

Strategic engagement from national level to community delivery (SEND) – malaria vaccine integration phase 2

Strengthening vaccine delivery and uptake through community-based outreach and routine immunisation in Karamoja, Uganda

Background

Malaria remains one of the leading causes of illness and death among children under five in Uganda, with the burden disproportionately affecting communities in areas where health services are not well established.^[1,2] The nomadic pastoralist communities of the Karamoja sub-region continue to experience some of the highest malaria prevalence rates in the country, driven by seasonal transmission, limited access to health services and persistent barriers to immunisation uptake. Despite progress in malaria prevention and treatment through insecticide-treated nets (ITNs), seasonal malaria chemoprevention (SMC) and improved case management, many children remain under-immunised or entirely unreached by routine vaccination services.

The introduction of the R21 malaria vaccine into Uganda's routine immunisation programme presented a major opportunity to reduce severe malaria and malaria-related child mortality.^[3] However, funding withdrawals created operational and service delivery gaps that threatened the continuity of outreach services, community mobilisation and follow-up systems needed to sustain vaccine uptake in high-burden districts.

Country

Uganda

Funder

Malaria Consortium US

Length of project

August 2025 – August 2027

Partners

Ministry of Health Uganda

National Malaria Elimination Division, Uganda

Uganda National Essential Programme on Immunisation

Karamoja district health teams

Gavi, the Vaccine Alliance

UNICEF

World Health Organization

Project outline and objectives

Building on the achievements and lessons from phase 1,^[4] SEND 2 supports Uganda's Ministry of Health and partners to strengthen integrated malaria vaccine delivery across nine high-burden districts in Karamoja. The project aims to strengthen uptake and integration of the R21 malaria vaccine within Uganda's routine immunisation system through a community-driven and cohort-based delivery model that strengthens linkages between households and health facilities.

Project objectives:

- Increase uptake and completion of malaria vaccine doses among children who are 6–23 months, as well as under-fives who are zero-dose (i.e. have not received any vaccinations), under-immunised or at risk of dropping out before completing the four-dose malaria vaccine schedule.
- Strengthen integration of malaria vaccination into routine childhood immunisation and community-based malaria prevention platforms.
- Improve community awareness, acceptance and demand for malaria vaccination.
- Generate operational learning on integrated malaria vaccine delivery models in mobile populations and those facing barriers to accessing health services.

Activities

The project team is supporting microplanning, data recording and cohort tracking to identify eligible children. Village health teams and health workers are conducting household mobilisation, reminder visits and follow-up of under-immunised and zero-dose children before and during outreach sessions.

Outreach teams are integrating malaria vaccination delivery with routine immunisations, vitamin A supplementation, deworming and malaria prevention counselling during community outreach sessions. Mobile outreach approaches are being used to reach pastoralist and hard-to-reach populations.^[5]

References

1. World Health Organization (WHO). World Malaria Report 2025. WHO; 2025.
2. Uganda Ministry of Health (MoH). Uganda Malaria Indicator Survey 2022–2023. MoH; 2023.
3. Uganda Bureau of Statistics (UBOS), ICF. Uganda Demographic and Health Survey 2022. UBOS, ICF; 2023.
4. Malaria Consortium. SEND — Malaria Vaccine: Strategic engagement from national level to community delivery. Project brief. Malaria Consortium; 2025. Available from: www.malariaconsortium.org/resources/send-malaria-vaccine-strategic-engagement-from-national-level-to-community-delivery
5. Malaria Consortium. Taking a supermarket approach to healthcare integration in remote districts: Experiences from Uganda. Case study. Malaria Consortium; 2025. Available from: www.malariaconsortium.org/resources/taking-a-supermarket-approach-to-healthcare-integration-in-remote-districts-experiences-from-uganda

© Malaria Consortium / June 2026

Unless indicated otherwise, this publication may be reproduced in whole or in part for non-profit or educational purposes without permission from the copyright holder. Please clearly acknowledge the source and send a copy or link of the reprinted material to Malaria Consortium. No images from this publication may be used without prior permission from Malaria Consortium.

UK Registered Charity No: 1099776

Contact: info@malariaconsortium.org

Cover image: A health worker administers a malaria vaccine during a community outreach session in Karamoja, Uganda.

Culturally appropriate social and behaviour change communication activities are being used to address misinformation, reinforce vaccine confidence and promote completion of all malaria vaccine doses.

Health worker mentorship, supportive supervision and data review processes are in place to improve service quality, reporting and programme coordination. District malaria vaccine taskforces are reviewing uptake, operational bottlenecks and community feedback to strengthen adaptive programme management.

Outcomes and impact



Reduction in severe malaria and malaria-related deaths among under-fives in Karamoja. SEND 2 is expected to contribute to increased malaria vaccine uptake and completion among children under five in Karamoja, helping reduce rates of malaria in this group. By strengthening the delivery of integrated outreach and community-based follow-up systems, the project will improve the continuity of immunisation services for at-risk and previously underserved populations.

Improved community trust in strengthened healthcare services. The project is strengthening coordination between malaria and immunisation programmes at district and community levels, while reinforcing health worker capacity, data use and supportive supervision systems. Communities are expected to benefit from improved access to integrated child health services, stronger awareness of malaria prevention and increased confidence in routine immunisation services.

Evidence to advocate for integrated approaches to malaria prevention for underserved populations. SEND 2 is contributing to national learning on integrated malaria vaccine delivery and providing evidence to support future policy and programme decisions on scaling integrated malaria prevention approaches. The project's operational experience in Karamoja will inform strategies for reaching mobile and underserved populations in other high-burden settings.

Project lead: **Pamela Bakkabulindi**
Contact: info@malariaconsortium.org

www.malariaconsortium.org

 **FightingMalaria**
 **MalariaConsortium**

