

Uganda moves to end costly India trips for 20,000 cancer patients each year

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For years, a cancer diagnosis in Uganda has often come with a second, unspoken prescription: a plane ticket to India.

Families have sold land, emptied savings accounts, and organized frantic fundraisers to finance treatment thousands of miles away. Parents have left their children behind for months. Patients have navigated unfamiliar hospitals in foreign cities while battling the most difficult fight of their lives.

An estimated 20,000 Ugandans travel to India each year seeking advanced medical care, including specialized cancer treatment. For many, the journey is as punishing as the disease itself, financially draining, emotionally exhausting, and physically risky.

Now, one Kampala hospital says that may begin to change.

C-Care IHK has announced a partnership with leading Indian oncology institutions, including Gleneagles Hospitals and Fortis Hospitals, in a move aimed at strengthening Uganda's capacity in bone marrow transplants and precision cancer treatment. The collaboration was unveiled during a high-level Continuing Medical Education (CME) session in Kampala, featuring renowned haemato-oncologist Dr. Rajeev Vijayakumar.

The message was clear: the expertise that once required a long-haul flight could increasingly be found at home.

Cancer treatment has changed dramatically over the past decade. Where doctors once relied largely on broad chemotherapy protocols, they now increasingly turn to genomics, the study of a patient's genetic makeup, to guide treatment decisions.

Vijayakumar told Ugandan clinicians that understanding the genetic mutations driving a patient's cancer allows doctors to tailor therapies with far greater precision.



Uganda cancer institute, Mulago

Instead of treating cancer as a uniform disease, doctors can now identify the specific molecular changes fueling tumour growth and choose treatments designed to target them.

"Oncology is rapidly evolving from a one-size-fits-all model to highly personalized treatment," said Dr. Alicia Adatia of C-Care IHK's Oncology Department. "Through partnerships like this, Ugandan patients can benefit from the latest advances without leaving the country."

The CME session focused on integrating these advanced haemato-oncology practices, particularly for blood cancers, into Uganda's healthcare system. That includes preparing local teams for bone marrow transplant (BMT) procedures, one of the most complex and resource-intensive cancer treatments.

For patients with certain leukemias, lymphomas, and other blood disorders, a bone marrow transplant can be lifesaving. But until recently, such procedures have

largely been out of reach domestically, forcing patients to look abroad.

THE COST OF LEAVING

The numbers tell only part of the story.

When 20,000 Ugandans travel annually to India for advanced care, they carry with them more than medical files. They carry hope, fear, and the weight of entire extended families who have pooled resources to make the trip possible.

Treatment abroad often means months away from home. Accommodation, transport, and living expenses pile up alongside hospital bills. Language barriers and cultural differences add another layer of stress.

For many, the journey is simply impossible.

By strengthening local oncology services, C-Care IHK hopes to ease that burden, financially and emotionally, and keep families together during treatment.

The hospital says it has invested in advanced diagnostic imaging, specialized oncology infrastructure, and multidisciplinary teams capable of handling more complex cases. That includes evaluating patients for bone marrow transplants and

developing genomic-guided treatment plans.

Dr. Miriam Mutero Musinga, General Manager of C-Care IHK, framed the partnership as part of a broader ambition.

"We are building a healthcare ecosystem grounded in clinical excellence and global collaboration," she said. "Our partnership with internationally recognized oncology centers strengthens our ability to deliver the full continuum of care, from early diagnosis to advanced treatment."

That phrase, "full continuum of care," is critical. Effective cancer treatment does not begin in the operating theatre or chemotherapy ward. It begins with early detection, accurate diagnosis, and coordinated follow-up.

Uganda, like many countries in sub-Saharan Africa, faces rising cancer rates alongside limited specialist capacity. Expanding expertise in haemato-oncology and precision medicine could help narrow a gap that has forced patients to seek care abroad.

The collaboration with Indian institutions is not just symbolic. India has become a global hub for complex but comparatively affordable cancer treatment, drawing patients from across Africa. By transferring skills, protocols, and training to Kampala, the partnership seeks to localize that expertise.

A TURNING POINT — IF IT DELIVERS

Transforming cancer care is not accomplished in a single announcement. Bone marrow transplants require highly trained teams, rigorous infection control, and sustained investment. Precision medicine depends on reliable laboratory systems and access to targeted therapies.

The real test will be whether these partnerships translate into routine, high-quality services accessible to ordinary Ugandans, not just a select few.

Still, for thousands of families who have equated cancer treatment with international travel, the shift is significant.

If Uganda can offer more advanced care at home, the diagnosis that once meant passports and painful goodbyes may instead mean something quieter: treatment close to family, within familiar walls, in the comfort of one's own country.

For nearly 20,000 Ugandans who look abroad each year for hope, that possibility alone feels like relief.