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General data

POPULATION, 2023
48,582,334

PHYSICIANS/1000 INH, 2020–2022
0.17

NURSES/1000 INH, 2020–2022
2.27

LIFE EXPECTANCY, 2022
68.71

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
157

GDP PER CAPITA (US\$), 2023
1,002.31

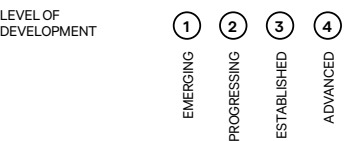
HEALTH EXPENDITURE, 2021
43.45

UNIVERSAL HEALTH COVERAGE, 2021
49



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

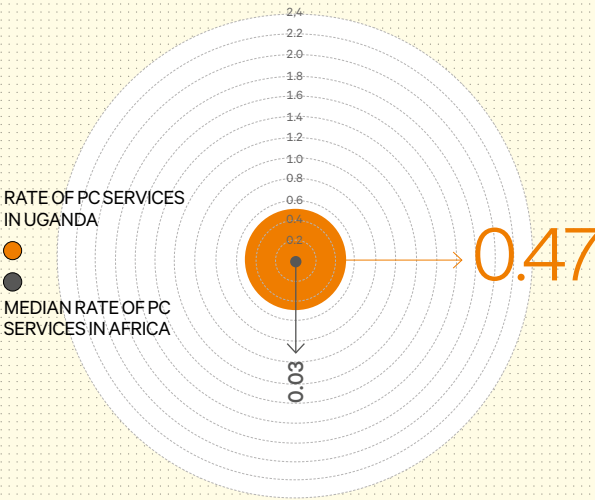


Uganda

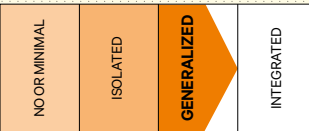
F Provision of PC (Specialised Services)



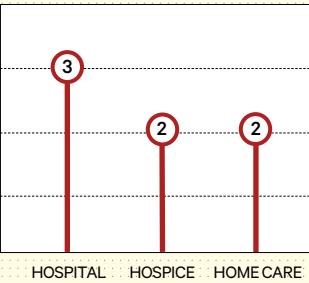
Uganda in the context of African continent



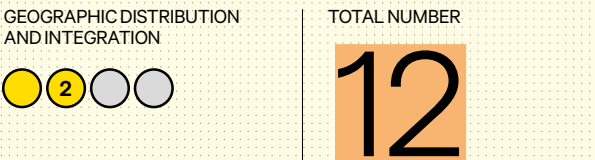
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



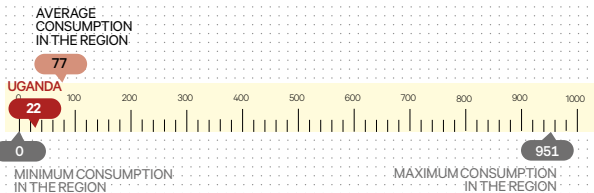
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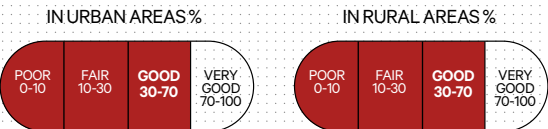
D Use of essential medicines



Uganda in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Palliative Care Association of Uganda (PCAU).

Consultants: Brian Nambale, Cynthia Kabagambe, Eve Namisango, Joyce Zalwango, Lisa Christine Irumba, Mark Donald Bikosa Mwesiga.

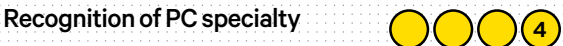
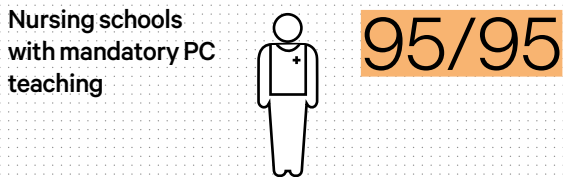
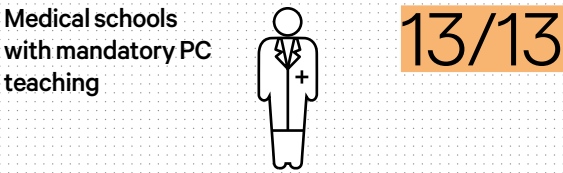
Data collected: From December 2023 to March 2024.

Date validated by consultants: Yes

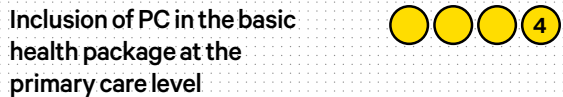
Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training







B Policies





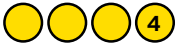

A Empowerment of people and communities



AF Uganda

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)	The Palliative Care Association of Uganda (PCAU) plays a pivotal role in advocating for and coordinating the development of palliative care (PC) nationwide. Working closely with the Ministry of Health (MoH), PCAU has significantly influenced national policies, including the formulation of the National PC Policy and the PC Communication Strategy. It supports the MoH in quarterly coordination meetings, mentorship visits, and monitoring of service quality. PCAU leads efforts to ensure equitable access to oral morphine and advocates for integration of PC into national health insurance and UHC strategies. Its initiatives have contributed to major policy shifts, such as the MoH directive requiring PC units in all public hospitals. Furthermore, PCAU collaborates on PC education with multiple ministries and academic institutions, including the launch of the Advanced Diploma in PC Nursing. Through these multi-level efforts, PCAU has become a key driver of Uganda's national palliative care agenda.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on living wills and/or on advanced directives.	Uganda's Ministry of Health formally acknowledges patients' rights relevant to palliative care in the Patient Rights and Responsibilities Charter (2019). Section 1, Article 12, guarantees the patient's right to refuse treatment, affirming their autonomy in medical decision-making. Section 2, Article 25, allows patients to express their wishes regarding the process of dying, including the use of a living will. This provision states that patients may advise health service providers on their preferences for dignity in dying, spiritual support, organ support, and palliative care.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, but not actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Palliative care is integrated into several national health frameworks in Uganda. It is included in the Universal Health Coverage (UHC) Package, the National Community Health Strategy (2022), the National Cancer Control Plan, and the National HIV & AIDS Strategic Plan. The current National Health Policy II identifies palliative care as a standalone objective. Although steps were taken to develop a dedicated National Palliative Care Strategy, the final policy had not been published by the end of the reporting period. To support planning and monitoring, palliative care indicators have been incorporated into the National Health Management Information System (HMIS) and the District Health Information System (DHIS) II. These tools facilitate routine data collection on service delivery, helping to track implementation at national and district levels.

AF Uganda

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The Indicators to monitor and evaluate progress are currently implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	Palliative care is included in Uganda's National Health Policy and the National Minimum Health Care Package. Human resources for palliative care are allocated from Health Centre III level, which is the second-lowest tier of service delivery within the community-based health system.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is no authority defined.  There are concrete functions, staff and budget.	There is an active Division of Palliative Care and Hospice Services at the Ministry of Health Uganda led by the Assistant Commissioner and is also comprised with Senior Medical Officer paid by the government with concrete functions but the budget allocation is limited.

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Uganda

<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div></div><div></div><div>4</div></div></div> <div>At least one national conference specifically dedicated to palliative care every 3 years.</div>	<div>Since 2003, the Palliative Care Association of Uganda has organised national palliative care conferences on a biennial basis. Beginning in 2017, these events have been co-hosted with the Uganda Cancer Institute as joint cancer and palliative care conference.</div>
<div>Ind7</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div><div></div><div></div><div>3</div><div></div></div></div> <div>Represents a considerable amount of articles published..</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 117 peer-reviewed articles on palliative care in Uganda that met the inclusion criteria for this indicator.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div><div></div><div></div><div></div><div></div><div>22</div></div><div>S-DDD PER MILLION INHAB /DAY</div></div>	<div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>UGANDA</div><div>22</div><div>0</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>951</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div>

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Uganda

<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div></div><div></div><div>3</div><div></div></div></div> <div>Good: Between 30% to 70%</div>	<div>Uganda’s essential medicines list includes palliative care medications. These are accessible from Health Centre Level II through to the national referral hospital. In government facilities, medicines are dispensed at no cost to patients. In private facilities, the same medicines are available on a paid basis.</div>
<div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div></div><div></div><div>3</div><div></div></div></div> <div>Good: Between 30% to 70%</div>	
<div>Ind10</div> <div>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div><div></div><div></div><div></div><div>4</div></div></div> <div>Very good: Between 70% to 100%.</div>	<div>In Uganda, immediate-release oral morphine is provided free of charge by the government to all accredited public and private health facilities, including regional referral hospitals, general hospitals, and Health Center IVs. There are 230 accredited facilities authorized to order and provide oral liquid morphine, but only prescribers trained in palliative care can request it from the National Medical Store. While all accredited facilities offer immediate-release morphine at no cost to patients, they cover 73% of the districts, with at least one facility available in 107 out of 146 districts.</div>
<div>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div><div></div><div></div><div></div><div>4</div></div></div> <div>Very good: Between 70% to 100%.</div>	

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Uganda

Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

13/13



In Uganda, formal palliative care education is integrated into the undergraduate curricula of all medical and nursing schools, as well as clinical officer schools. The country has 13 medical schools and 17 clinical officer schools, where palliative care modules are compulsory for all students. Additionally, palliative care education is mandatory in all 95 nursing schools across the country. Notably, there are no optional palliative care courses, as the inclusion of this subject is standardized and consistent across all institutions.

0/13

95/95

0/95

Ind12

- Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

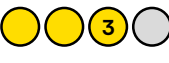
The Uganda Medical and Dental Practitioners council has established register for Palliative Care Medicine specialists, recognizing Palliative Care Medicine as subspeciality in Internal Medicine.

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Uganda

Ind13

- 13.1. There is a system of specialised PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.
- 13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 13.4. **HOME CARE** teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.



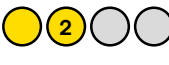
Generalized provision: Exists in many parts of the country but with some gaps.



In a growing number of private hospitals.



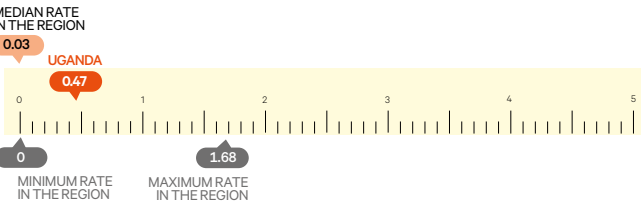
Ad hoc/ in some parts of the country.



Ad hoc/ in some parts of the country.

In Uganda, palliative care is delivered by multidisciplinary teams comprising physicians, nurses, paramedics, pharmacists, social workers, psychologists, physiotherapists, chaplains, and volunteers, working collaboratively with patients and their families. Specialist palliative care services are available at 226 accredited public and private facilities, encompassing a variety of care models, including outpatient services, inpatient units, consultation teams (home, community, and hospital-based), day care services, roadside clinics, and community outreaches. Among these, there are 13 stand-alone hospices distributed across the country and 17 well-established homecare programmes, primarily operated by private organizations and hospitals, with limited involvement from government entities. Additionally, there are 12 specialized paediatric palliative care services.

RATE OF SPECIALISED PC SERVICES/100,000 INH

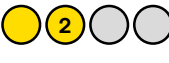


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← SPECIALISED PALLIATIVE CARE SERVICES

Ind14

- 14.1. There is a system of specialised PC services or teams for **children** in the country that has geographic reach and is delivered through different service delivery platforms.
- 14.2. Number of pediatric specialised PC services or teams in the country.



Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.

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PPC TEAMS

Mildmay Uganda, Hospice Africa Uganda, Mulago Hospital, Kawempe Home Care, Uganda Cancer Institute (UCI), Mbarara Regional Referral Hospital, Kitagata Hospital, Rays of Hope Jinja, Peace Hospice. The Bless a Child Foundation now covering 3 sites: Akiba and Aladina at Kampala and Grace at Mbarara. Other health care providers are also developing services and provide occasional care as needed.