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Acronyms

Acronym	Phrase	Acronym	Phrase
AARR	Average Annual Reduction Rate	MoH	Ministry of Health
AEFI	Adverse Events Following Immunization	MOV	Missed Opportunities for Vaccination
AMR	Antimicrobial Resistance	MCCoD	Medical Certification of Cause of Death
CDC	Centers for Disease Control	MMR	Maternal Mortality Rate
CEHS	Continuity of Essential Health Services	NCDs	Non-Communicable Diseases
CES	Continuity of Essential Services	NHA	National Health Accounts
CHAI	Clinton Health Access Initiative	NHIS	National Health Insurance Scheme
CHWs	Community Health Workers	NIPN	National Information Platforms for Nutrition
COVAX	COVID-19 Vaccine Global Access	NMCD TA	National Malaria Control Programme Technical Assistance
COVID-19	Coronavirus	NP_AFP	Non-Polio Acute Flaccid Paralysis
CSU	Country Support Unit	NPSSP	National Pharmaceutical Services Strategic Plan
DFC	Direct Financial Cooperation	NTDs	Neglected Tropical Diseases
DI	Direct Implementation	ODK	Open Data Kit
DPC	Disease Prevention and Control	OPV	Oral Polio Vaccine
DPT	Diphtheria, Pertussis (whooping cough), and Tetanus	PAAC	Preventing and Addressing Abusive Conduct
EC-NIS	European Commission –Strengthening national nutrition information systems project	PPEs	Personal Protective Equipment
FP	Family Planning	PMI	President’s Malaria Initiative

FY	Financial Year	PRSEAH	Response to Sexual Exploitation, Abuse and Harassment Team
GLOA	Grant Letter of Agreement	QI	Quality Improvement
HAT	Human African Trypanosomiasis Gambiense	RCCE	Risk Communication and Community Engagement
HDP	Health Development Partners	RMNCAH	Reproductive, Maternal, Neonatal, Child Adolescent Health
HIIRE	Health Information, Innovation and Research	SoPs	Standard Operating Procedures
HIV/AIDS	Human immunodeficiency virus infection and acquired immunodeficiency syndrome	SPAR	State Party Self-Assessment Annual Reporting
HSS	Health Systems Strengthening	SRHR	Sexual Reproductive Health and Rights
HRH	Human Resources for Health	STOP	Stop Transmission of Polio
HMIS	Health Management Information System	UN	United Nations
ICATT	Computer Adaptation and Training Tools	UNAIDS	United Nations Programme on HIV and AIDS
ICD	International Classification of Disease	UNDP	United Nations Development Programme
IDSR	Integrated Disease Surveillance and Response	UNEPI	Uganda National Expanded Programme on Immunization
IEC	Information, Education and Communication	UNFPA	United Nations Fund for Population Activities
IHR	International Health Regulations	UNHCR	United Nations High Commission for Refugees
IMCI	Integrated Management of Childhood Diseases	UNICEF	United Nations Children's Fund

IPC	Infection Prevention and Control	URMCHIP	Uganda Reproductive Maternal and Child Health Services Improvement Project
IPV	Inactivated Polio Vaccine	USAID	United States Aid for International Development
IVD	Immunizable and Vaccine Preventable Diseases	USD	United States Dollars
JUPSA	Joint United Nations Program of Support on HIV/AIDS	VHTs	Village Health Teams
KAP	Knowledge Attitudes and Practices	VMMC	Voluntary Medical Male Circumcision
KPI	Key Performance Indicators	WCO	WHO Country Office
LLINs	Long Lasting Insecticide Treated Nets	WHE	WHO Health Emergency Programme
LTA s	Long Term Agreements	WHO	World Health Organization
MNH QoC	Maternal New Health Quality of Care		

Foreword



For the WHO Country Office (WCO) in Uganda, 2021 was a very challenging year just as it was for all World Health Organization (WHO) offices globally. It was the second year of the COVID-19 pandemic, a pandemic that has never been witnessed before. It was a year of great anxiety, fear, panic, tears and sorrow that brought almost all aspects of modern life to a total standstill.

In 2021, we lost colleagues, family members and friends to the pandemic. Our lifestyles had totally changed; adopting behaviours such as social distancing, teleworking, and continuously wearing masks, which were new to known human interactions. But we had to adapt and endure lest we perish. In the WCO, we abandoned our ways and schedules of normal work. Most of us stayed and worked from home which was entirely new. We abandoned our workplans, repurposed staff and reprogrammed budgets which is unusual in WHO's working arrangements. Staff repurposed to support the COVID-19 response, paid personal and family sacrifices to provide lifesaving services for the people.

We were able to mobilize for the Uganda operations over USD 45 million in resources in 2020-2021 at country, regional and global levels, a 30% increase as compared to 2018-2019. Overall, 88% of resources mobilized in 2020-2021 were utilized to support the COVID-19 response and other programs while the remaining were carried over to 2022-2023 biennium.

But despite all the challenges that COVID-19 threw at us, we worked. We saved lives in Uganda and globally.

Under the leadership of the national government, we sustained the health system, and we delivered much needed essential health services. Moderate progress was made in some SDG 3 outcome and targets. For instance, maternal mortality rate decreased from 339 in 2016/17 to 99/100,000 live births. Total immunization coverage increased by 28% (from 1.86m to 2.39m between 2019/20 and 2020/21). Remarkably, scientists brought forth in record time, a game changer – the COVID-19 vaccines and COVID-19 therapeutics that helped us check the pandemic in its tracks. We are eternally grateful to them.

Above all, we are immensely grateful to each and every WHO staff and health workers wherever they are in this world especially in Africa. They have been and continue to be the backbone of our sector, fighting COVID-19 and many other outbreaks and diseases and tirelessly supporting our Member States.

In this report, we highlight some of the major public health achievements of our work in 2021 as we battled COVID-19 at the same time. As I conclude, it is worth mentioning that none of these achievements could have been reached without the solid and generous support from our partners, the Ministry of Health in Uganda, our loyal donors, and our implementing partners. We thank you all for your partnership, for 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 keeping the world safe and serve the vulnerable.



Dr Yonas Tegegn Woldemariam
WHO Country Representative



Health Situation in Uganda



The WHO Representative Dr Yonas Tegegn Woldemariam receiving a plaque from the Right Honorable Anita Among, Speaker of Parliament in recognition of the excellent work done by WHO in Uganda during the COVID-19 outbreak.

Health Situation in Uganda

The national health indicators in Uganda have significantly improved during the last five years.

At impact level, Uganda has made good progress in reducing child mortality and increasing life expectancy. The life expectancy for Uganda in 2021 was 63.73 years, a 0.51% increase from 2020. The infant mortality rate in 2021 was 41.958 deaths per 1000 live births, a 3.21% decline from 2020. Neonatal mortality rate decreased by 3.03% from 19.8 deaths per 1,000 live

births in 2019 to 19.2 deaths per 1,000 live births in 2020.

In March 2021, the Uganda Bureau of Statistics reported that the Maternal Mortality Rate (MMR) dropped from 438 deaths per 100,000 births in 2011 to 368 deaths per 100,000 in 2021. This drop reflects a steady decline, which began from 2000 onwards. However, maternal mortality in Uganda is still far above the global average, which was 152 deaths per

100,000 live births in 2020. The MMR has reduced at an average annual reduction rate (AARR) of 3.3% but is also too slow.

Despite the recorded steady decline in infant and under-five mortality over the years, Uganda is yet to achieve real progress in reducing neonatal and maternal deaths. Child mortality is unevenly distributed across the country, with mortality rates highest in Karamoja, Southwest, West Nile, and western regions. Progress in nutrition has remained slow. While stunting declined from 33 per cent to 29 per cent since 2011, almost 3 in 10 children aged 6 to 59 months are stunted.

As of 2021, the leading causes of death in Uganda included communicable diseases such as HIV/AIDS, Influenza and Pneumonia, Malaria, Tuberculosis and Diarrheal diseases, in addition to road traffic accidents. The risk factors most responsible for death and disability include child and maternal malnutrition, unprotected sexual activity, multiple sex partners, contaminated water, poor sanitation, and air pollution.

Malaria remains the top leading cause of death in the country yet it has been reported that cases in Uganda dropped to about 13.6 million in 2020/21 from 14.9 million in 2019/20. The Uganda Malaria Reduction and Elimination Strategic Plan 2021-2025, which is the result of coordinated efforts between the National Malaria Control Division (NMCD), the U.S. President's Malaria Initiative (PMI), the Global Fund and the World Health Organisation, and other strategic partners, aims to reduce malaria infections by 50 percent, morbidity by 50 percent and mortality by 75 percent by 2025.

Additional improvements witnessed in the health sector in 2021 include the strengthening of the Emergency Operational Center which has been key in managing the epidemics and pandemics such as COVID-19, whereas infrastructure developments at all levels have been paramount to improve access to quality health.

Despite the efforts, some of the health indicators in the country remain unsatisfactory and require more strategic investments to improve them. Seventy-five percent of the disease burden is still preventable through health promotion and disease prevention. The rapid population growth puts severe strains on the Ugandan health system. The COVID-19 pandemic has also strained health systems and disrupted essential health services globally and in Uganda leading to reversal on some of the health gains made in the last 5 years. Patients with HIV/AIDS, tuberculosis, malaria, cancer, hypertension, hepatitis B, epilepsy, sickle cell, as well as mental health, maternal or childhood conditions, faced an increased risk of complications and death due to inability to access healthcare because of transport restrictions, curfew, and fear of contracting the virus from healthcare settings.

The situation was made worse by existing healthcare system challenges which include among others absence of a clear process to coordinate inter-sectoral fora; underfunding, which contributed to inadequate human resources for health, inadequate health infrastructure development and lack of medicines, vaccines & other health supplies; and emergence of epidemics and pandemics like COVID-19 and its interruption of service delivery.



Emergency Preparedness and Response (EPR)



The Minister of Health Dr Jane Ruth Aceng (c) flanked by health development partners including the WHO Representative (extreme right) receiving the first consignment of COVID-19 vaccines at Entebbe International airport.

Emergency Preparedness and Response (EPR)

The Health Security and Emergencies Cluster spearheads the preparedness, detection and disease outbreak and emergency response operations in close collaboration with the national government, partners, donors, and stakeholders. 2021, was largely about response to the COVID-19 outbreak and the following were the key achievements.

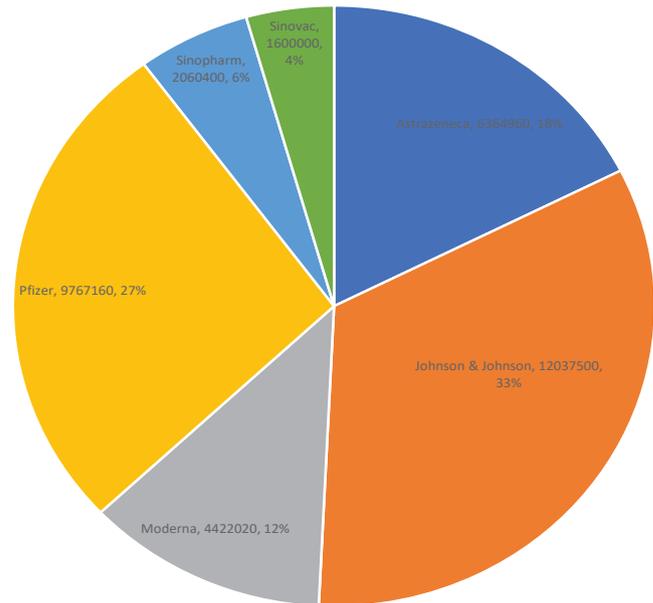
1. COVID-19 Response

i) Coordination

- Technical coordination structures were established at national, regional and district levels which synchronised and guided the response at the different administrative levels in the country.

- In collaboration with the national Task Force, the National Resurgence Plan and the COVID-19 Preparedness Plan were developed, disseminated and are being implemented.
- Eight regional hubs were established in the country. These enhanced the prompt response through the District Task Forces and the District Rapid Response Teams.
- Three Emergency Regional Operations Centers were established in Mbale, Arua, Masaka and Kabale. These provided the necessary technical support and guidance at the regional level.
- 47 WHO short term staff were deployed to the regional hubs during the 2021 national elections and have ensured compliance with COVID-19 SoPs.
- 9,725 Polling Officials and 310 Health Workers were trained on IPC measures.
- Over 14,004 bottles of hand sanitizers and 11,203 boxes of medical masks were distributed to 19,637 polling stations.

Covid-19 Vaccine doses recieved by product in 2021



ii) Infection Prevention and Control (IPC) and WASH

- 75,000 (88%) out of 85,000 health workers in all districts were provided with IPC mentorship and guidance on SoPs.
- All districts in the country were supported with IPC supplies such as faces mask, gloves, aprons, gumboots, gowns, cover rolls, alcohol-based sanitizers, chlorine and liquid soap that help the prevent health workers' infections.



A health worker teaching frontline responders how to don (wear) and doff (remove) the Personal Protective Equipment.

- 5,565 health facilities, prisons, police stations, institutions, schools, and points of entry conducted an assessment on IPC adherence to SoPs.

iii) Case Management

- Over 99,289 patients recovered from COVID-19 infection due to the technical support, medical supplies and tools provided to health facilities.
- 510 health workers from 26 districts were trained on COVID-19 treatment protocol.
- 14 health professionals were trained on the use of EpiShuttle device for air ambulance evacuations

for COVID-19 patients.

- Clinical guidelines on Home-based Isolation and Care for COVID-19 patients were developed and disseminated to health workers across the country through the different webinars that were held on Covid-19 case management.



WHO with support from the German Government procured and supplied oxygen cylinders and other medical supplies that were used in the management of COVID-19 patients in critical care.

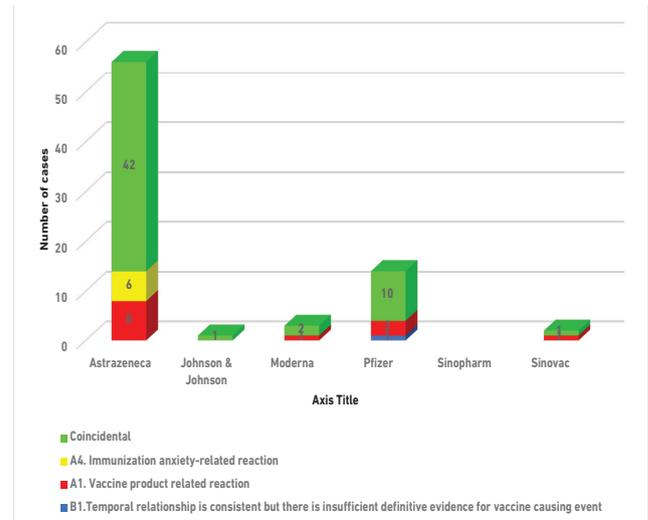
iv) Vaccination



Leading by example; the WHO Representative Dr Yonas Tegegn Woldemariam receiving his first shot of the COVID-19 vaccine at the launch of the exercise.

- Training materials for vaccine rollout were developed and utilized to strengthen the capacity of 2718 health workers in 68 districts.
- A national deployment vaccination plan for COVID-19 vaccine was developed and launched with support from WHO.
- An Intra Action Review was conducted with support from WHO six months after the introduction of the COVID-19 vaccine leading to the amendment of the first deployment plan focusing on accelerated mass vaccination campaign in all districts.
- A total of 13,104,987 vaccine doses were administered to high-risk persons aged 18 years and above to offer protection against severe COVID-19 disease, hospitalization, and mortality. Of these 4,339,311 had completed their primary vaccination series (either one dose of Johnson and Johnson vaccine or two doses) translating to 10% of the total population being fully vaccinated.
- A cumulative total of 36,252,040 COVID-19 vaccine doses from six vaccine products were received in the country from different sources namely purchase by government, COVAX, bilateral cooperation among other sources.
- With support from WHO, a functional National Adverse Events Following Immunization (AEFI) committee conducted causality assessment of 76 serious AEFIs detected and investigated following COVID-19 vaccine. COVID-19 utilization, uptake and adverse events were monitored following vaccination, mitigation measures were developed, and wider rollout were supported.

Causality Assessment of AEFIs following COVID-19 vaccines for cases reviewed in 2021 by AEFI committee



v) Surveillance and Laboratory



A WHO surveillance officer giving basic surveillance tips to frontline health workers in Hoima district.

- 12,599,741 COVID-19 samples were tested (of which 162,007 were positive) with the necessary surveillance and laboratory technical and logistical support provided.
- All districts were supported with an alert management system set up to ensure daily contact tracing and follow-up.
- A country-wide data collection system using “Go data” and “ODK” was developed and rolled out to 136 districts. This involved procurement and distribution of 304 smartphones, training of 16 central trainers, orientation of 550 members of District Health Teams (DHTs) and deployment of 951 contact tracers.

vi) Risk Communication



Proper Handwashing was one of the practices that were vigorously promoted to contain the spread of COVID-19 in the communities.

- COVID-19 Risk Communication and Community Engagement Plan (RCCE) was developed and implemented providing the necessary technical

support, best practices, and guidelines.

- Awareness on COVID-19 risks was raised among communities and proven prevention and control measures were promoted using mass media and the MoH special campaigns such as “Tonsemerela” (don’t come near me) and “Kijja Kuggwa” (It will end).
- Ten National RCCE Consultants were hired and deployed across the country. All districts were then supported in planning and implementing community engagement activities for COVID-19 prevention and control. All Village Health Teams (VHTs) were trained, mass media activities implemented, communities and identified hard-to-reach communities were mobilized for direct targeting.
- Over 200,000 copies of IEC materials on COVID-19 various topics and issues produced, distributed by WHO and MoH field staff to raise awareness and promote preventive behaviours.
- 20 SoPs on COVID-19 preventions and control developed and distributed to students, teachers, transporters, restaurants, law enforcement organizations, banks, hospitals, border entry points, air travellers, truck drivers among others.
- COVID-19 information disseminated on social media and reached various audiences to debunk rumours and misinformation.
- A major KAP study commissioned and funded to inform messaging and targeting of COVID-19 messages.
- Awareness raising activities conducted during

the COVID-19 vaccination campaign addressed challenges such as low awareness, hesitancy, fear, anxiety, and outright rejection by communities towards vaccination, this has led to increased uptake among target populations.

vii) Continuity of Essential Health Services

- Efforts mobilized to ensure that essential health services remained operational and accessible throughout the outbreak period.
- Evidence for decision making through routine monitoring and periodic reviews was generated.

2. Cholera Outbreak Response

- WHO supported deployment of a multidisciplinary National Rapid Response team Nakivale Refugee Settlement that expeditiously controlled the Cholera outbreak resulting in no mortality.
- All (173) suspected and confirmed cases were promptly investigated, laboratory samples transported, and results disseminated according to protocol.
- One Cholera Kit provided to each of Karamoja and Nakivale Refugee Settlement which supported the treatment of patients.
- Oral Cholera vaccination exercise supported in Moroto and Nakivale Refugee Settlement which contributed to the control of the outbreaks. The overall OCV vaccination coverage in Nakivale was 97.7% and 40 health workers were trained in Cholera case management and vaccination.

3. Refugee Response

- MoH and UN agencies were supported through participation in missions and planning exercises to assess the status of the public health response to refugees.
- The health section of the Refugee Response Plan for Uganda was developed. The plan is expected to be launched in 2022.
- Supplementary essential medicines for routine patient care were provided to support improved access to medical care in districts hosting refugees.
- Two Incinerators were installed in Medi Opei (O1) and Lukung health centres (O1) to support waste management in the facilities supporting refugee response.

4. Country Preparedness

- Annual International Health Regulations (IHR) progress implementation has been promptly reported to the IHR secretariat through State Party Self-Assessment Annual Reporting (SPAR).
- A detailed implementation schedule for the Integrated Diseases Surveillance and Response (IDSR) Third Edition rollout and adaption of the technical guidelines and training material were developed.
- 1,009 actors in Karamoja and Lango sub regions were trained on disease surveillance and reporting.
- 70 frontline Rapid Response Teams in the ten newly upgraded cities were trained on disease outbreak response.
- 31 IHR focal persons from various essential stakeholder organizations and government ministries were trained on reporting and compilation of the Annual State Party IHR report.



Universal Health Coverage/Life Course (ULC)



The Ambassador of Korea to Uganda H.E Byung Kyoo Ha handed over seven ambulances to the Minister of State for Health Hon Margaret Muhanga for the Maternal Child Health Systems Strengthening Project that is implemented with WHO technical support in five districts of Busoga sub region.

Universal Health Coverage/Life Course (ULC)

The Health Systems Strengthening Cluster contributes to attainment of Universal Health Coverage in Uganda through strengthening the health system using various mechanisms. It is a cross-cutting cluster with strategic support to planning, implementation, monitoring, and evaluation of public health programmes. The following are achievements in 2021.

1. Health Strategies and Governance

- Digital health and health information systems were developed with technical assistance from the Health Information, Innovation and Research (HIIRE) Technical Working Group.
- The National Health Information and Digital Health

Strategic Plan was developed.

- Evidence to assess the effect of COVID-19 on health service delivery was generated including monthly Continuity of Essential Health Services performance indicators.
- The national pool of trainers on ICD-11 and Medical Certification of Cause of Death (MCCoD) were oriented and capacity of clinicians and medical records personnel in the 14 regional referral hospitals was strengthened on ICD-11, MCCoD, and ICD coding tools.



Health workers at Pabo Health Center discussing with a WHO staff the impact of the SEEK GSP program on improving the mental health of people living with HIV in Uganda.

- The National One Health Platform was supported to coordinate the implementation of the AMR National Action Plan; to monitor the national core capacity for the implementation; and to build capacity for validation and sharing of AMR resistance using the WHO/GLASS.

2. Health Financing

- The Health Development Partners (HDP) financing thematic group that offers technical assistance to MoH and partners has been co-chaired with the World Bank.
- The Eight Cycle of National Health Accounts (NHA) for FY 2016/17, 2017/2018, 2018/2019 were produced.
- Contributed to drafting the final draft of the National Health Insurance Bill.

3. Human Resources for Health

- The HRH Strategic Plan was developed and signed off.

4. Health Service Delivery and Quality of Care

- A joint support supervision and monitoring visit was conducted with UNAIDS, UNFPA and UNICEF to eight districts and covered 27 health facilities during which experiences in establishing quality integrated HIV/SRHR/GBV services were shared, and challenges addressed together with local leaders and health workers.
- The MNH QoC assessment was conducted with UNICEF, UNFPA and UNHCR in 8 districts (Kagadi, Kakumiro, Kiryandongo, Bulisa, Hoima, Kibale, Masindi and Kikuube) using the WHO MNH QoC assessment tool. The assessment covered one regional hospital, **three** district hospitals, **four** health centre IVs and **five** health Centre IIIs.

5. Sexual and Reproductive Health

- 54 health workers from 18 districts were oriented on mainstreaming quality of care into Family Planning (FP) services using the adapted Human Right Based Approach checklist. Various learning materials, tools and visibility materials were distributed during the orientation.
- 142 health workers were trained on the provision of Integrated postpartum family planning with immunization services to increase utilisation of FP by women within 12 months post-delivery.
- Technical support was provided to revise the FP curriculum which is currently in the second phase field testing.

6. Child and Adolescent Health

- The Integrated Management of Childhood Illnesses (IMCI) chart booklet and its contents were finalized and incorporated into the IMCI Computer Adaptation and Training Tool (ICATT).
- 20 high volume health facilities in Kampala district were provided with the adapted WHO guidelines on management of babies with possible serious bacterial infection for implementation where referral is not possible. The results will be used scale up to the rest of the country.
- Key child health interventions were integrated into the revised RMNCAH strategy and Investment Case in line with WHO global guidance.

7. Maternal and Newborn Health

- 18 Health facility teams at 18 participating sites in six districts were mentored on QI mentorship amidst COVID-19 restrictions.
- The database for the global MNH QoC common core indicators was updated following a joint monitoring visit which improved monitoring progress being made in the provision of quality maternal and newborn services.
- WHO delivered a keynoted address on Quality Improvement Safe motherhood in the context of COVID-19 Pandemic at the National Annual QI Conference highlighting key directions and next steps.
- The National MNH QOC Roadmap was reviewed considering the negative impact of COVID-19 and this strengthened programming for adolescent health within a multisectoral approach, community engagement and accountability.

8. Gender, Equity and Human Rights

- The Gender Equity and Rights Inclusion Analysis was conducted to analyze the mainstreaming of gender issues in the COVID-19 response. The results will inform future planning for the COVID-19 epidemic responses.
- Capacity building was initiated on Gender concepts and approaches to be integrated in all WHO activities and a gender working groups established in the office.
- Workplans, strategies and innovations to address

prevention of sexual exploitation and abuse were initiated to support capacity building of WHO staff and IEC materials on PRSEA produced and distributed to all staff.

9. Essential Drugs and Medicines

- Improved access to medical products for the COVID-19 response was achieved by providing technical support to national supply chains through active engagement in the logistics pillar and the Oxygen Task Force.
- The Ministry of Health leadership and governance of the pharmaceutical sector was strengthened through the provision of technical support to finalize and approve the National Pharmaceutical Services Strategic Plan (NPSSP) for 2020/21 to 2024/25.
- The national medical product's regulatory function was strengthened by providing new information and required technical support on regulating COVID-19 products.
- Antimicrobial stewardship was strengthened through the provision of technical support to the technical working committee.

10. Nutrition

- The National Nutrition Monitoring and Evaluation Framework was developed in collaboration with UNICEF and the Ministry of Health under the EC-NIS project, and the Health Management Information System was customized to include revised indicators.
- 260 health workers' capacities were built on the management of nutrition data based on the updated

nutrition monitoring and evaluation framework through trainings, data analysis workshops, mentorships, and performance review meetings.

- Nutrition information materials were published including one Annual Nutrition Report for FY 2020-2021, [four](#) nutrition quarterly bulletins, [two](#) policy briefs, and one newsletter based on the data from the DHIS2, and achievements made under the EC-NIS.
- Collaboration between the European Union funded projects - EC-NIS project and the NIPN project was done to identify areas to synergistically strengthen the nutrition information system such as joint capacity building exercises.
- A nutrition annual symposium under the theme of "Strengthening Nutrition Information Systems" was held and attracted over [130](#) participants to discuss their experiences and lessons learned from managing and utilising nutrition data.



Universal Health Coverage/ Communicable & Non- Communicable Diseases (UCN)



WHO's Dr Bayo Fatunmbi, handing over a consignment of drugs to the Honorable Minister of Health Dr Jane Ruth Aceng.

Universal Health Coverage/Communicable & Non-Communicable Diseases (UCN)

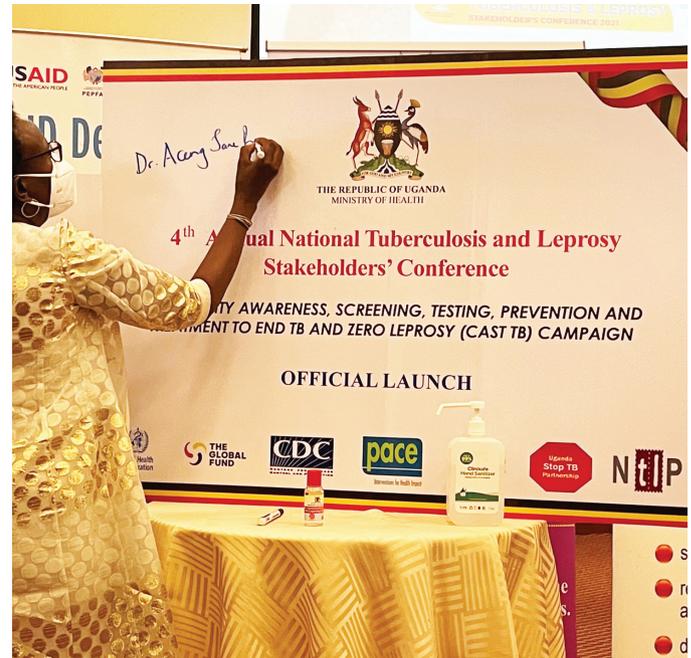
In 2021, Uganda was supported to establish and enhance program performance to attain disease elimination targets. The support was mainly in the core areas of adoption of strategies, formulation of guidelines, generating evidence, and partner

coordination as per the mandate. In line with WHO GPW13 targets under outcome one, the DPC cluster addressed population-specific health needs and barriers to equity across the life course. The following highlights the key achievements made in 2021.

1. HIV/AIDS

- Consolidated HIV Prevention and Treatment guidelines were developed and disseminated for use.
- Safe Male Circumcision (SMC) Policy guidelines were developed and disseminated for use.
- SMC National Training Curriculum were developed and disseminated for use.
- Joint United Nations Program of Support on HIV/AIDS 2020/2026 (JUPSA 2020-26) were developed and disseminated for use.
- The consolidated VMMC Country Performance Report for the year 2020 was developed and disseminated for use.
- The HIV Investment Case was developed and disseminated for use.
- The 2020 HIV National Estimates were developed and disseminated for use.
- Orientation of 1,500 members of the public on HIV/AIDS prevention and control including during World AIDS Day.

2. Tuberculosis and Leprosy



The Minister of Health Dr Jane Ruth Aceng signs on board marking the official opening of the 4th National Conference on Tuberculosis and Leprosy

- The National Strategic Plan for TB and Leprosy (2020/21-2024/25) and the National Multisectoral TB Accountability Framework were developed and disseminated to Implementing Partners, Program managers and stop TB partnership fraternity in Uganda.
- A comprehensive review of the National TB and Leprosy Programmed (NTLP) was completed which guided implementation of the recommendations such as assignment of a Leprosy Focal Person for the program, development of National Strategic Plan and epidemiological surveillance.

3. Malaria

- The WHO generic tools on Response to COVID-19 Pandemic were adopted.
- The disrupted malaria services such as LLIN mass distribution, were restored.
- Costing of the Uganda Malaria Strategic Plan 2021-2025 was completed.
- Consultations on “Rethinking Malaria” initiative were held thus putting the country back on track towards the 2025 milestones of Global Malaria Strategy.
- The suspected decrease in efficacy of antimalarial medicines and insecticides in some districts of Uganda was investigated, the status clarified and recommendations on the way forward was put in place.
- The Uganda NMCD TA Assessment was conducted leading to the on-going implementation of the recommendations.
- High Burden and High Impact (HBHI) as well as Mass Action Against Malaria (MAAM) Initiatives implemented included: Malaria Free Uganda; Uganda Parliamentary Forum; 2021/2022 Budget Call Circular; the USAID PMI – FY 2021 Plan; and the PMI – Malaria Reduction Action.
- Facilitated the training of 257 malaria program managers and scientists in a BMGF supported coalition of Universities (Uganda – Makerere, Nigeria-Ibadan and Tanzania) ALAMINE project on malaria prevention and transmission in Africa.
- Orientation of over 4 million members of the public

across 6 regions and 50 districts on prevention and control of malaria including during World Malaria Day.

4. Neglected Tropical Diseases (NTDs)

- WHO supported the Ministry of Health to compile a dossier on elimination of gambiense Human African Trypanosomiasis (gHAT), as a public health problem in Uganda.
- WHO supported the vector control Division of the Ministry of Health to review the 2017-2022 MTD Master Plan and the findings and recommendations were used in the development of the new 2022-2026 NTDs Master Plan.
- The NTD Sustainability Plan was developed and launched in collaboration with NTD Partners including RTI-East to end NTD. Awareness of more than 900 members of the public was enhanced.
- Contributed to the WHO NTD global report by compiling analyzing and submitting country NTD data.
- Facilitated investigation of several rumors and one suspected case of Guinea Worm from Obongi District, Uganda in collaboration with CDC Atlanta.
- Facilitated receipt, distribution, and monitoring of use of partner donated NTD diagnostics, medicines and related supplies.

5. Noncommunicable Diseases (NCD)

- Training of 80 members of Uganda Parliament and orientation of 150 members of the public on prevention and control of NCDs including during World Diabetes Day and other WHO NCDs related Flagship Days.
- 100 delegates at a virtual conference on the Global impact of Alcohol and drug abuse during the COVID-19 pandemic, Organised by Serenity Centre for alcohol and drug Rehabilitation.
- 95 participants oriented on healthy diet at a virtual workshop organised by Center for Food and Living Rights
- Costed National Cancer Control Plan developed.
- Physical Activity Guidelines developed.
- Nutrition Guidelines developed.
- Cervical Cancer Screening and Pre-cancer Treatment guidelines developed.
- Cervical Cancer Screening and Treatment SOPs and algorithms developed.
- Healthcare worker and patient job aides developed.
- Training manuals for CHWs, nurses and midwives, doctors and program managers developed.
- During SAFER Mission, more 500 key stakeholders including the media were updated on reducing harmful use of alcohol among the Uganda populace

- HMIS indicators for data capture on cervical management outcomes, screening, pre-cancer treatment and referral developed.
- Mental Health Strategic Plan developed.
- Tobacco Control Communication Strategy developed.
- NCD Investment Case developed and implementation of the recommendations results monitored.

6. Immunizable and Vaccine Preventable Diseases (IVD)

I. Polio Eradication

- A Polio Response Plan developed in collaboration with Uganda National Expanded Programme on Immunization (UNEPI) to facilitate resource mobilization following confirmation of two circulating Vaccine Derived Viruses from Lubigi environmental site in July and November 2021.
- 714 Surveillance Officers from 136 districts were trained on AFP surveillance within the IDSR framework to ensure that a sensitive surveillance system is attained and sustained.
- A detailed national risk assessment and an outbreak response plan were developed following a detection of cVDPV2.
- Six national Stop Transmission of Polio (STOP) missions were conducted in 55 districts where 2,684 health facilities of various categories were supported, 8,176 health workers and 28,234 Community Resource Persons including Village Health Teams were sensitized on detection and

reporting of AFP cases within IDSR framework. A total of 131 AFP cases were identified and investigated by the STOP teams.

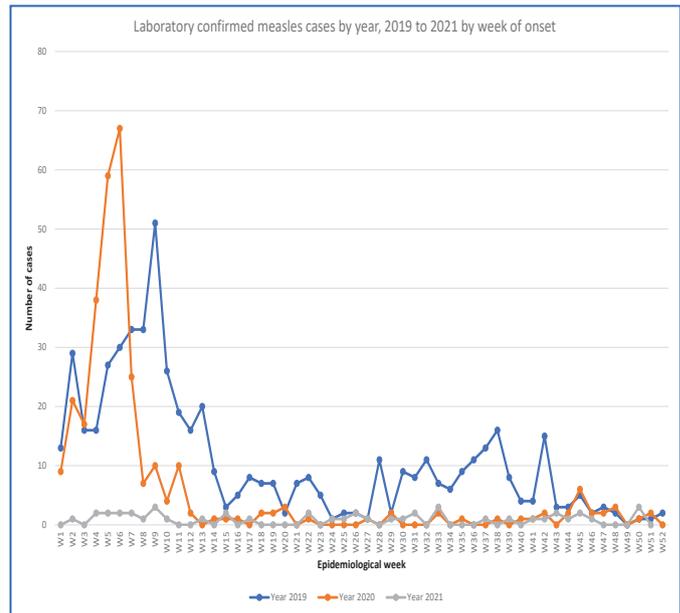
- The MoH was supported to attain a national level Non-Polio Acute Flaccid Paralysis (NP_AFP) rate of 5.53 / 100,000 children below 15 years and a stool adequacy rate of 92% that were above the required Global Polio Eradication Indicators. Ninety-four (94%) of the districts attained a NP_AFP rate of > 2/100,000 population < 15 years while 80% of the districts had a stool adequacy rate of more than 80%.
- The MoH was supported to collect sewage samples from eight sites in six districts, an increase from six sites in four districts the previous year to supplement AFP surveillance. The system is sensitive as evidenced by isolation of Sabin, NPEV, NEV and cVDPV.
- Functionality of the National Polio Committee that held 21 meetings compared to 23 in 2020 was supported to review the Annual Progress Report for 2020, review status of polio eradication in the country, conduct final classification of AFP cases and review status of implementation of polio containment activities in potentially infectious laboratories.

II. Routine Immunization

- In collaboration with UNICEF, CDC, CHAI and USAID a population immunity was attained and sustained in line with IA2030. In 2021, the national level coverage obtained were OPV3 91%, IPV 90%, DPT3 91% and MR 90%. **93%** (126 out of 135 districts) districts attained a coverage of at least 80% and above.

- The National Immunization Strategy 2022 – 2026 was developed in collaboration with Makerere School of Public Health and UNEPI, to be used for resource mobilization to enable the program achieve set targets in the next five years.

III. Measles and Rubella Surveillance



- Measles case-based surveillance were implemented by the MoH with support from WHO to implement within the IDSR framework to timely detect and respond to any outbreak. Overall, **45** suspected measles cases were confirmed in 2021 which is **85%** decline compared to 2020 (309 confirmed measles cases). Only one district had a confirmed outbreak in 2021.

IV. Use of new and underutilized vaccines

- The final phase of the National Cholera strategic plan 2017/18 to 2021/22 was implemented by MOH with support from WHO focusing on vaccination. A total of **768,632** (80% of 961,458 persons >1Y who received dose one in October 2020) were offered a second dose of the Oral Cholera Vaccine in six hot spot districts (Kasese, Ntoroko, Busia, Namanyigo, Madi Okollo and Obongi).
- **Three** rotavirus surveillance sentinel sites i.e., Mulago National Referral Hospital, Lubaga Hospital and Naguru China Friendship Hospital were supported and coordinated. **Two** invasive bacterial vaccine-preventable diseases surveillance sentinel sites: Mulago National Referral Hospital and St. Mary's Hospital Lacor continued operations as well. There is a clear reduction in the number of laboratory-confirmed Hib, Rotavirus and Streptococcus pneumonia cases since the introduction of Penta Valent, PCV10 and Rotavirus vaccines into routine immunization program.

V. Country Ownership of Immunization Program

- The Uganda National Immunization Technical Advisory Group was supported to ensure that the country policy recommendations related to immunization programs are provided. During 2021, a total of **18** interim recommendations related to COVID-19 vaccine introduction were developed and shared with MoH and **one**

recommendation on the introduction of nOPV2 during the outbreak.

VI. Resource mobilization

- An investment case for Immunization was developed by MoH with support from WHO using the One Health Tool that showed the current total burden of vaccine-preventable diseases is reasonably high (UGX 774.2 billion, i.e., USD 215 million).

VII. Capacity building

- Cascade training on Missed Opportunities for Vaccination (MOV) was supported in **46** districts to **184** district health teams. In turn, the trained teams mentored operational level health workers in **717** health facilities.
- Progressive reviews, updates, finalization, and dissemination of the guidelines on Continuity of Essential Health Services (CEHS) within the context of COVID-19 were supported.



The support was mainly
in the core areas of
adoption of strategies,
formulation of guidelines





Country Support Unit (CSU)



A WHO Officer delivering filled oxygen cylinders and other medical supplies to a health facility.

Country Support Unit (CSU)

The Country Support Unit enables implementation of programmes at country level through provision of administrative and operational support. Financial, human, and administrative resources are managed in an efficient, effective, results-oriented, and transparent manner to support the organisation's response to requests from stakeholders and public health emergencies. Below are key achievements.

1. Financial Management

- In 2021, Uganda country office was able to locally mobilise financial resources amounting to over USD 5.9 million a decrease of 27% to the amount

of over USD 8.1 million mobilised locally in 2020. However, over USD 45 million in resources were mobilized for the Uganda operations in 2020-2021 at country, regional and global levels, a 30% increase as compared to 2018-2019. 88% of resources mobilized in 2020-2021 were utilized to support the COVID-19 response and other programs while the remaining were carried over to 2022-2023 biennium.

- As of 31st December 2021, the total funds utilization in support of government activities for the biennium was USD 19,753,486 as per summary below.

Activities	Utilization (US\$)
Support to Government Activities - DFC, DI & GLOA	9,192,742.17
Technical Support – Human Resource	4,607,700.59
Medical Supplies & Other Equipment	5,247,122.02
Travel	225,541.72
Other Logistical Support	480,379.91
Total Amount	19,753,486.41

- Payments to suppliers and participants to government activities were facilitated efficiently using electronic banking system and mobile wallet services. Supplier invoices were processed timely with minimum disruption caused by the pandemic.
- 23 good quality donor reports were developed and submitted on time (08 Interim certified Financial Statements, 06 Final Certified Financial Statements, 08 Technical Reports and 01 Management Report).

2. Human Resources Management

- In 2021, WCO had Fifty-Four (54) staff members in the main office, fifty-nine (59) staff in 10 hub offices, eight (8) UN Volunteers, eleven (11) STOP officers and 53 consultants on long and short term contracts who implemented the planned and disease response activities.
- 100% of WCO Staff participated in global learning programs such as training on Preventing and Addressing Abusive Conduct (PAAC), Prevention

& Response to Sexual Exploitation, Abuse and Harassment Team (PRSEAH) among other mandatory courses offered by the organization. Above all, staff wellbeing and safety were prioritized.

3. Procurement and Logistics

- Dialysis equipment, IEC Materials, ambulances, generators, vehicles, laboratory equipment, reagents, vaccination supplies, Personal Protective Equipment (PPEs) and other medical supplies were procured and distributed to support the COVID-19 pandemic response.
- Last-mile delivery of essential COVID-19 supplies was ensured to hospitals and designated COVID-19 treatment centres countrywide.
- Usage of Long-Term Agreements (LTAs) established by sister UN agencies was increased to procure goods and services such as conference facilities, fuel, office supplies, internet services, communications (data and voice), clearing and forwarding services,

and vehicle tyres among others.

- The fleet services continue to be a key contributor to the efficient delivery of technical support to the country. The office positioned vehicles and drivers in key strategic locations countrywide and the operations of these resources were efficiently managed centrally. However, due to the limited number of vehicles in the country 41 vehicles

with drivers were hired to support emergency activities, 5 for Alert management, 12 for sample transportation, 13 for contact tracing and 11 for regional hub coordination. The fleet, both WHO and hired, was managed using electronic vehicle tracking systems installed on the vehicles to facilitate monitoring and ensure accountability.



A Mobile medical equipment container was set up at Soroti Regional Referral Hospital to support the management of patients.



Challenges, Lessons Learnt and Way Forward



Health workers at Entebbe Regional Referral Hospital did a wonderful job in managing COVID-19 patients.

Challenges, Lessons Learnt and Way Forward

The health sector in Uganda is faced by several challenges that hinders its progress. These challenges were captured in the Health Situation Analysis section of this report.

Under this section, challenges that affected the WHO work in Uganda directly are listed.

- Access to clean safe water and the sanitation

situation remains one of the main challenges in rural and remote areas such as Karamoja and in refugee settlements. Investment by government and partners is glaringly low in this crucial area of work.

- Non-adherence to COVID-19 SoPs remains one of the challenges throughout the country despite

widespread knowledge and availability of tools on how to prevent and control the outbreak. This hinders the efforts the Ministry of Health, WHO and partners are investing to fight the pandemic.

- COVID-19 pandemic resulted in change of focus and prioritization from other planned activities which hindered implementation, additionally the COVID-19 movement restriction measures resulted in delays in the implementation of activities due to movement and congregation restrictions.
- Repurposing of some of the WCO staff at the country office to the COVID-19 on nearly full-time basis adversely affected the implementation of other programs.
- Competing public health priorities including dual disease outbreaks led to delayed implementation of other planned activities such as delayed introduction of second dose of Inactivated Polio Virus vaccine (IPV2) and fatigued human resources.
- Insecurity in some areas such as Karamoja sub region made some health services such as routine immunization, COVID-19 vaccination, maternal and child health or simply general medical care inaccessible to some people.
- Inadequate funding by government to the health sector hampers implementation of much needed health services especially for routine immunization, NCDs and NTDs leading to overdependence on donors and development partners which is not sustainable.
- Due to short term funding, WHO has to recruit short term staff on Special Services Agreement contracts which do not offer job security to staff and consequently 2021 witnessed a high staff

attrition which affected the WCO programs.

- The process of development of policies and strategies is independent from the approval process. It has been observed through the NPSSP and others that approval process has taken longer than the development phase.

I. Lessons Learnt

- From the COVID-19 outbreak we note the importance of paying due attention to health system vulnerabilities while designing health system strengthening activities.
- COVID-19 demonstrated the possibility of virtual working to deliver results although for meetings, there is a limitation on sustaining participant's concentration, engagement and on consensus building.
- In general, more than 50% of the office spending was on COVID-19 and other emergencies 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 is key to improving program performance.
- Coordination and mapping of partners and all stakeholders is key in avoiding duplication of efforts.
- During planning phase of an epidemic, health system strengthening for integration program activities will smoothen the continuity of service delivery.

- Prepositioning and stocking essential medical supplies that have long shelf life and equipment in strategic locations is important to circumvent supply chain delays.

II. Way forward

The WCO Uganda strategy for the upcoming biennium is to:

- Intensify resource mobilization efforts for all programmes with emphasis on NCDs, NTDs, routine immunization and other priority health programmes.
- Improve program and Award management to ensure efficient utilization of resources, improved reporting, communication, and visibility.
- Improve compliance and accountability through putting in place operating procedures, systems and risk analysis and mitigation measures.
- Promote and advocate for disease prevention and health promotion through addressing Social Determinates of Health, integration, and decentralized service delivery approaches and multisectoral action.
- Put in place all the needed measures to ensure adherence with WHO policy on Zero tolerance against sexual harassment and exploitation.
- Support MoH to implement the zero-dose agenda and utilize any opportunity including campaigns to reduce the high numbers of unvaccinated persons.
- Engage effectively with all MoH Technical Working Groups for technical guidance and harmonization.
- Expand the pool of Long-Term Agreements (LTAs) with other UN agencies to shorten some procurement processes.
- Undertake regular reorientation of all staff on

office SoPs to improve and maintain quality of service.

- The WCO engaged in partnerships with several bilateral and multilateral partners to leverage their capacities and resources toward addressing the various challenges experienced. By convening and protectively engaging in coordination mechanisms like the health development partners forum among others, WHO will continue highlighted these challenges and lobbying for partners' support to mitigate them.
- The WCO will continue to closely engage with the Ministry of Health leadership and the legislature to advocate for enhanced government ownership and increased budgetary allocation to the health sector and progressive reduction of dependency on donors for health sector funding and service delivery.

III. Acknowledgment

We are grateful to all our partners, the Ministry of Health for its leadership, and other Ministries, Departments and Agencies for their support. We work closely to actualize our mission in the country. Our work would be incomplete without the unwavering support of NGOs, civil societies, the United Nations Country Team, and all our implementing partners including the Academia. They have assisted and guided us every step of the way. Finally, our partners' guidance and valuable contributions have helped us work and inspired us to do more and we hope to have your continuous support.

In alphabetical order:

- 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
- 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)
- Redcross Society of Uganda
- Rotary International
- Spanish Agency for International Cooperation

(AECID)

- usan 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)
- University of Edinburgh
- WALIMU

Together, we can transform the health system in Uganda for a healthier and a more sustainable one.





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