MeetingsPremium
MP Journal of Medical Research
Original articles and congress posters · ISSN 3144-8402 (Online)
Vol. 1 · 2026-0050
OPEN ACCESS

TYPE
Poster communication

SPECIALTY
Internal Medicine

PRESENTED AT
NACNDC and 19th Joint scientific health (JASH)conference,Uganda (2025)

PUBLISHED
28 October 2026

DOI
10.5281/zenodo.23739088

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KEYWORDS
Communicable diseases · Non-communicable diseases · Morbidity · Mortality · Uganda

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POSTER COMMUNICATION · INTERNAL MEDICINE

From CDs to NCDs Dominance: Insights from Morbidity and Mortality data (2008-2024)

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KEY MESSAGES

1. Non-communicable diseases have significantly increased in hospital admissions over 15 years in Uganda.
2. Communicable diseases like HIV and malaria have declined due to effective public health interventions.
3. Policy and health system reforms are urgently needed to address the rising burden of NCDs alongside CDs.

ABSTRACT

Introduction. Uganda, like many sub-Saharan African countries, has been heavily affected by communicable diseases (CDs). However, recent times have seen a significant reduction in the impact of CDs on severity, hospitalization, and mortality, with a shift towards non-communicable diseases (NCDs). Health systems remain primarily structured for infectious disease care despite rising NCD admissions. There is limited longitudinal hospital-based data to quantify this shift and guide policy implementation.

Materials and methods. A retrospective comparative morbidity and mortality review was conducted comparing two periods, 2008-2010 and 2022-2024, using data from the Department of Medicine M&M records at St. Francis Hospital Nsambya. Data entry was done via Microsoft Excel and KoboTool system, cross-checked with patient records. Analysis included stratification by age, gender, and disease category (CD vs NCD). The sample size was 9,075 admissions.

Results. There was a marked rise in NCDs such as hypertension (7.5% to 24.4%), diabetes mellitus (9.8% to 15.5%), CKD (0.6% to 9.7%), stroke (3.5% to 10.2%), GI bleeding (1.1% to 3.9%), GERD (4.2% to 8.1%), CCF (2.1% to 5.2%), and thromboembolism (1.1% to 3.6%). Conversely, CDs like HIV admissions dropped from 24.3% to 6.4%, attributed to ART access and public health efforts. Malaria and TB also declined due to national and international efforts. Increased comorbidity was noted, with stroke and CKD linked to hypertension and diabetes. Urbanization, lifestyle changes, lack of early screening, weak integration of NCD care, underfunding, and policy gaps were identified as contributing factors.

Conclusion. The disease burden in Uganda is shifting from communicable to non-communicable diseases, necessitating policy and system adaptations. Recommendations include improving infrastructure with affordable dialysis and cardiology units, advanced workforce training, community prevention programs, budget rebalancing towards NCD care, and enhanced data collection frameworks to guide local policy and reduce dependence on WHO programs.

Online record, HD poster
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CITE THIS PUBLICATION

Maraka J, D'Arbela P, Ssekitto J. From CDs to NCDs Dominance: Insights from Morbidity and Mortality data (2008-2024) [Poster]. MP J Med Res. 2026;1:2026-0050. doi:10.5281/zenodo.23739088

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Original poster in high definition on the online record.

SOURCE
Presented at NACNDC and 19th Joint scientific health (JASH)conference,Uganda (2025). Republished with the agreement of the authors.

PROCESS
Record checked by the editorial team, approved by the corresponding author, then reviewed by the journal's editorial board.

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