symptoms in Children with Life-Limiting Illnesses in Uganda.

Authors: Elizabeth Nabirye[1], Jenepher Nyakake[2], Julia Downing[3]

Affiliation: [1]Palliative care Education and Research Consortium, [2]Institute of Hospice and Palliative Care In Africa, [3]International Children's Palliative Care Network (ICPCN)

Background: Paediatric palliative care is essential in addressing pain and symptoms in children with life-limiting illnesses. In Uganda, nurse prescribers are crucial in providing palliative care within resource-constrained settings. However, their experiences, challenges, and strategies in ensuring effective pain management remain understudied. This study explores the experiences of palliative care nurse prescribers on paediatric pain and symptom management.

Methods: The study was in two parts: a) a literature review, b) qualitative in-depth interviews with nurse prescribers working with children with life-limiting illnesses in Uganda. Participants were purposively selected based on their role as nurse prescribers. Thematic analysis was applied to the literature to identify recurring challenges, coping strategies, and best practices to inform the development of the semi-structured interview guide.

Results: The literature review indicated nurse prescribers utilize multimodal approaches, combining pharmacological interventions e.g, opioids, with non-pharmacological methods, including psychological support and physiotherapy. However, medication shortages, inadequate paediatric dosing guidelines, and societal misconceptions regarding opioid use limit effective pain relief. Emotional strain among healthcare providers is also notable, particularly in managing distressing symptoms e.g. breathlessness, nausea, and severe fatigue in terminally ill children. Despite these challenges, nurse prescribers demonstrate adaptability by tailoring treatment plans to available resources, involving caregivers, and advocating for improved access to essential medications. The semi-structured interview guide was developed based on these findings and preliminary results of the interviews will be discussed.

Conclusion: The experiences of nurse prescribers highlight the urgent need for improved pediatric pain management protocols, expanded training opportunities, and stronger policy support for palliative care in Uganda. Addressing these challenges can enhance the quality of life for children with life-limiting illnesses and their families. This study underscores the importance of incorporating nurse prescribers' perspectives into palliative care advancements and calls for ongoing research to refine pediatric pain and symptom management strategies.

14:41-14:48

Abstract ID: 201: Knowledge of diagnosis and treatment intent among caregivers of children undergoing cancer care at the Uganda Cancer Institute.

Author: Susan Nabakooza[1]

Affiliation: [1]Uganda Cancer Institute

Background: A childhood cancer diagnosis is distressing for families, and caregivers' understanding of the diagnosis and treatment intent is crucial for informed decision-making, treatment adherence, and overall care outcomes. The Uganda Cancer Institute (UCI) receives approximately 700 new pediatric patients annually, with 50% presenting without a confirmed diagnosis, necessitating further investigations before treatment initiation. The World Health Organization emphasizes the importance of family involvement in managing childhood cancer and chronic illnesses. Therefore, this study aimed to assess caregivers' knowledge of their child's cancer diagnosis and treatment intent at UCI.

Methods: A cross-sectional study was conducted among caregivers of pediatric cancer patients receiving care in both inpatient and outpatient settings over one week. A researcher developed, quality improvement questionnaire was used to collect data on demographics, knowledge of diagnosis, disease staging, treatment intent, and treatment modalities. A trained research assistant administered the questionnaire, ensured completeness, and compiled the responses for analysis.

Results: A total of 63 caregivers participated, including 52 females and 11 males. Of these, 30 (48%) were from the inpatient ward, and 33 (52%) from the outpatient clinic. While 57 (90%) of caregivers reported awareness of their child's diagnosis, only 21 (37%) correctly identified the disease stage, and 36 (63%) lacked this information. Regarding treatment intent; 16 (25%) believed the treatment was curative, however, patient file verification confirmed curative intent in only 12 (19%). Additionally, 11 (17%) caregivers recognized palliative intent, while 36 (57%) were unaware of the treatment intent. Reported barriers to knowledge included medical jargon, inconsistent communication by healthcare team, language barrier, and limited clinician time for detailed explanations.

Conclusion: This study highlights significant gaps in caregiver knowledge regarding their child's cancer diagnosis and treatment intent. To enhance informed decision-making and treatment adherence, healthcare providers should implement structured diagnostic discussions with caregivers, ensuring clarity on disease stage and treatment objectives.

14:48-14:55

Abstract ID: 312: Nursing and medical students' experiences of handling difficult conversations with patients: A qualitative focus group study.

Authors: Germanus Natuhwera[1], Peter Ellis[2], Eve Namisango[3]

Affiliation: [1]Hospice Africa Uganda, [2]Independent Nursing Researcher, Writer and Educator, London, UK, [3]African Palliative Care Association

Background: Handling difficult conversations remains a major challenge for both undergraduate and qualified nurses and medical doctors. However, difficult conversations are inevitable in daily patient-clinician encounters in clinical and care settings.

Aim: To examine final-year undergraduate nursing and medical students' experiences of handling difficult conversations with patients and their families.

Methods: The study was conducted among final-year undergraduate nursing and medical students selected from seven nursing and medical training schools and universities in Southwest, Midwest and Central Uganda. This was an exploratory qualitative study. Purposive and convenience sampling were used to select training schools/universities and participants respectively. Data were collected between November 2022 and February 2023 through 10 face-to-face audio-recorded focus group interviews and were analysed using inductive thematic analysis.

Results: 82 nursing and medical students participated in the study. The analysis yielded four major themes: (1) Students' understanding of bad news, (2) Emotional labour of handling difficult conversations, (3) Handling difficult conversations a theory but not a practise experience, (4) Sociocultural and medico-cultural dilemmas.

Conclusion: The study revealed that participants possessed limited theoretical knowledge, preparedness, and a gross unwillingness to engage in difficult conversations, particularly when communicating bad news related to death and dying. These issues are closely linked to inadequate training and particularly limited or deficient clinical exposure. Simulation-based learning and exposure are required in clinical settings.

14:55 - 15:02

Abstract ID: 310: Strengthening community participation in palliative care advocacy through empowered child caregivers in Uganda.

***Authors: Anita Balikobaku[1], Mark-Donald Mwesiga[1],
Lisa Christine Irumba[1], Joyce Zalwango[1], Zipporah Kyomuhangi[1]***

Affiliation: [1]Palliative Care Association of Uganda

Background: The World Health Organization's 2021 palliative care development conceptual model emphasizes empowering people and communities as active partners in healthcare service delivery to advance palliative care. In Uganda, although palliative care began in 1993, progress is hindered by low awareness, limited resources, and weak support structures. With over 24,000 child-headed households, many children become caregivers to terminally ill parents/ guardians, sacrificing their education and well-being. To address this, the Palliative Care Association of Uganda (PCAU) empowers child caregivers in rural areas through education, skill development, and psychosocial support, enhancing their palliative care advocacy role and strengthening community participation.

Aim: To strengthen grassroots palliative care advocacy in Uganda by empowering child caregivers through education, skill development, and community participation.

Methods: PCAU partners with hospices to identify and enroll eligible child caregivers into the Road to Hope program. Once enrolled, children receive educational support, participate in annual retreats, advocacy training, psychosocial care, and are mentored to build resilience and leadership skills. The program also promotes awareness by establishing palliative care clubs in schools, organizing essay competitions, drama, education sessions, and community outreach. To amplify the voices of these children, PCAU documents and disseminates children's success stories and advocacy messages through videos, increasing public and policymakers' awareness of palliative care and the challenges child caregivers face.

Results:
- 94 child caregivers supported to date.
- Partnership with 10 hospices has built a strong, integrated community health network.
- Partnered with 43 educational institutions that have supported entrenching palliative care advocacy in the community.
- One school compassionate community program launched.
- Child caregivers led 3 community discussions focused on palliative care.
- 11 advocacy videos featuring the stories of child caregivers were disseminated.

Conclusion: PCAU empowers child caregivers through education, storytelling, school clubs, and community engagement, enabling them to raise awareness, mobilize support, and enhance grassroots advocacy for palliative care in Uganda.

15:02 - 15:09

Abstract ID: 203: Prevalence of burnout among healthcare professionals: a survey at Fort Portal Regional Referral Hospital.

Author: Ian Batanda[1]

Affiliation: [1]Fort Portal Regional Referral Hospital

Background: The health care work environment is characterised by physically and mentally strenuous activities, which can result in physical, mental and emotional exhaustion, leading to burnout if not adequately addressed. Burnout among healthcare professionals can negatively affect their clinical decision-making, quality of communication with patients and colleagues, as well as their ability to cope with work-related pressure. It can ultimately affect the quality of care and patient outcomes. The inclusion of burnout in the 11th revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon indicates that it is an issue of concern in the workplace for which people may need professional attention.

Aims: The study aimed to determine the point prevalence of burnout among healthcare professionals at Fort Portal Regional Referral Hospital, the factors contributing to burnout, its impact on quality of care, and possible interventions to address burnout in the workplace.

Methods: The study was a descriptive cross-sectional survey, followed by a mini-review. Participants were selected from the hospital WhatsApp group, and invitations to participate were sent to their WhatsApp accounts. Burnout was assessed using the Copenhagen Burnout Inventory. The literature search for the mini-review was conducted in the PUBMED database.

Results: Burnout of varying levels was found to be prevalent across all professional categories in the hospital, although most professionals experienced moderate burnout. Generally, burnout scores ranged from 16% to 86%, with an overall mean burnout score of 57.4%. The notable factors contributing to burnout include imbalances in duty allocation, physically strenuous work, and resource constraints. Several individual coping mechanisms and institutional interventions to address burnout were identified.

Conclusion: Health care managers should recognise and address burnout as a strategy to improve patient care quality. Most of the factors contributing to burnout are within the scope of the hospital leadership to address. Combining institutional interventions with individual coping mechanisms could be more effective.

15:09 - 15:15

Abstract ID: 261: Experience of Volunteer Social Workers Supporting Patients and Families in Palliative Care. A Case study of Mulago National Referral Hospita.l

Author: Jemimah Vicky[1]

Affiliation: [1]Palliative Care Education and Reasearch Consortium

Background: Palliative care extends beyond managing physical symptoms; it also attends to the emotional, social, and spiritual needs of patients and their families dealing with life threatening illnesses. Volunteer social workers play a vital yet often overlooked role in this comprehensive care approach. They offer advocacy, emotional and spiritual support, and help patients navigate complex healthcare systems, ensuring they receive the resources and guidance needed throughout their journey.

Aim: The aim is to explore the experiences of volunteer social workers in palliative care, focusing on their roles, challenges, and contributions in supporting patients and families.

Methods: A qualitative research design was employed, and in-depth interviews were conducted with volunteer social workers providing palliative care services at Mulago National Referral Hospital. Thematic analysis was used to identify key patterns and insights within their narratives.

Results: Volunteer social workers are essential in palliative care, providing emotional, social, and spiritual support to patients and families facing life-threatening illnesses. They advocate for patient needs, guide families through complex healthcare systems, and offer compassionate companionship. Despite challenges such as resource limitations, emotional strain, and misconceptions about palliative care, they remain resilient and adaptable. By collaborating with healthcare professionals, they enhance care quality, highlighting the importance of integrating volunteer efforts into holistic palliative care frameworks.

Conclusion: Incorporating volunteer social workers into palliative care frameworks is crucial for enhancing holistic patient support. Their contributions in providing emotional, social, and spiritual care significantly improve the quality of life for patients and families facing life threatening illnesses. Strengthening training, policy inclusion, and support structures can empower volunteers to navigate challenges more effectively. Recognizing their role not only fosters a more compassionate care model but also reinforces the importance of psychosocial support as an integral component of palliative care.

15:15 - 15:22

Abstract ID: 294: Effectiveness of Psychosocial Care Interventions in Improving the Quality of Life for Adult Patients with Cancer in Low-and-Middle-Income Countries (LMICs).

Author: David Kavuma[1]

Affiliation: [1]Mildmay Institute of Health Sciences

Background: A number of systematic reviews have been published on psycho-social care interventions (PCIs) in cancer care. However, there are limited systematic reviews and meta-analyses (SRMA) on the effectiveness of PCIs in cancer care for adults with cancer in low-and-middle income countries (LMICs). This study aimed at synthesizing the available evidence on the effectiveness of PCI in improving the quality of life (QoL) of adult patients with cancer in LMICs.

Methods: We registered the protocol of this study with PROSPERO (ID: CRD4202342156) before conducting this SRMA. Studies published between 2002 and 2023 were searched from Ovid MEDLINE, Web of Science, EmBASE and APA PsycINFO. We followed the standard guidelines for Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. MedCalc® version 10.10 statistical software was used to analyse the data of pooled studies.

Results: Twenty-six intervention studies were included in this SRMA. The Eastern Mediterranean WHO region had the highest number of studies and the Africa region had the least. Most studies utilised Cognitive Behavioural therapy related interventions (38%, n=10 studies), while Family systems therapy 4% (n=1) was the least utilised. From the subgroup analyses of the means and standard deviations of domains of QoL in the pooled primary studies, the respective standardized mean differences indicated that the PCIs had a significant positive effect on the physical (0.972: p= 0.002), social (0.884: p=0.005) and psychological (0.590: p= 0.03) domains of QoL of adult patients with cancer. However, some PCIs did not improve the QoL of study participants.

Conclusion: On the overall, PCIs effectively improved most domains of the QoL of adult patients with cancer. However, more research is needed for PCIs that had a negative effect on some domains of the QoL of patients with cancer. Lastly, more original studies utilising humanistic, psycho-dynamic and family systems models of PCIs are recommended.

15:42 - 15:49

Abstract ID: 284: Empowering Caregivers of Children with Cancer in a Hostel-Based Support Setting: Strengthening Skills and Psychosocial Resilience.

Authors: Auleria Kakwara[1], Alicitidia Tusiimemukama[1], Gerever Niwagaba[1]

Affiliation: [1]Kawempe Home Care

Background: Caregivers of children with cancer often face immense emotional, physical and logistical burdens. New Hope Children's Hostel has supported children with cancer and their families for a period of over 10 years. We offer psychosocial support, accommodation, and transport to and from hospital for their daily appointments, symptom control, and palliative care. Due to reduced staffing and growing care needs, we recognized the need to empower caregivers with practical care skills and emotional resilience to support their children during treatment.

Methods: Over a three-month period, an average number of 58 care givers were accommodated at New Hope Children's Hostel, all caregivers were encouraged to observe and report their children's symptoms to support timely symptom management and hygiene practices. From this group, 42 caregivers were purposively selected for training based on willingness, availability, and the severity or complexity of their children's condition. Training areas included wound dressing, symptom recognition, basic medication administration and practical skills such as shoe and soap making, and vegetable growing to promote caregiver empowerment and resilience. The teach-back method was used to assess understanding and resilience and follow-up support was provided during their stay.

Results: All the 58 caregivers reported increased confidence in administering medication, recognizing symptoms and managing their children's needs, 12 were trained in wound dressing, 20 in growing vegetables, and 10 in practical skills. Caregivers also expressed emotional relief from shared experiences counselling.

Conclusion: A hostel-based model of caregiver empowerment not only equips families with essential care skills but also provides the psychosocial stability necessary for navigating childhood cancer. Recommendations for future empowerment: To build on this, we recommend introducing peer mentorship by experienced caregivers, structured caregiver wellness activities, a digital access to caregiver guidance. Recognizing and involving caregivers as partners in care planning will further validate their role and sustain empowerment

15:49 - 15:56

Abstract ID: 325: Piloting the Treat the Pain eLearning module training in Uganda.

Authors: Joyce Zalwango[1], Mark Donald Mwesiga[1], Lisa Christine Irumba[1], Genet Negusie[2], Laura Plattner[2]

Affiliation: [1]Palliative Care Association of Uganda, [2]American Cancer Society, American Cancer Society

Background: Inadequate pain relief remains a major public health issue, especially in low and middle-income countries, despite global recognition of pain as the fifth vital sign (WHO, 2023). Disparities in pain management are often linked to limited knowledge. The Palliative Care Association of Uganda (PCAU), in partnership with the Ministry of Health and the American Cancer Society (ACS), trained over 3000 health workers through the Pain-Free Hospital Initiative (PFHI) facility-based training in 18 teaching hospitals from 2016 to 2023. To expand reach, "Treat the Pain" eLearning modules as an alternative, enabling more health workers to access training at their convenience, were developed and piloted in different African countries, including Kenya, Nigeria, Rwanda, and Uganda.

Aim: To assess the feasibility, effectiveness, and user experience of the PFHI eLearning modules among 200 healthcare professionals from diverse clinical backgrounds.

Methods: PCAU invited health facilities to participate, worked with the leadership of facilities that expressed interest to identify champions to coordinate the teams participating in the training. An inception meeting was held to introduce participants to the modules, navigating the unique user accounts created for each hospital, and concluded with an evaluation meeting. Data was generated at every submission and analyzed using Excel, and participants received instant certificates upon completion.

Results:

1. A total of 5 modules were developed and rolled out.
2. The modules were implemented in 7 health facilities.
3. 160 (80%) healthcare workers registered; 86 (54%) completed the training.
4. 27% started but did not complete; 19% did not attempt. 40% reported technical barriers, such as login and internet access, affected participation.

Conclusion: The pilot demonstrated that the Treat the Pain eLearning module training is a feasible, scalable, and cost-effective platform in strengthening pain management competencies. Healthcare institutions are encouraged to integrate this training to improve patient care. Despite challenges, users appreciated the flexibility and self-paced format of learning.

15:56 - 16:03

Abstract ID: 222: The role of pharmacovigilance in research and cancer care at the Uganda Cancer Institute.

Author: Benjamin Mwesige[1]

Affiliation: [1]Uganda Cancer Institute

Background: Cancer patients are frequently exposed to complex and often toxic treatment regimens, making them vulnerable to adverse drug reactions (ADRs). Pharmacovigilance—the science of detecting, assessing, and preventing adverse effects of medicines—plays a vital role in ensuring treatment safety and effectiveness. At the Uganda Cancer Institute (UCI), pharmacovigilance is increasingly being integrated into both clinical practice and research to support safe cancer care.

Aim: To evaluate the contribution of pharmacovigilance activities to cancer treatment safety, clinical decision-making, and oncology research at UCI.

Methods: A mixed-methods study was conducted between 2021 and 2024. Quantitative data were drawn from UCI's pharmacovigilance reports, spontaneous ADR submissions, and clinical trial safety monitoring logs. Qualitative interviews were held with oncology clinicians, pharmacists, and researchers to explore how pharmacovigilance informs patient care and research protocols.

Results: Over 1,200 adverse drug events were reported during the study period, with 64% related to chemotherapy agents. Pharmacovigilance findings led to dosage adjustments, enhanced monitoring protocols, and improved supportive care practices in 32% of cases. Research protocols increasingly incorporated pharmacovigilance components, including risk management plans and structured ADR reporting systems. Healthcare workers noted improved confidence in prescribing, while patients reported feeling more informed and safer during treatment.

Conclusion: Pharmacovigilance is a critical pillar in the delivery of safe and effective cancer care and in strengthening research quality. Its integration at UCI has enhanced patient safety, informed regulatory submissions, and contributed to evidence-based improvements in treatment protocols. Scaling up pharmacovigilance systems across oncology centers in Uganda will further improve therapeutic outcomes and patient confidence.

16:03 - 16:10

Abstract ID: 308: Impact of educating health care professionals on holistic pain assessment and management.

Author: Nalubega Josephine[1]

Affiliation: [1]St Francis Hospital Nsambya

Introduction: Pain is an unpleasant sensory or emotional feeling associated with actual or potential tissue damage or whatever the experiencing person says hurts. The complex and dynamic nature of pain makes its assessment and management challenging.

In a hospital setting, pain rating scales are crucial tools for assessing and managing it, enabling health care providers to understand and address the patients' experience effectively. These scales help patients communicate their pains levels allowing for consistent documentation of intensity and evaluation of treatment effectiveness.

Aim: This is aimed at improving patient's quality of life through educating health professionals on holistic pain assessment and proper documentation of pain scores.

Methodology: HealthCare professionals were trained through the pain free hospital initiative programme by the palliative care association of Uganda to improve their knowledge and competences. Different tools were used for different patient age groups i.e. Numerical rating scale of 0-10, visual analogue scale also for adults, Wong –Baker FACES scale for children and patients with communication barriers, FLACC scale for infants and children below 3 years by assessing face, legs, activity, cry and consolability. We used different interventions like non opioids for mild pains, opioids for moderate to severe pain, adjuvants for nerve pain and side effects of other medications. Non- pharmacological measures were also used.

Results: Of the 20 patient files randomly reviewed with proper assessment and documentation, 15 of these had improved pain score from 9 to 2 indicating good pain management, 5 rated their pains at 5 out of 10 indicating a need for holistic management.

Conclusions: Continuous education of health professionals is useful to enable them to assess and manage pain using both pharmacological and non-pharmacological interventions.

16:10 - 16:17

Abstract ID: 318: Developing Six Specialist Oncology Nursing Curricula to Strengthen Cancer Care Capacity in Uganda through the Uganda Cancer Institute Cancer Academy.

Authors: Ndagire Mariam[1], Kemigisha Misk[1], Nabakooza Susan[1], Nankinga Rose[1], Bafumba Ritah[1], Namutebi Jalia[1], Naluyima Laila[1]

Affiliation: [1]Uganda Cancer Institute

Background: As the national cancer center and East African Centre of Excellence in Oncology, the Uganda Cancer Institute (UCI) faces growing demand for specialized cancer care. Nurses form the backbone of oncology service delivery, yet structured training opportunities in subspecialized oncology nursing remain limited. To address this gap, the UCI Division of Nursing initiated the development of six specialist oncology nursing curricula.

Aim: To describe the collaborative and evidence-informed process undertaken to develop six specialist nursing curricula tailored to Uganda's cancer care needs.

Methods: A technical working group comprising senior oncology nurses and nurse educators, led by the UCI Division of Nursing, was established. The team conducted a needs assessment through stakeholder consultations, job task analyses, and a literature review of global oncology nursing competencies. Guided by Tyler's model of curriculum development, the team defined clear educational objectives, selected appropriate learning experiences, organized them logically, and developed strategies for evaluation. Draft curricula were aligned with national health education standards and refined through iterative expert reviews. Each curriculum includes theoretical modules, practicum components, and assessments for credit accumulation.

Results: Six curricula were developed for the following oncology nursing specializations: Pediatric Oncology, Radiation Oncology, Adult Oncology, Principles of General Oncology Nursing, Gynecologic Oncology Nursing, and Surgical Oncology. Each program is designed for delivery over 6–12 weeks, incorporating both classroom instruction and supervised clinical practice. Key features include competency-based learning outcomes, interprofessional modules, and emphasis on patient- and family-centered care.

Conclusion: The development of these six specialist oncology nursing curricula represents a significant step toward institutionalizing oncology nursing education in Uganda. Through the UCI Cancer Academy, these programs will build a skilled nursing workforce capable of delivering high-quality, specialized cancer care and serve as a model for capacity building in the region.

16:17 - 16:24

Abstract ID: 207: Factors Associated with Utilization of Palliative Care Services Among People Living with HIV/AIDS Aged 18 Years and Above Attending Entebbe Regional Referral Hospital, Uganda.

Author: Moses Muwanga[1]

Affiliation: [1]Ministry of Health

Aim: This study aimed to explore the factors influencing the utilization of palliative care services among individuals living with HIV/AIDS (PLWHA) aged 18 and above at Entebbe Regional Referral Hospital (ERRH), Uganda.

Method: A cross-sectional analytical design was employed, incorporating both quantitative and qualitative approaches.

Results: Data was successfully gathered from all 364 planned participants, achieving a 100% response rate. The results showed that 50.3% of PLWHA using palliative care services at ERRH were aged between 20 and 35, while 49.1% were over 35. Additionally, 63.2% had an education level above primary school, and 47% were married. Regarding religious affiliation, 40.2% identified as Catholic, 29.1% as Protestant, and 9.9% as Muslim. Multivariate regression analysis revealed significant factors associated with palliative care utilization. These included Pentecostal religious affiliation (AOR = 2.64 [95% CI = 0.100-0.705], P = 0.008), knowledge of palliative care services (AOR = 4.786 [95% CI = 2.087-10.976], P < 0.001), privacy at health facilities (AOR = 4.133 [95% CI = 1.449-11.795], P = 0.008), and the integration of palliative care services (AOR = 8.106 [95% CI = 1.488-44.162], P = 0.016).

Conclusion: The study concluded that 86.6% of PLWHA aged 18 and above attending ERRH were effectively utilizing palliative care services, while 13.4% were underutilizing them, highlighting the need for interventions to promote their use. Such measures could help prevent advanced opportunistic infections, complications, cancers, severe pain, and reduce mortality rates. The study also emphasized that religious affiliation, awareness of palliative care services, privacy at health facilities, and service integration significantly increased palliative care usage among PLWHA. It recommended raising awareness and advocacy around palliative care, strengthening collaboration with religious institutions, and encouraging government policies to integrate these services into the existing health system.

16:24 - 16:31

Abstract ID: 314: Quantifying Cervical Cancer Radiotherapy Care Gap: Baseline Assessment Prior to Implementation of the GLOCASSA Mobile App.

Author: Apollo Muramuzi[1]

Affiliation: [1]Uganda Cancer Institute

Background: Sub-Saharan Africa accounts for over one-third of global cervical cancer deaths, despite representing only 14% of the world's female population. Previous studies at our institution show that many cervical cancer (Cacx) patients do not complete external radiation therapy (EBRT), and many miss their brachytherapy boost. This study analyzes care gaps to establish a baseline before implementing the GLOCASSA mobile health app.

Method: We conducted a retrospective chart review of 51 Cacx patients treated between 2023 and 2024, evaluating timelines from consultation to radiotherapy (RT) simulation, treatment duration, and follow-up surveillance. For each patient, we calculated a radiotherapy care gap (RCG), with scores indicating expedited care (<1), standard care (1), or delayed care (>1).

Results: The patients' ages ranged from 28 to 85 years, with all presenting at late stages (IIB-IIIC). Treatment regimens included 45 Gy/15 fx, 50 Gy/25 fx, and 50.4 Gy/28 fx. Most patients received 2D techniques (38), 11 received VMAT, and 1 received IMRT. A geospatial analysis showed that most patients traveled about 4 hours for RT care. EBRT completion times ranged from 22 to 68 days, while brachytherapy completion ranged from 7 to 113 days. The average RCG was 1.20 for 25 fx, 1.34 for 15 fx, and 1.52 for 28 fx regimens.

Conclusions: The prolonged treatment durations and high RCG scores highlight the need for the GLOCASSA app, which has now been implemented, with data collection currently underway.

16:31 - 16:38

Abstract ID: 251: Antinociceptive Activity of Leucas calostachys Oliv Extracts in Wistar Albino Rats.

Author: Nyandejje Francis Odongo[1]

Affiliation: [1]Uganda Cancer Institute

Background: Pain is one of the reasons patients visit healthcare providers and is a cardinal symptom for most diseases. Conventional treatment does not adequately address pain. Globally, most local communities resort to natural remedies, including medicinal plants such as Leucas calostachys oliv in Uganda, with limited information on their effectiveness in terms of antinociceptive effects.

Aim: To assess the antinociceptive effects of Leucus calostachys oliv in Wistar albino rats.

Methods: An experimental laboratory-based study was conducted on 106 Wistar albino rats. Antinociceptive activity was evaluated using the formalin-induced pain and acetic acid induced writhing models, while the limit test of the up-and-down method for median lethal dose estimation (LD50) was used for the acute oral toxicity study.

Results: In the formalin-induced pain model, the total crude and aqueous extracts at 1000 mg/kg exhibited the least mean time spent licking and biting, measuring 3.2±0.7 and 3.8±0.8 seconds, respectively, and followed by the same extracts at 500 mg/kg bwt, with mean licking times of 5.2±1.1 and 8.6±1.5 seconds, respectively. The methanol extracts at both 500 mg/kg bwt and 1000 mg/kg bwt showed the highest mean time spent licking and biting, recorded at 19.7±1.4 and 10.8±1.1 seconds of the extracts (p <0.001). In the acetic acid-induced writhing model, the total crude extracts at 500 mg/kg bwt and 1000 mg/kg bwt demonstrated the least mean number of writhes, shown as 8.4±1.2 and 4±0.4, respectively. This was followed by the aqueous extracts at 500 mg/kg bwt and 1000 mg/kg bwt doses, with mean writhes of 6.2±1.1 and 4.0±0.4, respectively. The methanol extracts at the same doses exhibited mean writhes of 19.7±1.4 and 10.8±1.1, respectively (p-value <0.001). The LD50 was estimated to be greater than 5000 mg/kg.

Conclusion: L. calostachys oliv extracts have antinociceptive activity, and the aqueous extracts are practically nontoxic.

16:38 - 16:45

Abstract ID: 298: Prevalence and factors associated with non-continuity of palliative care for children with cancer in the Busoga sub-region, Eastern Uganda.

Authors: Miriam Ajambo[1], Joseph Rujumba[2], Savio Mwaka[3], Joseph Gavin Nyanzi[4], Damalie Nalwanga[2], Joyce Balagadde[5]

Affiliation: 1Ministry of Health, [2]Makerere University, [3]Makerere University Joint AIDS Program, [4]Wentz Medical Centre, Kampala Uganda, [5]Uganda Cancer Institute

Background: The continuity of Paediatric Palliative care (PPC) provision is hampered by many factors including lack of knowledge, stigma, bureaucracy, poor referral processes and staff shortages among others. There is scarcity of data on the prevalence and factors associated with noncontinuity of PPC in the sub-regions of Uganda thus the reason for the study.

Methods: A health facility-based cross-sectional analytical mixed methods study was conducted at Uganda Cancer Institute and Mulago National Referral Hospital Paediatric Haematology Oncology Unit. Data was abstracted from facility online databases. Of the 307 children who attended both facilities between 2019 and 2023, 74 were unreachable, 153 had since died, 80 were alive at the time of the study. Caregivers of 77 children participated in interviews, and nine key informants from the two facilities and the only regional facility providing PC upon downward referral were also interviewed. Descriptive statistics summarized data as proportions or percentages, and bivariate analysis used crude odds ratios to identify significant associations. Key informant interviews were transcribed and analyzed thematically using the socio-ecological model.

Results: The prevalence of non-continuity of PC was 96.1% (95% CI: 88.4-98.0). Barriers identified included: individual-level gaps in caregiver knowledge; relationship-level issues such as inappropriate cultural beliefs; health system-level challenges like limited human resources, inadequate training and funding, poor coordination and referral pathways, and service access issues; and policy-level concerns, including the lack of a national palliative care policy.

Conclusion: The high prevalence of non-continuity of PC for children with cancer in Busoga highlights significant deficiencies in integrating palliative care into pediatric oncology services in Uganda. Addressing these challenges requires urgent government action to enhance palliative care funding and resources.

16:45 - 16:52

Abstract ID: 319: A patient co-designed approach to delivering person-centered end-of-life care in rural settings.

Authors: John Lule[1], Iddi Matovu[1], Robert Yiga[1], Maria Bangisibanno[1], Florence Namugenyi[1], Gary Rodin[2], Eve Namisango[3]

Affiliation: [1]Kitovu Mobile Hospice, [2]Princess Margaret Cancer Centre, University of Toronto and Global Institute for Psychosocial, Palliative and End-Life Care, [3]African Palliative Care Association

Background: Advanced cancer is associated with complex symptoms and concerns which cause suffering to patients and their families. Innovations in care are needed to address these needs and concerns to improve end of life outcomes.

Aim: To co-design, adapt and pilot a psychotherapy-based approach to delivering care to patients with advanced disease as a pathway to improving their end-of-life care experiences.

Methods: We interviewed patients with advanced diseases about what matters to them and also interviewed twenty bereaved care givers about the end-of-life care experiences of their loved ones. These findings informed the adaptation of the Managing Cancer and Living Meaningfully (CALM) supportive expressive Therapy, which empowers patients to face challenges and find meaning amidst the challenges. The intervention is delivered using a family -centred approach and is given over four-six visits. The therapists receive ongoing mentorship and supervision. The therapy covers these domains; i) disease management and relationship with health care providers; ii) changes in self and relations with close others; iii) sense of meaning and purpose; iv) mortality and future related concerns. Following the adaptation, we delivered this intervention to forty-one (41) patients with advanced disease who were receiving care from Kitovu Mobile. At each visit we collected data on palliative care outcomes, death anxiety and trauma intensity. The sessions were delivered at home or in a clinical setting based on the family's convenience.

Results: Fifty-three (53%) of the patients were female. 85% reported improved in quality of-life, better symptom control and reduced death anxiety. Spirituality was the most common aspect that gave patients comfort, meaning, and hope. Other benefits of psychotherapy include open conversations about prognosis, correcting misconceptions, acceptance of death, uptake for legacy creation, and advance care plans.

Conclusion: CALM is feasible andculturally acceptable. It is associated with positive end of life care experiences.

16:52 - 17:00

Abstract ID: 195: Improving the Services of Oncology Emergencies at the Uganda Cancer Institute Emergency Department.

Author: Benjamin Mwesige[1]

Affiliation: [1]Uganda Cancer Institute

Background: Oncology emergencies are acute, potentially life-threatening conditions that require timely recognition and intervention to prevent morbidity and mortality in cancer patients. At the Uganda Cancer Institute (UCI), the emergency department (ED) plays a critical role in managing complications such as tumor lysis syndrome, spinal cord compression, febrile neutropenia, and superior vena cava syndrome. However, limitations in infrastructure, triage systems, and specialized training have hindered optimal emergency care delivery.

Aim: To strengthen the capacity of the UCI emergency department in the timely recognition and management of oncology emergencies, thereby improving patient outcomes and the quality of acute cancer care.

Methods: A quality improvement initiative was implemented, which included training of ED staff on oncology emergency protocols, development of a triage tool tailored to cancer-related presentations, stocking of emergency medications and fluids, and establishment of a 24 hour on-call oncology team. Pre- and post-intervention audits were conducted to assess time to intervention, diagnostic accuracy, and patient survival rates.

Results: Following the intervention, there was a 50% reduction in time to initiation of definitive treatment for critical cases, and a 40% improvement in the accurate triage of oncology emergencies. In-hospital survival rates for common emergencies improved, and staff confidence in managing cancer-related acute presentations increased significantly.

Conclusion: Targeted improvements in infrastructure, clinical training, and triage protocols significantly enhanced the quality and responsiveness of emergency services for oncology patients at UCI. Ongoing investments and integration of emergency oncology care into national cancer control strategies are essential for sustaining these gains and expanding their impact across Uganda.

Conference Day 3: Friday 12th September 2025

Track 4: Innovation, Technology, and Artificial Intelligence (AI)

12:00 - 12:07

Abstract ID: 235: Quantitative expression of estrogen, progesterone and human epidermal growth factor receptor-2 and their correlation with immunohistochemistry in breast cancer at Uganda Cancer Institute.

Authors: Henry Wannume[1,2], Uganda Nixon Niyonzima[1], Sam Kalungi[3], Julius Boniface Okuni[2], Tonny Okecha[1], Geoffrey Waiswa[1], Sylvester Kadhumbula[1], Jackson Orem[4]

Affiliation: [1]Department of Clinical Support Services, Division of Laboratory Medicine and Pathology, Uganda Cancer Institute, Kampala, Uganda., [2]Department of Biomolecular Resources and Biolab Sciences, College of Veterinary Medicine, Animal Resources and Biosecurity, Makerere University, Kampala, [3]Department of Pathology, Mulago National Referral Hospital, Kampala, Uganda, [4]Uganda Cancer Institute

Background: This study aimed to determine the quantitative expression of Estrogen Receptor (ER), Progesterone Receptor (PR) and Human epidermal growth factor receptor 2 (HER-2) using Immunohistochemistry and their correlation with quantitative baseline Ct values measured using Quantitative Polymerase Chain Reaction (qPCR).

Methods: This study also assessed the use of RNAlater preserved fresh breast tissue biopsies in the quantitative detection of these receptors using qPCR.

Results: The study evaluated 20 matched formalin fixed paraffin embedded (FFPE) and RNAlater samples for ER, PR, and HER-2 using IHC and qPCR. One portion of the breast tissue biopsy was fixed immediately in 10% neutral buffered formalin and another preserved in RNAlater. After the histological confirmation of breast cancer by the H&E technique, FFPE positive cases were matched with their corresponding RNAlater samples for IHC and qPCR. The extracted RNA was quantified using Nanodrop technology, resulting into cDNA. ER and PR using IHC were expressed in 60% (12) of the study samples and were negative in 40% (08) of samples. HER-2 was negative in 70% (14) of study samples, positive in 25% (05), and 5% (01) was equivocal. With triple negative cases giving quantifiable values for ER, PR, and HER-2 receptors. The mean Ct values for the hormonal receptors correlated with what has been previously studied with ER at 19.631, PR at 25.410 and HER-2 at 25.695.

Conclusion: There was no statistically significant difference between the mean Ct values of RNAlater and FFPE with their P-values being 0.9919, 0.0896 and < 0.0001 for ER, PR, and HER-2 respectively. P-values; 0.9919 and 0.0896 for ER and PR respectively being greater than 0.05 it's a borderline significance although HER-2 had a statistical significance. With a concordance in the detection of these breast cancer hormonal receptors, qPCR can be used in resource limited settings given the delays and costs associated with IHC.

12:07 - 12:14

Abstract ID: 300: Innovating palliative care delivery: the development and evaluation of the mpallcare platform.

***Authors:* Nabunje Diana Lubega[1], Eve Namisango[2], Kitenda Njuki Patrick[1], Ndawula Micheal[1], Hannah Kavuma Ndagire[1], Ssemirembe Ronald[1], Professor Matthew Allsop[3]**

***Affiliation:* [1]Mrt It Peaks Limited, [2]African Palliative Care Association, [3]University Of Leeds**

Background: Digital technologies are increasingly central to humanitarian responses, facilitating access to critical support. However, their potential to support the integration of palliative care into emergency and fragile settings remains underexplored.

Aim: To assess the feasibility and acceptability of a digital health platform for remote symptom and outcome monitoring in a refugee settlement in Uganda, with ongoing scale-up to wider palliative care settings.

Methods: A mixed-methods pilot study was conducted using a mobile phone application and clinician facing dashboard in Bidi Bidi Refugee Settlement. Over six weeks, health workers completed weekly symptom and outcome reports with patients living with advanced cancer. Reports were reviewed by a palliative care team, and participating health workers took part in exit interviews. Descriptive statistics, patient characteristics and reporting trends. Framework analysis was used for qualitative data.

Results: Data were submitted for 32 patients, with 84.9% (163/192) of reports completed (mean 5.1 per patient). Common symptoms included headache (84.3%), muscle pain (84.3%), and dizziness (81.3%). Scores related to emotional wellbeing, peace, and advice improved over time, though report completion declined slightly. Themes included ease of use, perceived usefulness, strengthened communication with clinicians, and increased patient confidence and self-management. Challenges included unfamiliarity with numeric scoring and technical issues. Clinicians valued timely insights but noted a need for integration with wider health systems.

Conclusion: Digital health platforms can support timely, accurate symptom monitoring, improve connections between patients with advanced cancer and palliative care teams in humanitarian contexts. Findings have informed the ongoing scale-up and testing of the platform across 20 additional sites in Uganda, including palliative care services beyond refugee settings. Future work will explore integration with national systems, long-term sustainability, and broader implementation potential.

12:14 - 12:21

Abstract ID: 193: Digitalization of Uganda Cancer Institute to Improve the Quality of Care.

Author: Benjamin Mwesige[1]

Affiliation: [1]Uganda Cancer Institute

Background: The Uganda Cancer Institute (UCI), as the national center for cancer care, research, and training, continues to face challenges in service delivery due to increasing patient volumes, fragmented records, and limited data access. To address these challenges, UCI has embarked on a digital transformation initiative aimed at enhancing operational efficiency and improving the quality of patient care.

Aim: To present the digitalization efforts undertaken at UCI and assess their impact on service delivery, patient outcomes, and healthcare provider satisfaction.

Methods: A multi-phase digital transformation strategy was implemented, including the deployment of an electronic medical records (EMR) system, digitization of pathology and radiology reports, integration of cancer registry and treatment planning systems, and implementation of telemedicine for multidisciplinary tumor boards. Key performance indicators (KPIs) such as patient waiting time, completeness of medical records, and turnaround time for diagnostics were tracked before and after digitalization.

Results: Preliminary findings show a 40% reduction in average patient waiting time and a 55% increase in the availability of complete patient records. Diagnostic turnaround time for pathology and imaging improved by 30%, and multidisciplinary care planning through virtual tumor boards increased access to specialist input for upcountry centers. Healthcare providers reported improved coordination, faster clinical decision-making, and greater satisfaction with the digital workflow.

Conclusion: Digitalization of the Uganda Cancer Institute has significantly improved service efficiency, data quality, and patient-centered care. Continued investment in health IT infrastructure, training, and system interoperability is critical to sustaining these gains and advancing cancer care delivery in Uganda.

12:21 - 12:28

Abstract ID: 303: Data as a Catalyst: Improving Access, Accuracy, and Planning in Palliative Care Services.

Author: Mwayi John[1]

Affiliation: [1]Rays of Hope Hospice Jinja

Background: Rays of Hope Hospice Jinja (RHHJ), a provider of specialized home-based palliative care in Uganda's Busoga region since 2005, recognized the need for a reliable data management system to improve service quality, planning, and implementation. For many years, patient records were stored in hard copy, limiting accurate reporting, care coordination, and tracking of patient outcomes and programme planning. Estimations guided monthly reports, and missed appointments were frequent due to the absence of an organized data monitoring framework.

Methods: In response, RHHJ initiated a progressive transition to digital systems, starting with an offline Excel tracker in 2015 and later adopting Google Forms for shared data entry between offices. As RHHJ expanded its services to new field offices in Buyende (2022) and Namayingo (2025), serving a combined 45% of patients, the demand for an integrated, scalable database system became critical. In 2025, development began on a web-based solution to handle in the future over 200,000 operational records, addressing data flow and user needs.

Results: This digital transformation has significantly enhanced planning, monitoring and evaluation. Since 2015 monthly patient reach rose from 240 to 750, missed appointment rates dropped from 15.9% to 2.4%, and services such as cervical cancer screening, HPV prevention, and palliative treatment support expanded to over 20,000 patients and clients. Importantly, improved data accuracy has allowed for timely, accurate reporting, detailed evidence-based planning, research, and wider service delivery.

Conclusion: The experience underscores the pivotal role of robust data collection and management systems in enhancing healthcare delivery. A well-structured database accelerates data processing, improves accuracy, ensures data security, and supports informed decision making. For RHHJ, the adoption of digital systems has proven essential in overcoming operational challenges, facilitating expansion, and ultimately improving the quality and reach of palliative care in underserved communities.

12:28 - 12:35

Abstract ID: 266: Impact of LINAC on Radiotherapy Services at UCI: A Retrospective Analysis of Treatment Outcomes and Service Delivery.

Authors: Solomon Kibudde[1], Derrick Bary Abila[2], Godwin Candia[2], Steven Kikonyogo[2], Ezra Anecho[1]

Affiliation: [1]Uganda Cancer Institute, [2]Uganda Child Cancer Foundation

Background: Cancer is a significant public health concern in Uganda, with 34,008 new cases and 23,000 deaths reported in 2020. Late-stage diagnosis limits treatment options and reduces successful outcomes. The Uganda Cancer Institute, responsible for cancer management, offers surgery, chemotherapy, immunotherapy, targeted therapy, and radiotherapy. Since 2021, linear accelerators (LINACs) have been installed to gradually replace Cobalt-60 Teletherapy units, thereby introducing conformal and complex radiotherapy techniques, marking a milestone. We evaluate the impact of the linear accelerator (LINAC) introduction on the quality and accessibility of radiotherapy services at the Uganda Cancer Institute (UCI) in Kampala, Uganda, from both patient and provider perspectives.

Methods: This was a retrospective cohort study design involving a review of records and patient files of those treated at the Uganda Cancer Institute (UCI) between January 1, 2019, and December 31, 2023. This period allows for a comparison of data before and after the introduction of the Linear Accelerator (LINAC) in 2021, providing a sufficient timeframe to observe trends and changes in patient demographics, tumor characteristics, patient volumes, waiting times, and treatment adherence.

Results: A total of 1,314 patients were included in the study, with a median age of 49.5 years (IQR: 38 – 60). Most were female (70.9%), and Ugandan (95.1%). Most were diagnosed with cervical cancer (40.1%) and were at stage III/IV (65.5%). Minority were discussed within a multi-disciplinary tumor board (MDT). Radical radiotherapy was the most common planned treatment (78.3%), 94.9% underwent 2D radiotherapy, and the most used was Cobalt 60 (82.2%). The minority had delays of 3 days or more in starting radiotherapy after prescribing it (33.3%, 30.8% for Cobalt 60 vs 44.6% for LINAC). Only 6.4% did not complete the prescribed cycles of radiotherapy.

Conclusions: Radiotherapy at UCI, post-LINAC, has high completion rates, but faces challenges in timely initiation and multidisciplinary care.

12:35 - 12:42

Abstract ID: 270: Strengthening Ethical Compliance in Research: Aligning Practice with Uganda's National Guidelines and Policies.

Authors: Harriet Nakiganda Muganga[1], Dorothy Adong Olet[2]

Affiliation: [1]Institute of Hospice and Palliative care in Uganda, [2]Hospice Africa Uganda

Background: Uganda's expanding research landscape demands strict adherence to national ethical standards. However, gaps in awareness and implementation persist. The Uganda National Council for Science and Technology (UNCST) is mandated to oversee and provide guidelines that promote ethical, responsible, and policy-aligned research practices.

Aims: To equip researchers with the knowledge and tools necessary to uphold ethical standards and navigate regulatory processes effectively.

Methods: A comprehensive review of the UNCST Guidelines concerning human research participants, community engagement, national biobanking, and operational protocols for institutional biosafety committees was carried out. This review also encompassed relevant national policies and international ethical standards, including the Declaration of Helsinki and Council for International Organizations of Medical Sciences (CIOMS) guidelines. To complement this analysis, documented evidence from reports on site monitoring visits at Hospice Africa Uganda research ethics committee (HAUREC) was included. In-depth interviews with researchers were conducted to gain practical insights into compliance issues and effective practices. Thematic analysis was employed to pinpoint critical concerns and identify opportunities for enhancing capacity.

Results: Research in Uganda is governed by several guidelines, yet many researchers lack awareness of these regulations. This results in difficulties with procedural requirements such as protocol submission, ethical clearance acquisition, and mandatory post-approval actions like progress reports. The challenges stem from inconsistent training, limited access to updated guidelines, and inadequate institutional support. Nonetheless, institutions with active research ethics committees demonstrate a higher level of ethical awareness and compliance.

Conclusion: Ethical compliance is essential for responsible research in Uganda. Adhering to the UNCST guidelines protects research participants and enhances research credibility. Key insights include the necessity of regular ethics training, early interaction with Research Ethics Committees (RECs), and better dissemination of national policies. Strengthening institutional support and fostering an ethical culture are vital for sustained compliance and integrity in research.

12:42 - 12:49

Abstract ID: 247: Predictors of 6-month Survival Rates of Adults with Esophageal and Gastric Cancers in Mbarara, Uganda, 2015-2022.

Author: Jacinta Ambaru Ojia[1]

Affiliation: [1]Uganda Cancer Institute

Background: Esophageal cancer is the second leading cause of cancer-related mortality in Uganda. In Mbarara Regional Cancer Centre (MRCC) Uganda, stomach and esophageal cancers are the third and fourth most prevalent cancers. To date, there is no data on survival rates in this population.

Aim: The purpose of this study was to identify the 6month (6/12) survival rates and predictors of mortality of adults diagnosed with gastric adenocarcinoma (GAC), squamous cell carcinoma of the esophagus (SCCE), and esophageal adenocarcinoma (EAC) from 2015-2022 in Mbarara.

Methods: This was a retrospective cohort chart review study of patients at MRCC Uganda. Inclusion criteria: 18+years, histological diagnosis of esophagus or stomach cancer, received cancer chemotherapy at MRRH. Patients received at least the first cycle of chemotherapy upon enrollment; by 6/12 from first chemotherapy, patients had a clinic visit/admission recorded. Exclusion: lacked baseline performance status (ECOG), BMI/BMI within a month of enrollment, received prior cancer treatment elsewhere. Survival time was designated as the time from hospital intake to death/date of last contact, capped at 2yrs follow up. Survival was estimated using the Kaplan-Meier method; differences in groupings were assessed using the log-rank test. Risk of death was assessed with univariate Cox Proportional Hazard models.

Results: There were 268 patients registered with cancer types (GAC n=124, SCCE n=142, EAC n=2); mean age(95%CI) was 60(51, 69.5); 194Males; Stage II(25), Stage III(55), Stage IV(95), Unstaged(8); ECOG 0(10), 1(78), 2(28), 3(1). At 6/12, survival was 60%(GAC), 64%(SCCE), 50%(EAC); there were no significant differences in the 6/12 survival of the cancer types($p>0.05$). There was a significant drop in survival for Unstaged; compared to Stage II, Unstaged experienced 4.1 times higher risk of death($p<0.01$).

Limitation: Missing data. Future research is needed to identify potential reasons for Unstaged diagnoses such as low access and limited resources to increase survival in this population.

Track 5: Care for Special and Underserved Populations

12:00 - 12:07

Abstract ID: 321: Alcohol harm and access to cancer and palliative care in the underserved Ugandan communities: a policy advocacy perspective.

Author: Nassanga Margaret[1]

Affiliation: [1]Uganda Alcohol Policy Alliance (UAPA)

Background: Among the underserved populations—particularly those in rural areas, informal settlements like slums, and refugee communities, barriers to cancer prevention, early diagnosis, and access to care are exacerbated by the rising burden of alcohol-related harm. There is a need to document how community-driven advocacy efforts can be used to address these gaps and call for a more integrated approach to cancer prevention and care. This study explored the intersection of harmful alcohol use and access to cancer care including palliative care in Uganda's underserved communities.

Methods: Uganda Alcohol Policy Alliance (UAPA), in collaboration with other CSOs and health-focused platforms, conducted community dialogues, media campaigns, and policy engagement meetings to raise awareness about alcohol as a cancer risk factor and its influence on access to cancer care and to promote health equity in cancer control. Emphasis was placed on empowering local champions—including survivors, faith leaders, and community health workers to hear their voices and drive demand for preventive, treatment, and palliative services in hard-to-reach areas.

Results: Preliminary data from community assessments in Kampala slums and Mukono District indicate that alcohol-related stigma, lack of awareness, and absence of integrated health messaging are key barriers to timely cancer care. Advocacy has led to increased dialogue with the Ministry of Health and calls to include alcohol prevention in Uganda's National Cancer Control Strategy and the palliative care roadmap. Mainstreaming alcohol harm reduction into NCD policies, training palliative care providers on alcohol-related risks, and earmarking public health funds for community-based prevention were recommended.

Conclusion: A comprehensive cancer response in Uganda must address alcohol harm as a structural determinant of health inequity. Integrating alcohol prevention into primary healthcare and community-based palliative care models can improve health outcomes among underserved populations.

12:07 - 12:14

Abstract ID: 199: Suicidality and coping styles among adolescents and young adults (AYAs) receiving cancer care at Mbarara Regional Referral Hospital and Uganda Cancer Institute.

Author: Nicholas Mukiibi[1]

Affiliation: [1]Mbarara University of Science and Technology

Aims: The study examines prevalence of suicidality, factors associated and coping styles among the AYAs in Uganda to inform context-specific psychosocial interventions.

Methods: A cross-sectional multicenter study with consecutive enrollment of 273 AYAs 10–24 years of age receiving cancer care done, at both Mbarara Regional Referral Hospital and Uganda Cancer Institute. Suicidality (past month) assessed using the suicidality subdomain of GHQ-28, Brief-COPE inventory for coping styles, PHQ-9 (depression) for psychological factors, GAD-7 for anxiety and MSPSS for social support with logistic regression done to identify suicidality predictors.

Results: AYAs` (mean age 15.3 ± 3.2 years; 60.8% male) with 14 months' median cancer duration. Blood cancers were the most common at 48.0%. Suicidal ideation was 22.7% in the past month (n=62). Suicidality risk factors highly associated being; history of pre-treatment counseling, history of suicide attempt and Stage 3 cancer. High social support was associated with reduced risk of suicidality.

Pre-treatment counseling exacerbates distress, paradoxically, due to infrequent, high intensity sessions by non-specialists, with no continuity, overwhelming AYAs. Emphasized Coping with religion, acceptance, warmth, avoidant coping was prevalent.

Conclusions: Cancer related suicidality among AYA is high. Pretreatment and Routine therapist-led counselling could be adapted to address distress while leveraging on social support network. Mental health training for oncological service providers to address systemic gaps and ensuring sustained, psychological patient-centered care are urgent priorities alongside qualitative insights into AYAs for pretreatment counseling gaps, factors associated with resilience to develop culturally tailored interventions like use of creative arts based psychological therapies in pediatric cancer care.

12:14 - 12:21

Abstract ID: 234: Assessing the physical needs in paediatric palliative care for newly referred children living with disabilities in a refugee resettlement: A case of New Hope Rehabilitation Center, Bidibidi Refugee resettlement, Yumbe District, Uganda.

Authors: Alinaitwe S Justine[1], Mumbere David[1], Wakyemba Robert[1], Ogwang Robert[1], Nyangai Charles[2]

Affiliation: [1]Hew Hope Disability Rehabilitation Center, [2]International Rescue Committee

Background: Children living with disabilities in refugee resettlements face a complex range of physical challenges that are often inadequately addressed within humanitarian health systems. Palliative care in such contexts remains underdeveloped, despite its critical role in improving the quality of life for these vulnerable children.

Aims: This study aimed at exploring the physical needs of children with disabilities receiving paediatric palliative care within the context of a refugee settlement, focusing on identifying service gaps and potential areas for intervention.

Methods: An exploratory design, which utilized qualitative approach, was employed using a semi structured interview guide as the data collection tool; fifteen key informants, including caregivers, health-workers, and rehabilitation personnel at a disability rehabilitation center in a refugee resettlement, participated in the study. Interviews were conducted in local languages, transcribed verbatim, and translated into English. Thematic analysis was used to identify recurring patterns and physical care needs, applying Braun and Clarke's six-step framework.

Results: Findings revealed that children living with disabilities had significant unmet needs, including pain management, hygiene and feeding support, mobility aids, and regular physiotherapy. Caregivers reported limited access to assistive devices and essential medications. Barriers included understaffing, lack of training in palliative care, and insufficient medical supplies. Inconsistent follow-ups and inadequate integration with community-based services further contributed to substandard care delivery.

Conclusion: The study highlighted major gaps in the physical dimensions of paediatric palliative care in refugee settings. Tailored interventions – like improved caregiver training, resource allocation, and integration of rehabilitation and palliative services – are needed to address these gaps. Strengthening health systems in humanitarian settings is essential to upholding the rights and dignity of children with disabilities.

12:21 - 12:28

Abstract ID: 246: The quality of life and lived experiences of adolescent cancer survivors in Southwestern Uganda.

Authors: Barnabas Atwiine[1], Longes Doreen Faith[1], Elizabeth Najjingo[1], Peters Kalubi[1]

Affiliation: [1]Mbarara Regional Referral Hospital, Mbarara, Uganda

Background: Childhood cancer and its management have effects on the quality of life (QOL) and lived experiences of adolescents transiting into adulthood.

Aims: We aimed to describe the QOL and document the lived experiences of adolescent cancer survivors of a tertiary hospital in south western Uganda (SWU).

Methods: In a cross-sectional, mixed-methods study, using the summarised World Health Organization QOL (WHOQOL-BREF) questionnaire and in-depth interviews, adolescents who had survived cancer from 2017 to 2022 at Mbarara Regional Referral Hospital (MRRH) in SWU were evaluated for their self-reported QoL and lived experiences, respectively. The participants' overall perception and satisfaction of their health as a percentage of the overall quality of life scores were determined. An inductive approach was used to conduct and record in-depth interviews, which were then transcribed and analysed to identify themes their lived experiences until saturation. The study was approved by the Review and Ethics Committee of Mbarara University of Science and Technology.

Results: Ninety-six patients had survived cancer during the study period, of whom 66(69%) were adolescents aged 10-19 years at the time of the study. Only 42/66(63.6%) adolescents (mean age 13.2 years, 55% males), were contactable and 20 participated in the in-depth interviews to reach saturation. Thirty-four (77%) had survived haematological malignancies. Participants reported very good (12, 28.6%), good (29, 69.1%) and poor (1, 2.4%) QoL. Eleven (26.2%) and 30 (71.4%) were very satisfied and satisfied with their own health, respectively. The participant's lived experiences were either negative (career change or loss of career advancement, concerns about appearance and cosmesis, family separation, financial difficulties and academic challenges) or positive (persistent gratefulness, living hope for cure and relationship restructuring).

Conclusion: On average, QoL and lived experiences of adolescent cancer survivors are good; influenced by support from family and the healthcare system. Psychosocial services and peer support could further support this process.

12:28 - 12:35

Abstract ID: 269: Factors influencing place of care among children and adults with life-limiting conditions in Uganda: a longitudinal qualitative study.

Authors: Dorothy Adong Olet[1,2,3], Sifra Hannah van de Beek[4,5], Julia Downing[6,7,8], Barbara Gomes[4,8,1]. Elizabeth Namukwaya [4,6,9]

Affiliation:

[1]University of Coimbra, Faculty of Medicine, Coimbra, Portugal, [2]NOVA National School of Public Health, NOVA University Lisbon, Lisbon, Portugal, [3]Hospice Africa Uganda, Institute of Hospice and Palliative Care in Africa, Kampala, Uganda, [4]University of Coimbra, Faculty of Medicine, Coimbra, Portugal, [5]Department of Ethics and Law, Leiden University Medical Centre, Leiden, the Netherlands, [6]Palliative Care Education and Research Consortium, Kampala, Uganda. [7]International Children's Palliative Care Network, London, United Kingdom, [8]King's College London, Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, London, United Kingdom. [9]Department of Medicine, Makerere College of Health Sciences, Kampala, Uganda

Background: Considering place of care is important for children and adults with life-limiting conditions as it may impact on their comfort, emotional well-being, and quality of life. The place of care may also influence their place of death. Where children and adults with life-limiting conditions are cared for may be influenced by several factors, but there is paucity of data on these factors in low- and middle-income countries.

Aims: To explore factors influencing place of care among children and adults with life-limiting conditions in Uganda.

Methods: Serial face to face in-depth interviews were conducted with children and adults with the following life-limiting conditions and life expectancy of six months or less: heart/cerebrovascular diseases, cancer, dementia (older populations), and neuromuscular disorders. Interviews were conducted at monthly intervals over 6 months. They were audio recorded and transcribed, and data were coded and analysed using content analysis supported by Atlas.ti 25.

Results: We interviewed 5 patients and 6 family members/guardians (3 parents, 1 spouse, 2 others). Four patients were minors (aged 10 to 17, 1 female) with 2 Acute Myeloid Leukaemia, stroke and hypertension. 4 patients were adults (aged 33 to 78, 2 female) with cardiac disease, gastric cancer, dementia and haemorrhagic stroke. In total, 34 interviews were conducted with an average of 4 interviews per participant (2 per patient, 2 per family member/guardian). The most common place of care was home (4 minors, 4 adults) and we identified six main themes related to influencing factors: treatment and symptoms management; care capacity; quality of care; practical logistics; health care system structure; and availability of informal caregiver(s).

Conclusion: Several factors influence place of care for patients with life-limiting conditions in Uganda. Patient, health system and caregiving factors should be considered by care providers and policy-makers to enable patients to achieve their preferred place of care for better quality of life.

12:35 - 12:42

Abstract ID: 221: Advance Care Planning Among Patients with Advanced Cancer at Joy Hospice: Prevalence, Knowledge and Perception.

Author: Denis Wonasolo[1]

Affiliation: [1]Joy Hospice

Background: Advance care planning(ACP), referred to as a "living will" is the process of planning for one's treatment, "goals of care", and or appointment of a person to speak on behalf of the other person at a given time in the future should he or she not be in a position. This entails having conversations about the patient's wishes at a later stage to reduce conflicts with families when wishes differ. Engagement in ACP in a healthcare setting relies on open and honest communication between the patient, family, and clinician to foster shared decision-making and develop a plan that resonates with the patient's wishes and values. The study aimed to determine the prevalence of advance care directives (ACD) among patients with advanced cancer, knowledge and perceptions about ACP.

Methods: Mixed methods were used. The quantitative methods determined the prevalence of ACD, assessed knowledge of ACP, while qualitative methods explored the perceptions of ACP.

Results: The study involved 89(48 male and 41 female) respondents for the quantitative aspect and 9(6 male and 3 female) for the qualitative aspect. The overall prevalence of ACD was 25.8%, that of formal (Documented ACD) was 6.7%, and that of informal (verbal and not documented) was 19.1%. The patients' ACP was low; only 28.09% of the respondents had adequate knowledge, and 71.9% had basic, minimal or no knowledge about ACP. ACP was perceived as very important, beneficial, scary, and a bad omen, undermining faith and belief in God. In conclusion, this study revealed low levels of engagement in ACP (25.84%) and very limited documentation of ACD (6.74%). It demonstrated how knowledge is integral in the engagement of ACP and shows how patients perceive ACP. To improve ACP engagement, Knowledge levels should be increased, coupled with correcting negative perceptions by patients about ACP.

12:42 - 12:49

Abstract ID: 326: Palliative care for people with cardiovascular disease in Uganda.

Authors: Oketayot Anna Noland[1]

Affiliation: [1]Cardiac Critical Care Nursing, Uganda Heart Institute

Background: Cardiovascular diseases (CVDs) are the leading cause of mortality worldwide, responsible for approximately 20.5 million deaths in 2021—nearly one-third of all global deaths (World Heart Report, 2023). In Uganda, CVDs contribute to 10% of total mortality, with a steadily increasing burden. The Uganda Heart Institute (UHI), established under the Uganda Heart Institute Act (2016) as an autonomous institution, serves as the national referral center for cardiovascular care. This legislation mandates UHI to provide comprehensive services, including palliative care (PC), acknowledging its importance in the management of chronic heart conditions. Palliative care adopts a holistic, patient- and family-centered approach, focusing on improving quality of life through symptom management, psychosocial support, and goal-concordant care. Despite its recognized value, the integration of PC into routine cardiovascular care in Uganda and other low-income settings remains limited.

Aims:

1. To synthesize evidence on the need, feasibility, and benefits of integrating palliative care into cardiovascular disease management.
2. To highlight the evolving palliative care services at the Uganda Heart Institute.

Methods: UHI delivers an integrated, multidisciplinary palliative care service embedded within its cardiac care framework. This service addresses physical symptoms such as pain and breathlessness, as well as emotional, social, and spiritual needs of patients and their families.

Results:

1. Patients with cardiovascular disease experience significant symptom burdens that are moderately managed.
2. UHI has institutionalized multidisciplinary palliative care roles and created dedicated positions for palliative care professionals to improve symptom control and psychosocial support.
3. Challenges include limited workforce capacity, resource constraints, and low public awareness about palliative care.
4. Current efforts at UHI focus on capacity building, interdisciplinary collaboration, and integrating palliative care into routine cardiac care.

Conclusion: Palliative care is an essential component of comprehensive cardiovascular disease management. Uganda and other resource-limited settings stand to benefit greatly from institutionalizing palliative care within cardiovascular services.

Track 6: Personalized and Culturally Inclusive Care

12:00 - 12:07

Abstract ID: 212: Alcohol Consumption and Cancer Risk Burden in Uganda: A Review for Evidence-Based Alcohol Control Policy.

Authors: Alfred Jatho[1], Margaret Nassanga[2]

Affiliation: [1]Uganda Cancer Institute, [2]Uganda Alcohol Policy Alliance

Background: Alcohol consumption increases the risk of cancers of the oral cavity, pharynx, larynx, esophagus, colorectum, liver and female breast. The burden of these cancers especially esophageal, breast, liver, and colorectal cancer in Uganda remains high and continues to rise. This study aimed to provide evidence on alcohol-associated cancer risk burden in Uganda to guide alcohol control measures.

Methods: We searched peer-reviewed published articles on alcohol and its associated cancer risk in Pubmed, EMBASE and Cochrane Library (Cochrane central-register of controlled-trials-CENTRAL), based on the Preferred Reporting of Items for Systematic Reviews and Meta-Analyses – the PRISMA.

Results: The population attributable fraction (PAF) due alcohol intake and cancer was highest for esophageal cancer at 48.7. The PAF of 6.5% in men and 2 % in women was also observed collectively for cancers of the oral cavity, pharynx, esophagus, liver, colon, rectum, larynx and female breast was observed in some studies. Alcohol drinking was associated with breast cancer risk by twofold (2.1 (1.1-4.1). The odds of having breast cancer among women with normal folate levels compared to those with low folate levels were 1.4 (95% CI 0.7 to 2.9). Alcohol consumption mediated BBD and BC risk by 3.3 % with total mediation effect of (AOR: 1.508 (1.204–1.889). The lifetime risk of developing cancer due to exposure to harmful contaminants in alcohol alone is 1 in 102,041 persons. The Cost of treating 10 alcohol-attributable cancers in Uganda is $ 677,990,237.00 (UGX 2,508,563,876,900 /=) when the PAF and the standardized costs of treating the specific alcohol-associated cancers were applied.

Conclusion: The risk of alcohol-associated cancers in Uganda remains high and continues to rise as alcohol intake rises. Alcoholic beverage content substitution with healthy ingredients, an Act of Parliament with strong clauses on restricted access to retailed alcohol, regulated licensing, and increasing taxes on alcohol, are recommended.

12:07 - 12:14

Abstract ID: 274: Addressing grief, loss, and bereavement: Exploring approaches to support individuals and families coping with loss.

Authors: Gerald Kato[1]
Affiliation: [1]Kitovu Mobile Health Centre

Background: Uganda faces a high burden of grief from deaths due to HIV/TB, cancer, and other diseases, exacerbated by limited healthcare resources. Kitovu Mobile, with partner support, implemented a community-driven intervention across six sub-counties in Masaka, Kyotera, and Lwengo districts to integrate grief support into palliative care, improving outcomes for bereaved caregivers.

Aim: To integrate Grief & Bereavement Services in Palliative care to improve outcomes for bereaved caregivers.

Methods: Communities with the highest death rates were selected using palliative care data. Grief support was provided through local health structures using the 9-cell model. Health workers were trained as Trainers of Trainers (TOTs) and mentored 90 Community Health Therapists (CHTs), each of whom trained 2 additional community members. Families were screened, and communities were divided into 3 control and 3 intervention sub-counties. In intervention areas, 30 CHTs led awareness, data collection, and community meetings, while 120 families received 4 grief support sessions using standard tools.

Results: 10 Kitovu Mobile health workers trained, 4 CME sessions for 14 other health workers conducted & A 9-member Community Advisory Board (CAB) formed. A 90 Community Health Therapists (CHTs) trained, Each CHT trained 2 peer helpers, 30 peers only oriented on data collection, 150 families screened, and 120 families enrolled to receive support, Participants gave informed consent and completed 4 therapy sessions, Participating families received basic social support items, CHTs and peers supported in data collection, 30 CHTs led 180 advocacy meetings about grief, death, and dying and Many caregivers shared positive testimonials

Conclusion: This intervention is a low-cost, effective approach that uses the existing community health system to fill the gap in grief and bereavement support services.

Lessons learned: Caregivers openly shared; emotional expression led to healing and Stronger bonds formed.

Recommendations: Scale up the intervention & Increase funding.

12:14 - 12:21:

Abstract ID: 181: Chemotherapy-associated hematological adverse drug reactions among adult cancer patients at a Cancer Unit in Southwestern Uganda.

Authors: Damale Abdu[1], Simon Ngbape Ndrusini[1], Stanslas Avaga[1], Laura Bacia, Caroline Nakate[2], Julius Kyomya[1], Benjamin Mwesige[3], John Isiiko[4], Tadele Mekuriya Yadesa[1]

Affiliation: [1]Department of Pharmacy, Faculty of Medicine, Mbarara University of Science and Technology, Uganda, [2]Pharmacy Department St. Francis Nsambya Hospital, Kampala, Uganda, [3]Department of Research, Uganda Cancer Institute, Kampala, Uganda, [4]Department of Pharmacy, Uganda Cancer Institute, Mbarara, Uganda

Background: Chemotherapy is associated with hematological adverse drug reactions (CRHADRs), like neutropenia, anemia, and thrombocytopenia which are allied with increased hospitalization, a 20% reduction in the intended chemotherapeutic dose intensity, blood transfusions, withholding or terminating chemotherapy, thus increasing the risk of mortality. Despite the above effects, the burden and factors associated with CRH-ADRs have not been established in our local setting.

Aim: This study sought to identify the prevalence, severity, and factors associated with chemotherapy-related adverse drug reactions among adult cancer patients at the Cancer Unit-Mbarara Regional Referral Hospital, South-Western Uganda.

Methods: Adult cancer patients on at least one chemotherapy cycle were followed up for 3months. Data was collected through interviews and checklists and analyzed using IBM SPSS software version 27, at a 95% confidence interval.

Results: Among 285 participants, 120 experienced CRH-ADRs, resulting in a 42.1% prevalence rate. A total of 145 CRH-ADRs occurred, 68.3% being possible ADRs, whereas 31.7% were probable ADRs. The CRH-ADRs occurred after an average duration of 19.0± 8.5 days after receiving chemotherapy. Among the CRH-ADRs, anemia accounted for 58.3%, followed by neutropenia (54.2%), and thrombocytopenia (8.3%). Grade 2 anemia and neutropenia were most predominant. Notably, female cancer patients had a higher likelihood of developing CRH-ADRs than males (aOR=1.7 [1.1, 2.9 at 95% CI]; p value=0.036), whereas inpatients had greater odds of developing CRH-ADRs than outpatients did (aOR=2.1 [1.1,4.2 at 95% CI]; p -value=0.028).

Conclusion: Our study revealed a prevalence of 42.1% adult cancer patients experiencing CRHADRs with grade 2 neutropenia and anemia being the most predominant. Female gender and the inpatient clinical setting were identified as significant factors associated with developing CRHADRs among adult cancer patients.

Recommendations: UCI should develop and functionalize CRH-toxicity prevention and management protocols, rigorous patient monitoring, and individualized treatment plans for chemotherapy patients.

12:21 - 12:28

Abstract ID: 238: Survival outcomes of esophageal cancer patients at the Uganda Cancer Institute: a five-year retrospective analysis.

Authors: Bridget Sharon Angucia[1], Judith Asasira[1], Florence Nanteza[1], Joan Ahikiriza[2], Ritah Bafumba[1], Jacinta Ambaru[1], Yusuf Mulumba[1], Erick Were[1], Annet Nakaganda[1]

Affiliation: [1]Uganda Cancer Institute, [2]Ananda Center for Cancer Research

Background: Esophageal cancer (EC) is a leading cause of cancer-related mortality in Africa, ranking as the second leading cause of cancer death in Uganda. This places Uganda within the African esophageal cancer corridor, where survival rates remain alarmingly low. Despite the establishment of a national comprehensive cancer treatment center in Uganda, EC prognosis remains poor, with five-year survival rates below 5%. This study aimed to estimate EC survival outcomes for patients diagnosed in 2019 at the Uganda Cancer Institute (UCI).

Methods: A retrospective chart review was conducted for patients diagnosed with EC in 2019. Vital status was ascertained through follow-up phone calls and data from an Electronic Medical Records (EMR) system (Clinic Master) at UCI. Data analysis was done using Stata 17. Sociodemographic Characteristics, mortality, and loss to follow-up rates were analyzed descriptively, while median, overall, one-year, three-year, and five-year survival estimates were calculated using Kaplan-Meier at a 95% confidence interval.

Results: In 2019, 344 newly diagnosed adult EC patients were recorded. The median age was 60 years (IQR: 51–70), with 63% being male, and 98% Ugandan, predominantly from Central region (47%). At the time of follow-up phone calls, only five patients (1%) were confirmed to still be alive while 61% could not be contacted. The median survival time was 6.7 months (95% CI: 5.42–7.98). The one-year, three-year, and five-year survival rates were 25%, 4%, and 1%, respectively.

Conclusion: These findings underscore the extremely poor survival outcomes for EC patients in Uganda, highlighting the urgent need for early detection and improved treatment accessibility. Future efforts should focus on strengthening cancer care pathways, enhancing follow-up of EC patients, and implementing early detection programs to address the poor outcomes of EC in Uganda.

12:28 - 12:35

Abstract ID: 322: Comparison of trends in place of death of adults dying from cancer and non-cancer causes between 2012 and 2021 in Uganda.

Authors: Elizabeth Namukwaya[1,2,3], Olet Dorothy[1], Julia Downing[4,5,6], Barbara Gomes[1],[5,] Silvia Lopes[1],[7]

Affiliation: [1]Faculty of Medicine University of Coimbra, Portugal, [2]Makerere University, [3]Palliative Care Education and Research Consortium, [4]International Children's Palliative Care Network, [5]Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation, King's College London, London, UK, [6]Palliative Care Education and Research Consortium, [7]NOVA National School of Public Health, Public Health Research Centre, Comprehensive Health Research Center, CHRC, NOVA University Lisbon, Portugal

Background: The place where one dies influences their end of life experiences. Palliative care (PC) services regard home as a quality measure. In Uganda, PC services are mainly for cancer patients and studies have shown that many cancer patients in Uganda would prefer to die at home. PC services have expanded over the years but it is not clear if the growth in PC has resulted in increased home deaths for cancer patients.

Aim:

- To describe trends in places of death for adults dying from cancer and non-cancer causes who died between 2012 and 2021 in Uganda.
- To determine the association between where cancer and non-cancer patients die with their age and sex.

Methods: We conducted a retrospective review of anonymised death certificate data. Data were obtained from the National Identification and Registration Authority. We analysed the number of deceased per place of death and year: for all causes and all adults per age group sex and for cancer vs. non-cancer deaths.

Results: We have included 32,215 deaths from adults occurring from 2012 to 2021. Most of the deceased were male (69.2%) and 63.6% of females and 65.8% male died at home. 63.8% were aged 50 years or over. The percentage of home deaths reduced from 2012 to 2021 (83.3% in 2012, 43.4% in 2021). Further analysis by diagnosis of cancer, sex and age will be presented at the conference.

Conclusion: There has not been an increase in deaths in the community in Uganda. Models of PC provision may explain this, as the majority of PC services are hospital-based. The data used for the study captures only a small proportion of deaths, due to low death registration completeness, and more underreporting of community deaths is likely (particularly during the COVID-19 pandemic). This flags the need to ensure home support towards the end of life in Uganda.

12:35 - 12:42

Abstract ID: 188: Health-related quality of life among adult patients with cancer in Uganda: A cross-sectional study.

Authors:* *Allen Naamala[1,2], Lars E. Eriksson[4,5,7], Jackson Orem[1],[3] Gorrette K. Nalwadda[2] , Zarina Nahar Kabir[4], and Lena Wettergren[7,8]

Affiliation: [1]Uganda Cancer Institute. [2]Department of Nursing, School of Health Sciences, College of Health Sciences, Makerere University, Kampala, Uganda, [3]Department of Medical Oncology, Uganda Cancer Institute, Kampala, Uganda; [4]Department of Neurobiology, Care Sciences and Society, Karolinska Institute, Huddinge, Sweden; [5]School of Health and Psychological Sciences, University of London, London, UK; [6]Medical Unit Infectious Diseases, Karolinska University Hospital, Huddinge, Sweden; [7]Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden; [8]Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden

Background /Objective: The study aimed to investigate the prevalence and factors associated with poor health-related quality of life in adults with cancer in Uganda.

Methods: A cross-sectional study surveyed 385 adult patients (with a 95% response rate) from various cancer types at a specialized oncology facility in Uganda. Health-related quality of life was assessed using the EORTC QLQ-C30 in both Luganda and English. Predetermined validated clinical thresholds were applied to the instrument to identify patients with poor health-related quality of life, defined as functional impairments or symptoms warranting concern. Multivariable logistic regression was utilized to identify factors associated with poor health-related quality of life across six subscales: Physical Function, Role Function, Emotional Function, Social Function, Pain, and Fatigue.

Results: The mean age of the patients was 48 years. The majority self-reported poor functioning, ranging from 61% (Emotional Function) to 79% (Physical Function), alongside symptoms at clinically concerning levels, such as fatigue (63%) and pain (80%). These patients were more likely to be elderly, have limited formal education, and be currently unemployed. Being an inpatient at the facility and being diagnosed with cervical cancer or leukemia were predictors of poor health-related quality of life.

Conclusion: Improving cancer care in East Africa requires a comprehensive and integrated approach that addresses the unique challenges faced by the region. Strategies should include investing in patient-centered care and involvement, enhancing healthcare infrastructure, and developing clinical guidelines for better pain management. Additionally, it is essential to focus on patient education and support services.

12:42 - 12:49

Abstract ID: 208: Impact of patient navigation services on patients' experience while accessing care at Uganda Cancer Institute.

Authors: Fatina Nakalembe[1], Obote Amos[1], Orem Jackson[1], Jamil Mafuta[1], Amullen Stella[1]

Affiliation: [1]Uganda Cancer Institute

Background: Cancer diagnosis and treatment can be a complex and overwhelming experience of life. A shadowing study done in 2019 at UCI revealed 50% of patients were not told their diagnosis. Navigation services emerged as vital component of cancer care at UCI aiming at guiding patients and their families through education on diagnosis, treatment and physical access to service points.

Aim: This study assessed the impact of Patient Navigation services on patient's knowledge, treatment access and satisfaction at UCI.

Methods: A prospective annual survey of 377 cancer patients accessing care at UCI was conducted in June 2023. Data was collected using a face-face interview using a structured tool administered by research assistants and analysis done with Stata 15 data analysis tool. Patients receiving Navigation services, including education on diagnosis, follow ups and psychosocial support by clinical navigators and escorting patients around care points by physical navigators answered open and close ended questions about their care experience at UCI. Outcomes assessed knowledge of patients, access to treatment and patients' satisfaction.

Results: Patients receiving Navigation services demonstrated significant improvement in their knowledge about cancer, easy access to service points, and good experience while accessing care. Patients' understanding of their cancer diagnosis, sites as compared to baseline survey was 18% vs 52% and the easy access to UCI service points was 19% vs 71%, p-value < 0.001.

Conclusions: Patient Navigation services significantly improved patients' knowledge, satisfaction, and access to services at UCI, and may enhance treatment adherence. These findings support the broader integration of Navigation services within national cancer care programs and protocol.

Poster Presentations

Track 1: Advocacy, Policy, and Sustainable Financing

Abstract ID: 233: Access to Histopathology Diagnostic Services, Attitudes and Perceptions Among Patients and Health Care Workers at the Uganda Cancer Institute Pathology Laboratory.

***Authors:* Wasswa Hassan[1], Mukwaya Rogers[1], Ssemakula Hamidu[1], Adong Linda Luttada[1], Allan Tumukunde[1], Nanyonjo Cynthia Katana[1], Tonny Okecha[1], Frank Ssedyabane[2]**

***Affiliation:* [1]Uganda Cancer Institute, Pathology Laboratory, [2]Department of Medical Laboratory Sciences, Faculty of Medicine, Mbarara University Of Science And Technology, Mbarara, Uganda**

Background: Access to healthcare is a complicated worldwide issue that is acknowledged as a basic human right that is essential to the effectiveness of the global healthcare system. The decision to use available health care services depends on individuals' perception of the service. People's perceptions of the available health care services influence their decision to use them. Histopathology is the field that deals with obtaining accurate diagnostic data from patient tissue samples, by identifying common microscopic alterations in tissue. Early detection of cancer leads to better treatment outcomes and a significant increase in survival, potential to significantly raise survival rates. Therefore it is paramount to provide histopathology diagnostic services if early cancer diagnosis is to be achieved, and the diagnostic services should be accessible with a good attitudes and perceptions among the consumers of the services.

Objective: To assess the level of access and describe patients' and health workers' attitudes and perceptions towards histopathology diagnostic services at the Uganda Cancer Institute pathology laboratory.

Methods: This will be a cross-sectional descriptive mixed study among adult respondents. For histopathological diagnostic services, the psychometric evaluation of the perceived access to health care questionnaire will be used to determine level of access, and the psychological model's interview guide will be used to determine attitudes and perceptions.

Conclusion: The success of health programs depends on eliminating barriers to access to health care services. One of the most critical barriers to understanding access is attitude and perception of limited access.

Abstract ID: 189: Experiences of adult patients with cancer at a specialized cancer care facility in Uganda.

Authors: Allen Naamala[1,2], Zarina N. Kabir[3], Jackson Orem[2], Gorrette K. Nalwadda[1], Patience A. Muwanguzi[1], Lena Wettergren[4,5]

Affiliation: [1]Department of Nursing, School of Health Sciences, College of Health Sciences, Makerere University, Kampala, Uganda; [2]Department of Medical Oncology, Uganda Cancer Institute, Kampala, Uganda; [3]Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Huddinge, Sweden; [4]Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden; [5]Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden.

Background: The experiences of adult cancer patients in low-income countries regarding health care and infrastructure are largely undocumented. This study aimed to describe the experiences of adult patients receiving treatment at a specialized cancer facility in Uganda.

Method: Thirty-two adult patients with cancer (≥18 years) with varying cancer diagnoses participated in 5 FGDs and a KI interview at Uganda's specialized oncology facility. The interactions were audio-recorded, transcribed verbatim, and analyzed using thematic analysis.

Results: The participants had advanced and early-stage cancers of varying ages (19–79 years). Four themes emerged: the Organization of care, Personal challenges, Mental suffering, and Satisfaction with care. The Organization of Care theme included categories describing rough sleeping, poor food supply, inadequate facilities, and drug shortages. Personal challenges include high treatment costs and delays in accessing care. Mental suffering comprises 4 categories: stigma, isolation, abandonment, and emotional distress. Satisfaction with care included improved health outcomes and professionalism.

Conclusion: Overall, adult patients attending a specialized cancer care facility in Uganda expressed stringent care needs relative to rough sleeping on the verandahs, poor food supply, inadequate and expensive cancer drugs, the high treatment costs, the delays to access care besides, the overwhelming unmet psychosocial cancer care needs including mental distress and stigma.

This report proposes a plan outlining actions that cancer care providers, health planners, policy-makers, health insurers, educators, research sponsors, and researchers should take to better respond to patients' physical and psychosocial care needs to maximize their healthcare and quality of life.

Improvement of cancer care in East Africa requires a comprehensive approach that should include investing in healthcare infrastructure, patient education, supportive services, including the integration of psychosocial oncology care, and developing psychosocial cancer care centers to achieve the idea.

Abstract ID: 286: Adolescent-tailored Oncology Services at the Uganda Cancer Institute – An Unmet Need in the Health Workers' Perspective.

Author: Jane Namusisi[1]

Affiliation: [1]Uganda Cancer Institute

Background: Adolescents (15-19 years) have inferior survival compared to younger and older oncology patients worldwide. There is an increasing concern to develop adolescent-tailored oncology services to foster their survival globally. At the Uganda Cancer Institute, adolescents (11 to <18 years) are treated in the pediatric department, while those 18 years and above receive care from the adult service.

Objectives: We set out to assess the need for adolescent-tailored oncology services at the Uganda Cancer Institute from the health worker's perspective.

Methods: We conducted a mixed-methods design study, incorporating a retrospective review of the patient register and a multidisciplinary, health workers-focused group discussion.

Results: Forty-seven percent of the children seen at UCI-OPD are adolescents (10-18 years), 42% of whom are older adolescents, 15-18 years. On average, 17 adolescents are seen daily in the clinic, of whom eight are aged 15- 18 years. These adolescents are often seen together with all the other children.

From the health workers' multidisciplinary focused-group discussion, 100% of the members agree on the need to establish an adolescent-tailored service. The major themes that emerged for special consideration in an adolescent-tailored oncology service include protected time and space for the clinic, age-appropriate communication and engagement, fertility counseling and preservation, community reintegration, psychosocial support, and peer support systems. Several personal stories and experiences were cited during the discussion.

Conclusion: There is an urgent need to establish an adolescent-tailored oncology service at Uganda Cancer Institute (UCI). This will enhance the patient experience and contribute to the survival and quality of life for adolescents.

Abstract ID 332: Dissecting SMAD4-dependent malignant cell intrinsic and extrinsic mechanisms driving metastasis of pancreatic cancer.

Author: Gideon Nsubuga[1], Gianluca Mucciolo[1], Eloise G. Lloyd[1], Giulia Biffi[1]

Affiliation: [1]University of Cambridge, Cancer Research UK Cambridge Institute, Li Ka Shing Centre, Robinson way, CB2 0RE, Cambridge, UK

Background: Pancreatic ductal adenocarcinoma (PDAC) remains one of the deadliest malignancies, with >90% of patients dying within five years, largely due to late detection, early metastatic spread, and limited therapeutic options. Among common driver mutations, SMAD4 loss occurs in ~30% of cases and is strongly associated with increased metastasis. PDAC progression is further shaped by its dense stroma, dominated by cancer-associated fibroblasts (CAFs). Distinct CAF subsets including myofibroblastic (myCAFs), inflammatory (iCAFs), and antigen presenting (apCAFs), affect disease progression. Our recent findings show that SMAD4 loss drives an enrichment of iCAFs and EGFR-activated myCAFs and increases liver metastasis.

Aims/ hypothesis: We hypothesise that PDAC malignant cells with SMAD4 loss have an increased ability to invade, colonise, and outgrow in the liver through unique malignant cell- intrinsic and -extrinsic mechanisms in the primary tumour and liver metastatic sites. The project aims to dissect and therapeutically target the pathways underpinning metastasis following SMAD4 loss.

Methods: Using genetically engineered PDAC mouse models, we are combining in vitro and in vivo approaches with techniques, such as flow cytometry, single-cell RNA sequencing, and multiplex immunofluorescence. Comparative analyses of SMAD4-proficient versus -deficient primary tumours and matched liver metastases will identify candidate pathways and therapeutic targets.

Preliminary Results: Preliminary work has demonstrated that SMAD4 loss enhances liver metastasis PDAC mouse models. SMAD4 loss leads to increased number and area of liver metastases, and a higher risk of developing liver metastatic disease. Experimental liver metastasis models have revealed that SMAD4 loss promotes liver colonisation.

Conclusion: SMAD4 loss may promote liver metastasis through malignant cell intrinsic and -extrinsic mechanisms involving fibroblast and immune reprogramming. Defining these mechanisms will uncover actionable vulnerabilities, informing new therapeutic strategies for metastatic PDAC.

Track 2: Care for Special and Underserved Populations

Abstract ID: 183: Factors affecting uptake of cervical cancer screening among HIV positive women receiving care at antiretroviral therapy clinic at Kaberamaido General Hospital.

Author: Mawogole John[1]

Affilaition: [1]Kaberamaido General Hospital

Background: Cervical cancer is fourth common cancer among women globally, 604 000 new cases and 342 000 deaths in 2020. 90% in low- and middle-income countries. HIV positive Women are twice at risk of developing CC than their counterparts, yet uptake of CCS is low 4.8% despite its integration into ART clinics in Uganda. The study explored and assessed Motivating factors and barriers affecting uptake of CCS among HIV positive women receiving care at ART clinic of Kaberamaido General Hospital.

Methods: A quantitative study design was conducted for HIV-positive women aged 25-49 years. Consecutive enrolment was used to get sample size of 239 clients. Used client questionnaires for data collect and adhered to ethical considerations. Presented and analyzed data in the form of tables and graphs.

Results: Most motivating factors were at interpersonal/community level followed by personal level and lowest at organizational/policy levels; highest was community support 129(75%), partner support 80(47%), health education 59(35%) and preventive measure/MGT 64(34%). The lowest were media awareness 23(13%), risk of CCS 36(21%), while access, privacy, family support and signs and symptoms; at 8%to 6%.

Barriers were greatest at organizational/policy levels followed by individual level and lowest at interpersonal/community levels. Highest were among those; not sure of partner's thoughts on CCS 56(84%), lack of importance 39(58%), long distance to Health Facility 87(51%), being unaware of CCS 28(42%) and those uncomfortable were at 54(31%), Lowest were long waiting time 30(17%), fear of stigma 28(16%), fear for CCS 19(11%), fear of being judged 6(10%) and others being at 13(6%).

Conclusion: Family support, recommendation from HCWs, easy access to health facilities and feeling at risk gave more motivation. Inaccessible facilities, poor privacy, and stigma were behind most of the barriers to CCS. CCS recommendations were targeted awareness. Yearly protocols among HIV positive women. Integration into other activities. Female service Providers. HPV self-test Scale up.

Abstract ID: 211: The impact of Interpersonal Relations on Depression among Older Adults in Central Uganda.

Author: Ddumba Matovu Pius[1]

Affiliation: [1]Uganda Martyrs University

Background: Considering the alarming prevalence of depression among older adults in Central Uganda and the ever-changing family set-up (Musisi, 2015; MoLGSD, 2020), this paper aimed at examining the impact of interpersonal relations on depression among older adults in Central Uganda. As the number of persons over 60 years is expected to increase three folds by 2050 (UBOS, 2016; WHO, 2017; Rudnicka, et al, 2020), assessing the correlates of family interpersonal relations with depressive symptoms is important. The study leveraged on the family environment Scale (FES) and Becks Depression inventory.

Methods: This research adopted a sequential explanatory mixed-methods design for comprehensive insights (Kiyingi, 2022; Creswell & Zhang, 2009). A sample size of 292 households with older adults was considered. Data was collected from older adults, medical workers, community development workers, spiritual leaders in the study area. The statistical program for social scientists (SPSS) was used to test the null hypothesis (There is no impact of interpersonal relations on depressive symptoms among older adults in Central Uganda.) and make data intelligible.

Results: Study results revealed that there is a significant relationship ($r = 0.352$, $p = 0.000$) between interpersonal relations and depressive symptoms among older adults. The Coefficient of Determination reveals that interpersonal relatio contributes 12.4% to depression among older adults in the study area. The hypothesis was tested using regression analysis where the unstandardized coefficient ($B=-0.060$) informs that every unit increase in the quality of interpersonal relations, depressive symptoms decrease by 0.060 units. Based on the obtained p-value of 0.000, the null hypothesis was rejected.

Conclusion: Conclusively, interventions like fostering social support systems, enhancing communication skills, and reducing relational stressors could be effective in reducing depression among persons >60years. By addressing interpersonal dynamics, policymakers and practitioners can help to promote mental health and resilience amidst old age health difficulties among older adults.

Abstract ID: 219: Establishing a Community-Based Cancer Navigation Platform for Children: Lessons from the Special Hearts to Nurture Every Child (SHiNE) Child Program in Uganda.

Author: Nakasita Catherine[1]
Affiliation: [1]Kitagata Hospital

Background: Globally, approximately 429,000 children and adolescents develop cancer annually, with nearly 40% from Africa. In Uganda, 1,500-3,000 new cases are registered each year, yet only about 30% present to the Uganda Cancer Institute. The survival rate for childhood cancer in Uganda is around 20%-30%, with about 30% of patients abandoning treatment due to various barriers. The SHiNE Child Program aims to address these challenges through a community-based navigation approach that fosters strong partnerships among local health providers.

Aims: The program aims to build a community-based cancer navigation platform for children, focusing on gaps in access, diagnosis, and follow-up care in five underserved districts. It also seeks to enhance capacity building for health workers, strengthen palliative care integration, and increase awareness and prevention of cancer within the community.

Methods: A basic needs assessment was conducted to identify barriers to cancer treatment and continuity of care for children at Mbarara Regional Cancer Center. Challenges were ranked, revealing lack of transport as the primary issue. Interventions included transport support, accommodation and food assistance during treatment, home-based palliative care, and community awareness initiatives. Care teams provided follow-up on treatment adherence, psychosocial support, and addressed family-specific challenges like stigma, financial stress, and educational disruptions.

Results: By December 31, 2024, among 61 enrolled children, 12 achieved remission, 22 were still in treatment, and 23 had passed away, with bereavement care provided. Navigation structures reduced caregiver burden, costs, and improved treatment adherence, though challenges like inadequate post-treatment nutrition, limited education and ongoing stigma persisted, highlighting the need for continued support.

Conclusion: The SHiNE Program demonstrates that community-based navigation integrating transport, psychosocial support, and coordinated follow-up can significantly improve pediatric cancer outcomes in low-resource settings. This approach not only enhances care but also empowers families and communities to better support their children's health journeys.

Abstract ID: 240: Ensuring access to cancer treatment for everyone - including the most disadvantaged.

Author: Suzan Walusansa[1]

Affiliation: [1]Rays of Hope Hospice Jinja

Background: At Rays of Hope Hospice Jinja, majority of patients seeking palliative care services have treatable conditions. However, obstacles such as poverty, high treatment costs, late diagnosis, inappropriate referrals, fear of treatment, getting lost in the system at the national hospital and hardships faced there, prevent them from accessing the required treatment. RHHJ believes access to health care is a human right thus whenever possible, supports these patients with transport, investigation costs, treatment, and upkeep while in the hospital.

Aim: To expand a network of care and support that allows even the poorest patients to access curative or palliative treatment, improving their quality of life.

Method: Identifying patients with life-limiting conditions who may benefit from curative or palliative treatment, timely assessment, early referral for investigations, utilizing patient navigators at UCI/Mulago, collaboration with other health facilities, and consistent follow-up of patients receiving treatment both at the treatment center and in their homes.

Results: Between 2016 and March 2025, 1217 patients received treatment support, with 244 supported in 2024 and 162 remitted from our palliative care programme. Addressing obstacles to early diagnosis and treatment resulted in survival, improved quality of life, restored hope for individuals, families and communities, reducing financial burden and unnecessary suffering.

Conclusion:

- With financial and psycho-social support, poor people can access treatment for their life limiting illnesses.
- A competent hospital navigator is vital to guide patients through the complex process of accessing care.
- Sensitizing the public and health workers about the importance of early diagnosis and available treatment is essential.
- Access to cancer treatment for all must be part of embracing uniqueness and empowering communities.

Abstract ID: 248: The changes in profiles and patterns of Cancer among Paediatric Patients at Hospice Africa Uganda.

Author: Nasur Buyinza[1]

Affiliation: [1]Hospice Africa Uganda Grace Tiernan, University College Dublin

Background: Hospice Africa Uganda (HAU) is an NGO that aims to provide palliative care for all those in need in Africa. The purpose of this study was to identify the most common cancers presenting in paediatric patients between 2013 and 2022, to document the treatments received, and to profile the patient cohort to determine changes in trends and their implications.

Aim: To identify the most common types of paediatric cancers, and treatments received, and to explore descriptive factors aiding the profiling of these.

Methods: This was a retrospective assessment of all accessible case files (428) of paediatric cancer patients who presented to HAU in the study period. Data was extracted from case files and recorded in a designed data collection tool. Descriptive statistics were calculated and formed the basis of the analysis.

Results: The three most common cancer diagnoses in paediatric patients who, on average, presented to HAU were about 50 annually, except for 2020/2021 (8 patients), reflecting the effects of the COVID-19 Pandemic. Acute Lymphoblastic Leukaemia and Rhabdomyosarcoma were amongst the most common diagnoses in most years. Since 2017, Osteosarcoma prevalence constituted the most common diagnosis in 2022. Chemotherapy alone remains the most common treatment received. A large proportion of patients had not received any recorded cancer treatments due to financial constraints and lack of accessibility/support. Sex, age and tribe across the cohort showed no significant changes. Oral Liquid Morphine was prescribed to up to 88% of patients across the decade.

Conclusion: The main implications of this study include the need to improve record keeping, in particular HIV status and the requirement for further study of specific palliative care needs for paediatric patients with Acute Lymphoblastic Leukaemia, which were the most prevalent, Rhabdomyosarcoma and Osteosarcoma. Additionally, improved family education regarding side effects and complications of chemotherapy would be beneficial.

Abstract ID: 258: Care for the Special and Underserved Population.

Author: Birungi Paul

Background: Globally, it is estimated that 429,000 children and adolescents develop cancer annually, with almost 40% being from Africa. Uganda registers 1,500- 3,000 new child and adolescent cancers annually, with only about 30% presenting to the Uganda Cancer Institute (UCI). The most prevalent childhood cancers in Uganda include: Burkitt lymphoma, acute leukemia, Wilms tumor, and rhabdomyosarcoma. Although most childhood cancers can be cured with appropriate treatment, the survival rate for childhood cancer in Uganda is around 20%-30%. Several challenges, including about 30% treatment abandonment, explain this state.

Aim: Purpose of the study was to explore challenges faced by medical workers in rendering palliative care services to patients in Bunyangabu District Rwenzori region so as to improve the quality of PC services rendered to palliative care

Method: The study design was descriptive cross-sectional in nature which was carried out to assess /explore the challenges faced by medical workers in rendering palliative care services in Bunyangabu District Rwenzori region, and the researcher used both qualitative and quantitative data collection and analysis method

Results: The study finding indicated that the majority of the respondents 20 (78%) said they had 1 (one) palliative care specialist. This implies that there was inadequate staffing of palliative care specialists at the health facility hence hindering service delivery, greater than a half 20(63%) of respondents faced the problem of language barrier. This implies patients who didn't know the commonly used languages were not being assessed properly due to misinterpretation of words.

Conclusion, The study findings the researcher concluded that medical workers related challenges faced in rendering palliative care services to patients were inadequate knowledge of medical workers about palliative care service, language barrier, palliative care nurse not providing emotional support to patients and laboratory diagnostic services at the health facility, health services management related challenges faced during palliative care service delivery.

Abstract ID: 315: Palliative Care service delivery to underserved refugee populations in Southwest Uganda. Insights from Hospice Africa Uganda's outreach and roadside clinics model.

Authors: Germanus Natuhwera[1], Elizabeth Namugambe[1],[2], Moses Nduhukire[3], Nelson Gumoyesige[1], Mildred Kobusinge[1,2], Francisca Nagujja[3], Eddie Mwebesa[1]

Affiliation: [1]Hospice Africa Uganda, [2]Little Hospice Hoima, [3]Mobile Hospice Mbarara-Hospice Africa Uganda

Background: The new inter-agency Feedback, Referral and Resolution Mechanism (FRRM), Medical Teams International (MTI) estimates at least 10% of cold cases from Kyangwali Refugee Settlement to Hoima regional referral and Mulago require palliation. Many health professionals working in humanitarian settings lack basic knowledge of PC.

Aim: To increase access to PC services to underserved refugee communities in Southwest and Midwest Uganda through monthly mobile (outreach and roadside) clinics.

Methods: Between September 2018 to August 2019, HAU implemented at its Mobile Hospice Mbarara (MHM) branch a $24,920 Julia Taft grant project to improve access to PC Services in Nakivale settlement. In Kyangwali refugee settlement, PC was initiated in 2008 by HAU's Little Hospice Hoima (LHH) branch. In July 2022, through an advocacy initiative by LHH/HAU, MTI with funding from UNHCR supported a three-day training on PC for 16 health workers from 10 health facilities in Kyangwali settlement led by LHH. Participants who are now PC focal persons included nurses, clinical officers, reproductive health officer, emergency officers, medical coordinator, programs manager, and public health officer. A pre-test and post-test were conducted.

Results: Pre-test and post-test results demonstrated improvement in participants' understanding and attitude towards PC. The number of patients appropriately referred by MTI teams to the HAU palliative care teams at the outreach increased from 20-25 patients before the training to 32-40 patients post training. MHM sees 18-25 patients per month in Nakivale. In the period July 2023 to March 2025, LHH and MHM made 631 and 346 patient contacts in the two settlements respectively.

Lessons learnt: Collaboration, advocacy and empowering in-service health workers with basic knowledge of PC through short-courses and integration of PC are key to increasing access and sustaining services in humanitarian and fragile settings. Scaling up mobile clinics and training of more health professionals is needed.

Abstract ID: 324: Empowering Cancer Survivors living with Disabilities: The 'Learn to Earn' Initiative by Cancer Disabilities Advocacy Centre (CADAC).

Author: Solomon Muliika[1]

Affiliation: [1]Cancer Disabilities Advocacy Centre

Background: In Uganda, cancer survivors living with disabilities often face significant socio-economic challenges, including limited access to employment and societal reintegration. The Cancer Disabilities Advocacy Centre (CADAC) initiated the 'Learn to Earn' program to address these issues by providing vocational training tailored to the unique needs of this population.

Aim: The primary objective of the 'Learn to Earn' program is to empower cancer survivors with disabilities by equipping them with practical vocational skills that enhance their employability and promote economic independence.

Methods: The program enrolled 8 participants who underwent training in various vocational fields, including tailoring, hairdressing, electronics and mobile phone repair and shoe making. The training was conducted over a six-month period, combining theoretical instruction with hands-on practice. Post-training, participants received mentorship and support in job placement or business start-up.

Results: Out of the 8 graduates, 5 have successfully secured employment or started their own businesses within three months of completing the program.

Conclusions: The 'Learn to Earn' program has demonstrated that targeted vocational training can significantly improve the socio-economic status of cancer survivors with disabilities. By focusing on skill development and providing post-training support, the program has facilitated meaningful employment and fostered self-reliance among participants. This model can be replicated in similar contexts to promote inclusivity and economic empowerment for marginalized groups.

Abstract ID: 280: Prevalence of depression and associated factors among school-going adolescents with hearing impairment in Kampala district, Uganda.

Author: Muyanga Andrew Mark[1]

Affiliation: [1]Department of Psychiatry, Makerere University College of Health Sciences

Background: Depression is a significant public health concern and a leading cause of disability among adolescents globally. However, little is known about its burden among adolescents with hearing impairment (HI), particularly in Sub-Saharan Africa. Uganda, with a youthful population and over 1.65 million persons living with HI, urgently needs context-specific data to inform mental health interventions in this vulnerable group.

Aims: To determine the prevalence of depression and its associated factors among school-going adolescents with HI in Kampala District, Uganda.

Methods: A cross-sectional study was conducted among 116 adolescents aged 10–17 years attending three primary schools for the deaf in Kampala. Stratified and simple random sampling techniques were used. Depression was assessed using the MINI International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), which was adapted for use in Ugandan Sign Language. Socio-demographic and psychosocial data were collected using a structured questionnaire. Modified Poisson regression with robust error variance was used to identify factors associated with depression.

Results: The point prevalence of depression was 34.5%, and lifetime prevalence was 60.3%. Suicidal ideation was reported by 21% of participants. Depression was significantly associated with living in father-only households (IRR: 2.11, $p < 0.001$) and witnessing excessive disciplinary practices (IRR: 0.65, $p = 0.003$). The majority of participants reported communication difficulties with family members and lack of access to sign language-proficient health workers.

Conclusion: Adolescents with HI in Kampala face a high burden of depression, compounded by family structure, harsh disciplinary experiences, and poor access to inclusive mental health services. These findings highlight an urgent need for mental health screening in schools for the deaf, sign language training for health professionals, and family-centered support mode.

Track 3: Community-Driven Care Models

Abstract ID: 200: Extemporaneous Production of Key Supplies in Cancer Care: Saving Costs, Serving Patients Better.

Authors: Benjamin Mwesige[1]

Affiliation: [1]Uganda Cancer Institute

Background: Access to essential supportive care products in oncology—such as oral suspensions, topical formulations, and sterile solutions—remains a significant challenge in many low- and middle-income countries (LMICs), including Uganda. High costs, erratic supply chains, and limited availability often delay or compromise patient care. In response, the Uganda Cancer Institute (UCI) has implemented a structured approach to the extemporaneous production of critical supplies to fill these gaps, ensure continuity of care, and reduce treatment-related financial burdens.

Aim: Evaluate the impact of extemporaneous compounding of cancer-related supportive care formulations on cost savings and patient service delivery at UCI.

Methods: A retrospective review of key extemporaneously prepared items between 2021 and 2024 was conducted. Commonly compounded products included oral morphine solutions, lidocaine mouthwashes, metronidazole vaginal irrigations, and antiseptic solutions for wound care. Preparation was guided by Good Compounding Practices (GCP) and validated protocols. The analysis focused on cost comparisons, patient access metrics, and feedback from clinicians and caregivers.

Results: Extemporaneous production led to an average cost saving of 60–80% per unit compared to commercially imported alternatives. Patient access to key palliative care and supportive formulations improved significantly, with a 90% reduction in stock-out reports. Clinician satisfaction improved due to timely availability, and over 80% of caregivers reported better symptom control and patient comfort. Compounded products met internal quality checks and were well tolerated.

Conclusion: In-house compounding of essential cancer care supplies is a cost-effective, scalable solution to improving access and quality of care in resource-limited oncology settings. Strengthening compounding capacity, investing in quality assurance, and incorporating this model into national cancer care policies can transform supportive care delivery in Uganda and similar contexts.

Abstract ID: 213: Detection of Oesophageal Cancer in Uganda: Patients and Healthcare Professionals' Perspectives.

Authors: Alfred Jatho[1], Noleb Mugisha[1], Robinah Komuhendo[1]

Affiliation: [1]Makerere University, School of Public Health

Background: In 2022, Oesophageal Cancer(OC) was the 3rd leading cause of cancer death in Uganda, characterized by late presentation and poor prognosis. This study explored the OC symptoms and the period lived with symptoms before accessing care along the care pathways.

Methods: A qualitative study using key informant interviews (KIIs) of healthcare professionals and in-depth interviews (IDI) of OC patients was conducted from March to July 2014 at the Uganda Cancer Institute, Kampala, Uganda. The study enrolled 21 (seven cancer healthcare professionals and 14 EC patients) participants.

Results: All the 14 OC participants had difficulty in swallowing, with an average of 12.2 weeks suffering from that symptom before visiting the health facility, and an average of 26.1 weeks before confirmation that they were suffering from Oesophageal cancer. 13 of the 14 participants reported having had unintentional weight loss, with an average of 11.6 weeks suffering from the symptom before visiting the health facility, and an average of 21.1 weeks before it was confirmed to them that they had OC. 12 of the 14 participants also reported to have had pain in swallowing, with an average of 17 weeks suffering from that symptom before visiting the health facility, and an average of 30.4 weeks before it was confirmed to them that they had Oesophageal cancer. These findings corroborated with what the healthcare professions narrated. Besides, the HCPs also noted that there was significant variability in the availability and functionality of endoscopic and barium tests across the country, which are often confined to national referral hospitals and diagnostic centres, and most patients present with advanced-stage OC.

Conclusion: This study highlighted health system barriers in early detection of OC in Uganda. Addressing barriers to access to information, linkage to care, early identification, treatment services, and helping the patients to navigate the healthcare system are recommended.

Abstract ID: 214: Role of Cancer Care Champions in Providing Psychosocial Support to Cancer Patients.

Authors: Saima Furqan[1], Mohammad Haris Siddiqui[1]

Affiliation: [1]Pal Care Foundation

Aims: The primary objective is to generate a workforce of cancer care champions from the community of cancer survivors to provide psychosocial support to cancer patients.

Background: Home to one-sixth of the World's population, India has a huge burden of suffering from life-limiting diseases. Less than 4% of its population has access to pain relief and palliative care. For most severe pains like two-thirds of cancers, the suffering is threefold (physical, psychosocial and financial). Therefore, there is a need to generate a workforce from the community of cancer survivors (cured cancer patients or care givers) who could help cancer patients through peer and psychosocial support and to link them to the care facilities in order to improve their Quality of Life.

Methodology and Approach taken: Training of Cancer Survivors or Cancer Caregivers in Cancer Care and Palliative Care belonging to low socio-economic status to become Cancer Care Champions through hybrid learning. The services provided were Treatment Literacy, possible adverse effects of chemotherapy, Mental Health Screening, Pain Score Assessment, Peer and Family support to patient as well the family of patients.

Results: Through this novel project, we have so far reached out to over 1050 cancer patients in a year either through in-person or telephonic contact. These cancer patients were screened for mental health and pain in addition to the peer as well as family support being provided by our trained cancer care champions.

Conclusion: Community led programs are the backbone for early detection treatment and prevention of any disease. Moving forward, we are now aiming to train more cancer survivors as cancer care champions not only in cancer care but in overall palliative care with the hope to ensure no one is left behind in pain and suffering.

Abstract ID: 218: Integrating palliative care into public health care services: A case of Fort Portal Regional Referral Hospital.

Author: Ian Batanda[1]

Affiliation: [1]Fort Portal Regional Referral Hospital

Aims: To improve access to palliative care in the Rwenzori region of Uganda, through a hospital-based model, integrated in the essential care services provided at Fort Portal Regional Referral Hospital.

Approach Taken: The hospital has a functional room for the palliative care unit, which started in 2022. The unit offers outpatient and inpatient services as well as phone call consultations. Awareness creation is done through hospital CMES and one-on-one mentoring of staff, medical interns, and students. Collaboration with the national palliative care association and other palliative care providers has improved continuity of care; however, rolling out palliative care in lower health facilities within the region is inadequate.

Results: The utilisation of palliative care services has been steadily increasing, primarily driven by improved staff awareness. However, misconceptions regarding its scope persist, with many healthcare providers still associating palliative care predominantly with end-of-life management rather than comprehensive patient support. Observational learning opportunities for students have facilitated exposure to palliative care in clinical practice, contributing to their professional development.

Conclusion: Access to morphine for pain relief has been streamlined across all hospital wards, ensuring adequate pain management for patients in need. However, adherence to storage protocols remains inconsistent due to the lack of appropriate storage facilities, highlighting an urgent need for infrastructural improvements. To sustain and enhance the integration of palliative care, the recruitment of specialised palliative care professionals within the hospital framework is essential to develop a dedicated team that would reinforce resilience, improve service delivery, and foster the long-term advancement of palliative care initiatives.

Abstract ID 242: Empowered by Compassion: Communities Driving Cervical Cancer Prevention in Busoga Region.

Author: Irene Naleba[1]
Affiliation: [1]Rays of Hope Hospice Jinja

Background: Cervical cancer accounts for 20% of all new cancer cases and 35% of female cancer diagnoses. Alarmingly, 80% of women present with advanced-stage disease, and fewer than 10% have ever been screened - highlighting the urgent need to expand HPV vaccination and screening coverage.

Rays of Hope Hospice Jinja (RHHJ) provides free, holistic palliative care in Uganda's Busoga Region (10,000 km²; population >4.5 million), with a focus on the poorest communities. Since 2018, RHHJ has integrated cervical cancer screening (VIA) and breast cancer screening (manual Palpation) into its services to screen over 12,000 women to date.

Methods: HPV vaccination advocacy is conducted through sensitization meetings with district, sub county, and community stakeholders, followed by school-based vaccination outreaches by government health workers. Screening is conducted in underserved rural areas, with education delivered via radio, door-to-door visits, and community gatherings such as churches, mosques, weddings, and funerals. Services are free, accessible, and treatment is provided on-site or facilitated for further care when necessary.

Results: When screenings began in 2018, community interest in hosting and mobilizing for screenings was low. However in the last year there has been a significant increase in requests to RHHJ for screenings. These requests primarily come from women and rural communities who previously lacked information or access to screening or treatment. Having benefited from the services themselves, they are eager to assist other women and are willing to handle practical arrangements, including mobilization, location, and local permissions.

Conclusion: Empowering people in impoverished rural areas with information, knowledge, and practical access to cervical screening transforms them into vital partners in the fight against cervical cancer. Armed with these tools, they seek to compassionately support one another, fostering healthier communities for the future.

Abstract ID: 244: Palliative Care at the End of Life in the Communities.

Author: Akongo Paula[1]

Affiliation: [1]Uganda Cancer Institute

Background: In Uganda, many patients with advanced cancer and other life-limiting illnesses reach health facilities late or prefer to receive care at home. End-of-life palliative care in community settings plays a vital role in ensuring comfort, dignity, and culturally sensitive support. The integration of community health workers and family caregivers is central to this model.

Aim: To highlight how community-based end-of-life palliative care enhances family involvement, improves patient comfort, and reduces institutional burden in the Ugandan context.

Methods: A descriptive synthesis of experiences from palliative care initiatives supported by PCAU and UCI, including home-based care models, family caregiver training programs, and use of community volunteers. Data sources include program reports, caregiver feedback, and health worker reflections.

Results: Community-based end-of-life care leads to better symptom control, reduced caregiver stress, and greater satisfaction with the dying process. Families reported feeling empowered and prepared when given basic palliative care skills. Integration with local health systems, use of morphine, and spiritual care were key facilitators.

Conclusion: Palliative care at the end of life, when delivered in the community, offers a compassionate, feasible solution to the rising burden of chronic and terminal illnesses in Uganda. Strengthening partnerships between cancer centers, palliative care organizations, and communities is essential to scaling this model nationally.

Abstract ID: 257: Bone and Soft Tissue Cancers in the Shadows: A Retrospective Review from Masaka Regional Referral Hospital in Uganda.

***Authors: Paul Kabazzi*[1], *Jjuuko Mark*[1], *Omona Alphonse*[1], *Robert Wangoda*[1]**

Affiliation: Masaka Regional Referral Hospital, Uganda

Background: Bone and soft tissue cancers are rare but aggressive malignancies requiring early diagnosis and multidisciplinary care. In Uganda, patients often first present to regional referral hospitals like Masaka, usually at an advanced stage and with limited diagnostic and treatment options.

Aim: To profile bone and soft tissue cancers diagnosed and managed at Masaka Regional Referral Hospital from 2021 to 2024 and to highlight patterns in presentation, diagnosis, and care.

Methods: A retrospective review was conducted of patient records between January 2021 and December 2024. Data included age, sex, tumor type and location, diagnostic modalities used, treatment provided, and outcomes.

Results: A total of 36 cases were identified 26 male and 15 female with a median age of 24 years (range: 7–68). Osteosarcoma was the most frequently encountered bone tumour. Among soft tissue cancers, rhabdomyosarcoma and fibrosarcoma were the most commonly diagnosed. Diagnosis often relied on clinical assessment and basic radiographic imaging—x-ray for bone tumours and ultrasound for soft tissue masses. Most patients underwent surgical intervention, predominantly amputations. Multidisciplinary team (MDT) reviews were uncommon, and follow-up care was inconsistent.

Discussion and Recommendations: The findings underscore late presentation, diagnostic delays, and limited specialist input in sarcoma management at the regional level. While Uganda has expanded cancer infrastructure—such as regional UCI centers and improved access to imaging and chemotherapy, gaps remain. Integrating MDTs, promoting early detection, and formalizing referral pathways will be critical for improving outcomes. This review informs practical, scalable strategies to enhance regional sarcoma care.

Abstract ID: 264: Expanding Access to Cancer Awareness and Palliative Care in Rural Uganda: A Field Office Model for Reaching the Underserved.

***Authors: Balonde Joseph*[1], *Musana Emmanuel*[1], *Babirye Zahara*[1]**

Affiliation:* [1]*Rays of Hope Jinja

Background: In 2017, Rays of Hope Hospice Jinja (RHHJ) expanded into remote districts of Busoga, where patients often live in extreme poverty and present with advanced cancers. To improve access to care, RHHJ established a field office in Buyende in March 2022. Initially serving 11% of all patients, the office now supports

25% (1,302 in 2024), while also strengthening collaboration with local health systems through training, screening, and youth-led advocacy. Building on this success, a second field office was opened in Namayingo in January 2025.

Aim: To reduce barriers to cancer care in poor, hard-to-reach rural communities by bringing services closer and empowering local health workers and communities.

Methods: The Namayingo Field Office covers Namayingo, parts of Mayuge, Bugiri, and Busia districts, including several Lake Victoria islands. Initial activities included monthly continuing medical education (CME) sessions for health workers, cancer education for patients and caregivers in day care settings, training of community volunteers, and radio talk shows to raise awareness about common cancers.

Results: Within just four months (by April 30, 2025), the Namayingo office had enrolled 98 new cancer patients: 51 referred by health workers, 44 through peer and caregiver referrals, and 3 via radio outreach. This is a marked increase compared to 90 patients enrolled from the same area over the entire previous year.

Conclusion: Empowering local caregivers and health workers, and bringing services closer to communities, significantly improves access to palliative care. It also enables stronger collaboration with local health systems and authorities. This model fosters a more sustainable, compassionate, and resilient healthcare system. RHHJ remains committed to expanding this approach to reach even more underserved populations, where the need is greatest.

Abstract ID: 291: Best Practice: Palliative Care in Community Private Clinic; A Case Study.

Author: Beatrice Buladina Juru[1]

Affiliation: [1]St. Francis Hospital Training School Nsambya

Background: Palliative care improves the quality of life of patients and their families. It helps patients living with serious illness to be as active as possible during the time they are still living. Palliative care is hardly accessible in private clinics. And most health workers in community outlets have limited knowledge on pain control and referral system for Sickle Cell Disease clients. I encountered Mr. X at the waiting area of a Health Centre 2, restless and tearing in pain, yearning for the nurses to help inject him his diclofenac medicine. The health workers kept off him, and when they approached, they said, "Sister we are tired of that patient, he has just received Diclofenac injection an hour ago, and he wants us to repeat." During quick pain assessment, Mr. X was in Sickle Dell disease crisis. He looked very ill, wasted and said he could hardly go to school due to episodes of uncontrolled pain.

Setting and Participants: Private for-profit Health Centre 2 at Makindye division suburbs in Kampala district.

Methods: A case study: story telling

Results: A referral letter was written to Hospice Africa Uganda, and I transported him to access palliative care. Mr. X appreciated the care he received. His quality of life improved after good referral systems and better management for the SCD. Currently he has completed his institution, and he is working. He is on continuum of care and always contacts reports to the clinic for consultation.

Conclusions: I am proud of being a palliative care provider because my community refers patients with complex conditions to me. The case study has motivated me to always share my palliative care experience with other health workers. And secondly, I would recommend training for health workers working in Health Centre 2 and the private clinics to have capacity building or workshops on palliative care, especially pain control modules.

Abstract ID: 297: Medcancer Initiative Rwanda: A young led solution to cancer awareness in Rwanda.

Author: Benimana Darius[1]

Affiliation: [1]Medcancer initiative Rwanda

Background: Cancer is becoming a significant global health issue, with 18 million cases reported in 2018. Rwanda has seen a rise in cancer cases, with 10,704 reported in 2018. However, there is low awareness of cancer and its preventive measures among the population, especially in vulnerable areas. Many cancer cases in Rwanda are diagnosed at a late stage, which worsens the life of patients.

Methods: Medcancer is currently engaged in various activities aimed at raising awareness about cancer in Rwanda. These activities include the preparation of educational cancer radio talks, early screening options, and capacity building sessions for health care students. Specifically, Medcancer is targeting the community umuganda program in Huye district, as well as other locations. Additionally, Medcancer is working to improve cancer research among young individuals in Rwanda by assisting them in preparing research proposals and reviews.

Results: Medcancer has successfully engaged 65 young individuals to advocate for cancer awareness. Capacity building sessions have been conducted for both members and students at the University of Rwanda, particularly at the College of Medicine and Health Sciences. Additionally, Medcancer has raised awareness about cancer among young individuals through Radio Salus, a radio station that broadcasts throughout Rwanda. Medcancer also has 10 research projects on various types of cancers, including both primary and secondary ones, which are currently being carried out by its members. Future activities of Medcancer Initiative Rwanda aim to increase cancer awareness to at least 80% of the population of Rwanda.

Conclusion: Through their various activities and initiatives, they are empowering individuals and communities to take action against cancer and improve outcomes for patients. We encourage interested Government institutions, partners, and sponsors to join us in this endeavor, as together we can greatly raise cancer awareness in Rwanda.

Abstract ID: 323: Embracing Uniqueness and Empowering Communities through a Community-Driven Palliative Care Model for Cancer Patients.

Author: Morris Olwit[1]

Affiliation: [1]Momo Cancer Foundation

This community-driven palliative care model demonstrates how embracing the unique needs and experiences of cancer patients can lead to empowered, compassionate support systems rooted in local engagement. Our organization, with a core focus on palliative care, advocacy, awareness, and resource mobilization, has developed a holistic approach to cancer care that goes beyond medical intervention. By recognizing the individual and communal struggles faced by patients particularly during times of physical and emotional pain we provide tailored support to meet both their practical and spiritual needs.

Key elements of our model include the distribution of food items, provision of temporary accommodation, and occasional financial assistance to ease the burdens of daily living. A significant milestone was our 2024 Christmas outreach event, where we organized a "Christmas Pass" to share meals, distribute essential supplies, and preach the gospel of hope. This initiative brought together patients, caregivers, volunteers, and faith leaders in a meaningful celebration of life, unity, and encouragement.

At the heart of this model is the belief that each patient's journey is unique and worthy of dignity, care, and community support. By empowering local communities to participate in caregiving and solidarity, we foster resilience, reduce isolation, and ensure that no one faces cancer alone. This model underscores the transformative power of empathy, shared responsibility, and faith in building sustainable, inclusive palliative care systems in resource-limited settings.

Abstract ID 329: Strengthening Tobacco Taxation Policy in Uganda: A Coalition Approach to Driving Policy Change and Public Awareness by.

Author: Nandutu Brenda[1]

Affiliation: [1]Uganda Cancer Society

Aims: To strengthen Uganda's tobacco taxation policy and enforcement structure to fully align with the WHO FCTC, aiming to reduce Tobacco Use and increase tax revenue by 2029.

Methods: With support from UICC and CRUK, a coalition was formed that brought together 7 civil society organizations, including UCS, UHCA, CTCA,UAPA, UNAU,UN-HCO and Way Forward Youth Africa to unify advocacy for tax reform.

Stakeholder mapping guided tailored engagement with civil society, policymakers, media, youths, and the general public. Recognizing that effective advocacy must resonate with different audiences, UTTC customized its messaging: addressing economic arguments for policymakers, addiction and cessation for smokers, and health risks for youth and the general public. Activities included school-based education, youth forums, matching and community dialogues in low-income areas like Kamwokya and Bwaise. Media outreach and social media campaigns (#TaxTobaccoSaveLivesUG) amplified voices from across society.

The coalition also engaged Parliament through petitions and policy briefs supported by evidence, including the TeTSiM Model.

Results: Through sustained advocacy, the government adopted the UTTC proposal and increased excise duty on cigarattes in FY2025/26. Specifically, the excise duty on soft cap cigarettes was increased from Shs 55,000 to Shs 65,000 per 1,000 sticks for locally produced cigarettes and from Shs 75,000 to Shs 150,000 for non-EAC (East African Community) imports. Similarly, the tax on hinge lid cigarettes was increased from Shs 80,000 to Shs 90,000 for locally manufactured and from Shs 100,000 to Shs 200,000 for non-EAC imports.

Conclusion/Lessons Learned: Coordinated, cross-sector advocacy rooted in economic evidence and community voice can shift policy, even against industry resistance. Effective advocacy must reach stakeholders at their level of understanding, recognizing differing motivations and barriers.

Track 4: Empowering Health Care Professionals and Caregivers

Abstract ID: 330: Expanding national coverage of palliative care services through capacity-building initiatives.

Authors: Joyce Zalwango[1], Mark Donald Mwesiga[1], Lisa Christine Irumba[1]

Affiliation: [1]Palliative Care Association of Uganda

Background: The development of palliative care hinges on a well-trained healthcare workforce. The WHO conceptual model 2021 highlights education as a cornerstone for effective service delivery however, access to palliative care education remains limited. To address this, the Palliative Care Association of Uganda (PCAU), with support from the Centre for Hospice Care in partnership with government line ministries, collaborated to scale up education and training for health workers across Uganda to expand the availability of palliative care services.

Goal: To expand palliative care services by building the capacity of health workers in areas with limited or no access to such services.

Methodology: PCAU developed a five-year capacity-building plan to guide implementation and evaluate the initiatives that stem from short-course training curriculum development and implementation, offering scholarships for specialised training, facility-based mentorship and support supervision, regional champion-led CMEs, health tutors training, and holding National Update meetings. Accreditation of PCAU as a CPD provider and supporting scaling up health training institutions offering palliative care programs.

Results:

- 2 National Palliative Care short course curricula developed for health and non-healthcare professionals.
- 120 health workers sponsored for the Advanced Diploma in Palliative Care Nursing, 15 Bachelors, and 7 Masters.
- 1 government health training institution integrated a specialised palliative care program.
- 58 health tutors and clinical instructors trained.
- 4 National update CMEs with an average attendance of 700 health workers per year.
- 10 Established hospital palliative care Units, 2,563 health workers mentored in 107 districts.
- PCAU is accredited to offer CPD points for nurses and midwives.

Lessons learnt and conclusion: Collaboration with government institutions enhances training, service integration, and policy support for sustainability. PCAU's strategic approach has strengthened palliative care human resources and expanded national coverage. Ongoing investment in health worker capacity building is vital to maintain and improve access to quality palliative care across Uganda.

Abstract ID: 196: Knowledge, Attitudes, and Practices Among Nurses and Doctors Regarding Psychosocial Factors Affecting Patients at the Uganda Cancer Institute.

Author: Nalubwama Flavia[1]

Affiliation: [1]Uganda Cancer Institute

Background and aims: Psychosocial factors such as emotional distress, anxiety, depression, and social support significantly affect the quality of life and treatment outcomes of cancer patients. At the Uganda Cancer Institute (UCI), addressing these factors is essential to delivering comprehensive, patient-centered care. However, the knowledge, attitudes, and practices (KAP) of healthcare providers towards psychosocial care remain underexplored. This study aimed to assess the KAP of nurses and doctors at UCI regarding psychosocial factors affecting cancer patients, and to identify gaps and areas for improvement in service delivery.

Methods: A descriptive cross-sectional study was conducted among 60 nurses and 40 doctors working at UCI. Data were collected using a self-administered questionnaire assessing knowledge on psychosocial issues, attitudes toward psychosocial care, and current practices in clinical settings. The questionnaire also included open-ended questions for qualitative insights. Quantitative data were analyzed using SPSS version 25, while qualitative responses were thematically analyzed.

Results: The study revealed that while 70% of participants had moderate knowledge of psychosocial factors, only 30% had received formal training in psychosocial care. Attitudes were generally positive, with 82% acknowledging the importance of addressing psychosocial needs. However, only 40% reported routinely assessing patients' emotional or social concerns. Barriers included high workload (68%), lack of training (64%), and limited institutional support (52%). Some participants expressed uncertainty about their role in providing psychosocial support, particularly among doctors.

Conclusions: Despite a generally positive attitude toward psychosocial care, gaps in knowledge and practice remain among healthcare providers at UCI. Strengthening training programs, integrating psychosocial care into routine clinical practice, and developing clear guidelines can empower nurses and doctors to better support the emotional and social well-being of cancer patients.

Abstract ID: 197: Empowering Nurses and Parents in Pediatric Oncology by Advancing Central Line Access in a Gertrude's Children's Hospital in Kenya.

Author: Jacqueline Runyora[1]

Affiliation: [1]Gertrude's Children's Hospital

Background: At Gertrudes Children's Hospital (GCH), children and adolescents undergoing chemotherapy rely on chemo ports, which they purchase at the hospital. Previously, only physicians were authorized to access central lines, leading to repeated peripheral cannulation, treatment delays, prolonged hospital stays, and increased patient discomfort. A training program introduced by a U.S.-based family nurse practitioner and a University of Cape Town-trained nurse practitioner aimed to empower nurses in port access and care using simulators. This initiative improved efficiency, reduced waiting times, and enhanced the patient and family experience. Patient safety measures included infection prevention policies, chemo port guidelines, and a nurse assessment checklist for accessed ports every four hours.

Methods: This retrospective quantitative study reviewed patient records from the pediatric oncology day unit at GCH between March 2023 and March 2025. Using stratified sampling, 460 records were analyzed, with 26 meeting the eligibility criteria. Descriptive statistics measured patient wait times, while a researcher-developed four-item questionnaire gathered feedback from general pediatric nurses and a specialized oncology nurse trained in chemo port care using a commercially donated simulator. Thematic analysis assessed nurses' perceptions of the training. A 10-item pre-test (score range X-Y) and post-test (score range A-C) were administered.

Results: Before training, chemo port access times averaged 6 to 8 hours, causing inefficiencies and frustration among nurses, patients, and families, worsened by dependence on ICU doctors. Training improved nurses' confidence and autonomy, though supervision remained necessary. Chemo port policies were revised, and all nurses passed the post-test with scores of ≥80%.

Conclusion: Enhancing port-a-cath access, nurse autonomy, and training reduces wait times, improves workflow, and enhances patient and family experiences. A nurse-designed simulator minimized patient trauma and reinforced best practices. Ongoing follow-up assessments continue to evaluate the intervention's long-term impact.

Abstract ID: 198: Length of clinician-patient consultation time in a hospice and palliative care setting: Findings from a clinical audit.

***Author: Francisca Nagujja*[1]**

Affiliation:* [1]*Hospice Africa Uganda/Mobile Hospice Mbarara

Background: Patients with palliative care (PC) needs often present with multiple and complex health issues. Patient-centered care has also gained growing recognition in the recent few decades. Thus, clinicians are obligated to comprehensively assess and identify the needs of their patients for optimal care planning and outcomes. Yet, we know that low patient numbers versus high patient numbers could threaten high-quality PC.

Aim: To estimate the length of clinician-consultation time in a hospice and PC setting across different models of service delivery.

Methods: The audit was conducted at Mobile Hospice Mbarara. A designated PC nurse and receptionist at site observed the time and data collection on 355 patients enrolled and reviewed for 3 months. Time each patient spent in the consultation with a clinician/nurse was recorded from the moment the patient entered the examination room to time a prescription was made. Data was entered in the excel sheet and descriptive statistics were used to analyze the results.

Results: The overall mean time spent on all patients was 40.24 minutes (std. 34.68). The average time clinicians spent with patients was 22 minutes (std. 13.1.9), 45.39 minutes (std.37.31), 34.09 minutes (std.31.22), and 83 minutes (std. 25.83) for patients represented by caregiver physically reviewed patients, continuing review and new enrolment respectively. On average, clinicians spent more time, 54.96 minutes (std. 46.16) with patients during home visits and 22.1 minutes (std.8.27) at outreach, OPD time 40.85 minutes (std. 32.81) and Hospital time 33.08 minutes (std.33.51)

Conclusion: The findings show that the newly enrolled patients in PC services need more time from the clinicians. Clinicians spend longer time with patients during home visits. This audit recommends detailed research into the length clinicians should spend with patients to ensure quality of life. Clinicians in PC should ensure clinician-patient interaction is enough to assess patient for better care.

Abstract ID: 202: Vantage Care Ltd: Leading the Way in Home Caregiver Training for Africa's Underserved.

Author: Barnabas Nkore[1]

Affiliation: [1]Tufts Medicine Care at Home (Boston, USA); President & CEO, Vantage Care Ltd (Uganda); CEO, Vantage Care Inc (Boston, USA); President, Home Care Alliance Africa (HOCA-A)

Introduction: In Uganda, an estimated 32,000 new cancer cases occur annually (Gondos et al., 2020; Uganda Cancer Institute Report, 2022), yet less than 5% of patients have access to adequate professional palliative care services (World Health Organization, 2020). Cancer and palliative care across Uganda and Africa face urgent and escalating challenges. Cultural beliefs, economic hardship, severe workforce shortages, and fragmented healthcare systems limit early diagnosis, continuity of care, and dignified end-of-life services, particularly among underprivileged and rural populations (Kingham et al., 2013). As the burden of chronic diseases and ageing grows across the continent, innovative, community-based solutions are urgently needed.

Aim: In alignment with the theme *"Embracing Uniqueness and Empowering Communities,"* Vantage Care Limited has made a pioneering impact by introducing Uganda's first structured, professional caregiver training program. This hands-on, culturally sensitive training equips caregivers to deliver compassionate, patient-centered care, significantly improving the quality of life and preserving the dignity of each individual. By addressing critical gaps in access to quality cancer, chronic disease, and palliative care, Vantage Care is building a new model for sustainable, community-based healthcare in Uganda and beyond.

Method: A mixed-methods approach was used, combining structured interviews and focus group discussions with healthcare workers, caregivers, patients, and families across urban and rural communities in Uganda. This qualitative research examined the critical shortage and urgent need for professional home care services for the sick, elderly, and terminally ill.

Key findings revealed that less than 10% of surveyed healthcare facilities offered formal home care services. Informal caregiving typically by untrained family members, dominated patient support structures. Significant regional disparities were evident, with rural areas facing the most severe shortages. Data analysis pointed to systemic underinvestment in home care infrastructure and an urgent need to professionalize caregiving services to bridge existing healthcare gaps (WHO Africa Regional Report, 2021).

The findings affirm the necessity for initiatives like Vantage Care Limited's pioneering programs to address these gaps and to build a sustainable, community-rooted model of care for Africa's most vulnerable populations.

Conclusion: Vantage Care Limited demonstrates that empowering local caregivers is fundamental to transforming cancer and palliative care delivery across Africa. By building solutions from within communities, Vantage Care is creating sustainable, lasting change, improving lives, restoring dignity, and inspiring a future where every patient, regardless of location or income, receives the compassionate, professional care they deserve.

Abstract ID: 209: Empowering Healthcare Providers and Caregivers through Soft Skills Training for Improved Patient-Centered Care.

Authors: Nabukeera Winnie, Ssenuuni Eric

Background: Patient-centered care (PCC) is critical in cancer and palliative care, where empathy, communication and psychosocial support significantly impact patient outcomes. However, healthcare providers (HCPs) and caregivers in low-resource settings often lack training in these essential soft skills. The Little Winnie Foundation a registered social enterprise in Uganda, addresses this gap through Continuous Professional Development Services (CPDS), equipping HCPs with the skills to deliver compassionate, individualized care.

Aims: This study evaluates the impact of the Foundation's soft skills training programs on improving PCC in cancer and palliative care, aligning with the conference theme of "Embracing Uniqueness and Empowering Communities."

Methods: A mixed-methods approach was used, combining pre- and post-training assessments, focus group discussions and patient feedback surveys. Participants included nurses, clinicians, and community caregivers (4,500) trained in modules such as active listening, emotional intelligence and culturally sensitive communication.

Approach: The training employed interactive methods role-playing, case studies and reflective storytelling to reinforce skills. Patient experiences were tracked to measure changes in satisfaction, trust and adherence to care plans.

Results: Post-training evaluations showed a 45% improvement in self-reported communication skills among HCPs and a 60% increase in patient-reported satisfaction.

Caregivers demonstrated enhanced confidence in providing psychosocial support. Challenges included time constraints and the need for ongoing mentorship.

Conclusion: Soft skills training empowers HCPs to embrace each patient's uniqueness, fostering dignity and trust in cancer and palliative care. Scalable, low-cost interventions like the Little Winnie Foundation's CPDS can strengthen community-based care. Recommendations include integrating such training into national palliative care guidelines and expanding peer-support networks.

Abstract ID: 210: Navigating the Tide: A Day in the Life of a Charge Nurse at the Uganda Cancer Institute.

Author: Leila Naluyima[1]

Affiliation: [1]Uganda Cancer Institute

Background: The charge nurse plays a pivotal role in coordinating clinical care, supervising nursing staff, managing patient flow, and ensuring quality care delivery—especially in high-demand settings like the Uganda Cancer Institute (UCI). In the context of rising cancer cases, limited resources, and emotionally charged environments, the daily experience of a charge nurse offers critical insights into the operational, clinical, and emotional dynamics of oncology care in Uganda.

Aim: To explore the daily responsibilities, challenges, and coping mechanisms of charge nurses at the UCI and to highlight their integral role in sustaining patient-centered oncology care.

Methods: This narrative account is based on observational insights, informal interviews, and routine documentation reviews from oncology wards at UCI. It captures a typical 12-hour shift, examining interactions with patients, multidisciplinary teams, and hospital administration.

Results: A charge nurse's day begins with staff allocation, handover meetings, patient assessments, and coordination of chemotherapy schedules. They serve as a critical link between doctors, pharmacists, and families. Challenges include medication stock-outs, critical care gaps, staff shortages, and patient emotional distress. Despite this, charge nurses display resilience through strong leadership, teamwork, crisis management, and empathy. Their role in mentoring junior nurses and ensuring safety protocols also directly affects treatment outcomes.

Conclusion: The charge nurse at UCI is not just a caregiver but a leader, advocate, and systems navigator. Their contribution is indispensable to maintaining service flow and quality in an overwhelmed oncology system. Strengthening their capacity through continuous training, psychological support, and recognition is essential for improving cancer care outcomes in Uganda.

Abstract ID: 220: Prevalence and factors associated with chemotherapy induced peripheral neuropathy among adult patients with cancer at Mbarara Regional Cancer Centre.

***Authors:* Avaga Stanslas[1], Isiiko John[2], Tamukong Robert[1], Tadele Mekuriya Yadesa[1], Bacia Laura[1], Damale Abdu[1], Nakate Caroline[1], Ngbape Ndrusini Simon[1]**

***Affiliation:* [1]Mbarara University of Science and Technology, Uganda, [2]Uganda Cancer Institute, Mbarara Cancer Center, Uganda**

Background: Chemotherapy is a common modality used for management of cancers but some agents cause peripheral neuropathy. Chemotherapy induced peripheral neuropathy (CIPN) is a disorder of peripheral sensory, motor, and autonomic neurons triggered by the toxic effects of these drugs. CIPN is an adverse drug reaction (ADR) caused by mainly platinum analogs, vinca alkaloids and taxanes. Severe CIPN can cause paresis, complete immobilization and disability.

Aims: The objectives of this study were to determine the prevalence, factors associated with, and evaluate treatment of CIPN among adult patients with cancer at Mbarara Regional Cancer Centre.

Methods: A cross-sectional study was conducted for 2 months among adult cancer patients receiving chemotherapy at Mbarara Regional Cancer Centre. 235 participants were enrolled into the study. Data collection was done through patient interviews and file reviews. Assessment of the symptoms of CIPN was done using EORTC-QLQ-CIPN20 tool. SPSS version 27 was used for data entry and analysis.

Results: The prevalence of CIPN was 31.1%. The factors associated with occurrence of CIPN include age greater or equal to 60 years (aOR = 2.04, 95% CI: 1.07 – 3.91, p-value = 0.031), concurrent administration of non-chemotherapeutic neurotoxic drugs (aOR = 6.50, 95% CI: 1.64 – 9.36, p-value = 0.008), history of neuropathy (aOR = 6.99, 95% CI: 2.28 9.21, p-value = <0.001). 30.1% of patients with CIPN received treatment but none was prescribed duloxetine, the recommended drug for the ADR as per American Society of Clinical Oncology (ASCO) guidelines.

Conclusion: Nearly one-third of patients at Mbarara Regional Cancer Centre had CIPN. Patient age 60 years and above, history of neuropathy and concurrent administration of non-chemotherapeutic neurotoxic drugs are factors associated with occurrence of CIPN. Therefore, such patients require close monitoring for symptoms of peripheral neuropathy so that appropriate treatment can be initiated promptly.

Abstract ID: 226: Referral patterns and associated factors among children with leukemia who received treatment at Uganda Cancer Institute, Kampala, Uganda.

Authors: Derrick Bary Abila[1], Veronica Nyakato[2], Godwin Candia[1], Steven Kikonyogo[1], Ezra Anecho[2], Echodu[1], Joyce B. Kambugu[2]

Affiliation: [1]Uganda Child Cancer Foundation, [2]Uganda Cancer Institute

Background and Aims: Timely referrals are crucial for children with leukemia to receive appropriate treatment and improve survival outcomes. However, delays in reaching specialized cancer centers remain a challenge, especially in low-resource settings. This study aimed to assess referral patterns and factors associated with delays among children with leukemia at Uganda Cancer Institute.

Methods: This was a cross-sectional study that involved a review of patient files (1 - 19 years), who received care for leukemia (2022 and 2023) at Uganda Cancer Institute (UCI), Kampala, Uganda. The main outcome was the duration between referral and arrival at UCI was calculated as the difference in days between the date the referral letters were written and the date on which the patient's file was opened on first arrival at UCI. Bivariate and multivariable Poisson regression reporting incidence risk ratios (IRR) and 95% Confidence interval (95% CI) were used to determine the factors associated with delays in reaching UCI following referral.

Results: The study included 87 children and adolescents with a median of 10 years (IQR: 6 – 14 years), and most were male (52.9%). Most patients came in as a referral (97.7%) and from public healthcare facilities (53.6%). Most patients reached UCI within one week of referral. Those aged 5 to 9 years (aIRR 1.94; 95% CI, 1.38 to 2.72; $p < .001$), from Kenya at time of diagnosis (aIRR 13.25; 95% CI, 9.14 to 19.20; $p < 0.001$), were male (aIRR 1.71; 95% CI, 1.34 to 2.17; $p < 0.001$) were more likely to take a longer time to reach UCI after referral.

Conclusions: Referral delays to UCI were influenced by age, sex, and country of residence at referral. Strengthening referral systems may improve timely access to leukemia care and treatment outcomes.

Abstract ID: 250: Palliative care practices in advanced COPD in resource limited Uganda.

Author: Banturaki Amon[1]

Affiliation: [1]Kampala International University

Background: Chronic Obstructive Pulmonary Disease (COPD) is a progressive, debilitating condition that significantly impacts patients' quality of life, particularly in its advanced stages. This article explores the integration of palliative care into the management of advanced COPD, with a special focus on resource-limited settings such as Uganda.

Methods: A literature search was conducted in online journals to identify practices that could enhance the quality of life for COPD patients. The practices were subsequently analysed by comparing their applicability in resource-limited settings for healthcare professionals and caregivers, to identify best practices.

Results: The data collected pertains to current practices for treating advanced COPD patients in Ugandan health facilities. Practices were categorized to clarify the roles of patients, healthcare professionals, staff, and caregivers.

Discussion: The details laid out emphasize a holistic, multidisciplinary approach that addresses the physical, psychological, social, and spiritual dimensions of care. Key strategies include effective symptom management, patient education, and empowerment, as well as robust social and spiritual support systems. The importance of home-based care, shared decision making, and incorporating palliative principles into routine COPD treatment was emphasized.

Conclusion: By advocating for patient-centred care tailored to individual values and community resources, this work offers practical guidance for enhancing the quality of life of those living with advanced COPD.

Abstract ID: 256: Improving Access to Palliative Care Services at a Regional Referral Hospital: Lessons from a Nurse- Led Palliative Care Model at Masaka Regional Referral Hospital.

Author: Nakajubi Josephine[1]

Affiliation: [2]Masaka Regional Referral Hospital, Uganda

In Uganda, access to palliative care is limited especially in rural settings, yet it is a critical component of holistic health service delivery. Masaka Regional Referral Hospital has over the last 10 years relied on a nurse-led model to provide this critical service. This abstract presents key experiences, opportunities, and challenges from this model, demonstrating how nurse education and empowerment can enhance service delivery.

Through support from the African Palliative Association and Uganda Palliative Association, the hospital has provided training opportunities in Palliative care to its nurses who have helped establish and continue to provide this service to the deserving patients. Notably it has been an opportunity for the nursing team to continuously provide palliative care services to the patients and their families.

Linkages have been made with other community organizations to support continuation of care. Among the challenges noted has been staffing, which is worsened by retirement and rampant transfers of staff, seeming lack of interest from medical officers in palliative care services and inadequate palliative care supplies among others.

This experience underscores the transformative role of education and training in building a competent, compassionate palliative care workforce. Strategic investment in nurse education, professional development, and support systems is essential to sustain and expand high-quality, nurse-led palliative care across similar settings.

Abstract ID: 267: Patient-reported access to morphine among cancer patients in Kyadondo County: A cross-sectional population-based study.

Authors: Phiona Bukirwa[1], Morena Marquardt[2], Biying Lui[3], Eva Kantelhardt[2]

Affiliation: [1]Makerere University, Kampala, Uganda, [2]Martin Luther University Halle-Wittenberg, Germany, [3]African Cancer Registry Network, Prama House 267 Banbury Road Oxford OX2 7HT, UK

Background: Most of the cancer patients in Uganda present at advanced clinical stages. They require pain management as a key component of their care. Morphine is strongly recommended for this purpose for moderate to severe pain.

Aim: This study aimed to assess the self-perceived access and barriers to morphine treatment in Kyadondo County.

Methods: We conducted a study on 103 randomly sampled patients with breast, cervical, colorectal, and prostate cancer from Kampala population-based cancer registry between 2018-2021. Patients were included if they mentioned that the cancer was metastatic and/or moderate or more pain were reported. Telephone interviews were conducted on patient-reported access to morphine, barriers to pain relief, and factors influencing perceived access, which were analyzed via ordinal logistic regression.

Results: In 57.3 % of the patients, pain interfered with daily activities. Sixty-seven (65.1 %) of the patients had received morphine or equivalent strong opioid. Most patients (90.1%) were willing to use morphine for pain control. Majority of patients (76.4%) had heard of morphine before and 73.9% knew where to access the medication. Majority of patients (80%) could access morphine at the health facility or at home. Forty percent would need financial support to access morphine. Side effects interfered with morphine use in 61% of the patients.

Conclusion: This study highlights the gains in morphine access to cancer patients made by integration into routine health care from the perspective of patients and caregivers. However, a proportion of patients had financial constraints limiting their access to morphine and majority of the patients reported poor adherence in morphine use due to side effects.

Abstract ID: 237: Strengthening Palliative Care in the Hospital Setting: A Case Study from the Uganda Cancer Institute.

***Author: Harriet Kebirungi*[1]**

Affiliation: *[1]*Uganda Cancer Institute

Background: Palliative care (PC) is a specialized medical approach aimed at alleviating suffering and enhancing the quality of life for patients with life-threatening illnesses and their families. At the Uganda Cancer Institute (UCI), palliative care is integrated alongside curative and life prolonging interventions. However, the delivery of comprehensive hospital-based palliative care remains challenged by gaps in policy, clinical practice, and resource allocation.

Objective: This study aimed to identify key actions required to enhance patient- and family-centered palliative care within the hospital setting at UCI.

Methods: A needs assessment was conducted to evaluate existing palliative care practices and identify areas for improvement. Data was collected through expert consultations, patient and caregiver feedback, and interdisciplinary team discussions. Key components of PC delivery were examined, including:

Symptom management: Addressing physical and psychological distress through evidence-based interventions.

Interdisciplinary consultation: Supporting healthcare providers in managing complex cases.

Shared decision-making: Facilitating structured communication between patients, families, and clinicians.

Patient and caregiver education: Providing clear guidance on symptom management and disease trajectory.

Results: Several priority actions were identified to strengthen inpatient palliative care, including: Evidence-informed practice and national benchmarking, securing Management support, mandatory clinical and ancillary education, community awareness, better integration of advance care planning, strengthen nursing leadership and develop communities of practice for improving palliative care.

Conclusions: Optimizing PC within hospital settings requires targeted Changes to policy, practice, education and further research are required to optimise PC within hospital settings, in accordance with the domains inpatients with palliative care needs and their families consider to be important. Strengthening institutional commitment, integrating advance care planning, and fostering interdisciplinary collaboration are critical for enhancing the delivery of PC services.

Abstract ID: 272: Challenges and Quality of Life Among Caregivers of Palliative Care Patients at Hospice Africa Uganda.

Authors: Harriet Nakiganda Muganga[1], Lisa Chistine Irumba[2], Janepher Nyakake[1], Prof Wilson Acuda[1]

Affiliation: [1]Institute of Hospice and Palliative Care in Uganda

Background: Informal caregivers play a crucial role in the care of patients with life-threatening illnesses in resource-limited areas like Uganda. Despite their significance, they often face considerable emotional, physical, social, and financial challenges due to a lack of training and support, which affects their caregiving effectiveness

Aim: To explore the challenges faced by informal caregivers of palliative care patients and assess the impact of caregiving on their quality of life at Hospice Africa Uganda.

Methods: A descriptive cross-sectional study at Hospice Africa Uganda involved 145 informal caregivers providing home-based palliative care. Data was collected through structured interviews using validated assessment tools, including the Kessler 10 and WHOQOL-BREF. The study explored the challenges faced by caregivers via three focus group discussions, employing interview guides for qualitative analysis. Thematic analysis was conducted for qualitative data, while descriptive statistics highlighted key factors affecting caregivers' quality of life.

Results: The study found that 44.9% of caregivers experienced distress, including hopelessness, anxiety, rejection, and suicidal ideation. Financial hardship, interrupted employment, and physical exhaustion were common challenges. Despite these challenges, some caregivers found meaning in their role, especially with psychosocial support from HAU. The overall quality of life for caregivers of palliative care patients had a mean score of 53.26 with a standard deviation of 22.09. Some of the factors that influenced caregiver quality of life include: marital status (p-value 0.019) and educational level (p-value 0.043). Key determinants of poor quality of life included lack of respite, limited financial support, and absence of formal training.

Conclusion: Caregivers of palliative care patients encounter various challenges that can negatively impact their quality of life without adequate support. Essential interventions include caregiver education, counseling, respite care, financial aid, and community support networks. Organizations providing palliative care should prioritize caregiver support, as their well-being significantly influences patient quality of life.

Abstract ID: 285: Pain control and morphine use in children with cancer at Uganda Cancer Institute: a cross-sectional study.

Author: Yvonne Rose Bwikizo[1]

Affiliation: [1]Uganda Cancer Institute

Background: Pain is one of the most common symptoms in cancer patients and often has a negative impact on patients' functional status and quality of life. The goal of cancer pain management is to relieve pain to a level that allows for an acceptable quality of life. This study was prompted by the improved access to morphine at Uganda Cancer Institute.

Methods: This was a cross-sectional study carried out among children admitted at the Uganda Cancer Institute Paediatric ward, in July 2024. Relevant data about type of tumor, presence of pain, duration of cancer treatment, and use of morphine; was collected and analyzed.

Results: A total of 23 patients were studied. Those with liquid tumors were 11 (47.8%), while those with solid tumors were 12 (52.2%). Eleven patients (47.8%) had uncontrolled pain. Of those without pain, seven (58%) had been in care for greater than three months. Nine (82 %) of patients with pain had morphine. Three (33.3%) of these patients were not taking the morphine as prescribed, while four (44.4%) patients had not had a dose escalation as needed.

Conclusions: Although morphine is now readily available at Uganda Cancer Institute, there's a significant number of children whose pain is not controlled. There is a need to educate healthcare workers about morphine dose adjustment to adequately control pain and the caregivers about the recommended dosing frequency of morphine.

Abstract ID: 288: A Retrospective Morbidity and Mortality Audit of the Solid Tumor Centre Ward at the Uganda Cancer Institute.

Authors: Jacinta Ambaru Ojia[1], Bridget Sharon Angucia[1], Benjamin Mwesige[1]Charity Kobusingye[1], Fred M Okuku[1], Deo Kyambadde[1]

Affiliation: [1]Uganda Cancer Institute

Background: Patients admitted to the Solid Tumor Centre (STC) ward at the Uganda Cancer Institute (UCI) represent a growing burden to both health services and the broader economy. However, data on morbidity and mortality in this setting remain limited. With increasing cancer admissions, there is an urgent need for structured data to guide quality improvement and patient care strategies.

Aim: This audit aimed to initiate a monthly reporting mechanism on the rates and causes of morbidity and mortality among STC inpatients.

Method: A retrospective chart review was conducted for adult patients with histologically confirmed solid tumors admitted to the STC ward between 1st October and 31st December. Data on demographics, cancer type, length of stay, and causes of morbidity and mortality were collected. Descriptive statistics were generated using Excel, presented via frequency tables, bar graphs, and pie charts. A standardized mortality rate was also calculated.

Results: A total of 564 patient files were reviewed; 330 (58.5%) were female. The overall in-hospital mortality rate was 19.7%. Patients aged 45–64 years represented the most admitted and most affected age group, with a mortality rate of 39.7%. The top five cancers by admission were cervical, oesophageal, breast, prostate, and nasopharyngeal; oesophageal cancer accounted for the highest mortality (23.7%), followed by cervical (12.3%), breast (9.6%), prostate (8.8%), and stomach (7.0%) cancers. Most patients (78%) were admitted for 1–7 days, accounting for 3,864 in-hospital days; 23% died within one week of admission. Sepsis (22%) and advanced disease (20%) were the most common identifiable causes of death.

Conclusion: Compared to high-income countries, the mortality rate remains high. This may reflect delayed presentation and limited local data to guide care. The findings underscore the need for planned admissions and standardised criteria to monitor and report inpatient outcomes.

Abstract ID: 289: Blood transfusion: Exploring the role of the transfusion nurse at Uganda Cancer Institute.

Authors: Bafumba Ritah[1], Atuhairwe Barbra[1]

Affiliation: [1]Uganda Cancer Institute

Background and Aim: Blood transfusion is a complex process that involves a number of inter-linked events with the participation of health professionals from various disciplines each with a unique role to play. The transfusion nurse role is unique and very important in the efforts to optimize the appropriate use of blood components, reduce procedural risks, improve general hospital transfusion practice and better patient outcomes. The Uganda Cancer institute (UCI) routinely prescribes blood for its patients and this is almost always administered to patients by nurses. Herein, we define the blood transfusion nurse role, share experiences, as well as challenges faced by the transfusion nurse at UCI.

Methods: Qualitative, descriptive design and thematic analysis was applied after 20 nurses who picked blood from the UCI laboratory to the different units were identified and a convenience sample of 12 participated in semi structured interviews lasting 20 to 30 minutes which were recorded and transcribed.

Results: The transfusion nurse role was defined as the activities performed by the nurse, before, during, and after a blood transfusion. Four themes emerged: the huge demand versus limited supply of blood products with extremes during festive seasons and school holidays, education and training gap, lack of developed transfusion guidelines and audit practices, and human errors attributed to factors like low staffing levels.

Conclusion: The Transfusion nurse role is multifactorial and requires a diverse skill set and attributes, and it incorporates a range of clinical, quality, risk management and educational activities and nurses have a great role to play in all these despite the many challenges.

Abstract ID: 292: Prevalence and Factors Associated with Burn Out Among Nurses in Mulago National Referral Hospital, Kampala-Uganda.

Author: Tumwesigye Ambrose[1]

Affiliation: [1]Mbarara University of Science And Technology, [2]Jinja Regional Referral Hospital

Background: Burnout is a public health concern that deserves special attention; it largely affects nurses in sub-Saharan Africa due to fragile health systems. In Uganda, the burden of burnout among nurses is still not well established; hindering advocacy and formulation of policies targeting to reduce burn out among nurses.

Aim: To assess the Prevalence and factors associated with burnout among nurses in Mulago National Referral Hospital.

Methods: This was a cross-sectional survey conducted among 273 randomly selected nurses from Mulago National Referral Hospital. Data were collected using a self administered questionnaire. Data analysis consisted of descriptive statistics and logistic regression at a 95% level of significance in Stata version 17.

Results: Majority of the respondents were female 69.9% (n = 190/273), aged 30 years and above 76.6% (209/273), Assistant nursing officers 52.0% (142/273) Christians were 87.9% (240/273), diploma and above 56.4% (154/273). More than half 54.2% (n = 148) of respondents had high levels of burnout (≥42 Score), and 45.8% (n = 125) reported low levels of burnout (≤22 score).

Factors associated with burnout were age of 30 years and above (aOR: 2.61(95% CI: 1.01-6.77, P value 0.049), Working in Emergency unit (aOR 2.87 (95%CI:1.05-7.88, p value 0.041), Unsuitable working environment (aOR 2.44 (95% CI:1.17-5.06, p value 0.018), inappropriate Nurse-physician relationship (aOR 3.04 (95% CI:1.32-7.01, p Value 0.009) and feeling that the job is controlled by administrators (aOR 2.26 (95%CI:1.06-4.83, p value 0.035).

Conclusion: More than half of the nurses in Mulago National Referral Hospital experienced high levels of burnout. Recruiting more nurses, improving the nurse-physician relationship, and assuring nurses of their job security would decrease burnout

Abstract ID: 316: Palliative and end-of-life care from an education lens: A worldwide systematic appraisal of undergraduate medical and nursing students' knowledge and perceptions of and orientation towards palliative and end-of-life care.

Authors: Germans Natuhwera[1], Peter Ellis[2], Eve Namisango[3]

Affiliation: [1]Hospice Africa Uganda, [2]Independent Nursing researcher, Writer and Educator, London, UK, [3]African Palliative Care

Background: Many nursing and medical training schools and universities are increasingly integrating palliative care and end-of-life care education in their curricula. However, research on the effect of the training and education on future nurses and medical doctors remains sparse.

Aim: The aim of this review was to systematically appraise existing research evidence on undergraduate nursing and medical students' knowledge and perception of and orientation towards palliative and end-of-life care.

Methods: This systematic review was conducted between April and May 2021 and was updated in May 2024. A systematic search was conducted in four databases-; Hinari 'Research4Life', CINAHL, Google scholar, and PubMed. A data extraction sheet was developed for this review. Methodological quality of the studies included was assessed using relevant Critical Appraisal Skills Programme (CASP) checklists. The review was conducted and reported in accordance with PRISMA guidelines.

Results: 64 peer-reviewed research articles were included in the review. 40 studies were conducted with nursing students while 20 and four studies were conducted with medical students and both groups respectively. 28 were conducted in Europe, 29 in Asia, Five in North America, and one in Australia and Africa each. Three major themes were identified: (1) students' knowledge of palliative and end-of-life care, (2) attitude, perception, and orientation towards palliative and end-of-life care, and (3) predictors of knowledge, attitude and perception towards palliative and end-of-life care.

Conclusion: Students' knowledge levels of palliative care are predominantly low with rates ranging from 5.3%-61% across different regions of the world, including in high-income countries. Similarly, students' perceptions and orientation towards palliative care are rated with scores ranging from poor to low in most studies with participants manifesting low self-efficacy in providing palliative and end-of-life care. Inadequate, limited and/or inconsistent curricula and training content about palliative and end-of-life care is a common theme in the literature.

Abstract ID: 225: Patient satisfaction towards oncology services at Uganda Cancer Institute.

***Author: Jovia Nabuleje*[1]**

Affiliation:* [1]*Uganda Cancer Institute

Background: Monitoring patient satisfaction is an important indicator of the quality of health care service a health facility provides.

Aim: This study aimed to identify the factors affecting patient satisfaction towards oncology services at the Uganda Cancer Institute.

Methods: We conducted a descriptive cross-sectional study that used both quantitative and qualitative methods. In September 2024, we collected data on 50 patients receiving cancer services. We interviewed respondents, one by one, using an approved semi-structured guide with open and closed-ended questions.

We collected data on Individual, health worker, and health facility factors that could influence patient satisfaction. The collected data was first analysed using Statistical Package for Social Sciences (SPSS) version 25 and later exported to Microsoft Excel version 2013 to develop tables, graphs and pie charts.

Results: Half (25, 50%) of the respondents were 26 – 35 years. Thirty (30, 60%) were female, while twenty (20, 40%) were male. 35 (70%) of the respondents were married, while 15 (30%) were single. Half 25 (50%) attained secondary education while the least 7 (14%) attained primary level education. A majority (30, 60%) of the respondents were self-employed. Half 25 (50%) had a monthly income of 100,000 – 300,000shs while the least 5 (10%) had a monthly income of more than 300,000shs.

The most common factors influencing patient satisfaction were; The majority (30,60%) had bad previous experience due to delayed services and drug stockouts, while the health workers never gave them attention for their concerns, anxieties, and to answer their questions.

Conclusion:

- Need to employ adequate numbers of staff to reduce work overload and provide patient-centred care.
- Provision of required equipment and drugs
- Health workers to seek regular courses on communication skills and customer care

Track 5: Innovation, Technology, and Artificial Intelligence (AI)

Abstract ID: 206: Transition from paper based to Electronic Medical Records System – The Experience of Hospice Africa Uganda.

Author: Nduhukire Moses

Background: Mobile Hospice Mbarara, a branch of Hospice Africa Uganda started in 1998. The aim was to teach Palliative care for Undergraduates and Postgraduates as well as to provide Palliative care for patients who needed it. Patient records have always comprised paper-based tools until about three years ago when Hospice Africa Uganda introduced Electronic Medical Records (EMR).

Objectives: The goal of the EMR is to support effective storage and efficient use of patients' records for quality care. It would also better support research work conducted at HAU.

Method: A software development consultant was engaged to design a data system that would capture all of the patients' records. Orientation workshops were held for all the users of the system and more workshops are planned for users to ensure that they are more comfortable with the system.

Results: The new system eases the reporting processes as well as ensures that the data from all the sites is accessible centrally at the head office in Kampala. The system provides for every clinician to be able to enter patients' information as they clerk the patient. One main challenge is the lack of sufficient computers for the clinicians. The other challenge is the volume of patient information versus the speed required for entry of records; the clinicians fear that patients may wait too long as they enter information. The third challenge is the fear that the clinician may place more importance on entry of records as opposed to the patient, yet the patient should be the centre of our care.

Conclusion: As we implement this transition, we continue exploring how to solve all these challenges as we embrace modern technology for better patient records' systems.

Abstract ID: 215: Patient Empowerment and Patient-Reported Outcomes in Cancer Care in Uganda Using mHealth.

***Authors:* Bridget Sharon Angucia[1], Rosemary Namagembe[2], Godwin Candia[3], Collins J. Mpamani[1], Johnblack K. Kabukye[1]**

***Affiliation:* [1]Uganda Cancer Institute, [2]Hutchison Cancer Research Institute Uganda, [3]Uganda Child Cancer Foundation**

Background: Because cancer care is chronic and complex, it is essential that patients are empowered and actively involved in their treatment and follow-up. Patient-reported outcomes (PROs) refer to information about a patient's health or their experience of healthcare that comes directly from the patients. These provide an avenue for giving patients a voice and can be used to assess patient empowerment. PROs also facilitate monitoring the quality of cancer services, guide treatment adjustments and make care patient-centered.

Aims: To develop, implement, and evaluate contextually-appropriate digital health tools for enhancing patient engagement and empowerment, and efficient collection of patient-reported outcomes (PROs).

Methods: We developed a prototype cervical cancer screening PRO questionnaire and deployed it in a toll-free, automated (interactive voice response, (IVR) cancer information telephone service. We then piloted a short PRO questionnaire that asked participants to rate their overall experience and likelihood of recommending the clinic to others using three options: 1= Good/Very likely, 3=fair/neutral, 5=bad/unlikely. We then collected qualitative user feedback after the PRO IVR.

Results: Fifty-six recently screened women were involved. Twenty-five (45%) answered the call, of whom 18 (72%) gave valid responses to at least one of the three questions (done by pressing their phones). From the feedback, all participants viewed the intervention positively, stating that they "felt cared for", "good to follow up patients". However, they reported difficulty understanding IVR instructions, insufficient wait time to key in IVR responses, network disconnections, and hesitation answering calls due to suspicion of scammers.

Conclusion: This pilot demonstrates the feasibility of using mHealth for patient engagement and PRO tracking and offers lessons for scaling up. Going forward, we shall hold workshops to test and refine the IVR before launching and collecting quantitative data to study completion rates, trends of PROs, the impact on outcomes such as loss to follow-up and treatment complications.

Abstract ID: 287: Developing Standard Operating Procedures to Enhance Care in the Pediatric Oncology Outpatient Unit at the Uganda Cancer Institute: A Quality Improvement Initiative.

Author: Mariam Ndagire[1]

Affiliation: [1]Uganda Cancer Institute

Background: Standard Operating Procedures (SOPs) are essential for maintaining consistency, safety, and efficiency in pediatric oncology care. The pediatric oncology outpatient unit at the Uganda Cancer Institute (UCI) receives approximately 700 new patients annually. This increased patient volume and lack of formalized protocols highlighted the need for structured guidelines. The absence of formalized protocols resulted in variability in clinical practice, inefficiencies, and potential compromise in patient safety. This quality improvement project aimed to develop standardized guidelines to streamline workflow, enhance adherence to best practices, and improve patient care.

Methods: A multidisciplinary team, including a pediatric oncologist, senior nurses, and a quality improvement specialist, conducted focus group discussions to identify gaps in existing practices. The development process was guided by literature reviews, international benchmarks, and stakeholder consultations. Draft SOPs were iteratively reviewed and refined during weekly unit meetings to ensure clinical relevance and feasibility. Finalized SOPs were approved by department leadership for implementation.

Results: Ten SOPs were developed, covering critical processes such as chemotherapy administration, patient triage, receiving new patients, blood transfusion, fever and neutropenia management, extravasation management and others. The SOPs established standardized practices, improved clarity in patient management protocols, and enhanced workflow efficiency. Their implementation has contributed to reduced procedural errors, improved patient flow, and a structured framework for care delivery.

Conclusion: Successful adoption of SOPs requires comprehensive healthcare worker training and a phased implementation approach. These guidelines are expected to optimize clinical workflows, improve adherence to best practices, and strengthen pediatric oncology care. The SOPs will serve as a reference for performance assessment and corrective action to ensure consistent, high-quality care. Continuous monitoring, feedback collection, and periodic revisions will be essential for sustainability and adaptation to evolving needs.

Abstract ID: 299: Electronic medical records system: A game changer for palliative care services in Arua Regional Referral Hospital, Uganda.

Author: Manenga Emmanuel[1]

Affiliation: [1]Ministry of health Uganda, Arua Regional Referral Hospital

Digitization and artificial intelligence (AI) are playing increasingly vital role in transforming healthcare systems globally including low- and middle-income countries offering solutions to long term challenges hence opening new opportunities for effective patient care, and medical discovery.

This article highlights the adoption of Electronic medical records technology in patient management at Arua Regional Referral Hospital which aligns with Uganda's progress in digitizing its healthcare system, driven by the Ministry of Health's strategic frameworks like the National Health information and Digital Health Strategic Plan 2020/21-2024/25 in line with the national development plan (NDP) III which has provided strategic direction to implementation of digital health solutions across all levels of care in a coordinated manner. This commitment aims for a more efficient and equitable healthcare system for all, including structures at community level. Exciting digital solutions like EHRs such as e-AFYA, PACS, UgandaEMR and telemedicine in Arua Regional referral Hospital are improving data management, accessibility, Accountability for health supplies, staff performance tracking and care coordination.

After one year of implementation of this technology, palliative care unit and special clinics that care for patients and clients with chronic conditions have very much welcomed this technology as it aids systematic appointment scheduling and tracking, improved clinical documentation using international classification standard ICD-11, dispatch of prescription and test result alerts, alerts sent to patients when results as well as reducing the burden of looking for files and enable real time data exchange across the hospital for specialist review.

These digital solutions are promising a brighter future for chromic patient care with hope of developing patient portals in the near future which will enable patients to access useful resources relating to their care, accessing part of their medical records with strict controls to avoid violation of privacy and confidentiality which will enhance patient involvement that will ultimately result into improving patient outcome and building trust in the care provided. However, challenges such as infrastructure limitations, user attitudes, and interoperability hinder full adoption.

The article emphasizes the necessity of continued investment in capacity building of healthcare professional to bridge the gap between these professionals and technology, infrastructure, integration to facilitate seamless health information exchange not only withing the facility but also other health facilities for continuity of patient care, partnerships, and public education to share and learn in order to realize the full potential. Ultimately, leveraging technology, including AI, is crucial for Uganda and Arua regional referral Hospital to achieve significant improvements in population health and build a future-ready healthcare system that benefits the nation and contribute to the global agenda on digital.

Abstract ID: 305: Parental factors that influence access to palliative care services for children with Cancer.

Author: Roselight Katusabe[1]

Affiliation: [1]Hospice Africa Uganda

Background: Annually, almost 2.5 million children die globally with serious health-related suffering, at least 98% of whom are from Low-Middle Income Countries. Despite the World Health Organization recommending the integration of palliative care into Children's cancer care services, there is still a huge gap in parental access to palliative care for children.

Aim: To explore parental factors that influence access to palliative care services for children with cancer.

Methods: A qualitative study conducted with parents of children living with cancer receiving palliative care at Hospice Africa Uganda. Data was collected using a semi-structured interview guide and analyzed using thematic analysis.

Results: Thirty participants were identified and completed the interviews. Main themes were identified: (1) knowledge gap regarding the role of palliative care among both healthcare workers and parents, (2) Parents' and community beliefs and attitudes towards palliative care.

Conclusion: Study findings showed there remains a lack of or limited understanding of palliative care and its role among both parents (and perhaps the wider general public) and health professionals. Increasing awareness creation for the general public and education and training of health workers is needed to address knowledge gaps and negative attitudes towards palliative care.

Abstract ID: 241: Comprehensive care: An analysis of the need and psychosocial support given to children with cancer at the Uganda Cancer Institute, Kampala.

Authors: Barungi Brenda Banana[1], Echodu Moses[1], Derrick Bary Abila[1], Nyakato Veronica[2]

Affiliation: [1]Uganda Child Cancer Foundation, [2]Uganda Cancer Institute

Background: Uganda Child Cancer Foundation (UCCF) provides psychosocial support to children diagnosed with cancer at the Uganda Cancer Institute (UCI) which is a critical component of the care they receive. There is a need to highlight the psychosocial support needs among children receiving cancer care at UCI.

Methods: This is a cross-sectional analysis of the records for the psychosocial support program of UCCF at the UCI. Request forms are filled in by a social worker and submitted, and thereafter, support is given depending on available resources. We included patients who were supported from January 2023 to March 2025. Data was abstracted using the Kobo Collect online tool, cleaned, and exported to STATA 18 for analysis.

Results: Of 130 children supported, the median age was 8 years (inter-quartile range: IQR: 5 – 13 years). Most were male (59.2%), and lived outside Kampala, the Capital of Uganda (90.2%), referred from the in-patient ward (60.7%). The majority of the requests were for medical assistance (73.4%) and transport costs (28.3%). Of USD 2,917.8 of support given, most went towards medical assistance (75.0%) and transport (24.2%). The median of the total requests was USD 13.7 (IQR: 8.2 – 27.4), and median of the total support given was USD 14.2 (IQR: 9.6 – 27.4). Considering the number of patients who received medical support, 33.3% were imaging, 33.3% were supportive medicines, 28.3% were transport, 2.9% were laboratory tests, and 2.2% were surgery. In terms of total expenditure, 36.2% was imaging, 27.6% was supportive medicines, 22.4% was transportation, 12.2% was surgery, and 1.5% was laboratory tests.

Conclusion: There is a high need for financial support among children diagnosed with cancer to reduce out-of-pocket expenditure. There is a need to mobilize financial resources towards psychosocial support for children with cancer during their treatment journey.

Abstract ID: 306: The effect of Road to Care programme in improving access to chemo radiotherapy for patients with cervical cancer in Uganda.

Author: Roselight Katusabe[1]

Affiliation: [1]Hospice Africa Uganda

Background: Cervical cancer remains the commonest cancer and the leading cause of cancer related deaths overall in Uganda. Access, late diagnosis, and affordability of treatment are among the major challenges that affect outcomes of care. The programme funds baseline investigations, transport, accommodation, upkeep, radiotherapy, other essential medications, and psychosocial support for patients.

Aim: To explore the effect of the Road to Care programme on access to cancer treatment for poor and vulnerable women with cervical cancer in Uganda.

Methods: A qualitative study using in-depth interviews. Participants were selected using purposive sampling. An interview guide was used to explore the topic. Thematic data analysis was used.

Results: 12 participants with the age range 25-65 years were recruited. Majority (92%) were peasant farmers with low or no formal education. Main themes identified were (1) receipt of psychosocial and financial support, (2) good treatment outcomes and (3) support to navigate through the process of accessing and receiving chemo radiation.

Conclusion: The road to care programme enabled poor and vulnerable women with early stages of cervical cancer from rural Uganda to receive and complete timely appropriate cervical cancer treatment at the specialist cancer treatment center in Uganda. We also highlight challenges faced at facility and community level which need attention from the community and health ecosystems.

Abstract ID: 252: Follow-Up Clinic Adherence Among Childhood Cancer Survivors at the Uganda Cancer Institute (UCI): A Retrospective Cohort Study.

Authors: Godwin Candia[1], Steven Kikonyogo[1], Derrick Abila[1], Priscilla Nambalirwa[1]

Affiliation: [1]Uganda Child Cancer Foundation

Background: Long-term follow-up is critical for the health and well-being of childhood cancer survivors. However, adherence to scheduled follow-up visits can be challenging, especially in low-resource settings where structural barriers may affect care continuity.

Aims: To describe adherence patterns to the first 12 scheduled follow-up visits among childhood cancer survivors (CCSs) post-treatment at UCI and explore factors associated with missed or delayed attendance.

Methods: Retrospective cohort analysis using medical records of 98 CCSs who completed curative treatment at UCI between 2013 and 2023. Data on demographics, cancer diagnosis, treatment modalities, residence, and follow-up visit adherence were extracted. Adherence was defined as attending a scheduled visit on or before the appointment date.

Results: Mean age at diagnosis was 6.7 years (SD 4.2), and at treatment completion was 8.0 years (SD 4.4). The cohort included 56 (57.1%) males and 42 (42.9%) females; 93 (94.9%) were Ugandans. Diagnoses included Wilms tumor (27.6%), leukemia (15.3%), lymphoma (37.8%), rhabdomyosarcoma (7.1%), Kaposi sarcoma (2.0%), and others (10.2%). All survivors attended Visit 1 (68 % on time), but adherence declined gradually with each visit, dropping to 31 % by Visit 12. Timely attendance fell in parallel. Greater distance from UCI was strongly associated with fewer total visits and higher odds of missed or delayed appointments ($p < 0.005$). Early arrivals were more likely to report health issues ($p < 0.005$).

Conclusion: Findings reveal a progressive decline in follow-up adherence among childhood cancer survivors at UCI, with only 31% attending the twelfth scheduled visit. Such attrition mirrors findings from other settings, where logistical and financial barriers drive survivors away from long-term care (e.g., transportation costs, appointment coordination). The strong association between greater travel distance and missed visits emphasizes the need for decentralized survivorship services in Uganda to bridge geographic divides and optimize the long-term follow-up and health outcomes of this at-risk group.

Abstract ID: 262: Enhancing Palliative Cancer Care through Health Coaching and Lifestyle Medicine: A Holistic Approach to Quality of Life.

Author: Yacoub Hachine[1]
Affiliation: [1]Vigilant Living

Cancer patients and survivors in palliative care often face complex physical, emotional, and existential challenges that conventional medical treatments alone may not adequately address. Integrating health coaching and lifestyle medicine into palliative oncology care offers a transformative, patient-centered approach that empowers individuals to improve their quality of life, maintain autonomy, and find meaning during advanced illness.

Health coaching provides a structured, empathetic partnership that facilitates behavioral change, supports self-efficacy, and aligns care goals with patient values. When combined with lifestyle medicine focusing on nutrition, physical activity, sleep, stress management, social connection, and substance avoidance it enables patients to engage in simple, impactful actions that enhance well-being and symptom management.

Emerging evidence suggests that tailored lifestyle interventions can reduce fatigue, improve mood, enhance functional capacity, and alleviate treatment side effects even within palliative settings. For example, gentle physical activity and mindfulness-based practices have been shown to relieve pain and anxiety, while anti-inflammatory nutrition may mitigate cancer-related cachexia and gastrointestinal discomfort. Health coaches play a crucial role in adapting these interventions to individual preferences and limitations, fostering adherence through motivational interviewing and goal-setting strategies.

This abstract highlights case studies and preliminary findings from a pilot program integrating health coaching and lifestyle medicine at the Center for Healthy Aging, based in Kira District. Results indicate improvements in patient-reported outcomes, emotional resilience, and satisfaction with care. By reframing palliative care not as the end of active treatment, but as an opportunity for holistic support, this approach restores a sense of agency and dignity to patients navigating the complexities of advanced cancer.

Integrating health coaching and lifestyle medicine into palliative care paradigms offers an innovative, cost-effective strategy to humanize cancer care and enhance the lived experience of patients and survivors alike.

Abstract ID: 304: Diagnosis and treatment initiation for childhood leukemia and associated factors at the Uganda Cancer Institute, Kampala.

***Authors:** Veronica Nyakato[1], Tonny Okecha[1], Priscilla Nambalirwa[2], Derrick Bary Abila[2], Banana Brenda Barungi[2], Godwin Candia[2], Moses Echodu[2], Ezra Anecho[1], Steven Kikonyogo[2], Nixon Niyonzima[1], Modern Akoragye[1], Hamidu Ssemakula[1], Linda Adong Lutada[1], Joyce B. Kambugu[1]*

***Affiliation:** [1]Uganda Cancer Institute, [2]Uganda Child Cancer Foundation, Kampala, Uganda*

Background: Timely diagnosis and initiation of treatment are crucial for improving outcomes in pediatric leukemia. This study aimed to examine diagnostic patterns, treatment initiation, and factors associated with treatment delays among children with leukemia at the Uganda Cancer Institute (UCI).

Methods: A retrospective cross-sectional review was conducted on patient files of children aged 0–17 years diagnosed with leukemia at UCI from 2021 to 2023. Using STATA 18, bivariable and multivariable Poisson regression analyses were performed to determine factors linked with delayed treatment initiation, reported as adjusted incidence risk ratios (aIRRs) with 95% confidence intervals.

Results: Eighty-seven participants were enrolled, with a median age of 10 years (IQR: 6–14). The majority were male (52.9%) and Ugandan (89.7%). Diagnoses included acute lymphoblastic leukemia (ALL, 54.0%), acute myeloid leukemia (AML, 31.0%), and chronic myeloid leukemia (CML, 8.1%); 6.9% were inconclusive. Diagnostic tests used were peripheral blood smear (34.5%), bone marrow aspirate (60.9%), biopsy (39.1%), and flow cytometry (44.8%). Chemotherapy was initiated in 78.2% of cases. Treatment delays were significantly associated with ALL diagnosis (aIRR: 5.0, 95% CI: 4.2–6.0), undergoing confirmatory diagnostics at UCI (aIRR: 6.2, 95% CI: 3.4–11.4), female sex (aIRR: 1.9, 95% CI: 1.7–2.1), and residency in Eastern Uganda (aIRR: 1.8, 95% CI: 1.6–2.0). Reduced likelihood of delay was observed in children aged 10–14 years (aIRR: 0.2, 95% CI: 0.19–0.28), 15–17 years (aIRR: 0.53, 95% CI: 0.46–0.62), and those from Western Uganda (aIRR: 0.3, 95% CI: 0.1–0.5).

Conclusion: Demographic and diagnostic factors influenced delays in leukemia treatment initiation at UCI. Improving diagnostic efficiency and developing targeted interventions could minimize delays, supporting timely treatment and better outcomes for affected children.

Abstract ID: 283: Assessing Health Workers Knowledge and Attitudes on Palliative Care in Private for Profit (Pfp} Hospitals: Quantitative Survey Study.

Author: Beatrice Buladina Juru[1]

Affiliation: [1]St. Francis Hospital Training School Nsambya

Background: Palliative care is hardily accessible in private for-profit hospitals, the services are accessed from public, private not for profit and NGO health facilities. Yet most of the population in need of palliative care does not receive the services. This is why this study is conducted in PFP hospitals to embrace palliative care Aim to assess Health Workers knowledge and attitude on palliative care Setting and Participants

Methods: This study was conducted among health workers within Kampala city in Uganda. Participants were selected from two hospitals, Case Hospital and International Hospital Kampala, which are charted and largest private for-profit hospitals This was a descriptive, quantitative study and across-sectional survey. Selective sampling was used to select the hospitals and consecutive sampling to select the participants. Data collection period was 2 weeks; a self-administered questionnaire was used. The data was analysed by a biostatistician using SPSS version 2.0 and results presented in Tables, frequency, graphs and pie-charts.

Results: A population of 242 health workers participated. Participants yielded high level of knowledge on palliative care philosophy and holistic care. Physical domain revealed high knowledge on pain management and pain assessment. Psychological domain yields high level of knowledge palliative care need during care. However some participants had low level of knowledge highlighted terminally care. The study produced low level of knowledge on social dimension, low level on spiritual aspect, and low level of knowledge on cultural domain which underpin "end of life" grief and bereavement issues. The participants yielded positive attitude towards palliative care and negative attitude projected in "end of life."

Conclusions: The study produced a high level of knowledge on palliative care. Likewise participants revealed positive attitude towards palliative care. However, the study projected low level of knowledge on "end of life" care, which is in line with the negative attitude revealed by the participants at "end of life" care.

Abstract ID: 279: Automated red cell exchange for sickle cell disease: nursing experiences in Uganda.

Authors: Nakabugo Prossy[1], Bafumba Ritah[1], Atuhairwe Ireen[1],
Atuhairwe Barbra[1], Mugerwa George[1], Ddungu Henry[1]

Affiliation: [1]Uganda Cancer Institute

Background: Sickle cell anemia (SCA) is one of the traumatizing genetic diseases in Uganda with a prevalence of sickle cell trait at 13.3% leading to serious psychosocial and economic impact on patients and their families. The common sequelae of SCA include vaso-occlusive crisis (VOC), infections, acute chest syndrome, stroke and chronic pulmonary hypertension, many of which often require emergency interventions. In 2023, Uganda cancer institute (UCI) introduced apheresis and cellular therapies to expand its expertise in complex hematological disease management marking a significant milestone in cancer nursing.

Objective: To share nurses' experience, describe clinical application, and early outcomes of a nurse led red blood cell exchange (RBCX) procedure at UCI, and to demonstrate its feasibility in a resource-limited setting.

Methods: Procedures are performed using the Spectra Optia® Apheresis System by nurses after a structured training in therapeutic apheresis procedures. All participants consent to have the procedure done after an explanation.

Results: 26 procedures have been performed, 11 being children 6-14 years. Although all had been receiving hydroxyurea, 5 had a history of stroke and recurrent VOCs and 1 was in preparation for bone marrow transplant procedures – gene therapy. All procedures were carried out smoothly with only minor transfusion reactions, while 3 procedures were aborted due to red cell antibody alloimmunization. In the first year, peripheral lines were being used but these have since been phased out and replaced with double lumen central lines due to poor venous return. The quality of life of all these patients has greatly improved with reduced hospital visits.

Conclusion: RBCX is a practically doable procedure by specially trained nurses, and an accepted therapy superior to simple chronic transfusion in the acute and chronic treatment of SCA and leads to great patient outcomes.

Abstract ID: 331: Factors Associated with Low Participation of Cervical Cancer Screening Programmes among Ethnic Minority Women Living in Developed Countries: A Critical Literature Review.

Author: Daniella Akellot[1]

Affiliation: [1]Oxford Brookes University, Oxfordshire, England UK

Background: Cervical cancer is the second commonest cancer affecting women around the world. However, despite several interventions implemented in developed countries, cervical cancer mortality remains high, especially among ethnic minority women. Notably, a limited number of ethnic minority women attend cervical cancer screening. Investigating the prohibitive factors that influence the attendance of ethnic minority women in cancer screening programmes will contribute to development of innovative strategies aimed at increasing their participation.

Objective: The primary objective of this review is to determine the factors prohibiting ethnic minority women from attending cervical cancer screening in developed countries.

Methods: A data search was performed using keywords in electronic databases i.e.; PubMed, CINAHL, MEDLINE, SOLO; hand-searching journals in the Oxford Brookes University Library; crosschecking reference lists of acquired articles and contacting authors of publications. Selected research papers were critically appraised using the CASP tool and analyzed using thematic analysis.

Results: From the 417 articles identified from the data search, 12 met the inclusion criteria for this study. Three key themes emerged as major factors prohibiting ethnic minority women from attending cervical cancer screening i.e.; psychological, demographic and behavioural factors. Under psychological factors, the distrust of the Pap smear tests was a significant barrier to cervical cancer screening. Regarding demographic factors, length of residence was noted as one of the prohibitive factors whereas sexual inactivity was highlighted as a behavioural factor associated with low attendance of ethnic minority women in cervical cancer screening.

Conclusions: Numerous factors contribute to poor attendance of ethnic minority women in cervical cancer screening interventions. This reveals the need to raise awareness about cervical cancer screening among ethnic minority women to highlight benefits and demystify misconceptions.

Track 6: Personalized and Culturally inclusive Care

Abstract ID: 320: Palliative Wound Care Management in St Francis Hospital Nsambya

Authors: Elizabeth Babirye[1], Jennifer Nabweteme[1]
Affiliation: [1]St Francis Nsambya hospital

Background: Palliative wound care can is an important component of patient/family care and support, yet it continues to receive less attention. A significant proportion of palliative care patients present with wounds which require long term care and negatively impact the quality of life of patients and their families. Managing wounds in palliative care patients presents unique challenges, particularly when access to specialized wound care is limited. There is a need for evidence for managing such wounds effectively in home and hospital settings.

Aim: We use a case study approach to describe a family-centred approach to wound care focuses on managing symptoms and improving quality of life for patients with nonhealing wounds, rather than solely focusing on healing.

Results: This case study describes a person-centred approach to would care. Our approach starts with assessing for pain, pain, pruritus, infection, trauma/bleeding, and odor. This assessment then informs our development of the treatment and care plan. We present a pictorial illustration for techniques for managing common wound symptoms, including pain relief, odor control, exudate management, pruritus alleviation, bleeding control, and infection prevention. Working with the patient and family, we set goals of care which are evaluated at each visit. We prioritise the use of locally available supplies such as gauze, and sepsol which is locally produced at the Uganda Cancer Institute.

Conclusion: Person centred wound care which focus on proper assessment, setting of goals of care, training the patient and family on how to care for the wound and use of locally available supplies to support the treatment and care process.

Part 6: Recognition, & Acknowledgements

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