Uganda Pathfinder National Sense- and Consensus Workshop

Paving the way for sustainable development with malaria as tracer

Abstract

Review of Pathfinder Impact and Investment Cases (PIICs) and priorities to halt the vicious cycles between lack of development and malaria in Kapelebyong, Kitgum and Moyo districts (Kampala 3. September 2025)

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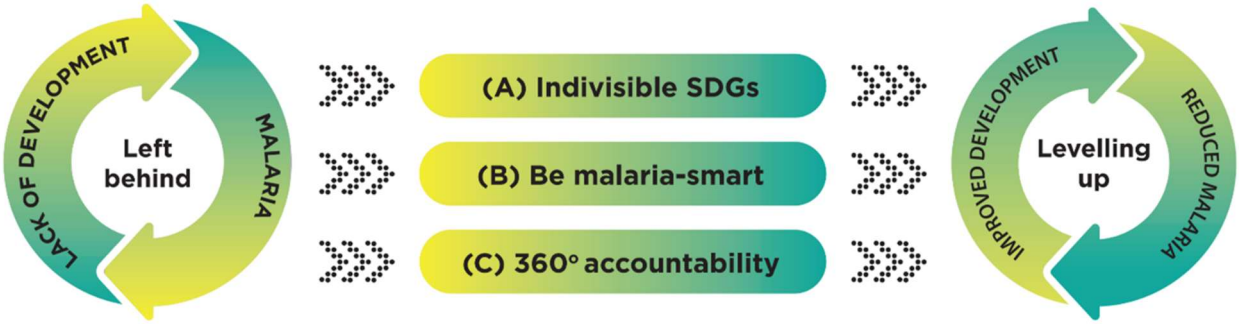

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Introduction

To achieve sustainable development, reduce the disease burden, and allow those left the furthest behind to catch-up, the vicious cycle between lack of development and malaria must be halted through comprehensive multisectoral action.

A joint endeavour by the Ministry of Health, the Ministry of Local Government and UNDP has listened to three of the districts left the furthest behind and built Pathfinder Impact and Investment Cases (PIICs)

The workshop objectives

- *To receive* the findings from the Pathfinder Impact and investment Case studies
- *To explore* the drivers of the vicious cycle between lack of development and malaria – globally and locally, the latter exemplified by three Ugandan districts.
- *To suggest* comprehensive multisectoral action to turn the vicious cycle into a virtuous one

Expected outcomes

- *Deepened understanding* of the need for and power of concurrent action along three pathways from vicious to virtuous
- *Commitment* to the Pathfinder Endeavour to pave the way for sustainable development with malaria as tracer in districts that are left the furthest behind

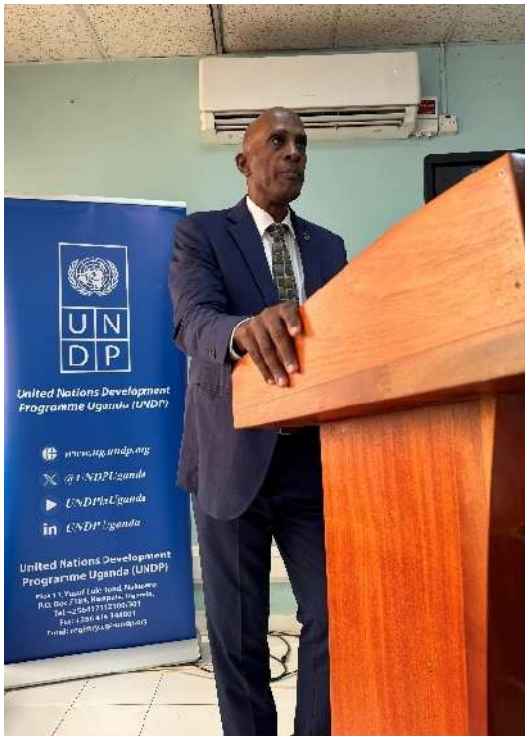
The Uganda Pathfinder Champion Team

Aidah Nakanjako, UNDP
John Robert Ekapu, MoH
Paul Okot-Okello, MoLG
Peter Mbabazi, RBM Multisectoral Working Group
Erik Blas, The Pathfinder Secretariat, UNDP

1 Welcome and opening remarks

Ian King, Resident Representative *a.i.* of UNDP welcomed the participants to the Pathfinder National Sense and Consensus Workshop, a collaborative effort by the United Nations Development Programme (UNDP), the Ministry of Health, the Ministry of Local Government, and the districts of Kapelebyongo, Kitgum, and Moyo. The workshop's main goal is to confirm the findings of the Pathfinder Impact and Investment cases (PIICs) in the three districts and develop practical solutions and investment plans to break the cycle between lack of development and malaria.

Representing UNDP and the wider United Nations family, Ian King thanked the Ugandan government—especially the Ministry of Health for their leadership in fighting malaria and improving health. He highlighted the launch of the malaria vaccine campaign for children, a major step forward for Uganda's future. Ian King emphasized that good health and national development go hand in hand – one leading to the other – as outlined in Uganda's National Development Plan IV.



He also recognized the support from development partners, whose contributions help Uganda work towards the 2030 Agenda for Sustainable Development, ensuring no one is left behind. UNDP sees diseases like malaria as barriers to progress and equality.

Malaria remains a serious challenge in Uganda, especially for the poorest and most vulnerable, and continues to fuel cycles of poverty. Ian King stressed that malaria can be prevented and eliminated, but this requires coordinated action across all areas of development.

Malaria affects more than just health – it reduces productivity, keeps children out of school, strains health services, and forces families to spend money on treatment instead of development. In high-burden districts, malaria accounts for over half of outpatient visits, putting pressure on families, health systems, and local economies. That's why controlling malaria is not just a health issue – it's also about smart economics and building a prosperous nation.

Ian King pledged that UNDP and its partners will continue working closely with the Ugandan government and other stakeholders. By collaborating and integrating efforts, together we can achieve a malaria-free, resilient, and prosperous Uganda.

Daniel Kyabayinze on behalf of the Ministry of Health and the Director General officially declared the workshop open and said that he would revert as Director Public Health and Programme Manager for the National Malaria Elimination Programme (NMEP) after the presentations and comments to these by the workshop participants.

2 The impact and investment case

2.1 Presentation of Pathfinder

Erik Blas from the UNDP Pathfinder Secretariat introduced the initiative, outlining its key concepts and phased implementation plan. He summarized findings from building Pathfinder Impact and Investment Cases (PIICs) in Kapelebyong, Kitgum, and Moyo districts.

Erik presented a graph with data from the World Malaria Report 2024, showing that malaria cases in the WHO African region have not declined over the past 20 years. In fact, after a low in 2014, cases have steadily increased, putting the 2025 milestone and 2030 goal for malaria case reduction out of reach.

International data demonstrates a clear link between low economic and social development and high malaria burden. The PIICs analysis in Uganda confirms this: districts with low development are five times more likely to have high malaria rates, and districts with high malaria are seven times more likely to have low development scores. This demonstrates the vicious cycle between lack of development and malaria.

The Pathfinder approach aims to slow, halt, or reverse this cycle by concurrently pursuing three pathways: improving malaria-critical Sustainable Development Goal (SDG) indicators across five SDG-groups, making districts “malaria smart”, and by strengthening three dimensions of accountability – political, technical, and public.

Pathfinder creates value by driving comprehensive multisectoral action, engaging local actors to work in malaria-smart ways, and optimizing existing structures, resources, and programmes. It empowers local governments and communities to lead, take responsibility, and institutionalize new ways of working, while documenting and sharing lessons for replication and scale-up.

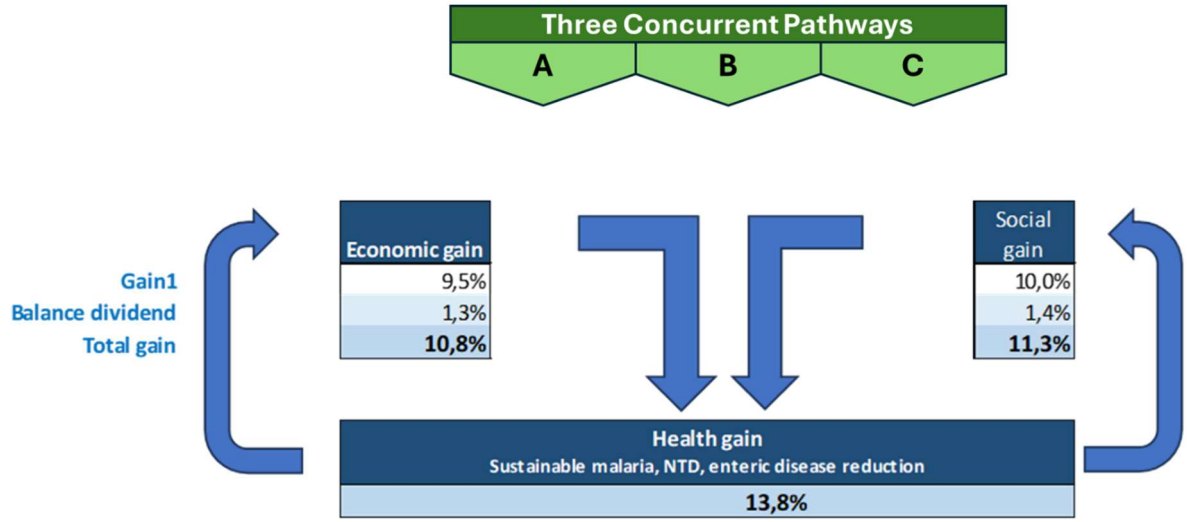
The initiative is designed to roll out in four phases, each involving trying, learning, sharing, guidance, planning, action, and peer review. Erik Blas emphasized that while Pathfinder uses catalytic funding, it is not a funding opportunity for individual district actors. Instead, catalytic funds are intended to ease comprehensive multisectoral action, generate stronger co-benefits, get more out of existing resources, and foster sustainability – acting like a catalyst in a chemical reaction.

To prepare for resource mobilization and the first phase of rollout, impact and investment cases were developed with Kapelebyong, Kitgum, and Moyo districts. The Chief Administrative Officers and District Health Officers from these districts are present today to validate and discuss findings and future directions. Stellah Namatovu and Bonny Balugaba, who worked with the districts alongside Susan Nayiga, will elaborate on the case findings in their presentation.

Before handing over, Erik Blas highlighted main challenges identified in the three districts across the five SDG groups: political/institutional, economic, social, environment and climate, and health systems.

SDG-Groups	Challenges (*distilled*)
1. Political / Institutional	– Weak cooperation from leaders – Weak accountability (*corruption, regulations*) – Lack of trust (*successes and results*)
2. Economic	– Low economic productivity, subsistence economy – Lack of economic opportunities, – Precarious employment
3. Social	– Poverty, food insecurity, low education – Gender inequality – Harmful practices, poorly managed settlements
4. Environment and climate	– Adverse climate and geography – Poor environmental maintenance – Poor housing, sanitation and water management
5. Health system	– Poor distribution of facilities and staff – Poor data – Ineffective flow of supplies

He also shared a slide showing the simulated impact of three years of district-led efforts ("*Yes We Can Do It*"), a guided three-year process, and the addition of four rounds of USD 10–20,000 in catalytic funds. The simulation projects economic gains of 10.8%, social gains of 11.3%, and health gains of 13.8% – potentially halting the vicious cycle and beginning a virtuous cycle where improved development reduces malaria, and reduced malaria fosters further development.



Erik Blas concluded by expressing his admiration for the competence and dedication of district participants in the PIICs building, as reflected in interview and focus group transcripts.

2.2 Presentation of PIICs findings

Stellah Namatovu and Bonny Balugaba (Consultants) presented key findings from the case building in Kapelebyong, Kitgum, and Moyo districts. Detailed reports and a synthesis will be shared with all workshop participants who register their email addresses.

Kapelebyong

Malaria, neglected tropical diseases (NTDs), and enteric diseases are unevenly distributed in Kapelebyong, shaped by political, social, and environmental factors. Some communities resist interventions, which hampers both development and disease control. Poverty is closely linked to malaria prevalence. Limited resources restrict access to prevention and treatment. The district's many swamps and frequent heavy rains cause waterlogging, creating ideal breeding grounds for mosquitoes and increasing the risk of water-borne diseases. Some of the waterlogging is due to topography and geography – while some are the results of human activity.

To break this cycle, suggested interventions include promoting malaria-smart farming practices, mobilizing local leaders and communities, strengthening accountability, and targeted use of catalytic funds. A balanced approach is needed, focusing not only on nets and drugs but also on improving livelihoods, education, and sanitation.

The effort-impact simulation suggests that comprehensive multisectoral action could yield economic gains of 10.8%, social gains of 11.3%, and health gains of 13.8%, with improved accountability driving more than half of these improvements. District leaders have expressed readiness to engage further and leverage Pathfinder resources and structures.

Kitgum

Kitgum faces similar challenges, with malaria, NTDs, and enteric diseases unevenly distributed across sub-counties. Data gaps exist due to uneven health facility coverage, leaving some high-prevalence areas unreported. The health system is overloaded in affected sub-counties, and environmental degradation, financial losses, reduced agricultural productivity, poor waste management, and misuse of mosquito nets further complicate the situation. Many households lack assets to pay for treatment, fueling the poverty-disease cycle.

A poignant quote from a PIICs interviewee captured the challenge: "*When you don't have anything – you have nothing*."

Suggested actions include community sensitization on prevention, balancing treatment with prevention, engaging schools and businesses in malaria-smart practices, and using catalytic funds to strengthen accountability. The effort-impact simulations project potential economic gains of 10.1%, social gains of 10.8%, and health gains of 13.0%, with accountability contributing between one-third and half of these improvements. The district expresses strong willingness to act and join Pathfinder, with leaders committed to mobilizing communities for change.

Moyo

Moyo also struggles with uneven disease distribution and incomplete data. Contributing factors to the vicious cycle include limited participation from political leaders, weak enforcement of regulations, low economic productivity, night fishing, farming in swamps, poor hygiene, and environmental mismanagement. Poverty, lack of health facilities, frequent drug stockouts, and high medicine costs in the private sector further exacerbate the situation.

Proposed solutions include promoting malaria-smart farming and fishing, empowering women and caregivers, strengthening accountability and collaboration, and balancing social development with malaria prevention. Simulations estimate economic gains of 11.0%, social gains of 11.7%, and health gains of 14.2%. Like for Kitgum, strengthened accountability could contribute between one-third and half of the improvement. District leaders are ready to participate in Pathfinder and are committed to breaking the poverty-malaria cycle, emphasizing transparency and effective use of catalytic funds.

2.3 Reactions

Hon Santo Okot (MP, Pader District): I stand for the Coalition of Parliamentarians to End Malaria in Africa, an initiative uniting African lawmakers to accelerate the fight against malaria with a vision of an Africa free of malaria. But what we see from the presentations here is that the number of malaria cases is not reducing. Instead, it is increasing. If we don't address the root developmental challenges, then we can continue talking about elimination and elimination – and elimination will not succeed. Unless we tackle underfunding, lack of economic progress, overburdened health system, stronger legislation, multisectoral action, keep malaria on the agenda, private sector innovation, and stronger local ownership, we won't succeed.

Mansour Ranjbar (Medical Officer, Tropical and Vector-borne diseases /WHO): I enjoyed the presentations and can confirm that WHO is happy to contribute to this important initiative. There is no doubt that malaria is one of the big barriers to development. The Pathfinder initiative is totally connected with the next five years' national strategic plan, and this is very important. We must break the cycle of poverty and malaria. To break the cycle, we must take a multi-pronged approach including accelerating comprehensive development, targeting those left behind, become more malaria-smart, strengthening malaria case management, such as through the 24.2 initiative[1], and improve vector control, e.g., through indoor residual spraying (IRS).

However, caution should be taken, when using endemicity categories (low, moderate, and high) based on the Annual Parasite Index (API)[2] to present the relationship between the SDGs and malaria endemicity. In Uganda, IRS has been implemented mainly in high-endemic areas. Following IRS implementation, the API in targeted districts has decreased to moderate or even lower levels. Therefore, for categorization and modeling of SDGs in relation to malaria endemicity, it is recommended to use an *adjusted API*. A practical approach would be to classify districts covered by IRS as high-endemic regardless of their current endemicity level, meaning using the API from the year before IRS roll-out as the reference for endemicity classification.

Ian King: Let me start by congratulating the presenter with what they have shared and demonstrated. The association between the incidence of malaria and the linkages with the Sustainable Development Goals and the indication through the simulation of what can be achieved by comprehensive multisectoral action.

There was one quote from one of the districts that stood out: "*If you don't have anything, you have nothing*". What this essentially means is that your options are not there. You are left behind!

At UNDP, the most vulnerable are at the core of what we are and what we will continue to be focused on. However, we are realistic about the challenges to address these issues within a short time frame. We must take a longer-term perspective such as indicated in the presented Pathfinder initiative.

Daniel Kyabayinze congratulated the presenters for explaining the difficult interlinkages between development and malaria. Malaria is a historic challenge, and it is a big lie to believe that we can do it alone. As a Ministry of Health, it is not in our grabs. We need to come together. Let everyone do their pieces on PDM[1], economic development, housing, nutrition, water supply, etc. For us, we can provide knowledge and wisdom and give science about what this disease is.

He also noted the quote "*If you don't have anything, you have nothing*". We should not point fingers. Why are people using what you give them [bed nets] to do fishing? It's economic issue. We don't tell them what to do. They decide how to survive. That's what I learned from today, and I'm going to recruit people going into the street.

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[1] https://www.afro.who.int/countries/uganda/news/ugandas-242-hours-initiative-game-changer-malaria-mortality-reduction

[1] Parish Development Model (PDM), (https://presidentialinitiatives.go.ug/parish-development-model/)

Rhoda Oroma (Chief Administrative Officer, Kapelebyong – I recognize the linkage between poverty and malaria and the need for local solutions, I am therefore glad to hear from the honorable that you have allocated more funding to health. However, the problem is that the money does not get to us in the districts and we need help to tap into some of them.

Henry O. Okelle (District Health Officer, Kitgum) --- Thank you to the team for the presentation and for the analysis. It has taken us long to appreciate what malaria is. It is poverty, and poverty is multi-factorial. In Kitgum it is very hot, you are forced to open the windows – and you can't even sleep under the net – and it is almost inevitable to get bitten by the mosquitoes. I remember around 2007, we had IRS in the district and burden of malaria was drastically reduced. But malaria came back when it stopped. Now you are talking about integration and bringing all the stakeholders onboard. This is important and something we appreciate together with beginning with the highest burden districts. The UN can be very important in supporting this type of project.

Francis Laliga (District Health Officer Moyo) – We are going to the fourth round of IRS and find dramatic reduction in malaria. However, when we come to the next round it will have increased again. We are fighting the mosquitoes that come inside. But the rest remains outside. They are charging us outside in the late hours and continue fighting us when we come in. Most of our community sleeps on the ground. That means it's a challenge to hang more than one net in a house, if there are four or five people sleeping there. At the top of the wall there is always an opening. What we can do is close that with a net and use IRS. That will help something – however, we must do more as described in the presentations.

Daisy Aciro Olyel (Commissioner of Fisheries / MAAIF) – This is my first time. When I got the invitation, I said to myself: What do these people from the Ministry of Health want from me? But when I sat and listened to the presentations, I realized that my role is really critical, and that I have a lot to contribute. We have to manage our water systems very well. When we take very hot places with swamps that's where mosquitoes breed. But fish are temperature regulated and very active in hot waters. They eat and grow a lot. That is the trick in fish farming. The President has been saying: let's do fish farming in the swamps. The good news is that when we do fish farming, the fish – the Nile tilapia – will eat the larvae of the mosquito. When we do fish farming at the fringes of the swamps, we will kill more birds with one bullet. So, you pointed out things we can work on.

Peter Mbabazi (Co-chair RBM Multisectoral Working Group) who chaired this session thanked the presenters and the workshop participant for sharing their knowledge, observations and comments. He said that the districts own the data presented – and concluded that nobody has denied any of the findings, which is very good. He then handed over to Daniel Kyabayinze to comment on the reactions.

In his final remarks Daniel Kyabayinze said that recently HE the President asked us: "*Egypt can eliminate malaria – why can't Uganda*". If he had been here and heard what we have heard today, he would not have asked that question. In Egypt they all live in constructed high-rising communities. Our reality is totally different. We have our own problems. We don't have enough resources to fund all the staff, all the drugs and all the nets needed. He also reminded the workshop that mosquitoes only carry what they have gotten from our neighbours. This means that we need to treat everyone with malaria as quickly and effectively as possible. But it also means that we will not succeed unless we look at the whole population and what keeps fueling the vicious cycle and producing malaria in our society. The health services can´t do that alone – therefore comprehensive multisectoral approaches like the Pathfinder is a much-welcomed complement.

3 From vicious to virtuous

3.1 Pathway A: Indivisible SDGs

The *Halt the Vicious Cycle Game* focuses on Pathway A of the three pathways from vicious to virtuous in districts that are left behind. It is a learning and fun game to foster policy and technical discussions and provide insights into how improvements in malaria-critical SDG-indicators intersect with and can propel a virtuous cycle between economic and social development and disease reduction (malaria, NTD, and enteric diseases). The *malaria-critical SDG-indicators* are all the 80 SDG-indicators that are defined as proportions, rates, etc. other than disease and health status specific indicators.

The workshop participants grouped around three tables: named after the three districts Kapelebyong, Kitgum and Moyo that were part of the PIICs as described in section 2 of this report.

Each table was chaired by the respective District Health Officer, and five group members were assigned as resource-persons – one for each for each SDG-group: (**1**) Political / Institutional, (**2**) Economic, (**3**) Social, (**4**) Environment and Climate, and (**5**) Health Systems groups.

Each resource-person received an envelope with one card for each of the malaria-critical indicators in their SDG-group. They opened their envelope and selected the *three* indicators that they found would be most powerful in halting the vicious cycle between lack of development and malaria.

Now the whole table discussed, selected and prioritized the two indicators for each SDG-group which improvements they believed would generate the strongest co-benefits across the SDG-groups and be most powerful to halt the vicious cycle. The District Health Officers led the prioritization process and glued the corresponding cards to the gameboards and displayed these on the wall (see Annex 5.

Both the processes and the results of each table were assessed by a walking panel of the three Chief Administrative Officers, who together explained their choice, expressing the value they had given to how well the group-members interacted and argued their case. The panel awarded the prize to the Kitgum table-team.

SDG Group 1: Political / Institutional (*14 malaria-critical SDG indicators*)

All the three teams prioritized improving indicators of thrust in district leadership and institutions to provide co-benefits for development and contribute to halting the vicious cycle.

16.5.1: *Proportion* of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months (Kitgum)

16.7.2 *Proportion* of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group (Kapelebyong and Moyo)

However, the teams also suggested improving diversity in participation, registration with civil authorities and use of the internet

16.7.1 *Proportion* of positions in national and local institutions, including (a) legislatures; (b) the public service; and (c) the judiciary, compared to national distribution, by sex, age, persons with disabilities and population groups (Kapelebyong)

16.9.1 *Proportion* of children under 5 years of age whose births have been registered with a civil authority, by age (Kitgum)

17.8.1 *Proportion* of individuals using the Internet (Moyo)

SDG Group 2: Economic (11 malaria-critical SDG indicators)

All three teams prioritized improving economic indicators related to lack of opportunities and exclusion.

8.3.1: *Proportion* of informal employment in non-agriculture employment, by sex (Moyo)

8.5.2: *Unemployment rate*, by sex, age and persons with disabilities (Kitgum)

8.6.1: *Proportion* of youth (aged 15–24 years) not in education, employment or training (Kitgum)

8.10.2 *Proportion* of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider (Kapelebyong)

9.3.2 *Proportion* of small-scale industries with a loan or line of credit (Moyo)

The Kapelebyong team specifically prioritized reducing the economic inequalities resulting from the lack of opportunities.

10.2.1 *Proportion* of people living below 50 per cent of median income, by sex, age and persons with disabilities (Kapelebyong)

The three teams' choices of priorities indicate that the economic challenges are seen as structurally rooted and that improving these indicators are necessary to foster co-benefits and development across Pathway A and to eventually halt the vicious cycle.

SDG Group 3: Social (36 malaria-critical SDG indicators)

The three teams continue by unpacking some of those structural issues. Notably to enhance

the next generation's chances to seize and create the opportunities and reduce the risks of being excluded. Focus of the priorities is on the schools – to improve the facilities as well as the outcome.

4.3.1 *Participation rate* of youth and adults in formal and non-formal education and training in the previous 12 months, by sex (Moyo, Kitgum)

4.a.1 *Proportion* of schools with access to (*a*) electricity; (*b*) the Internet for pedagogical purposes; (*c*) computers for pedagogical purposes; (*d*) adapted infrastructure and materials for students with disabilities; (*e*) basic drinking water; (*f*) single-sex basic sanitation facilities; and (*g*) basic handwashing facilities (as per the WASH indicator definitions) (Kapelebyong)

4.6.1 *Proportion* of population in a given age group achieving at least a fixed level of proficiency in functional (*a*) literacy and (*b*) numeracy skills, by sex (Kapelebyong)

But it does not stop there. If the children are malnourished in their early childhood, it will affect their ability to learn right from the school-start. Thus, the Moyo team prioritized reducing the prevalence of malnutrition among the under-fives.

2.2.2 *Prevalence* of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight) (Moyo).

The Kitgum team highligthed the importance of women making their own decisions about sexual relations and reproductive choices.

5.6.1 *Proportion* of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (Kitgum)

SDG Group 4: Environment and climate (*12 malaria-critical SDG indicators*)

All the three districts are challenged by geography, increasingly adverse climate – in particular extreme heat and rain, as well poor housing, sanitation and water management. Kitgum and Moyo priotitized water and sanitation management.

6.b.1 *Proportion* of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management. (Kitgum and Moyo)

6.2.1 *Proportion* of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water (Kitgum)

Kapelebyong emphasized the importance of protecting its waste swamps and wetlands and sustainable exploitation of these by prioritizing two related indicators.

14.5.1 *Coverage* of protected areas in relation to marine areas. (Kapelebyong)

15.1.2 *Proportion* of important sites for terrestrial and freshwater biodiversity that are covered by protected areas, by ecosystem type (Kapelebyong)

The effects of climate change and the impact on malaria, NTD and enteric diseases are elaborated the Moyo report and the Moyo team prioritized local disaster risk reduction strategies to address these challenges

13.1.3 *Proportion* of local governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategies (Moyo)

SDG Group 5: Health system (7 malaria-critical SDG indicators)

All the three districts are challenged with respect to availability of and access to health care services in general, and in some cases inequities and lack of community acceptance. Priority improvements related to vaccinations, essential medicines and interventions, and to modern methods for family planning.

3.b.1 *Proportion* of the target population covered by all vaccines included in their national programme. (Kitgum and Moyo)

3.b.3 *Proportion* of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (Kapelebyong and Kitgum)

3.8.1 *Coverage* of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population) (Kapelebyong)

3.7.1 *Proportion* of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (Moyo)

3.2 Pathway C: 360º Accountability

The three district teams then looked at accountability with respect to the SDG-indicators they had prioritized for improvement in order to halt the vicious cycle between lack of development and malaria. They looked at accountability in three dimensions: political, technical, and public.

Below is a synthesis of the outcome of the teams' deliberations

Political accountability

Political accountability focuses on the oversight and monitoring by senior government officials, councils, and others representing the people to ensure effective use of resources and implementation of development and malaria response activities.

The teams found that political structures exist in all three districts, but poverty and limited resources often influence decisions, leading to insecurity, inefficiency, misuse of assets and supplies, slow development, and a high disease burden. Accountability spans all elected leaders at all levels, from the district's members of Parliament, district council, sub-county, parish, village, school and health committees. The elected leaders are collectively and individually accountable to the people.

The political leaders set priorities, lobby for resources and opportunities and ensure sound and fair decision-making on budget allocations. They oversee that resources are used wisely, according to set priorities and plans, and deliver results. Further, they ensure that defaulters are held accountable and deviations corrected.

Transparent and participatory budget tracking mechanisms were found essential to exercising political leadership and accountability and helping to halt the vicious cycle. However, this must be

complemented with provision of reports, report synthesis, and feedback to and dialogue with the communities.

Technical accountability

Technical accountability deals with the responsibilities of those whose jobs include improving malaria-critical SDG, malaria, NTD and enteric disease *outcome* indicators – and, to act and call attention in cases when progress does not happen as intended.

According to the three teams, there are technical accountability structures in place in all districts with the Chief Administrative Officer (CAO) as the overall accounting officer. Technical lines of accountability include community development, education, health, security, agriculture and fisheries, etc. Several of them have frontline or extension workers. All of them are experiencing inadequate human resources. In Moyo, it was mentioned that actual staffing was below 35% of the established positions.

This points to technical accountability for the 'understaffing', prioritizing and distributing the limited human resources, the performance of services and staff, etc.

The teams suggested increasing the tax-base and several potential means to enhance technical accountability, e.g., transparent monitoring and evaluation, budget conferences, building capacity of technical staff, and changing mindsets and attitudes. It was also suggested that some aspects transcend from technical to political accountability.

Public accountability

Public accountability emphasizes individuals, families, communities, community leaders, civic society, and public and private services and businesses, etc. all to become malaria-smart – to take responsibility and be accountable. And, in addition to engage directly and real-time with those politically and technically in-charge through digital platforms and other communication channels.

It was stressed that communities must account to themselves as well as demand accountability from technical teams and political leaders. It was found that there are community structures in place to anchor responsibility and accountability, including VHTs, CSOs, cultural and religious groups, private sectors, committees, etc. However, insecurity and low productivity might affect efficient functioning of some.

Conventional means such as radio talk shows, sports messages, the press, regular public consultation, etc. were suggested to impress the public, e.g., communities, families, individuals' accountability to themselves. However, bringing public accountability to play to reach those technically and politically responsible and release its full potential in halting the vicious cycle requires a variety of real-time two-way channels, such as e.g., scorecards, public digital insight and input tools, etc.

4 Closing

Erik Blas thanked all participation for their valuable input in the workshop deliberations. A particular thanks was given to the Chief Administrative Officers and District Health Officers from Kapelebyong, Kitgum and Moyo districts for travelling a long way to join the workshop and for supporting and personally participating in building Pathfinder Impact and Investment Case for their respective districts.

The impact and investment cases will form the foundation for resource and partner mobilization to roll out the Pathfinder. The current global situation of scarce resources for malaria and development speaks into Pathfinder's value proposition and promise to get more out of less. However, uncertainties remain to whether a full-scale four-country roll-out as described in the presentation of the Pathfinder (section 2) will be possible, if a one-country roll-out is more feasible, or if further pruning and adaptating the approach is needed. Hopefully there will be more clarity very early on in 2026. Uganda is certainly at the forefront and at the top of the list.

The workshop report as well as the PIICs reports will be sent to the participants by email.

John Jacob Ettedu (Assistant Commissioner, District Administration / MoLG) officially closed the workshop and thanked the participants. He also pointed to that impact and investment cases and the deliberations here today show that halting the vicious cycle between lack of development and malaria is indeed possible. However, it requires that everyone work together and contribute with what they do best – but malaria-smart. The Ministry of Local Government is certainly committed to be part and is already taking steps to support Kapelebyong, Kitgum and Moyo district to deal with some of the identified challenges.

Annexes

Annex 1: Pathfinder National Sense- and Consensus Workshop Programme

Date: Wednesday 3rd September 2025

Venue: National ICT Hub-Nakawa

Time	Session	Responsible person
Session chair: Peter Mbabazi		
9:00	Prayer	Dr Daniel Kyabayinze, Director Public Health
	Self-introductions	All
	Workshop objectives	Dr Daniel Kyabayinze, Director Public Health
9:10 – 9:20	Welcome Remarks	Mr. Ian King - RR-ai UNDP
9:20 – 9:30	Opening Remarks	Dr Daniel Kyabayinze on behalf of Dr. Charles Olaro, Director General Health Services, MoH
9:30 – 9:55	Presentation of the project. *Comprehensive multisectoral action for sustainable development with malaria as tracer*	Dr. Erik Blas (Pathfinder Secretariat, UNDP)
9:55 – 10:20	Presentation of the *Pathfinder Impact and Investment Cases in Uganda* (perspectives from Kapelebyong, Kitgum, and Moyo)	Consultants: Stellah Namatovu and Bonny Enock Balugaba
10:20 – 10:30	Comments / reaction	All
10:30 – 11:00 Group photo /Break		
Session chair: John Robert Ekapu		
11:00 – 12:30	Group work "*Halt the Vicious Cycle Game*" (***three groups***) The three tables will be organized by the three districts. Table leads will be three respective DHO,	Table facilitators: Uganda Pathfinder Champion Team (MoH, MoL, and UNDP/UGA.
12:30 – 13:30 Lunch		
13:30 – 14:00	Panel discussion and prize (The three Chief Administrative Officers) A walking panel of the CAOs who will observe the work in the three groups and jointly agree (and explain) on *the* best proposal for halting the vicious cycle – based on how the table worked, the feasibility and relevance of the proposal	Erik Blas (Pathfinder Secretariat, UNDP)
Session chair: Aidah Nakanjako		

14:00 – 15:00	Group work Building consensus for action (***three groups***) The same district groups af for the previous break-out work.	Erik Blas (Pathfinder Secretariat, UNDP)
15:00 – 15:30	Plenary Reporting from the three groups The groups will report individually from the tables	Table Rapporteurs
15:30 – 15:45	Recap and way forward	Erik Blas (Pathfinder Secretariat, UNDP)
15:45 – 16:00	Closure	JJ on behalf of Commissioner District Administration, MoLG

Annex 2: List of participants

	NAME	DESIGNATION	ORGANIZATION
	Aidah Nakanjako	HHO	UNDP
	Amuriat Bernard	AC/LI	MGLSD
	Amuza A Dankaine	National coordinator	CSO MACIS
	Bonny E Balugaba	Consultant	UNDP
	Daisy Aciro Olyel	Commissioner Fisheries	MAAIF
Dr	Daniel Kyabayinze	Director Public Health/PM NMED	MOH-NMED
Mr	Ekapu John Robert	SAO	MOH-NMED
Dr	Erik Blas	Pathfinder Secretariat	Pathfinder Secretariat
	Ettedu John Jacob Geofrey	Assistant Commissioner, District Administation	MOLG
	Festo Friday	SCFO	MoFPED
Mr	Habib Abubakar	Chief Administrative Officer	Kitgum
	Ian King	Deputy Resident Representative	UNDP
Dr	James Eudu	District Health Officer	Kapelebyong
	Kahunde Edith Maureen	Communication Officer	MOH
	Kisubi Denis	SG	Malaria Youth Champion
	Laliga Francis	for District Health Officer	Moyo
Dr	Mansour Ranjbar	Medical Officer, Tropical and Vector-Borne Diseases	WHO
	Musanase Monica	Secretariat NMED	MOH
Mr	Ojock Kheil Bran	Deputy Chief Administrative Officer	Moyo
Dr	Okello Otto Henry	District Health Officer	Kitgum
Ms	Oroma Rhoda	Chief Administrative Officer	Kapelebyong
	Peter Mbabazi	Co-chair RBM Multisectoral Working Group	NMED-MOH
Mr	Prince Mulumba	ED	CSO-UCAAM
	Robert Kwera	YCO	UNDP
	Ronald Kimuli	M&E Expert	MOH-NMED
Hon	Santo Okot	MP Pader District	UPFM
	Stellah Namatovu	Consultant	UNDP

Annex 3: Halt the Vicious Cycle - Gameboards

Annex 3.1: Kitgum

Kitgum

Pathway A: Priority malaria-critical SDG indicators

	SDG-Group 1 Political/institutional	SDG-Group 2 Economic	SDG-Group 3 Social	SDG-Group 4 Environment and Climate	SDG-Group 5 Health system
1st Priority	**16.5.1** ***Proportion*** of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months	**8.6.1** ***Proportion*** of youth (aged 15–24 years) not in education, employment or training	**4.3.1** Participation ***rate*** of youth and adults in formal and non-formal education and training in the previous 12 months, by sex	**6.b.1** ***Proportion*** of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management	**3.b.1** ***Proportion*** of the target population covered by all vaccines included in their national programme.
2nd Priority	**16.9.1** ***Proportion of*** children under 5 years of age whose births have been registered with a civil authority, by age	**8.5.2** Unemployment ***rate***, by sex, age and persons with disabilities	**5.6.1** Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	**6.2.1** ***Proportion*** of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water	**3.b.3** ***Proportion*** of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis

Annex 3.2: Kapelebyong

Kapelebyong

Pathway A: Priority malaria-critical SDG indicators

	SDG-Group 1 Political/institutional	SDG-Group 2 Economic	SDG-Group 3 Social	SDG-Group 4 Environment and Climate	SDG-Group 5 Health system
1st Priority	16.7.2 ***Proportion*** of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group	10.2.1 ***Proportion*** of people living below 50 per cent of median income, by sex, age and persons with disabilities	4.a.1 ***Proportion*** of schools with access to (*a*) electricity; (*b*) the Internet for pedagogical purposes; (*c*) computers for pedagogical purposes; (*d*) adapted infrastructure and materials for students with disabilities; (*e*) basic drinking water; (*f*) single-sex basic sanitation facilities; and (*g*) basic handwashing facilities (as per the WASH indicator definitions).	15.1.2 ***Proportion*** of important sites for terrestrial and freshwater biodiversity that are covered by protected areas, by ecosystem type	3.8.1 ***Coverage*** of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).
2nd Priority	16.7.1 ***Proportion*** of positions in national and local institutions, including (a) legislatures; (b) the public service; and (c) the judiciary, compared to national distribution, by sex, age, persons with disabilities and population groups	8.10.2 ***Proportion*** of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider	4.6.1 ***Proportion*** of population in a given age group achieving at least a fixed level of proficiency in functional (*a*) literacy and (*b*) numeracy skills, by sex	14.5.1 ***Coverage*** of protected areas in relation to marine areas.	3.b.3 ***Proportion*** of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis

Annex 3.3: Moyo

Moyo

Pathway A: Priority malaria-critical SDG indicators

	SDG-Group 1 Political/institutional	SDG-Group 2 Economic	SDG-Group 3 Social	SDG-Group 4 Environment and Climate	SDG-Group 5 Health system
1st Priority	**16.7.2** ***Proportion*** of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group	**9.3.2** ***Proportion*** of small-scale industries with a loan or line of credit	**2.2.2** ***Prevalence*** of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	**6.b.1** ***Proportion*** of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management	**3.b.1** ***Proportion*** of the target population covered by all vaccines included in their national programme.
2nd Priority	**17.8.1** ***Proportion*** of individuals using the Internet	**8.3.1** ***Proportion*** of informal employment in non-agriculture employment, by sex	**4.3.1** Participation ***rate*** of youth and adults in formal and non-formal education and training in the previous 12 months, by sex	**13.1.3** ***Proportion*** of local governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategies	**3.7.1** ***Proportion*** of women of reproductive age (aged 15-49 years) who have t heir need for family planning satisfied with modern methods