

# ANNUAL REPORT 2023



World Health  
Organization  
Uganda



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# ACRONYMS

AARR	Average Annual Reduction Rate	HIIRE	Health Information, Innovation and Research
AEFI	Adverse Events Following Immunization	HIV/AIDS	Human immunodeficiency virus infection and acquired immunodeficiency syndrome
AMR	Antimicrobial Resistance	HSS	Health Systems Strengthening
ART	Antiretroviral therapy	HRH	Human Resources for Health
CDC	Centers for Disease Control	HF	Health Facility
CEHS	Continuity of Essential Health Services	HMIS	Health Management Information System
CES	Continuity of Essential Services	ICATT	Computer Adaptation and Training Tools
CHAI	Clinton Health Access Initiative	ICCM	Integrated community case management
CHWs	Community Health Workers	ICD	International Classification of Disease
COVAX	COVID-19 Vaccine Global Access	ICRC	International Committee of the Red Cross
COVID-19	Coronavirus	IDSR	Integrated Disease Surveillance and Response
CSU	Country Support Unit	IEC	Information, Education and Communication
DFC	Direct Financial Cooperation	IHR	International Health Regulations
DHTs	District Health Teams	IMCI	Integrated Management of Childhood Diseases
DI	Direct Implementation	IPC	Infection Prevention and Control
DPC	Disease Prevention and Control	IPV	Inactivated Polio Vaccine
DPT	Diphtheria, Pertussis (whooping cough), and Tetanus	IVD	Immunizable and Vaccine Preventable Diseases
DRC	Democratic Republic of the Con	JUPSA	Joint United Nations Program of Support on HIV/AIDS
DRRT	District Rapid Response Teams	KAP	Knowledge Attitudes and Practices
EC-NIS	European Commission –Strengthening national nutrition information systems project	KPI	Key Performance Indicators
EVD	Ebola Virus Disease	LLINs	Long Lasting Insecticide Treated Nets
FP	Family Planning	LTAs	Long Term Agreements
FY	Financial Year	MNH QoC	Maternal New Health Quality of Care
GLOA	Grant Letter of Agreement	MoH	Ministry of Health
HAT	Human African Trypanosomiasis Gambiense	MOV	Missed Opportunities for Vaccination
HDP	Health Development Partners	MCCoD	Medical Certification of Cause of Death

# ACRONYMS

MMR	Maternal Mortality Rate	STIs	Sexually Transmitted Infections
NCDs	Non-Communicable Diseases	STOP	Stop Transmission of Polio
NHA	National Health Accounts	SUVD	Sudan Ebolavirus Disease
NHIS	National Health Insurance Scheme	TB	Tuberculosis
NIPN	National Information Platforms for Nutrition	ToT	Training of Trainers
NoPV	Novel oral polio vaccine type 2	UN	United Nations
NMCD TA	National Malaria Control Programme Technical Assistance	UNAIDS	United Nations Programme on HIV and AIDS
NP_AFP	Non-Polio Acute Flaccid Paralysis	UNDP	United Nations Development Programme
NPSSP	National Pharmaceutical Services Strategic Plan	UNEPI	Uganda National Expanded Programme on Immunization
NTDs	Neglected Tropical Diseases	UNFPA	United Nations Fund for Population Activities
ODK	Open Data Kit	UNHCR	United Nations High Commission for Refugees
OPV	Oral Polio Vaccine	UNICEF	United Nations Children’s Fund
PAAC	Preventing and Addressing Abusive Conduct	URMCHIP	Uganda Reproductive Maternal and Child Health Services Improvement Project
PPEs	Personal Protective Equipment	USAID	United States Aid for International Development
PMI	President’s Malaria Initiative	USD	United States Dollars
PRSEAH	Response to Sexual Exploitation, Abuse and Harassment Team	VHF	Viral Haemorrhagic Fever
QI	Quality Improvement	VHTs	Village Health Teams
RCCE	Risk Communication and Community Engagement	VMMC	Voluntary Medical Male Circumcision
RMNCAH	Reproductive, Maternal, Neonatal, Child Adolescent Health	VPD	Vaccine Preventable Diseases
RRT	Rapid Response Team	WCO	WHO Country Office
SoPs	Standard Operating Procedures	WHE	WHO Health Emergency Programme
SRHR	Sexual Reproductive Health and Rights	WHO	World Health Organization



## Foreword

The year 2023 started with Uganda reaching a significant milestone in addressing health emergencies. On 11 January, the Sudan Ebolavirus outbreak was declared over, after being contained within 69 days. For WHO, these were 69 sleepless days and nights. The team worked hand in hand with the Ministry of Health and other partners to find and treat every single case, test and quarantine suspected cases, equip and prepare treatment units and laboratories, in addition to engaging with communities.

We also supported deployment and training of health personnel, conducted research on trial vaccines and disseminated health equipment, medicines and ambulances, in addition to coordinating with partners, mobilizing resources and ensuring accountability, information sharing and advocacy.

This was all done while trying to limit transmission to neighbouring districts and countries and at the same time ensuring continuity of other essential health services.

The outbreak ended at the beginning of the year, but our role as WHO did not stop there.

Supporting the Ministry of Health, planning and implementing the national recovery plan was initiated, endorsement from funders to allocate unspent resources to support the recovery phase was sought, and follow up of the 87 Ebola survivors and their families was established to ensure they were reintegrated in their communities. While that was being done, the After-Action Reviews of the Ebola response, at regional and national levels, were conducted so that we could collectively understand our shortfalls, record lessons learned and commit to do better.

During the course of the year, other health emergencies were recorded and responded to including cholera, measles, anthrax, and Meningococcal Meningitis. We also responded to other climate and refugee influx related emergencies, adding to the complexity of the health situation in the country.

Despite these challenges, we continued to make strides towards managing existing diseases and preventing potential outbreaks threatening the health of Ugandans.

WHO continued to promote and strengthen partnerships, develop policies, support routine immunization services, strengthen health systems, prevent and control communicable and non-communicable diseases, provide reproductive, maternal, neonatal, child, and adolescent health services, and promote environmental and healthy lifestyles.

In 2023, WHO Uganda raised around \$16.1 million of which 96% was utilized to support the country's health operations including the Ebola Response. Since then, there has been a significant decline in resources in the country and for WHO. This therefore calls for efficient allocation and utilization of available resources to address national health priorities and a need for continued resource mobilization.

Finally, we could not have made it through without the trust and support from the Ministry of Health and all our partners. We thank you for believing in us, for your partnership, and for your commitment towards improving the health sector in Uganda.

We hope you will enjoy reading this report and we appreciate your feedback to continue improving our work.

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





# EMERGENCY PREPAREDNESS AND RESPONSE



With support from WHO and partners, Uganda's capacity to prevent, detect, and respond to disease outbreaks and other public health emergencies was strengthened, health and socio-economic impacts were reduced making a measurable difference to our communities.



## Strengthening national and sub-national capacities to prepare for health emergencies

	National assessments and reviews conducted	<b>4</b>
	Health staff trained	<b>10,455</b>
	Job aids (triage and basic emergency care charts, emergency care checklists, and emergency unit area labels) printed and distributed	<b>12,391</b>
	Ebola Recovery Plan developed, implemented, monitored and evaluated to strengthen health structures and ensure readiness of the health system	<b>1</b>
	VHF Health screenings in Priority Points of entry done	<b>45,720</b>
	Accountability forum organized to coordinate partners, take stock of EVD Response investments and map available resources	<b>1</b>



Capacity Building			
Health and veterinary workers across 55 districts trained in IDSR	<b>3,000</b>	RRTs trained in disease outbreak investigation and response	<b>1,222</b>
Epidemiologists deployed to mentor healthcare workers and district health teams	<b>56</b>	Experts trained in Global Information Systems to improve the quality of data analysis and visualization	<b>60</b>
DHTs trained in IDSR in Kampala, Jinja, Fort portal, Masaka and Mubende	<b>261</b>	Case Management Emergency Medical Team members trained in case management guidelines and SoPs	<b>65</b>
DRRT from Masaka, Jinja, Mubende, and Kassanda trained on Ebola recovery	<b>490</b>	Frontline health workers trained in the: <ul style="list-style-type: none"> <li>internationally accredited WHO/ICRC Basic Emergency Care Course</li> <li>international Interagency Triage Tool</li> <li>emergency department layout and design</li> </ul>	<b>410</b>
VHTs trained in Madi-Okollo on meningitis	<b>300</b>		
VHTs trained in Kotido in ICCM	<b>300</b>	Health workers trained as national ToTs on the 3rd Edition guidelines for the management of COVID-19 and Long COVID	<b>40</b>
Health workers in 12 districts trained in nutrition and Infection Prevention and Control	<b>960</b>	Ambulance drivers trained in infection prevention, control, and transfer of highly infectious patients	<b>240</b>
VHTs from Nakaseke and Mityana trained in Ebolavirus and other notifiable diseases surveillance	<b>2,157</b>	VHTs in Kassanda trained on Ebola recovery	<b>1,000</b>
Regional ToTs trained on the 3rd Edition guidelines for management of COVID-19 and Long COVID	<b>171</b>	Healthcare workers from Mubende, Kassanda, Wakiso, and Kampala trained on the clinical management and follow-up of Ebolavirus disease survivors	<b>79</b>



*“The cost of building capacity and getting prepared for emergencies is much lower than the cost of emergency response especially if the country is not well prepared.”*

*Dr. Yonas Tegegn Woldemariam*



## Ebola Survivors Program

- Ebola Survivors Program established
- 03 Survivor clinics established in Entebbe, Mubende, and Kassanda
- Patient care guidelines developed and disseminated

## Guidelines, Plans, Policies, Standards and Frameworks

- Rapid Response Teams Operations Manual
- Standardized Approach to Mortality Surveillance
- EVD/VHF National SoPs on Preparedness and Response to VHF
- National IPC Strategic Plan and Curriculum
- National Guidelines for Continuity of Essential Health Services during Public Health Emergencies



## National Assessments and Reviews

- Sudan Ebola Virus outbreak After-Action Review conducted in Mubende, Kassanda, Kampala and at National level. Lessons learned were identified and documented, challenges addressed, and best practices promoted and institutionalized to strengthen preparedness and response systems in the country.
- A Joint External Evaluation conducted to assess the country's compliance with IHR core capacities.
- WHO Flagship Scoping Mission conducted to understand the country's context, identify opportunities, gaps, and strengths to facilitate progress towards health security.
- State Party Self-Assessment Annual Reporting Tool launched for self-assessment of the country's capacity to prevent, detect, and respond to public health risks.
- A Joint Operations Review conducted for the SUVD outbreak. Best practices were documented, and gaps were addressed to ensure better preparation for similar future emergencies.





## Emergency Preparedness and Response

- Coordination with the Republic of South Sudan and the United Republic of Tanzania established for enhanced cross-board cross-border surveillance, prevention, risk mitigation, and outbreak response.
- Advocacy and negotiation for health and 'Health in All Policies' were conducted among high-level government officials, sector ministries, parliamentarians, partners, and other stakeholders.
- Strategies to counter high-threat infectious hazards reinforced at national and sub-national level.
- A regulatory impact assessment for developing a One Health Policy supported.
- Laboratory capacity strengthened.
- Disease surveillance (zoonotic, antimicrobial resistance, and surveillance for food-borne diseases) strengthened at community, health facilities and points of entry.
- Following confirmation of outbreak in DRC, preparedness and readiness against MPOX was undertaken.
- 731 assorted medical kits distributed to 19 districts of Karamoja, Teso, Acholi, and Lango regions in response to the Greater Horn of Africa Drought emergency.





# UNIVERSAL HEALTH COVERAGE /LIFE COURSE



The Universal Health Coverage – Life Course (UHC-LC) cluster works on Health Policies, Strategies and Governance, Maternal and Reproductive Health, Child and Adolescent Health, Nutrition, Health Financing, Essential Drugs and Medicine, Human Resources for Health, and Quality of Care and Service Delivery.

## Health Strategies and Governance

- WHO played a pivotal role as the Secretariat and Permanent Co-chair for the Health Development Partners (HDP) group, fostering sustained coordination among partners and enhancing collaboration with the Government of Uganda. This coordination has been critical for ensuring that health initiatives are effectively aligned, resources are efficiently utilized, and health outcomes are maximized.
- Evidence on the strategies for ensuring continued essential service delivery during emergencies was generated and used to develop the National Guidelines for the Continuity of Essential Health Services during Public Health Emergencies.
- The joint health sector performance reviews were conducted with technical and financial support from WHO. An aide memoire was developed with recommendation on how to improve performance in the health sector.

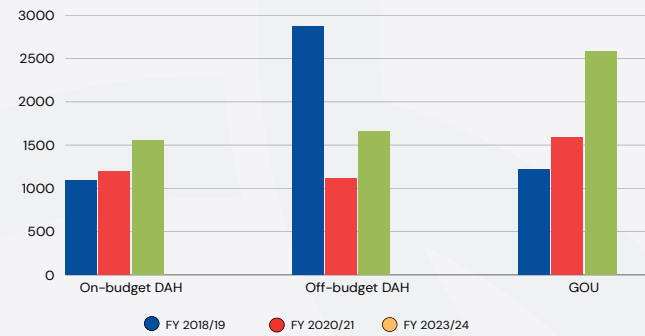
## Health Financing

- The ninth cycle of the National Health Accounts covering financial years 2019/20 and 2020/21 conducted.
- An institutionalization framework developed to guide efforts for routinely compiling health accounts in Uganda and used to inform the 10th cycle of the National Health Accounts.
- The health sector budgeting and planning process was supported to advocate for an increased allocation of domestic resources to the health sector resulting into an additional UGX 311 Billion allocated to health.

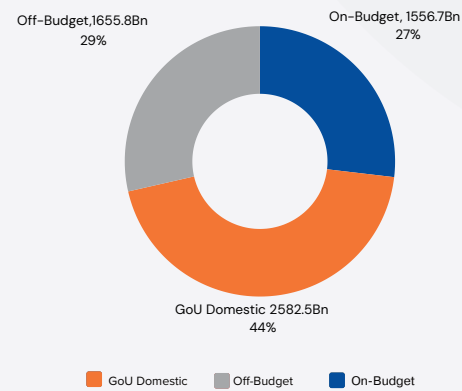


- The off-budget for HDP resources tracking process for FY 2023/24 was supported and findings were disseminated in various forums.
- The Health Financing Progress Matrix completed with technical support from WHO to allow the MoH to assess its health financing system.
- A mid-term review of Uganda's health financing strategy was conducted with support from WHO. The objective was to assess the performance and provide recommendations.

Tracking on-and-off budget resources for the health sector 2018/19 –2023/24



2023/2024 Overall Health Sector Financing



## Human Resources for Health

- A novel Health Labour Market Analysis was conducted. This analysis explored the relationship between supply, demand, and need for the health workforce in Uganda, and appropriate policy actions were recommended based on contextual evidence.
- Uptodate information on the health workforce situation was obtained due to technical assistance provided to the MOH's Human Resource Development and Human Resource Management Departments, other sectors, regulatory bodies, and health training institutions.

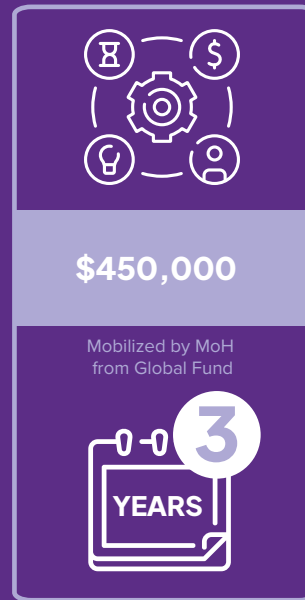




## Health Service Delivery and Quality of Care

With technical support from WHO,

- The annual QoC operational plans were developed and implemented which facilitated the mobilization of stakeholders to address and account for deliverables on national QoC priorities.
- Interventions for improved quality of care for reproductive, maternal, newborn, and adolescent health services catalyzed through improvement collaboratives such as identification, retention and individualized care for high risk pregnancies
- The local maternity and newborn system, a platform for RMNCAH performance monitoring, root cause analysis, prompt problem solving, and accountability developed and rolled out.
- A framework for integrated Quality of Care and mapping priority indicators into a compendium adopted to be utilized for routine monitoring and improvement initiatives for QoC.
- An assessment of patient safety practices conducted to inform the adaptation of the Global Patient Safety Action Plan 2021- 2030.



## Child and Adolescent Health

The WHO country office's support to the Ministry of Health Uganda was focused on making available technical guidance for the delivery of quality services to children under five and adolescents for use by frontline health workers in the country.

- Capacity for Reproductive, Maternal, Neonatal, Child, and Adolescent Health Service Delivery strengthened in 5 districts of Bugiri, Buyende, Iganga, Kamuli and Mayuge in Busoga through training of over 500 health workers in the areas of adolescent health, antenatal care and management of complication during delivery, family planning, new born resuscitation and post abortion care among others.
- Guidelines on Emergency Triage Assessment and Treatment developed and disseminated to improve care for critically ill children across the country.
- Capacity of 4,792 students and 950 teachers from 52 secondary schools was built on adolescent sexual and reproductive health through setting up school health clubs.





- A paediatric treatment protocol to enhance the quality of care for severe and critically ill children admitted to inpatient health facilities developed and disseminated.
- The Generic WHO guidelines for Conducting Pediatric Death Reviews in Health Facilities and the Adolescent Health Services Standards adapted to support the delivery of adolescent-responsive services.
- Capacity of 291 health workers from 94 health facilities was built on adolescent health with creation of health facility-to-schools linkages.

## Reproductive, Maternal Health and Healthy Ageing

- 30 health facilities in Bugiri, Buyende, Iganga, Kamuli, and Mayuge districts equipped with 37 varieties of medical equipment to enhance maternal and child health service delivery.
- 252 health workers from 30 health facilities trained and mentored on Comprehensive Emergency Obstetric Care, Pregnancy, Childbirth and Postpartum Care, Kangaroo Mother Care, Newborn resuscitation and Post Abortion Care.
- 7 types of self-care IEC materials on family planning, antenatal care, HIV/STIs, post abortion care, adolescents, NCDs, and care of older persons developed and disseminated.
- 24 trainers and 25 health workers trained on Self-Care.
- A national strategy on Health of Older Persons 2024 - 2030 developed and costed.
- Interventions for improved quality of care for reproductive, maternal, newborn, and adolescent health services catalyzed.



## Essential Drugs and Medicines

- Mid-term review of the National Pharmaceutical Services Strategic Plan 2021-25 conducted.
- Technical guidance to monitor the implementation of the National Drug Authority Institutional Development Plan provided.
- The health workers' pre-service training pharmacovigilance curriculum adopted by universities and other tertiary institutions. This strengthened reporting of adverse reactions following the use of medical products to improve the quality of patient care.

## Nutrition

Based on the Uganda Demographic and Health Survey 2022, the nutrition status of Uganda's children and women continues to improve though at a slow pace.

- Nutrition Information system improved due to the inclusion of additional nutrition indicators in DHIS2.
- 11 nutrition bulletins based on routine health information data analysis in DHIS2 developed and disseminated.
- Nutrition services quality and client satisfaction survey conducted in Kamwenge, Kyegegwa, Koboko, and Yumbe districts in collaboration with Makerere University School of Public Health.
- 413 health workers from 4 districts trained on nutrition data collection, collation, reporting, and analysis.
- A national nutrition performance review and learning conducted for the national and 14 regional teams, contributing to improved district performance.





# COMMUNICABLE AND NON COMMUNICABLE DISEASES

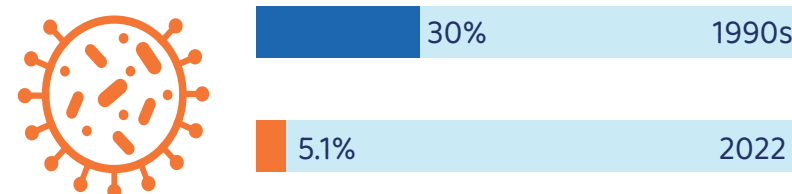


The Universal Health Coverage/Communicable and Non-Communicable Diseases Cluster covers HIV/AIDS, Hepatitis, Tuberculosis, Leprosy, Malaria, Neglected Tropical Diseases, Communicable diseases, and Immunizable and Vaccine-Preventable diseases.

## HIV/AIDS

- Resource mobilization support provided to the Global Fund Country Coordination Mechanism on HIV/TB and Resilient Health Systems Strengthening. A total of USD 288 million was awarded to HIV.
- In collaboration with Makerere University School of Public Health, the Health Sector HIV Strategic Plan updated and aligned with the national planning cycle.
- With support from WHO, systems for AIDS data analysis and reporting strengthened.
- The HIV Strategic Information working group trained on AIDS data analysis and reporting.
- The 2022 National HIV Spectrum estimates generated and facilitated planning and target setting for Global Fund and PEPFAR-related programs.
- The Comprehensive Viral Hepatitis Strategic Plan finalized and approved by MoH leadership.
- The transition of children and adolescents living with HIV and children to optimized DTG-based ART regimens documented in collaboration with Baylor Uganda.

### HIV prevalence declined



## HIV/AIDS

The Final Comprehensive National Guidelines for Management and Prevention of HIV disseminated.



281

Antiretroviral therapy (ART) sites supported to implement the consolidated HIV guidelines



3,915

health workers trained by partners on the consolidated HIV prevention, care, and treatment guidelines with technical support from WHO

With technical support from WHO:

- The Global Alliance initiative to end Paediatric HIV infections by 2030 launched.
- The Advanced HIV Disease Mentorship tool developed.



## Tuberculosis and Leprosy

- The National Integrated HIV/TB Workplace Policy that promotes social protection and establishes a workplace free of stigma for employees impacted by TB or HIV drafted at a consultative stage.
- The TB social protection survey, which explored the availability of TB-specific, sensitive, and was the basis for advocacy to inform the inclusion of TB in social protection schemes supported.
- A budget circular reinforcing the inclusion of TB in all Ministries, Departments, and Agencies' FY 2024/25 work plans and budgets agreed upon due to advocacy conducted at the annual Multi-sectoral Accountability Framework for TB.
- A Zero Leprosy roadmap developed to integrate comprehensive care for leprosy into existing healthcare services.



**USD 31 million** mobilized for MoH TB programs.



## Malaria and Neglected Tropical Diseases

- Therapeutic efficacy study was supported through protocol development, provision of study medicines, and discussions of the provisional results.
- The Malaria outbreak in Namutumba and Kibuku districts was contained. With support from WHO, the incident management system activated, the response plan, incident management team functionality, and standard operating procedures for epidemic risk assessment developed. And the preparedness, response, and post-epidemic evaluation conducted.



**USD 267 million** awarded to MoH Malaria Program from Global Fund



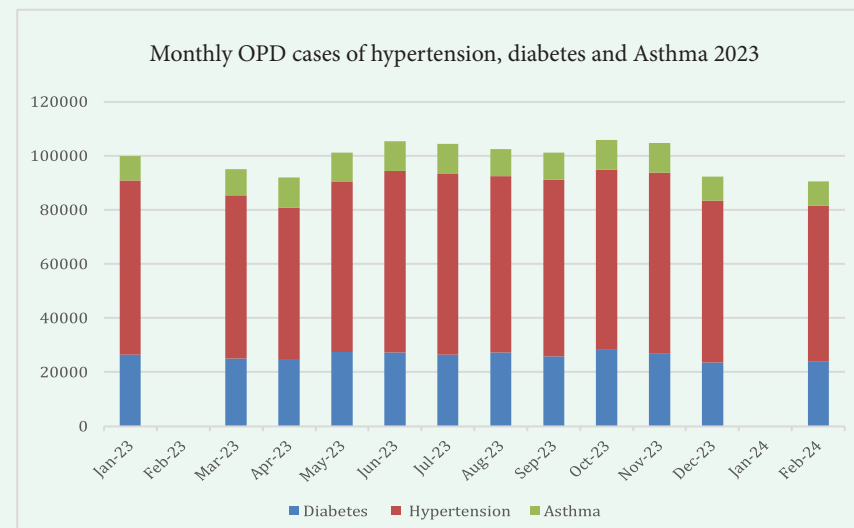
**Over 28 million** LLINs distributed resulting in **Over 80%** operational coverage





## Noncommunicable Diseases

- The second national NCD risk factor survey (STEPS) after nine years conducted to provide strategic information for NCD policy and programming.
- The nutrient profile model to restrict the marketing of unhealthy foods to children under 18 years adapted.
- Treatment Protocol for Screening, Brief Intervention, and Referral for treatment of Alcohol use disorders in primary health care was developed and submitted for approval by MoH structures.
- The second global adult tobacco survey (GATS) to determine the effectiveness of tobacco control interventions conducted to inform tobacco control policy and programming.
- The 5th global road safety report developed and disseminated with support from WHO.
- The Food-based Guidelines to guide food procurement and consumption choices developed.



**105** Parliamentarians sensitized on alcohol related harm in preparation of an alcohol control bill debate.

**159** Law enforcement officers trained on implementation of the Tobacco Control Act, 2015

**17** Districts  
**5** Regions

reaching **6.8m** people

## Presence of Designated Smoking Areas (positive change)

Presence of designated smoking areas, Pre-Enforcement



Removal of designated smoking areas, Post-Enforcement



## Changes in Smoke-free Compliance in selected public places







# Immunizable and Vaccine Preventable Diseases

Routine Immunization

1.7m

infants received 3<sup>rd</sup> dose of Diphtheria-containing vaccines (Pentavalent)

695

surveillance focal points and biostatisticians trained on VPD surveillance

66

Adverse Events Causality Assessments Conducted

65

cases classified as coincidental underlying condition



Measles

06 outbreaks responded to  
1,647 suspected cases investigated  
217 cases epidemiologically linked  
182 positive cases



Yellow fever

9,421,530

persons in 51 districts vaccinated



Ebola Zaire

9,876

frontline health workers vaccinated

87%

of 11,400 vaccine doses administered



Polio Eradication

Polio Free Status sustained

87%

Stool adequacy rate

4.03/100000

Non polio AFP rate



Covid-19

175

Adverse Events of special interest identified from 8 sentinel surveillance sites at regional referral hospitals







# DISTRICT HEALTH MANAGEMENT







**The District Health Management Cluster** aims at strengthening health systems at the subnational level and operates through nine functional hubs covering 103 out of 135 districts in Uganda.

## ■ District Health Systems

- District health functionality assessment was conducted in Kamuli, Jinja and Fort-portal using the WHO National Functionality Assessment tool. Main factors contributing to under performance were identified and discussed at district, regional and national level advocating for corrective measures.
- Health Information Systems assessed in 103 districts covering completeness, accuracy, and timeliness of health data reporting, as well as the capacity for data analysis and use at the district level.
- The allocation of funds for health from national and local governments and the efficiency and transparency of financial management systems were assessed. WHO participated in 90% of the district budget conferences, engaged 30% of population, and assessed 70% of health unit management committees.
- The existence of active health management committees and village health teams in community engagement and their participation in health decision-making and service delivery was assessed to ensure accountability and responsiveness to local needs.
- Using the whole-of-government approach, WHO advocated and promoted health system strengthening and enhanced collaboration and coordination across different government ministries, departments, and agencies.
- The Parish Development Model shared and popularized as an effective way to access communities with health services.



- Data inputs to the Integrated Human Resources Information System was supported and technical advice provided to district health and chief administrative officers.
- The availability, distribution, and capacity of healthcare workers within each district was assessed to ensure quality care delivery. The assessment tackled evaluating staffing levels, skills mix, training opportunities, and retention strategies. Findings showed staff morale, confidence, and level of good client care services boosted and translated into over 80% client satisfaction.



**76%** Uganda district coverage through 9 WHO hubs



**500** Public HF  
**118** Private HF

in 103 districts assessed on health infrastructure and resources.



**90%** improvement in timely submission of district narrative and financial reports

Recommendation on distribution and redistribution of health service resources provided.



# SENIOR MANAGEMENT OFFICE (SMO)



The **SMO cluster** handles cross-cutting enabling functions for the office under the leadership of the WHO Country Representative. The cluster covers climate change, health promotion and social determinants of health, data management, programme management, compliance, external relations, partnerships and communications.

## ■ Climate Change

• In collaboration with Makerere University School of Public Health, MOH was provided the necessary technical support to conduct a Climate Change Vulnerability Adaptation Assessment.

The assessment identified significant impacts on the health workforce, citing threats from infectious diseases arising from water contamination and emerging vector-borne diseases.

The assessment report was validated in November 2023. The validation is a crucial step toward establishing a climate change-resilient health system with sustainable low carbon emissions within the health sector.

Findings from the assessments have informed the Health National Adaption Plan for Climate and Health.

“Climate change is manifesting in increasing temperatures, rising water levels, changing rainfall patterns, and more frequent and severe extreme weather conditions.”

*Dr Diana Atwine  
Permanent Secretary MOH*



Photo by Uganda Radio Network





## Information Management

- Technical support provided during the Uganda Demographic Health Survey 2022 results peer-review and dissemination. The report provides the latest data on the country's progress on health-related SDG indicators.
- The Health Information and Digital Health Strategy 2020-25 which provides digital health and health information commitments and priorities was developed and launched.
- The first Uganda National Digital Health Conference was conducted to discuss Uganda's progress in implementing digital health initiatives and how the country can tap into opportunities presented by digital health.




**10** DHI staff & **45** biostatisticians  
 capacitated to produce health knowledge products including fact sheets and policy briefs.

## Health Promotion and Social Determinants of Health

- The Social Services Manual of the Parish Development Model intended to guide the implementation of community, family, and individual social services activities developed.
- The Health Promotion and Community Health Technical Working Groups and the Advocacy, Communication, and Social Mobilization Subcommittee were strengthened to better provide technical guidance, review IEC materials, develop SOPs, guidelines, tools, and approve operations of community-based organizations in the country.
- The mapping of programmatic and sectoral investments that impact health outcomes in the Busoga and Ankole subregions was conducted. This increased the visibility, role, and investments of other sectors in addressing the determinants of population health and wellbeing and strengthened engagement and collaboration with other sectors.
- Capacity of Village Health Teams strengthened to conduct community dialogues and other behavior change interventions on epidemic-prone diseases in Kyotera, Rakai, Masaka, Kazo, and Tororo districts. This has enabled them to effectively participate in the detection, prevention, early control measures, and reporting of epidemic diseases.
- In the area of partnerships, the Makerere University School of Public Health was designated as a WHO Collaborating Center of Excellence for Health Promotion and Social Behavior Change.
- The Malaria, cholera, and Yellow Fever outbreaks were responded to using community-generated information. This assisted in designing messages, targeting affected communities, and deploying appropriate communication channels and tools.







## Risk Mitigation and Compliance

- WHO Uganda is committed to transparency and accountability in program management.
- Compliance supports program implementation by carrying out Monitoring and Assurance activities using a Risk based approach to ensure value for money at all levels of the organization. This also applies to all collaborative activities undertaken by Implementing Partners.
- Findings from transaction oversight, audits, regular reviews and updates from the WHO Risk Register informed the strengthening of internal controls.
- Assurance capacity-building covered emergencies such as the Sudan Ebola Virus Disease and drought response as well as resources disbursed to the local government for Novel Oral Poliomyelitis and accelerated COVID-19 mass vaccination campaigns.
- WHO staff were trained on WHO Anti- Fraud and Anti-Corruption (AFAC) policy, Internal workflow processes, and third-party modalities.



## External Relations, Partnerships and Communications

### Recognizing the Power of Partnerships for Health

- In 2023, partners entrusted WHO, investing their resources generously in our programs. A total of \$16.1 million were mobilized, making the overall total of biennium 2022-23 to \$59.2 million with an expenditure rate of 96%.
- The partnerships and the close collaboration with our partners was key in enabling Uganda overcome the Sudan Ebolavirus Disease outbreak, prevented the transition of Marburg disease from neighbouring countries and contributed to the reduction of child and maternal deaths, among many other achievements.

 **\$16.1 million**  
Mobilised in 2023

**Total Mobilized**  
**Biennium 22-23**

**\$59.2 million**

**96%**  
Utilization

**44.2 million**  
needed for PB 24-25



## Diversifying Partnerships

We continue to strategically diversify our partnerships to advance our mission, increase our impact, and improve operational efficiency.

By collaborating with a broad spectrum of partners, including the Government, Health Development Partners, UN agencies, Foundations, Civil Society Organizations, Academia and Media, we have strengthened our efforts and expanded our reach to provide health services to the people of Uganda.

### Special Acknowledgment to WHO Flexible Donors

We extend our heartfelt gratitude to all member states contributing towards WHO's un-earmarked funding.

Your unwavering support and generous contributions have been instrumental in allowing us to respond swiftly and effectively to emerging health needs and challenges. Your flexibility has allowed us to allocate resources precisely where they are most needed.





# Communication Products

46



STORIES &  
PRESS RELEASES

29

DONOR REPORTS



3  
NEWSLETTERS  
PUBLISHED



20  
PARTNERS FIELD VISITS



522

SOCIAL MEDIA POSTS  
RECOGNISING PARTNERS



125.9K FOLLOWERS



79.8K FOLLOWERS



84 SUBSCRIBERS

204.9K

CUMULATIVE REACH ON SM



We thank you!



# COUNTRY SUPPORT UNIT (CSU)



The **Country Support Unit** enables implementation of programmes through provision of administrative and operational support.

- Financial, human, and administrative resources were managed in an efficient, effective, results-oriented, and transparent manner.

## HR Management

- Management of human resources improved through enhancing HR processes and creating recruitment rosters.
- Capacity-building was conducted at the national and subnational level on Preventing and Responding to Sexual Exploitation, Abuse and Harassment, and giving oversight to resources disbursed to the local government for Novel oral polio vaccine type 2 (NoPV) and Accelerated COVID-19 mass vaccination campaigns.



## Procurement

- Procurement of goods, services and works was done through catalogue, non-catalogue and Requests for Price Estimates.

To ensure fairness, transparency, efficiency, competition and value for money, procurements of high value were published in the United Nations Global Marketplace and local newspapers.

## Financial Management

Direct Implementation transactions worth

# \$3,530,309

## Logistics and Fleet

- Safe movement of WHO staff was ensured through the deployment of 28 vehicles and 16 drivers at the country office and in regional hubs.

To ensure efficiency and accountability, all vehicles have been installed with tracking devices that monitor the speed, fuel consumption, vehicle movement, location and costs of service and maintenance.







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# Health For All

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