



Annual Report 2025



World Health
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Uganda





World Health Organization

Uganda



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Cover photo: *Health workers practicing evacuation of Ebola patient during the WHO supported simulation exercise.*

Acronyms

| | | | |
|--------------------|--|---------------|---|
| AFP | Acute Flaccid Paralysis | KOICA | Korea International Cooperation Agency |
| AU | African Union | MoH | Ministry of Health |
| AVoHC SURGE | African Volunteer Health Corps – SURGE | NCDs | Non Communicable Diseases |
| BeSD | Behavioural and Social Drivers | NDA | National Drug Authority |
| CCA | Common Country Analysis | NDP | National Development Plan |
| CCM | Country Coordinating Mechanism | NIS | Nutrition Information System |
| CHEWs | Community Health Extension Workers | PHEOC | Public Health Emergency Operations Centre |
| D Card | Diabetes and Cardiovascular Diseases | PHC | Primary Health Care |
| DHIS2 | District Health Information System II | PRSEAH | Prevention of and Response to Sexual Exploitation, Abuse and Harassment |
| eCHIS | electronic Community Health Information System | RMNCAH | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| EPI | Expanded Programme on Immunization | SAC | Strategic Advisory Committee |
| EMRs | Electronic Medical Record system | SDGs | Sustainable Development Goals |
| EMTs | Emergency Medical Teams | SRHR | Sexual and Reproductive Health and Rights |
| EU | European Union | UHC | Universal Health Coverage |
| FCDO | Foreign, Commonwealth & Development Office | UNICEF | United Nations Children’s Fund |
| HDP | Health Development Partners | UNSDCF | United Nations Sustainable Development Cooperation Framework |
| HIS | Health Information Systems | USAID | United States Agency for International Development |
| HPV | Human Papillomavirus | UVRI | Uganda Virus Research Institute |
| ICC | Inter agency Coordinating Committee | WHO | World Health Organization |
| IDSR | Integrated Disease Surveillance and Response | | |
| IHR | International Health Regulations | | |
| IPC | Infection Prevention and Control | | |

Foreword

The Annual Report outlines WHO's contribution to health sector results in 2025. It shows how technical leadership, partnerships, and normative guidance advanced universal health coverage, emergency preparedness, and essential health services.

The year 2025 demonstrated both the vulnerabilities and remarkable resilience of Uganda's health system. The Ministry of Health, alongside WHO and partners, demonstrated that a system capable of responding to emergencies is not built in isolation. It is built through consistent investment in the foundations of primary care, strong governance, and a prepared workforce. This achievement reaffirms that outbreak control and health system strengthening are mutually reinforcing, not competing priorities.

Against a backdrop of declining development assistance for health, reduced partner footprints, and multiple concurrent disease outbreaks, we successfully navigated a complex multi disease outbreak environment. We contained threats that could have overwhelmed less prepared systems. This included containing an outbreak of Ebola in 87 days after 14 cases (12 confirmed and 2 probable). The two deaths among the 12 confirmed cases gave a 16.6% case fatality rate - one of the lowest deaths reported in an Ebola outbreak. Concurrently, we advanced foundational reforms, using evidence from health systems analysis and functionality assessments to guide investments. These actions reflect a mature approach to health development that builds a more equitable and people-centered system for the future.

We successfully reduced maternal and neonatal deaths in Busoga sub-region through a five-year health system strengthening project with reduction of institutional maternal deaths from 66 per 100,000 live births in 2020 to 19.3 per 100,000 live births in 2025. Antenatal and postnatal care attendance also increased. Deliveries by skilled birth attendants increased from 54% in 2020 to 71% in 2025.

Between 2021 and 2025 a total of 28 healthy facilities were renovated benefiting more than 800,000 people. Twenty-eight rainwater harvesting systems and five boreholes were installed to boost water supply to various health facilities. Seven ambulances were procured facilitating 8,051 emergency referrals over the five year period. Thirty facilities were also equipped with obstetric and newborn emergency and cold chain systems.

We worked with the government to integrate service delivery from disease specific focus for Tuberculosis, HIV and Malaria. We also tackled non-communicable diseases in four districts.

In 2026, our efforts will be guided by three interconnected strategic priorities:

1. Promoting healthier lives through empowered communities and multi-sectoral action.
2. Providing quality people-centred health care without financial hardships.
3. Protecting populations from health emergencies through prevention, early detection and rapid response.

I extend my sincere appreciation to the Ministry of Health, district leadership, health workers, development partners and communities for their dedication and collaboration throughout 2025. Together, we continue to build a health system that is more resilient, more efficient, and more responsive to the needs of Uganda.

Dr. Kasonde Mwinga
WHO Country Representative to Uganda





Executive Summary

In 2025, Uganda's health sector demonstrated notable resilience and strategic maturity in the face of a highly constrained and volatile environment. Declining external financing, reduced partner presence at sub-national level, and concurrent public health emergencies tested the capacity of the health system. Under the leadership of the Ministry of Health, with sustained technical and strategic support from WHO and partners, Uganda not only contained these acute threats but also advanced critical health system reforms that will shape long term resilience, equity, and sustainability.

Progress toward health outcomes continue despite persistent structural constraints. Uganda recorded gains in life expectancy, immunization coverage, HIV and tuberculosis treatment outcomes, maternal and child survival, road safety, and access to sanitation. Expansion of primary health care infrastructure, digital health platforms, and district-level system functionality assessments strengthened service

delivery closer to communities. At the same time, significant inequities remain by geography, wealth, and gender, and the burden of non-communicable diseases continues to rise, underscoring the urgency of integrated, people-centred models of care.

A defining feature of 2025 was the clear confirmation that effective emergency response and health system strengthening are mutually reinforcing. Uganda's health security was decisively demonstrated through the containment of the Ebola outbreak within 87 days and a dramatic reduction in Mpox transmission, achieved by integrating vaccination and response into routine primary care. These victories were built on strengthened surveillance, rapid response teams, and a reinforced regulatory environment, exemplified by the Uganda Virus Research Institute's new regional role in polio virus sequencing. Concurrently, foundational health gains were sustained and accelerated. The yellow fever vaccination campaign reached 9.2 million people. Maternal and child health improved through targeted projects in Busoga and Bunyoro. Over 97 districts completed functionality assessments to guide evidence-based investments.

A major strategic shift in 2025 was the advancement of service integration across communicable diseases, non-communicable diseases, maternal and child health, nutrition, and emergency preparedness. In response to shrinking fiscal space, the Ministry of Health, supported by WHO, established national governance structures for integration, developed harmonized tools, and initiated system-wide reforms to reduce fragmentation, improve efficiency, and protect essential services during shocks. Early results from integrated models, particularly at primary care



Progress toward health outcomes continued despite persistent structural constraints. Uganda recorded gains in life expectancy, immunization coverage, HIV and tuberculosis treatment outcomes, maternal and child survival, road safety, and access to sanitation.



and district levels, demonstrate improved service readiness, continuity, and value for money.

WHO played a pivotal role in driving sustainable health financing dialogue. High-level national and regional engagements in 2025 helped reposition health as a core investment in human capital and development. WHO efforts contributed to increased domestic budget allocations and a clearer reform pathway toward equity and financial protection. These efforts were complemented by strengthened regulatory systems, improved access to quality assured medicines and technologies, and progress toward internationally recognized regulatory maturity.

At the strategic level, WHO's contribution focused on governance, policy coherence, and system transformation. In 2025, WHO supported the Government to design and launch a new generation of national health strategies and compacts aligned with the National Development Plan IV and the United Nations Sustainable Development Cooperation Framework. These included the Ministry of Health Strategic Plan 2025/26–2029/30, the National Health Compact 2030, the National Integration Framework, and multiple disease-specific strategic plans. Collectively, these instruments provide a unified roadmap to accelerate progress toward Universal Health Coverage (UHC), strengthen financial protection, and improve service quality and equity.

Behind the scenes, WHO's country presence remained a critical enabler. Despite a reduction in staffing and resources, operational continuity, accountability, and field support were maintained through prioritization and efficiency measures. Strong attention to prevention of sexual exploitation, abuse



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and harassment (PRSEAH) ensured that humanitarian and emergency responses upheld rights, dignity, and trust at community level, reinforcing WHO's normative leadership.

Looking ahead to 2026, the strategic direction is clear and deliberately focused. WHO Uganda will concentrate on three mutually reinforcing priorities: promoting healthier lives through empowered communities and multi-sectoral action; providing quality, people-centred health care without financial hardship; and protecting populations from health emergencies through prevention, early detection and rapid response. These priorities reflect lessons from Country Corporation Strategy 2021-2025 and respond directly to Uganda's evolving epidemiological, demographic, and financing realities.



WHO staff member supporting an immunization outreach.

Introduction

Uganda remains firmly committed to achieving Universal Health Coverage (UHC) by 2030, in line with SDG goals, Vision 2040, global frameworks and the National Development Plan IV (2025/26–2029/30) including the Universal Health Coverage 2030 Global Compact and African Union Agenda 2063. The National Health Compact 2025 articulates this vision through six strategic pillars and seven high-level targets. These included raising the UHC Service Coverage Index from 49% in 2020 to 58% in 2030, increasing the health share of the government budget from 5.6% to 9%, and reducing catastrophic health expenditure from 13.6% to below 10% by 2030.

Progress has been notable. Life expectancy rose from 63.7 years in 2014 to 68.2 years in 2024. HIV treatment coverage increased from 60% in Financial Year



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2019/20 to 96.8% in 2023/24, and effective Tuberculosis treatment from 40% to 91.3%. DPT3 vaccination coverage has remained above 90% since Financial Year 2019/20. Antenatal care (4+ visits) improved from 49% in 2023/24 to 56% in 2024/25, while satisfaction



Health worker carrying out the malaria test.



with modern family planning methods rose from 46% to 58% during the same period. Basic sanitation access more than doubled from 19% in 2019/20 to 43% in 2024/25. Road traffic mortality declined from 29 to 16 per 100,000 population. Maternal mortality fell from 336 to 189 per 100,000 live births, under-five mortality from 64 to 52 per 1,000, infant mortality from 43 to 36, and neonatal mortality from 27 to 22 in the same period.

Infrastructure has expanded, with 74% of sub-counties now having functional Health Centre IIIs (up from 52% in 2020) and hospital beds increasing to 6 per 10,000 population. Domestic production of essential medicines and commodities meets 20–30% of national demand. The Essential Health Care Package has been revised to include quaternary care, and digital health systems (DHIS2, EMRS, eCHIS) have advanced.

Persistent challenges constrain further gains. The UHC Service Coverage Index stands at 49%, with

inequities by geography, wealth, and gender. Non-communicable diseases show rising burdens, while stunting remains at 26% and child anaemia at 44%. Health workforce density is critically low: 2.1 physicians per 10,000 population (versus an ideal 23) and only 34% of approved positions filled. Specialists are scarce (surgeons 0.7, psychiatrists 0.14 per 100,000). Per capita total health expenditure is USD 53.1, with government domestic health expenditure at USD 13.2, which is below USD 86 recommended by WHO. Out-of-pocket payments account for 31.6% of current health expenditure, driving catastrophic expenditure for 11.9% of households. Medicine stock-outs affect 30% of facilities, and digital systems suffer from fragmentation and poor rural connectivity.

These realities highlight the urgent need to strengthen community systems, workforce adequacy, sustainable financing, multi-sectoral action, and governance to build a resilient, equitable, and people-centered health system that leaves no one behind.



Children showing vaccination cards after immunization exercise – Vaccines Save Lives



WHO Country Cooperation Strategy 2021–2025 Priorities



Strategic Priority 1: Strengthen the health systems at all levels through the life course and multisectoral approach to deliver quality integrated people-centered health services.



Strategic Priority 2: Build and sustain resilient capacities required to keep Uganda safe from epidemics, pandemics, and other health emergencies.



Strategic Priority 3: Scale up equitable access to integrated essential services for prevention, control and elimination of communicable and non communicable diseases.



Strategic Priority 4: Strengthen health information systems and digital innovations to generate evidence and monitor health trends.

This report outlines WHO's contribution to Uganda's health context, priorities, and system performance in 2025. The chapters that follow examine how strategic leadership, partnerships, technical assistance, and front-line action translated national commitments into measurable results. They present a coherent account of impact, accountability, and learning, guiding readers through achievements, challenges, and the strategic directions shaping WHO Uganda's work going forward.

Strategic Leadership and Partnerships for Health in Uganda



On 19 August 2025, Dr Tedros Adhanom Ghebreyesus, the WHO Director-General, met President Yoweri Kaguta Museveni at Nakasero State Lodge to discuss Uganda's health priorities, including sustainable financing, public health insurance, and expanding local pharmaceutical manufacturing.

On 26th April 2025 Dr Chikwe Ihekweazu, Acting Regional Director for WHO Africa Region visited Uganda and congratulated Hon Jane Ruth Aceng Ocerro on successfully bringing the Ebola outbreak to an end.



Dr Mohamed Yakub Janabi assumed office as the WHO Regional Director for Africa on 30 June 2025, providing strategic leadership for advancing health priorities across the African Region.



Dr Abdourahmane Diallo, Director for Programme Management, WHO Africa Region delivers a keynote address to African Health Ministers at the Inaugural Africa Health Summit in Kampala. His speech highlighted the importance of health leadership, innovation, and collaboration in strengthening health systems across Africa.

The Summit also featured the Heroes in Health Awards (HIHA), a flagship initiative of Uganda's Ministry of Health that recognizes outstanding individuals and institutions for their contributions to strengthening health systems, innovation, and community health across Uganda.

Within 12 hours of the official notification of an Ebola outbreak, Dr Mike Ryan, WHO Deputy Director-General and Executive Director of the Health Emergencies Programme, arrived in Uganda to reinforce response coordination efforts.

He reached the country on 31 January 2025 and met Ministry of Health leadership and health development partners the following day. Dr Ryan's mission focused on providing WHO's tested technical guidance to support a comprehensive, system-wide response to the outbreak.





WHO's strategic support and technical collaboration for the development of New Policy Documents

WHO provided comprehensive technical support to the Ministry of Health on strategic policy and planning, guiding the evidence-based development of key documents under the new five-year planning cycle. This included the Ministry of Health Strategic Plan 2025/26–2029/30, the Integration Framework, and the National Universal Health Coverage (UHC) Compact. In collaboration with partners, the Government responded to the WHO–World Bank global initiative, formally adopting the Compact through the Ministries of Health and Finance and ensuring Uganda's participation in the UHC Forum in Japan. All key strategic documents were officially launched during the Joint Review Mission on 9–10 December 2025, supported by WHO, alongside the presentation of the annual Health Sector Performance Report 2024/25. These key documents provide a clear roadmap for strengthening Uganda's health system, guiding

program implementation to expand access to quality health services and improve health outcomes for people across the country.

WHO provided critical leadership in developing evidence-driven national strategies, including the National Tuberculosis and Leprosy Strategic Plan 2026–2030, the National HIV Strategic Plans, the HIV/Mpox Integration Guideline, the National Malaria Strategic Plan (2026–2030), and the Malaria Drug Resistance Response Plan. Together, these efforts have strengthened policy coherence, improved programme coordination, and positioned Uganda to deliver more efficient, integrated, and sustainable health services across all major programmes.

Dr Francis Kasolo, Director and Head of the WHO liaison office at the African Union and the UN Economic Commission for Africa represented WHO African Region at the Eleventh Session of the Africa Regional Forum on Sustainable Development (ARFSD-II).



Hon. Dr Jane Ruth Aceng Oceru, Minister of Health and Dr Francis Kasolo, Director and Head of the WHO liaison office at the African Union and the UN Economic Commission for Africa at the Eleventh Session of the Africa Regional Forum on Sustainable Development (ARFSD-II).

The United Nations Common Country Analysis (CCA) for Uganda

The United Nations Common Country Analysis for the United Nations Sustainable Development Cooperation Framework in Uganda provides a comprehensive, evidence-based assessment of the country's socioeconomic, political, environmental, and development landscape in alignment with the SDGs and the 2030 Agenda. The process was convened and jointly led by WHO and UNICEF, bringing together all United Nations agencies to contribute sector-specific analysis for Sustainable Development Goal 3 under a coordinated United Nations system approach. Anchored in Uganda's Vision 2040 and successive National Development Plan (NDP) III, the analysis highlights progress alongside persistent structural challenges, including poverty, inequality, health system gaps, climate vulnerability, and institutional constraints. The analysis also provided the analytical

foundation for the United Nations Sustainable Development Cooperation Framework 2026–2030. It guided joint interventions toward equitable growth, social justice, and sustainable development aligned with the Sustainable Development Goals and the 2030 Agenda.



The UN Common Country Analysis provided the analytical foundation for the United Nations Sustainable Development Cooperation Framework 2026–2030, guiding joint interventions toward equitable growth, social justice, and sustainable development.



UN Agencies and Embassy of Sweden engage with His Majesty William Wilberforce Kadhumbula Gabula Nadiope IV, the King of Busoga, during the Regional Inter-Agency Steering Committee mission for the 2gether4SRHR Programme.



Saving lives and safeguarding communities

An Ebola outbreak was declared on 30th January 2025 in Uganda by the Ministry of Health. By the end of the outbreak on 24th April 2025, a total of 14 cases had been identified - 12 confirmed and 2 probable cases, with 2 deaths. This outbreak was contained successfully within 87 days. This rapid containment was achieved through coordinated effective actions by the Ministry of Health with support from WHO and partners. A strong multidisciplinary multisectoral response structure was activated, building capacity established

with support from WHO. This response architecture included a central coordination structure, timely deployment of surveillance mechanisms for detection and confirmation coupled with engagement of communities to halt the outbreak. Additionally, operational and logistics support, essential supplies, medical commodities, including personal protective equipment were delivered to treatment centres in Mbale, Mulago and Fort Portal and affected districts, ensuring frontline readiness.



Emergency Medical Team preparing to transport suspected Ebola patient to isolation facility.



Through strong partnerships, a randomized clinical trial for vaccine candidates against Sudan Ebolavirus species was launched within four days of the declaration of the outbreak by the Ministry of Health and national capacities were strengthened to support rapid research activation for future outbreaks.



Ebola responders from various partners in planning meeting during Ebola outbreak.



In 2025, the Ebola Strategic Advisory Committee, Uganda's highest decision making body for outbreaks and emergencies, played a central role in steering the national response to the outbreak. The committee convened regularly to review epidemiological updates, align strategic direction, and coordinate top level decision making involving the Ministry of Health, WHO, UNICEF, USAID and other partners. Key engagements included high-level briefings with global leaders such as Dr Michael Ryan, Executive Director of WHO Health Emergencies programme, who provided technical guidance and affirmed WHO's continued support.

The discussions and related partner engagements throughout February and March emphasized updated strategic directions, vaccination considerations, resource mobilization, and maintaining unified messaging, as reflected in high level strategic meetings. The Committee's strategic coordination enabled evidence driven decisions, rapid operational adjustments, and a coherent national response architecture that led to the successful control of the outbreak.

The 2025 Ebola Partners Forum brought together government leaders, ambassadors, WHO, United Nations agencies, development partners, NGOs, and frontline responders to review Uganda's response to the 2025 Ebola outbreak and strengthen future preparedness. The forum Organised by WHO at the request of the government of Uganda, emphasized accountability, transparent reporting, modernization of surveillance tools, optimized supply chains, and the institutionalization of resilient health systems to manage future outbreaks. Partners reaffirmed their commitment through joint statements and coordination mechanisms, recognizing both the successes and systemic vulnerabilities revealed during the outbreak and underscoring the need for



continued investment in preparedness and sustained donor support.

Furthermore, WHO strengthened coordination and resource optimization during the response by deploying a digitized 4W partner mapping platform (Who, What, Where, When). This enabled bi-weekly analytics to inform high-level strategic decisions. This allowed real time visualization of Thirty-two partners supporting work across eleven response pillars.





Hon. Dr Jane Ruth Aceng Oceru, Minister of Health (far left), Dr Diana Atwine, Permanent Secretary, Ministry of Health (far right) and Dr Kasonde Mwinga, WHO Representative with two Ebola survivors showing their discharge certificates.



The Committee's strategic coordination enabled evidence driven decisions, rapid operational adjustments, and a coherent national response architecture



WHO staff member training Ebola responders on infection prevention and control.





Hon. Dr Jane Ruth Aceng Oceru, Minister of Health, Dr Chikwe Ihekweazu, Ag. Regional Director and Dr Kasonde Mwinga, WHO Representative with WHO staff members celebrating End of Ebola.

Uganda declared the end of its Ebola outbreak on 26 April 2025, following 14 cases, 12 confirmed and two unconfirmed, and two deaths. WHO was represented at the declaration by Dr Chikwe Ihekweazu, Acting WHO Regional Director for Africa. Dr Ihekweazu noted that the outbreak posed unique challenges by affecting both urban and rural areas against a backdrop of global funding constraints. He commended Uganda's long-standing leadership in managing public health emergencies and reaffirmed WHO's pride in supporting the response throughout the event.

Besides aligning emergency response, WHO strengthened partner engagement in Uganda by serving as the permanent co-chair and secretariat. WHO convened eleven coordination meetings in addition to several ad-hoc online meetings during the year. These meetings aligned partner support with national priorities and guided implementation

of the Health Development Partners workplan across governance, financing, and service delivery. Key achievements included the development of a joint health financing position paper, the national integration framework and maturity model, and capacity building of Community Health Extension Workers.



Besides aligning emergency response, WHO strengthened partner engagement in Uganda by serving as the permanent co-chair and secretariat.



WHO, continued to strengthen Human Resource capacity to prevent, detect and respond to public health risks with support from Foreign, Commonwealth & Development Office. Seventy eight responders from six Ministries, Departments and Agencies were trained in key aspects of setting up and monitoring an effective response. This approach highlights the multidisciplinary and multisectoral approach that is critical in building health security. These teams have been added to a Regional expertise that is readily deployable across the African Region.

The Ministry of Health Mass Gathering Health Preparedness Framework was successfully tested during Uganda Martyrs' Day celebrations, incorporating risk assessment, Infection Prevention and Control strengthening, emergency medical

services, and surveillance enhancements. The event attended by three million pilgrims concluded with zero fatalities, demonstrating a strengthened national capacity to manage public health risks during large gatherings.

Mpox cases were reduced from a monthly average of 929 cases in the first five affected districts to fewer than 22 districts by November 2025. Over 8,359 cases and 50 deaths were registered in the same period. This was done through intensified surveillance, strengthened case management, vaccination of 193,958 high-risk individuals and community Infection Prevention and Control interventions. The disease has since been integrated into routine primary health care services, ensuring sustained detection and clinical management capacity.



H.E Lisa Chesney MBE, British High Commissioner to Uganda (2nd right) hands over certificates of participation to the emergency responders.





Emergency Medical Team at Ebola isolation facility.

Changing the lives of mothers and children – from Busoga to Bunyoro

Through strong collaboration between the Ministry of Health, WHO and the Korean International Cooperation Agency (KOICA), Uganda implemented a five-year, USD 10 million project in the Busoga region. The project recorded significant gains in Reproductive, Maternal, Newborn, Child and Adolescent Health Service Delivery in Bugiri, Buyende District, Iganga, Kamuli and Mayuge districts.

The project proved highly effective and operationally efficient, leveraging strategic partnerships, digital

tools and cascading training for health workers and managers. It was well aligned with national priorities and plans, strengthened sustainability through district leadership and the use of existing structures, and remained responsive to community needs. Most importantly, beneficiaries reported noticeable improvements in the quality of care, reflected in reduced maternal and neonatal mortality rates across the 30 targeted health facilities. This demonstrated the project's tangible impact on the lives of women, children, and families.

Project interventions and achievements from 2020 to 2025.



28 Health facilities renovated, benefiting more than **800,000** people including pregnant women and newborns.



30 Health facilities equipped for obstetric and newborn emergency care



28 Rainwater harvesting systems and **5** boreholes installed to boost water supply at various health facilities.



30 Health facilities equipped with cold chain systems to support vaccine storage



7 Ambulances procured to strengthen the referral system, facilitating more than **8,051** emergency referrals since July 2021



400+ Health workers trained in maternal, newborn and child health for improved quality of care



2,739 Teachers and health workers trained and **11,742** students reached with sexual and reproductive health education.



15 District Health Management Team members trained on governance and leadership.



53 Smartphones provided to support weekly reporting and tracking of supervision activities.



234 Health workers trained to improve data reporting and use for evidence-based decision making.

| 30 Supported Health Facilities | 2020 | 2025 |
|---|------|--------|
| Institutional maternal mortality ratio (number of deaths per 100,000 live births) | 66.0 | 19.3 ↓ |
| Institutional neonatal mortality ratio (number of deaths per 1,000 live births) | 5 | 2.5 ↓ |
| Antenatal care attendance in the first trimester | 30% | 48% ↑ |
| Attendance of at least four antenatal care visits | 40% | 56% ↑ |
| Deliveries attended by skilled health workers | 54% | 72% ↑ |
| Postnatal care attendance for women within two days of delivery | 93% | 95% ↑ |



On 4th July 2025 Dr. Kasonde Mwinga, WHO Representative (left), Dr. Diana Atwine, Permanent Secretary, Ministry of Health (center) and Ms. Jihae Ahn, Country Director, Korea International Cooperation Agency (right), commissioned the refurbished health facilities at Bulamagi Health Centre III, Iganga District.



Health worker helping an adolescent complete the tool.

In complementarity, the “2gether4SRHR” United Nations UN initiative advanced sexual and reproductive health and rights, quality adolescent services, and male engagement to tackle high teenage pregnancy rates in the region. As part of a new partnership with the Kingdom of Busoga, WHO trained 21 chiefs and clan heads, equipping them with skills and tools to act as community champions for adolescent health across the Kingdom. In parallel, a WHO-supported bottleneck analysis identified barriers to scaling up evidence-based family planning and guided measures to strengthen behaviour change communication, task sharing, and post-pregnancy services, laying the foundation for more equitable and accessible care for women and adolescents.

In Bunyoro, Western Uganda, WHO strengthened maternal and newborn care across nine districts through the Bunyoro Local Maternity and Newborn System platform. To address gaps in surgical skills, WHO trained 20 medical officers in comprehensive emergency obstetric and newborn care and provided equipment for virtual learning and case discussions, critical for improving quality of care. This contributed to reductions in institutional maternal and perinatal mortality.

Institutionalizing self-care: the path towards a more active lifestyle

WHO, in collaboration with the Ministry of Health Uganda, has supported the institutionalization of self-care to empower individuals to manage their own

health and enhance their well-being. The process began with the national launch of self-care guidelines and the development of standardized competencies, which were integrated into pre-service nursing curricula to strengthen workforce readiness and sustainability.

To support subnational implementation, WHO facilitated a policy dialogue in Butebo District to align governance and accountability, followed by an action planning workshop in Kampala where stakeholders developed district-specific plans outlining priority interventions, integration into workplans, supervision, and monitoring frameworks.



Ibra Ikoba, Assistant Academic Prefect and Peer educator, Bunya Secondary School, Mayuge District.

“

We use the slogan 'Education First, Children Wait' to encourage our peers to focus on school and delay sexual activity. At first, some students laughed at us, but now, even those who were stubborn have changed.

”



Everline Sunday Wafula, Teacher and Health Club Patron, Bukoyo Secondary School, Iganga District.

“

Before the project started, early pregnancy was a serious issue here. Every beginning of term, we would identify at least four or five pregnant girls. That has now changed. These days, we examine and find none or get only one.

”

Driving investments in health

WHO strengthened evidence-based advocacy for domestic health financing by conducting various economic analyses. The findings contributed to a 14.6% increase in Government allocation to the health sector in Financial Year 2025/26 compared to the previous financial year, reinforcing progress toward sustainable health financing and UHC.



Community health worker interacting with a mother in Mayuge district

WHO played a pivotal role in advancing health financing reforms in Uganda. WHO supported the country's first high-level national health financing policy dialogue, held from the 6th to 8th May 2025. This landmark dialogue built consensus across government and partners, anchored commitments at the highest political level, and produced a clear roadmap toward sustainable financing, equity, and financial protection. At the regional level, WHO convened a side event on sustainable health financing during the 11th African Regional Forum on the Sustainable Development Goals, highlighting innovative, country-led solutions amid shifting funding dynamics.

Improving access to medicines through improved regulatory systems

Uganda has made important progress in strengthening the regulation of medicines and health products with support from the World Health Organization. A high-level mission helped the Ministry of Health and the National Drug Authority (NDA) recommit to improving regulatory systems and

advancing toward Maturity Level 3, a WHO standard that means the medicines regulator is stable, reliable, and able to consistently ensure that medicines and vaccines are safe, effective, and of good quality. Through WHO targeted in-country and international trainings, exposure to best practices from other countries, and through supported self-benchmarking assessment, National Drug Authority strengthened its institutional capacity and identified priority actions.



On 25th August 2025, the WHO three level delegation met Dr Medard Bitekyerezo, Chairman of the National Drug Authority.

Improving Data to drive nutrition gains

WHO, in collaboration with UNICEF and with European Union funding, strengthened Uganda's National Nutrition Information System (NIS) to improve the availability and use of nutrition data. In 2025, sixteen master trainers were trained on revised Health Management Information System tools and cascaded the training to 237 health workers across 37 facilities in four priority districts. Over the multi-year project, efforts enhanced health workers' capacity to collect, manage, and use nutrition data, supported digital reporting, and improved service quality, contributing to declines in stunting and wasting.

Complementing this, WHO conducted a national survey of commonly marketed foods in 17 towns across 14 regions, providing evidence to finalize Uganda's National Nutrient Profile Model and guide food marketing regulations, product reformulation, and healthy diet promotion.

Digital Innovations

WHO provided support to the Ministry of Health for the end-of-cycle evaluation of the Health Information and Digital Health Strategy 2020/2021–2025/2026. Through the use of standardized templates, global best practices, comparative insights, and structured methodological guidance that enable a comprehensive evaluation of the strategy's performance, Uganda is on the way to integrating,

artificial intelligence-enabled innovations in the forthcoming strategy.

WHO supported efforts to strengthen digital interoperability and data governance. This included the transition of key digital health platforms to MoH and National Information Technology Authority. This promote national ownership, data security, and long-term sustainability. Continued advocacy was undertaken to reduce fragmentation and prevent proliferation of parallel digital systems. This reinforced alignment with the National Digital Health Strategy and optimized the use of digital innovations in health.



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Driving performance at local level for sustainable impact

In 2025, Uganda's health system faced sustained pressure from multiple outbreaks amid declining development assistance. Under the leadership of the Ministry of Health, WHO and partners reinforced district-level health systems to improve coordinated service delivery and epidemic readiness.

Ninety-seven districts completed District Health System Functionality Assessments, generating critical evidence to guide targeted capacity building and system improvements. These assessments strengthened efficiency, cross-sector collaboration, and evidence-based budgeting, ensuring that identified gaps were prioritised for implementation and investment. Progress at district and community levels demonstrated that resilient, people-centred

health systems are essential for sustaining essential services, improving health outcomes, and advancing Universal Health Coverage and health security.



The District Health System Functionality Assessments strengthened efficiency, cross-sector collaboration, and evidence-based budgeting, ensuring that identified gaps were prioritised for implementation and investment.



WHO staff members delivering Ebola discharge materials.

WHO has always been with us during the hard times when responding to Public Health Emergencies,” says *Dr Jonathan Wanjisi, District Health Officer for Mbale district*, adding that “the WHO field teams have always stayed back to integrate emergency response actions into district health systems during recovery”



Risk Communication and Community Engagement with community leaders during Ebola outbreak response.

To address gaps in the capacity of health workers serving diverse, often vulnerable populations, WHO introduced the *Refugee and Migrant Health: Global Competency Standards for Health Workers*. These standards promote culturally appropriate, ethical, and evidence-based care tailored to the needs of displaced populations.

Reducing Disease Burden, Advancing Health Equity

Expanding Access to life-saving vaccines and immunization equity

Yellow Fever Preventive and Reactive Mass Vaccination Campaign:

9.2 million people (93%) aged 1-60 years vaccinated across 36 districts reducing outbreak risk and advancing Uganda's yellow fever elimination goal.

Malaria vaccine introduced in **107 districts** and **82% of eligible children** received Dose 1, **47% Dose 2**, and **30%** completed Dose 3 within six months.

Reach Every District /Reach Every Child (RED/REC) microplanning strengthened through training of **1,040 health facilities, 3,120 health workers, 3,620 Village Health Teams** coordinators, and 1,428 sub-county chiefs across 48 districts, with **4,500 templates** distributed to 107 districts.





11,000 health workers trained across **438 facilities** to reduce missed vaccination opportunities, boosting service quality and increasing immunization uptake.



A rural Behavioral and Social Drivers (BeSD) study, revealed high vaccine **confidence (90%)** and **strong intent (93%)**, but 40% of caregivers turned away, highlighting health system gaps as the main barrier in rural areas not vaccine hesitancy,



In collaboration with the Ministry of Health (MoH) and partners, WHO provided technical support to scale up the Community Health Extension Workers (CHEWs) programme to **30 additional districts**. This covered training, supportive supervision, and the provision of essential tools and materials. This expansion significantly strengthened community-based health promotion, disease prevention, and early detection at the primary health care level.



Strengthening surveillance and laboratory systems

In 2025, Uganda with support from WHO strengthened its position as a regional leader in polio surveillance with the accreditation of the Uganda Virus Research Institute (UVRI) as a poliovirus sequencing laboratory under the Global Polio Laboratory Network. This milestone authorizes UVRI to report vaccine protein 1 sequencing results directly to the Ministry of Health and to neighbouring countries, eliminating the need to ship samples overseas and significantly reducing turnaround time, operational costs, and biosecurity risks.

Additionally, as a long-standing regional reference laboratory, UVRI/EPI National Polio Laboratory processed 4,169 stool specimens from six countries and achieved 93% timeliness for virus isolation which is above the $\geq 80\%$ standard. By maintaining more than a decade of continuous accreditation, complemented by WHO's financial and technical support, Uganda sustained its polio-free status through strong Acute Flaccid Paralysis and environmental surveillance. This surpassed all core indicators, including a

non-polio Acute Flaccid Paralysis rate of 2.3/100,000, stool adequacy of 89%, and full functionality of 11 environmental surveillance sites. Together, these achievements underscore Uganda's strengthened genomic capacity and readiness for rapid detection and response to any poliovirus importation.

Scaling up quality Non-Communicable diseases services at Primary Health Care level

In partnership with the Ministry of Health, WHO strengthened Uganda's capacity to prevent and manage non-communicable diseases through the Delivery for Cardiovascular Risk Reduction (D-Card) project. The initiative enhanced service readiness in 40 primary healthcare facilities across four districts through the provision of essential diagnostic and monitoring equipment valued at USD 191,134. The equipment included essential diagnostic and monitoring tools i. e 120 blood pressure machines, 120 glucometers, 120 packs of glucose strips, 50 Electrocardiogram machines and accessories, 10 Pulse oximeters and accessories, and 10 hemoglobin A1C Analyzers and reagents. This investment



A mother showing her child's immunization card.



significantly improved the capacity of facilities to detect and manage hypertension and diabetes earlier and more effectively.

WHO further supported the training of over 625 health workers, reinforcing routine screening and adherence to WHO-recommended protocols. End of year supportive supervision visits reported a notable increase in Non-Communicable diseases screening, though accurate reporting was constrained by gaps in monitoring and evaluation tools. With the distribution of these tools planned for early 2026, facilities are now positioned to generate higher-quality data and sustain improved Non-Communicable diseases service delivery.

Cardiovascular Risk Reduction (D-Card)

WHO supported the Ministry of Health to improve early detection and management of hypertension and diabetes by equipping 40 primary health facilities and training over 270 health workers across four districts.

The change is already visible, as shared by the *Jovita Atuheire a health worker at Maziba Health Center IV* who said, *“We can now diagnose and manage Non-Communicable diseases confidently at the health center level.”*



Ms Jovita Atuheire, the in-charge of Maziba health Center IV measuring blood pressure.



Second National Tobacco Control Committee meets to intensify tobacco control efforts.

Uganda's push toward a smoke-free future gained real force in 2025 as enforcement of the Tobacco Control Act shifted to coordinated action between health officials, police, city leaders, and the judiciary. Joint operations led to arrests, confiscation of illegal products, and record-high compliance in places such as Masaka City's 96.2% smoke-free rate. Newly trained frontline teams in regions like Lango can now identify violations instantly, and district leaders have begun integrating tobacco control into routine workplans.

“

Summing up this shift in momentum, one enforcement officer noted, “For the first time, we have the authority, skills, and backing to enforce the law and the community can see the change.”

”



Advancing the integration agenda

In 2025, WHO supported the Ministry of Health in strengthening Uganda's health system by advancing a nationwide integration agenda while shaping key national strategies and policies across major disease programmes.

In response to declining global financing, the Ministry of Health, with support from WHO and partners, established the National Advisory Committee on Integration. The Committee supported the development of the National Integration Framework, including a maturity model and a roadmap. While the initial entry point was service delivery, reflecting the traditional verticalization of disease-specific, donor-driven programmes, a holistic systems-strengthening approach was emphasized. This approach promotes a necessary cultural shift in delivering care and reinforces integration across all health system pillars, including governance, financing, human resources for health, access to medicines, and health information

systems. Key measures have been defined to assess progress across different maturity levels.

Although integration is not a new concept, it has gained renewed attention as a strategy to reduce duplication, promote efficient use of resources and ensure quality of care. To operationalize the integration agenda, training programmes and monitoring and evaluation tools were streamlined to harmonize service delivery. The finalized implementation guidelines for the regional integrated health service delivery system further strengthen the capacity of regional referral hospitals to serve as centers of excellence. This enhanced their technical oversight and collaboration to deliver high-quality, comprehensive, and integrated health care packages to district and urban authorities.

Future efforts will focus on fully operationalizing these tools, advancing improved integrated, people-centered models of care, and enhancing the quality of services provided in Uganda.



Behind-the-Scenes Excellence: Enabling Impact

In 2025, the WHO Country Office remained a critical enabler of WHO Uganda's operations, providing essential logistics, administrative, and technical support that ensured effective programme implementation across all teams. The Country Office facilitated the organization of high-level national workshops, policy dialogues, and partner coordination forums, contributing significantly to strengthened collaboration between WHO, government counterparts, and development partners. In addition, the Country Office played a central role in planning and managing transport and field mission logistics, enabling timely mission logistics, enabling timely deployment of technical teams for assessments, supervision, and emergency response activities, thereby reinforcing WHO's operational presence nationwide.

Despite facing resource constraints, including major funding gaps and a notable reduction in

workforce capacity, the Country Office successfully maintained uninterrupted operational functionality throughout the year. Through strategic prioritization and careful optimization of existing capacity, the office ensured continuity of key operational services such as information communication technology support, travel and logistics operations, payment and vendor management, management processes, and accountability and transparency mechanisms. These efforts safeguarded programme delivery and upheld WHO's operational standards at a time when sustained support was most critical.

The resilience demonstrated by the WHO Country Office in 2025 reflects its pivotal role in enabling WHO Uganda to deliver on its mandate. By ensuring operational stability in a constrained environment, the office effectively supported programmes to achieve national health objectives, respond quickly to emerging needs, and maintain strong engagement with partners across the health sector.



Office management efforts safeguarded programme delivery and upheld WHO's operational standards at a time when sustained support was most critical.

Prevention of and Response to Sexual Exploitation, Abuse and Harassment

Uganda navigated a challenging public health and humanitarian environment shaped by concurrent emergencies. Ebola and Mpox outbreaks heightened risks of sexual exploitation, abuse, and harassment. To address this, WHO Uganda implemented a proactive Prevention of and Response to Sexual Exploitation, Abuse and Harassment strategy aligned



with WHO's zero-tolerance policy. Strong leadership engagement and collaboration with the Ministry of Health advanced national ownership, including Uganda's MoH representation at the Afro Regional PRSEAH Strategic Workshop.

Prevention of and Response to Sexual Exploitation, Abuse and Harassment was robustly integrated across the health emergency workforce through a comprehensive series of briefings and trainings reaching a total of 1,953 participants. Capacity-

building efforts targeted all levels of the health system, beginning with the core workforce. A total of 21 staff briefings were conducted, reaching 16 male and five female personnel. These included new recruits and responders in Mbale district. Additionally, 555 non-staff briefings were held, successfully sensitizing large groups through workshops (446 participants) and specifically targeting emergency medical teams in Hoima (29) and Rapid Response Teams in Mbarara (80).



WHO staff member conducting Inter-agency PSEA network coordinated training.



Risk Communication and Community Engagement during Ebola outbreak response.

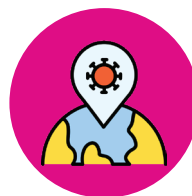
Prevention of and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) principles integrated into routine emergency response protocols

Dedicated training sessions were delivered to 130 specialized health workers. This included training for

78 emergency responders from the AVoHC-SURGE (African Volunteer Health Corps) network. Furthermore, the training extended beyond national borders, as 52 Ministry of Health EPI managers and WHO focal persons from 23 countries were briefed. This ensured that Prevention of and Response to Sexual Exploitation, Abuse and Harassment standards are integrated into regional immunization and response activities.



1,953 participants from all levels of the health system were given Prevention of and Response to Sexual Exploitation, Abuse and Harassment skills.



The WHO Country office supported the briefing of participants from **23 countries** on Prevention of and Response to Sexual Exploitation, Abuse and Harassment standards



Community engagement is the bedrock of accountability

Targeted sessions reached 118 community members and frontline health workers. In Fort Portal City and Kyegegwa district, workshops engaged 83 participants (50 female, 23 male), while Infection Prevention Control (IPC) mentors in Luwero and Mbale districts (35 participants) were equipped to disseminate PRSEAH messages at the facility level. This grassroots approach ensures that communities are aware of their rights and the standards of conduct they should expect from responders.



Targeted sessions reached **118 community** members and frontline health workers. In Fort Portal and Kyegegwa, workshops engaged **83 participants (50 female, 23 male)** while Infection Prevention Control (IPC) mentors in Luwero and Mbale (**35 participants**)

PRSEAH was systematically woven into the fabric of emergency response and coordination mechanisms

A significant 1,047 personnel were reached through emergency response integration activities, which included 12 sensitization sessions for the Incident Management Team (reaching 780 staff) and pre-deployment briefings for 121 responders in Mbale district. To ensure a unified multi-sectoral approach, 82 individuals (46 male, 36 female) from various partner agencies were trained through inter-agency coordination sessions, solidifying a collective responsibility to protect affected populations from exploitation and abuse.



A significant **1,047 personnel** were reached through emergency response integration activities, which included 12 sensitization sessions for the Incident Management Team (**reaching 780 staff**) and pre-deployment briefings for **121 responders in Mbale**.

Wellbeing and Counselling Support

In 2025, following the human resources reprioritization and realignment exercise, WHO implemented a Staff Wellness Programme to strengthen mental health, psychosocial wellbeing, resilience, and productivity among staff. The programme combined preventive group interventions, leadership focused sessions, gender responsive wellness activities, and individualized counselling services. There was also limited follow up support continuing into the end of the year to ensure continuity of care.

A total of six structured group sessions were delivered, addressing mental health and change management, leadership through change, self discovery during transitions, and gender responsive financial wellbeing. Dedicated initiatives included the launch of a Men's Wellness Programme and a women only session on financial wellbeing. These participatory sessions enhanced staff awareness, coping skills, emotional openness, and peer support across departments.

The programme provided 51 individual counselling sessions to 39 staff members, addressing stress and anxiety related to organizational change (44%), self discovery and strengths identification (28%),

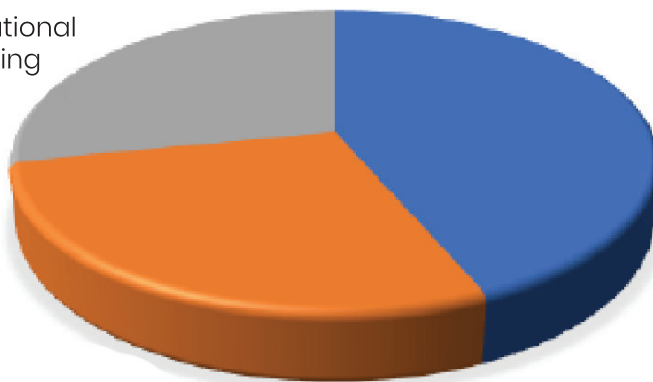
and family and relational challenges arising from transitions (28%). Counselling services supported both staff and dependents and contributed to improved emotional wellbeing, adaptive coping, and resilience. Overall, the programme was highly relevant and well utilized, resulting in increased awareness of mental health. This reduced stigma around help seeking, strengthened emotional support supervision, and increased demand for psychosocial support services. The experience highlighted the effectiveness of preventive, gender responsive, and leadership engaged approaches to workplace mental health and informed recommendations to institutionalize staff wellness programming within WHO Uganda.



The programme provided 51 individual counselling sessions to 39 staff members, addressing stress and anxiety related to organizational change.

Distribution of staff attendance according to counselling themes Number of staff.

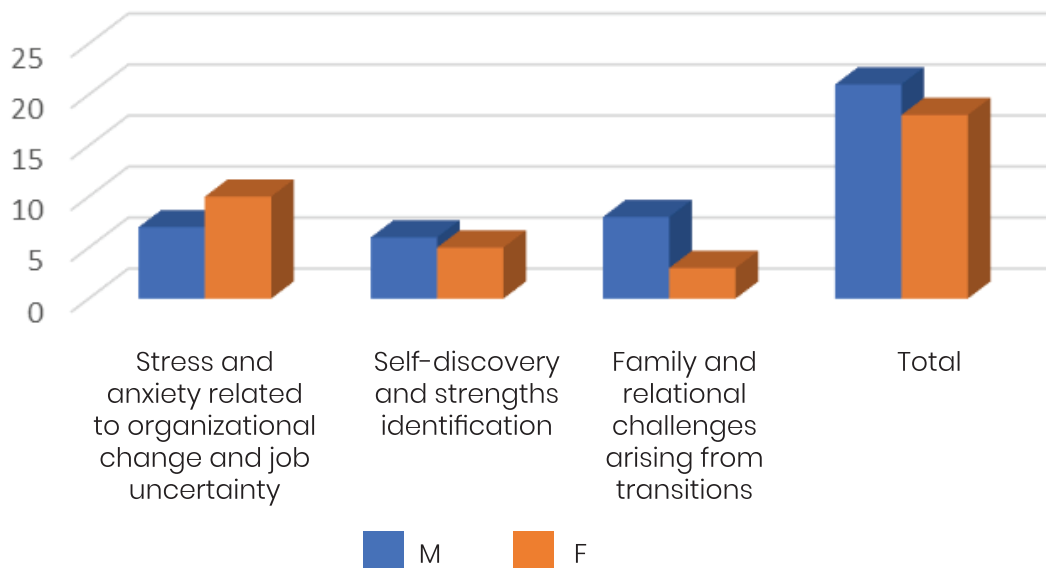
Family and relational
challenges arising
from transition



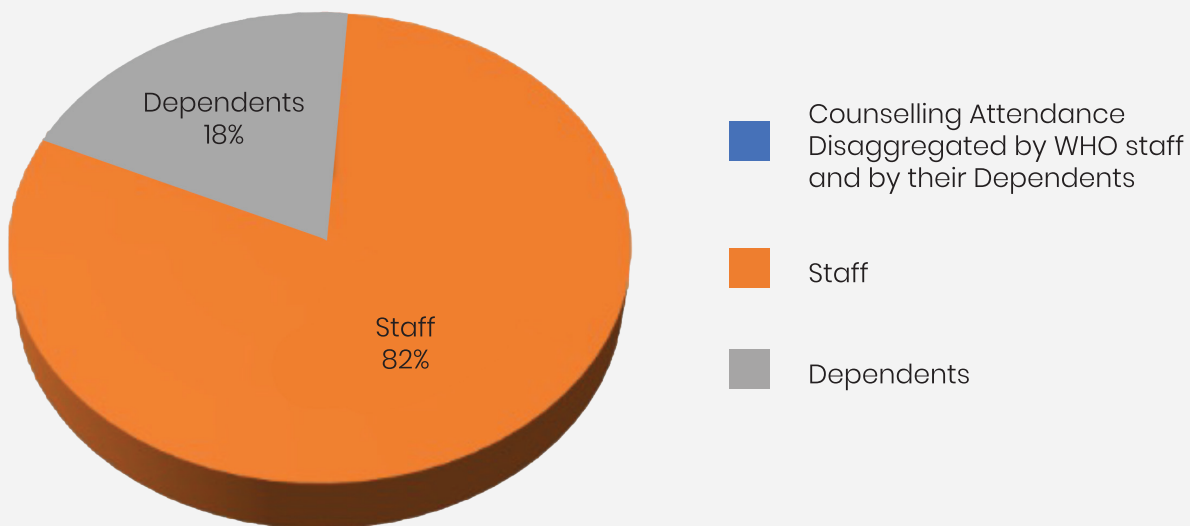
Stress and
anxiety related to
organizational change
and job uncertainty

Self-discovery and
strengths identification

Attendance by Theme and by Gender



Staff/ Dependents



| Thematic Area | Number of Staff | Percentage (%) |
|---|-----------------|----------------|
| Stress and anxiety related to organizational change and job uncertainty | 17 | 44 |
| Self-discovery and strengths identification | 11 | 28 |
| Family and relational challenges arising from transitions | 11 | 28 |
| Total | 39 | 100 |

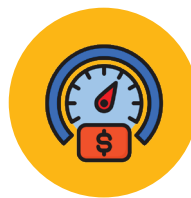
Challenges

The health sector continues to face a complex set of systemic, operational, and financial challenges that hinder effective delivery of essential services and progress toward national health targets.

1. **Increasing Fiscal Pressures and Changing Global Financing Landscape:** Sudden shifts in global financing, declines in donor funding, and a more competitive resource environment have disrupted planned service delivery. National health expenditure per capita remains below WHO-recommended levels. External financing continues to account for a significant share of total health expenditure, leaving the sector vulnerable to external shocks. Underfunding of health programmes has constrained the implementation of planned interventions. Advocacy to enhance political and decision-maker commitment remains limited, reducing attention to upstream determinants and multisectoral action. This has a risk of reversing the gains made for reduction of diseases burden in Uganda.
2. **Health system bottlenecks,** including absenteeism of health workers, poor quality of client care, long travel distances to facilities, irregular vaccine availability, rigid outreach schedules, and the absence of client reminder mechanisms, continue to weaken public confidence and reduce immunization uptake. At the same time, insufficient investment in health promotion limits the system's capacity

to address misinformation and sustain meaningful community engagement in preventive health services

3. **Operational Strain Due to Reduced Staffing and Partner Presence:** Staff reductions and decreasing partner footprint at the district level, have stretched technical support capacities. Reduced presence has affected continuity of operations, increased workloads, and necessitated prioritization of only the most essential functions.
4. **The delayed enactment of the National Drugs & Health Products Bill** is a big hinderance for the National Drug Authority's achievement of WHO Maturity Level 3 with far reaching consequences including not participating as a core regulatory authority of the Africa Medicines Agency and also unfavorable regulatory oversight to domestic production of medical products.



Sudden shifts in global financing, declines in donor funding, and a more competitive resource environment have disrupted planned service delivery.

Way Forward for 2026



PROMOTE Healthier Lives: Enable every person in Uganda to live healthier and safer lives by fostering resilient communities, nutritious diets, active lifestyles, and equitable access to health opportunities.

Focus Area 1: EMPOWER Communities to take charge of their health

Focus Area 2: PROMOTE Health and **PREVENT** diseases through integration across non-health sectors

Focus Area 3: Increase **EQUITABLE ACCESS** to high-quality prevention and screening for communicable and non-communicable diseases



PROVIDE Quality, People-Centered Health Care for All: Ensure everyone can access affordable, high-quality health services without financial hardship, leaving no one behind.

Focus Area 1: Drive health **INVESTMENTS** as a key driver of human capital development

Focus Area 2: CAPACITATE health systems for improved service delivery

Focus Area 3: DELIVER quality, people-centred health care when and where needed without financial hardships



PROTECT People from Health Emergencies: Protect populations from the negative impacts of health emergencies through prevention, early detection, and rapid response.

Focus Area 1: Reduce **RISKS** of health emergencies from all hazards

Focus Area 2: Enhance **Preparedness, Readiness** and **Resilience** for health emergencies

Focus Area 3: Timely Detection and Rapid Response to acute public health threats

Acknowledging Partners



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Makerere University
College of Health Sciences
SCHOOL OF PUBLIC HEALTH



UVRI
Uganda Virus Research Institute



german cooperation
DEUTSCHE ZUSAMMENARBEIT

LU^{EMBOURG}
LET'S MAKE IT HAPPEN



UN Multi-Partner Trust Fund Office



UNHCR
The UN Refugee Agency



International Trade Centre



World Health Organization



unicef



UNITED NATIONS UGANDA



World Food Programme



IOM
UN MIGRATION



United Nations Office on Drugs and Crime



UN-HABITAT



UNFPA



UNDP



UNIDO



UNCDF
Inclusiveness - Capital Development



United Nations Framework Convention on Climate Change



ECA



unesco



PLAN INTERNATIONAL



humanity & inclusion



WAR child



Malteser International
Order of Malta Worldwide Relief



OXFAM



INTERNATIONAL RESCUE COMMITTEE



BAKER COLLEGE OF MEDICINE
Children's Foundation UGANDA



THE LUTHERAN WORLD FEDERATION

World Vision



MEDECINS SANS FRONTIERES



Reproductive Health Uganda



amref health africa



AFRICAN DEVELOPMENT BANK

RESOLVE TO SAVE LIVES



MONITORING AND EVALUATION TECHNICAL SUPPORT (METS) PROGRAM

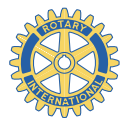
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CDC CENTERS FOR DISEASE CONTROL AND PREVENTION



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