

From Access to Impact: The Access to Oncology Medicine (ATOM) Coalition Approach

Lessons and experiences from Uganda

ICCP ECHO, 21st October 2026

Dr. Annet Nakaganda
Country Focal Point, ATOM Coalition, Uganda
Ananda Centre for Cancer Research (ACCR)



A UICC-led
initiative

A **UICC**-led initiative improving access to cancer medicines in LLMICs.



ATOM
Access to Oncology Medicines



A UICC-led
initiative

A pressing need for action

Less than 50% of the cancer medicines listed on the WHO Model List of Essential Medicines were available in LLMICs in 2022. With more than 3.5 million new cancer cases diagnosed annually in these countries, and an estimated 2.3 million premature deaths attributed to cancer.

Only a minority of countries had pathology services available in the public sector.

Despite growing attention, these gaps persist today, underscoring the urgency to act.



The ATOM Coalition partners

Led by  **UICC**

In collaboration with ATOM Coalition partners:



And supported by:



With official observers:

Key barriers to access to cancer medicines in LMICs

Health systems

- Financial, regulatory, political, logistical challenges
- Insufficient health care workforce
- Lack of access to diagnostics and other complementary treatments
- Fragmented supply chain

Stakeholders with different objectives

- Patients, families and communities, MoHs, WHO, CSOs, pharmaceutical companies, patient organisations, HCPs, hospital administration, procurement and supply chain bodies supply chain

Limited availability of generic, patented + pipeline medicines

- Small-scale access programmes and donations
- Limited predictability in fragile settings or smaller countries
- Smaller volumes, limited forecasting



46 countries

Eastern Mediterranean

Egypt, Morocco, Tunisia,
Pakistan

Americas

Belize, Bolivia, El Salvador,
Guatemala, Haiti,
Honduras, Nicaragua

Europe

Georgia, Kosovo, Kyrgyz
Rep., Tajikistan, Uzbekistan

Africa

Angola, Benin, Côte d'Ivoire,
Burundi, Cameroon,
Ethiopia, Republic of the
Congo, Ghana, Guinea,
Kenya, Madagascar, Malawi,
Mozambique, Rwanda,
Senegal, Tanzania, Togo,
Uganda, Zambia

South-East Asia

Bangladesh, Bhutan, India,
Nepal, Sri Lanka, Indonesia

Western Pacific

Cambodia, Lao, Mongolia,
Papua New Guinea,
Philippines

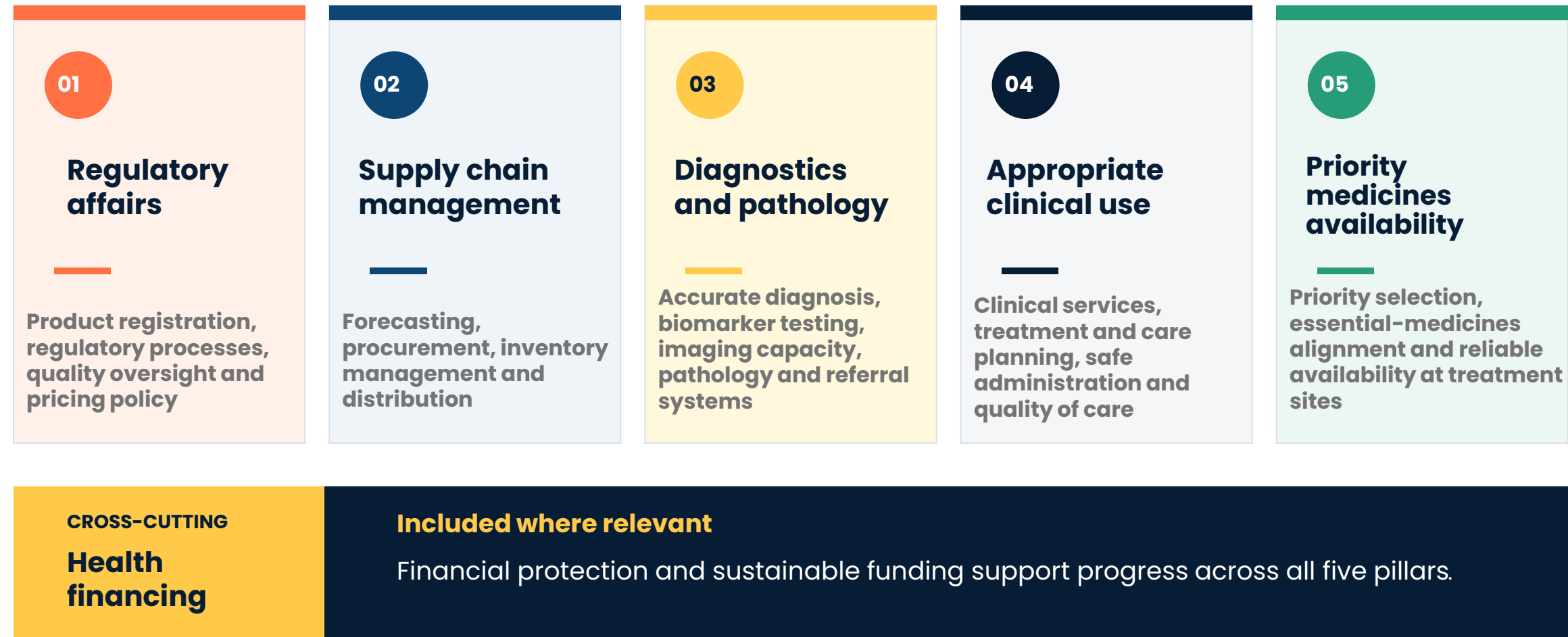
11 countries



The ATOM Coalition Approach: Access pillars

ATOM COALITION

A country-led framework to strengthen access to quality cancer care



ATOM Uganda: the national situation assessment

Methodological Approach

A National Situational Analysis Assessing Access to Oncology Medicines and Diagnostics in Uganda

Structured ATOM questionnaire

Literature and document review

Key informant interviews

Stakeholder validation workshops

Purpose: Generate locally relevant evidence to identify gaps, inform priorities and guide implementation.

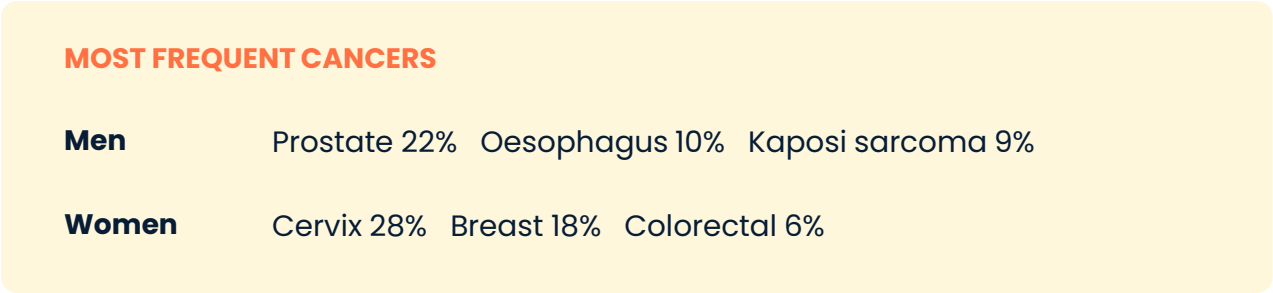


The national situation assessment: What we learned; Uganda cancer landscape

High cancer burden, frequent late diagnosis and strong national clinical leadership



Estimated cancer burden, 2024



HEALTH-SYSTEM CONTEXT

1

Late diagnosis

Most patients present with advanced disease at central level.

2

National leadership

Uganda Cancer Institute provides strong cancer leadership.

3

Established partner network

University of Washington, C/Can, Global Cancer Financing Platform, ACS, ASCP, Direct Relief and ASCO.

COUNTRY OPPORTUNITY

Build on UCI leadership and partner presence to connect earlier diagnosis, stronger pathology and predictable access to priority medicines.

The opportunity is to translate existing institutional strengths into coordinated national implementation.

Uganda regulatory affairs: strong platform, clear next steps

UGANDA FINDINGS + PRIORITIES

Established systems provide a foundation; the next phase should improve clarity, maturity and affordable access.

FOUNDATION TO BUILD ON

Established regulator and infrastructure

Autonomous authority, monthly drug register, standardised processes and a WHO-prequalified quality-control laboratory.

Reliance and accelerated pathways

WHO and stringent-authority reliance, EAC harmonisation, fast-track review and exceptional importation routes.

Affordability tools already in place

Tax waivers, generic promotion, pooled procurement and internal reference pricing provide a starting point.

THREE PRIORITY ACTIONS

01

Publish clear oncology regulatory pathways

Document eligibility, evidence, timelines and routes for cancer medicines, diagnostics and supportive care—helping close registration gaps.

02

Progress toward WHO maturity level 3

Use a structured strengthening plan with training, mentorship, continuous professional development and standard operating procedures.

03

Link product access to evidence and financing

Align health technology assessment and treatment protocols with product introduction, pricing and reimbursement mechanisms.

INTENDED RESULT

A more transparent and predictable pathway for quality-assured, affordable cancer medicines and diagnostics.

Uganda supply chain: stronger planning can reduce interruptions

UGANDA FINDINGS + PRIORITIES

Existing procurement expertise and flexible routes provide a base for a more reliable national supply system.

FOUNDATION TO BUILD ON

Oncology procurement expertise

UCI pharmacists and clinicians inform product selection, forecasting and specialised medicine procurement.

Public investment and flexible routes

Government funding has increased, while framework contracts and patient import waivers provide varied options for procurement.

Storage and market capacity

UCI has cold-chain capability, and Uganda has a sizeable pharmaceutical market with growing domestic manufacturing.

THREE PRIORITY ACTIONS

01

Coordinate national planning and quantification

Align budgets, orders and delivery timelines, using consumption, treatment, stock, lead-time and financing data to forecast demand.

02

Introduce end-to-end stock visibility

Use facility-level electronic reporting, expiry alerts, regular inventory reviews and redistribution to respond earlier to shortages.

03

Prepare regional services for safe distribution

Expand cold-chain and storage capacity and train regional teams in cytotoxic handling, forecasting and safe distribution.

INTENDED RESULT

Fewer stockouts and treatment interruptions, with reliable supply beyond Kampala.

Uganda diagnostics and pathology: quality access beyond Kampala

UGANDA FINDINGS + PRIORITIES

Strong national leadership and expanding regional equipment can support a more connected diagnostic network.

FOUNDATION TO BUILD ON

Leadership and core diagnostic capacity

National institutions and motivated pathologists support established histology, selected immunohistochemistry and quality improvement.

Laboratory quality foundation

More than 100 laboratories are reported as accredited across the national laboratory system.

Regional expansion has started

Government-supported anatomic pathology equipment is reaching referral hospitals, with Lira operational and more sites planned.

THREE PRIORITY ACTIONS

01

Map capacity and define service levels

Assess laboratories, equipment, workforce and tests, then define which services should be available nationally and at regional hubs.

02

Standardise referral, reporting and turnaround

Adopt common specimen requirements, tracking processes and reporting guidance, supported by digital reporting and routine monitoring.

03

Expand workforce, quality and regional access

Combine mentoring and training with costing and quality tools to build sustainable histology, biopsy and biomarker testing at selected hubs.

INTENDED RESULT

Earlier, more accurate diagnosis and reliable biomarker information for treatment selection.

Uganda appropriate clinical use: consistent and safe care across facilities

UGANDA FINDINGS + PRIORITIES

UCI offers strong clinical leadership and multidisciplinary experience that can support regional treatment delivery.

FOUNDATION TO BUILD ON

Strong clinical leadership at UCI

Oncologists, pharmacists and researchers support treatment, training, guideline adaptation and procurement decisions.

Research and safe preparation experience

Clinical research and laminar-flow cabinets at UCI provide a base for introducing and monitoring systemic therapies safely.

Multidisciplinary practice exists

UCI uses multidisciplinary cohorts to guide complex decisions and monitor treatment completion, safety and quality.

THREE PRIORITY ACTIONS

01

Disseminate treatment protocols nationally

Include diagnostic requirements, referral pathways and systemic therapy standards so facilities use consistent evidence-based regimens.

02

Improve care-quality data and communication

Track treatment initiation, completion, abandonment and toxicity, while strengthening patient counselling and shared decision making.

03

Build regional clinical and safety capacity

Train regional teams, introduce tumour boards and phase in safe preparation procedures, equipment and supervision outside Kampala.

INTENDED RESULT

Consistent, safe and patient-centred use of cancer medicines across the country.

Next Step: Implementation Phase

ATOM COALITION

A country-led pathway from initial selection to sustainable implementation

03

Implementation

Collaboratively develop an action plan

Validate the plan with
the Ministry of Health
(and key stakeholders)

Implement technical
assistance and capacity
strengthening

Support research and
knowledge exchange

04 Scale and sustainability

Embed interventions in national systems

Scale effective
approaches

Knowledge exchange
and advocacy

**M&E
throughout**

**Track readiness, implementation progress, access and patient benefit across all
phases**



ATOM
Access to Oncology Medicines



A UICC-led
initiative



If you have any questions,
please contact atom@uicc.org