malaria **consortium**

disease control, better health

Uganda Country strategy 2021-2025

Uganda has a population of 44 million and experiences highly varied burdens of disease. Malaria is endemic in 95 percent of the country, while the remaining five percent is characterised by unstable malaria transmission and prone to outbreaks. Other diseases affecting the population include Ebola. Outof-pocket expenditure on healthcare is moderately high, at 38 percent of current national health expenditure. Local funding for public health is limited, resulting in greater reliance on international funding.

Uganda has successfully implemented numerous universal net coverage campaigns to tackle malaria; however, both changing vector species and behaviour, including emerging resistance to key control tools, have negatively impacted on the coverage and effectiveness of malaria interventions.

Among efforts to tackle the disease head on, integrated community case management (iCCM) was adopted as a national priority, with a community toolkit and digital tool approved at the national level. A large proportion of care in communities is provided through approximately 11,000 frontline providers. Uganda was also among the first countries outside of the Sahel region to deliver seasonal malaria chemoprevention (SMC) to children under five.

The government's Malaria Strategic Plan 2021–2025, based on Mass Action Against Malaria and High Burden High Impact principles, aims to reduce malaria prevalence to one percent and move towards elimination. The country is also looking to achieve universal health coverage (UHC) for 65 percent of the population by 2023.



VHT/ICCM REG

NAME OF HEALTH FACILITY:... SUBCOUNTY/DIVISION:...... NSD...... DISRICT:.....

Malaria Consortium in Uganda

Since 2003, Malaria Consortium has established itself as a leading implementing and technical research organisation in Uganda. We work closely with the Ministry of Health (MoH) at national and subnational levels to support the management of malaria and other childhood diseases.

We consistently deliver innovative and technically sound research through our implementation activities, providing evidence of innovative approaches that can work at scale. We demonstrate pioneering work in iCCM, social behaviour change and community engagement. Our implementation research supports the strengthening of surveillance systems and monitoring and evaluation efforts to ensure the timely use of quality data. It also plays a key role in informing policy and practice, and promoting the development of national strategy and policy.



Malaria Consortium projects

Our strategic approach

- Lead SMC for all eligible children in Karamoja and work with the government to interpret/implement other chemoprevention options (e.g. delivery to wider agegroups, alternative regimens, mass screenings)
- Support the government to effectively prioritise longlasting insecticidal net campaigns and the targeting of next generation nets and insecticides
- Support the government to respond to outbreaks emerging because of displacement or migration of people, and/or unstable transmission of malaria
- Actively support the government on the approach and delivery of a malaria vaccine campaign as this becomes possible
- Find solutions to expand the scope of iCCM in eligible areas, and act as a leader in the digitisation of community service delivery across the country and the corresponding use of data
- Lead and actively support programmes to enhance capacity for differential diagnosis for all health centres, provided funding can be realised
- Build on our experience in Mbale to improve disease diagnosis, propose solutions for greater access to endto-end services on the roadmap to UHC and pioneer new approaches to urban settings

- Scale up public health, epidemiological and entomological surveillance
- Further shape engagement with the private sector in the delivery of public health goods, with solutions to engage private providers, improve their service delivery and gather data from them
- Actively participate, take on leadership roles in, and advocate within technical working groups and coordination mechanisms to improve effectiveness, and to reduce duplication and parallel systems
- Influence the priorities of the national research agenda and develop/maintain an aligned programme of research linked to:
 - · chemoprevention and its adjuvants
 - · malaria elimination
 - interdependencies between diseases and comorbidities
 - UHC, including the effectiveness of the rollout of the Community Health Influencers, Promoters and Services programme and institutionalisation of iCCM
 - surveillance and response, including stratification and tailored responses.