

Govt to scale up sickle cell care to lower facilities as local production begins

PHOTO BY SANYA

By John Musenze

The Ministry of Health has announced plans to expand sickle cell treatment services to lower health facilities across the country.

The development follows the commissioning of the Hydroxyurea Manufacturing Facility by Quality Chemical Industries Limited (QCIL) in Luzira, Kampala, where the company also unveiled *Sikurea*, a locally produced *hydroxyurea* medicine used in the treatment of sickle cell disease.

The first locally manufactured drug is expected to reduce drug shortages, lower treatment costs and improve access to life-saving care for thousands of patients.

DECENTRALISING TREATMENT

Launching the facility on Wednesday, the Ministry of Health Permanent Secretary Dr Diana Atwine said local production would help Uganda take control of its medicine supply chain, like the life-saving *hydroxyurea*, while allowing the Government to decentralise sickle cell treatment beyond major referral hospitals.

"We will not have stock-outs, we will not have delayed

Pharmaceutical independence

Speaking during the unveiling of *Sikurea*, a locally produced *hydroxyurea* medicine used in the treatment of sickle cell disease, the founder of Quality Chemical Industries Limited (QCIL), Emmanuel Katongole said the *hydroxyurea* plant represented a long-awaited African solution to a disease that has affected millions of families across the continent for generations. "For decades Africa has exported raw materials and imported expensive

medicines back at unaffordable prices. This facility changes that conversation," Katongole said.

The Chief Executive Officer of QCIL, Ajay Kumar Pal described the *hydroxyurea* facility as the beginning of a new chapter in African pharmaceutical independence.

"This is bigger than manufacturing a tablet. It is about restoring hope to families who have lived in fear for years wondering whether treatment will be available tomorrow," Pal added.

shipments and we will not have foreign exchange shortfalls. We are now in charge of the supply chain of our country," Atwine said.

Atwine revealed that the Government had already increased budget allocations for *hydroxyurea* procurement.

She added that the drug was being pushed to be included on Uganda's essential medicines list following discussions among African health ministers.

COMMUNITY HEALTH EXTENSION

She said government plans to progressively distribute *hydroxyurea* through regional referral hospitals, health centre IVs and eventually lower health facilities, including Health Centre IIIs and IIs, to reduce the long distances families travel seeking treatment, unlike now when drugs and care can only be accessed at general hospitals and referrals across the nation.



L-R: Katongole, Atwine and Kumar Pal during the launch of the *Sikurea Hydroxyurea* factory and 500mg capsules for the treatment of sickle cell at Luzira on Wednesday

PAEDIATRIC WARDS ADMISSIONS

Atwine said the disease continues placing enormous pressure on paediatric wards across the country, with some hospitals recording more than half of admissions involving sickle cell patients.

"Whenever I visit paediatric wards, over 50% of those admissions are sickle cell warriors, with 20% of child mortality caused by sickle cell," she said.

COSTLY SICKLE CELL DOSAGE

In private pharmacies, a month's supply of imported *hydroxyurea* has often cost between sh150,000 and sh300,000 depending on

dosage and availability, placing it beyond the reach of many households already burdened by repeated admissions, transport costs and long-term caregiving. The challenge became more severe during and after the COVID-19 pandemic when global supply chain disruptions delayed shipments of specialised medicines across Africa.

Uganda records approximately 20,000 babies born with sickle cell disease every year, placing the country among those carrying the world's highest burden. More than 36% of Ugandans are estimated to carry the sickle cell trait.

At Mulago National Referral Hospital's sickle cell clinic alone, doctors review nearly 500 patients every week, most of them children whose families struggle to maintain consistent treatment because of high costs and unreliable supplies.

Dr Deogratius Munube, a haematologist, said interruptions in treatment often push patients back into severe crises, creating prolonged hospital stays.

"Wider access to *hydroxyurea* will reduce complications before they escalate and lower the demand for emergency blood transfusions," Munube said.