THE REPUBLIC OF UGANDA

Cancer on the rampage: What are the challenges facing the Uganda Cancer Institute?

Overview

The Mission of the Uganda Cancer Institute (UCI) is to provide state-of-the-art cancer care services while advancing knowledge through research and training of healthcare professionals in cancer care. Efforts are underway to transform the UCI into a regional centre of excellence with a system for higher referrals in line with its mandate as a lead agency in implementation of comprehensive National Cancer Control Program (NCCP).

The UCI offers: i) Cancer research, ii) Cancer care services which include patient diagnosis, registration, treatment, and counselling. Provision of social support, physiotherapy, palliative care, support drugs and dispensing of oral chemotherapy and iii) Cancer outreach services. These include static cancer screening clinics, patient follow-ups, survivors programs, cancer awareness campaigns, community programs and mobile cancer care clinics.

Since its inception, the UCI has faced a number of challenges that have constrained its performance as far services delivery is concerned. This briefing paper highlights the challenges faced by the Institute identified during monitoring in Q2 FY2014/15.

Key issues

- The number of patients diagnosed and treated with cancer has increased from 2,037 in 2010 to 3,024 in 2014.
- Inadequate resources despite the increase in the number of people seeking treatment.
- UCI has outdated equipment characterized by frequent breakdowns.
- Inadequate drug combinations to effectively manage cancer.
- UCI is understaffed with a doctor-patient ratio at 1:100, nurse-patient ratio at 1:50.

Background

The Uganda Cancer Institute was established in 1967 as a cancer research and treatment centre just five years after independence in collaboration with National Cancer Institute of USA and Makerere University.

Its main research focus was the role of pathogens such as viruses in the causation of cancers; adopt new cancer therapy and preventive strategies, provide country wide cancer consultation services and oncology training, priotization of cancer prevention and control with emphasis on immunization and early detection. At the time, the Institute was operating in old Mulago buildings with restricted functional space.

The Uganda Cancer project started in FY 2009/10. The UCI then had attained its semi-autonomous status having been separated from Mulago Hospital. This project therefore was conceived as a phased development of the existing infrastructure at UCI to eventually turn into a modern regional centre of excellence for cancer care in Africa. Initial project work emphasized remodelling the then existing old structures and setting up temporary ones. The next phase will involve setting up of regional cancer centres countrywide. In a bid to increase cancer awareness, the Institute conducts community outreach screening campaigns countrywide.

Key Challenges facing the UCI

High patient load: The UCI is the only one of its kind in Uganda and is overwhelmed by the high patient numbers. This is a result of increasing cancer awareness and incidence in the country. The high patient numbers are partly due to the changes in lifestyles with the population increasingly taking fast foods which are not healthy. Cancer care in Uganda has not been decentralized; the UCI is the only facility in the country that offers cancer care services, thus contributing to the high patient numbers at the institute. Table 1 illustrates the increase in number of patients for the past four financial years

Table 1: Trends in number of patients seeking cancer care services

	2010/11	2011/12	2012/13	2013/14
Number of patients diagnosed with cancer	2,037	2,652	2,926	3,024
Number of patients treated for cancer	2,037	2,652	2,926	3,024
Number of patients followed up	24,816	26,174	28,168	30,179
Number of cancer deaths recorded	1,019	1,326	1,463	1,512
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Source: UCI

The rising trend calls for efficient management in terms of care and early detection.It was also reported that a number of patients come for screening when it is too late which has led to an increase in cancer deaths.

Staffing gaps; there is a human resource shortage with a doctor to patient ratio of 1:100 a day. The staffing levels are at 45% with most of the critical cadres missing. The UCI has only one physiotherapist and one counsellor. Under the cancer services, there are 183 approved vacancies but only 94 are filled and 89 vacant. Some of the critical cadres are shown in table 2 below.

Table 2: Staffing levels for selected staff cadres

CANCER SERVICES	Approved No.s	Filled	Vacant
Cancer Epidemiology	1	0	1
Cancer Research and Training Officer (Consultant)	2	0	2
Counsellor	3	0	3
Doctor and Research Fellow	4	0	4
Health Educator (Community Educator)	4	0	4
Medical Officer	18	9	9
Physiotherapist	2	1	1
Principal Nursing Officer	4	0	4
Principal Pharmacist	1	0	1
Principal Radiographer	3	0	2
Senior Consultant	3	1	2
Senior Pharmacist	1	0	1
Senior Physiotherapy	1	0	1

Source: UCI

Without the right cadre mix, cancer care becomes very complicated especially detection, management and follow-up phases.

Inadequate funding: The Institute's approved budget has been inadequate for the last three financial years. The UCI is unable to recruit new staff due to the low wage bill. This has translated into the inability to attract and retain personnel for specialized nursing care.
The insufficient funding has affected the performance of the UCI as it is unable to acquire essential items like chemotherapy protective gears for the staff. This impacts on the lives of service providers since radiations and human/bio waste is highly contagious. The UCI is also unable to meet maintenance costs and operational costs that limit public campaigns for awareness.

Drugs shortage: In most cases treatment of cancer involves a combination of a number of drugs for effective management. For a patient to be effectively treated, all the medicines need to be available to complete the required combination of the cycle. Many times, National Medical Stores (NMS) does not supply enough medicines required for treatment. This affects patient recovery as it takes longer for the patients to recover or be fully treated; The patient's cycle is interrupted therefore affecting the effectiveness of the treatment. In addition this increases the cost of treating a single patient and sometimes it leads to loss of life.

A randomly selected patient was interviewed in February 2015; Ms Aduka Visula, a 73-year-old female from Soroti district had been hospitalised and on oxygen for over two weeks. She was diagnosed with throat cancer. Aduka was satisfied with the quality of services received. However, she was often asked to buy some drugs which were not available at the UCI. These included; Rabeprazole which she bought at Ug shs 190,000 from a nearby pharmacy, dexathasee at Ug shs 16,000. She also paid for a scan at Ug shs 50,000 and laboratory tests at Ug shs 10,000. Her attendant noted that these fees were very high for ordinary Ugandans.

Inadequate furniture and equipment: Since the completion of the six-storey cancer ward, it has not been fully utilized because of the absence of the required equipment such as beds in the wards hence a high number of floor cases with a number of patients staying on the verandas of the institute.
In order to fully operationalize the ward the UCI should procure more furniture and specialized equipment for better service

The cancer ward which needs to be fully equiped

Outdated equipment; the equipment at the UCI is characterized by frequent breakdowns leading to high maintenance costs, inaccurate results and long exposure of patients to radiation. Some of the old equipment includes a brachytherapy machine and a simulator.
The institute does not have born marrow needles, x-ray films and sometimes some consumables necessary for this work to bedone are not supplied by the NMS.

For example according to the BMAU Q2 FY2014/15 monitoring report, the UCI planned to have 2000 new patients treated; 400 brachytherapy insertions; 1600 patients to be simulated; but by half year, only 500 new patients were treated, 100 brachytherapy insertions done and 400 simulations were done. This poor performance (25% achievement) was attributed to the outdated machines.

Conclusion

The level of cancer awareness and the number of people who seek screening have increased therefore more cancer cases are diagnosed. The Institute has been unable to offer the expected services due to the limited funding as reflected in understaffing, poor equipment and limited supplies. The preventive component of cancer should be strengthened through sensitization, and timely access to screening services.

Recommendations

1. The Ministry of Finance, Planning and Economic Development and Ministry of Public Service should increase the UCI wage bill to facilitate recruitment of medical officers, consultants and nurses for improved service delivery in cancer care.

2. The Ministry of Health should further prioritize non-communicable diseases including cancer by providing substantial budgets to both preventive and curative strategies.

3. GoU should increase funding for cancer drugs.

4. The UCI should prioritize procurement of modern equipment for improved service delivery

References

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- *Ministry of Health (2014); Ministerial Policy Statement, FY 2014/15 (Kampala 2014)*
- *Public Investment Plan (PIP) FY 2012/13– FY 2014/15*

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