PROMOTING GOOD HEALTH AND WELLBEING IN UGANDA

2022 ANNUAL REPORT

World Health Organization
Uganda

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List of Acronyms

AAR	After Action Review
AEFI	Adverse Events Following Immunization
AFENET	African Field Epidemiology Network
AFRO	Africa Regional Office
ANC	Antenatal Care
ART	Antiretroviral Therapy
CDC	U.S. Centers for Disease Control and Prevention
CEHS	Continuity of Essential Health Services
CHAI	Clinton Health Access Initiative
CHEW	Community Health Extension Worker
CME	Continuing Medical Education
COVAX	COVID-19 Vaccine Global Access
COVID-19	Coronavirus disease
DHIS	District Health Information System
DHO	District Health Officer
EPI	Expanded Programme on Immunization
ETU	Ebola Treatment Unit
EVD	Ebola Virus Disease
FP	Family Planning
HC	Health Centre
HDP	Health Development Partners
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
HQ	Headquarters
HRH	Human Resources for Health
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education, and Communication
IHR	International Health Regulations
IMAM	Integrated Management of Acute Malnutrition
IMS	Incident Management System
IPC	Infection Prevention and Control
IPT	Intermittent Preventive Treatment
IVD	Immunizable and Vaccine-Preventable Diseases
KOICA	Korea International Cooperation Agency
MoH	Ministry of Health
NCD	Non-Communicable Diseases
NDA	National Drug Authority
NTD	Neglected Tropical Diseases
ODK	Open Data Kit
OPV	Oral Polio Vaccine
PoE	Points of Entry
PPE	Personal Protective Equipment
PRSEAH	Preventing and Responding to Sexual Exploitation, Abuse and Harassment
RCCE	Risk Communication and Community Engagement
RMNCAH	Reproductive Maternal, Neonatal Child, and Adolescent Health
RRT	Rapid Response Team
SOP	Standard Operating Procedure
SVD	Sudan Ebolavirus Disease
TA	Technical Assistance
TB	Tuberculosis
ULC	Universal Health Coverage-Life Course
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USD	United States Dollars
UVRI	Uganda Virus Research Institute
VHT	Village Health Team
WCO	WHO Country Office
WHO	World Health Organization

Foreword

For Uganda's WHO Country Office (WCO), 2022 was a challenging year, just as it was for all global World Health Organization (WHO) offices. It was a year of great anxiety, fear, panic, tears, and sorrow from the impacts of the COVID-19 pandemic requiring a combination of response and recovery processes.

The Country's support was not easy, given the presence of emergencies like the COVID-19 pandemic, the Greater Horn of Africa Drought, and the Sudan Ebola Virus Disease outbreak. We adjusted to the regular working routine, adhering to recommended Standard Operation Procedures, and repurposed staff to support all the responses. The way of working amidst the emergency outbreaks slowed the implementation of the annual plans and reprogramming budgets which are unusual in the WHO's working arrangements.

Despite the challenges, Uganda continues to make strides toward managing existing diseases in the Country and preventing potential diseases that threaten the health of Ugandans.
The WCO collaborated with partners to promote institutional growth and partnerships, policy analysis, the development of health systems, the prevention and control of non-communicable diseases, Reproductive, Maternal, Neonatal, Child, and Adolescent Health Services, and Environmental and healthy lifestyles.

In 2022, the WCO Uganda expanded resource mobilization from the regional and global partners for operations in Uganda, raising over 42 million, up from USD 45 million in the two years of 2021 and 2022. Overall, WCO utilized 52% of the funds mobilized to support the Country's emergencies, such as the COVID-19 response, the Ebola outbreak, Yellow Fever, Drought, and food insecurity.

Uganda continues to record variations in its health sector indicators. In the 2021/ 2022 fiscal year, the health sector achieved 53% (17) of its outcome indicator targets. The targets achieved included immunization coverage for Measles, ART viral load suppression rate, IPT3 coverage for pregnant women, maternal and perinatal deaths reviewed, Antenatal Care 4th visit coverage, and health facility deliveries.

Above all, we are immensely grateful to every WHO staff, partner, and health worker, wherever they are in the world, especially in Africa, for their outstanding commitment and work.

In conclusion, it is worth mentioning that we could have reached none of these achievements without the solid and generous support of our partners; the Ministry of Health in Uganda, Royal donors, and implementing partners.

We thank you all for your partnership, the faith you have put in us during these difficult times for your care, and the commitment you are providing to Uganda.

We hope you will enjoy reading this report, and we welcome and appreciate any feedback or suggestions that can improve our work even further as we strive to serve the vulnerable and keep the world safe.

Dr. Yonas Tegegn Woldemariam
WHO Country Representative.

World Health Organization handing over medical supplies to Uganda Ministry of Health in the presence of development partners.

Uganda's Health Situation

Uganda's health system is evolving, with the universal health coverage index (HCI) increasing from 22 in 2000 to 50 in 2022. The HCI measures average coverage of essential services based on tracer interventions such as reproductive, maternal, newborn, and child health, infectious diseases, non-communicable diseases, and service capacity and access.
Healthcare spending is rising though government budget allocation for the health sector has remained stagnant over the last five years at around 7.8 percent of the total government budget, with 7.4% in the fiscal year 2021/22.

Though the Country's health sector indicators continue fluctuating, Uganda met 53% (17) of its outcome indicator targets in the fiscal year 2021/2022. Measles immunization coverage, ART viral load suppression rate, IPT3 coverage for pregnant women, maternal and perinatal deaths reviewed, ANC 4th visit coverage, and health facility deliveries were among the targets met.

Tracer commodity availability fell from 81% in 2020/21 to 78% in 2021/22. Tuberculosis management commodities have the highest availability, followed by antiretroviral drugs and reproductive, maternal, newborn, child, and adolescent health commodities.

Malaria remains the leading cause of disease burden in outpatient departments, accounting for 32.1% of attendances, a 5% increase over the fiscal year 2020/21. Malaria is frequently associated with a cough or cold, urinary tract infections, and non-infectious gastrointestinal disorders, and its prevalence increased in the population from 302/1000 to 317/1000. However, malaria deaths decreased by 15%, from 5,017 to 4,245.

Neonatal conditions are the leading cause of death in Uganda, accounting for 10.3% of all reported deaths, with prematurity and neonatal sepsis being the most common causes. Malaria accounts for 7.4% of neonatal deaths, followed by pneumonia (5.3%) and anaemia (3.9%). According to the National Service Delivery survey, 45% of healthcare users use government-owned facilities, while 37% use private

facilities. General hospitals, Health Center (HC) IVs, and Regional Referral Hospitals accounted for 26.6%, 22.3%, and 11% of admissions at government-owned facilities, respectively.

With Uganda's health system performance, disease burden, and emergency risk threshold constantly influencing its achievement of health-related SDGs, concerted efforts are required to ensure its resilience. The health system should focus on providing critical health services in development and emergency settings and performing essential public health functions.

WHO strives to make a significant impact by having a physical presence in Uganda through regional hubs, field offices, and the Country office to ease engagement with different partners.
Investments in leadership and management capacities at all health system levels and cross-sectoral initiatives to improve access to qualified, skilled, and motivated health workers and access to integrated and people-centred health services, medical diagnostics, and products are also critical. The Ministry of Health (MoH) must consider health security, emergency readiness, and risk management in Uganda to improve emergency response and health systems.

1. Emergency Preparedness and Response

Ebola survivors having a discussion with a WHO field team member.

Introduction

WCO Uganda continues to strengthen and support the Country's capacity to prepare for, detect, and respond to disease outbreaks and public health emergencies in close collaboration with the MoH. WHO Uganda developed response plans for Ebola, Cholera, Monkey Pox, Drought, and Food Insecurity in Karamoja, as well as the stabilization of COVID-19 in 2022 through design workshops and After-Action Reviews (AARs), followed by rollout events. WHO field teams trained health workers on Emergency

Planning and Response (EPR) components and provided on-site mentorship during supervision and monitoring visits to health facilities.

WHO Country Office enhanced Emergency response through courses and new guidelines posted on the WHO E-learning platform for various categories of Rapid Response Teams-RRT, with 537 RRTs trained in 2022 using the new guidelines. WHO also increased Ebola surveillance following training of health workers and Uganda People's Defence Force members, alert cases of Monkey Pox in the Country, the 2021 Isingiro district Cholera outbreak, and the eventual response to the Ebola outbreak in September 2022.

WHO continued interacting with District health team members, National Task Force, and the National Strategy Committee promoting a well-coordinated public health emergency response.

A. Ebola Virus Disease

Boda Boda riders supported the Ebola sensitization campaign in the Kampala district.

Uganda confirmed the first case of the Country's fifth Sudan Ebola outbreak in the Madudu Sub-County of Kassanda on September 20th, 2022. WCO supported the response in the nine districts affected by the epidemic (Mubende, Kassanda, Kampala, Kyegegwa, Kagadi, Bunyangabu, Wakiso, Masaka, and Jinja), containing the Ebola Epidemic within 69 days leading to a declaration of Uganda as Ebola-free on January 11th, 2023.

The summary of the data during the Ebola outbreak is as indicated below:

i. Coordination

To coordinate the Ebola outbreak response, the MoH and WCO's Incident Management System were instituted on schedule, enabling daily meetings at the national and WHO country office levels throughout the outbreak. WHO also co-chaired the National Task Force and Incident Management Team meetings, mapped out national and sub-national partners, and tracked outbreak response resources by pillar using the 4 W matrix. As part of a strengthened District Task Force, field offices in Mubende, Kassanda, Jinja, Masaka, and Kampala City Council Authority to improve response coordination and WHO presence in affected districts. The offices assisted with response surveillance (contact tracing and active case finding), IPC, Case Management, and other tasks.

WHO and the Ministry of Health developed the National Response Plan, SOPs, and IEC materials for nutrition in the EVD post-outbreak plan. The priorities set out by pillar for the 180-day post-outbreak response include support for several meetings, such as the Accountability Forum on Ebola response, the End of Outbreak declaration event in Mubende, a Townhall discussion hosted on NBS television, and the outbreak response performance review.

ii. Infection Prevention and Control and WASH

WCO aimed to limit EVD spread by implementing suitable Infection Prevention and Control-IPC and WASH procedures for health workers and community members in affected districts. The approach included deploying ten experts to boost the capacity of IPC healthcare workers and providing on-the-job IPC mentorship to 1,215 healthcare workers in Ebola Treatment and isolation Units (ETU) and non-ETU facilities. An additional 2,901 health workers from isolation units, ETUs, and non-ETUs skilled through training in donning and doffing, decontamination, waste management, and standard precautions for IPC, safe and dignified burial enhanced IPC interventions.

WCO supported implementing an IPC triage system at designated EVD management Health Units to facilitate patient flow, SOPs, and disease transmission-based precautions in each health facility's wards. 28 EMS personnel, 753 health workers, 22 IPC focal points, and 96 frontline health workers from Masaka district received online training in IPC for EVD.
WCO gave EVD treatment health facilities cleaning and decontamination instructions, and 90% of the households where the cases originated

iii. Case Management

WCO supported MoH in improving case management services by the establishment of 05 Ebola treatment units in Mubende (02), Entebbe (01), Mulago (01), and Fort Portal (01), and 05 isolation units in Madudu, Kassanda, Mulago, Kiruddu, and Entebbe to assist the MoH. The WHO provided technical assistance to establish a 60-bed ETU in Kassanda provided men's clothing sets and discharge kits at the Entebbe ETU and bought and installed two washing machines at the Mubende Regional Referral Hospital.

WCO, in collaboration with MoH, conducted an Ebola patient care training for 470 health workers from Jinja, Masaka, Nakasongola, Nakaseke, Luwero, Gomba, Kakumiro, Kibaale, Kiboga, and Kyankwanzi districts. To strengthen staff case management capability at the Country's ETUs, WCO supported the deployment of 8 case management experts, one emergency physician, and 1 case management coordinator. At the same time, 30 trained hygienists were deployed at Mubende ETU to manage the EVD cases.

WCO supported evidence-based modifications to the Mubende treatment center in scheduling patient and staff flow, donning and doffing spaces, and admission procedures, among other requirements.
The modifications ensured safe and dignified burials, a review of the Ebola follow-up program monitoring tools, with the formation of the Ebola survivors program partner consultative forum to foster strong collaboration, coordination, and accountability for resources.

The Country Office also supported the deployment of frontline health workers to provide mental health and psychosocial support to patients, families, and the community.

iv. Vaccination

WCO funded the Makerere University Lung Institute's Ebola ring vaccination cluster-randomized trial using the USD 9.1 million mobilized to test the efficacy of a single promptly administered dose of a candidate Sudan Virus Disease vaccine in protecting recent contacts of a new confirmed case of SUVD against laboratory-confirmed SUVD in Uganda.
WCO supported establishing a coordination team at the central trial base that facilitated the ethical and regulatory approvals and securing, renovating, and furnishing of the trial bases, one at the Mubende office.

The cold chain equipment at the central clinical trial base was fully installed and operational to support the storage of the received 5256 doses of the trial vaccine. The Ministry of Health did not implement the efficacy protocol as it arrived after the containment of the outbreak. WHO continues to work with Uganda's health authorities and partners to maintain surveillance, support survivors, and advance vaccine and therapeutics research.

v. Surveillance and Laboratory

WHO enhanced EVD surveillance and laboratory responses by deploying 30 experts to provide training and mentoring, establishing of alert management system in Mubende, Kassanda, Kampala, Masaka, and Jinja supporting contact listing, case investigation, active case search, and evacuating suspected cases.
WCO took several actions to improve surveillance, including a multi-partner development process for an alert verification algorithm to improve the alert verification process. The EVD response team did case definition adherence before evacuation, contact tracing and follow-up training, health facility surveillance, Go-data, alert reporting, and sample collection and testing.

WHO facilitated laboratory processes by hiring 90 vehicles for sample transportation and logistics, 440 digital thermometers, 300 cartridges, chemistry panel tests (Piccolo), 1500 Viral RNA extraction kits 1500, and 4320 Ebola PCR tests to aid in testing and surveillance.

vi. Risk Communication and Community Engagement

To manage miscommunication during the Ebola response, WCO, in collaboration with the Ministry of Health, deployed 09 RCCE experts and 02 Anthropologists to Kassanda, Kampala, Masaka, and Jinja, as well as 5 Rapid Response Team-RRT officers to support RCCE activities.
WCO supported the orientation and training of over 1200 community, and religious leaders, village health teams, community health volunteers, district leaders, Health educators, and journalists to raise community awareness about Ebola.

WCO RCCE support included integrated community engagement in hotspot villages: mapping and developing targeted messages for Mubende, Kassanda, and Jinja communities to address misinformation and myths. WCO support enhanced the district task force.
conducting community dialogues in seven Mubende villages, reaching 381 people with Ebola information.

The RCCE unit produced and distributed 578,000 copies of IEC materials, such as fact sheets and community case definition posters, to health facilities, schools, churches, and communities in the outbreak's epicentre in four different languages (English, Luganda, Runyoro, and Kiswahili), aided the RCCE response.

vii. Continuity of Essential Health Services

WHO developed a key performance indicator in collaboration with the Ministry of Health to track the weekly trend of the outpatient department- consultations in nine districts with confirmed Ebola cases.

B. Drought and Food Insecurity

Three regional hubs (Moroto, Gulu, and Soroti) coordinate the public health consequences of food insecurity and drought response in the Karamoja region and neighboring districts, with at least 25 staff supporting the response (national, international deployments, and repurposed WCO staff).
WHO collaborated with the Ministry of Health to develop the National Emergency Health and Nutrition response plan for Karamoja and surrounding districts for 2022, focusing on monitoring and evaluation.

WCO contributed to strengthening Health and nutrition service delivery through:

- Assessment of health and nutrition services at 150 health facilities across 19 districts affected by Drought,
- Provision of capacity-building training for health workers in various thematic areas, including IMAM (153), PoE surveillance (67 staff from 7 PoEs in Karamoja), TB management (171), BEmOC (60), RRT (69), PRSEAH (136), Gender mainstreaming (124), and mentorship on family led MUAC (561),
- Provision of supplies (medical and non-medical) worth USD 1,123,672 to MoH Karamoja drought response and a fully equipped 12-bed mobile prefab for managing SAM cases at Moroto RRH.
- Provision of guidance on data gaps identified during regular support supervision at the health facility and DHT levels
- The Teso, Lango, and Acholi regional technical working groups on nutrition functionalized and the support supervision and on-the-ground mentoring of health professionals on integrated disease surveillance at the level of health facilities and communities improved epidemic monitoring and response.

C. COVID-19

In 2022, WHO coordinated and provided technical input in developing Uganda's COVID-19 transition and stabilization plan. Since then, the Country has registered 170,114 cases of COVID-19 and 3360 deaths as of December 31st, 2022. The critical achievements of the response include the following:

- Development of Uganda's COVID-19 transition and stabilization plan, assessment of all genomic sequencing laboratories in the Country to map capacity and inform the new COVID-19 sequencing guidelines,
- Development of COVID-19 case therapeutic management guidelines, ToT, and training in all treatment centres throughout the Country,
- COVID-19 vaccination campaign; third round mass vaccination and mop up using Johnson & Johnson vaccines.

COVID-19 Research

The WHO Headquarters Office of Compliance, Risk Management, and Ethics gave the go-ahead for the COVID-19 (WHO O2CoV) trial, with its coordination managed by the WHO Emergency Preparedness Division's clinical management team.

The observational research study examines COVID-19 patients in low, and medium-income Countries with oxygen needs and respiratory assistance methods.
WCO-supported acquisition of the study tools, which include 200 pulse oximeters and 32 Samsung tablets, sent to the individual study teams assembled at the Regional Referral Hospitals in Lira, Hoima, Entebbe, and the University hospital Lira.

D. Yellow Fever

WHO supported the response to the Yellow Fever outbreak reported in the districts of Wakiso and Masaka and the notification of additional positive Yellow Fever results from sentinel sites in 2022. WCO coordinated with MoH to deploy surveillance teams to conduct extra investigations in affected districts and trained 159 health workers on case definition using Integrated Disease Surveillance and Response (IDSR) priority diseases.

Entomological surveillance was done in the two districts of Masaka and Wakiso by UVRI to identify breeding sites for potential vectors, endophagic and endopholic potential for yellow fever virus vector.

WHO also provided Continuing Medical Education (CME) to 100 health workers at Kisubi Hospital in Wakiso district on yellow fever surveillance, case detection, reporting, sample collection, and data quality.

E. Refugee Response

WHO assisted MOH in responding to a measles outbreak reported in the Palabek refugee settlement in Lamwo district in September 2022. The WHO regional hub in Gulu coordinated and collaborated with the Ministry of Health and partners to launch a Measles and Rubella vaccination campaign in October 2022.

The WHO team provided support supervision and on-site mentorship to health workers at treatment sites throughout the refugee settlement during the vaccination campaign that achieved 56.1% coverage for a target population of 32,268 children aged six months to 14 years.

2. Universal Health Coverage/Life Course

KOICA and WHO project team engaging health facility staff during a monitoring visit in the Busoga Region

Introduction

By supporting the building of health systems, the Universal Health Coverage Life course (ULC) cluster aims to ensure that 1 billion more people by 2023 have universal health coverage, as mandated by the WHO's Thirteenth General Programme of Work (2019-2023). ULC offered technical assistance in health policies, strategies, and governance; maternal and reproductive health; child and adolescent health plus nutrition; health financing; the supply of drugs and medications, among others.

The cluster also supported Uganda's MoH in creating resilient health systems at all levels by adopting ULC and multi-sectoral approaches to enhance access to integrated and people-centred health services.

The ULC cluster achieved the following milestones under its different thematic areas:

a. Health Strategies and Governance

WCO supported the alignment of actions of the health development partners to the Government of Uganda's policies and strategies and mutual accountability as the secretariat for the health development partners group. Through co-chairing the health financing thematic group, WCO provided regular reports on the health financing landscape and coordinated the development of technical notes and position papers on health system financing.

The Health Finance Thematic Group determined the main targets and areas of cooperation for improving effectiveness and efficiency during the yearly performance evaluation in collaboration with partners.

b. Essential drugs and Medicines

The Essential Drugs & Medicines unit aims to contribute to good quality healthcare delivery and achievement of Universal Health Coverage through improving equitable access to safe and quality medical products. It contributed to the organizational outcome of improved access to essential medicines, vaccines, diagnostics, and devices for primary health care. Among the achievements for the year are the following:

- WCO strengthened equitable access to safe and quality medical products by providing technical inputs throughout the consultation to revise and update the Uganda Clinical Guidelines and National Essential Medications List & Health Supplies.
- WHO enhances equitable access to health products by guiding the MoH Technical Working Group on Procurement & Administration of Medicines.
- UCL supported the implementation of the National Drug Authority Institutional Development (NDA) plan and improved the quality of healthcare delivery by strengthening reporting of adverse events following the use of medical products. The NDA plan was developed by drafting the pharmacovigilance pre-service training curricula for various cadres of healthcare professionals to be adopted by the various Universities and other tertiary institutions.
- Contributed to strengthening the Country's capacity for research in traditionally based therapies, especially for Covid-19, and developed a plan to provide technical support to raise the national research capacity. The ULC cluster also hosted a high-level mission to the Country comprising the Regional Expert Advisory Committee on Traditional Medicine for COVID-19 Response (REACT) members, experts from WHO headquarters and Regional Office for Africa, Africa CDC, and WHO Country Office.
- WCO supported strengthening the Country's programming for the delivery of rehabilitative services by providing technical support for conducting a situation assessment for Rehabilitative Services. Better coordination of partners supporting rehabilitation by MoH was agreed upon to improve the efficiency and effectiveness of resources.

c. Health Financing

- The ULC cluster supported improved health sector planning and coordination for better budget formulation and execution.
- Supported a midterm review of the Health Financing Strategy 2015–2025 in partnership with MoH using Health Financing Progress Matrix and identified the system's merits and demerits and the top health funding concerns for universal health coverage. WCO supported an addition to the national strategy and recommendations for equitable health financing models and reforms.
- WCO supported MOH in conducting a cross-programmatic efficiency analysis for five health programs: HIV/AIDS, TB, Malaria, Immunization, and RMNCAH, and in the tracking of COVID-19 resources for the period 2020-2022. The MOH adopted the following recommendations to address the inefficiencies:

  - Create sustainable pooling arrangements to facilitate the reallocation of funds based on need, and spread the risks associated with access to and utilization of quality health services.

- Strengthen coordination and governance arrangements to foster joint planning, monitoring and evaluation, review, supervision, and reporting across all levels of care,
- Reorient the model of care to deliver integrated person-centred health services within specified levels of care,
- Streamline national procurement and supply chain systems for all programs to foster growth, functionality, sustainability, and resilience.
- To strengthen human resources for health planning, management, and development processes across the health sector to ensure access to qualified, skilled, and motivated health workers for improved health service delivery.

d. Human Resources for Health

WCO supported MoH in implementing the Human Resources for Health (HRH) strategic plan while tracking Uganda's macroeconomics, supply, demand, and need for health professionals. The HRH strategic plan revived the MoH National Health Workforce Accounts (NHWA) implementation in Uganda. A multi-sector technical team trained to oversee the implementation procedures. National data collection is now taking place, and policy questions are to guide HLMA implementation and the agreed 35 priority indicators for NHWA.

e. Health Service Delivery and Quality of Care

- WHO provided technical assistance to catalyse interventions for improved quality of care and continuity of essential health services during public health emergencies. Partners mobilized stakeholders for action on World Patient Safety Day (*Theme: Medication Safety, with the slogan Medication Without Harm*).
- In collaboration with MoH, developed and disseminated the National Quality Improvement training guide to facilitate capacity building for improving the quality of care, using the self-directed online platform.
- Held two online webinars (one national and one regional) on the impact medication-related mistakes and risky procedures create. The WCO also advocated and generated an agreement to modify the global patient safety action plan, set to go into effect in 2023.

f. Sexual and Reproductive Health

- Supported the Sexual Reproductive Health Rights (SRHR)/HIV integration agenda with funding from SIDA under the SRHR program aimed at creating an enabling legal and policy environment, engaging policy, and decision-makers at national and subnational levels through:

  - Advocacy to advance SRHR and development and review of laws, policies, strategic plans, and guidelines on SRHR,
  - National and subnational multi-sectoral coordination/district review meetings, as well as district community accountability mechanisms such as male action groups were technically and financially supported by WHO,
  - Finalized, printed, and disseminated several SRHR documents, including adolescent health IEC materials and training manuals, male involvement strategy and clinical guidelines, health worker training manual for post-abortion care, and pregnancy, childbirth, and post-natal care.
- WCO finalized the family planning Human rights-based approach (HRBA) checklist with key implementing partners and the implementation guidance packages for post-partum family planning and post-abortion family planning supported by the Bill and Melinda Gates Foundation.
- Two training supported to improve Sexual and Reproductive health amongst the communities:
  - Sixty (60) midwives trained in five Bunyoro districts in using and providing family planning services within an HRB approach that respects user engagement, privacy, confidentiality, and the availability of FP commodities to increase user choice.

- One hundred fifty (150) men and boys trained in healthy masculinities for improved SRHR outcomes and their responsibilities for ensuring positive RMNCAH/HIV outcomes and Gender-based violence prevention.

g. Child and Adolescent Health

WCO contributed to the reduction in the Busoga[1] region's high teenage pregnancy rate by funding the Korea International Cooperation Agency (KOICA) through awareness raising of adolescent SRHR among 4249 students and 779 teachers from 50 schools and training of 296 health workers from 61 health facilities across five districts in the provision of youth-friendly services.

A core set of indicators for monitoring the implementation of quality-of-care standards for children, small and sick newborns. WHO supported adopting quality standards for adolescent-friendly health services, national standards for paediatric death audit guidelines in health facilities and harmonizing paediatric assessment tools. WCO trained 87 health workers from eight districts (Amudat, Katakwi, Bududa, Namayingo, Kampala, Yumbe, Gulu, and Isingiro) on the adapted standards on quality standards for adolescent-friendly health services.

h. Maternal and Newborn Health

WCO, with funding from KOICA in conjunction with MoH, trained 1,000 healthcare professionals from 64 healthcare facilities in the Busoga region. Comprehensive post-abortion care, emergency obstetric care (CEmONC), basic emergency obstetric care (BEmONC), pregnancy, childbirth, post-partum and newborn care, kangaroo mother care, and helping baby breath plus were the maternal and newborn areas of focus. These interventions aim to strengthen the health system to improve access to RMNCAH services throughout the region.
WHO supported the mentoring of 105 health workers on the delivery of BEmONC services to ensure that health facilities can perform the seven (7) signal functions.[2]

i. Nutrition

Nutrition is an essential determinant of health and well-being and a contributor to human capital development. Maternal and child nutrition during the first 1,000 days of life is a critical determinant of optimal physical and cognitive development. A healthy diet consumed throughout one's life helps to prevent malnutrition in all its forms, as well as a variety of non-communicable diseases (NCDs) and conditions associated with long-term health and economic implications for individuals and nations.

WCO enhanced the capacity of 310 regional nutritionists, district health officers, district biostatisticians, and health workers on the nutrition information system through training, coaching, and mentorships. The national nutrition interventions in ten Toro and West Nile districts (Kamwenge, Kyegegwa, Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Pakwach, and Zombo) were a key priority. The focus was improving their use of DHIS service utilization data, particularly the nutrition dashboard and scorecard, for evidence-based nutrition programming.

3. Universal Health Coverage/ Communicable and Non-Communicable Diseases

Introduction

[1] The districts included: Bugiri, Buyende, Kamuli, Mayuge, and Iganga

[2] The seven signal functions are: parenteral antibiotics, parenteral anticonvulsants, parenteral oxytocics, newborn resuscitation, removal of a retained placenta, evacuation of products of conception, and assisted vaginal delivery.

WHO made significant achievements in 2022 to ensure affordable and equitable access to quality prevention, treatment, and care services in the fight against the burden of infectious diseases.

WCO continues to be at the forefront of supporting Uganda to tackle conditions that are significant contributors to the disease burden in the Country, such as HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases, as well as work on health and the environment. However, public health emergencies, including COVID-19, Yellow Fever, Drought, and Ebola Virus Disease, have significantly impacted the public health response to HIV/AIDS, Tuberculosis, Neglected Tropical Diseases, Malaria, and Non-communicable diseases-NCDs.
Overstretched health systems are overwhelmed by the increasing focus on emergency outbreaks. Healthcare-seeking behaviors are affected by various factors, such as movement restrictions and concerns about infection risks at healthcare facilities, especially during the initial months of the Ebola epidemic.

The Polio Eradication Strategy 2022–2026 reflects the integrated approaches required to deliver on the promise of eradication. The registered polio outbreaks suggest that governments have zero-dose children hence the need to focus on equity, Integration, and a life course approach to administering life-saving vaccines.
The burden of Neglected Tropical Diseases (NTDs) in Uganda is very high, with 19 diseases scattered over the Country, primarily among the rural poor. Many programs aiming at controlling and eliminating these diseases align with the WHO roadmap for eliminating NTDs 2021–2030.

a. HIV/AIDS

WHO continues to provide technical and financial support in the fight against HIV/AIDS and its associated diseases. Though the COVID-19 pandemic has had adverse effects on most HIV/AIDS program indicators with increasing new infections among adolescents, the unit realized key achievements, such as:

- Finalization of the National Viral Hepatitis strategic plan 2022-2027 aimed at strengthening the Health System and its support mechanisms in alignment with the MoH strategic plan 2020/21-2024/25.
- Review and alignment of the health sector HIV/AIDS strategic plan 2018/19- 2022/23 to the National and global frameworks,
- Rollout of standard operating procedures and guidelines for improved reporting of HIV/AIDS services in the health management information system in the Karamoja sub- region.
- WCO supported producing the HIV drug resistance report to guide stakeholders on identifying, preventing, and responding to antiretroviral HIV drug resistance and preparation.
- In collaboration with the National Safety Monitoring team for Safe Male Circumcision-SMC, Investigated and documented adverse events in health facilities to guide SMC implementation at all levels of service delivery.
- Updating, consolidation, and rollout of HIV case-based surveillance guidelines

WCO supported finalizing the Annual HIV status report with infographics, strengthening the use of Strategic Information in the program, and preparing the 2022 HIV epidemiological Surveillance Report.

b. Tuberculosis and Leprosy

Tuberculosis (TB) is a communicable disease, a substantial cause of ill health, and one of the leading causes of death worldwide. Until the coronavirus (COVID-19) pandemic, TB was the leading cause of death from a single infectious agent, ranking above HIV/AIDS.
The COVID-19 pandemic continues to damage access to TB diagnosis and treatment and the burden of TB disease. Progress made up to 2019 has slowed, stalled, or reversed, and global TB targets are off track.

The WHO Uganda office, with partners, strengthened TB community awareness by targeting the hard-to-reach areas through Community Awareness, Screening, and Testing, TB campaign (CAST TB). Likewise, the
over 70,000 VHTs trained in community TB sensitization, TB screening, sample collection, referral for identified TB cases, TB contact tracing, and TB preventive therapy support the Live a TB free life campaign.

WCO, in collaboration with partners, strengthened a multi-sectoral accountability framework for TB (MAF-TB) with increased political will and a "Live TB free" campaign launched by the Right Hon. Prime minister of Uganda.

Prime Minister, Rt. Hon. Robinah Nabbanja (M) alongside Ministry of health officials and partners at the 'Live TB-free' campaign launch in Kampala.

WHO engaged in several TB policy reviews with the following achievements.

- Reviewed TB manual and incorporated recommended WHO TB guidelines,
- Developed TB Differentiated service delivery guidelines (TB DSD),
- TB drug-resistant protocol completed and submitted,
- TOR approved, and MAF TB scaled up to all ministries for TB case investment.
- Capacity building of healthcare workers at National and subnational levels in the current recommended WHO TB guidelines.

New Public health emergencies like EVD and Drought, coupled with minimal numbers of Human resources for health, affected the continuity of TB services, with staff engaging in emergency response with little attention to TB, the most infectious killer globally.
There is a need to strengthen resilience for the continuity of essential Health Services (CEHS) amidst public health emergencies, enhance resource mobilization for TB activities, and integrate TB into other thematic areas and disease conditions.

c. Malaria and Neglected Tropical Diseases

Malaria remains Uganda's leading cause of ill health and death, accounting for 30-50% of outpatient visits, 15-20% of hospital admissions and up to 20% of inpatient deaths. The entire population of Uganda is at risk of malaria with varying endemicity levels. Malaria transmission in the Country is heterogenous, with prevalence ranging from 1% in Kampala and Kigezi regions to 34% in the Karamoja region.

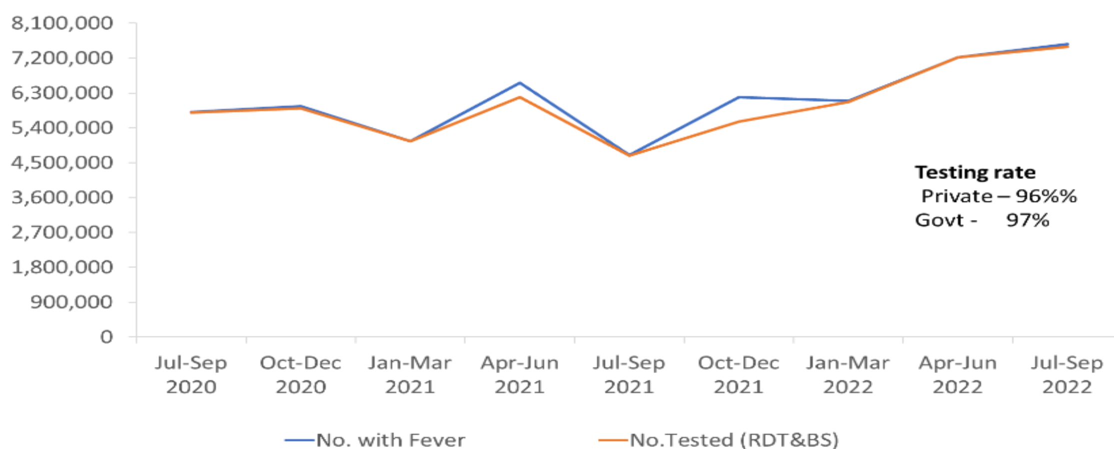
Hypo-endemic areas with unstable malaria transmission are progressively increasing, with population movements and public health hazards, and malaria epidemics are becoming frequent. These epidemics threaten to reverse the gains shown by the 50% reduction in malaria prevalence from 42% in 2009 to 9% in 2019 (MIS 2018/19). WHO provided technical support to Malaria and NTD control by adapting policies and strategies, evidence-based prevention, diagnosis, and treatment for universal coverage, advocacy, partnerships, and resource mobilization.

Among the achievements attained during the year include the following:

Policies, Standards, and guidelines: Technical support towards finalizing the Malaria M&E plan and supported regional and annual Programme reviews and the mid-term review of the strategic malaria plan. The midterm review-MTR aimed to assess whether the overall implementation is on the course, including epidemiological and entomological outputs, the capacity of the Programme to implement activities, and proposed strategies to strengthen the Programme further. The MTR findings will inform the remaining part of the managed service provider and priorities for resource mobilization, particularly the Global Fund.

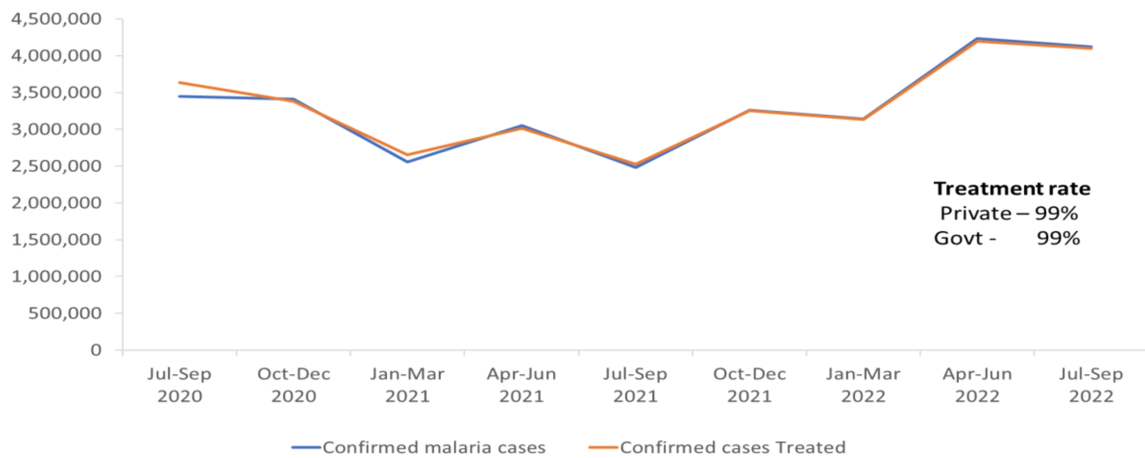
Service delivery: The scale-up of malaria prevention, diagnosis, and treatment interventions through thematic working groups, development of the malaria policy guidelines, and guidelines for community case management. A remarkable performance where probable malaria cases that obtain a parasitological test before treatment are 97% and 96% in the public and private health institutions, respectively, shows that the WHO's Test and Treat effort is embraced (fig 1).

Fig 1: Suspected malaria cases receiving a parasitological test (testing rate) – Health Facility.



Similarly, the proportion of confirmed malaria cases treated according to the malaria policy guidelines is 99% in public and private health facilities (fig 2). WHO will strengthen the assistance through monitoring and reviews to sustain this initiative as we advance.

Fig 2: Confirmed malaria cases treated accordingly to policy – Health Facility



Advocacy, Partnerships, and Resource mobilization

WHO supported Malaria and NTDs commemorative days to raise awareness among the population, ownership, and utilization of control interventions, including increased domestic financial resources. In addition, WHO supported resource mobilization efforts from Global health initiatives for malaria and health systems strengthening.

Malaria epidemic prevention, preparedness, and response

Following a protracted upsurge of malaria in the Country, WHO supported the Emergency Operations Center (EOC) in conducting a field investigation in Namutumba and neighboring districts, where confirmation of malaria epidemic was confirmed. WHO also provided technical assistance during a rapid assessment to fully understand the factors causing the malaria outbreak.
The WHO-facilitated national conference discussed outbreak management and recommended reversing the trend of malaria epidemics and the malaria response to be part of public health emergencies and managed by the incident management system.

d. Non-communicable Diseases

Non-communicable diseases (NCDs) are the leading cause of death globally, with increasing yearly prevalence. Exposure to NCD risk factors such as cigarette use, harmful alcohol use, unhealthy food, and physical inactivity have contributed to the rise in NCDs. The WHO has developed several instruments to guide Member States on effective, cost-effective interventions for preventing and controlling NCDs.
Tobacco is used by 7.9% of adults and 10.5% of youths in Uganda, with adolescent boys having a prevalence of 11.7% and girls having a prevalence of 9.7%.

WHO has assisted Uganda in achieving the Sustainable Development Goals, which include reducing premature mortality from NCDs and promoting mental health and well-being by one-third by 2030.

The notable key achievement registered during the year by WCO Uganda:

- Supported the alcohol policy conference, which more than 200 national and international participants attended. Recommendations by the participants will contribute to alcohol control efforts in the Country, including drafting the Alcohol control bill.
- Supported the National Assessment for emerging nicotine, non-nicotine, and Heated tobacco products and held a stakeholder workshop in August 2022 to validate the assessment report.
- In collaboration with partners, WHO helped develop the SAFER roadmap, which will serve as a roadmap for initiatives meant to prevent the harmful use of alcohol.
- WCO supported the approval of the NCD Risk Factor Survey Protocol by the Institutional Review Boards and the National Council of Science and Technology.
- Developed a baseline survey on food environments to support the Public Food Procurement Policy
- Compilation of the 1st Global status report on disability and equity The GATS survey proposal developed.

- WCO hosted a virtual online seminar on Shisha with 500 young people worldwide to discuss the risks of second-hand smoke.
- Improve knowledge about tobacco control Law 2015 and TC Regulations 2019 as summarized below:

e. Immunizable and Vaccine-Preventable Diseases

Immunization is one of the essential health services provided at all levels of health care delivery, and it includes outreaches within the catchment areas of health facilities. WHO worked closely with Gavi Alliance partners UNICEF, CDC, CHAI, and USAID to ensure population immunity in line with IA2030 is achieved and maintained, particularly in the post-COVID-19 era.
The effects of COVID-19 reduced the proportion of districts with 80% DPT3 coverage from 93% (126 out of 135 Districts) in 2021 to 63% (92 out of 147) in 2022.

i. Acceleration of COVID-19 Vaccination

- WHO supported efforts to increase the uptake of COVID-19 vaccines through immunization campaigns at fixed and outreach immunization service points. Eight million five hundred one thousand seven hundred forty-three (8,5100 people were fully vaccinated, compared to 4,477,389 in 2021, representing a 47% increase in the number of people offered protection against severe COVID-19.

1st dose Elderly	2nd dose Elderly	1st Dose HCW	2nd Dose HCW	1st Dose Teachers	1st Dose (12-17) yrs	2nd Dose (12-17) yrs	Booster doses administered
504,376	443,892	80,676	35,206	43,156	1,418,911	345,136	535,772

- WHO supported improving COVID-19 vaccination data management by distributing 930 tablets to districts via the MoH; data monitoring tools include 6,427,704 COVID client update forms, 906,210 stock reporting forms, 5,092 COVID tally sheets, and 5,301,926 COVID vaccination cards.
- The Smart Paper Technology rollout expanded through data quality assessment and capacity building of 22 national Training of Trainers and 298 district participants, including biostatisticians and Assistant District Health Officers.
- WCO provided auto-distract syringes in assorted sizes to support the ongoing administration of COVID-19 vaccinations and routine immunization services to Uganda's eligible population.
- Enhanced the functionality of National Adverse Events Following Immunization (AEFIs) by conducting a causality assessment of 60 AEFIs, with the majority of AEFIs classified as coincidental findings (75%), vaccine product related (13%), and others were (10%).

ii. Planning for EPI services

WCO supported MOH in developing the first National Immunization Strategy 2022-2026, which addresses vaccine-preventable diseases through integrated interventions and the involvement of broader stakeholders to improve vaccination coverage, vaccine logistics and management, and contributing to the achievement of the Sustainable Development Goals (SDGs).

Table 1: Annual Polio performance indicators 2022

Indicator	Number
Total reported AFP cases	**1,115**
Not AFP cases	**11**
True AFP cases	**1,104**
NPAFP Rate	4.95
Stool Adequacy Rate	90.85%
NPENT Rate	9.54
Number of Districts achieving NPAFP Rate >= 3	104 (71%)
Number of Districts not achieving NPAFP Rate >= 3	42 (29%)
Number of Districts achieving Stool Adequacy Rate >= 80%	120 (82%)
Number of Districts not achieving Stool Adequacy Rate >= 80%	104 (71%)
Number of Districts achieving NPENT Rate >= 10	58 (40%)
Number of Districts not achieving NPENT Rate >= 10	88 (60%)

iii. Monitoring and evaluation

- WCO assisted the MoH in conducting a cross-sectional mixed-method study to monitor and evaluate the rollout of the Oral Cholera Vaccine in six high-risk districts. The study discovered that OCV uptake among household members was 85% for the first dose and 67% for the second dose, highest among people aged 10 to 19 years. Obongi had the highest completion rate (77%), followed by Madi Okollo (77%), Busia (64%), Kasese (64%), Namayingo (62%), and Ntoroko (55%). Inaccessible roads, low sensitization, and myths/misinformation about the Cholera vaccine were the main reasons for the low completion rate.

iv. Polio outbreak response

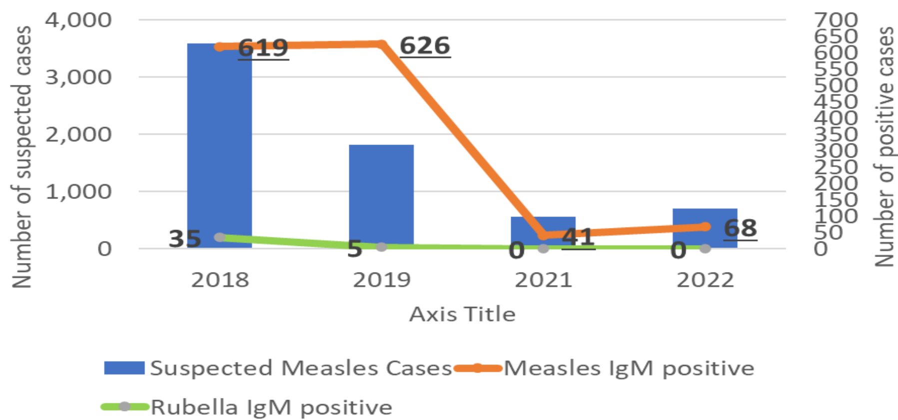
- Following the cVDPV2 outbreak in Uganda in November 2021, Uganda conducted two rounds of SIAs using the nOPV2 vaccine in January and November 2022, respectively. The campaign targeted 8,791,710 children under five across all districts in Uganda. The Polio supplementary immunization activities aimed to increase and sustain elevated levels of population immunity against Polio and improve the sensitivity of acute flaccid paralysis surveillance. The activity's specific goal was to reach at least 95% of children aged 0 to 59 months with one dose of Novel oral polio vaccine (nOPV) in all districts and cities throughout the Country.

A landmark achievement for the Polio response was:

LQAS conducted in 140 clusters in 2022 indicates more districts passed LQAS in round two, with 46% than in round one at 33%. Compared to 14 Districts, just 5 (4%) of the "FAIL" districts fell into the "Very Bad" category.

v. Country progress towards measles elimination

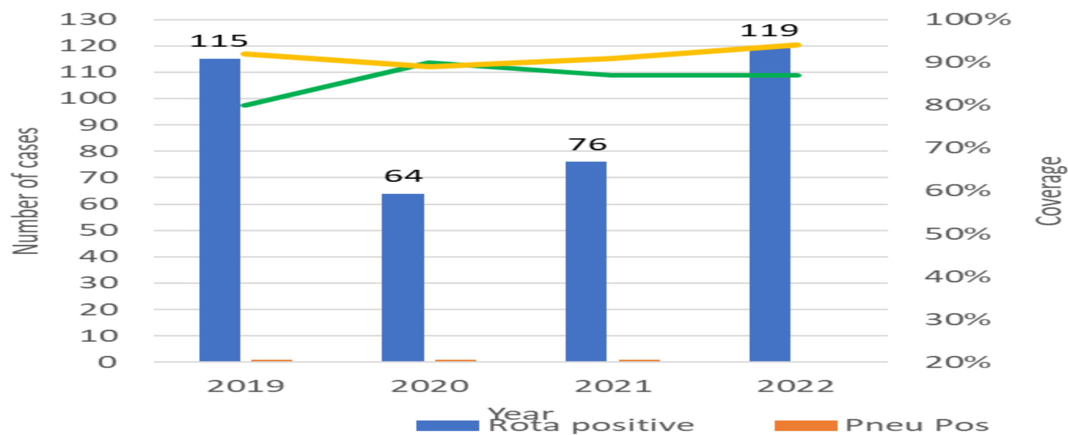
- WCO Supported MoH in implementing measles case-based surveillance within the IDSR framework to detect and respond to any outbreaks, timely vaccination, and a follow-up measles supplementary immunization campaign.
- WCO supported the protection of 6,092,388 (86.5%) of the 7,015,156 targeted children aged nine months to under 59 months during a follow-up measles-rubella supplementary immunization campaign in all districts.



Impact of measles and rubella IgM since the last measles follow-up campaign in 2019, showing a decline in the number of laboratory-confirmed cases in 2022.

vi. Use of new and underutilized vaccines

- Mulago National Referral Hospital, Lubaga Hospital, and Naguru China Friendship Hospital were supported and coordinated as rotavirus surveillance sentinel sites. Mulago National Referral Hospital and St. Mary's Hospital Lacor continued to operate as surveillance sentinel sites for invasive bacterial vaccine-preventable diseases.



Documenting the impact of Pneumococcal and rotavirus vaccines on the number of confirmed cases

vii. Country Ownership of Immunization Program

With the support of WHO, the Uganda MoH has made strides to ensure that they take ownership of the immunization programs for effective delivery. Such efforts included:

- The Uganda National Immunization Technical Advisory Group makes suggestions for national vaccination policies. Throughout the year, the COVAX working group evaluated the MoH proposal to vaccinate children aged 5 to 17, reviewed the MOH COVID-19 vaccination plan for 2022, and provided recommendations.
- The PCV subcommittee developed a recommendation framework in response to the MoH advisory request to switch antigens from the currently used Synflorix to the modern technology, Pneumosil, manufactured by Serum Institute of India.

4. Country Support Unit

Financial, human, and organizational resources are managed efficiently, effectively, results-oriented, and transparently to support the WCO's response to stakeholder requests and public health emergencies. The Country Support Unit-CSU facilitates implementing programs at the country level by providing administrative and operational support. During 2022, the unit made significant achievements amidst the concurrent emergencies and the regular program work.

a. Financial Management

Total funds utilization as of December 31st, 2022, was USD 35,835,859. There was an over 50% in all cost centers except medical supplies and equipment, which reduced significantly.

Activity	Utilization 2022	Utilization 2021	% Change
Support for Government activities-DI, DFC and GLOA	15,365,550	9,192,742	67
Technical support-Human Resources	7,340,135	4,607,701	59
Medical supplies and equipment	4,997,147	5,247,122	-5
Travel	777,709	225,542	245
Other operational and logistical support costs	7,355,318	480,380	1431
Total	**35,835,859**	**19,753,486**	**81**

Continued the use of electronic banking systems minimizing risks involved in payments during mass activities such as vaccination campaigns and emergency response activities and maintained static data of health worker contact details.
Given the enormous volume of transactions resulting from the intensity of the Ebola response activities, the WCO occasionally faced modest delays in completing payments to beneficiaries.

b. Human Resources Management

Throughout the year, the UN Wellness Group, led by WHO and supported by the Resident Coordinator and the UN Country Team, improved the engagement and well-being of UN staff and their dependents. There was increased attention to staff health and well-being through enhanced services at the UN Clinic and engagement with accredited private health institutions.
The WCO had 90% completion of the mandatory training on ilearn- coordinated by the compliance team for staff learning and development.

The WCO Uganda enhanced its Human resources to support the planned and disease response activities with a team of 186 cadres of various staff categories (49 staff, 24 UNV, 11 STOP officers, and 102 Consultants). These were engaged on long- and short-term contracts based on emerging needs.

The Ebola and Drought emergency responses required more staffing during the year, and achievements included the following: The Country office.

- In various clusters, more than 90% of the Country office staff repurposed to support the response.
- Deployed 66 consultants/WHO staff from WHO headquarters and Regional Office for Africa, stand-by partners, to support the response.
- Maintained 49 national employees on short-term contracts with a range of technical expertise to assist with the response.
- Provided allowances for the surge response team for the national and sub-national levels health workforce.
- Created roasters for critical Incident Management System positions for any upcoming emergency based on the Ebola experience.

c. Procurement and Logistics

The Operations Support and Logistics team supported the continuity of essential health services through timely procurements, storage, and distribution of vital goods and services across the Country.

The WCO procured and distributed to support the EVD Outbreak, Drought Response, and other essential health services. The long-term agreements, pre-qualified supplier lists, the WHO online catalog, and Requests for Price Estimates quickened the processes.

The Operations Support and Logistics team supported setting up new offices in Soroti, Gulu, Moroto, Kassanda, and Mubende to support the EVD and drought response.

Drought Response

a. WCO procured emergency kits (worth USD 1,043,583.15) for the Karamoja, Teso, and Acholi regions to support Drought and Food Insecurity response.
b. WCO facilitated Village Health teams with supplies such as Mama Kits amounting to USD 53,000.
c. Enhanced nutrition interventions in the Teso region by moving the mobile treatment unit from Moroto Regional Referral Hospital to Soroti Regional Referral Hospital

EVD Response

a. Procured and installed generators in Madudu, Mubende, Mulago Regional Referral Hospital Ebola Treatment Units,
b. Procured and distributed the patients' admission and discharge packages,
c. Provided IPC kits such as essential Personal Protective Equipment-PPE (Coveralls, Gowns, Hoods, Gumboots, Gloves, etc.),
d. Supported printing and distribution of Ebola IEC materials to all the EVD districts (Kampala, Mukono, Jinja, Mubende, Kassanda, Masaka, Wakiso, Entebbe),
e. Procurement of media and broadcast services for EVD sensitization in all the EVD districts,
f. Repurposed and distributed 5 EVD Kits in the Ebola-affected regions,
g. Identified and built relationships with 15 fueling points for all deployed vehicles across the Country, and
h. Set up ETUs, Quarantine, and Isolation centers in the EVD-affected districts.

Fleet Management:

WCO support to the EVD and Drought response included hiring, deploying, and coordinating the operations of over 150 (leased) and 28 WHO vehicles across the Country. Operation logistics also used the installed quick-fix trackers and registered them in the TrackPoint system to ease monitoring of vehicle movements as the Transport booking system for planning and mapping.

5. Senior Management Office

Introduction

The Senior Management Office (SMO) cluster was established in March 2022, led by the WHO Representative, and coordinated by the Programme Management Officer (PMO). The objective is to support strategic planning, external relations, award end-to-end follow-up, monitoring of all cluster Programme implementation, compliance issues, communications, and cross-cutting programs such as information management, health promotion, social determinants of health, innovation environment, and health.

SMO cluster covers the following areas of work, Programme Management, External Relations, Communication, and Resource Mobilization, Information Management Risk Mitigation and Compliance, Health Promotion, Social Determinants of Health, and Health Environment.

a. Programme Management

WCO's commitment to accomplishing its mission – to promote health, keep the world safe, and serve the vulnerable remains at the core of its work and investments in the immediate and the long term. The COVID-19 pandemic, Sudan Ebola Virus Disease, and other yearly emergencies underscore WHO's need to prepare for future health emergencies. WHO cannot completely turn its attention away from its other enormous task of helping people of all ages to achieve healthy lives and well-being.

Implementation status of PB 2022-2023 (as of Dec 2022)

Project Name	Planned Cost	Award Budget	Expenditures	Encumbrances	balance of Funds	% utilization Vs. Award Budget
AF_UGA SALARY WP	7,554,918	5,692,669	4,280,687	0	1,411,982	**75%**
AF_UGA PILLAR 1 (UHC)	8,177,500	2,841,434	665,401	1,659,562	516,471	**82%**
AF_UGA PILLAR 2 (HEM)	2,231,935	894,074	428,270	305,430	160,374	**82%**
AF_UGA PILLAR 3 (HPO)	1,081,362	253,295	67,450	111,243	74,602	**71%**
AF_UGA PILLAR 4 (CSU)	1,333,867	1,322,053	619,384	574,008	128,661	**90%**
AF_UGA OCR EBOLA	7,457,415	7,188,493	1,166,147	2,184,059	3,838,287	**47%**
AF_UGA OCR COVID-19	11,126,538	9,136,308	5,027,774	1,533,751	2,574,783	**72%**
AF_UGA POLIO OUTBREAK	6,230,000	6,228,849	5,278,233	560,362	390,254	**94%**
AF_UGA Pillar 14 (HRP)	200,000	200,000	200,000	0	-	**100%**
AF_UGA OCR SALARY WP	234,505	281,174	58,198	22,467	200,509	**29%**
AF_UGA OCR DROUGHT	2,355,859	2,270,254	457,888	1,369,769	442,597	**81%**
	47,983,899	**36,308,603**	**18,249,432**	**8,320,651**	**9,738,520**	**73%**

b. External Relations, Communication, and Partnerships

Resource mobilization by the external relations, communication, and partnerships Unit increased significantly from USD 45 million for the two years (2020 and 2021) to USD 42 million in 2022 alone. The high-level engagements with stakeholders and internal capacity-building training sessions improved the team's communication, external relations, and resource mobilization abilities.

On her partnership visit to Uganda, WHO Africa Regional Office Director Dr. Matshidiso Moeti met Uganda's Health Minister, Dr. Jane Ruth Aceng.

Despite the unit's obstacles, WCO made the following accomplishments:

- Held 38 bilateral meetings with 63 partners (counted once), including funders, implementing partners, and HDPs at various office levels, including WR, Cluster leaders, External Relations, PMO, and Field Hubs, to ensure work effectiveness.
- The unit enhanced its grant monitoring and management through 50 internal meetings & and sessions, 12 field visits organized with partners, and 14 Donor Briefings.
- Of the 27 proposals submitted, the unit had 71% successful, 14% unsuccessful, and only 10% not replied to.
- Signed 21 agreements with Non-state Actors, nine (9) signed at the country level and 12 at the headquarters level. They included six official collaborations with UN organizations intended to raise resources. WCO raised USD 2.3 million and transferred USD 1.9 million to International Office for Migration to support the EVD response at the PoE.
- We increased our donor relations by submitting 20 quality donor reports, with 75% timely submission with no comment indicating a substantial increase in timely submission from 39% during 2021.
- WCO ensured accountability and feedback to our partners through the publication of 33 articles and 113 social media posts mentioning the support of partners.

c. Information Management

The unit supported emergency response by developing general and disease-specific Go.Data training toolkits, including job aids, for the different Go.Data user types. WCO supported the Ebola response with capacity building and infrastructure by procuring and distributing 180 phones for contact tracers and Go.Data on-site and remote as support to data managers and contact tracers.

Other key achievements include:

- Development of a data visualization interactive dashboard as a one-stop point for sector performance against the MoH Strategic Plan, UHC, and SDGs.
- Support to MoH in conducting the first Harmonized Health Facility Assessment (HHFA), building on, and consolidating best practices and lessons learned through the implementation of the Service Availability and Readiness Assessment
- Routine data analysis to inform Programme and sector performance, including CEHS performance, response to emergencies such as the drought response
- Deployment of digital solutions such as Go.Data in support of the response to epidemics for contact tracing and outbreak investigation, ODK for supervision and reporting, and Smart Paper Technology for capturing COVID-19 vaccination data, including backlog.
- Operationalization of the National Health Observatory (NHO) through re-design of the architectural design of the NHO web module to include the theme to reflect the Knowledge products
- Development of the Digital Health and Health Information Strategic Plan 2020/21 – 2024/25 and a draft is now in place, awaiting sector approval processes.
- WCO conducted a health facility assessment for the Continuity of Essential Health Services using the Country's adapted and customized tools.
- Supported the development of critical registries (patient, health facility, commodity, provider) essential for interoperability between health information systems as part of the Health Information Exchange

d. Health Promotion and Social Determinants of Health

WHO actively participated and provided Risk Communication and Community Engagement (RCCE) technical leadership during several responses such as COVID-19, Yellow Fever, and the Sudan Ebola Virus Disease outbreak that started in Mubende district. The RCCE support focused on public awareness, community engagement, social mobilization, capacity building, social listening, and RCCE surge capacity.

The achievements include:

- Development of a manual that operationalizes the health services component of the Parish Development Model-a Government of Uganda's strategy for organizing and delivering Public and Private Sector interventions at the community level,
- RCCE supported preparing and implementation of the Community Health Extension Workers pilot project in the Mayuge and Lira districts. Before expanding to other country districts, the pilot to show that the CHEWs are practical and effective.
- Planning and implementation of RCCE activities to sustain awareness and community vigilance, as well as the promotion of vaccination for COVID-19,
- In collaboration with MoH, CDC, and AFENET, supported the preparation and production of an information package containing talking points, social media messages, FAQs, DJ mentions, radio spots, and posters on Very Rare Events following Covid-19 vaccination
- Provision of the required IEC materials, radio spot messages, and discussion programs for the four districts that experienced the Yellow Fever outbreak.
- Support to the Busoga sub-region in eastern Uganda that experienced a Malaria outbreak requiring RCCE interventions.
- Support the development of two concept notes for the Non-Communicable Disease RCCE strategy and raise awareness about the contribution of Social Determinants of Health to public health and overall Country development. The Prime Minister's office suggested providing leadership during advocacy sessions, intersectoral collaboration, and interactions with the private sector in undertaking SDH priorities in 2023.

6. Challenges, Lessons Learned, and Way Forward

The health sector in Uganda faces several challenges that hinder its progress, as highlighted in the health situation in Uganda. WCO shares its challenges in meeting its objectives and lessons learned during the process and suggests how to achieve better health for all.

Challenges

This section lists challenges that directly affected WHO's work in Uganda.

- Access to clean, safe water and sanitation remains low in rural and remote areas such as Karamoja and refugee settlements hence affecting the attainment of other health objectives. Investment by the Government and partners is glaringly low in this crucial work area.
- Non-adherence to COVID-19 and Ebola SoPs remained one of the challenges throughout the Country despite widespread knowledge and availability of tools to prevent and control the outbreak. This non-adherence slows the fight against these outbreaks.
- The competing public health priorities, including the Ebola outbreak and Drought, resulted in a change of focus and prioritization from other planned activities, which hindered the implementation of planned activities as staff repurposed for emergency response.
- Due to short-term funding, WHO must recruit short-term staff on Special Service Agreement contracts which do not offer job security to staff, and consequently, 2022 witnessed a high staff attrition which affected the WCO programs.
- Insecurity in some areas, such as the Karamoja subregion, continues to affect health services such as routine immunization, COVID-19 vaccination, maternal and child health, and general medical care inaccessible to some people.
- Inadequate funding to the health sector hampers the implementation of much-needed health services, mainly routine immunization, NCDs, and NTDs leading to over-dependence on donors and development partners.

Lessons Learned

- WCO noted the importance of paying attention to health system vulnerabilities while designing strengthening activities from the COVID-19, Ebola, and Yellow Fever outbreaks.

- More than 52% of the office spending was on emergency response (COVID-19, Ebola, Yellow Fever, Drought, etc.), leaving little funding for universal health coverage programmes (mainly health system development and fighting communicable and non-communicable diseases).
- Strong collaboration, innovations, and Integration of disease prevention and control services at all levels of service delivery are vital in improving program performance.
- Coordination, funds commitment, and mapping of partners and all stakeholders are vital in avoiding duplication of efforts.
- There is a need to strengthen the health system for integration program activities to smoothen the continuity of service delivery during the planning phase of an epidemic.
- Pre-positioning essential medical supplies with long shelf life and equipment in strategic locations is vital to circumvent supply chain delays during an outbreak.

Way forward

The WCO Uganda strategy for the upcoming biennium is to:

- Continue advocating for government budget increase for the health sector and prioritize health areas such as access to clean, safe water and improve sanitation in rural and remote areas.
- WCO, through RCCE, continues supporting the Government in building a culture of adhering to SoPs to manage outbreaks.
- Intensify resource mobilization efforts for all programmes emphasizing NCDs, NTDs, routine immunization, etc., including maintaining a minimum workforce to avoid staff attrition.
- Maintain daily security monitoring as we advocate for the Government to improve security in affected regions to enable us to support the attainment of the health objectives.
- Improve compliance and accountability by implementing operating procedures, systems, risk analysis, mitigation measures, and Award management to ensure efficient resource utilization, reporting, communication, and visibility.
- The WCO will partner with several bilateral and multilateral partners to leverage their capacities and resources to address the various challenges experienced.

The WCO will continue to closely engage with the Ministry of Health leadership and the legislature to advocate for enhanced government ownership, increased health sector budgetary allocation, and progressive reduction of donor dependency for health sector funding and service delivery.

7. Acknowledgments

WHO acknowledges the unwavering continued support of the Ministry of Health for its leadership and other Ministries, Departments, Donors, NGOs, Civil societies, the United Nations Country Team, and all our implementing partners, including the Academia, to actualize our mission. Finally, our partners' guidance and valuable contributions have helped us work and inspired us in every effort to do more, and we hope to have your continuous support.

- African Development Bank Group
- AMREF Health in Africa Uganda
- Azerbaijan
- Baylor College of Medicine Children's Foundation Uganda
- Bill and Melinda Gates Foundation
- Bloomberg Family Foundation
- Carter Center
- Center for Disease Control and Prevention (CDC), United States of America
- China
- Department for International Development (DFID), United Kingdom
- Department of Foreign Affairs, Trade, and Development (DFATD), Canada
- DG for International Cooperation and Development (DEVCO), European Commission
- East African Community
- Federal Foreign Office, Germany
- Federal Ministry for Economic Cooperation and Development (BMZ), Germany
- Foreign, Commonwealth & Development Office (FCDO), United Kingdom
- GAVI, The Vaccine Alliance
- Germany
- Gilead Sciences Inc.
- Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)
- International Development Law Organization
- International Organization for Migration (IOM)
- Irish Aid
- Japan
- University of Edinburgh
- WALIMU
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- Korea International Cooperation Agency (KOICA)
- Makerere College of Health Sciences
- Makerere University School of Public Health (MakSPH)
- Makerere University Lung Institute (MLI)
- Malaria Consortium
- Mayanja Memorial Hospital Foundation
- Ministry of Foreign Affairs, Denmark
- Ministry of Foreign Affairs, Norway
- Ministry of Foreign Affairs, Sweden
- National Philanthropic Trust (NPT)
- Norwegian Agency for Development Cooperation (NORAD)
- Red Cross Society of Uganda
- Rotary International
- Spanish Agency for International Cooperation (AECID)
- Susan Thompson Buffett Foundation
- The Republic of Korea
- Uganda National Academy for Sciences
- Uganda Virus Research Institute (UVRI)
- UNDP Multi-Partner Trust Fund (MPTF)
- UNITAID
- United Nations Central Emergency Response Fund (CERF)
- United Nations Children's Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United States Agency for International Development (USAID)

Together, we can transform the health system in Uganda for Healthier and more sustainable Living

The Power of Partnership and Collaboration
World Health Organization works with many partners (Implementing partners, Academia, Civil Society, Businesses, and Local governments) through Contracts, Grants, and Agreements to ensure that WCO support reaches Ugandans. Some of our partners in 2022 included:

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