



# 1st Dissemination of the East African Community Regional Strategic Framework for Prevention and Control of NCDs (2024 – 2030) in Uganda

Held on 23rd May, 2025





East African Community



Burundi



Kenya



Rwanda



Tanzania

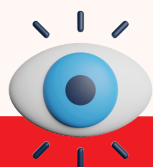


Uganda



Zanzibar

## EAC REGIONAL STRATEGIC FRAMEWORK FOR PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (2024-2030)



### VISION

A healthy and prosperous EAC population free of  
preventable Non-Communicable Diseases



### MISSION

Collaboratively address and mitigate the burden of NCDs in  
the East African Community (EAC) through harmonised  
policies and evidence-based interventions.



### GOAL

To reduce the premature mortality due to NCDs by 20%, in  
the East African Community (EAC Partner States) by 2030.



## Table Of Contents

1.0 Introduction	3
2.0 Uganda's NCDs Situation	4
3.0 Objectives of the workshop	4
4.0 Perspectives from the dissemination event	5
5.0 Challenges, Reflections and Recommendations from the event discussants	8
Closing remarks	11



## 1.0 Introduction

**N**CDs are some of the leading causes of death in Uganda with 37% of deaths resulting from non-communicable diseases, the probability of premature mortality at 22% and 93,000 deaths. According to the Uganda Cancer Institute there were 4,000 new cases of cancer annually, 27% of the adults are hypertensive and 369.1 per 1,000 adults aged 20-79 years living with diabetes in the country and 61.2% are undiagnosed cases. The Uganda NCD Alliance (UNCDA) is a coalition organization that brings together associations or civil society groups within the non-communicable disease space to empower and inspire people living with NCDs, health workers and the public to work together to combat NCDs. UNCDA was founded in 2010 by the Uganda Diabetes Association, Uganda Cancer Society, and the Uganda Heart Research Foundation, and has since attracted other associations, non-profits and groups providing advocacy and treatment support for people from within the country. Since its formation, it has contributed towards advocacy and treatment efforts within the country through its branch partners like Arua NCD Alliance and others. In 2017, UNCDA participated in the development of the National Multisectoral plan for the prevention and control of NCDs 2018-2023. However, the draft copy of the Uganda national multisectoral plan expired in 2023 and was never endorsed by the legislative bodies in the country.

In 2014, UNCDA joined the NCD Alliance Kenya, Zanzibar NCD Alliance and Tanzania NCD Alliance to form the NCD Alliance East Africa. Since its formation, NCD Alliance of East Africa (EANCDA) has implemented advocacy projects which have engaged more than 10 million people from the East African region through its partner alliance members, including Uganda NCD Alliance. To further streamline the policy and legislative environment, EANCDA collaborated with the East African Community (EAC) to develop the East African Strategic Framework for prevention and control of NCDs, valid from 2024 to 2030. The EAC Council of Ministers approved this policy at a critical juncture - when most member states' existing NCD policies or strategic guidelines had either expired or were nearing expiration. This timely adoption empowers national governments, including Uganda's Ministry of Health, to align their forthcoming national policies with the regional framework while adapting it to local contexts.

**O**n the 23rd of May 2023, the Uganda NCD Alliance with support from NCD Alliance East Africa, launched the first dissemination of the regional strategic framework across the eight East African nations. The launch was premised on the overall goal of reducing premature mortality due to NCDs by 20% in the East African Community partner states by 2030. The activity involved development partners operating within the country from the World

Health Organization, UNDP, and UNICEF, a representative from the Ministry of Health, medical professionals operating from private and government health facilities and programmes within the country, people living with NCDs, civil society organizations, representatives from the regional alliances and members of EANCDA's board and a representative from the East African Community secretariat. The stakeholders had the opportunity to synthesize the vision, mission, goal, objectives, guiding principles and scope of the strategic framework. Also, the event allowed them to share knowledge and exchange ideas of the general challenges, crucial reflections and recommendations for service delivery and advocacy within the country.

## 2.0 Uganda's NCDs Situation

Cancer	New Cases	Deaths	5-year Prevalence
	<b>35,968</b>	<b>24,624</b>	<b>74,028</b>
Diabetes	Adults per 1,000s	Prevalence	Undiagnosed cases
	<b>369.1</b>	<b>1.7%</b>	<b>61.2</b>
Hypertension	Adults per 1,000s	Prevalence	DHIS2 Reporting Rates
	<b>19</b>	<b>12%</b>	<b>98%</b>

Above are the top three NCDs within the country, and their respective cases, death, prevalence, adults affected per 1,000 and DHIS2 reporting rates. Additional information on other NCDs is available in other reports, articles and scientific literature accessible online.

## 3.0 Objectives of the workshop



**a)**  
Increase awareness and understanding of the EAC NCD Framework among key stakeholders in Uganda.



**b)**  
Secure buy-in from the Ministry of Health and other relevant ministries.



**c)**  
Encourage the alignment of the framework with Uganda's existing national NCD plans.



**d)**  
Way forward for the implementation of the EAC NCD Framework.



## 4.0 Perspectives from the dissemination event

### 4.1 Perspective from Board Chair of UNCDA



**Dr. Jackson Bitarabeho**, UNCDA Board Chair and EANCDA board member welcomed attendees to the launch of the EAC NCD Framework, calling it a key policy tool for guiding regional NCD responses. He thanked participants for their commitment to NCD prevention and outlined UNCDA's mission, partnerships, and role in supporting Uganda's Parliamentary Forum and MPs in NCD advocacy. He also highlighted collaborations with the Ministry of Health, Makerere University, UCS, donors, and private sector partners to advance NCD initiatives.

### 4.2 Perspective from the EANCDA President Elect



**Dr. Suzan Nakireka**, EANCDA President-Elect, outlined the East African Community's (EAC) regional integration framework and development agenda. She announced South Sudan's imminent accession, emphasizing the Community's expanding membership and the critical role of regional cooperation in tackling shared health challenges.

### 4.3 Perspective from the President of EANCDA Board



**Professor Kaushik Ramaiya**, President of EANCDA, provided context on the Framework's development, explaining that the EAC NCD Framework emerged from a **regional gap analysis** assessing NCD programs across East Africa. The study evaluated national alliances' efforts through the lenses of **patient experiences, community needs, and legal frameworks**, uncovering inconsistent approaches to NCD prevention that necessitated regional alignment. These findings shaped the Framework as a **unified strategy** for member states. He noted that the inaugural 2018 regional meeting established collaborative NCD priorities, emphasizing prevention, risk factors, and inclusion of people living with NCDs (PLWNCDs) in policymaking.

The phased rollout prioritized dissemination (Year 1) and implementation (Year 2). By launching the Framework, Uganda

pioneered regional adoption, setting a precedent for EAC nations. Professor Ramaiya called for heightened prevention campaigns targeting key risk factors.

#### 4.4 Perspective from the Guest of Honor & Commissioner for NCDs at MoH



**Dr. Charles Oyoo**, NCDs Commissioner at Uganda's Ministry of Health (MoH), welcomed participants and relayed apologies from Permanent Secretary Dr. Diana Atwine. He warned of East Africa's escalating NCD burden, with Uganda's cases growing faster than communicable diseases despite decade-long inaction. Categorizing NCDs by origin (lifestyle, genetic, age-related), he challenged regional progress on relevant SDGs, stressing the urgency for revised interventions and harmonized policies given East Africa's interconnected communities.

Dr. Oyoo stressed the vital need for a multisectoral approach to implement the EAC NCD Framework and enhance healthcare access. Emphasizing service integration and comprehensive care, he highlighted health facilities' crucial role in serving expanding populations. He advocated adopting artificial intelligence in NCD management and developing sustainable, innovative local financing solutions. Referencing the Malawi Health Ministers' declaration, he called for immediate stakeholder action while commending Uganda's pioneering role as the first nation to disseminate the Framework.

#### 4.5 Perspective from the EAC Secretariat Representative



**Mr. Itete Karagire** of the EAC Secretariat presented the Framework's vision for 'a healthy, prosperous EAC population free of preventable NCDs,' with a mission to collaboratively mitigate the NCD burden through harmonized policies and evidence-based interventions, targeting a 20% reduction in premature NCD mortality by 2030. He outlined three objectives: (1) ensuring inclusive healthcare access ('leave no one behind'), (2) optimizing resources via shared best practices and joint procurement, and (3) strengthening the EAC's global advocacy to secure partnerships and funding. For implementation, he stressed disseminating the Framework across all member states, forming a technical working group, and mobilizing resources despite economic challenges. The presentation's clarity was enhanced by succinctly framing

the vision, structuring objectives with actionable outcomes, and distilling implementation into prioritized steps—all while retaining technical precision and aligning with regional health priorities.

#### 4.6 Perspective from WHO Representative



**Dr. Christine Chakanyuka Musanhu**, WHO Uganda Country Office Representative, emphasized the escalating burden of non-communicable diseases (NCDs) across East Africa, noting their disproportionate impact on low- and middle-income countries through reduced productivity and exacerbated poverty. Citing WHO data, she reported NCDs account for a substantial mortality share in Africa and the EAC region, attributing this to urbanization, lifestyle shifts, and healthcare access barriers. However, she stressed most NCD-related deaths are preventable with early intervention. Dr. Musanhu commended the EAC NCD Framework launch as a critical milestone for coordinated regional action, underscoring successful implementation will require sustained funding, political will, and multi-sectoral engagement. She reaffirmed WHO's commitment to supporting the framework while calling on governments, civil society and communities to prioritize NCD prevention and care initiatives.

#### 4.7 Perspective from EANCDA Board Member and Chair for NCDA-K



**Dr. Mary Nyamongo**, Kenya's NCD Chair and EANCDA Board member, stressed that the framework provides a strategic blueprint for nations to adapt to their specific contexts while aligning with regional NCD priorities. She explained its role in helping countries establish focused targets and coordinated actions to combat the NCD burden across East Africa. Dr. Nyamongo outlined the framework's five key objectives: (1) boosting public awareness and community engagement for effective NCD programming; (2) enhancing data collection and research for evidence-based decisions; (3) expanding access to comprehensive NCD services; (4) strengthening leadership and governance for regional coordination; and (5) developing innovative financing mechanisms at national and regional levels. Emphasizing that NCDs impact everyone, she called for collective action while commending existing efforts and urging countries to prioritize focus areas aligned with the framework's strategies.



## 5.0 Challenges, Reflections and Recommendations from the event discussants

### 5.1 Challenges by EAC strategic framework objectives

#### a) Advocacy/Public Awareness

- There is insufficient emphasis on community awareness and education about NCDs, particularly in village communities where health literacy is lowest.  
*Rachel Bawaira (Diabetic Patient)*
- Current public awareness efforts fail to use local languages or culturally appropriate terms for NCD conditions, limiting comprehension.  
*Dr. Hafsa Lukwata (Ministry of Health)*
- NCD awareness campaigns often neglect to emphasize that these diseases affect all ages and can be prevented through early detection.  
*Edith Mukisa (Kidney Conditions Representative)*

#### b) Data Surveillance and Research

- There is inadequate research on NCD prevention strategies, particularly in school and community settings.  
*Dr. Josephine Birungi (Medical Research Council)*

#### c) Service Delivery (Essential and Specialized)

- NCD services remain siloed from general healthcare, creating inefficiencies and access barriers.  
*Ruth Ninsiima (NAFOPHANU)*
- Mental health lacks simple screening tools comparable to glucometers or blood pressure machines.  
*Dr. Hafsa Lukwata (Ministry of Health)*
- Health workers lack training on managing specific NCDs like epilepsy, while rural areas face medication shortages.  
*Sarah Nekesa (Epilepsy Support Association)*

#### d) Leadership, Governance and Accountability

- There is unresolved tension between traditional healers and the formal health system in NCD management.  
*Hon. Kabusu Moses (MP)*

- NCD responses suffer from inadequate cross-ministerial coordination.  
*Christine Ebong (National Medical Stores)*

#### **e) Domestic and Innovative Financing**

- Restrictive tax policies discourage donor support for NCD programs.  
*Patience Asiimwe (Uganda Cancer Society)*
- Most NCD programs operate with severe funding constraints.  
*Margaret Okello (Cancer Survivor)*
- Chronic underfunding persists despite growing NCD burden.  
*Commissioner (Ministry of Health)*

## **5.2 Reflections by EAC strategic framework objectives**

### **a) Advocacy/Public Awareness**

- Grassroots education should be prioritized to match the successful awareness campaigns seen in other health sectors.
- Health messaging must adapt to local contexts to improve engagement and understanding.
- Universal prevention messaging could reduce stigma and encourage earlier healthcare seeking.

### **b) Data Surveillance and Research**

- More localized evidence would strengthen interventions and resource allocation.

### **c) Service Delivery (Essential and Specialized)**

- Integrated service delivery models could improve both quality and coverage of care.
- Early detection of mental health conditions could follow the successful NCD screening model.
- Task-shifting and decentralized care could bridge these service gaps.

### **d) Leadership, Governance and Accountability**

- Traditional healers' reach could be harnessed if properly regulated.
- The multisectoral nature of NCDs demands whole-of-government engagement.

#### **e) Domestic and Innovative Financing**

- Fiscal incentives could unlock substantial private health investments.
- Creative fundraising could supplement government allocations.
- Political advocacy is needed to shift budget priorities.

### **5.3 Recommendations by EAC strategic framework objectives**

#### **a) Advocacy/Public Awareness**

- Scale up targeted NCD awareness programs in rural communities through local champions and village health teams.
- Develop NCD education materials using local languages and community-specific terminology while training health workers in culturally sensitive communication.
- Design inclusive awareness campaigns highlighting prevention across all age groups and socioeconomic backgrounds.

#### **b) Data Surveillance and Research**

- Prioritize funding for implementation research on NCD prevention in high-risk environments like schools and urban informal settlements.

#### **c) Service Delivery (Essential and Specialized)**

- Systematically integrate NCD screening and treatment into existing communicable disease programs at all health facility levels.
- Invest in developing and validating rapid mental health screening tools for primary care settings.
- Incorporate NCD management into health worker curricula; 2) Establish HCIV facilities in underserved districts to improve medication access.

#### **d) Leadership, Governance and Accountability**

- Develop clear policy frameworks to guide evidence-based collaboration with traditional healers.
- Formalize regular engagement between Health, Finance, Education and other relevant ministries on NCD prevention.

#### **e) Domestic and Innovative Financing**

- Advocate for tax exemptions for organizations funding NCD initiatives.
- Develop dedicated NCD fundraising campaigns targeting corporate and philanthropic partners.
- Civil society should intensify advocacy for increased health sector budget allocation specifically for NCDs.

### **Closing remarks**

---

**D**r. Charles Oyoo concluded by emphasizing the importance of sustained collaboration among all stakeholders in addressing NCD challenges. He rallied participants to maintain the collective momentum generated during the meeting, while proactively announcing Uganda's National Day of Physical Activities scheduled for 22 June 2025 - a key initiative in the nation's NCD prevention strategy.



## EAC REGIONAL STRATEGIC FRAMEWORK FOR PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (2024-2030)

### OBJECTIVES



Promote public awareness, community engagement, advocacy and social mobilisation for effective NCD programming.



Strengthen data, surveillance and research on NCDs, for evidence-based decision making.



Improve access to comprehensive (essential and specialised) services for NCDs.



Strengthen leadership, governance, and accountability for effective response to NCDs in the region.



Strengthen domestic and innovative financing approaches for NCD response at regional and national levels.







+256 393 256 748  
administrator@eanccda.org  
NCD Alliance East Africa  
@eanccdalliance  
NCD ALLIANCE EAST AFRICA  
www.eanccda.org