



**World Health
Organization**



WHO Uganda

**WHO UGANDA COUNTRY OFFICE
ANNUAL REPORT 2018**



Cover Photo: A boy being temperature screened at Mpondwe border crossing in Kasese district



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FOREWORD





The World Health Organization (WHO) remains the partner of the Government of The Republic of Uganda in pursuit of the

“attainment and enjoyment by all peoples of the highest possible level of health without distinction of race, gender, religion, political belief, economic or social condition”.

Therefore, in all the contributions made in public health in Uganda, that mission espoused in the WHO Constitution remains our guiding principle.

In this 2018 Annual Report, we highlight our major contributions to the government’s efforts to deliver good health to all people in Uganda. Of course, there were challenges along the way and these are presented as well. We also provide a glimpse of what we would like to see in future and these are presented as way forward in each of the four chapters which are also how the office is organised.

The technical work we did in 2018 was articulated in and guided by the Country Cooperation Strategy (CCS) that was developed in close consultation with the Ministry of Health and our leading partners.

The CCS is in turn aligned to the United Nations Development Assistance Framework for Uganda, 2016 – 2020, the Health Sector Strategy 2015/16 – 2019/20 and eventually to the National Development Plan 2015/16-2019/20.

We take particular pride in our contribution to health systems development in Uganda. We have been able to support government make steps towards Universal Health Coverage (UHC) which is also WHO's goal under the Triple Billions vision of our Director General. Attainment of UHC is also the driving force behind the Transformation Agenda championed by our WHO Regional Director for Africa.

We are glad to report the tremendous achievements attained in the disease prevention and control as presented in chapter three of this report. It is heartening to report that in the area of Neglected Tropical Diseases for instance, elimination of some diseases is now a realistic possibility. We are encouraged by the achievements on malaria and HIV/AIDS under which many people were reached with prevention, control and treatment interventions thus reducing morbidity and mortality due these diseases.

In the recent past, Uganda has been in the spotlight as a hotspot of emerging and re-emerging fatal zoonotic infectious diseases associated with fever

and bleeding tendencies. The country has experienced outbreaks of Ebola Virus Disease (EVD), Marburg Haemorrhagic Fever, Yellow Fever, Crimean Congo Haemorrhagic Fever, Pandemic Influenza (H1N1) and Rift Valley Fever. Luckily, the country has been able to stop all these outbreaks in considerably short periods of time and in the process demonstrating excellent compliance with the International Health Regulations (2005). The confirmation of EVD outbreak in the Democratic Republic of Congo in August 2018 tested Uganda's preparedness and readiness given the proximity of the epicenter of the outbreak.

In all disease outbreak situation, Uganda's vibrant and responsive disease surveillance system has been the backbone of success in preparedness and response as highlighted in this report. We are happy to be closely associated with the governments' effort to build this system through preparation, rigorous training, setting standards and its operationalization right from the community level.

We must mention the firm and clear government leadership that has guided us and other partners to contribute to public health development in the country. In 2018, effective government leadership and coordination made implementation of activities easier, efficient with minimal duplication of efforts. Transparency, accountability and excellent diplomacy by government counterparts also

contributed significantly to increased technical and financial support towards positive results in this reporting period.

We cannot forget to recognize the Ugandan communities for whom we all work and who experience the public health challenges we deal with. Their contribution to the work we did in 2018 is the reason we report achievements in this report. Yet the Ministry of Health must also be commended for setting up and nurturing community health structures such as the Village Health Teams through which households and individuals are reached with our community-based interventions.

We acknowledge the tremendous financial support from our partners some of which is highlighted in chapter four of the report that enabled us to implement activities in various areas of work. Without this support, we wouldn't have made the contributions we made which slowly but surely is moving the country close to attainment of UHC. We look forward to more support as we strive to overcome these challenges and deliver better health in Uganda.

Last but by no means least, we are grateful to the WHO Regional Director for Africa (RD) and colleagues from the Regional Office who supported and undertook a functional review of our office during this reporting period. The review, which is part of RD's Transformation agenda was intended to determine the human resource needs of the office and align them to specific national health priorities. Recommendations from the review will be implemented in 2019 onwards.

We hope you will enjoy reading our report and that it forms the basis for feedback, discussions and planning for better public health in Uganda.



Dr Yonas Tegegn Woldemariam
WHO Representative



HEALTH SYSTEMS (HSS) CLUSTER



A scientist carrying out tests at the Uganda Cancer Institute

INTRODUCTION

Uganda continues to build sustainable and resilient health system capable of delivering Universal Health Coverage (UHC) through a multi-sectoral approach. WHO supports government to achieve this goal which is aligned to the organization's 13th General Programme of Work (GPW). In the WHO Country Office (WCO), the Health Systems Cluster contributed to UHC through the achievements highlighted in this chapter.

MAJOR ACHIEVEMENTS

i) Leadership and Governance

- The mid-term review of the Health Sector Development Plan (HSDP) 2016-20 was completed resulting in strengthened MoH leadership and governance of the health sector.
- WHO provided technical support to the development of the national road map for achieving Universal Health Coverage (UHC), thus enhancing the country's commitment to achieving UHC and SDG3.
- The organisational strategic planning for the 13th WHO Global Programme of Work was completed which strengthened WCO's responsiveness to country priorities as well as accountability for results.

ii) Medicines and Health Technologies

- WHO strengthened the MoH leadership and governance of the Pharmaceutical Sector by providing technical support for the mid-term review of the National Pharmaceutical Sector Strategic Plan 2016-20.
- In addition, WHO strengthened the coordination and oversight role of the pharmaceutical sector by providing technical leadership to the MoH medicines procurement and management of the Technical Working Groups.

- WHO worked further with the MoH to strengthen medicines regulation and quality assurance through the development of tools used to build capacity of health workers in pharmacovigilance as well as in monitoring the implementation of the Institutional Development Plan.

iii) Health Promotion and Communication

- As the MoH continues to explore the best community health services delivery model, WHO and other partners supported and participated in the preparation of the Investment Case for Community Health in Uganda. The case demonstrated that there is value for money for investing in community health and the returns would be higher compared to the investment cost.
- WHO Supported and participated in planning and implementation of the Risk Communication component of the Oral Cholera Vaccine campaign that was carried out in Kyangwali Refugee Settlement and in refugee-hosting communities in Hoima district. The exercise was a resounding success out of which a feature story was generated and widely used by the international media including AFP, Relief web, Guardian News Paper (London), Chinese News Agency, CNN and WHO/HQ.

- In the same reporting period, Kampala Capital City Authority declared the city smoke free. Public smoking or smoking in restricted areas is now punishable by law. This was a result of relentless advocacy and public education by the MoH supported by WHO and other partners.
- The Global Youth Tobacco Survey and DATA collection for the 7th Edition of the Global Tobacco Report were successfully implemented with WCO active support and participation. Preliminary data and reports have been produced out of the two exercises. Arrangements were also successfully done to implement the Tobacco Compliance Study in Uganda, one of the two countries selected to represent Africa in this global study.
- Possible importation of EVD cases from neighbouring DRC necessitated planning and implementation of priority activities including risk communication. The WCO supported and participated in these activities encompassing preparation of Information, Education and Communication (IEC) materials and messages, design and activation of radio messages, and training over 10,000 Village Health Teams members and opinion leaders to implement community engagement in the five high-risk districts. Daily EVD situation updates were also produced and shared with many stakeholders including MoH from which a national version was prepared.
- Enhanced WHO visibility was achieved through production of bulletins, management of social media platforms, media engagement and regular update and management of the WCO website. All the eight WHO commemorative days such as World Health Day, World Malaria Day, World No Tobacco Day, UN Day and AIDS day among others, were undertaken. There was also sustained collaboration with other UN agencies to highlight the contribution of WHO to the attainment of the SGDs and to humanitarian work in Uganda.

iv) **Public Health Informatics**

- WHO technical support enabled the MoH to improve demand for information through Digital Health Atlas (DHA) that allows coordination and strengthens the value and impact of digital health investments by digital health implementers from the MoH and technology partners.
- The Digital Regional East African Community Health initiative (Digital REACH initiative) Strategic Plan which includes Uganda's priorities was developed. It aimed at harnessing the potential of digital technology by scaling uptake and utilization of

digital technologies and solutions for improved health service delivery. The initiative will be implemented in East Africa linking information and communication technologies (ICT) across all dimensions of the health sector.

- WHO Supported MoH to develop an interim electronic Health Information System Assessment Validation Criteria tool to establish knowledge of existing Health Information Systems being used in Uganda's health ecosystem as a first step to instituting ownership of identified eHISs and their use in a more harmonized and sustainable manner. It will be followed by implementation of the Enterprise Architecture and Interoperability frame work.

v) **Data, Information and Knowledge Management**

- WCO supported the Ministry of Health to undertake Service Availability and Readiness Assessment (SARA 2017/18 FY) as part of monitoring and evaluation of the national health system, helping to monitor and evaluate the national health strategy and provide key information on progress of health system strengthening over time.
- WHO supported a baseline survey in Iganga and Kamuli districts using the WHO Service Availability and Readiness Assessment (SARA)

protocol. The Ministry of Health and WHO with funding from the Korea International Cooperation Agency (KOICA) implemented a capacity building project in Kamuli and Iganga districts that provided integrated reproductive, maternal, newborn and child health services aimed at reducing preventable ill health and deaths amongst the population.

- The survey established baseline values for the project indicators at inception and facilitated subsequent monitoring of progress during the life of the project.
- It was complemented by a cross sectional household survey that assessed the awareness, knowledge, attitudes, perceptions and practices of communities regarding maternal and child health services. The health facility and community assessments established the baseline values for monitoring, identified critical hindrances to service availability and readiness in the health facilities and communities.
- An end-line survey was also conducted at completion of the project to document progress achieved. It focused on areas addressed during the duration of the project such as building the capacity of health workers and equipping them to deliver services in accordance with the recommended WHO quality standards, training of teachers

and students in sexual and reproductive health and sensitizing the leadership at all levels of the districts to improve maternal and child health services.

- WHO supported training of contact tracers and district data managers on data management for Viral Hemorrhagic Fever (VHF) outbreaks, following and outbreak of EVD in Neighboring DRC. Areas covered included VHF application, Open Data Kit (ODK) and Excel. Provision of information on different aspects of the response was a significant contribution including trends of traveler movements and screening at points of entry. Regular information products to guide coordinated evidence-based planning and visualization of preparedness and response activities were also part of this support.
- WCO supported The Mid-Term Evaluation (MTE) of United Nations Development Assistance Framework (UNDAF) that will inform implementation of pending activities in the next remaining two years and the formulation of the next UNDAF.

vi) **Library and Human Resources for Health**

- WHO Contributed to availability of health literature in health facilities through provision of books to Soroti and Lira Regional Referral Hospitals which also serve as

training institutions under the MoH.

- WHO contributed to physical and psychological wellbeing of UN staff in Uganda by participating in the development of a strategic Plan for the UN-Wellness in Uganda and in the planned activities.
- A consultant was engaged to undertake assessment of the Human Resources for Health Development Institute aimed at strengthening Continuing Medical Education (CME) and continuing professional development.

vii) **Laboratory**

- 135 health workers from Gulu, Arua and Hoima regions were trained on quality sample collection, packaging and transportation using the National Sample Referral and Transportation Network which has improved sample referral, transportation and bio-risk management.
- Support to laboratory work especially investigations during major outbreaks has reduced the average turnaround time for viral and bacterial etiologies from an estimated 72 to 25.6 hours and 96 to 72.5 hours respectively.



The Project Director MCH Program Mr Kim Sang Chul at the South Korean Embassy handing over Health equipments to the Permanent Secretary Ministry of Health Dr Diana Atwine (second right)

- The Antimicrobial Resistance National Action Plan (AMR-NAP) developed with support from Fleming Foundation, Uganda National Academy of Sciences and WHO was handed over to MoH for official approval and launch. The overall objective of the plan is to control the spread of resistant organisms and ensure availability and optimal use of quality antimicrobials.
- In 2018, Uganda successfully shared resistance data in the Global Antimicrobial Resistance Surveillance System that monitors pathogens and the antibiotics they resist. This was a result of national capacity building on the use of the

WHO Net software and coordinated data sharing.

- Uganda initiated the process to establish a National Laboratory Inventory (NLI) system that assesses laboratories for the presence of Potential Infectious Materials (PIMs) in the stores and promotes biosafety practices. This is intended to ensure containment of polio in the laboratories. By end of 2018, seventy nine (79) laboratories had been registered in this system.

viii) **Reproductive and Maternal Health**

- The WHO Antenatal Care (ANC) Guidelines 2016 and the Situation

Analysis including the ANC card and the Maternal Health Passport were adapted and completed in 2018 with WHO support. These new guidelines will contribute to the improvement of maternal health by enabling health workers provide quality Antenatal care based on evidence and guidelines which should contribute to better pregnancy outcomes for both mother and baby.

- In 2018, a guide that provides guidance on mentoring health workers on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) was finalized with WHO support. The guide is a component in Maternal, Newborn and Child Health (MNCH) quality of care initiative that seeks to improve RMNCAH skills of health workers in the country.
- Three hundred and fifty eight (358) health workers from Kamuli and Iganga districts were trained on Antenatal, Emergency Obstetric and Newborn Care (EMONC) and postnatal care. They are expected to contribute to the improvement of maternal health services delivery in their communities.
- In the reporting period, two hundred and forty-four (244) health workers from Iganga and Kamuli districts were trained on the use of Manual Vacuum Aspiration (MVA) and post-abortion under the KOICA Grant. Teenage pregnancies and

unsafe abortions were reportedly too high in this sub-region which necessitated capacity building of health workers.

- The KOICA Grant also enabled the training of two hundred and ten (210) teachers on Sexual and Reproductive Health in the same districts to compliment the work of health workers. Preliminary results from the training showed marked improvement in knowledge which should in the long term translate into increased access to Sexual and Reproductive Health (SRH) information for students.
- The KOICA Grant facilitated procurement of 28 different types of Maternal Child Health equipment worth USD 892,798 that were distributed to the different facilities in Iganga and Kamuli districts to support provision of quality MCH services.

ix) **Family Planning**

- The quality of care in contraceptive information and services based on human rights standards checklist was adopted in 2018. Thirty (30) stakeholders were oriented on the guidelines and on the use of the baseline survey tools. At the same time, family planning services further benefited from the updated the Postpartum Family Planning (PPFP) and Post Abortion Family Planning (PAFP) protocols

in which feedback from the users at national and district levels was integrate.

- Country stakeholders were updated on the WHO guidance and recommendations on the use of Depot Medroxyprogesterone Acetate (DMPA) contraceptives in women with very high risk for acquiring HIV infection. This guidance is intended to provide information on progestogen-only injectables.
- 368 Health workers were trained on integration of family planning and immunization services in Iganga and Kamuli districts. They are now able to offer integrated family planning and immunization services to mother in their first year of puerperium who bring their children for immunization. They are counselled and provided with a family planning method in order to reduce the high unmet need for postpartum family planning in Uganda.

x) **Gender And Human Rights**

- WHO supported MoH to review and agree on the final version of the adapted WHO/JHPIEGO Gender-Based Violence support supervision tool. The tool will be used to monitor and support quality improvement delivery of services on sexual violence.

- The MoH with WHO technical support developed a Draft Strategy on Gender Based Violence for Uganda. It will be finalized in 2019 and will be used for advocacy and resource mobilization.

xi) **Child Health**

- WHO supported MoH to develop a comprehensive tool used to assess both Paediatric and new-born services in health facilities. The tool adapted from the Paediatric Quality of Care Standards incorporated key components of the quality of care standards for children and young adolescents into the existing new-born quality of care assessment tool.
- The Uganda Child Survival Strategy was revised and updated with information and key recommendation from the Global Strategy for the Women, Children and Adolescent Health as well as from the WHO/UNICEF Global Integrated Management of Newborn and Childhood Illnesses (IMNCI) review.

xii) **Adolescent Health**

- The MoH adapted the WHO Quality of Care Standards for Adolescents aimed at improving adolescent health services in Uganda. The standards will be finalized and approved in 2019.

xiii) **Nutrition**

- In 2018, the five-year Nutrition in Emergency Response Plan was finalized using the most recent up-to-date WHO guidance on nutrition programming. It provides guidance on nutrition response in humanitarian settings and captures agreed global focus areas on nutrition in emergencies.
- The National Guidelines on the Management of Severe Acute Malnutrition were also updated in 2018 by MoH. Key recommendations from the WHO 2013 guidelines on the Management of Severe Acute Malnutrition were retained in the updated version.
- Still in 2018, WHO supported the field testing of the Draft **“Nutrient Profile Model for the Africa Region in the country.”** The field test involved examining samples of commonly advertised foods in supermarkets in Kampala and comparing their nutrient contents with nutrient thresholds in the draft model. The information collected from the field test will be used to inform the development of the nutrition profile model for the country.

CHALLENGES

- A number of activities implemented by partners on pharmaceuticals are not reflected in the Pharmaceutical Strategic plan.

- There is continued low reporting by health care workers of adverse events resulting from use of medical products by patients.
- There is low staff motivation to report progress on implementation of the National Drug Authority Institutional Development plan.
- Some key stakeholders are not represented in the development of the roadmap for achieving UHC, which may affect ownership and implementation.
- Competing schedules and engagements resulted in delays to implement major activities that had been jointly agreed between the Ministry and partners

WAY FORWARD

- Continue to provide leadership to coordinate partners and to strengthen overall MoH leadership and coordination of the health sector.
- Work with partners to strengthen harmonization of activities in pharmaceutical sector and monitoring their implementation.
- Continue to strengthen institutional capacity for medicines regulation including but not limited to pharmacovigilance.
- Support MoH to ensure inclusiveness to the extent possible to advance the UHC agenda.



HEALTH SECURITY AND EMERGENCY CLUSTER



A WHO Risk Communication officer educating school children about the Ebola Virus Disease

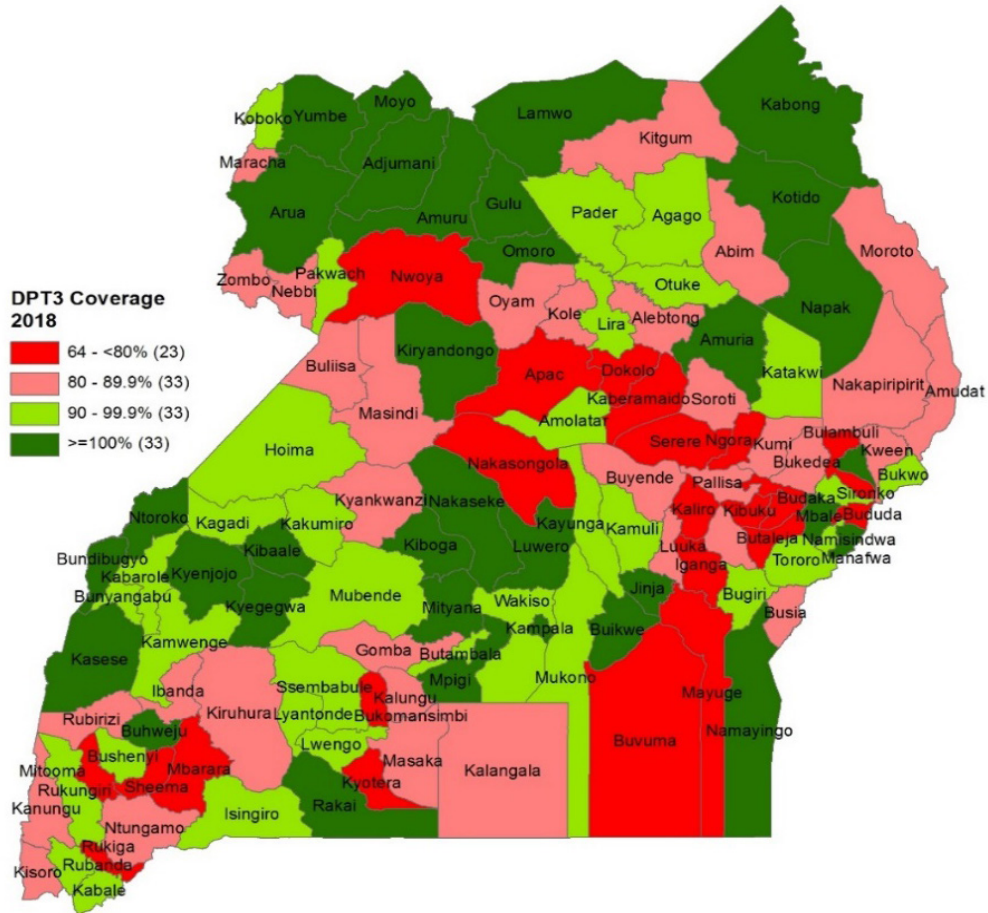
INTRODUCTION

The Health Security and Emergency cluster supports the Government of Uganda to build a resilient health system capable of responding to health emergencies with particular emphasis on building core capacities to prevent, detect, report, assess and respond to public health emergencies. In addition, this cluster supports the government deliver quality immunization services as part of an integrated people-centred platform of disease prevention that spans the human life-course.

MAJOR ACHIEVEMENTS

i) Immunization Vaccine Development

Figure 1: DPT3 Coverage 2018 In Uganda



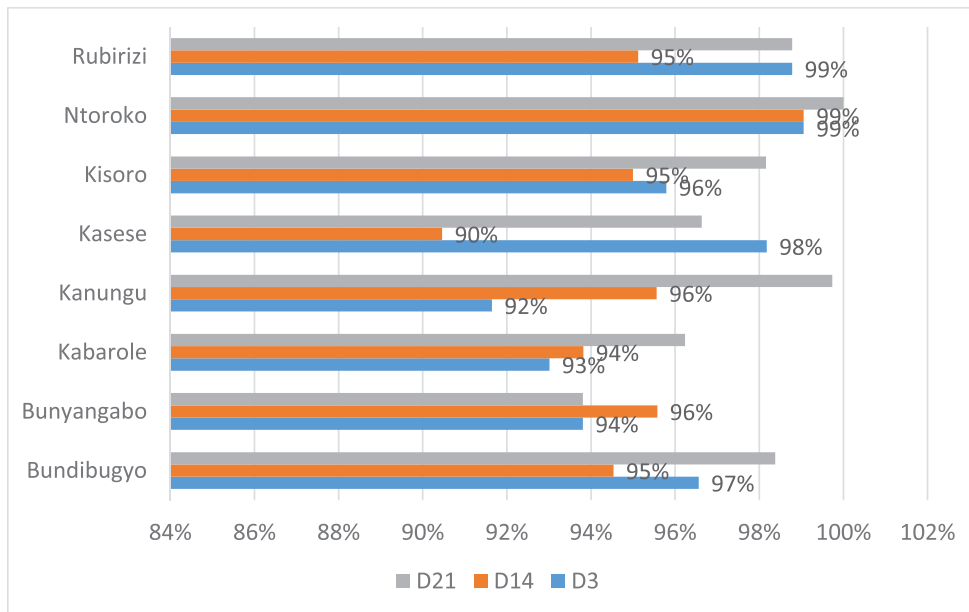
- Three hundred and fifty seven, one hundred and seventy six (357,176) persons aged 1 year and above against the target of 367,898 from the host and refugee populations in five hot spots of Hoima district were protected against cholera infection using Euvichol Plus™ vaccine giving an immunization coverage of 97% while 301,065 (81%) persons received the second dose of the vaccine. The coverage survey showed that 91.4% (89.9 – 93.0) coverage of the

target population in the first round and 80.5% (78.2 – 82.6) in the second round. Overall, a two dose coverage of 78.3% (75.9 – 80.6), and a vaccine card-confirmed coverage of 62.2% (59.4 – 64.9) were achieved. Persons aged 20 – 49 years were 33% less likely to be vaccinated, which was statistically significant. Persons above 60 were 36% less likely to be vaccinated which was not significant. The main reason for not being vaccinated was absence

of the respondent during the time of the visits by the vaccination team.

- One hundred and fifty (150) surveillance officers at national, regional and district level were trained on the use of ODK tool. The tool monitors real-time quality, effective and focused technical support supervision in Integrated Disease Surveillance and Response (IDSR) and routine immunization.
- The Right Honorable Prime Minister of Uganda Dr Ruhakana Rugunda launched the Rotarix vaccine that targets all children aged 6 weeks of age with the second dose administered at 10 weeks of age during routine immunization programme. By end of December 2018, a total of 777,878 (110%) and 416,297 (59%) children had received the first and second dose of Rotarix vaccine respectively and hence protected against severe rotavirus infection. Following the introduction of the vaccine, WCO supported the MOH to launch an evaluation of the impact and effectiveness of rotavirus vaccine study in three sentinel sites in Uganda.
- WHO supported MoH to pilot the Vaccine Adverse Events Information Management Systems (VAEIMS) in two districts (Masaka and Luwero) to collate, analyze and transmit information from the grassroots level to the national level to enable multi-level vaccine safety decision making in real time including identifying and responding to immunization errors.
- WHO in close collaboration with CDC and MOH supported a landscape analysis of immunization services delivery in the private sector that generated information on the state of immunization services, their extent, the strengths and weakness of the services, opportunities and needs of the private sector. This information will lead to the development of a strategy that will strengthen immunization services in the private sector.
- WHO worked with MoH, UNICEF and the Clinton Health Access Initiative (CHAI) to conduct an assessment on Missed Opportunities of Vaccination (MOV) in 19 districts with representation from each of the demographic health regions. The assessment indicated that there is poor vaccine supply and Health Management Information System (HMIS) tool management; there is frequent breakdown of cold chain systems and lack gas; many health facilities are still hard to access due to long distances; there is immunization knowledge gap among care givers and health workers; and the capacity of quality health workers for immunization is still inadequate. These findings will be used to develop an action plan aimed at mitigating the issues of MOV to ensure that no child is left out.

Figure 2: Proportion of vaccinated people followed up by scheduled visit and district



- WHO in collaboration with JSI, CHAI, UNICEF, AFENET (CDC) supported Ministry of Health to develop a Multi-year Data Improvement plan (MYDIP) following a system wide assessment on administrative data and DHIS2 system conducted in 10 districts and in 50 health facilities.

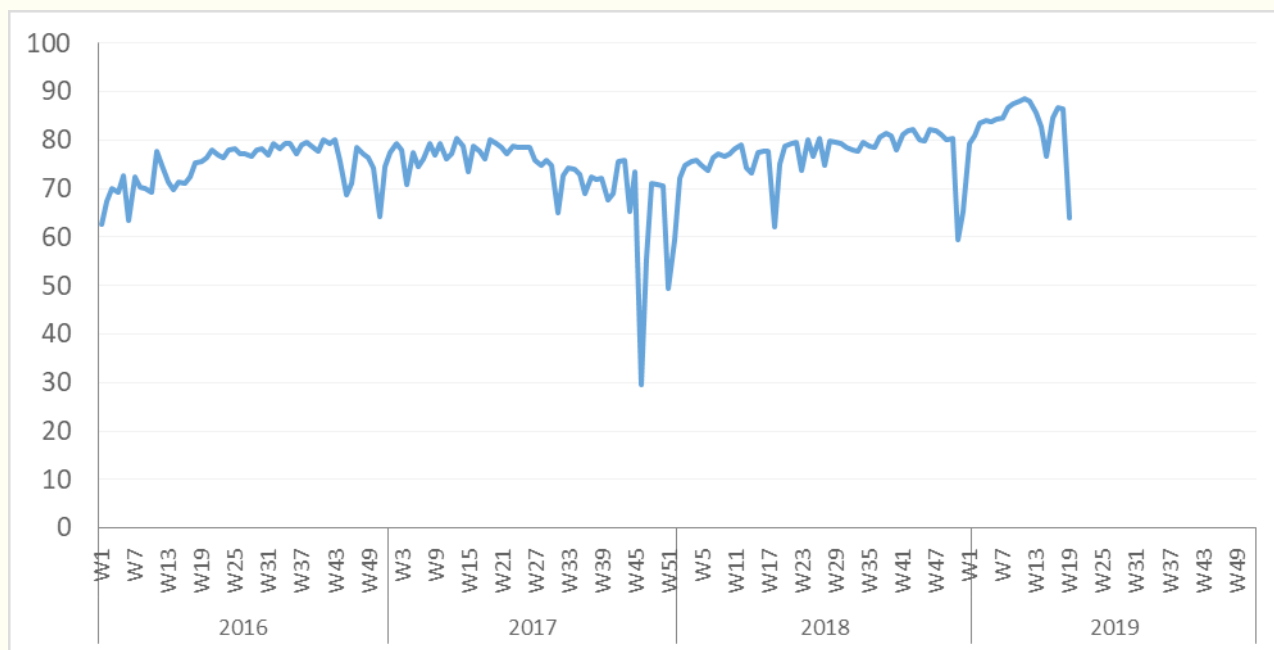
ii) Emergency preparedness and response

- The MoH worked on the National Action Plan for Health Security with support from WHO and RESOLVE which aims at building capacity in areas that were identified in the Joint External Evaluation (JEE). The areas include: Points of Entry; national legislation, policy and financing; and preparedness.
- WHO supported the Ministry of Health to review the multi-hazard

preparedness and response plan and to upgrade it into the Emergency Response Plan in compliance with the recommendations of the JEE. The final draft was developed and will be finalised in 2019.

- Forty (40) members of the Rapid Response Team were trained on emergency response (concepts and operations) and they now constitute the expanded multi-sectoral team comprising Ministry of Agriculture, MoH and partners. The RRT members support investigations and response to disease outbreaks in all districts.
- Fifty one (51) officers from the MoH and districts were trained on rollout of the third edition of Integrated Disease Surveillance and Response in the country.
- The weekly Epi Bulletin was strengthened and is regularly produced by the Ministry of Health.

Figure 3: Weekly IDSR reporting Rates



iii) Ebola Virus Disease (EVD) Preparedness



Travellers from the Democratic Republic of Congo disinfesting their feet before crossing to the Uganda side at Mpondwe border crossing.

- WHO supported the MoH to develop the first Contingency Plan for Ebola Virus Disease (EVD) preparedness which raised USD 12.6 million for activities. WHO also activated the Incident Management System (IMS) to assist government with oversight and coordination of the preparedness through the National Task Force (NTF). The seven sub-committees of the NTF are all functional and WHO deployed short term staff to support quick operationalization of urgent interventions in the 5 high risk districts in the Rwenzori sub-region and the refugee hosting district of Hoima and and Kikuube.
- WHO supported the Ministry of Health to organize the accountability Forum for joint information sharing on the outputs delivered with funding from the Ministry of Health and partners. Daily information sharing with partners was strengthened further with introduction of the 4W Matrix and a dash board through which partner contributions on the various activities were captured. WHO coordinated missions of the Independent Oversight Advisory Committee and Joint Monitoring Missions which provided very useful feedback on the level EVD readiness in the country.
- Under surveillance and contact tracing, WHO supported the MoH



A Health Worker vaccinating one of the eligible people against Ebola Virus Disease in Kasese District

to build capacity at national and district level for prompt alert and suspect investigations. For instance 1,600 surveillance officers and 6,417 VHTs were trained in 26 districts to conduct Community-Based Disease Surveillance (CBDS) and risk communication in Kasese, Fort Portal, Bundibugyo, Bunyangabu and Ntoroko districts. A 24/7 telephone hotline, guidelines, case definitions, investigation forms and transport were provided to the health workers at primary care facilities and Village Health Teams (VHTs). As of December 2018, these activities enabled detection, sample collection, transportation and testing of 340 samples. All samples were negative

for EVD, nine (9) were positive for Congo Crimean Hemorrhagic Fever (CCHF) and eight (8) positive for Rift Valley Fever (RVF).

- For case management, WHO supported the Ministry of Health to preposition one VHF 500 Module Kit in 7 regional hospitals which were instrumental in investigation of alert cases in many districts. Isolation centres were constructed in Kasese, Bundibugyo and Ntoroko districts and equipment supplied to Mbarara, Isingiro, Kyangwali, Olio, Lacor, Naguru and Entebbe isolation centers. 526 health workers were trained in EVD case management, 170 on safe and dignified burial, 110 on psychosocial



A WHO staff organising refugees from DRC for EVD screening and subsequent entry in Uganda.

support and a national team of 15 psychosocial trainers established all supported by WHO.

- 4,420 frontline health workers from 14 high-risk districts were vaccinated against EVD under the compassionate arrangement using the rVSV-ZEBOV vaccine following a protocol developed by MoH with support from WHO. Thirteen (13) national vaccination teams were formed, trained and they successfully carried vaccination in the identified districts.
- Infection Prevention and Control (IPC) was enhanced in the EVD high-risk districts through on job instruction and mentorship of health staff at facility level. IPC mentors and trainers managed to reach up to 9,806 health workers in 562 health facilities in 11 high-risk districts. IPC committees were revitalized in many health facilities in the targeted districts. Consequently, IPC practices have improved for most indicators with availability of hand hygiene being the best at 91% in most health facilities in South Western Uganda.
- Points of Entry EVD screening was initiated by the MoH supported by WHO. This was after realization that thousands of travellers including refugees from some EVD affected areas of the Democratic Republic of Congo (DRC) were regularly crossing into the country. WHO mobilized and

trained screeners, provided infrared thermometers, thermo scanners and supported supervision. Since August 2018, a total of 264,820 travelers had been screened at Entebbe International Airport and over 7,073,104 screened at various ground crossings. Over 100 alerts were detected in these activities.

iv) **Refugee emergency**

- With funding from CERF and the WHO Central Fund for Emergencies, WHO supported the MoH to respond to the cholera outbreak among refugees in Hoima, and Kyegegwa districts. The support included active surveillance and investigations, sample collection and transportation, training of health workers in cholera management, preposition of five cholera kits in the refuges hosting districts, and aligning cholera training materials to the revised National Cholera prevention and control guidelines. There was also community engagement activities with the refugees and host communities improve their water source and hygiene situation which contributed to the containment of the outbreak.
- There were continued efforts to operationalize CBDS strategy in the

refugee settlements. To date a total of 2,822 Village Health Team members in Adjumani, Kyegegwa, Kamwenge, Masaka, Arua and Yumbe districts have been trained and equipped with the required tools for CBDS.

- A three level WHO/MoH assessment on refugee health status was conducted leading to a report and development of a National Refugee Response Strategy that is being finalized.

CHALLENGES

- Despite the achievements, there are still preventable diseases outbreaks due to high numbers of unvaccinated children. This is as result of sub optimal involvement and engagement of consumers of services and service providers. For instance, in 2018, measles outbreaks were recorded in 54 Districts. Secondly, limited resources and delayed release of funding leads to delayed implementation of planned activities.
- Privatization of public health services in the animal sector has made control of zoonotic diseases a daunting task.
- The main challenge in EVD preparedness is availability of IPC supplies in the health facilities. Health workers have also been

slow at embracing comprehensive IPC practices especially hand hygiene after touching patients. District supervision is yet another challenge in view of the enormous requirement to consolidate EVD readiness activities. Waste management and availability of water are also a challenge in many health facilities.

WAY FORWARD

- Continuous advocacy is urgently required at the highest political leadership to ensure that immunization services are high on the agenda as recommended by the GVAP.
- There is need to strengthen the One Health Approach - a policy shift in the animal sector so that government takes charge of animal vaccination to tackle zoonotic diseases of public health importance.



DISEASE PREVENTION AND CONTROL (DPC) CLUSTER



WHO Uganda

Member of Uganda's Security forces demonstrating their support for malaria action

INTRODUCTION

The DPC cluster supports the Ministry of Health in the prevention and control of communicable and Non-Communicable Diseases (NCDs) including Malaria, HIV/AIDs, Hepatitis, Tuberculosis (TB), Cancers, Neglected Tropical Disease (NTDs) and environmental management.

There is increased political support, partnership, funding and district-focused implementation all aimed at achieving the 2020 targets of the Uganda Malaria Reduction Strategic Plan (UMRSP). During the mid-term review of the UMRSP 2017, strategic recommendations were articulated which WHO and partners focused on to ensure their implementation.

Uganda continues to make significant progress in the national HIV response as indicated in the 2016 Uganda Population HIV Impact Assessment (UPHIA) that showed HIV national prevalence at 6% compared to 7.3% in 2011. HIV prevalence declined from 8.3% and 6.1% in 2011 to 7.5% and 4.3% in 2016 in women and men respectively. In addition, the UPHIA indicated that the prevalence of HIV among children aged 5 – 14 years in Uganda is 0.5%.

Uganda remains among the 30-high burden TB/HIV countries in the world. Despite the burden, the country continues to register progress in finding the missing people with TB disease. The number of missing people with TB is reducing significantly and is expected continue in subsequent years.

Uganda is one of the highly endemic countries for Hepatitis B, with 52% life-time exposure of the population, while 9 out of every 10 people in Uganda do not know their status. According to the 2016 Uganda Population-based HIV Impact Assessment (UPHIA) Survey, prevalence of Hepatitis B infection among adults stands at 4.3% (5.6% among men and 3.1% among women). The survey indicates that Hepatitis B prevalence is highest in Northern region with 4.6% in mid North, 4.4% in North East and 3.8% in West Nile.



A Health worker testing for malaria parasites which is one of the ways of fighting malaria in the country

According to WHO report of 2018, NCDs accounted for 33% (297,000) of deaths in Uganda. The routine surveillance data also shows escalating trends of NCDs in the country. NCDs are among national health priorities highlighted in the National Development Plan 2016-2020 and the Health Sector Development Plan 2016-2020. The 2018 WCO achievements under the DPC cluster are highlighted in this chapter.

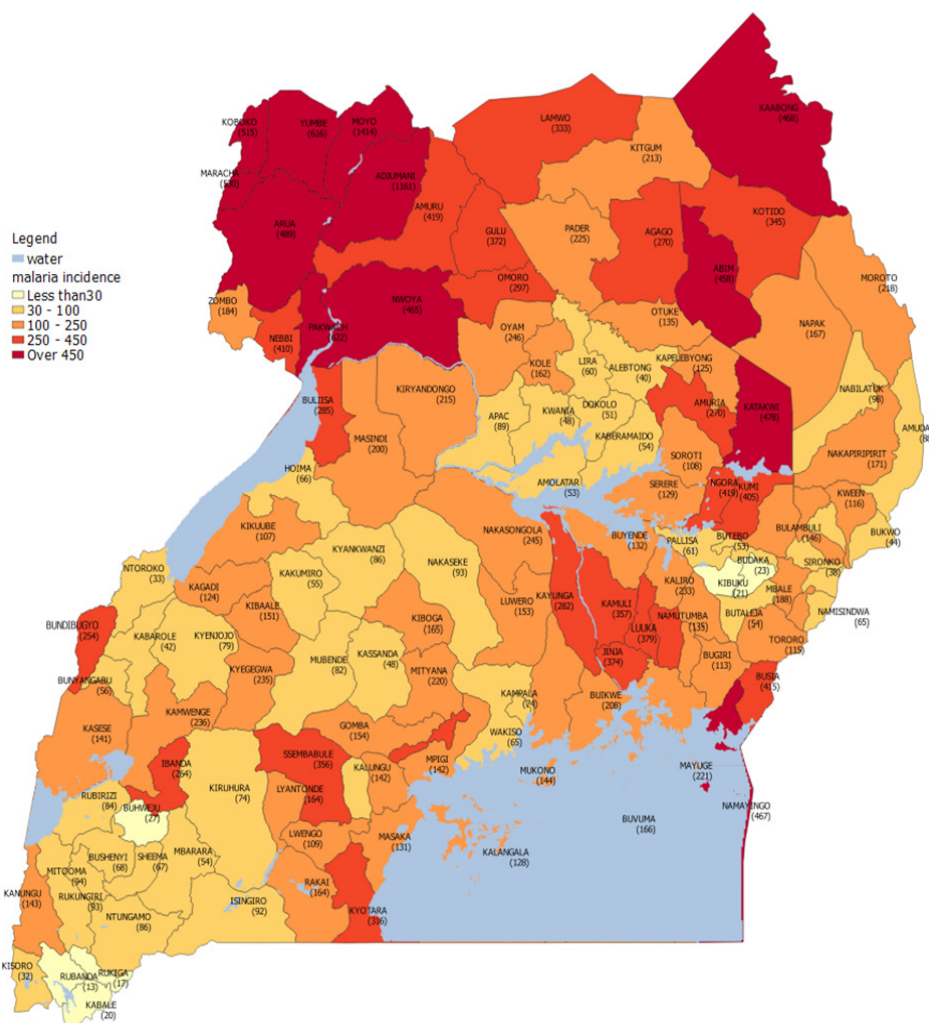
MAJOR ACHIEVEMENTS

i) Malaria

Malaria Morbidity and Mortality trends

- The country made some progress in reducing both the malaria incidence and mortality. There was a 30% reduction in malaria incidence between 2017 and 2018.

Figure 4: Incidence of Malaria in Uganda 2018.



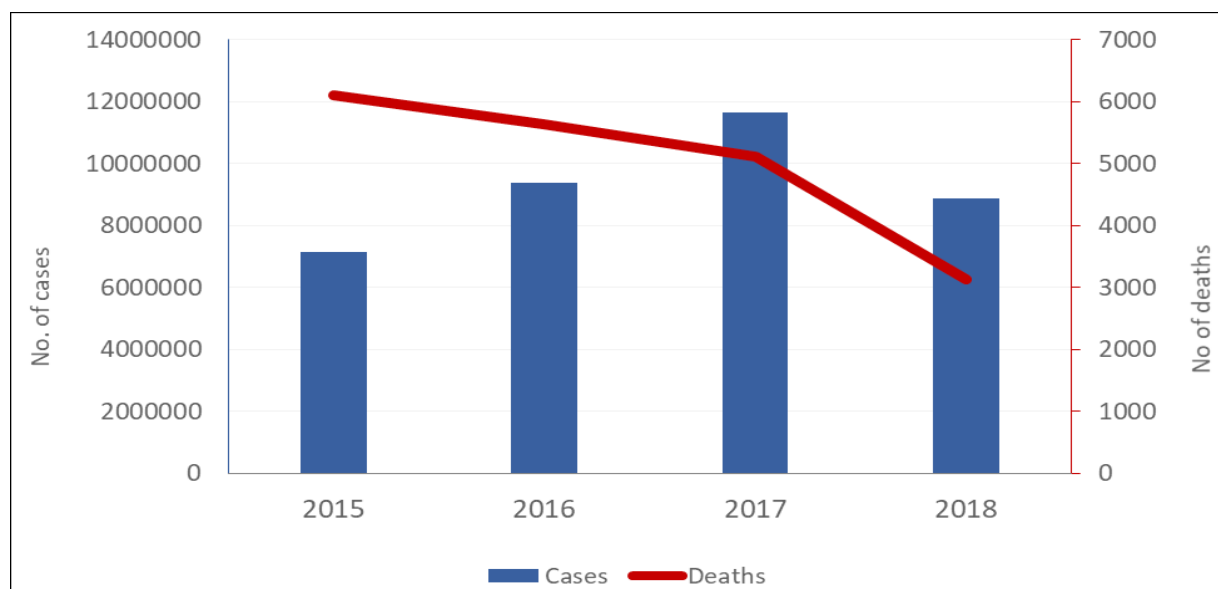
The incidence rate reduced from 272 cases per 1000 population in 2017 to 191 cases per 1000 population in 2018. However, this reduction is not homogeneous with mid northern, West Nile and the Karamoja regions showing minimal reductions as compared to central, western and south western areas.

- There was a reduction of 54% in

the malaria mortality rate between 2017 and 2018; a reduction from 19.3 deaths per 100,000 population to 9 deaths per 100,000 population.

- There was a 25% reduction in malaria Test Positivity Rate (TPR) across all regions except in Karamoja in the same period. TPR reduced from an average of 49% to 39% (range: 30 to 60 %) in this period

Figure 5 : Annual reported Malaria Cases and deaths 2015 - 2018



Policy Documents, Standards, Strategies and Guidelines

- The National Malaria Control Policy with a vision for malaria elimination was updated with technical and financial support from WHO. Other policy documents and guidelines completed and printed included *Integrated Vector Management Strategy for Malaria Reduction*

in Uganda, Integrated Vector Management Implementation Guidelines for Uganda, Insecticide Resistance Management Plan for Malaria Vectors in Uganda and School-Based Long-lasting Insecticidal Nets Distribution Guidelines.

- Other documents developed with support from WHO include: *Guidelines for Use, Repair and Repurposing of LLINs; Routine*

LLIN Distribution Guidelines; Mass Action Against Malaria (MAAM) Framework; and Partner Inventory and Mapping. Guidelines on Malaria diagnostics, training, Implementation and Malaria parasite-based diagnosis in Uganda were also produced.

Capacity Building

- National and sub national Vector Control Officers were trained on conducting entomological surveillance, monitoring and on use of entomological data for decision making. Under this arrangement, 26 National Malaria Control Division (NMCD) staff were trained as TOTs and they consequently cascaded the training to 23 districts reaching

35 Vector Control Officers.

- WHO also conducted training for NMCD staff responsible for surveillance, monitoring and evaluation in data analysis, visualization and GIS.

Surveillance, Monitoring, Evaluation and Epidemic Preparedness and Response

- During the reporting period, WHO supported the NMCD to investigate, confirm and respond to two malaria upsurges in Kisoro and Nwoya districts which were eventually brought under control.

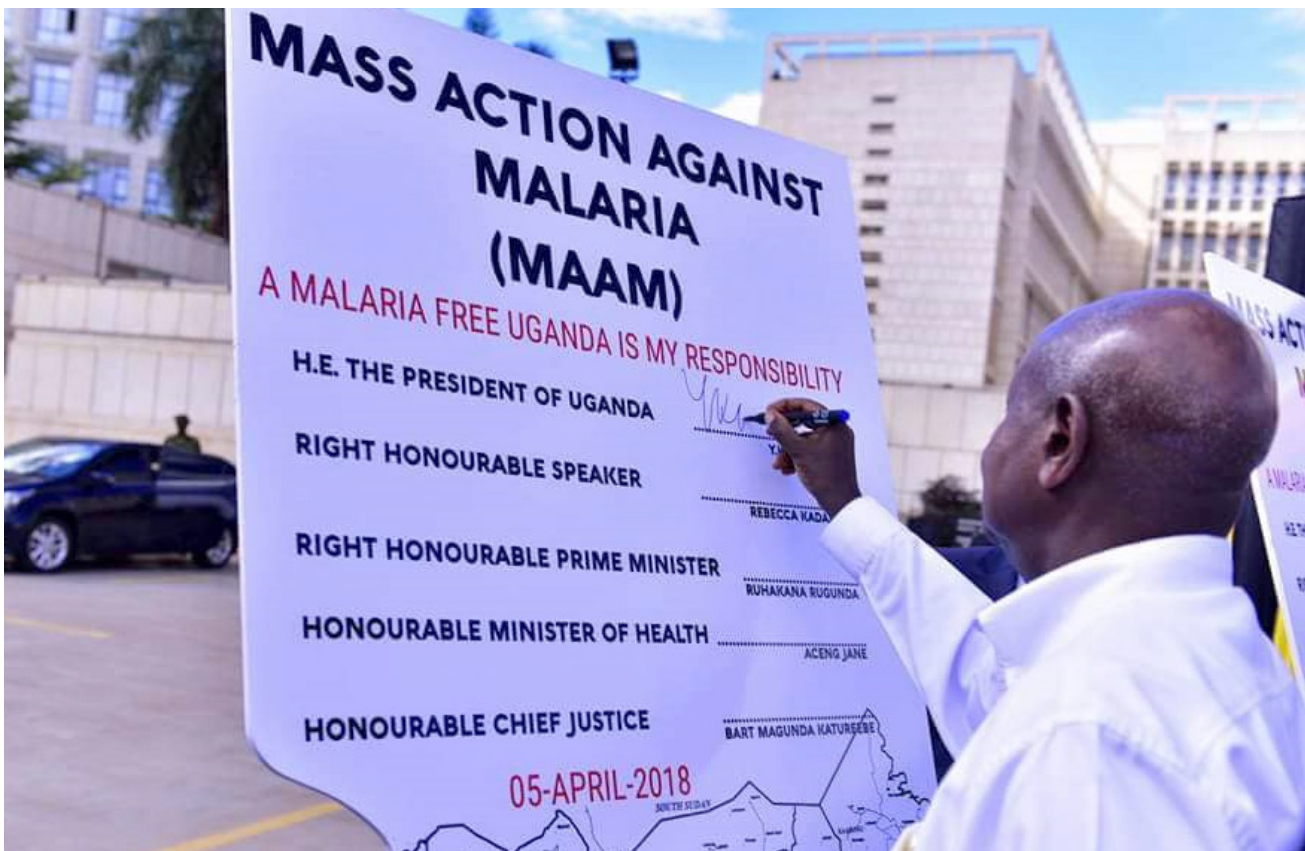


A Health worker in Northern Uganda spraying a hut to control Malaria

- Key information products i.e.: *The Weekly Situation Update*, *The Executive Brief*, *The Quarterly Bulletin* and *The NMCD Annual Report for the Financial Year 2017/18* were produced during the year with WHO support. The NMCD was also able to compile, analyses and submit data for *The World Malaria Report* in the same period.

Resource Mobilization

- The country was awarded a Global Fund Grant of \$185m to combat malaria following successful writing, submission and negotiation of a grant proposal in which WHO played a central role. In addition, WHO worked with the Ministry of Health to draft a grant proposal worth \$60M that DFID agreed to



HE President Yoweri Kaguta Museveni signing a Commitment plaque in support of the mass action against malaria

fund. The grant will strengthen Uganda’s Response in Malaria (SURMA) project in 25 northern and eastern districts of Uganda.

Advocacy, Dialogue and Mass Action Against Malaria Initiative

- The Uganda Parliamentary Forum on Malaria and the Mass Action Against Malaria initiative (MAAM) where launched at the

parliamentary grounds by His Excellency President Yoweri Kaguta Museveni who pledged political commitment and financial support towards malaria prevention and elimination efforts in the country. WHO was instrumental in planning, initiation and launch of these two important initiatives.

- A number of advocacy engagements such as breakfast meetings with members of parliament, national commemoration of the 13th World Malaria Day and scientific conference were successfully organized and commemorated. Increased domestic resource for malaria and community awareness especially on LLIN utilization and use of Indoor Residue Spraying with insecticides were raised.

Partnerships and Multisectoral collaboration

- Despite coordination challenges, regular quarterly meetings of the Roll Back Malaria (RBM) Partnership Forum were successfully held to plan and jointly review progress. WHO together with partners supported the Technical Working Groups and the RBM partnership.
- In 2018, a total of 26.5 million Long Lasting Insecticide-treated Nets (LLINs) were distributed throughout the country in a Universal Coverage Campaign targeting all people - a ratio of 1 LLIN for every two persons in a household.

An operational/administrative coverage of over 98% was attained. WHO participated in these efforts by providing technical support and guidance in coordination meetings and working sub committees.

- The Community Access to Rectal Artesunate for severe malaria (CARAMAL) project was effectively rolled out in Kwana, Oyam, Kole and Apac districts aimed at increasing child survival by administering rectal artesunate as a pre-referral treatment to under 5 children presenting to VHTs with severe malaria. WHO successfully advocated for the registration and use of quality assured rectal artesunate and updating the integrated Community Case Management (iCCM) supervision tools and checklists under this project.

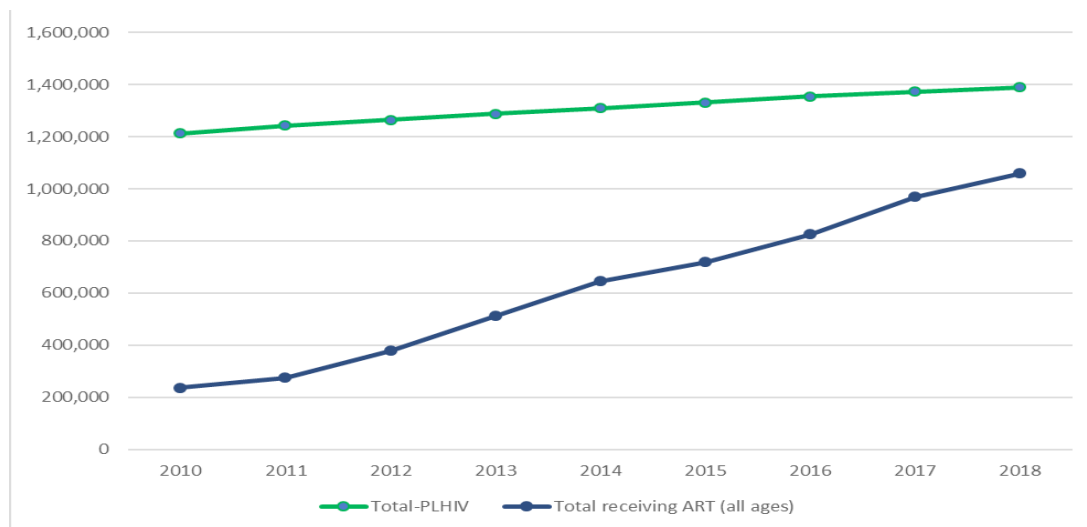
ii) HIV and AIDS

Policies, Strategies and Guidelines

- The Ministry of Health developed a costed National Health sector HIV/ AIDS strategic plan 2018/2019 to 2022/2023 to guide the implementation of HIV/AIDS activities in the health sector. WHO and partners supported development of this strategic document whose goal is to reduce the HIV incidence and HIV related mortality by 50%, by the year 2023.

- The Ministry of Health AIDS Control Program (MoH/ACP), WHO and partners revised the consolidated HIV Prevention and Treatment Guidelines and related training tools based on WHO guidance. The updates that were incorporated include; Dolutegravir (DTG) use, HTS, PrEP, EMTCT, cotrimoxazole preventive therapy, IYF, TB/HIV management, management of advanced HIV disease, viral load monitoring and psychosocial support
- Consequently, the guidelines have been rolled out at district and facility level and as of 5th March 2019, 1440 health facility training sessions for transitioning patients from old ART regimens to Dolutegravir based regimen have been completed accounting for 72% of all ART facilities. Facility trainings begun in 118 districts (92%) and were completed in 32% of all districts. Furthermore, 428 of the 527 priority TLD Sites (81%), have been trained.
- By December 2018, a total of 81.9% of Uganda’s estimated 1.38 million People Living with HIV (PLHIV) knew their HIV status and were in care, 1.16million were on ART giving a coverage of above 90% on ART, with disparities among children and men. There has been tremendous progress towards ensuring that people initiated on ART have their Viral Load suppressed (with an increase in viral suppression rates from 42% in year 2016 (UAC, 2016) to 60% in year 2017 (MoH & ICAP, 2017)).
- Similarly, in-country consultations were held to share new WHO updates in the area of paediatric and adolescent programming for country discussions and adaptation. The updates were incorporated in the revised 2018 consolidated prevention, treatment and care guidelines and a roadmap to guide

Figure 6 : Total PLHIV vs those on ART 2010 - 2018 in Uganda.



the country actions.

- In addition, the National HIV Drug Resistance Strategic Plan was developed with technical support from WHO and the Uganda Virus Research Institute to guide the country in programming for HIV drug resistance.

Advocacy, partnerships and coordination

- WHO continued to advocate for the operationalization of the five point program of the Presidential Fast-Track Initiative that aims at reducing new HIV infections among adolescents and reaching out to more men. Technical support was provided through the steering committee and the technical working groups that organized regional stakeholder engagement and accountability fora in West Nile, Mid-Northern, North-East, Midwest, Southwest, East, East-Central, Central 1, Central 2 and Kampala regions. The initiative has now been rolled out in all districts in the country and engagements made with over 5,000 leaders both at national and Local Government levels.

EMTCT Free to Shine Campaign

- The Free to Shine national EMTCT campaign which is a global drive to end childhood AIDS in Africa was launched in Uganda under

the auspices of the First Lady's office with support from WHO. Under this campaign, the country aspires to achieve global targets of elimination of Mother to child transmission of HIV. Uganda is one of the countries on track towards elimination of Mother to Child Transmission of HIV and efforts are heightened to ensure that this is realized.

Service delivery

- In pursuit of global WHO eMTCT certification, the MoH/ACP with support from WHO constituted a 42-member National Validation Committee (NVC) that was trained together with ACP program staff on the validation process and its requirements thus enhancing their advisory role on the validation process. The process of data collection and analysis based on the WHO tools was completed in collaboration with Joint UN team. A draft validation report will be finalized in 2019 and be submitted to the Regional Validation secretariat and subsequently to the Global Validation Committee for approval. The findings will be used to develop the Uganda eMTCT last mile Elimination Plan 2019.

Strategic information

- The country monitoring and evaluation system for the HIV and AIDS response at national and sub

national levels was strengthened leading to improved capacity for data generation and use to inform implementation and prioritization of interventions. The Global HIV/AIDS report and the 2017/2018 Joint Annual AIDS

Review were supported and these highlight progress made in the Multisectoral HIV response and recommendations for the next period are articulated in the aide-mémoire.



The Minister of state for Primary Health Care Hon Sarah Opendi Administering TB drugs to a patient.

- The 2018 HIV estimates and projections were produced and disseminated, and sub-demographic projections developed for subsequent generation of regional and district HIV estimates. In-country capacity to generate HIV projections and estimates was enhanced through

training of staff of the Uganda Bureau of Statistics, Uganda AIDS Commission, MOH, PEPFAR and selected Civil Society Organization (CSOs).

iii) **Tuberculosis**

- The TB Catastrophic Costs Survey was conducted and it revealed that 53% of the households with a TB case experienced catastrophic costs (expenditure that is more

than 20% of the annual household income). The situation was worse at the extremes of age i.e. in the young less than 15 years and among the elderly. The survey done by MoH in collaboration with WHO and the Makerere University School of Public Health aimed at establishing a baseline against which to measure the progress made to achieve END TB targets. It also sought to demonstrate that reduction of TB costs contributes to improvement in treatment adherence and in financial protection. The survey results will inform the development of Monitoring and Evaluation Plan to track patient expenditures as they seek TB care services and also

inform future programming for MDR TB services since these patients were found to be most affected with the catastrophic expenses.

- A GeneXpert machine for management of MDRTB within the prison health services was procured by WHO in partnership with the Parliament of Uganda. This will promote timely diagnosis and management of MDRTB
- TB assessment was conducted in Kiryadongo, Nakivule and Arua refugee settlements. Additionally, CB Dots training for Health workers and VHTs members was done to enable them deliver quality



HE President Yoweri Kaguta Museveni leading a walk during commemoration of the Day of Physical Activities, in 2018.

TB services at both facility and community levels.

iv) **Hepatitis**

- WHO supported a three level scoping mission (Headquarters, Regional and Country offices) on Hepatitis that provided key recommendations for the development of the National Hepatitis strategic plan. This mission also recommended the establishment of a surveillance

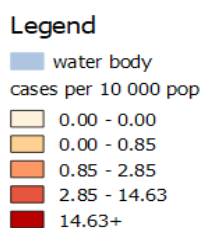
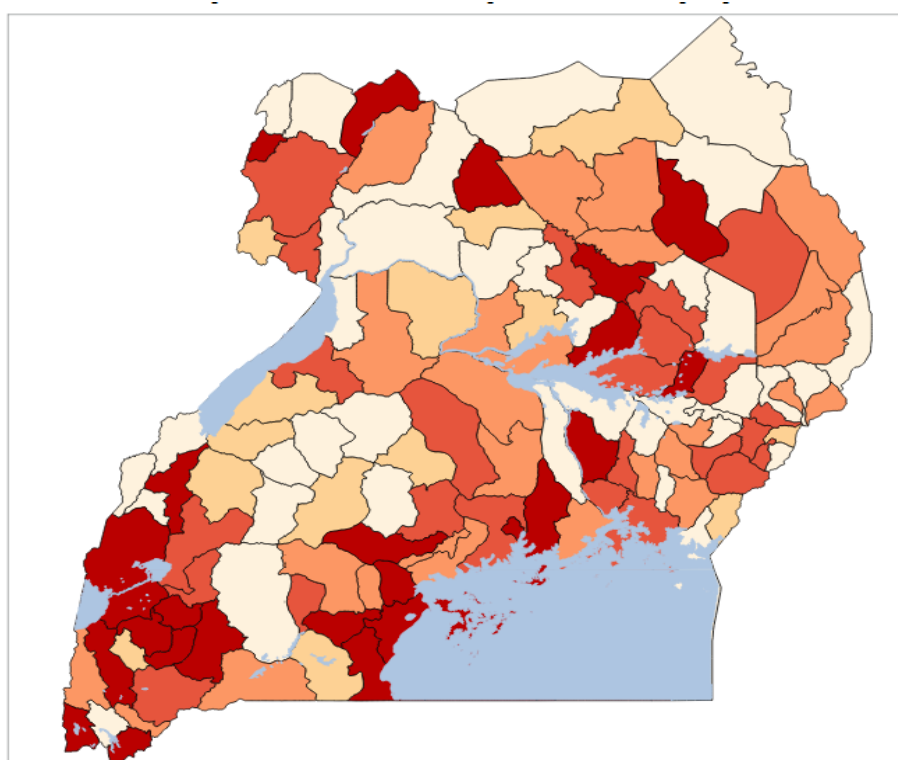
system for the Hepatitis program which will ensure country progress is captured in the Global Reporting System.

v) **Non-communicable Diseases (NCDs)**

Policies, Strategies and Guidelines

- A costed Non-communicable Diseases Multi-sectoral Plan based on the Global Action Plan for Prevention and Control of Non-communicable Diseases 2013-2020

Figure 7 : Cases of Prostate Cancer per 10,000 per population



was developed with WHO support. Implementation of this plan will contribute to advancement towards achievement of targets on reduction of premature mortality by 25% by 2025 in the NCD global action plan and the SDG target of one-third by 2030.

- Similarly, the Ministry of Health and partners developed a Cervical Cancer Strategic Plan that focuses on transitioning from a VIA-based screening to HPV screening over the next few years. Based on WHO guidance and global trends, the MoH with seed funding from the Global Fund started HPV screening at select regional referral sites. The evidence generated will inform national scale-up efforts towards elimination of cervical cancer.
- The MoH in collaboration with WHO and partners developed the tobacco control regulations to support implementation of the Tobacco Control Act (2015). Implementation of the regulation will contribute to the realization of the goals of the WHO Framework Convention for Tobacco Control. In promotion of the taxation of tobacco use reduction strategy, WHO trained tax experts from the Ministry of Finance and Economic Development on progressive tax increment for imported and locally manufactured tobacco products

in Uganda. WHO estimates on tobacco use projects a significant decrease in tobacco consumption by the year 2020.

Capacity Building

- The Ministry of Health supported by WHO Walimu, and the IMAI-IMCI, initiated a project to improve NCD diagnosis and management especially with regards to cardiovascular risk-based management of hypertension, diabetes and other risk factors in Masaka region. More than 2000 patients were enrolled in NCD care and their data was incorporated in the longitudinal register for the greater Masaka region.
- A participatory training curriculum and tools for both clinical care and patient monitoring based on the trial was developed. The tools developed are based on the WHO Package of Essential NCD interventions for low resource settings (WHO-PEN) and the revised HEARTS technical package for prevention and control of NCDs were adopted by the MoH for the national training curriculum and patient monitoring system.

Health and Environment

Policies, Strategies and Guidelines

- The Ministry of Water in partnership with Ministry of Health supported by WHO worked on a road map for developing water safety plans following a water quality assessment that indicated that only 41% of water sources had safe water and only 29% of the households had safe drinking water. Water safety plans are the most effective means of ensuring the safety and acceptability of drinking water which is consistent with WHO Guidelines for Drinking-water Quality.

Capacity building

- Twenty (20) staff of the Ministry of Water and Environment were trained on the Tracking Financing to WASH Methodology (Trackfin) to be able to identify and track financing to the water, sanitation and hygiene (WASH) sector at the national or sub-national. This team will be used to collect and analyze Trackfin data to facilitate the understanding of the WASH financing situation.

vi) Neglected Tropical Diseases (NTDs)

- Mass drug administration continued to be implemented in the affected communities in addition to other key interventions for the prevention, control and treatment of NTDs. These are based on the national program objectives and set targets including elimination of most NTDs by 2020. WHO was involved in strategic operations and provided technical guidance to the various NTD programmes. WHO served on several TWGs and other platforms of the NTD programs aimed at strengthening country partnership. In addition, WHO supported capacity building for NTDs through trainings, participation in WHO meetings and events by MoH officers as well as supportive supervision in the field. Other areas supported included evidence generation through impact assessments, program reviews, mobilization and accountability for resources and reporting including contribution of national data into global NTD reports.

CHALLENGES

- The main challenges under the Disease Prevention and Control Cluster are inadequacies in multisectoral collaboration,

procurement and management of commodities, private sector involvement, community involvement and health promotion.

- Domestic resources to finance response coupled with reducing donor funding are also significant challenges. The increasing morbidity and mortality due to infectious diseases as well as raising incidence of NCDs pose queries on the country's ability to achieve prevention and control targets by the set dates.
- Health systems challenges such as shortages in human resources for health, irregular access to essential medicines and basic technologies, generation and use of health data remain major obstacles to the attainment of Universal Health Coverage.
- Inadequate investment in prevention and management of NCDs by the government with dwindling partner funding continues to exclude the poor from care and escalating the inevitable mortality. The situation is compounded by Lack of awareness about NCD and risk factors by the population leading to late presentation with complications leading to high NCD mortality.

WAY FORWARD

- Political commitment, legislative support, multisectoral involvement and a coordinated response to communicable diseases are critical to the prevention, control or even elimination of these diseases. Increasing National (Government) resources to periodically and systematically budget for commodities, supplies, technologies and improved data quality will address some of the challenges.
- For NCDs, increasing government and partner investment to implement the NCD multi-sectoral plan will bolster progress towards achievement of global and national NCD targets. Implementation of the Tobacco Control Act 2015 and Regulatory and Fiscal Capacity Development Programme for promoting Healthy Diets and Physical Activity will reduce exposure to NCD risk factors.



WHO PRESENCE IN UGANDA

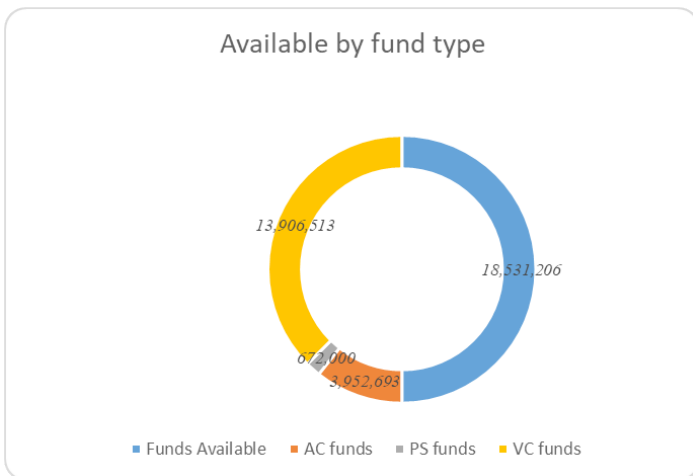


The WHO Representative Dr Yonas Tegegn Woldemariam chairing a staff meeting

PROGRAMME MANAGEMENT AND SUPPORT

The approved biennial workplan 2018/19 is USD 31,246,856 and is funded at 61% (18,531,206). Out of 61% funds received 75% is Voluntary Contributions (VC); 21% is Assessed Contributions (AC) and 4% is Administrative support contributions (AS).

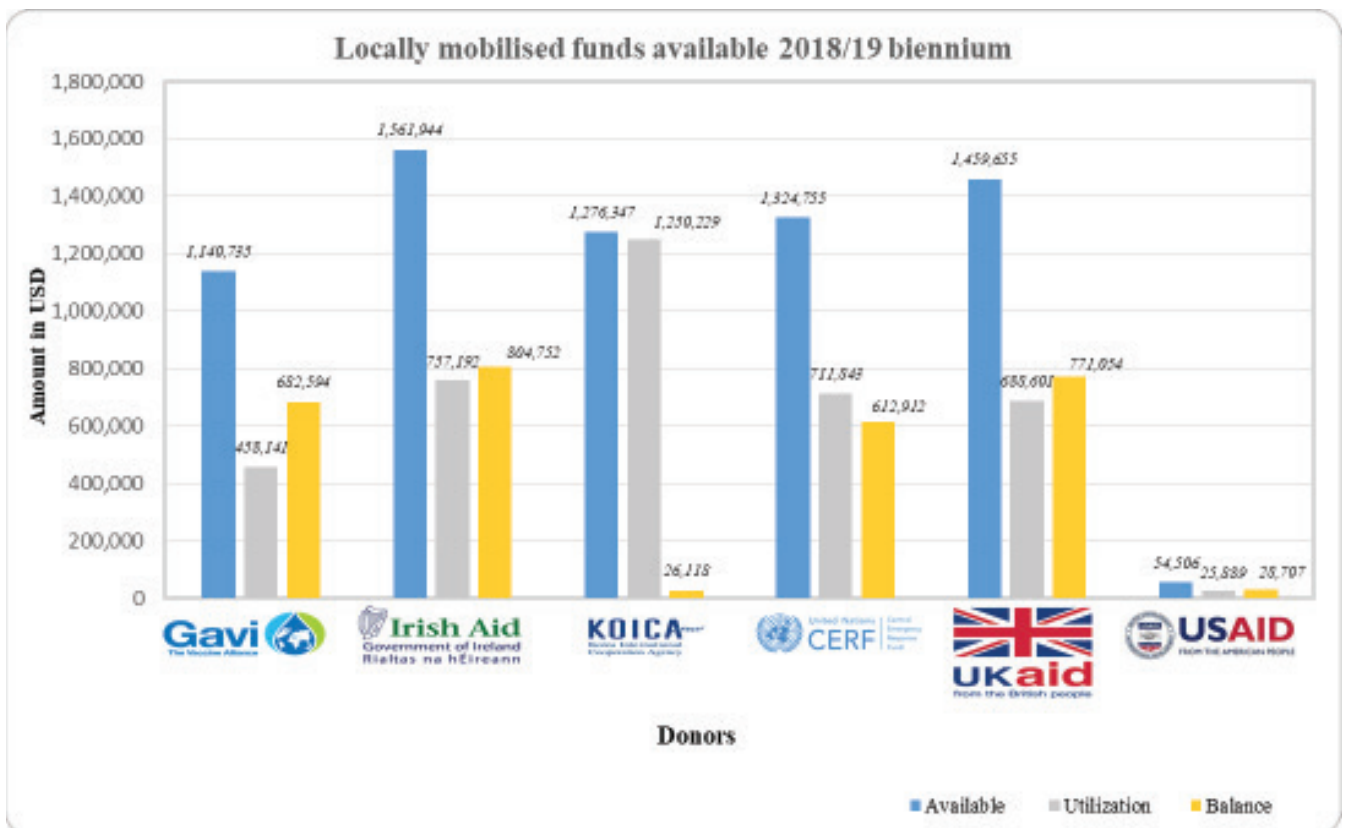
Figure 8: Total funds available by fund type



(excluding PSC). This constitutes 49% of all Voluntary Contributions made by six (6) partners namely: The Government of Ireland (Irish Aid); The British Government (UKaid); Central Emergency Response Fund (CERF); Korea International Cooperation Agency (KOICA); GAVI and USAID. The Irish Aid and UKAid have greatly contributed financial resources to support Ebola Virus Disease Preparedness efforts in the country since August 2018. Figure 8 below presents the locally mobilised fund by donor.

During the year 2018, the country office mobilized financial resources locally amounting to USD 6,817,942

Figure 9: Locally mobilized funds by donor

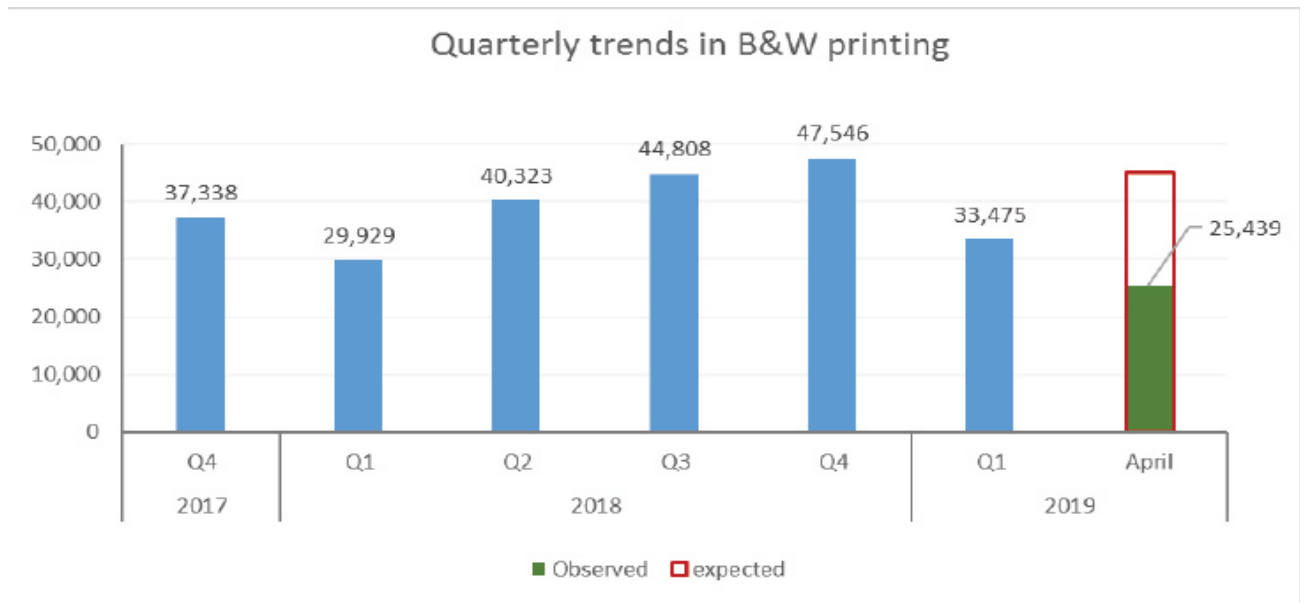


INNOVATIONS and EFFICIENCIES

i) Information & Technology Management

- Enhanced enabling working environment by equipping staff with newer IT Equipment & Applications that enable staff to continue work when mobile. More than 80% of staff received new computers and the process is ongoing for 95% coverage of staff with new tools by the end of 2019. This initiative increased staff productivity by using more efficient tools and new applications in their work.
- Increased time saving through the use of country office shared drive and one drive that facilitates information sharing within teams and across clusters. During 2018, the shared drive facilitated easy access to relevant strategic documents (e.g. The Country Corporation Strategy, General Program of Work, etc); Administration templates and various reports. Another advantage of the shared drive that the staff was enjoyed was the simultaneous collaboration on working on the same document which saved time that would otherwise be used for consolidating information submitted by various team members.
- Introduction of document tracking application in January 2019 was another innovation that complements the WCO's efforts towards a green environment. The existing central printing resulted in efficiency in the use of toners, papers, power, and maintenance. It is foreseen that the document tracker will further save the cost of operating central printing as online documents-flow significantly reduces intermediate printing of documents that are in process and therefore contributing to the ongoing greening effort of the country office.
- During 2018, there was a rising trend of printing from quarter 2 to quarter 4 and the trend was reversed sharply in quarter 1 (2019). This increasing trend was, however, within the targeted maximum of 50,000 papers per month. This was attributed to increased activities due to Ebola preparedness and various workshops that demanded in-house printing especially of financial documents (i.e. accountability documents) and materials for workshops.

Figure 10: Quarterly printing trend in 2018 and 2019



Ever since the introduction of the document tracker in Mid-February 2018, there has been a 24% decrease in printing within 1.5 months of its operation.

LONG TERM AGREEMENTS (LTAS) ENABLE TIMELY, EFFICIENT PROGRAMME IMPLEMENTATION



Motorcycles for Ebola response provided by WHO with support for Irish Aid.

Uganda experiences high burden of disease which is dominated by communicable diseases, which account for over 50% of morbidity and mortality. Malaria, HIV/AIDS, TB, and respiratory, diarrheal, epidemic-prone and vaccine-preventable diseases are the leading causes of illness and death (WHO Uganda CCS 2016/2020).

Over the years, Uganda is proving to be a hotspot for public health emergencies with many events recorded each year. These events continue to inflict high burden of preventable morbidity and mortality on the population.

A resilient, appropriate response requires a solid Operations Support and Logistics system which enables preparedness, and timely response to activities. Consequently, a responsive procurement and provision of essential supplies, services and deployment of human resources plays a key role in reducing morbidity and mortality.

As per WHO Procurement Strategy *Version 1.0*, in 2016 the WCO Uganda embarked on establishing Long Term Agreements for different categories of services to enhance cost effectiveness, reduce turnaround time, and ensures quality, standardization and simplification of procurement.

The use of the LTA has drastically

reduced the procurement time line from an average 14 days to 1 day, thus ensuring rapid deployments of teams and supplies to respond to emergencies. (*WCO Uganda Procurement Workflow, 2018*)

To this effect, WCO Uganda has expanded the use of LTAs to other services categories by way of piggy backing on LTAs of other UN agencies. Services under these LTAs include hotel and conferences, clearing and forwarding, field monitoring system, fuel supply, vehicle maintenance, courier services, toner and cartridges developed. WHO Uganda led the development of LTAs for vehicle hire services and stationery.

Table 1: List of LTAs and usage by WHO

S/N	Service Category	Number of available LTAs	No of LTAs used by WHO
1	Hotel and conference services	07	06
2	Media and advertising	03	01
3	Vehicle hire services	02	02
4	Stationery	03	03
5	Tyres	03	02
6	Clearing and forwarding	02	01
7	Fleet monitoring systems	03	01
8	Fuel supply	03	01
9	Vehicle maintenance	04	01
10	Central printing	02	01
11	Cleaning services	01	01
12	Toner/Cartridges	02	01
13	Internet services	04	03
14	Office rental/real estate	01	01

In the coming years, WCO Uganda anticipates even more responsive and fast procurement of critical goods and services as more agencies appreciate and adopts the use of LTAs.

Complimentary payment method by Use of Mobile Money

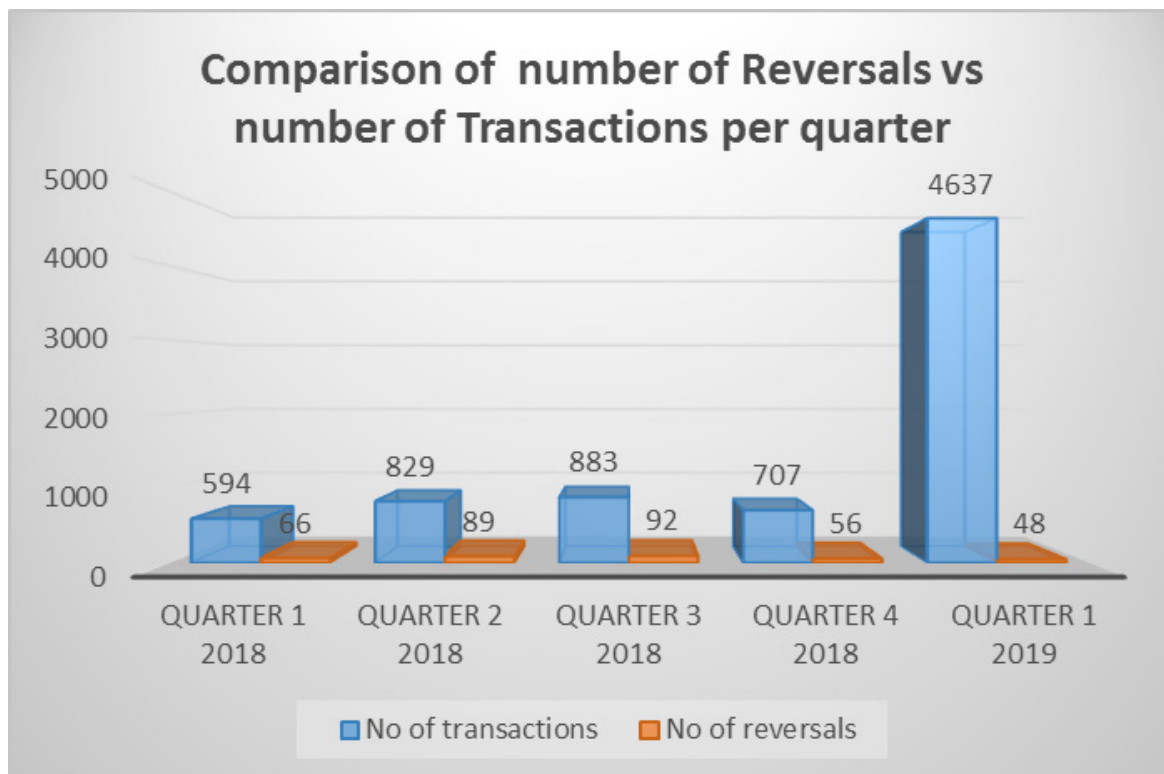
The use of mobile money as a payment method was already in place however on a small scale.

In the first quarter of 2019, there was a decision to increase the use of mobile money as a payment method.

Advantages of Mobile Money

1. Use of mobile money payment reduced the number of reversed transactions compared to the EFT to bank accounts (Table 10 below)
2. The verification of participant details is carried out prior to effecting payment, this minimizes errors in participants' payment details and allows
3. for correction of errors in advance.
4. Receipt of cash is instant and facilitates the reconciliation process.

Figure 11: Comparison of number of Reversals vs number of Transactions per quarter



Challenges of Mobile Money payment Method

1. Use of Mobile Money increased the bank charges as shown in table 10 above;
2. Once a participant does not have a valid registered telephone number, payment is delayed as validation and confirmation on the use of another person's mobile number details is sought.



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