

Special Report

14% rise in childhood cancer - report

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BY TONY ABET

Christine Kayanga, a resident of Tororo, has been at Uganda Cancer Institute (UCI), Kampala, since August last year, where her child is undergoing treatment for cancer. Inside the children's cancer unit, the scene is both heart-wrenching and hopeful.

The room appears overwhelmed with young patients of all ages, some barely a year old, while others are teenagers, as medical personnel move swiftly, doing everything possible to provide the best care.

Some children are visibly weak on mats spread neatly on the floor with the caretakers beside them, waiting for their turn to see the doctor. Others battle waves of nausea, while a handful muster the energy to play in the corners with each other.

Kayanga says her daughter has gone through this same experience during treatment from the weakness, the nausea, the long waits and the occasional moments of playful resilience.

In an interview with *Daily Monitor*, she recounts the long and painful search for the correct diagnosis and how the battle to save her child has brought her own life to a standstill.

Although treatment is not administered every day, she has only managed to return home twice in all these months because of the crippling cost of transport and other financial pressures.

"It took me a full year to discover that she has cancer," she recounts. "Because she first had a swelling around the cheek in 2023. She was given treatment (in lower health facilities), but I had not realised that that was the beginning of the cancer."

Kayanga says the medical workers at the health facilities in Tororo told her that her daughter had malaria and issues with lymph nodes.

"They tested and found she had malaria, so they were treating malaria. But I realised those things were not going away. So, I went to Health Centre III, where they referred me to Tororo Main Hospital," she narrates.

With limited improvement, she was referred from the Tororo Hospital to Mbale Regional Referral Hospital, some 50 kilometres away from her home.

"At Mbale Regional Referral Hospital, they took the sample for cancer testing and they discovered that my child had cancer. This is how I ended up at UCI," she recalls.

The mother says at this point, she was financially drained and she disclosed her struggles to the medical personnel at UCI, a facility which is 225 kilometres away from her home.

She says she was directed to Kaweme Home Care, where they provide them with accommodation, meals and other support as she brings her daughter for cancer treatment at UCI, some five kilometres apart.



Despite this great support, she has challenges she cannot hide. She shares her pain: "I came here in August last year. Since that time, I have only gone home twice because of the transport cost. I cannot afford it."

"Now, what I have left behind has collapsed. My projects collapsed and even the house I was living in—I was just trying to construct a permanent house," she continues.

"Then the sickness began, so that house is incomplete and the place where I was staying is almost collapsing," she adds.

Rising cases

Kayanga's story reflects the heavy personal and financial toll that childhood cancer places on families across Uganda.

Statistics from the Uganda Cancer Institute (UCI) show a concerning 14 percent increase in the annual number of children diagnosed with cancer between 2022 and 2025.

Dr Yvonne Rose Bwikizo, a childhood cancer specialist at UCI, attributes the increase to possible environmental factors, improved awareness and better diagnostic services.

"Every year, we see an increment. Last year alone, we registered 800 new cases. When you include follow-up patients, we attend to roughly 2,000 children with cancer annually," Dr Bwikizo says.

The increase is from 700 annual new cases in 2022 to 800 in 2025, according to UCI data.

The specialist, noting limited scientific evidence around the causes of cancer in children, explained possible drivers of the cases.

"Previously, many cases were attributed to witchcraft. But now, thanks to increased awareness across the country, communities recognise the signs of cancer and refer children to us early. Environmental factors contribute to these cancers," Dr Bwikizo explains.

According to World Health Organisation (WHO), unlike adult cancers, most childhood cancers have no known cause. But the global health agency reveals pointers.

"Some chronic infections, such as HIV, Epstein-Barr virus and malaria, are risk factors for childhood cancer. They are

CHILD CANCER

- 800 new annual cases in 2025.
- 700 new annual cases in 2022.
- 2,000 new and follow-up cases handled yearly
- 60% cancer survival rate in children at UCI.
- PREVENTION**
- Early and correct diagnosis.
- Fight disease linked to childhood cancers (HIV, Epstein-Barr virus, and malaria.)
- Fight diseases that increase the risk of cancer as they become adults (vaccination against Hepatitis B to help prevent liver cancer and against HPV to help prevent cervical cancer.)
- Treat chronic diseases in children and always take child for a medical check-up.

particularly relevant in low and middle income countries," the WHO states.

"Other infections can increase a child's risk of developing cancer as an adult. So it is important to be vaccinated against hepatitis B to help prevent liver cancer and against human papillomavirus to help prevent cervical cancer, and to pursue other methods such as early detection and treatment of chronic infections that can lead to cancer," the WHO adds.

Information from UCI indicates that the most common childhood cancers registered include leukaemia, lymphomas, brain tumours, retinoblastoma and neuroblastoma.

According to WHO, cancer occurs in people of all ages and can affect any part of the body.

"Cancer begins with genetic change in single cells that then grows into a mass or tumour, invade other parts of the body and cause harm and death, if left untreated," the WHO states.

Dr Bwikizo highlights significant progress in treatment outcomes. "Unlike in adults, children with cancer have much higher cure rates. We now see many of them grow up, go to university, get married, and live normal lives," she says.

"We've already hit the mark of 60 percent (survival rate), and actually, the WHO is happy with us."

However, treatment abandonment remains a major challenge, especially for families travelling long distances to Kampala.

According to the Uganda Child Cancer Foundation (UCCF), a UCI-based non-profit organisation, families from far away struggle to find accommodation, feed themselves and the patient and purchase other supportive drugs during the long cancer treatment cycles, which can last several weeks. Many children are not admitted and must commute or stay elsewhere.

High abandonment rates

Mr Ezra Anecho, UCCF deputy director, says as a result of the social challenges, treatment abandonment rates can reach as high as 60 percent in some periods, though it currently stands above 40 percent.

"Even when medication is available, many families fail to return for treatment due to lack of transport, accommo-

dation, and other social challenges," he says.

Some patients travel from Mbarara or Karamoja, and yet many access treatment as outpatients, meaning they are not admitted and so are not accommodated within the UCI wards.

Another mother speaks

Ms Monica Kansime from Namugongo also has a child undergoing treatment. She says patients and parents and caretakers at UCI need a lot of support to address treatment abandonment.

"My child is currently having treatment. She was diagnosed with acute lymphoblastic leukaemia last year in June. So, we've been receiving treatment to date," she narrates.

"So, it's really hard because we had to put school aside. She was in Senior One. Because sometimes, you find you're coming here for treatment four days a week, depending on which site it is. But I really want to thank the doctors, when they're treating each child, it's as if they are treating their own," she adds.

Her message is clear: "We encourage anyone who can, to support us. I've interacted with so many parents. They can't afford anything. Food is a problem. Transport is a problem."

"Some of them come from Gulu, and when it's time for that kind of cycle, it's tough for them. I've had many who have abandoned treatment with whom we are in touch up to now, and I keep telling them, 'please come', but they can't afford it. We need support and more prayers," she adds.

With the challenges in mind, UCCF partnered with different private companies and well-wishers to organise a fundraising drive, the Childhood Cancer Colour Run, that took place in Kampala on May 17.

The 2026 Childhood Cancer Colour Run was aimed at raising funds to tackle gaps such as transport support, nutrition for patients, anti-nausea medication, and awareness campaigns to improve early diagnosis.

Running kits were priced between Shs25,000 and Shs50,000.

The kits that were in sizes suitable for adults and children, were sold at Carrefour supermarkets and Endiro Coffee shops.

Children with cancer participate in hand-print painting on white board during the launch of Childhood Cancer Colour Run in Mulago, Kampala. PHOTOS/TONNY ABET

TREATMENT

Cancer in children is highly curable when detected early. Treatment includes:

- Surgery
- Radiotherapy
- Chemotherapy (treatment with cancer drugs)