



# ANNUAL REPORT

2020-2021

**MFU**



**2020 Report**

**Working Towards a Malaria Free  
Uganda by 2030**

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### WHAT IS THE MALARIA BURDEN?



### WHAT ARE THE EFFECTS OF MALARIA?



There are over 5000 types of mosquitoes, 400 of which are anophylles, of which 2-3 types (*A. Gambiae* & *B. Fenestus* and *C. Arabiensis*) are malaria vectors. However, mosquitoes are known to transmit over 18 diseases to man, the man's interest is the same including Pope Francis' fear for them and Moslems in the Krohan. Nevertheless, mosquitoes are food for geckos and a "potential" source for possible local anaesthetic.

**WORLD MOSQUITO DAY**  
AUGUST 20, 2016

**THIS WORLD MOSQUITO DAY, WE MUST PROTECT AND ACCELERATE GAINS AGAINST MALARIA AND LEVERAGE MALARIA INVESTMENTS AS WE FIGHT COVID-19 AND OTHER EMERGING DISEASES**



## ACRONYMS

<b>ACT</b>	Artemisinin-based Combination Therapy
<b>ALMA</b>	African Leaders Malaria Alliance
<b>ANC</b>	Antenatal Care
<b>CSO</b>	Civil Society Organization
<b>DHE</b>	District Health Educator
<b>DMFP</b>	District Malaria Focal Person
<b>DHIS 2</b>	District Health Information System 2
<b>GOU</b>	Government of Uganda
<b>HMIS</b>	Health Management Information System
<b>iccm</b>	Integrated Community Case Management
<b>IPTp</b>	Intermittent Preventive Treatment in pregnancy
<b>IRS</b>	Indoor Residual Spraying
<b>ITN</b>	Insecticide Treated Net
<b>LLIN</b>	Long Lasting Insecticidal Net
<b>MCH</b>	Maternal and Child Health
<b>MDG</b>	Millennium Development Goals
<b>MIS</b>	Malaria Indicator Survey
<b>MSP</b>	Malaria Strategic Plan
<b>NGO</b>	Non-Governmental Organization
<b>NHP</b>	National Health Policy
<b>NMCP</b>	National Malaria Control Program
<b>NMS</b>	National Medical Stores
<b>NPA</b>	National Planning Authority
<b>NRH</b>	National Referral Hospital
<b>RBM</b>	Roll Back Malaria
<b>RDTs</b>	Rapid Diagnostic Tests
<b>SBCC</b>	Social Behaviour Change Communication
<b>TWG</b>	Technical Working Group
<b>UMIS</b>	Uganda Malaria Indicator Survey
<b>UMRSP</b>	Uganda Malaria Reduction Strategic Plan
<b>UNBS</b>	Uganda National Bureau of Standards
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNDP</b>	United Nations Development Program
<b>USD</b>	United States Dollars
<b>VHT</b>	Village Health Team
<b>WHO</b>	World Health Organization

## VISION

“Working towards a malaria free Uganda by 2030”

## MISSION

“Achieve a malaria free Uganda by helping remove all barriers to the implementation of the National malaria strategic plan.”

## Who we are?

### 1. What is Malaria Free Uganda?

Malaria Free Uganda (MFU) is a public-private partnership established to support the National Malaria Control Division (NMCD) of the Ministry of Health and its partners to eliminate malaria in Uganda. MFU is an independent, non-profit foundation incorporated in Uganda and is country-led and country-owned for the benefit of all Ugandans.

### 2. Malaria Free Uganda Focus is on 4 fundamental pillars: -

- **Advocacy** for malaria to be a strategic priority across all sectors—public, private, and civil society—and at all levels from the head of state down to the head of household;
- **Resources Mobilization** and action, both in-kind and financial, to close the budget gap and enable the full implementation of the national malaria strategic plan;
- **Technical assistance** to improve the innovation and sustainability of the fight against malaria; and
- **Mutual accountability** for making and implementing impactful commitments that will help achieve a malaria-free Uganda.

MFU is managed by an independent Board of Directors and is supported by a multi-sectoral task team composed the Secretariat of stakeholders from the NMCD, partners (e.g., US President’s Malaria Initiative, WHO, African Leaders Malaria Alliance), and private sector leaders.



## BOARD MEMBERS OF MFU



### **PDG. Kenneth Wyclif Mugisha**

CEO Parapet Uganda

Chairman Malaria Free Uganda

Kenneth Mugisha has been an active businessman for over 30 years, expanding his interests into manufacturing, hygiene solutions, finance, real estate and events management, employing over 1000 people.



### **Ms. Nabbanja Proscovia,**

Chief Executive officer - Uganda National Oil Company.

Board Member | Malaria Free Uganda.

Previously served as Chief Operating Officer-Upstream, Uganda National Oil Company for 3 yrs. More than 19 years' experience in oil exploration and development operations.



### **Mr. Fabian Kasi**

Managing Director-Centenary Bank

Board Member | Malaria Free Uganda.

Fabian is a Fellow Chartered Certified Accountant of UK. He holds an MBA from University of Newcastle in Australia and a first-class degree of Bachelor of Commerce in accounting from Makerere University, Kampala, Uganda.



### **Ms. Ajarova Lilly,**

Chief Executive officer, Uganda Tourism Board (UTB)

Board Member | Malaria Free Uganda.

Lilly Ajarova is the CEO of Uganda Tourism Board (UTB), the government agency tasked with promoting the country as a tourism destination.



### **Mr. Solomon Ossiya**

Director Centre fo African Policy

Board Member | Malaria Free Uganda.

Solomon is an advocate of the High Court of Uganda. He holds a Bachelor of Laws from Makerere University and a Master of Development Studies from Nelson Mandela Metropolitan University in South Africa.



**Dr. PATRICK BITATURE**

Chairman Simba Group of companies  
Board Member| Malaria Free Uganda.

Dr Patrick Bitature is the founder, Chairman and Group CEO of Simba Group of Companies, a conglomerate of East Africa-based companies spanning telecoms, properties, power generation, agro-business, mining, tourism and media.

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**Ms. JULIET KYOKUNDA**

Executive Director, Uganda Biodiversity Trust Fund  
Board Member| Malaria Free Uganda.

Juliet is an accountant by Training, a Marketer by Practice, a Renewable Energy Advocate, a consultant in Agriculture and Micro- Insurance, a conservationist.

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**Eng. Harrison E. Mutikanga,**

Chief Executive Officer - Uganda Electricity Generation Company Limited.

Board Member| Malaria Free Uganda.

Harrison E. Mutikanga (Ph.D) is a Civil Engineer by profession with over 25 years' experience in the public sector. He has served at various levels of management and leadership in public utilities.

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**Sylvia Tumuheirwe Arinaitwe**

Deputy Managing Director Finance & Corporate Strategy National Water & Sewerage Corporation  
Board Member| Malaria Free Uganda.

A professional Accountant with over 20 years' experience, Sylvia is Member of The Association of Chartered Certified Accountants (ACCA) – UK.

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**Dr. Bildard Baguma,**

Executive Director - Joint Medical Stores.  
Board Member| Malaria Free Uganda.

He holds an MBA as well as a Bachelor of Medicine and Bachelor of Surgery, both from Makerere University, Kampala, Uganda. He started out as a medical officer at Mulago National Referral Hospital.



## Foreword from Health Minister



**HON. Jane Ruth Aceng**

Malaria remains a leading cause of morbidity and mortality in Uganda. In 2020 the Malaria contributed to **33%** of the outpatients and 11% deaths in the country. 14 million malaria cases were registered in 2020 putting a huge burden to the country and many families.

Although the burden remains high, the MOH has made significant strides in reducing the burden from a prevalence of 42% in 2009 to the current prevalence of 9%. MOH is committed to continue on the path of malaria reduction and elimination by 2030. The Ministry of Health recognizes that it can't achieve the goal of elimination alone. All sectors must join the malaria fight if the country is to achieve its dream of elimination. Malaria free Uganda (MFU)'s role is to assist MOH to coordinate this multisector malaria response.

A well-coordinated response from all sectors beyond the Ministry of Health will ensure mobilisation of additional resources especially from the private sector, integration of Malaria control efforts. Multi-sectoral support will ensure sustainability of funding amidst the dwindling donor support as well as ensure resilience and sustainability of malaria control efforts to be able to withstand shocks to the health system such as Covid-19 pandemic. MFU will support sectors to implement their activities in line with Malaria Control and Elimination strategic plan 2021-2025.

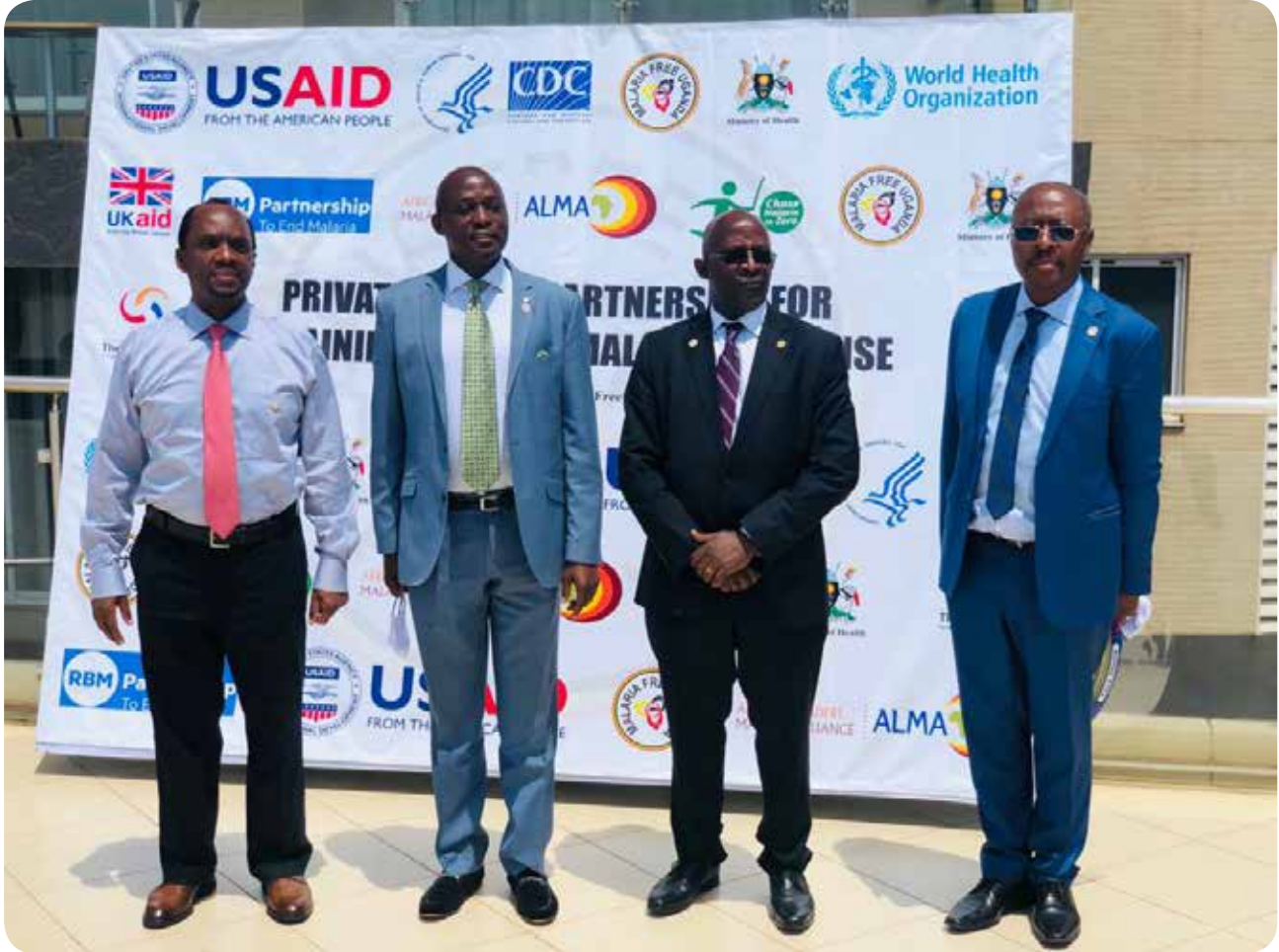
I congratulate MFU for its achievements in this first year which was characterized by unprecedented disruption of the COVID-19 pandemic. I particularly thank MFU for supporting our need to train private sector practitioners to provide high quality malaria diagnosis and treatment in adherence to the National policy and protocols. I thank MFU also for ably keeping malaria visible through its advocacy at a time when the population was consumed with worry and uncertainty caused by the C19 pandemic.

The journey ahead is tough and will need more financial and non-financial resources than we have, stronger shared accountability, innovative solutions and most of all commitment to zero malaria. I look forward to our continued partnership as we work towards a malaria-free, healthier Uganda. Zero Malaria Starts with Me.

For God and My Country  
*Jane Ruth Aceng*  
Hon. Dr. Jane Ruth Aceng  
**Minister of Health**



# MFU Board Launch 2<sup>nd</sup> September 2020 at Skys Hotel Naguru



## Chairman's Foreword



**Kenneth W. Mugisha**

In September 2020 when the Honourable Minister of Health launched the Malaria Free Uganda Board, she left us in no doubt about the urgency to mobilise Private Sector to get involved in the effort to rid Uganda of Malaria.

I am pleased to report that after one very tough year characterised by pandemic lockdowns the key fundamentals to start our journey to a Malaria Free Uganda are in place. The Ministry of Health has most generously provided our secretariat with office space and unhindered access and support to the National Malaria Control Division and The African Leadership Malaria Alliance (ALMA) who support in the establishment of the secretariat and guidance on how to enhance domestic resource mobilisation alongside multi-sectoral engagement has been invaluable. No doubt we shall continue relying on ALMA and other partners to identifying and share

lessons learned for effective implementation from across Africa to strengthen our national program.

Given the coronavirus pandemic and the resulting economic crisis, our work load has increased tenfold and even more. A lot of attention and a lot of resources has been focused on the pandemic. Over the next few months, we intend to launch our Sharing The Space that will remind the public and private sector of the enormous toll malaria is having on the economy, and on our ability to strengthen our immunity against Covid-19. I personally believe Covid-19 is here to stay so let us learn to live with it and share the space when it comes to dealing and managing what is our biggest killer disease.

I would like to commend the resourcefulness of the Board of MFU, each and every one of them has bought into the idea that Uganda can be Malaria free. The ground has been laid and we have to start our second year mobilising our Private sector colleagues to get involved in a whole compliment of initiatives to raise awareness, to take deliberate action and lead community action like planting mosquito repellent trees, advocating for people to sleep under nets and keep their homesteads clean and free of redundant water pools that provide breeding grounds for Mosquitos.

Once again, I want to thank the Minister of Health Dr Jane Ruth Aceng, Permanent Secretary Dr Diane Atwine and Dr Jimmy Opigo and the passionate team at the National Malaria Control Program for embracing us and adapting to the way we from the Private Sector work to make things happen quickly and impactfully.

I strongly believe Uganda can be Malaria Free one day

**Kenneth W Mugisha**  
**Board Chairman**  
**Malaria Free Uganda**

# Malaria Status in Uganda – Dr Jimmy Opigo



**Dr. Jimmy Opigo**

Uganda has the sixth highest number of annual deaths from malaria in Africa, as well as some of the highest reported malaria transmission rates in the world, with approximately 11 million cases reported in 2019 and over 6,000 deaths annually. In addition, malaria has an indirect impact on the economy and development in general. The socio-economic impact of malaria includes out-of-pocket expenditure for consultation fees, drugs, transport and subsistence at a distant health facility. These costs are estimated to be between USD 0.41 and USD 3.88 per person per month (equivalent to USD 1.88 and USD 26 per household). Household expenditure for malaria treatment too high a burden for people

On behalf of the National Malaria Control Program and on my own behalf I want to congratulate the Board and Secretariat of Malaria Free Uganda on a successful first year which they spent putting in place the critical fundamentals that we shall work with to mobilise the Private Sector in our mission to realise a malaria free Uganda.

Since 1963 when the WHO declared a number of European and South Pacific Countries Malaria Free, there has been an unrelenting effort to rid every country of Malaria. This year 2021, El Salvador joined this privileged list of nations. We in Uganda can no longer give excuses or shy away from the urgency of action now if we are to join the privileged list no later than 2030.

As everyone reading this report is aware, malaria is a major public health problem associated with slow socio-economic development and poverty and the most frequently reported disease at both public and private health facilities in Uganda. Malaria is the leading cause of ill-health One in every two people seeking care in health facilities are there because of malaria, and for every five admissions, one is due to severe malaria.

It is the intention of the Government of Uganda to totally eliminate malaria from Uganda through preventive methods.. In line with the 2000 Abuja declaration, Uganda's domestic financial contribution for health needs to increase if elimination strategy is to succeed. That is why we strongly believe that combating malaria requires a multi-sectoral approach and the roles of other sectors needs to be harnessed in order to prevent and eliminate malaria in the country.

It is in this respect that I renew my call to the Board and the secretariat of MFU to continue working with us in our efforts to;

1. Scale up and sustain Indoor Residual Spraying
2. Support our goal to ensure universal access to long lasting insecticidal nets
3. Strengthen our national communication framework
4. Develop messages for different communication platforms
5. Strengthen community behavioural change activities for malaria prevention
6. Strengthen social mobilization at national and sub national level

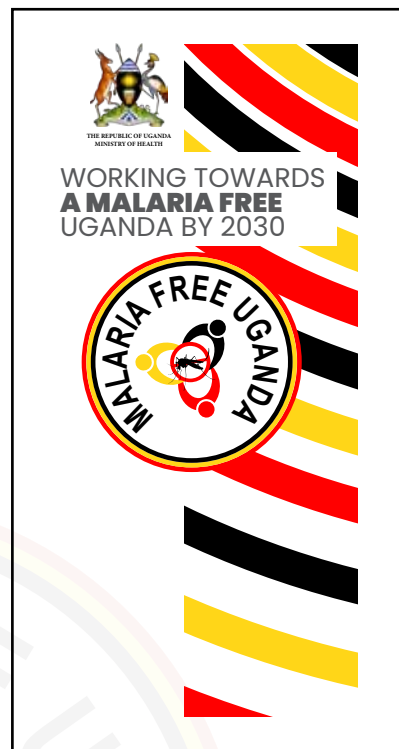


- Support the Ministry's effort to create a system for mapping, identifying, and engaging hard-to-reach, minority and socially disadvantaged populations

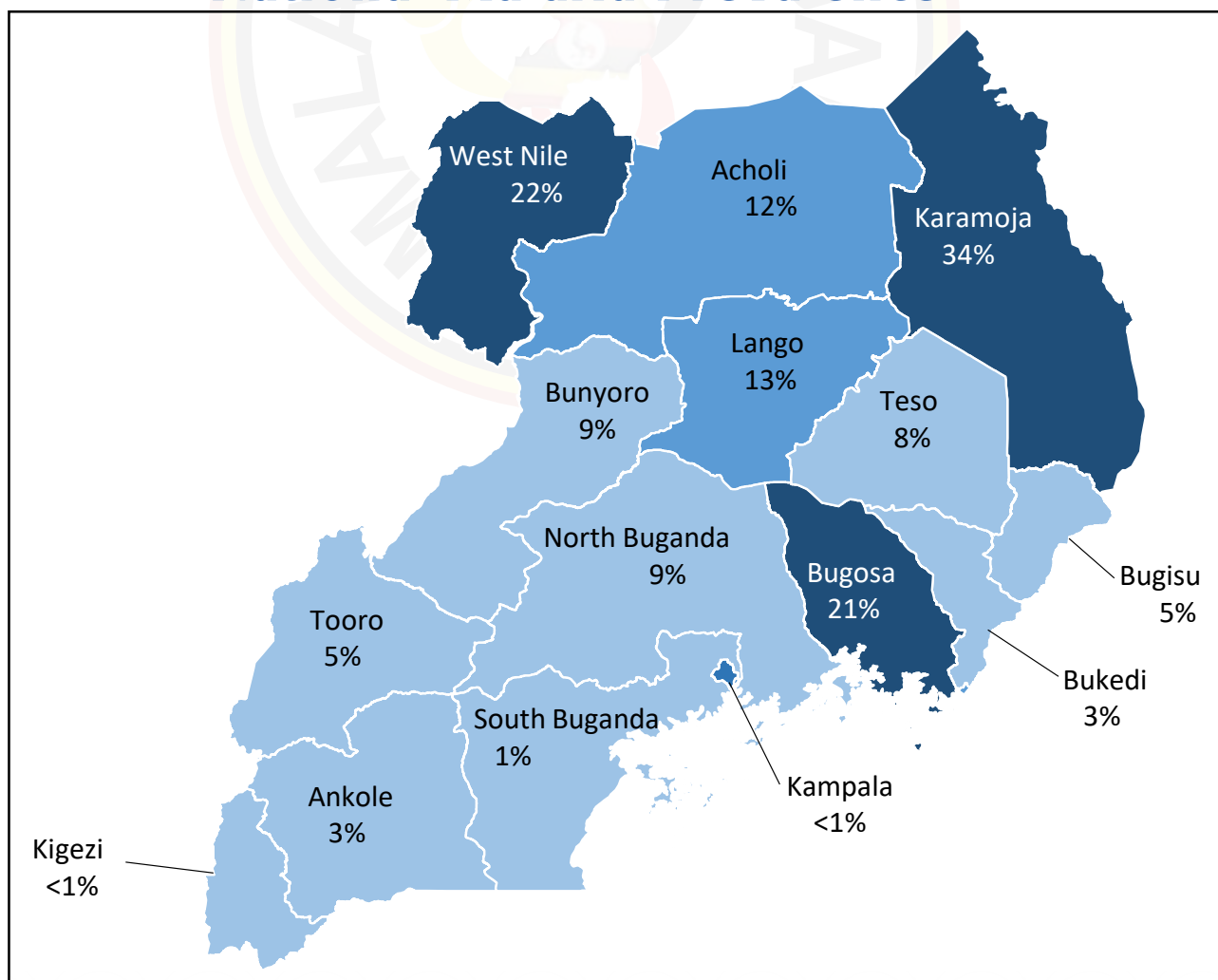
The team at the National Malaria Control Division will continue to avail itself to the Board and the Secretariat and provide the required technical support as we work towards a Malaria Free Uganda.

*For God and My Country*

**Dr Jimmy Opigo**  
**Program Manager**  
**NMCD**



## National Malaria Prevalence



**“ 2018-2019 Uganda Malaria Indicators Survey ”**

# Malaria is bad for business

Let's do something together



**Dr. Patrick Bitature**

I recently read a report published by one of the voices advocating for more private sector interventions in the effort to rid Africa of Malaria. The report estimated the economic cost of malaria to be in the region of \$12 billion every year. This figure factors in costs of health care, absenteeism, days lost in education, decreased productivity due to brain damage from cerebral malaria, and loss of investment and tourism.

You may be aware that Uganda has the sixth highest number of annual deaths from malaria in Africa, as well as some of the highest reported malaria transmission rates in the world, with approximately 16 million cases reported in 2013 and over 10,500 deaths annually. By any measure this is too high for us in the Private sector to ignore or leave in the hands of our Government alone.

With these kinds of statistics it is not surprising that malaria has a significant negative impact on the economy of Uganda due to loss of workdays because of sickness, decreased productivity, and decreased school attendance. A single episode of malaria costs a family on average 9 US dollars, or 3% of their annual income. Workers suffering from malaria may be unable to work for an estimated 5-20 days per episode. Given that many people are infected multiple times a year, this has substantial financial consequences to families. A poor family in a malaria endemic area may spend up to 25% of the household income on malaria prevention and treatment. Industries and agriculture also suffer due to loss of person-hours and decreased worker productivity. Investors are generally wary of investing in countries where malaria rates are high, leading to a loss in investment opportunities. Further, severe malaria impairs children's learning and cognitive ability by as much as 60%, consequently affecting the performance of Uganda's universal primary and secondary education programs

You are in a position to change all this. I know your companies are often making donations or supporting initiatives as independent entities. MFU seeks to consolidate all donations towards fighting Malaria under one umbrella. For instance, if some companies focus on providing mosquito nets and other companies focus on contributing to public awareness through providing airtime on electronic media and space in print media, while others leverage their operational networks to support the logistics challenges the Ministry of Health has reaching far flung areas imagine the difference we would make. With the establishment of the Malaria Free Uganda Board and secretariat we the leaders in the Private Sector have an opportunity to pool our financial and technical resources together to support our government's efforts to make Uganda Malaria Free.

*Let's do this*

**Dr. Patrick Bitature**





**Aubrey Agaba**

## Acknowledgement

I warmly introduce our 1st annual report to you. Through this document we take stock of what we were able to achieve and learn during the year. MFU as a private public partnership was launched on 2nd September 2020 by Honorable Jane Ruth Aceng Minister of Health.

This initiative has consumed huge amount of work, collaborations and dedication especially in setting up line systems for administrative purposes. Still, implementation would not have been possible if we did not have a support of the Board of directors, many individuals and organizations. Therefore, we would like to extend our sincere gratitude to all of them.

The last 2 years have been a challenging year for many and we will be grateful to see it behind us. As we look to recovering the economy adversely affected by the COVID-19 pandemic, we must also prioritize our efforts to end malaria in Uganda.

First of all, we are thankful to Africa Leaders

Malaria Alliance [ALMA] for their technical, financial and logistical support and for providing necessary guidance facilitating the formation and fast-tracking functionality of Malaria Free Uganda.

Ministry of Health through the Minister of Health and Permanent Secretary have extended significant contribution to MFU and for that we extend our appreciation. In the same spirit, National Malaria Control division has been very fundamental in setting up this initiative through the Program Manager and his team.

MFU secretariat remains grateful to the Technical Working Group composed of technocrats from NMCD, WHO, ALMA, and private consultants for provision of expertise, and technical support weekly for the last 12 months. I therefore extend my utmost gratitude to Anne Gasasira, Dr. Daniel Kyabayinze, Marion Natukunda, Peter Mbabazi, Dr. Denise Meya and Heny Rugamba. Without their superior knowledge and experience, the initiative would lack in quality of outcomes, and thus their support has been essential and critical to the achievements of first year. It is our wish as MFU that this support continues in the coming years.

Malaria reduction and elimination remains a global challenge and must be addressed by a multi-sectoral approach across all players to wage a war and pay attention to Malaria. As a link to private sector, we remain committed to strengthening that collaboration with Ministry and the program to enable as many local and international partners as possible.

I am grateful to the donors, partners and stakeholders who have worked relentlessly through the year to ensure that we amplify the fight against malaria across the country. None of this would have been possible without you.

*Thank you very much.*

**Aubrey Agaba**  
**Coordinator**

## Background

Uganda's malaria response is coordinated by the National Malaria Control Division (NMCD). The NMCD and partners are guided by the National Malaria Strategic Reduction and Elimination Strategy 2021-2025 whose vision is a malaria free Uganda by 2040 to enable social-economic transformation in line with Vision 2040 and mission is to provide quality assured services for malaria prevention and treatment to all people in Uganda. The main technical interventions under this strategic plan include: universal coverage of ITNs including routine distribution to pregnant women and young children, prevention of malaria among pregnant women, IRS in select high burden districts, seasonal malaria chemoprevention in Karamoja, prompt and effective malaria diagnosis and treatment. To achieve maximum impact of technical interventions, the strategic plan also prioritizes malaria surveillance and investments in social and behavior change. Some of the challenges faced by Uganda's malaria response include. increasing malaria outbreaks due to changes in the rain patterns, inadequate access to and use of data at all levels, Capacity gaps at national and district levels, Poor Decentralization of programming, Underfunding for optimal coverage of key interventions and non-prioritization of non-commodity budget funding and Weak Private sector engagement among others. These remain eminent risk to implementation of National strategic Plan and the overall objective of a malaria free Uganda by 2030.

Hence forth, UMRESP goal is to reduce malaria infection and Morbidity by 50% and malaria related mortality by 75% in Uganda. In trying to reduce gaps as realized in the NSP, Government of Uganda through line Ministry of Health (NMCD) established MFU, private public sector leaned initiative to help MFU seeks to help remove all barriers and bottlenecks that prevent the implementation of the national malaria strategic plan and the achievement of a malaria-free Uganda

## MFU Activities.

Its 12 months since the Honorable Minister of Health Dr Jane Ruth Aceng launched the Board of Directors for Malaria Free Uganda with the prime objective to advocate for Malaria to remain priority, mobilize and coordinate resources take action and resource across different stakeholders.

Several activities through different pillars in line with NMCDs workplan have been realized. These compliment efforts of the program to increase efficiency, accountability and innovation from private sector.

Malaria Free Uganda is one of several National End Malaria Funds/Councils across Africa that convene leaders from different sectors to mobilize the advocacy, action, resources, and accountability necessary to close resource gaps under national malaria strategic plans. The African Leaders Malaria Alliance (ALMA) comprised of all African Union Heads of State and Government working together to end malaria across the continent, through its secretariat, has supported the establishment of these End Malaria Funds/Councils in six countries so far (eSwatini, Kenya, Mozambique, Uganda, Zambia) with several others in the pipeline. These country-led funds and councils illustrate commitment within countries and are unlocking a unique opportunity to widen participation and problem-solving in the journey to malaria elimination across Africa. They are a best practice to support the continental "Zero Malaria Starts with Me" campaign. Indeed, the ALMA chairperson H.E. Uhuru Kenyatta, recognizing the important and necessary role of EMF/Cs, has called for their establishment in all malaria endemic countries .

ALMA, together with other health and development partners are committed to supporting the work of End Malaria Funds and Councils to achieve a Malaria Free Africa by 2030.



# Participation in world Malaria Day.

April 25th is annual world malaria that is commemorated globally by different stakeholders with a common goal of raising global attention of malaria to all stakeholders. MFU partnered with NMCD, Rotary, and private institutions to celebrate the activity with a 'Ride against Mosquito' event held in Muyonyo. Partners committed resources together that saw over 300 participants. The event attracted several stakeholders from Government, Development partners, WHO, PMI, members of Parliament, MFU Board members, Rotarians and well-wishers across Kampala. The event attracted was captured and publicized on media such as TV, Radio and social media.

A cross section of events building towards world malaria day and the month of April exhibited by partners of MFU. These included advertising on several platforms with different messages on malaria depicting the plunge, surge and burden of Malaria in diverse spectrum. Partnerships with outdoor advertising companies, and banks were fundamental in enabling the execution of this campaign. Close to \$17,500 was contributed in kind through production of radio messages, billboard messages and social media pages.







**Fact**  
 Uganda accounts for 10% of total malaria cases and 2% of deaths globally. It has the 3rd highest number of cases and 8th highest number of deaths globally (WHO 2019 data).

**Question**  
 Are you sleeping under a net?



## High level meetings/Advocacy

Understanding the challenges health financing faces in Uganda has limited thorough implementation of NSP for both malaria control and elimination. Putting budgeting into perspective, Health financing never met the Abuja target of 15% of national budget. although, allocations to health have increased in amount, there has also been decline in proportion of national budget from 8.9% in 2010/11 to 6.7% in 2017/18, and slight increment to 7.2% in 2018/19. Total Allocations to malaria program within the health sector over the 6 yr UMRSP period was 57% (2.83 trillion) of total budget of 4.9 trillion.

This therefore calls for more attention from key stakeholders right away from executive to lower levels. Acknowledging the impact parliament has on budgetary allocations to health and specifically to malaria, A team led by the Board Chairman of MFU, NMCD, WHO,ALMA,UPFM,PMI,USAID and partners on a courtesy call to Rt. Honorable speaker of Parliament. The engagement meeting raised relevant issues pertaining, revival of a national malaria fund, increased local budget allocations, tracking of government budget circular to all MDAs, and advocating for malaria across board.

The Board has activated several other engagements to advocate for malaria in different levels both engaging both international stakeholders and local partners in course of the year.

## Engagement and stake holder meetings.

Through routine conversations from different stakeholders in Malaria spectrum, MFU has been consistently engaging them to align the objectives with the overall NSP as implemented by different stakeholders and partners such as NMCD, WHO, USAID, PMI, CSO's and partners. There has been participation in several meetings to streamline malaria interventions by the MFU working group. Some of these engagements include, PMI, NDAI, Target Malaria, MPI among others which have also developed cohesion among stakeholders.



**Meeting with Rt. Honorable speaker of Parliament.**



## MFU/MOH and NDAI Partnership in Training of Management of Malaria in The Context of Covid-19.



doing so.

According to the National Drug Policy and Authority Regulations of 1995, Testing and Treating malaria was not allowed to be done by a Licensed Drug Shop Health Worker even though this health worker has all the professional requirements and experience in

In the communities however, when people get a fever, the first place they go to seek for health care is a Drug Shop, yet Malaria Testing was not among the authorized Services in this level of facility, and neither were Malaria Drugs



also allowed by the Law to be dispensed in a Drug Shop. Let's remember that Private & Domiciliary Clinics owners remain the first line HCP to deal with this deadly disease called Malaria thorough out the country.

The wasted advantage therefore was that Government has licensed so many Drug Shop Outlets in almost every corner of the rural and urban communities, each under the full-time operation of well-qualified and well experienced health personnel, but not allowed to participate in the Fight against Malaria. Through the umbrella that gathers these private drug shops and clinics owners called National Drug Shops Advocacy Initiative (NDAI), this challenge was acknowledged to have a negative impact on the efforts of these drug shops.

Malaria Free Uganda has since partnered with Fosun Pharma, a private pharmaceutical company through NDAI to address this challenge by conducting a country wide training.

These trainings are aimed at promoting quality Public Health, Uplifting the Standards of private Health Workers in Drug Shops and Clinics to handle Malaria and Covid-19. The trainers follow the Updated Information and National Guidelines for the effective management of Malaria and Pneumonia in the Context of Covid-19 all the training materials were approved by the National Malaria Control Division in the Ministry of Health.

Drug Shop Health workers, Private Nurses and Private Midwives in the Private Sector have benefited from these trainings and acquired proper knowledge on FOSUN PHARMA Malaria products (D-ARTEPP and ARTESUN), as the best World Health Organization (WHO) recommended drugs in the Management of Uncomplicated and Complicated Malaria while safeguarding themselves from the risks of contracting Covid-19 during their operations

The trainings commenced on 11th January 2021 at Nkumba University, Entebbe where

the Assistant Commissioner of MOH & Program Manager of NMCD, Dr. Jimmy Opigo launched the trainings and have since been offered in 18 more districts across the country in Wakiso, Kampala, Mukono, Jinja, Mbale, Nebbi, Arua, Gulu, Lira, Masaka, Hoima, Luwero, Mbarara, Fortportal, Mubende, Masindi, Mityan, Iganga, Soroti, Kitgum and Moyo districts. This has seen about 2,700 HCPs accorded platform to train and acquire knowledge in their standard practicing



procedure hence forth participating actively overall objective of NSP/MFU of eliminating Malaria in Uganda by 2030.

These trainings have been facilitated in conjunction with resource personnel from the following:

- Malaria Free Uganda
- Ministry of Health /NMCD
- Fosun Pharma/Triden Pharma
- National Drug Authority (NDA).
- National Drug Shops Advocacy

Several training materials are also disseminated to participants to further enrich their knowledge on the subject matter.

Fosun Pharma has since committed more 12 trainings in respective districts more trainings are in pipeline for execution in the course of next 3-5 months paying attention to guidelines on COVID19 by the Central Government.

Through this partnership, a total of one hundred thousand US dollars (\$100,000) will be contributed to this initiative. In addition, Fosun Pharma has committed close to \$50,000 in facilitating 12 more trainings as scheduled.



## Resource Mobilization

National strategic plan remains threaten with critical financial gaps that potentially pause huge risks to implementation of UMRESP. To date, several implementing and donor partners continue to pull out the funding envelope of the program leaving critical areas of intervention unattended to.

As one of the MFU's pillar in resource mobilization, the board has remained committed to reaching out to potential partners in different sub sectors to join the fight against malaria in different capacities. These include, advocacy, in kind resources committed, financial resources and technical support towards reduction of the gaps in the NSP.

Covid19 pandemic has had adverse impact on not only the health systems but to many economies world over. Uganda's privates' sector wasn't spared either as many businesses were negatively affected forcing reduction in operational costs, layoff of labor force causing

unemployment, and most importantly reduced profitability across several industries. This has negatively impacted on the appetite of most corporate entities Corporate Social Responsibility budgets and expenses. Consequently, the call to financial and in-kind contributions to Malaria interventions by these private entities has been received with mixed attention. None the less some commitments were realized as indicated below.

S/N	Name	Amount (\$)	
1	Umeme U Ltd	1,500	Cash
2	Fosun Pharma	100,000	In-kind
3	Centenary Bank	12,000	In-kind
4	Prime Media Advertising	5,000	In-kind
5	NBS TV	12,000	In-kind

Some of the contributions that have been secured.



The strategy for engaging potential entities has been drafted clustering targets into two clusters of both potential Partners that need long term engagements and donors respectively. The board will continue to engage these potential partners for both long- and short-term partnerships. With economies recovering, there are indications of more partners coming on board in the coming year.

## Key stakeholders engagement meeting

The secretariat and board of MFU has been constantly engaging several stakeholders to galvanise the efforts of multi sectoral approach to malaria eradication and elimination





# MALARIA FREE UGANDA

Working towards a Malaria free Uganda



Host



**PDG. Kenneth Mugisha**  
Chairman Malaria Free Uganda



**Dr. Diana Atwine**  
PS Ministry of Health



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



**Dr. Patrick Bitature**  
Board member Malaria Free Uganda

## 'An Engagement with the Private Sector'

**TIME : 5:00PM - 6:30PM**  
East Africa Standard time

Join Cloud HD Video Meeting



<http://bit.ly/malariafreeuganda>  
No Pass code

**23<sup>rd</sup>-09  
2020**

Partners



### Fact

In 2020, over 14 million malaria cases and almost 6000 deaths were recorded in Uganda – translating to ~ 16 deaths per day. Malaria caused over 15 times more deaths compared to COVID-19.

### Question

Are you sleeping under a net?



**It is true we have been a bit leisurely in our handling of malaria. We have lived with it for centuries and it is not as scary as Corona and Ebola although the costs of treating malaria are high. We have been diverted with a lot of things including minimum recovery and development. Suppose we eliminate malaria how much can we save. Can we develop a vaccine? I am ready to launch a full war against mosquitoes and malaria,”**

**President Yoweri Kaguta Museveni**

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