



**World Health  
Organization**

WHO UGANDA COUNTRY OFFICE

Annual Report 2019







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## ANNUAL REPORT 2019

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*Members of the Ebola Case Management Team getting ready for work.*



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## ACRONYMS

AC	Assessed Contributions	CCHF	Crimean Congo Haemorrhagic Fever
AFP	Acute Flaccid Paralysis	CERF	Central Emergency Response Fund
AFRO	WHO Regional Office for Africa	CFE	Contingency Fund for Emergency
APW	Agreement for Performance of Work	CFR	Case Fatality Rate
ARCC	Africa Regional Certification Committee	CHAI	Clinton Health Access Initiative

<b>CSOs</b>	Civil Society Organizations	<b>NDA</b>	National Drug Authority
<b>CSU</b>	Country Support Unit	<b>NCDs</b>	Non-Communicable Diseases
<b>CVCA</b>	Core Voluntary Contribution Account	<b>NGOs</b>	Non-Governmental Organizations
<b>DFC</b>	Direct Financial Cooperation	<b>NMCP</b>	National Malaria Control Program
<b>DFCs</b>	Direct Financial Contributions	<b>NPAFP</b>	Non-Polio Acute Flaccid Paralysis
<b>DHIS2</b>	District Health Information System	<b>NTDs</b>	Neglected Tropical Diseases
<b>DI</b>	Direct Implementation	<b>ODK</b>	Open Data Kit
<b>DRC</b>	Democratic Republic of Congo	<b>OCR</b>	Outbreak and Crisis Response
<b>EA</b>	Enterprise Architecture	<b>OCV</b>	Oral Cholera Vaccine
<b>EMRO</b>	Eastern Mediterranean Regional Office	<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>EPR</b>	Epidemic Preparedness and Response	<b>PHC</b>	Primary Health Care
<b>EVD</b>	Ebola Virus Disease	<b>PPE</b>	Personal Protective Equipment
<b>FLWs</b>	Frontline Workers	<b>PSC</b>	Programme Support
<b>FRH</b>	Family And Reproductive Health	<b>QI</b>	Quality Improvement
<b>GAVI</b>	Global Alliance for Vaccines and Immunizations	<b>RBM</b>	Roll Back Malaria
<b>GPS</b>	Global positioning System	<b>REC</b>	Reach Every Child
<b>GVAP</b>	Global Vaccine Action Plan	<b>RED</b>	Reach Every District
<b>HBHI</b>	High Burden High Impact	<b>RMNCAH</b>	Reproductive Maternal Neonatal Child Adolescent Health
<b>HCW</b>	Health Care Workers	<b>SGB</b>	Sexual Gender-Based Violence
<b>HPV</b>	Human Papilloma Vaccine	<b>SDB</b>	Safe and Dignified Burials
<b>HSS</b>	Health Systems Strengthening	<b>SDGs</b>	Sustainable Development Goals
<b>HTS</b>	HIV Testing Services	<b>SOPs</b>	Standard Operating Procedures
<b>IDSR</b>	Integrated Disease Surveillance and Response	<b>SPA</b>	Specialised Programs and Collaborative Arrangements
<b>IEC</b>	Information Education and Communication	<b>TB</b>	Tuberculosis
<b>IHR</b>	International Health Regulation	<b>TCA</b>	Tobacco Control Act
<b>IMCI</b>	Integrated Management of Childhood Illnesses	<b>TD</b>	Tetanus Diphtheria
<b>IPC</b>	Infection Prevention and Control	<b>TPT</b>	TB Preventive Therapy
<b>IVD</b>	Immunization Vaccine Development	<b>TT</b>	Tetanus Toxoid
<b>IVD</b>	Immunizable and Vaccine-Preventable Diseases	<b>TWGs</b>	Technical Working Groups
<b>KOICA</b>	Korea International Cooperation Agency	<b>UHC</b>	Universal Health Coverage
<b>MAAIF</b>	Ministry of Agriculture, Animal Industry and Fisheries	<b>UNICEF</b>	United Nations Children's Fund
<b>MAAM</b>	Mass Action Against Malaria	<b>UNITAG</b>	The Uganda National Immunization Technical Advisory Group of Experts
<b>MAF-TB</b>	Multi-Sectoral Accountability Framework for TB	<b>USAID</b>	United States Agency for International Development
<b>ML</b>	Maturity Level	<b>VAC</b>	Violence against Children
<b>MNH</b>	Maternal Neonatal Health	<b>VC</b>	Voluntary Contributions
<b>MoH</b>	Ministry of Health	<b>VHTs</b>	Village Health Teams
<b>MR</b>	Measles-Rubella	<b>WASH</b>	Water Sanitation & Hygiene
		<b>WCO</b>	WHO Country Office
		<b>WHO</b>	World Health Organisation







# FOREWORD

We bring you yet another WHO Country Office Annual Report that highlights our contribution to public health development in Uganda in 2019. While we encountered several challenges during the year, we stood firm with the Ministry of Health and partners to ensure that no person in Uganda is left behind including the vulnerable.

Our work under the Disease Prevention and Control Cluster revolved around sustaining the gains made on the major communicable diseases – HIV/AIDS, Malaria and Tuberculosis – and making certain that more people access services available under these programmes. At the same time, although the work on Non-Communicable Disease (NCDs) is still enormous, the first NCD Multi Sectoral Strategic Plan that was endorsed by the Ministry of Health will augment progress towards achievement of Sustainable Development Goal target 3.4.

Uganda spent the whole of 2019 on high alert due to the outbreak of the Ebola Virus Disease (EVD) in Kivu Province in the Democratic Republic of Congo (DRC) near the common border. Indeed, in June 2019, the country registered its 6th EVD outbreak after two people who attended a burial in DRC were diagnosed. A nine-year-old girl who was being transported to Uganda for treatment was also diagnosed with EVD on 29 August 2019. Since then, no other case has been detected in Uganda despite the outbreak being so near.

This achievement is attributable to Uganda's robust disease surveillance system and the vigilance of frontline health workers in the high-risk districts. More specifically, public health interventions such as vaccination of health workers, active surveillance, cross border collaboration and awareness creation helped in preventing EVD from spreading into Uganda.



The National Measles-Rubella Polio campaign conducted in October 2019, reached 19,476,110 (108%) children aged between 9 months and under 15 years. Furthermore 7,955,597 (97%) were vaccinated against polio type 1 and 3 registering the highest immunization coverage in East African region.

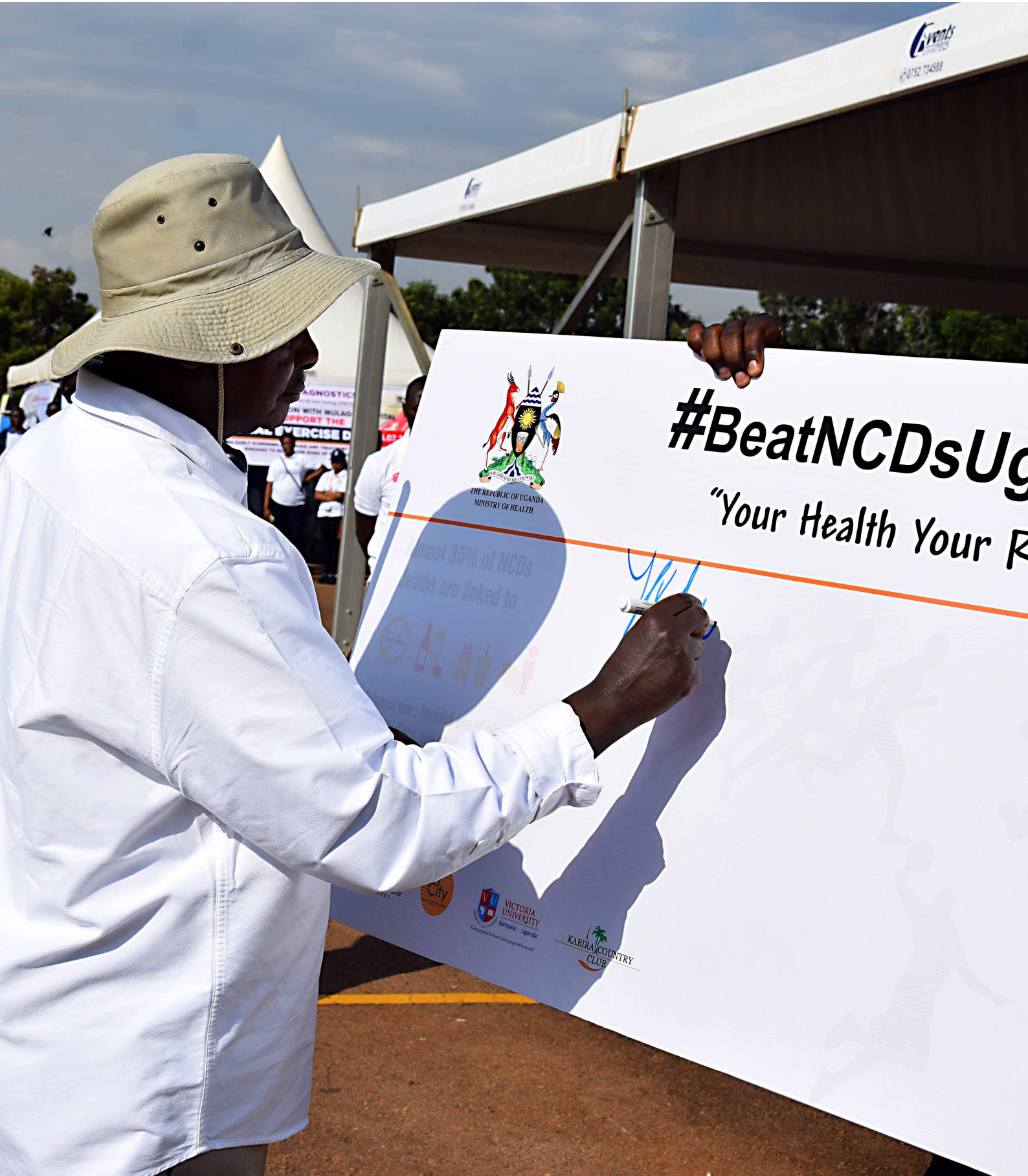
There was even more good news during the year when the Cabinet endorsed the National Health Insurance Bill currently before parliament for enactment into law. This law, if passed, will guarantee access to health services by most Ugandans and is hence a big milestone in the attainment of Universal Health Coverage (UHC). During the same year, a roadmap was developed to guide the country benchmark progress towards that goal.

The Cabinet endorsement of the National Health Insurance Bill currently before parliament for enactment, is a major milestone towards attainment of Universal Health Coverage (UHC).

Primary Health Care (PHC) is the assured route to achieving UHC, while Health Promotion and Disease Prevention are the major drivers for PHC. Therefore, WHO and other partners supported the Ministry of Health to convene the First National Conference on Health Promotion and Disease Control under the theme *“Investing in Health Promotion and Disease Prevention to Achieve Universal Health Coverage”, to crown 2019.*

On behalf of WHO, let me use this opportunity to congratulate the government on the major achievements. WHO remains committed to keeping the world safe, improving health for all and serving the vulnerable.

**Dr. Yonas Tegegn Woldemariam**  
**WHO Representative**



## 01

# DISEASE PREVENTION AND CONTROL (DPC) CLUSTER

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## INTRODUCTION

The DPC cluster is composed of the following programmes; Malaria; HIV/AIDS, Hepatitis and Sexually Transmitted Infections (STIs); Tuberculosis; Neglected Tropical Diseases (NTDs); Non-Communicable Diseases (NCDs); Population Health; and Environment. In all the programmes, the implementation includes scale up of evidence-based interventions in the areas of prevention; diagnosis and case management; social mobilization and behavioral change plus surveillance, monitoring and evaluation. In 2019, the following achievements were registered under this cluster.

*President Yoweri Museveni officiates the launch of the drive to combat NCDs.*

PHOTO: WHO UGANDA



## ACHIEVEMENTS

### i) Disease Prevention and Control

- The Uganda Malaria indicator Survey (2019) and the World Malaria Report (2019), showed significant improvements in key malaria indicators. For example, malaria parasite prevalence in the general population dropped from 19% in 2014 to 9% in 2018. In addition, there was a reduction of 1.5 million malaria cases in 2018 as compared to the 2017 levels. The country experienced an upsurge in malaria cases in 77 districts by mid-year which were contained in 33 districts by December 2019.



Figure 1

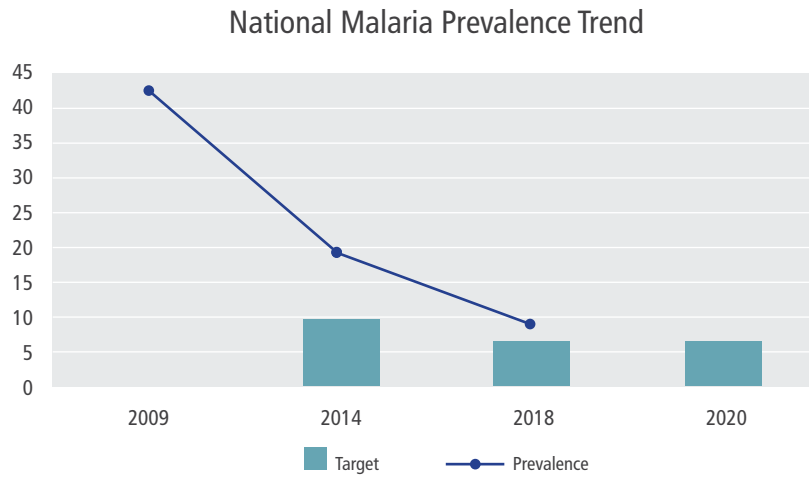


Figure 2

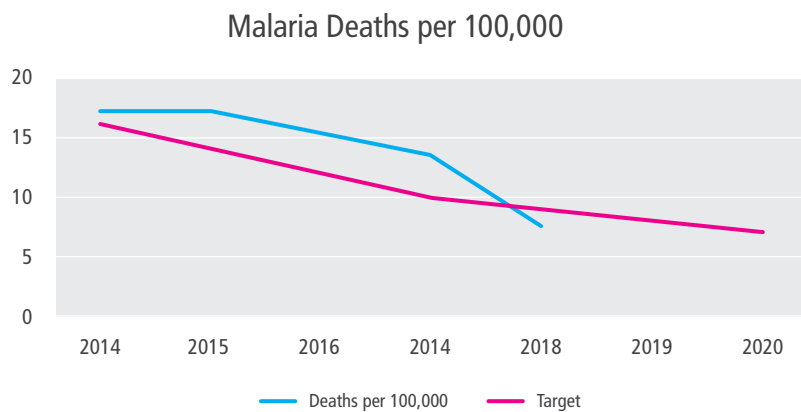
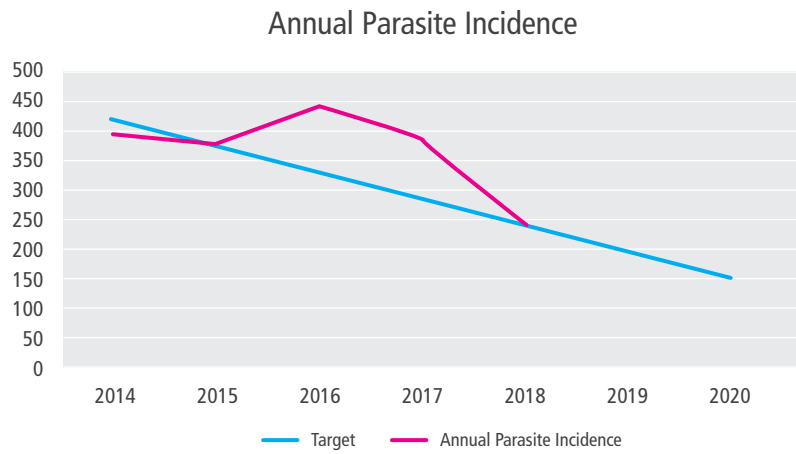


Figure 3



- There was improvement in the treatment coverage for TB from **52,000** patients in 2018 to **61,372** patients in 2019. Despite this achievement, nearly 25,000 (30%) patients are not reached with TB treatment. In addition, treatment remains sub optimal at 74% versus target of 90%. However, with support from WHO, the country registered major improvements in provision of TB Preventive Therapy (TPT) during the year from less than 1% to more than 30% through the accelerated 100-day TPT prevention campaign.

Figure 4

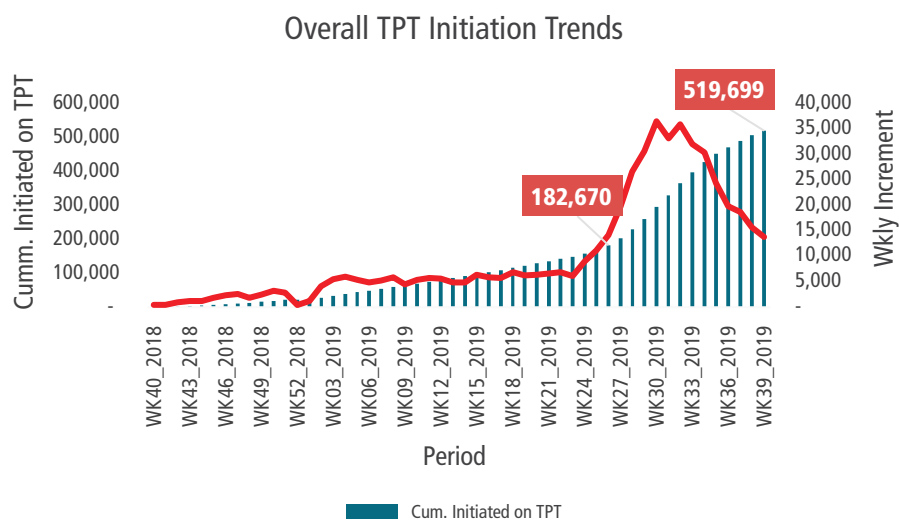


Figure 5

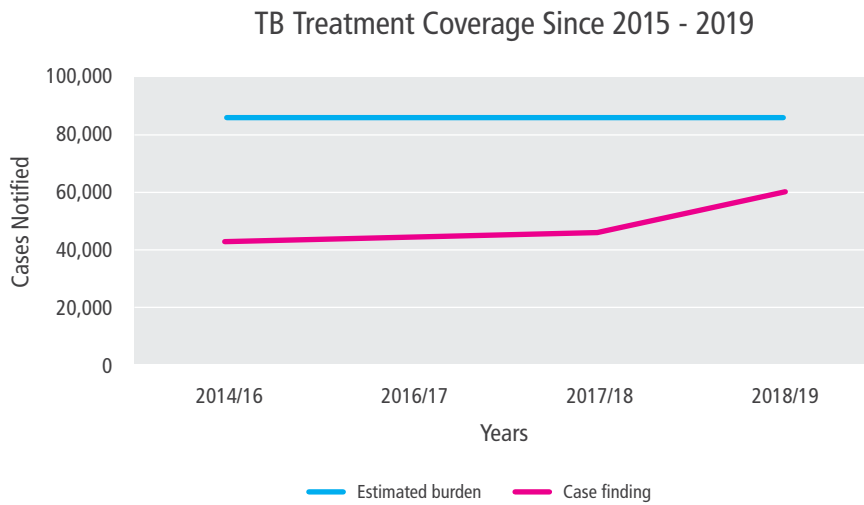
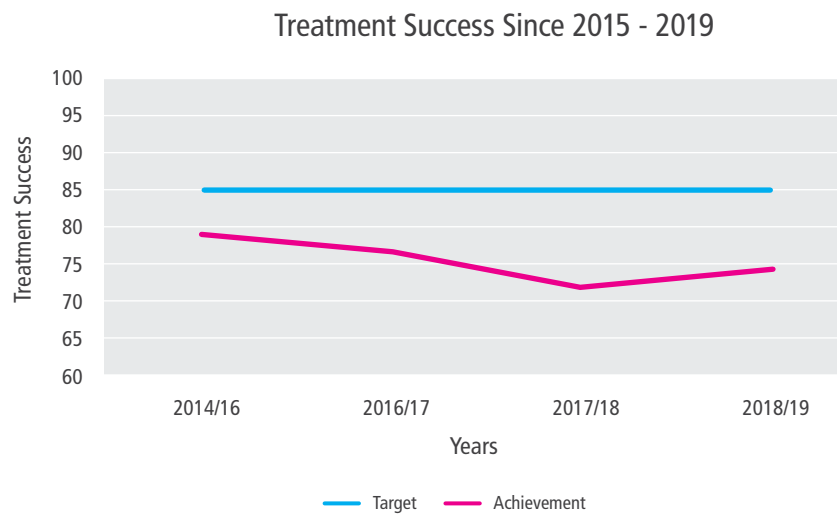


Figure 6



- A total of **142,729** newly HIV diagnosed individuals were initiated on lifelong therapy bringing the total number of people currently on ART to **1,224,189**.
- The Ministry of Health with support from WHO and partners aligned its interventions for prevention and control of NCDs with the national strategic priorities and the Global Action Plan for Prevention and Control of NCDs 2013-2020. Though still inadequate, awareness about NCDs is improving and some partners are increasingly investing in NCDs. The diseases are prevalent with varying degrees across the country as shown in the maps below.





*President Museveni flags off walkers during the launch of the National Physical Fitness day.*  
PHOTO: WHO UGANDA



*A boy gets his temperature checked by an Ebola Rapid Response Team member.*  
PHOTO: WHO UGANDA

WHOUganda

Figure 7: Cases of Hypertension per 10,000 population

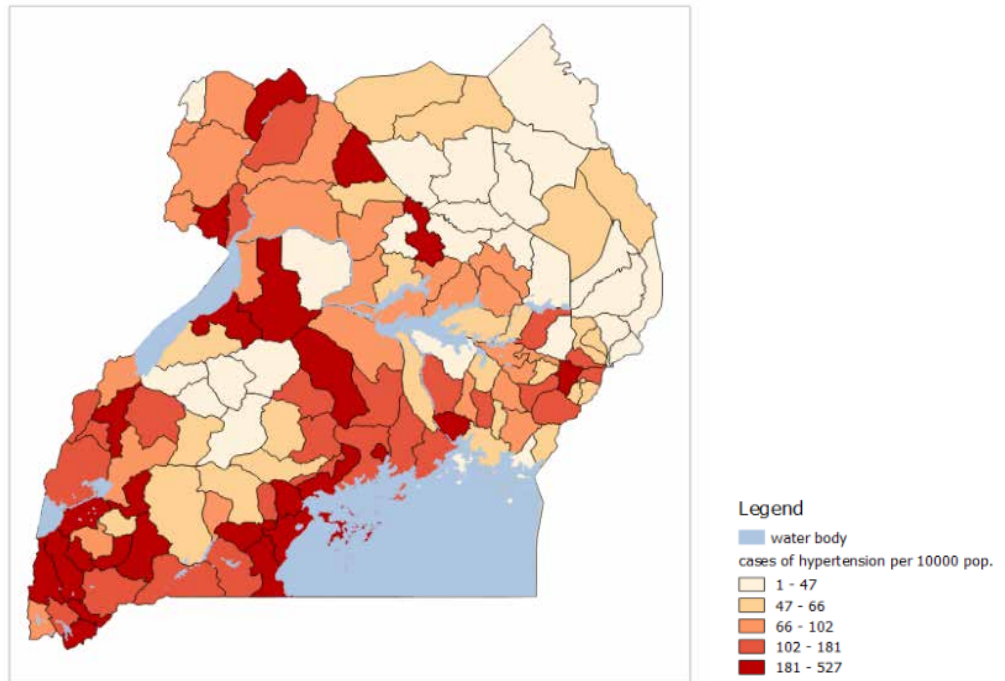


Figure 8: Cases of Cervical Cancer per 10,000 population

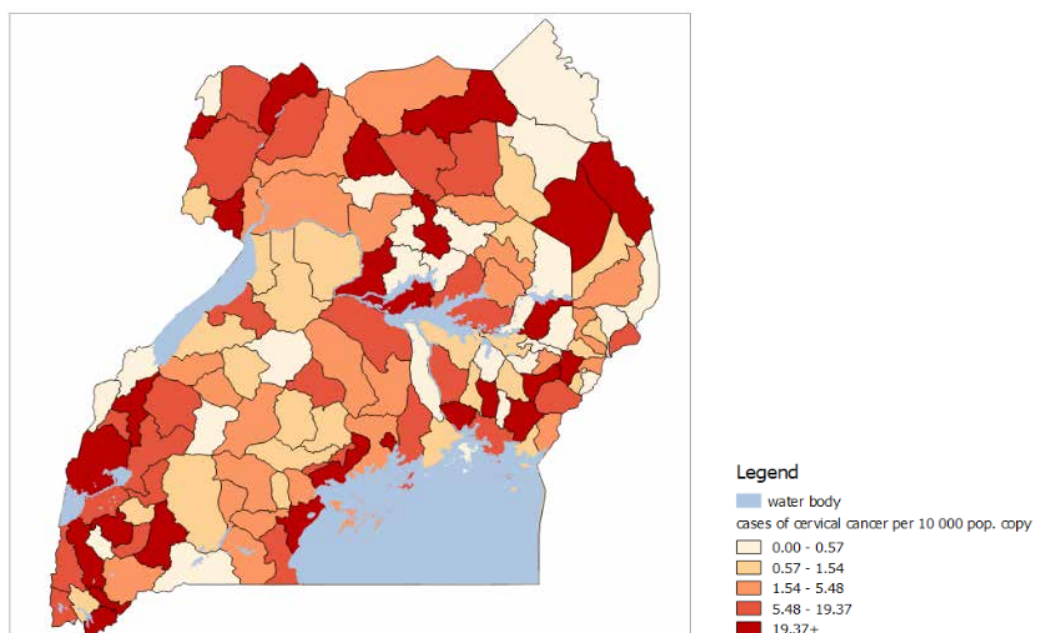
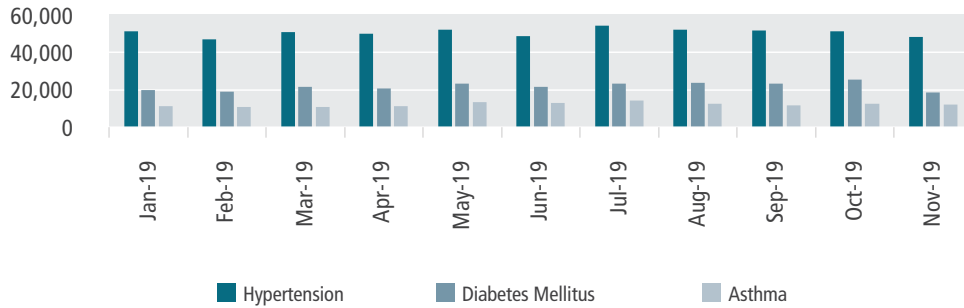


Figure 9

Prevalence of Diabetes Hypertension and Asthma at OPD in 2019



- In 2019, the strong and sustained surveillance system for Neglected Tropical Diseases (NTDs) and prevention was used for targeted chemotherapy interventions in endemic areas.

*People wait in line for treatment.*  
PHOTO: WHO UGANDA



## ii) *Policies, Strategies and Guidelines*

- WHO supported the development, adaptation and dissemination of several tools, plans, strategies, manuals, and Standard Operating Procedures (SoPs) for disease prevention and control. The key policies developed include: The Malaria Control Policy, HIV Treatment Policy and Alcohol Control Policy.
- The strategies developed were the HIV Strategic Plan 2018-2023; the Non-Communicable Diseases, Multisectoral Strategic Plan 2019-2023; the TB and Leprosy Control Strategic Plan 2020/21-2025/26; and the Integrated National Hepatitis Strategic Plan.
- The following guidelines and other tools were developed: National Guidelines on Viral Hepatitis; Updated National Guidelines on HIV Prevention, Treatment, and Control; Integrated Vector Management Guidelines; Insecticide Resistance Management Plan; Malaria Entomological Surveillance Framework; NCD Multi-Sectoral Plan (2019-2023); Guidelines on Mainstreaming Malaria in the National and District Development Plans; and Multi-Sectoral Accountability Framework for TB (MAF-TB). Tobacco control regulations that were developed with support from WHO and partners were approved by the Minister of Health.

## iii) *Partnerships and Multi-Sectoral Action*

- WHO supported the National Malaria Control Programme with hire of an officer in charge of multi-sectoral collaboration, partnerships and financing which is an essential component of health systems strengthening. As a result, in 2019, there were regular quarterly Roll



Back Malaria (RBM) forum meetings, engagement of other relevant sectors such as the Ministries of education, agriculture, finance and planning. One of the main outcomes of the engagements was a directive through a Call Budget Circular by the Ministry of Finance, Planning and Economic Development, to all sectors and departments of government to mainstream malaria in their annual budgets and work plans.

- Further, during the year, WHO engaged the Parliament of Uganda in interactions through the Parliamentary Forum on Malaria resulting into increased political will and commitment for malaria prevention and control. WHO also collaborated with Civil Society Organizations (CSOs), Non-Governmental Organizations (NGOs), and communities to intensify malaria work in the country. Specifically, the WHO Malaria team worked with the RBM partnership during the year on several malaria interventions.
- In collaboration with USAID and DEFEAT TB a USAID Project, WHO organized a National TB Symposium as part of the activities to commemorate the World TB Day 2019. More activities were implemented with the Stop TB Partnership

throughout the year.

- In addition, WHO participated in the Global Fund Country Coordinating Mechanism through technical inputs into the Technical Working Groups (TWGs) and oversight functions over Global Fund grant implementation by the Principal and Sub-Principal recipients. WHO also played active roles in program reviews, updating

the strategic plans and articulating priorities for various program as well as advocacy to include a component on resilient health systems in the upcoming 2020 grant application.

- WHO collaborated with the Clinton Health Access Initiative (CHAI) to cost the Cancer of the Cervix Prevention and Control Strategic Plan (2019 /2023). WHO also participated in a youth forum on road safety in Mbale town. The event was organized by the Commonwealth People's Organization in Uganda in preparation for the ministerial conference to be held in Sweden in 2020. This led to the registration of all commercial motorcycle riders (boda bodas) in Mbale town, who are the major violators of road safety regulations and who contribute the biggest number of victims of road crash accidents.
- In order to rejuvenate advocacy efforts for prevention and control of NCDs among government ministries, partners, civil society and the United Nations Country Team, the United Nations Interagency Task Force visited Uganda from 2 to 5 December 2019. NCDs were top on their agenda and an investment case for NCDs in Uganda is expected as one of the products of that mission.
- WHO in partnership with the Ministry of Gender Labour and Social Development, organized the first INSPIRE jamboree that attracted over 200 participants. The meeting shared best practices in prevention of violence against children based on the WHO INSPIRE technical package that was piloted in several countries.



*Temperature checks are mandatory during disease outbreaks such as Ebola Virus disease.*

PHOTO: WHO UGANDA

*Checking for blood sugar during a community outreach medical camp.*

PHOTO: WHO UGANDA

#### iv) Capacity Building

- Nineteen (19) health facilities in Abim, Amudat, Kabong, Kotido, Moroto and Nakapiripiti districts were accredited and are now providing ART in the Karamoja subregion. This increased access to ART services for the population in the sub region. Alongside these efforts, 35 health workers from the sub region received training in comprehensive HIV Testing Services (HTS) resulting into increased access to this service.
- WHO facilitated and supported the dissemination and also conducted training on new HIV treatment guidelines in Amudat district. In the third quarter of the year, WHO contributed to refinement of country priorities within the PEPFAR COP19. A final HIV Strategic Plan for the Health Sector was generated in addition to organizing a focused technical briefing session on Adolescent HIV Care and Treatment. These interventions clarified critical elements and areas of focus to reverse the rising new HIV infections and loss-to-follow up of adolescents in Uganda.
- During 2019, WHO supported the finalization of the National Guidelines on Viral Hepatitis, following the first African Hepatitis Summit that took place in Uganda from 18 to 20 June 2019. Over 25 countries were represented at the summit as well as the three levels of WHO. In addition, 40 Ugandans were trained during the year to strengthen hepatitis surveillance. The trained health workers included health managers, clinicians, nurses as well as records officers from various hospitals and districts in the country.
- Further capacity was built among technocrats of the Ministry of Water and Environment to collect data to contribute to the UN-Water Global Analysis and Assessment of Sanitation and Drinking Water under the Social and Economic Determinants of Health strategic priority.
- In 2019, WHO trained 26 stakeholders in the development and implementation of regulatory frameworks and fiscal measures to promote a healthy diet and physical activity. This was part of the three-year capacity building program that is being implemented in five path-finder countries. The training was held in Geneva, Switzerland and in Kampala, Uganda.
- Twenty (20) legal and judicial advisors were trained on the Tobacco Control Act (TCA) 2015 to facilitate the implementation of the law. Over 200 people were further sensitized on the TCA in Mukono district. The participants recommended a total ban on tobacco use in the country since it is injurious to health and has no social or economic benefits. Best practices in tobacco control were shared and the role of the law in promoting public health was emphasized.
- WHO trained 10 financial and tax administration experts on tax modelling and policy development. A proposal on stepwise increments on tobacco taxes was developed with support from WHO and approved by the Minister of Finance Planning and Economic Development.
- The Ministry of Health, with support from WHO developed, costed and validated the first Noncommunicable Diseases Multi-Sectoral plan based on the Global Action Plan for Prevention and Control of Noncommunicable Diseases 2013-



2020. The draft plan was submitted for approval by Top Management of the Ministry of Health. Implementation of the plan will contribute to advancement towards the achievement of targets on reduction of premature mortality by 25% by 2025 in the NCD Global Action Plan and the Sustainable Development Goals (SDGs) target of reducing premature mortality by one-third by 2030.

- The Alcohol Control Policy for which WHO provided technical support was approved by the cabinet. Implementation of policies, laws and regulations to reduce exposure to NCD risk factors will contribute to a reduction in premature mortality which is a target in the NCD Global Action Plan 2013-2020 and the SDG target 3.4.
- In 2019, WHO working with MoH supported the Ministry of Education to enhance awareness and capacity of 4,882,400 primary and secondary school students and their communities on Mass Action Against Malaria (MAAM) through the Music Dance Drama program.

v) *Data generation and strategic information*

- Between February and March 2019, WHO facilitated a comprehensive TB Program Review alongside a detailed TB epidemiological review. This was under the strategic priority 3 on sustaining focus on health-related SDGs. The findings from the two reviews were useful in the development of the new National Strategic Plan for TB for 2020-2025. WHO also finalized, printed and disseminated the first-ever national TB Patient Catastrophic Cost Survey. The survey found that 53% of TB affected households experienced catastrophic costs - spending equal to or greater than 20% of the household annual income on TB health-related expenses.
- In 2019, the Alcohol Control Survey was conducted with WHO technical support. The survey reviewed progress on the implementation of the Global



WHO working with MoH supported the Ministry of Education to enhance awareness and capacity of

**4,882,400**

primary and secondary school students and their communities on Mass Action Against Malaria (MAAM).



Strategy to Prevent Harmful Use of Alcohol 2009, in preparation for the Ministerial conference on alcohol in 2020 and a report to the 73rd World Health Assembly.

- WHO supported the MoH to produce a country map with the incidence of malaria per sub-county from routine data analysis. This map helps the malaria programme to deploy an appropriate mix of interventions in different areas for maximum impact. Production and dissemination of weekly, quarterly and the annual malaria reports were also well implemented during this reporting period.

#### vi) *Tracking Financing to WASH Methodology (Trackfin) Study*

- In 2019, the Tracking Financing to WASH Methodology (Trackfin) study was conducted in Uganda. The study collected information on WASH financing at national and sub-national levels and produced the

first WASH accounts. Issues analyzed in the study included: total expenditure in the sector; distribution of funds to various WASH services and expenditure types, such as capital; operating and maintenance expenditures; as well as capital costs. It is expected that affordability, equity and sustainability of water and sanitation services, preservation of water catchment areas and natural reservoirs issues will be better addressed in subsequent high-level policy decisions.



- At the same time, WHO supported the development of the Environmental Health (EH) Strategic Plan 2020-2024 that focuses on strengthening the legal framework for EH service delivery. The plan also addresses coordination, collaboration and partnerships, capacity building, knowledge management and advocacy for EH.

## CHALLENGES

- As a result of the gains in malaria reduction, the epidemiology of the disease is changing resulting in the increased occurrence of malaria epidemics. Other factors contributing to this phenomenon include climate change with heavy unpredictable rainfall patterns. Yet the coordination and response to malaria epidemics are not adequately mainstreamed into the national epidemiological, surveillance and emergency department of the Ministry of Health and the Meteorological Department. Uptake or utilization of

malaria interventions is still inadequate despite the universal coverage scale-up efforts and decentralization of malaria services to the district, community and household level is still unsatisfactory.

- There is still inadequate or inappropriate TB screening at service delivery points due to the low index of suspicion of TB by health care workers and incomplete recording. This could be improved by re-organizing patient flow and triage at all departments including out-patient departments, antenatal care, ART-TB and mental health clinics.



- Persistent limited access to TB screening and diagnostic services including GeneXpert and Chest Xray services is yet another challenge. This will be addressed by having the regional PEPFAR implementing partners facilitate access to TB diagnosis through hub riders and X-ray voucher mechanisms.
- There are low reporting rates and poor quality of TB data from health facilities which calls for electronic case-based reporting.
- After rapid scale-up of the provision of TB Preventive Therapy during the 100-day campaign, there has been a decline in enrolment of patients on TPT due to limited stocks of isoniazid.
- Access to quality care for NCDs remains an obstacle for Universal Health Coverage as a result of irregular access to essential medicines and basic technologies as well as inadequate health care workers among others.
- Lack of quality data hinders advocacy efforts to prioritize NCDs on the national agenda. Insufficient investment in prevention and management of NCDs by the government is a huge obstacle and yet partner funding is inadequate. NCDs management continues to exclude the poor from care thus escalating the inevitable mortality.
- The situation is compounded by a lack of awareness about NCD and risk factors by the population leading to late presentation with complications and high NCD mortality. With the current level of investment, the country is unlikely to achieve the global targets of reducing premature mortality by 25% by 2025 and the SDG target of one third by 2030.



## LESSONS LEARNT

- As Uganda makes significant progress in reducing the high burden of communicable and non-communicable diseases, the potential for epidemics and upsurges become more inevitable. The need for integration within the DPC cluster and with other clusters including Health System Strengthening (HSS), Immunizable and Vaccine-Preventable Diseases (IVD), Health Security and Emergencies (WHE) and engagement with neighbouring countries on cross border collaboration becomes more critical.
- Inadequate sustainable funding for HIV/AIDS, Hepatitis, TB, Malaria, NCDs and NTDs is a major source of concern to maintain quality assured technical assistance to national programs and partnership as well as to increased WHO visibility. Proactive resource mobilization to maintain longer-term positions will enhance the steady provision of technical support and improve WHO's image.

## WAY FORWARD

WHO will:

- Support the Ministry of Health to finalize the Malaria Programme Review and develop a well-aligned, integrated and a costed malaria strategic plan 2020-2025, including the implementation approach of Mass Action against Malaria.
- Support the Ministry of Health and NMCP to strengthen Malaria Epidemic Preparedness and Response (EPR) by integrating malaria epidemics prevention, early detection and response into emergency programming and mainstream malaria EPR into the Epidemiological/Surveillance Department.
- Support decentralization and implementation of the Malaria Strategic Plan through the Mass Action Against Malaria/High Burden High Impact (MAAM/HBHI) implementation approach, in collaboration with other disease prevention and control programs as an arrow-head approach to strengthening the health system through the strategic use of information for targeted actions.
- Continue to support the parliamentary efforts (legislative, political commitment, accountability at all levels, resource mobilization as well as cultural and social mobilization) to scale up implementation of its strategic plan and finalize the resource mobilization strategy to increase overall domestic financing for health.
- Support the country to implement the new people-centred strategic plan for TB with emphasis on empowering communities in the response to TB prevention and control. Further, remedial interventions on case detection and treatment will be aligned to the patient pathway to care for TB.
- Support the country to develop the capacity for improved TB surveillance and reporting, and production of information products that are readily useful for decision-makers. Support will be extended towards the implementation of electronic case-based surveillance for both drug-resistant and drug-susceptible TB.
- Support the country to mobilize funds to ensure adequate stocks of medicines for TB preventive treatment. This will include the adoption of new guidelines for treating latent TB infection.
- Support government and partners to implement the NCD multi-sectoral plan to augment progress towards the achievement of global and national NCD targets. Implementation of the Tobacco Control Act 2015 and Regulatory and Fiscal Capacity Development Program for promoting healthy diets and physical activity will be supported to reduce exposure to NCD risk factors. Generation of evidence and data quality improvement which are crucial for strategic communication and planning will be supported.









02

# IMMUNIZATION VACCINE DEVELOPMENT (IVD) FAMILY AND REPRODUCTIVE HEALTH (IVD/FRH) CLUSTER

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## INTRODUCTION

The Global strategy for Women's, Children's and Adolescents' Health 2016 – 2030 takes a life-course approach that aims at attaining the highest standards of health and well-being. It seeks a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities and can participate fully in shaping prosperous and sustainable societies by 2030. The strategy is ambitious, more focused on equity and the three overarching objectives are Survive (end preventable deaths), Thrive (ensure health and well-being) and Transform (expand

*Vaccines being carried  
by some members of the  
MoH/WHO Polio  
eradication team.*

PHOTO: WHO UGANDA

enabling environments). Amongst the returns on investments is immunization which remains one of the key cost-effective interventions. The vision of the Global Vaccine Action Plan (GVAP) 2011 – 2020 is “a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases”. The GVAP mission is to “improve health by extending by 2020 and beyond the full benefits of immunization to all people, regardless of where they are born, who they are, or where they live” which is in line with the global strategy for women, children and adolescents. This chapter highlights the achievements made in 2019 to move towards these aspirations.



## ACHIEVEMENTS

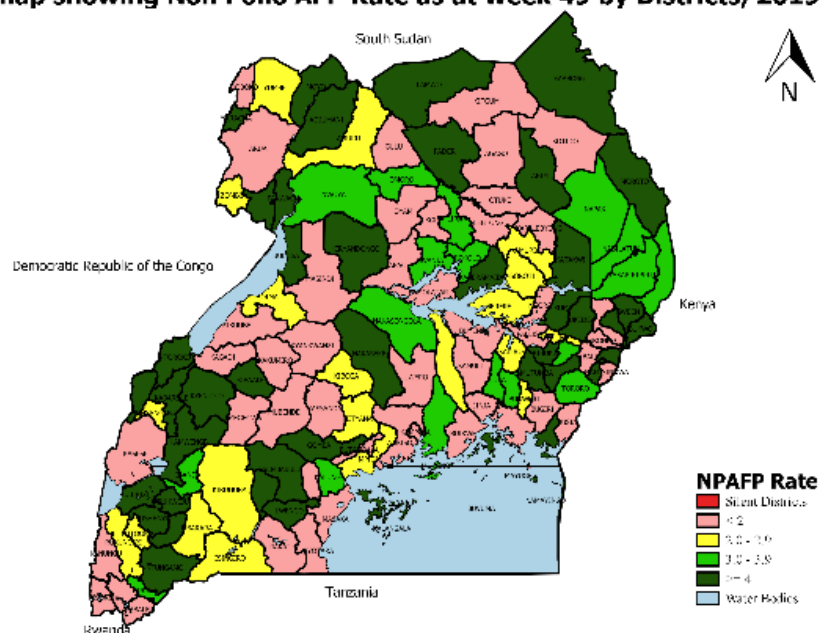
### i) Vaccine-Preventable Diseases

- To ensure the sustainability of polio eradication efforts in Uganda, WHO supported five STOP missions in forty-two (42) districts in which **1,600** health facilities were visited. This contributed to strengthening Acute Flaccid Paralysis (AFP) surveillance within the Integrated Disease Surveillance and Response (IDSR) framework using Open Data Kit (ODK) tool. At the same time, 56 AFP cases were detected and investigated by the stoppers.
- From January to December 2019, the national Non-Polio Acute Flaccid Paralysis (NPAFP) rate was 2.9 while the stool adequacy rate was 90.4% both above the required targets of 2% and 80% respectively. However, only 61% of the districts have attained a rate of more than 2 per 100,000 children under five years as shown in the Figure 10 below.



Figure 10: Non-AFP Rate as at week 49 by district, 2019

### A map showing Non Polio AFP Rate as at week 49 by Districts, 2019





- In 2019, WHO continued to support the MoH to maintain a sensitive and functional environmental surveillance system in three sites in Kampala city and one site in Entebbe, Wakiso district to supplement AFP surveillance. The sensitivity of this system was demonstrated by its ability to detect non-poliovirus enteroviruses and Sabin.
- The National Polio Committee held 21 meetings in which the 2018 Annual Progress Report on certification was reviewed and submitted to the Africa Regional Certification Committee (ARCC) on time. Similarly, the National Taskforce submitted the report on Potentially Infectious Materials that are kept by the Uganda Virus Research Institute to the ARCC. At the same time, the expert committee conducted a desk review of all AFP cases and visited 42 districts to supplement its work on polio compatible cases and sabin isolates.

Figure 11: Stool Adequacy Rate at week 49 by district, 2019

**A map showing Stool Adequacy Rate as at week 49 by Districts, 2019**

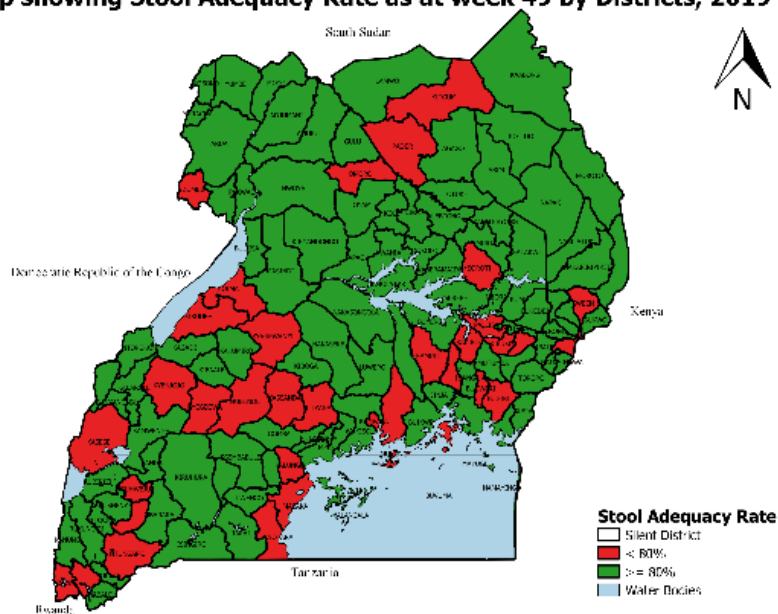
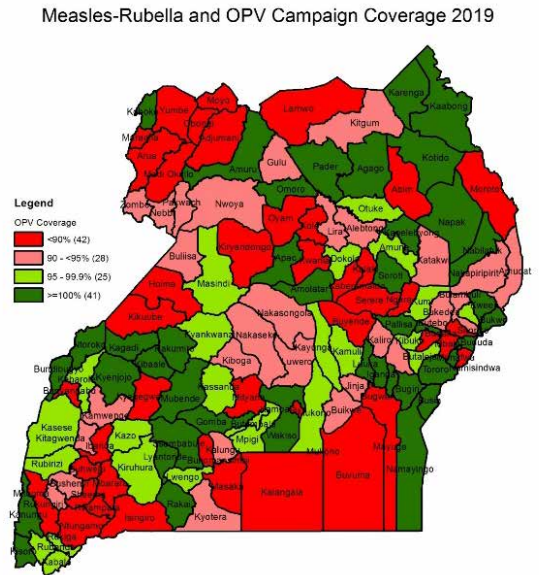
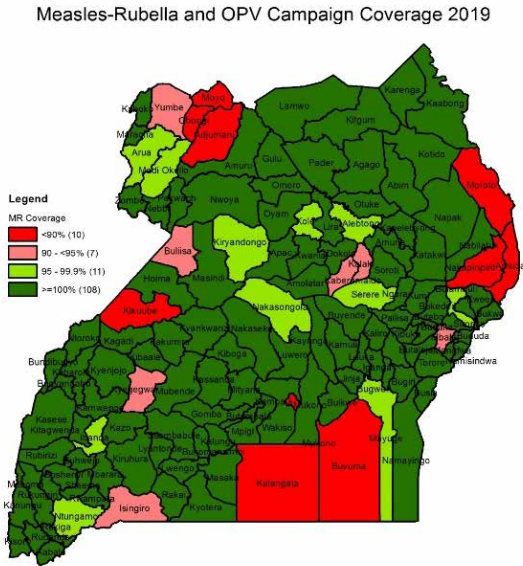


Figure 12: Measles-Rubella Campaign Coverage 2019

Figure 13: OPV Campaign coverage 2019



ii) Measles and Rubella Elimination

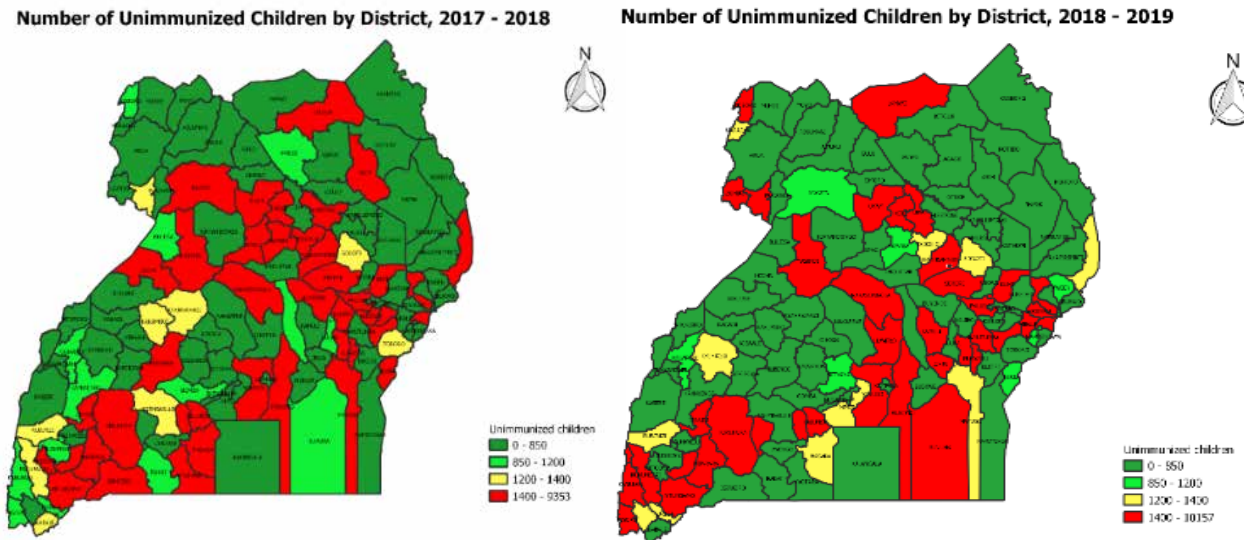
- WHO with partners supported the Government of Uganda to conduct a countrywide Measles-Rubella (MR) and Polio Vaccination campaign (the largest campaign in the country) from 16 to 22 October 2019 in which **19,476,110 (108%)** children aged between 9 months and under 15 years were vaccinated against MR while **7,955,597 (97%)** children below five years were vaccinated against wild poliovirus type 1 and 3. In the campaign, bOPV coverage was 93.5% while 50% of the districts attained overall coverage of more than 95%.

iii) Meeting Vaccination Targets

- The national Pentavalent3 (DPT3) coverage for the year dropped slightly to 93 % from 94% in 2018 which was still above the 90% targeted by GVAP. The proportion of districts that attained DPT3 coverage of more than 80% in 2018 was 78% (85 of 122) while in 2019 it was 89% (114 of 128 districts) which is below the GVAP target of 100%. Overall performance of all antigens at the national level improved in 2019 as shown in the figure below.



Figure 14: Number of unimmunized children by district 2017-2018 and 2018-2019



- National Planning Guidelines on the Reach Every District (RED)/Reach Every Child (REC) approach aimed at increasing immunization coverage and equity in all communities were adopted in 2019. A total of 14 regional workshops were conducted and 6,000 copies printed and disseminated to complete the process. Consequently, in 2019, WHO focused on 52 districts in which a considerable reduction in the number of unvaccinated children was attained i.e. **409,643** in 2018 to **304,929** in 2019.

Figure 15: Districts that Implemented RED Activities in 2019

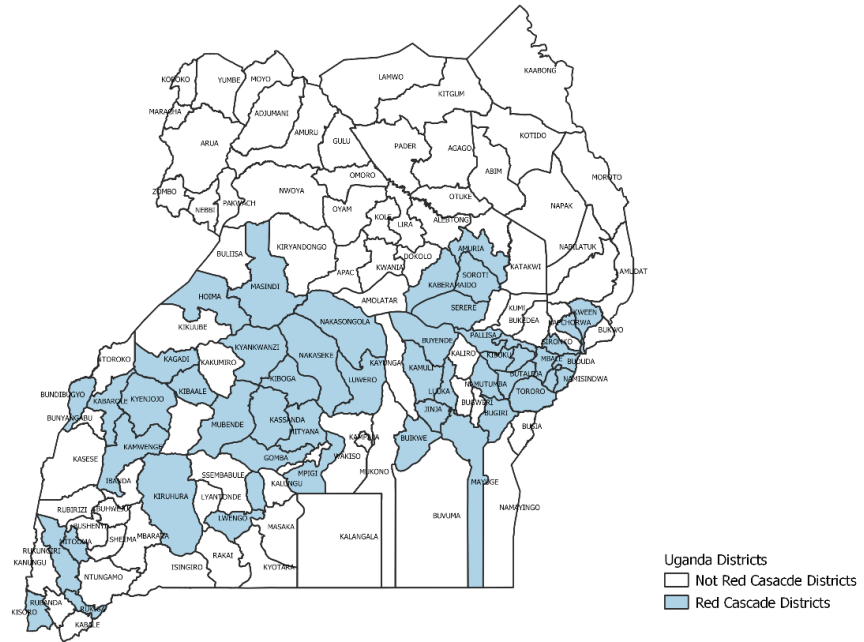
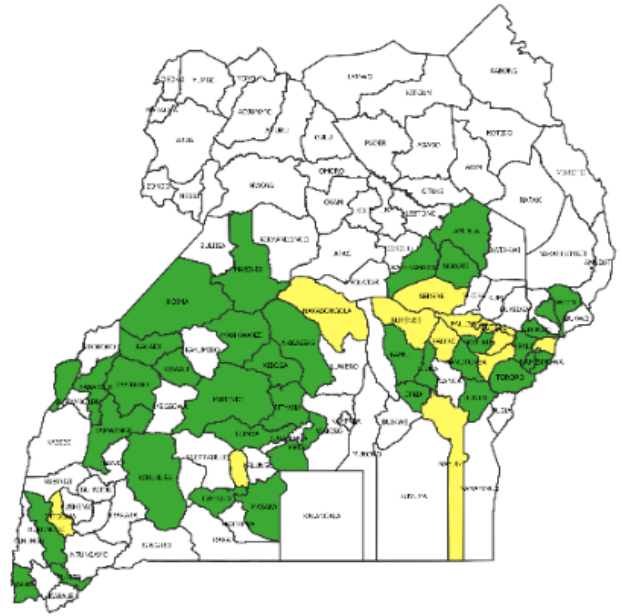
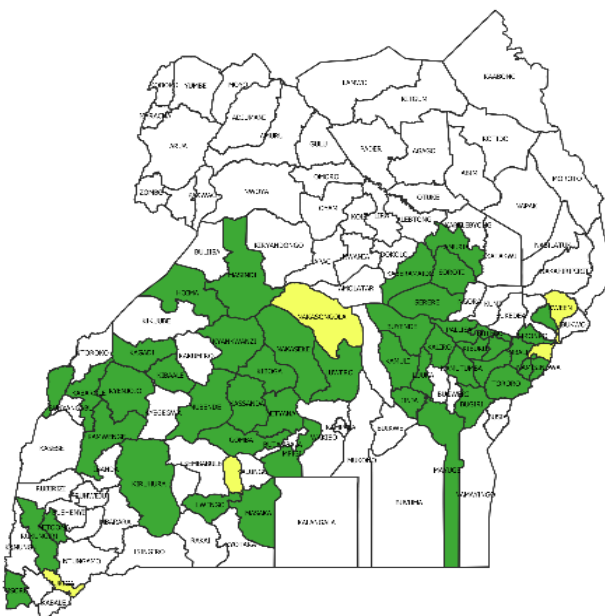


Figure 16: DPT3 Coverage 2018

Figure 17: DPT3 Coverage 2019

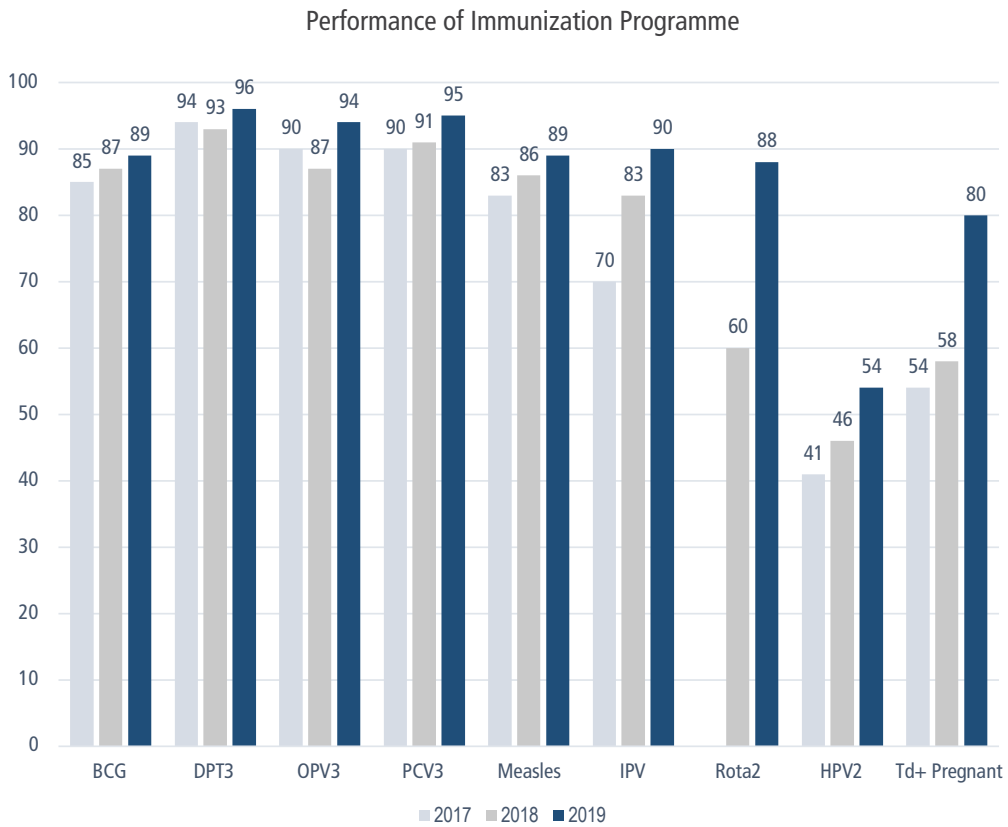


**DPT3 Coverage 2019**  
 □ Districts not Supported  
 ■ < 50%  
 ■ 50 - 79%  
 ■ >= 80%

**DPT3 Coverage 2018**  
 □ Districts not Supported  
 ■ < 50%  
 ■ 50 - 79%  
 ■ >= 80%

- In 2019, WHO with partners supported the Government of Uganda (MoH and MoES) to develop and implement the National Human Papilloma Vaccine (HPV) Coverage Improvement Plan. This was necessitated by the realization that two years after the HPV vaccine was introduced into the routine immunization program, the coverage especially the second dose, remained very low. For instance, in 2017 HPV1 coverage was 85% while HPV2 was only 41%.

Figure 18



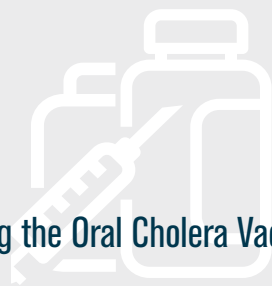
iv) Use of New Vaccines

- Following the outbreak of Ebola Virus Disease (EVD) in the Democratic Republic of Congo and the subsequent spill over of cases into Uganda in June 2019, WHO supported the MoH to implement the pre-emptive vaccination under compassionate use of the rVSV2G-ZEBOV-GP vaccine (unlicensed unregistered vaccine) strategy. Under the strategy, Health Care Workers (HCW) and Frontline Workers (FLWs) in 14 high-risk districts were vaccinated against EVD. In Kasese district where the outbreak occurred, there was a switch from HCW and FLW vaccination only, to ring vaccination which four ring vaccinations were people were vaccinated against Ebola of all people at high risk in conducted. Overall, **7,945** Zaire strain in Uganda.



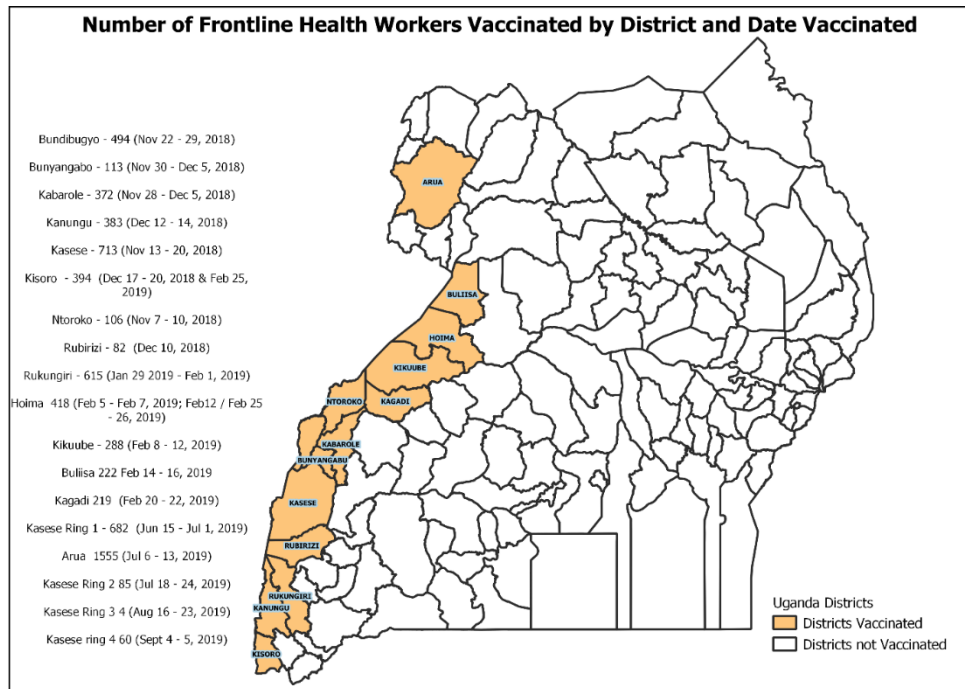


*Uganda Red Cross, MoH and WHO health workers in a group discussion.*  
PHOTO: WHO UGANDA



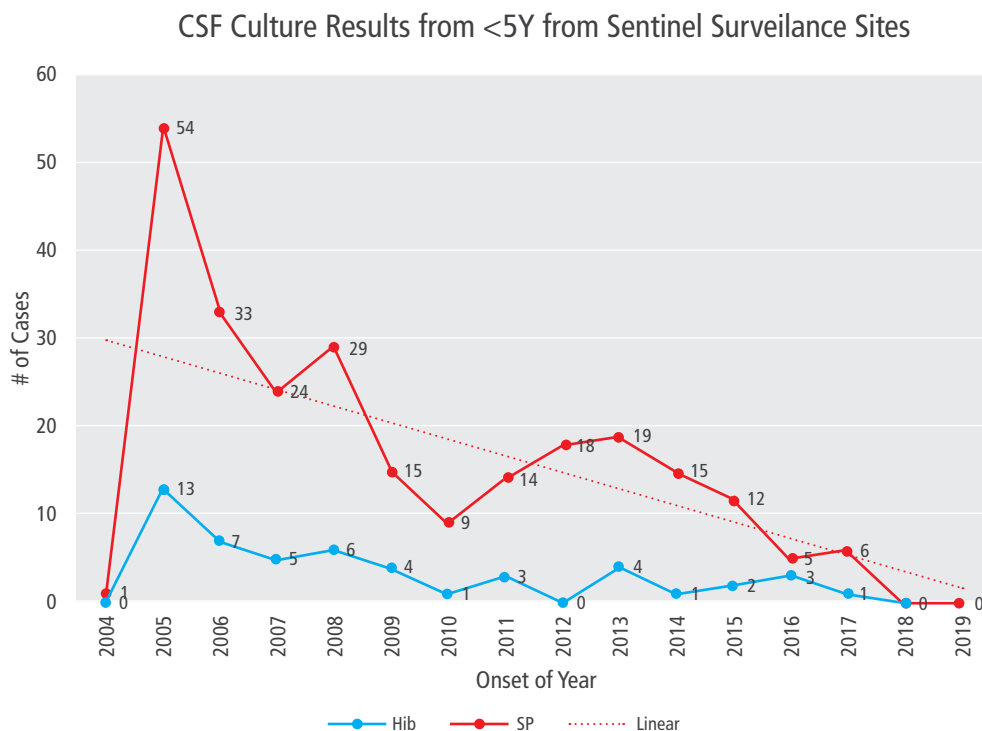
During the Oral Cholera Vaccine  
(OCV) campaign, **614,217**  
people were vaccinated out of  
**680,225** aged above one  
year that were targeted.

Figure 19: Number of Frontline Health Workers Vaccinated by District and Date



- For cholera, WHO supported MoH to implement the second phase of pre-emptive Oral Cholera Vaccine (OCV) campaign in five districts in 36 hotspots. During the exercise, **614,217** people were vaccinated out of **680,225** aged above one year that were targeted. Those who received the recommended two doses of the OCV vaccine that offers protection for at least three years were **559,423** excluding three sub-counties in Buliisa district that will implement their second dose round in early 2020.
- Generation of evidence for new vaccine introduction and monitoring programme impact continued in 2019. WHO continued to support and coordinate three rotavirus surveillance sentinel sites i.e. Mulago National Referral Hospital, Lubaga Hospital and Naguru China Friendship Hospital. Two invasive bacterial vaccine-preventable diseases surveillance sentinel sites: Mulago National Referral Hospital and St. Mary's Hospital Lacor continued operations as well. The graph below shows almost 100% reduction of Haemophilus influenza type B and Streptococcus pneumonia bacterial meningitis in the under-five children.

Figure 20



v) *Country Ownership of Immunization Program*

- The Uganda National Immunization Technical Advisory Group of Experts (UNITAG) was strengthened for vibrant country ownership. WHO ensured its functionality for the sustained achievement of the six GVAP process indicators. Indeed, two out of the five recommendations made in 2018 by UNITAG were implemented by the immunization program in 2019 i.e. switch from Tetanus Toxoid (TT) to Tetanus Diphtheria (TD) and introduction of the MR vaccine.



vi) *Quality of Care for Maternal and New-borns*

- There is increased national and district leadership on efforts to reduce facility maternal and new-born deaths in the country. WHO worked with MoH toward district buy-in and participation by the district leaders on the development of operational plans aimed at improving the quality of maternal and new-born care. To ensure acceleration for action on maternal and newborn care, regional Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH) interventions were developed by stakeholders during the 2019 RMNCAH symposium. Reports were forwarded to MoH for further action.





- Foster learning and generation of evidence on quality of care was another area of focus in 2019. Two hundred (200) frontline providers were oriented on the application of the Quality Improvement (QI) methodology in Maternal Neonatal Health (MNH). The learning platform for this process was managed by Makerere University School of Public Health with support from WHO.
- Accountability for quality of care was also at the core of WHO's work in 2019. Thus, the National Health Assembly developed an Aide Memoir summarizing action plans including MNH Quality of Care. In addition, the MoH senior management approved institutionalization of the QI methodology into all the health programmes.

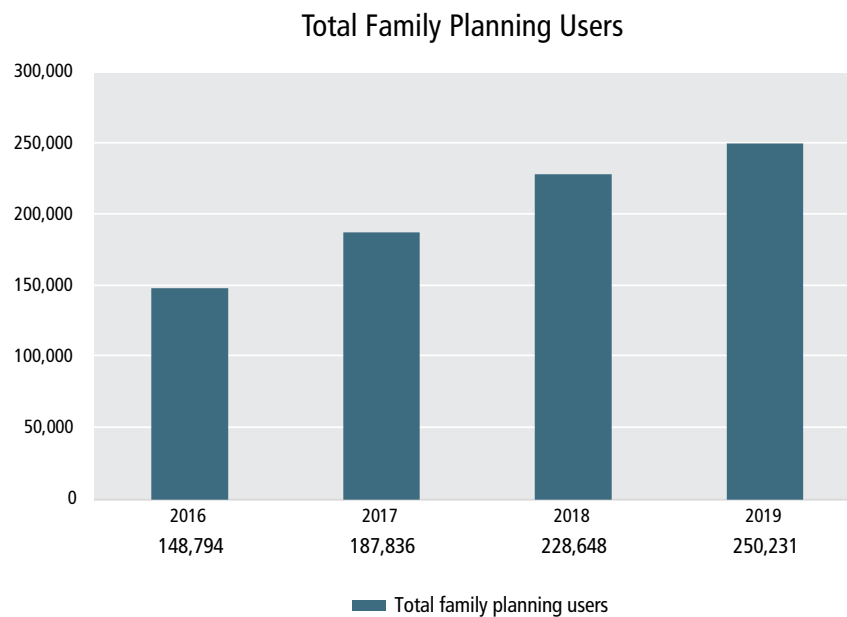
#### vii) *Postpartum and Post-abortion Family Planning*

- WHO in close collaboration with MoH developed and implemented protocols on postpartum and post-abortion family planning in Wakiso, Mubende, Gulu, Hoima and Katakwi districts. This means that all women who meet the eligibility criteria in those districts can now access preferred Family Planning (FP) methods and information. Information from the health facilities assessment in the pilot districts indicates that the Medical Eligibility Criteria Wheel, the postpartum family planning protocols and postpartum family planning methods are available and are used to guide the delivery of associated services. Indeed, the District Health Information System (DHIS2) data shows that overall, the total family planning users in the pilot facilities increased from **148,794** in 2016 to **250,231** in 2019.




Two hundred  
**(200)**  
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Quality Improvement  
(QI) methodology in  
Maternal Neonatal  
Health (MNH).

Figure 21: Total Family Planning users in Gulu, Katakwi, Mubende, Hoima and Wakiso districts.



#### viii) Sexual Gender-Based Violence (SGB) and Male Involvement

- Several documents were produced or adapted and disseminated to implementing partners to guide them on implementation of SGB and Violence against Children (VAC) activities. Notable ones are technical guidance on Sexual Gender-Based Violence, promotion of male involvement and the National Plan of Action for SGB and VAC. The documents were formally launched by the Minister of Health and the WHO Representative on 6 December 2019.



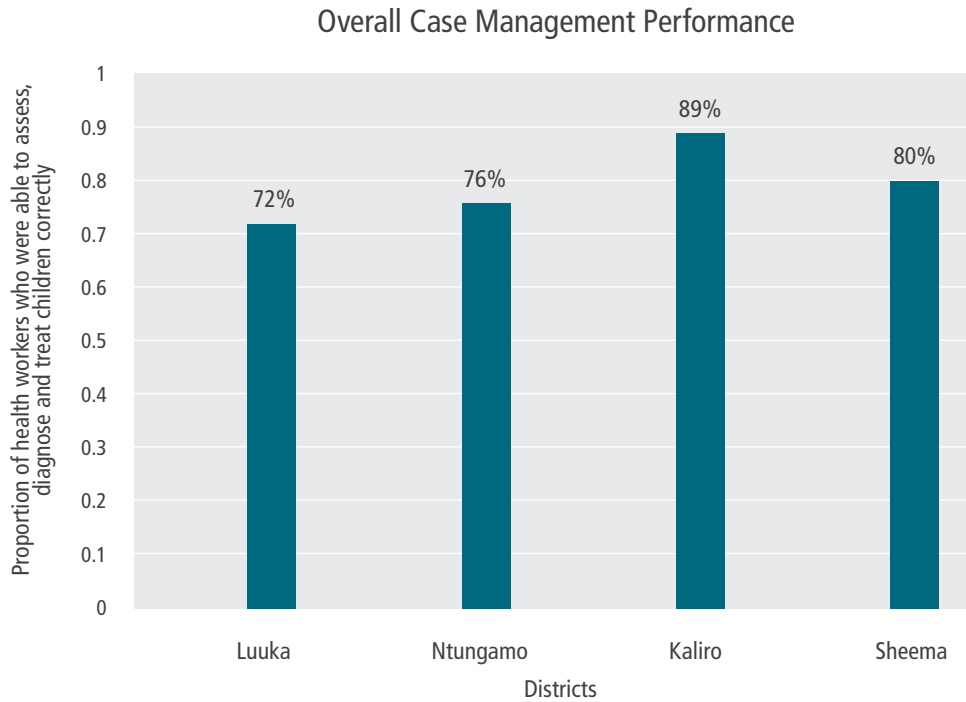
#### ix) Child Health

- Between 2017 and 2018 four hundred and seven (407) health workers from Luuka, Kaliro, Sheema and Ntungamo districts were trained using alternative Integrated Management of Childhood

Illnesses (IMCI) training approach on clinical care of children with common illnesses. The training was workplace-based with minimal disruption of health services. A systematic and rigorous post-training evaluation conducted 18 months later indicated that the two IMCI training methods used (Distance Learning and Short Interrupted Course) resulted in the retention of key clinical skills required by health workers to offer quality care to children under five who present with common illnesses. The two IMCI training models are not only cost-effective but also have the potential of contributing to improved quality of care for children without disrupting the work of the health workers as they are trained at their workstations. The graph below shows the results of the training after 18 months compared to traditional face-to-face training.



Figure 22



- WHO supported the MoH to train 22 young health managers from some newly created districts on the translation of RMNCAH strategic plans into operational plans to guide implementation. The five days training was also attended by two (2) participants from Botswana, two (2) from Eritrea, three (3) from Eswatini, three (3) from South Sudan and three (3) from Zambia. It is envisaged that in the long run, the training will not only contribute to improved planning, implementation monitoring and evaluation of RMNCAH programs in the country but also to improved governance and stewardship and ultimately to better child health outcomes.

#### x) Adolescent Health

- Under this area of work, WHO supported the MoH to produce guidelines on service delivery standards on quality of health services for adolescents.

The guidelines have eight (8) services standards: adolescents' health literacy; community support; an appropriate package of services; provider's competencies; facility characteristics; equity and non-discrimination; data and quality improvement in service delivery; and adolescents' participation. These services standards now guide the assessment quality of adolescent health services in the country.



- The department of Paediatrics at Makerere University was supported to build capacity for pre-service training in adolescent health through a grant from WHO headquarters. The grant enabled the training of 22 facilitators who are now involved in the training of undergraduate and postgraduate students at the university and other health training institutions in the country.



*A health worker immunizing a person against Ebola in Kasese District.*

PHOTO: WHO UGANDA



### xi) Nutrition

- Under this area of work, WHO supported the MoH to produce guidelines for the integrated management of acute malnutrition. The guidelines have been finalized and are available for roll out to contribute to improved quality of care for children, adolescent and pregnant women with malnutrition problems in the country.
- Following the EVD outbreak in June 2019, WHO and UNICEF supported the development of national technical guidelines for infant and young child feeding in the context of EVD. These are currently being used in the country.



### CHALLENGES

- New districts without the corresponding technical workforce to provide health services are a big challenge to IVD and FRH activities in the country. There are glaring planning, implementation and support supervision gaps in many of the new districts.
- District budgets were inadequately funded leading to implementation challenges especially in the new districts.
- Top-down planning compounds the challenges for activities under this cluster. For instance, the development of the GAVI proposal for MR introduction had little input from the operational levels resulting in discrepancies in working figures.
- Many operational level health workers are still challenged by the ODK tool which is increasingly



a requirement in several MoH programmes. This is exacerbated by the poor mobile telephone network which hampers capturing of GPS coordinates in the ODK before data entry and submission.

- Vaccine stock-outs still pervades the immunization program due to inadequate information on all schools in the districts and poor estimates of the community target population in the micro plans.
- The family planning stakeholders in the districts are not well coordinated. This, together with inadequately trained staff as a result of personnel transfers and turnovers, affects the implementation of activities. Negative socio-cultural norms, religious beliefs, myths, misconceptions, perceived side-effects worsened by little male involvement affect the utilization of family planning methods in many communities.

## LESSONS LEARNT

- Leveraging on WHO'S convening role is crucial in achieving some of the planned activities as attested by the IMCI evaluation that required the involvement of many stakeholders in the country. It was through leveraging on WHO'S convening role both at the national and sub-national levels that the activity was successfully implemented.
- Establishment and supporting centres of excellence in health contribute greatly towards sustainability and implementation of global strategies and hence towards the achievement of SDGs.



## WAY FORWARD

- WHO will implement the "Missed Opportunities for Vaccination" strategies in the same districts so that each facility updates the annual work plan, puts in place the EPI monitoring charts, institutionalize default tracking, conducts sensitization of stakeholders on home-based record retention to both the community and health workers and puts scorecard system in all health facility.
- WHO will support MoH and stakeholders to ensure that any new vaccine introduction proposals consider the figures and proposals from the operational level. This will require bottom-up or micro-planning cognizant of operational level requirements.
- WHO will continue to support the MoH to increase family planning uptake in the county with strong district and national leadership. Intensified community mobilization and dialogue will be at the core of interventions as they are effective in addressing the negative cultural and social norms that negatively affect the use of family planning methods.
- WHO will continue to support the MoH to rollout the innovative alternative IMCI training delivery models that have generated evidence to justify revitalization of the implementation of IMCI in the country. It was clear from the evaluation that the training models address issues of high training costs, as well as absenteeism by health workers who often go for face-to-face classroom training.











## 03

# HEALTH SECURITY AND EMERGENCIES (WHE) CLUSTER

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## INTRODUCTION

WHO continued to implement its mandate during emergencies including coordination of the health sector response, ensuring that disease surveillance, early warning and response systems are in place, formulating evidence-based health sector response strategies and providing up-to-date information. The other roles were to undertake a timely, independent and rigorous Rapid Risk Assessment and Situation Analysis and promotion and monitoring of the application of technical standards and best practices.

*A man in a refugee camp  
gets his temperature  
checked.*

PHOTO: WHO UGANDA

As a signatory to the International Health Regulation (IHR2005), Uganda continues to register progress in the implementation of Integrated Disease Surveillance and Response (IDSR) as the main approach to achieving implementation of the IHR. Overall, the following are the major achievements, challenges and lessons under this cluster.



## ACHIEVEMENTS

### i) *Ebola outbreak preparedness and response*

- Uganda implemented full-scale preparedness and response interventions against Ebola Virus Disease (EVD) since the declaration of the outbreak in the DRC. Inevitably, in June 2019, the country registered two imported EVD cases of Ebola Zaire in Kasese district. The first outbreak was confirmed on 11 June 2019 among three family members returning from a burial in the DRC. All three patients died. This became the country's 6th EVD outbreak. More than 100 contacts were identified and followed up. Fortunately, none developed symptoms for the disease.



- On 29 August 2019, another confirmed case was identified while crossing at a border screening point as the patient sought care in Uganda. Unfortunately, the nine-year-old female patient died despite medical support efforts. A total of six (6) contacts who worked as screeners at the border crossing were identified and followed up. Luckily, no one was infected because all these frontline health workers were already vaccinated as part of the EVD preparedness. There were no secondary cases on the Uganda side.

## Coordination



- The WHO Director-General Dr. Tedros Adhanom Ghebreyesus and the WHO Regional Director for Africa Dr. Rebecca Matshidiso Moeti visited Uganda to assess readiness and response to the EVD outbreak. These high-level visits did not only re-energise frontline health workers but were also high-level advocacy opportunities that drummed up more support for the response.
- At the same time, two National Contingency Plans, a full-scale simulation exercise and an After-Action Review on EVD were accomplished by the MoH with active support from WHO and partners. These documents and exercises have effectively guided Uganda's highly acclaimed preparedness and response to EVD so far.
- Three accountability forums in which partners and stakeholders gave feedback on their contributions to the EVD work were conducted in 2019. These forums went a long way in enhancing transparency, information sharing and resource mobilization.
- A dashboard to visualise and track progress on EVD response and preparedness was developed together with a 4W matrix to coordinate activities and lessen duplication. These tools, in addition to a 17-person short term surge capacity team, provided the necessary real-time information and technical backstopping at community and district levels where critical interventions were implemented.



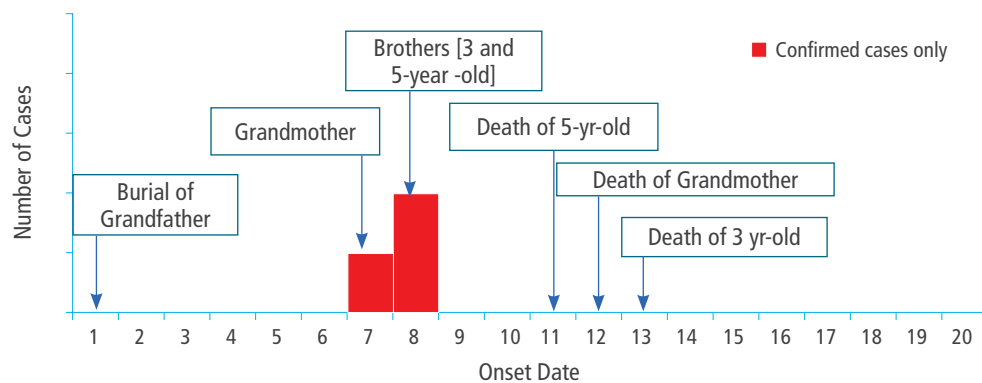
*A man being immunised against Ebola.*  
PHOTO: WHO UGANDA

## Surveillance



- Following the revision and update of the EVD case definition, a total of **25,000** Case Definition posters were printed, laminated and distributed in 20 category 1 and 2 districts reaching at least 5,181 health facilities across the country.
- Forty (**40**) laboratory personnel were also trained with support from WHO in the safe collection, packaging, and transportation of specimens to the Uganda Virus Research Institute Reference Laboratory in Entebbe. Emergency transportation of samples supported by WHO reduced the turn-around time from 48 hours to 19 hours. Similarly, **510** surveillance officers were oriented in surveillance and contact tracing in the EVD high-risk districts.
- WHO supported cross-border regional coordination meetings in October in Entebbe, Uganda and in December in Goma, DRC that promoted coordinated joint EVD actions in the region.
- WHO ensured continued replenishment of infrared thermometers for temperature screening at points of entry, health facilities and other high-risk areas. Consequently, a total of **665,504** travellers were screened from August to December 2019 at Entebbe International Airport alone.

Figure 23: Epidemic curve of the June 2019 Ebola outbreak in Kasese District, Uganda



## Community Engagement

- WHO supported community engagement activities in all the high-risk districts in the Rwenzori sub-region through the deployment of surge capacity, training, transportation and funding implementation of community-based activities. In Kasese district, where the outbreak occurred, **7,518** community leaders and VHTs were trained and undertook community engagement activities in their communities. Several Information Education and Communication materials were procured and distributed in addition to sponsoring regular radio messages and programmes.



## Case Management

- WHO supported the Ministry of Health to operationalize nine isolation and treatment centres around the country each manned by some of the **726** trained health workers. WHO supplied **500** VHF-500 Personal Protective Equipment (PPE) kits for use in over **845** health facilities in high-risk districts in which Infection Prevention and Control (IPC) consultants and other health workers were stationed.
- WHO took care of MedEvac and advanced EVD care through procurement of modern patient care equipment and preparation of Entebbe Regional Referral Hospital to receive and treat EVD patients with complications.
- Safe and Dignified Burials (SDB) teams consisting of 7 people each were trained with support from WHO in the 19 high-risk districts. To facilitate their work, WHO prepositioned 10 SDB kits in districts with trained teams.



## Logistics

- Thirty (**30**) patient management kits were procured and prepositioned in various regions of the country and eight are on standby. Each kit treats 10 patients for 10 days. With support from Irish Aid, three (3) multipurpose double cabin pickup trucks and 20 motorcycles were procured to enhance surveillance and community engagement activities in the EVD high-risk districts.





*Some members of the Ebola Case Management Team getting ready for work.*

PHOTO: WHO UGANDA

## Vaccination

- As of the end of December 2019, a total of **7,945** individuals had been vaccinated against EVD of which **6,805** are frontline health workers and **1,140** were contacts or contact of contacts. Currently, Uganda has only **240** doses of the EVD vaccine securely kept and for immediate use if a case is detected anywhere in the country.



### *ii) Other outbreaks and emergency response*

- There were Cholera outbreaks in Kampala, Kyegegwa, Isingiro and Bududa districts with **255** cumulative cases including 08 deaths (CFR=0.3%). WHO contributed to the control of these outbreaks through mentoring local teams and the provision of two (02) Cholera Kits. Nakivale and Kyaka II Refugee settlements were most affected. These settlements are home to **241,475** individuals mainly from Rwanda, Burundi and DRC. The outbreaks in the settlements were associated with inadequate availability of water with only six litres available per person per day.



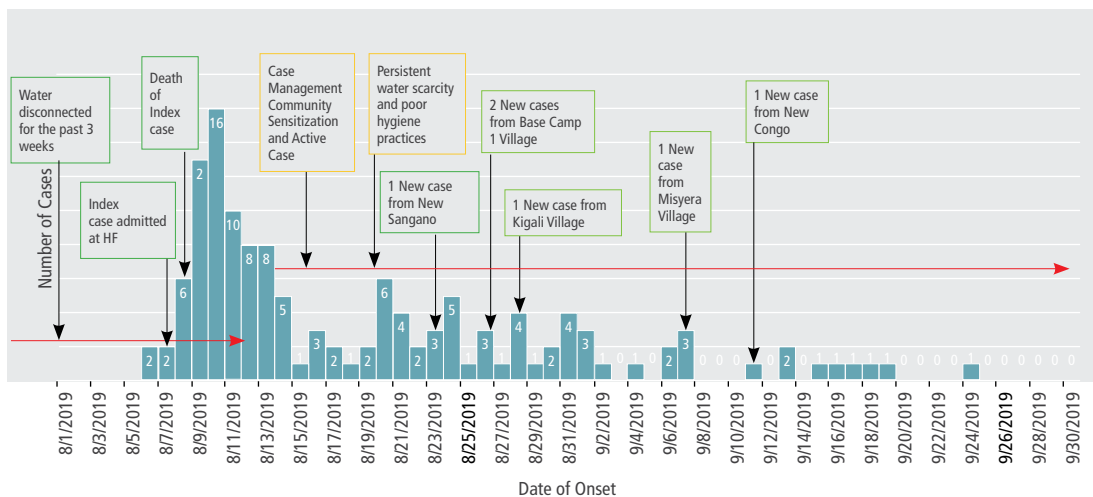


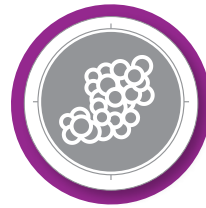
A health worker preparing to transport Ebola samples for testing  
 PHOTO: WHO UGANDA

HEALTH SECURITY AND EMERGENCIES (HSE) CLUSTER

Figure 24: Epidemic curve showing the number of cases by date of onset during the cholera outbreak in Nakivale refugee settlement, August to Sept 2019 (n=135).

Cholera Epicurve as of 9/30/2019





- A food poisoning event associated with World Food Program supplied Corn Soya Blend Plus was reported and investigated in Karamoja and Lamwo districts. A total of **293** suspected cases including seven (7) deaths were reported among the individuals that consumed the food. WHO worked with MoH to conduct investigations to ascertain the aetiology of the event. Official results are expected after conclusion of the investigations.
- Imported plague outbreak was reported in Zombo district in West Nile. Cumulatively, two (2) cases including one (1) death with an epidemiological link to the DRC were reported. The outbreak was confirmed at Fort Collin Collaborating Laboratory through molecular techniques.
- The country continued to report sporadic cases of Rift Valley Fever and Crimean Congo Haemorrhagic Fever (CCHF). A total of eight (8) CCHF cases and three (3) Rift Valley cases were reported during this reporting period. Cases of Yellow Fever were identified in samples collected from Koboko (1), Masaka (1) and Buliisa (1) districts. WHO supported the investigation of all these cases.

### *iii) IHR (2005) implementation*

- In 2019, roll out of the IDSR 3rd Edition was initiated in Uganda. This involved upgrading the technical guidelines, materials and training of at least 40 surveillance experts. Two senior staff from the Ministry of Health were trained together with experts from other countries to lead the rollout process. Subsequently, the country developed a rollout plan and officially requested WHO for financial and technical assistance.
- The National Action Plan for Health Security was finalised and launched in October 2019. The total budget for the plan is USD 42,571,905 which will be financed by the Government of Uganda and partners. Already, Resolve to Save Lives is funding technical areas in the score 1 category of the plan.

- After Action Review for major events was conducted in Kasese in June 2019 following the Ebola Virus Disease (EVD) outbreak in the district. The exercise provided critical feedback on areas of strength as well as aspects that need improvement.
- The MoH developed plans for Pandemic Influenza preparedness and vaccine deployment. The plans will enable the country to implement the non-pharmaceutical interventions that are the lifeline of care before vaccination.
- The Ministry of Health adopted and is now using the Go Data package for integrated outbreak reporting. The platform was streamlined into the Ministry of Health server and is supporting outbreak investigation and field data collection through generating contacts follow up lists and visualization of chains of transmission.
- Following a request from MoH, WHO supported the training of programme leads from Public Health Emergency Operation Centre and Department of Surveillance, Epidemiology and Public Health Emergencies on Epidemic Intelligence using Open Sources. The programme leads are now ready to start the implementation of activities.
- The Ministry of Health and the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) supported by WHO and partners undertook Joint Rapid Risk Assessment for zoonotic diseases i.e. Anthrax and Rabies. The assessment findings will inform and define responsibilities for each sector in the control of these diseases in selected districts. Fortunately, Anthrax which was already a neglected disease classified as a private good, will likely be prioritized for control following this assessment.

#### iv) *Refugee Emergency*

- At the end of 31 December 2019, Uganda was hosting a total of **1,381,122** refugees and asylum seekers. Uganda is the largest refugee-hosting country in Africa, and the third-largest in the world, after Turkey and Pakistan. The refugees originate from South Sudan **861,590** (62.4%), DRC **379,638**



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(27.9%), Burundi **45,671** (3.3%), Rwanda **17,110** (1.2%) and others **21,153** (1.5%). Inflows of new arrival continued in 2019 with a maximum peak of **16,000** individuals per months.

- In January 2019, the Health Sector Refugee Response Plan was launched, and it is currently the framework on which interventions in the refugee hosting districts are based. For instance, the MoH with support from WHO enrolled and trained **465** Village Health Team members from Moyo and Lamwo refugee-hosting districts into Community Disease Surveillance.
- A total of **120** trainees including doctors, clinical officers and nurses from Kiryandongo and Kamwenge districts working in **79** health facilities were trained on Infection Prevention and Control (IPC) adherence standards. IPC practices are dependent on skills, attitude and availability of supplies and facilities. In this regard, Central Emergency Response Fund (CERF) funding enabled procurement of assorted IPC supplies which were distributed in all health facilities in the refugee-hosting districts. In addition, refugee-hosting districts were supplied with 30 malaria modules to supplement the medicines provided by other partners.
- Service Availability and Readiness Assessment was launched in Lamwo, Adjumani, Moyo, Arua, Kyegegwa, Isingiro and Kikuube districts. The findings from this assessment will inform the forthcoming programming on refugees.



## CHALLENGES

- The continued EVD outbreak in DRC has created challenges for Uganda in that the country is permanently in emergency mode. This has put a lot of strain on the already inadequate financial and human resources and indeed on the entire health system.

## LESSONS LEARNT

- Recent EVD outbreak control has demonstrated that effective preparedness saves lives and resources. A sustained strong national health system has a positive multiplier effect on the robustness of emergency operations.



## WAY FORWARD

WHO will:

- Work with MoH to upgrade the country's national surveillance system through the effective rollout of the 3rd IDSR Technical Guidelines.
- Support MoH to streamline core national capacity development informed by the National Action Plan for Health Security into the existing health sector programming.
- Participate and support the review of the Public Health Act to provide legal guidance on the implementation of public health actions during disease outbreaks and emergencies.





*WHO staff talks to newly arrived refugees at Kasonga landing site during the Cholera outbreak in Kyangwali refugee settlement.*

PHOTO: WHO UGANDA







## 04

# HEALTH SYSTEMS (HSS) CLUSTER

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## INTRODUCTION

Strategic Priority two of the WHO Country Cooperation Strategy for Uganda 2016-20, promises to support the strengthening of the health system for effective, equitable and quality health service delivery. WHO undertook to support national efforts to build a resilient health system able to deliver Universal Health Coverage (UHC) by protecting human life and producing good health outcomes. In 2019, under the Health Systems Strengthening Cluster the WHO Country Office achieved the following towards attainment of those goals.

*Motorcycles donated by WHO and Irish AID to support Ebola response.*

PHOTO: WHO UGANDA



## ACHIEVEMENTS

### i) *Health Technologies and Commodities*

- The National Drug Authority (NDA) is close to reaching a stable and well-functioning regulatory system, commensurate with a Maturity Level (ML) three agency. This was established through a WHO supported assessment that identified strengths and gaps as well as an Institutional Development Plan that was a significant output of the exercise.



- Equitable access to medicines and other technologies was improved through better coordination of partners. Consequently, the Technical Working Group was able to undertake oversight and technical leadership during the implementation of the National Pharmaceutical Strategic Plan.
- Efforts were made to slow the progression of antimicrobial resistance through convening and providing technical support to the meetings of the working group on antibiotic stewardship and use.

### ii) *Health Promotion and Public Information*

- In 2019, WHO supported the training of **7,387** Village Health Teams (VHT) members and **4,751** opinion leaders in the five Ebola Virus Disease (EVD)-high risk districts in the Rwenzori sub-region on Risk Communication, Community Engagement and Community-Based Disease Surveillance. In Kasese district where the EVD outbreak occurred, WHO supported training and establishment

of Community Engagement committees in all the 36 sub-counties of the district. These committees undertook daily mobilization for EVD preparedness and response in the communities. In addition, WHO worked with MoH and partners to prepare communication materials on EVD that are currently being used to educate and mobilize communities.

- Health Promotion interventions were properly planned and implemented during the national Measles, Rubella and Polio campaign held in the last quarter of 2019, contributing to the 108% and 97% national coverages that were attained for both antigens as indicated elsewhere in this report. Notable activities included the production of Information, Education and Communication materials in all local languages, broadcast of messages on over 100 FM radio station, 20 television stations and 10 national and regional newspapers. Community engagement session and dialogues were conducted with members of parliament, religious and cultural leaders, local council leaders, women and youth groups as well as Village Health Team members throughout the country.



- WHO supported and actively participated in the survey that was aimed at assessing the national compliance with smoke-free indoor public places, public transport and Tobacco Advertising Promotion bans. The survey sought to determine a scalable method for measuring compliance with

national tobacco control laws by comparing conventional and crowdsourcing survey methods.

- As a follow up of the survey, WHO convened the second informal experts' meeting on the Pilot project in New York, the USA in the second quarter of 2019. The meeting discussed the progress and challenges in the implementation of the pilot project and preliminary results of the survey in the pilot countries including Uganda were presented. Participants provided experiences on the implementation of the survey and made inputs into the finalization of the final report.
- WHO and other partners supported the Ministry of Health to organize and convene the 1st National Health Promotion Conference on Health Promotion and Disease Control under the theme *"Investing in Health Promotion and Disease Prevention to Achieve Universal Health Coverage"*. The conference brought together participants from the local governments, public and private organizations, health promotion practitioners, academia and many others who employ health promotion principles to influence positive behaviours for improvement of the health status of Ugandans.
- The conference provided an opportunity for participants to collectively learn and share best practices that raise awareness and understanding of the role health promotion makes towards achieving UHC. In addition, participants accessed and shared the latest local health promotion research, policy, and practice from various health professionals. The main message that comes out of the conference was that *"Primary Health Care (PHC) is the only route to achieving Universal Health Coverage (UHC) and the biggest driver for PHC is Health Promotion and Disease Prevention"*.
- As part of the UN wellness efforts for 2019, a non-professional marathon supported by WHO was organized in which UN staff and their families covered three distances (short 3 kilometres, medium 5 kilometres and long 10 kilometres). The goal was to promote regular physical activities as part of a healthy sustainable future for all Ugandans in addition to highlighting their role in the promotion of UHC and Health for all.



WHO supported  
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(VHT) members

and **4,751**  
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the five Ebola Virus  
Disease (EVD)-high  
risk districts in the  
Rwenzori sub-  
region.

- At the event, UN staff were urged to undertake regular physical activities. The dangers associated with physical inactivity were highlighted in addition to sharing information on the prevention and management of Non-Communicable Diseases (NCDs).
- Visibility of WHO and its work continued to be a priority for the Country Office and as such media coordination and management, production of visibility materials, bulletins and management of social media platforms were major areas of work in 2019. The office also collaborated and worked closely with the UN Communications Group to promote the Sustainable Development Goals, supported and participated in all WHO commemorative days and organized field media coverage during supervision visits by dignitaries.

### *iii) Analysis, use and access to routine facility data*

- The Ministry of Health supported by WHO and partners convened a national stakeholder workshop in which programmes and health information systems experts were oriented on integrated, innovative approaches to strengthening health facility data quality, analysis, access and use. The objective was to address multiple challenges related to facility data systems including poor data quality, fragmented data systems and heavy reporting burden that front line workers in the country routinely face. They were therefore oriented on a harmonized package of international standards for health facility data, core indicators, data quality metrics and methodologies, standardized registries, real-time district health information systems, patient monitoring systems and hospital systems among others. This also included analytical guidance and best practice dashboards for national, district, facility and programme managers and capacity development curricula.



### *iv) Improving the cause of death information*

- WHO trained a pool of national trainers (health, civil registration, statistical office and information technology) on the International Classification of Diseases tools, medical certification of cause of death and verbal autopsy aimed at improving collection of the most reliable continuous data on fertility, mortality and causes of death. The trainees will enable the country to generate routine mortality data across multiple causes disaggregated by socioeconomic status and geographic area. This data is critical in measuring indicators for 15 of the 17 Sustainable Development Goals (SDGs) as well as in the Civil Registration and Vital Statistics system.



### *v) Monitoring service availability, quality and effectiveness*

- WHO organized a regional workshop in which representatives from the Ministry of Health, national universities and public health institutes were oriented on the harmonized modular approach to monitoring service availability, quality and effectiveness of services as well as the





*A WHO Staff member having her temperature checked at the boarder crossing between Uganda and Democratic Republic of Congo in Bundibugyo district.*

PHOTO: WHO UGANDA

analysis and generation of key results. There is, therefore, capacity in the country to implement surveys that monitor and measure availability, quality and effectiveness of health services which is a critical component of assessing effective coverage of interventions within the context Universal Health Coverage. The facility surveys will contribute to quality improvement, risk mitigation, patient safety, improve efficiency and accountability and to the sustainability of the healthcare systems. These surveys will further provide information on how well services are delivered, identify gaps and assist funders, regulators, healthcare professionals and the public to make informed decisions.

#### vi) Health Economics

- WHO worked with MoH and partners to build capacity in the production and use of health expenditure information. This information is used to monitor country progress towards UHC and facilitates decision making for efficient and equitable financing.
- In 2019, WHO assisted MoH to estimate the costs or resources required to implement the National Health sector HIV/ AIDS Strategic Plan. This helps in resource mobilization and coordination of donor input into the implementation of the plan.



- A National Road Map to guide the achievement of UHC was developed in 2019. This will assist national authorities to monitor progress and identify hindrances towards the achievement of UHC in the country.
- The TB Catastrophic Costs Survey was completed as well as Monitoring and Evaluation Plan to monitor the costs of TB care. The survey findings were crucial in the development of the TB Strategic Plan that was started in 2019.
- WHO worked with other UN agencies to develop the Common Country Analysis in preparation for the development of the UN Sustainable Development Cooperation Framework.
- At the end of this exercise, the College will deliver an Enterprise Architecture for eHealth services; an eHealth EA implementation plan and guide; and a monitoring and evaluation framework for the eHealth EA.
- Development of these standards will support the National eHealth EA Interoperability Framework to aid health information exchange for the entire healthcare ecosystem in Uganda. The standards will focus on health business processes, services, data, information, applications, infrastructure, security and interoperability.

#### vii) eHealth

- WHO supported the Ministry of Health to develop a Regulatory Impact Assessment for eHealth that will inform the development of an eHealth Policy for the country through contribution to rational, evidence-based policy making. This was done by selection of the best option considering awareness creation, implementation of existing and new frameworks or maintenance of the status quo.



- During the year, Makerere University College of Computing and Information Technology was engaged to support the MoH develop an Enterprise Architecture (EA) for eHealth services in Uganda. The EA will help to optimize fragmented legacy processes (both manual and automated) into an integrated environment that is responsive to change and able to support the effective delivery of healthcare services.

#### viii) Human Resources for Health and Library Services

- Development of the Health Strategic Plan 2020 - 2030 was initiated by the production of an Inception Report that was supported by WHO. This report will be the basis of drafting the new strategic plan to be finalised in 2020.
- Other public health foundational activities support under this area of work were the adoption of the National Health Workforce Accounts, a compilation of data for the State of the Nursing and Midwifery Report 2020 and assessment of the Human Resource for Health Development Institute.
- To augment research, Continuous Medical Education and availability of current public health and medical information at all levels of care and service delivery, in 2019, WHO supplied books and information resources to Gulu Clinical Officers School, Soroti University Resource Centre and to three Regional Referral Hospitals.



## CHALLENGES

- Several planned activities were not implemented due to lack of funding. In a few cases, WHO provided technical support while funding was provided by partners.
- The number of staff within the HSS cluster could not match the workload and therefore fell short of meeting some expectations of the Ministry of Health. This was amplified by the prolonged EVD outbreak preparedness efforts in which many staff were engaged for a considerable period in 2019.
- Lack of a national Health Promotion Policy, Strategy or guidelines led to the haphazard implementation of activities by partners. Many grassroots implementers of health promotion intervention were not well guided or coordinated rendering their contributions ineffective or too little too late.
- There is insufficient technical capacity at MoH to plan, implement, supervise and evaluate health promotion activities. This has led the ministry to rely on partners, intern students or part-time workers to implement some crucial health promotion activities especially during EVD preparedness and response.



## LESSONS LEARNT

- Uganda needs a stronger and resilient health system to achieve Universal Health Coverage and to mitigate the impact of disease outbreaks and health emergencies.



## WAY FORWARD

### WHO Will:

- Strengthen the capacities and skills of HSS cluster members in resource mobilization and other health system aspects to be able to undertake responsibilities beyond their respective programmes.
- Support the MoH to develop a Health Promotion Policy and Strategy in addition to addressing the human resources challenges in the department of health promotion.











05

# WHO COUNTRY SUPPORT (CSU) CLUSTER

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## INTRODUCTION

WHO presence in Uganda was strengthened through operational, administrative and managerial activities implemented by the CSU cluster under the overall leadership and guidance of the WHO Country Representative. The cluster monitored and guided technical units to implement country support activities in strict compliance with WHO rules and regulation. In 2019, the cluster contributed the following to WHO's work in Uganda.

*Uganda Health Minister  
Hon. Jane Ruth Aceng  
endorses the campaign to  
“Kick Malaria out of  
Uganda.”*

PHOTO: WHO UGANDA



*WHO Country office staff in a meeting*  
PHOTO: WHO UGANDA

## ACHIEVEMENTS

### *i) Programme Management and Support*

- By the end of 2019, the country office biennial Workplan 2018/19 increased from USD 31,246,856 (Annual Report 2018) to USD 40,462,534 to accommodate additional funds mobilised during the biennium. The WHO Country Office (WCO) Workplan was funded at 86% (34,960,789), out of which, 66% was from Voluntary Contributions (VC), 11% was for Outbreak and Crisis Response (OCR), 10% for Assessed Contributions (AC) and 12% were from other approved donor agreements such as Specialised Programs and Collaborative Arrangements (SPA), Contingency Fund for Emergency (CFE), Programme Support and Core Voluntary Contribution Account (CVCA).

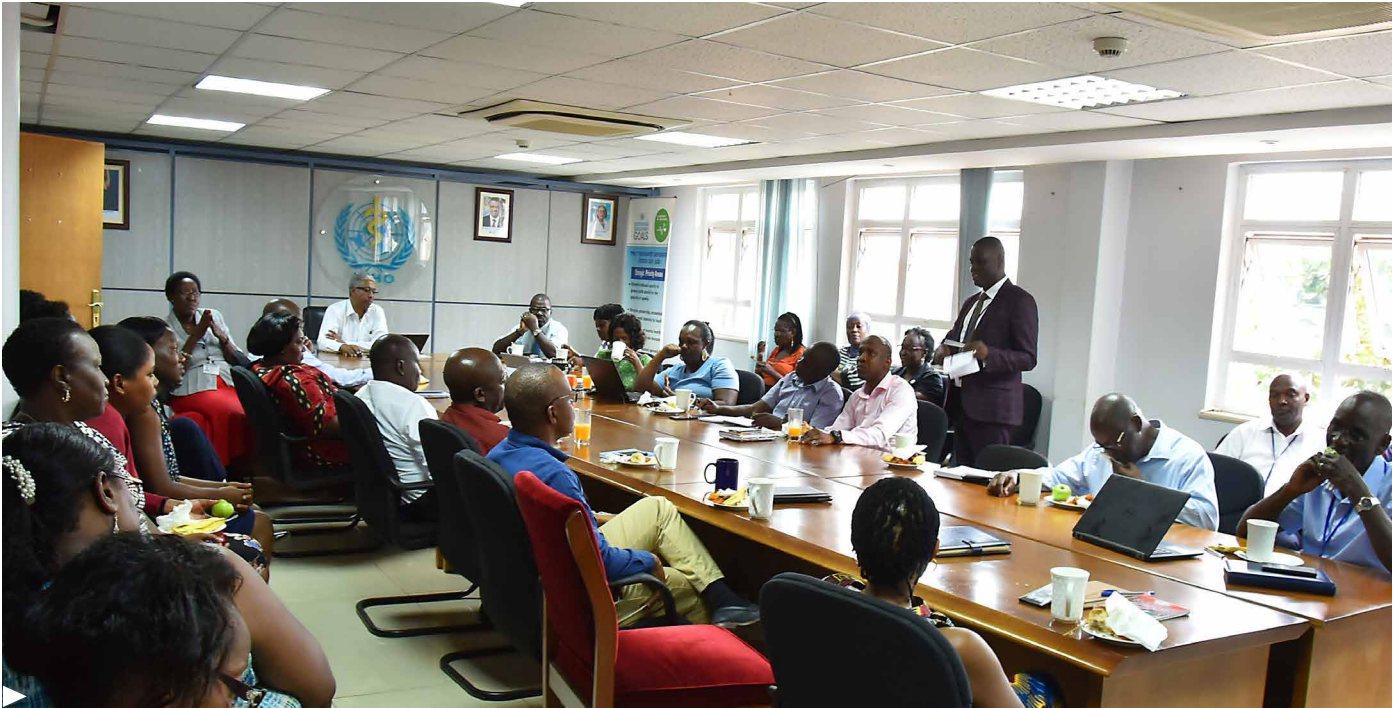
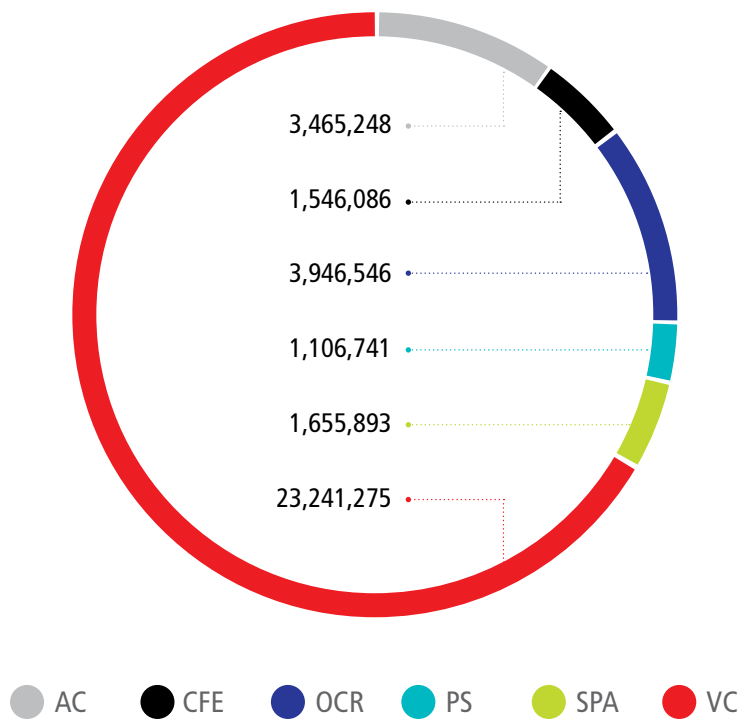


Figure 25: Total amounts funded by fund type



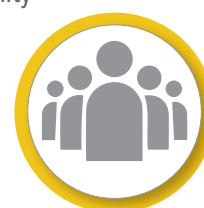
- The WCO locally mobilized financial resources amounting to USD 13,317,562 (excluding PSC) which contributed to 57% of the voluntary contributions funding to the country office workplans. The locally mobilised funds were above the minimum expectation for the country office. These funds were USD 11,901,059 from the Global Alliance for Vaccines and Immunizations (GAVI) for the Measles-Rubella campaign; USD 671,240 from the Central Emergency Response Fund (CERF) for EVD; USD 551,377 from CERF for refugees support; and USD 175,028 from Multi-Partner Trust Fund for HIV/AIDS.
- The donor funds were used to support the Government of Uganda to implement various activities. During 2019, WHO supported government activities through the following contractual agreements.

Table 1: Contractual agreements to support Government activities, 2019

Contractual agreement / Implementing method	Count	Amount (USD)	Accounted for (Count)	Accounted for (Amount)	Pending Accountability (Count)	Amount USD
Direct Financial Cooperation (DFC)	255	7,145,547	-	-	255	7,145,547
Direct Implementation	103	2,641,404	47	842,597	56	1,798,807
Agreement for Performance of Work (APW)	21	848,738	6	451,402	15	397,336
Grant Letter of Agreement	9	833,309	5	577,002	4	256,307
Technical Services Agreement	3	393,508	1	162,075	2	231,433
Consultants - Emergency / non-emergency	2	33,892	1	23,392	1	10,500

## ii) Human Resources Management

- The goal of the Human Resources Unit is to provide the highest quality of services in all aspects of human resource towards the highest level of excellence. The unit seeks to recruit, motivate and retain a technically competent workforce; promote diversity; and ensure adherence and compliance to the organization rules and regulations to be fair and equitable in the treatment of all staff.





*A truck with some of the medical supplies donated by KOICA - supported Maternal Health Project.*

PHOTO: WHO UGANDA

*Table 2: WCO Staff Composition by Contract Type and Gender*

	<b>Contract Type</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
1	International	None	09	09
2	National Professional Officers (NPOs)	04	14	18
3	General Staff (GS)	11	13	24
4	Special Services Agreements (SSA)	21	19	40

- Due to the Ebola Virus Disease (EVD) preparedness and response, as well as the need to implement other programme activities, the WCO staff complement was increased in the various clusters through engagement of 15 Special Services Agreements, two Temporary Appointments Contracts and hire of two International Consultants.
- A staff retreat was organized from 30 October to 1 November 2019 during which staff explored various ways of building a strong WCO team, identified hindrances to effective performance and were introduced to the priorities of the 2020-2021 biennium among others.

- Before the retreat, the Regional Office Functional Review team visited the WCO and shared results of their exercise leading to fruitful discussions and appreciation of the need to review the functionality of the office.

### iii) Procurement and Logistics

- In 2019, Uganda continued to face public health emergencies especially the threat to import EVD cases from neighbouring DRC. The country also successfully conducted a Measles/ Rubella (MR) Campaign as reported elsewhere in this report. These two events required considerable procurement of services, materials and supplies which were effectively handled by the WCO procurement and logistics team. For instance, USD 672,551 was spent on procurement for EVD preparedness and response alone. Major items procured included specialized case management equipment for dialysis, motorcycles, vehicles, laboratory equipment and reagents, IPC and EVD vaccination supplies, Personal Protective Equipment (PPEs) and telephones for surveillance and contact tracing among others.
- Similarly, the WCO handled procurements for the MR campaign worth USD 525,943 which included cold chain equipment, tools for the MR implementation, mobile telephones and a fleet monitoring system for Ministry of Health (MoH) vehicles.

### iv) International Travel

- During this reporting period, the WCO facilitated 86 travels worth USD 65,754 for MoH staff that enabled them to build capacity through participation in various meetings, workshops and training sessions organized by the WHO Regional and Headquarter Offices.



### v) Letter of Agreements (LTAs)

- In 2019, the WCO, through a competitive procurement process, established eight (8) office-specific LTAs for services such as stationery, car hire, central printing, catering and cleaning services. Additionally, the WCO actively



**525,943**

was used to procure cold chain equipment, tools for the MR implementation, mobile telephones and a fleet monitoring system for Ministry of Health (MoH) vehicles.



participated in the establishment of 89 LTAs to be used by UN Agencies in Uganda in the coming years. WCO used some of these LTAs to procure conference facilities, fuel, office supplies, internet services, communications (data and voice) and vehicle tyres.

*vi) Hosting International Meetings*



- WCO hosted eight (8) regional and international meetings during 2019 including the SORT IT, Support to the Data Management, RMNCAH and others. Similarly, from 18 to 23 November 2019, and upon the request of Eastern Mediterranean Regional Office (EMRO) and the WHO Regional Office for Africa (AFRO) the Country Office hosted a Master Training on Inpatient Management of Severe Acute Malnutrition with Medical Complications for doctors and nutritionists from Yemeni.



## CHALLENGES

- Poor planning leading to delays in procurement, travel and implementation of Direct Implementation (DI) activities.
- Incomplete specification from the requesting units for items to be procured that affected the timely delivery of materials and supplies.
- Late submission of nominated MoH staff names for workshops, meetings and training leading to the procurement of expensive air travel tickets.
- Late submission of supplier invoices and poor follow-up by staff that affected the timely payment and closure of encumbrances.
- Delays in accountabilities for DIs and Direct Financial Contributions (DFCs) that hindered timely closure of Payment Orders.



## LESSONS LEARNT

- Teamwork enables quick implementation of activities and the timely achievement of results.
- Early and proper planning and preparation are essential especially for field activities that need immediate financial settlement as soon as they are concluded.
- Assigning tasks, setting deadlines and targets, provision of appropriate tools and equipment in addition to mutual support leads to an efficient and motivated office administrative team.



## WAY FORWARD

WHO will:

- Use quarterly work plans to ensure that activities are planned early.
- Generate a pool of Long-Term Agreements (LTAs) to shorten procurement processes.
- Effectively track all request for nominations from the Ministry of Health (MoH) to avoid last-minute procurements, especially for air tickets.
- Enforce the policy of invoice submission with in the first 30 days of provision of services.
- Involve all relevant staff in the implementation of DFCs to ensure quality assurance.
- Update SoPs at the country office to reflect current innovative processes and procedures being implemented.
- Regularly reorient Staff on the SOPs to improve and maintain the quality of services.
- Implement all the approved recommendations of the Functional Review exercise.





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