Malaria transmission occurs all year round in most parts of Uganda. The annual reported number of malaria cases in 2019 was 16,243,323 with 5,027 deaths.
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health, Neglected Tropical Diseases and malaria.

For Uganda, we commend the Ministry of Health, in the decision to go ahead with the universal coverage campaign for LLINs and IRS, in accordance with the guidance and recommendations from WHO and the RBM Partnership to End Malaria. This decision, allied with sustained malaria case management through the health system will prevent a significant increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 53.1% increase in malaria cases, and a 235.1% increase in malaria deaths in Uganda. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

Progress
Uganda has procured sufficient LLINs to achieve operational universal coverage of vector control in the targeted at risk population. The country has secured sufficient finances to fund the ACTs, RDTs required in 2021. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Uganda has completed the insecticide resistance monitoring and management plan. Uganda has decreased the estimated malaria incidence and malaria mortality rate by more than 40% since 2010. The country is also showing leadership in malaria control through its participation in the High Burden High Impact approach.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, Uganda has enhanced the tracking and accountability mechanisms with the development of the Malaria Control Scorecard, although the scorecard is not yet posted to the ALMA Scorecard Knowledge Hub. Uganda has launched the Mass Action Against Malaria campaign and the End Malaria Fund.

Impact
The annual reported number of malaria cases in 2019 was 16,243,323 with 5,027 deaths.

Key Challenge
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health, malaria and Neglected Tropical Diseases.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>Malaria services have been maintained. There are sufficient commodities and there has been no interruption in case management as a result of COVID-19. The country is experiencing malaria upsurges in some districts and the national and district level epidemic response mechanisms have been activated. There is no immediate shortage of commodities for these districts. COVID-19 safety protocols remain in place.</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2019 which means that the country is not on track to achieve the 2020 target of a 40% reduction in malaria incidence</td>
<td>Q4 2021</td>
<td></td>
<td>The increase in reported incidence over the period 2015-2019 is attributed by the county to an increase of 13% in health facility reporting. Additionally, the percentage of malaria cases that were confirmed increased from 39% in 2015 to 92% in 2018. The 2018 Uganda Malaria Indicator Survey (UMIS) showed a marked reduction in malaria parasitemia of 9.1%, from 19% reported in 2015 in children under five years of age. The country has completed a sub-national stratification to better target interventions for maximum impact. Uganda has also completed the LLIN universal coverage campaign.</td>
</tr>
</tbody>
</table>

The country has responded positively to the recommended action on removal of tariffs on private sector RDTs to enhance affordability in the private sector.

**RMNCAH and NTDs**

**Progress**

Uganda has achieved good coverage of the tracer RMNCAH intervention of exclusive breastfeeding. Uganda has significantly enhanced the tracking and accountability mechanisms with the ongoing development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Uganda is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Uganda is good for onchocerciasis (77%), for lymphatic filariasis (78%), low for schistosomiasis (61%), for soil transmitted helminths (45%) and very low for trachoma (0%). Overall, the NTD preventive...
Chemotherapy coverage index for Uganda in 2019 is 18, which represents a substantial decrease compared with the 2018 index value (70).

### Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH*: Impact</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td>RMNCAH services continue to be provided whilst respecting COVID-19 preventive measures. There has been no reported stock out of RMNCAH commodities as a result of the COVID-19 pandemic and the country completed the universal coverage campaign with LLINs in Q1 2021. Service delivery indicators monitored as part of the Continuation of Essential Health Services pillar show that service coverage is within the expected range.</td>
<td></td>
</tr>
<tr>
<td>NTDs</td>
<td>Prioritise the funding and other resources for the implementation of preventive chemotherapy for trachoma and work to increase preventive chemotherapy for soil transmitted helminths and schistosomiasis to reach WHO targets.</td>
<td>Q4 2021</td>
<td>The country is now on track for trachoma and two districts (Amudat and Moroto) will have MDA in 2021. The trachoma impact survey is planned in May 2021 in other two districts (Nebbi and Buliisa) as well as a surveillance survey planned in June 2021 in Nakapiripit and Nabilatuk. SCH and STH integrated MDA is conducted on regular basis in 91 targeted districts and different other channels are now used such as integrated health days and ANC</td>
<td></td>
</tr>
</tbody>
</table>

The country has responded positively to the recommended action on the low coverage of vitamin A and continues to track progress as this action is implemented.

### Key

- **Action achieved**
- **Some progress**
- **No progress**
- **Deliverable not yet due**

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1 RMNCAH metrics, recommended actions and response tracked through WHO