



THE REPUBLIC OF UGANDA  
**MINISTRY OF HEALTH**

# Magazine

ISSUE 1, NOVEMBER 2019



Interview with the  
**Permanent Secretary**

National Measles – Rubella  
and Polio Immunisation  
Campaign



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# MINISTRY OF HEALTH TOP MANAGEMENT



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# Editor's Note



**Emmanuel Ainebyoona**  
Senior Public Relations Officer

Dear Reader,

On behalf of the editorial team, we are pleased to bring to you highlights of activities and events that have shaped the health sector in the last one year. This Magazine summarises the news events that shaped the Health sector in the previous financial year (2018/19) and part of the current FY (2019/20).

In addition, this publication details some of the major achievements posted by Ministry of Health that are in line with its Vision of ***"Having a healthy and productive population that contributes to socio-economic growth and national development."***

As way of reaching every citizen, the Ministry is collaborating with cultural institutions such as Buganda Kingdom to amplify its messages to communities at the grassroot level where public health interventions are still faced with challenges that include; poor health seeking behaviour, poor sanitation and hygiene.

Furthermore, in its pictorial section, this magazine draws you into our key moments as a sector.

Since August 1st, 2018, the outbreak of Ebola Virus Disease (EVD) in neighbouring Democratic Republic of Congo, the Ministry of Health has been working with its partners to keep the Ugandan population safe from the deadly Ebola virus. This publication, therefore, takes a sneak peek into some of the Ebola preparedness activities undertaken by the Ministry of Health to respond and prevent to several other public health emergencies.

The Ministry of Health

Public Relations team, highly values feedback from its various followers both on-line, offline and on social media.

As way appreciating feedback, this publication has captured some comments on Facebook, Twitter, Instagram and those channeled through our toll free line

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**Best wishes.**

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# Ten African Countries Endorse Cross-Border Collaboration Framework on Ebola outbreak Preparedness and Response

BY: World Health Organization, Uganda



*Ministers of Health, WHO Regional Director and African Union members at the meeting*

The Democratic Republic of the Congo (DRC) and its nine neighbouring countries, during a meeting of ministers, senior health and immigration officials and partners in Goma, endorsed a joint framework to strengthen cross-border collaboration on preparedness and response to Ebola virus and other disease outbreaks. Representatives of the 10 countries – Angola, Burundi, Central African Republic, Republic of the Congo, the Democratic Republic of the

Congo, Rwanda, South Sudan, Uganda, United Republic of Tanzania and Zambia – noted with concern the Ebola outbreak in north-eastern DRC, which has continued for more than one year, and the increasing potential to spread into the neighbouring countries. They recognized the shared threat that the outbreak poses to health and economic security in the subregion and other parts of Africa and the need to develop an action plan to mitigate the effects of these threats.

“Resources are always limited, and there are always gaps in emergency contingency plans. Setting up a mechanism for cross-border collaboration and the sharing of assets will contribute to the mitigation of suffering and minimize the social and economic impact of disease outbreaks,” said H.E. Amira Elfadil Mohammed, African Union Commissioner for Social Affairs. In her opening address, Dr Matshidiso Moeti, World Health Organization (WHO)

Regional Director for Africa, emphasized that cross-border collaboration will particularly enhance information sharing on disease outbreaks and emergencies in line with the legally binding International Health Regulations (2005).

"In recent times, Ebola has been in the spotlight. Other diseases also pose a significant threat. These events highlight the immense importance of cross-border collaboration to improve the sharing and exchange of information to quickly contain outbreaks, harmonize resources, increase coordination and stop diseases from crossing the borders," said Dr Moeti.

The movement of people, goods and services across borders can heighten the risk of transmission of infectious pathogens that cause diseases, such as Ebola, cholera, measles and yellow fever.

"As the African Union advances towards implementation of Agenda 2063, which aspires for the political and economic integration of Africa, including the free movement of people across the continent, there will be a change. We need to be prepared for the risks that this change poses to the continent. A multi-country effort on Ebola outbreak response and preparedness will be a good example of the use of our collective capabilities in this regard," said H.E. Mohammed.

The ministerial meeting was co-organized by the Government of the DRC, WHO and the African Union Commission through its Africa Centres for Disease

Control and Prevention (Africa CDC). Participants reviewed the situation of the outbreak in the DRC and level of preparedness by the 10 neighbouring countries and discussed a road map for effective and sustained collaboration.

***"It is a good thing for the DRC to formalize a framework for collaboration and adopt a road map with its neighbouring countries on Ebola preparedness and response. In this way, we will be able to pull our resources together to strengthen health security and safety,"***

said Dr Albert Biyombo, Vice Minister of Health in the DRC. Representatives of the Member States agreed to strengthen mechanisms for the exchange of timely and accurate information on Ebola preparedness and response and other health security risks and noted that withholding or falsifying information and data on Ebola violates the International Health Regulations and threatens peace, security and prosperity of the affected Member States and the entire continent.

***"We acknowledge the solidarity that other African countries are showing today by organizing this very important meeting. The meeting will allow us to agree on communication mechanisms across borders on EVD and a common action plan on preparedness and response in case of emergencies,"***

said H.E. Carly Nzanzu Kasivita, Governor of North Kivu Province,

where the meeting took place.

"Information sharing is improving, but we need to bring it to an acceptable level. We need countries to openly share information necessary to save lives. Our mission is to establish cross-border collaboration that will cover all outbreaks and all public health emergencies," said Dr Moeti.

The ministers and senior health and immigration officials also endorsed the establishment of a coordination task force on EVD and other disease outbreaks, which will be hosted in the African Union Commission headquarters in Addis Ababa. The task force is expected to facilitate sustained political commitment to preparedness and response to disease outbreaks. Technical support will be facilitated through the WHO subregional Ebola partnership coordination platforms in collaboration with the Africa CDC and other partners.

Although this framework does not contain any funding commitment for emergency response and preparedness, WHO and the African Union/ Africa CDC encourage countries to invest more in this area. Countries that have ramped up their preparedness are better able to handle emergencies, minimizing the social and economic costs of outbreaks and other public health events.



# Uganda Launches National Measles – Rubella and Polio Immunisation Campaign



*Dr Aceng symbolically launches the National Measles-Rubella and Polio immunization campaign*

**G**overnment of Uganda launched a countrywide immunisation campaign from 16-20 October, 2019 against Measles-Rubella and Polio diseases targeting all children under 15 years of age.

Under this campaign, 18.1 million children were targeted for immunization against Measles and Rubella and Polio which is 43% of the entire country's population. Of these, 8.2 million

children aged below nine months, that is, 20.5% of the population who were targeted for the Oral Polio Vaccine.

The Ministry of Health embarked on the vaccination campaign in order to interrupt the Measles and Rubella outbreaks in which over 300,000 cases were reported, 46,000 patients and 587 deaths were recorded; 95% of the cases

were between the 1 year and 15 years.

Launching the USD 18 million campaign in Mayuge district, Minister of Health, Hon. Dr. Jane Ruth Aceng said that this mass immunisation campaign is intended to interrupt the current Measles-Rubella outbreaks experienced in several districts across the country. "Over the last three years, Uganda has been experiencing a mixed outbreak of Measles and Rubella driven by low immunization coverage for Measles and not including rubella into our routine immunization schedule. We are also facing imminent threats of importation from the neighboring countries" she noted.

Dr Aceng noted that during the campaign, immunization in the first three days will be held in all schools (Government, Private, day and boarding) in the country while the other two days will see the campaign within designated community immunization posts. "Head teachers, please do not send any children away from school during the vaccination exercise. We need all children to be immunized" she urged.

"I am aware of certain religious sects and tribes that don't want to vaccinate children. I appeal to you to bring your children for vaccination. We love your children that's why we are providing these vaccines free of charge" she appealed.

Dr Aceng added that the campaign will be the launching pad to introduce the Measles-Rubella vaccines into the routine immunization schedule of the country. "After this campaign, the administration of the single dose of the Measles vaccine at 9 months will be immediately replaced by

the combined Measles-Rubella vaccine into the routine immunization schedule" she said.

The World Health Organisation (WHO) Country Representative, Dr Yonas Tegegn Woldemariam noted that this is one of the biggest immunization campaigns to be implemented in Africa and probably the world.

However, according to Dr Tegegn, only 13 out of 47 countries in the WHO Africa region are on track to achieve Measles elimination. "We hope this immunization campaign will make Uganda the fourteenth" he said.

***"Vaccines are safe, effective and protect our children. Make sure every child is vaccinated"***

Dr Tegegn reiterated during the launch of the mass immunization drive.



***Dr Tegegn administers the Oral Polio Vaccine into a child's mouth during the launch***

Upon conclusion on the campaign, partial results revealed that a total of 19.4 million children were immunized against Measles and Rubella while 7,329,635 million (86.2%) children were vaccinated against Polio.

At the same time, the campaign was a launching pad to introduce the Measles-Rubella vaccine into the routine immunization schedule of the country; replacing the single Measles vaccine with the combined Measles and Rubella vaccine in the immunization schedule moving forward.





*A nurse administers the Measles-Rubella vaccine to a young girl in Mayuge district*

During this campaign, teams of health workers moved across all villages and communities in the country with the objective of attaining more than 95% immunization coverage that is needed to interrupt transmission of measles-rubella and polio in Uganda.

This campaign was funded by the Government of Uganda, Global Alliance for Vaccines (GAVI), World Health Organization (WHO) and United Nations Children's Fund (UNICEF) intended to tackle public health challenges such as disease outbreaks.



# Uganda Hosts First National Annual Health Promotion And Disease Prevention Conference

The Ministry of Health with support from partners hosted the first annual Health Promotion and Disease Prevention conference under the theme **“Investing in health promotion and disease prevention to achieve Universal Health Coverage.”**

The conference was aimed at raising awareness on the importance of investing in health promotion and disease prevention in improving primary health outcomes towards the achievement of Universal Health Coverage (UHC), increasing economic productivity, and ultimately contributing to sustainable development.



*Dr Aceng and Richard Kabanda, Commissioner Health Promotion, Education and Strategic Communication arrive for the conference*

Representing the Guest of Honor, Prime Minister of Uganda, Rt. Hon. Ruhakana Rugunda, the Minister of Health, Hon. Dr Jane Ruth Aceng called for more investment in

communities. “We need to invest in communities and empower them with information. There is a massive impact on economic development when we invest in communities” Dr Aceng said.

Dr. Aceng urged district leaders to intensify communication on disease prevention measures such as using toilets or pit latrines to dispose off urine



and faeces, wash hands with clean water and soap after using the toilet, sleep under a mosquito net every night, clear bushes and stagnant water around homesteads. This, she said will help address the 75% preventable disease burden that the country is currently facing.

Delivering a key note address on "The Great Escape: Health Promotion, prevention and communities", CEO AMREF Health Africa, Dr Githinji

Gitahi called on Government of Uganda to put in place preventive legislations on fast foods, sweetened beverages and sugar. "The biggest threat to global health is not terrorism, it is sugar. Sugar kills more than terrorism. We must take a step to legislate sugar and fast foods" he said.

Similarly, he said that when

legislations are skewed towards proper nutrition in children and adults, there will be increased labour production, high school attendance and cognitive capacity.

Dr Githinji added that the Government can create a fund on health promotion where taxes can be deposited towards the promotion of healthy lifestyles.



*Dr Githinji delivering the keynote address at the 1st annual Health Promotion Conference*

The World Health Organisation Country Representative, Dr Yonas Tegegn Woldemariam said **"We need to reinvigorate health promotion across all health programs and promote multisectoral collaboration to address broad determinants for health as we strive to achieve Universal Health Coverage."**

Permanent Secretary, Dr Diana Atwine noted that "this financial year (2019/20), Government of Uganda directed local government to commit at least 20% of the total Primary Health Care funds to health promotion initiatives. This will help us focus and realign our priorities towards advancing the health promotion agenda."





*Dr Diana Atwine addressing delegates during the conference*

The 2-day national conference held from 6-7 November at Speke Resort, Munyoyo concluded with a National Declaration by all key stakeholders on advancing the health promotion and disease prevention agenda in Uganda. Some of the key priorities in the declaration include; Strengthening of the community health workforce, through increased investment in Primary Health Care funds for health promotion and disease prevention efforts and support

supervision; Reaffirm the National Health Policy II (2010-2020)'s vision, which recognizes that an empowered and healthy population is a productive population; Reaffirm that health promotion engages and empowers individuals and communities to practice healthy behaviors and make changes that reduce the country's disease burden that is largely due to preventable diseases; reaffirm the use of multi-faceted and sectoral approaches and strategies that are meant to empower the individual to take charge of their health.

*Delegates during the conference*





The conference was organized with support from World Health Organization, UNICEF, CHC/FHI360, CHAI, USAID, Brac, Living Goods, AMREF Health Africa, USAID,

Reproductive Health Uganda, Pathfinder, PATH, Communication for Development Foundation Uganda (CDFU), Uganda Health Marketing Group (UHMG), Mariestopes and Healthy Entrepreneurs.

### *Exhibitions at the Conference*



# National Medical Stores Unveils Multi-Million Dollar System To Improve Drug Supply Chain



National Medical Stores (NMS) has launched the installation and implementation of the Enterprise Resource Planning (ERP) system dubbed 'NMS plus' to increase accountability and transparency in the drug supply chain system across all health facilities in the country.

While launching the ERP system, Minister of Health, Hon. Dr. Jane Ruth Aceng informed that the new system will help in managing day-to-day business including procuring, accounting and ordering of drugs from NMS.

"The USAID funded system will

reduce cases of drug theft at health facility level as there is a tracking device to monitor where drugs have been stolen from" Aceng said. "We have been battling with cases of stolen drugs for a very long time. The Government buys drugs to treat Ugandans free of charge, however a lot of drugs have been getting lost at the health facilities" she added.

The health sector procures enough medicines to save lives of Ugandans, however, most of the time, the drugs

are stolen at the health facilities.

"With this new system in place, we shall be able to track down individuals stealing medicines and deal with them accordingly" Aceng said.

The Permanent Secretary, Ministry of Health, Dr. Diana Atwine lauded the Government of USA for funding this important system towards improving efficiency in the health system. "The launch of this system is timely as it will help us track, monitor, account and increase transparency in the public eye" she said.



The US Ambassador to Uganda, Deborah Malac reiterated her Government's commitment to improving service delivery in Uganda. "Last year, my Government donated over USD 500 million, making it the largest single donor to Uganda's health system" she informed.

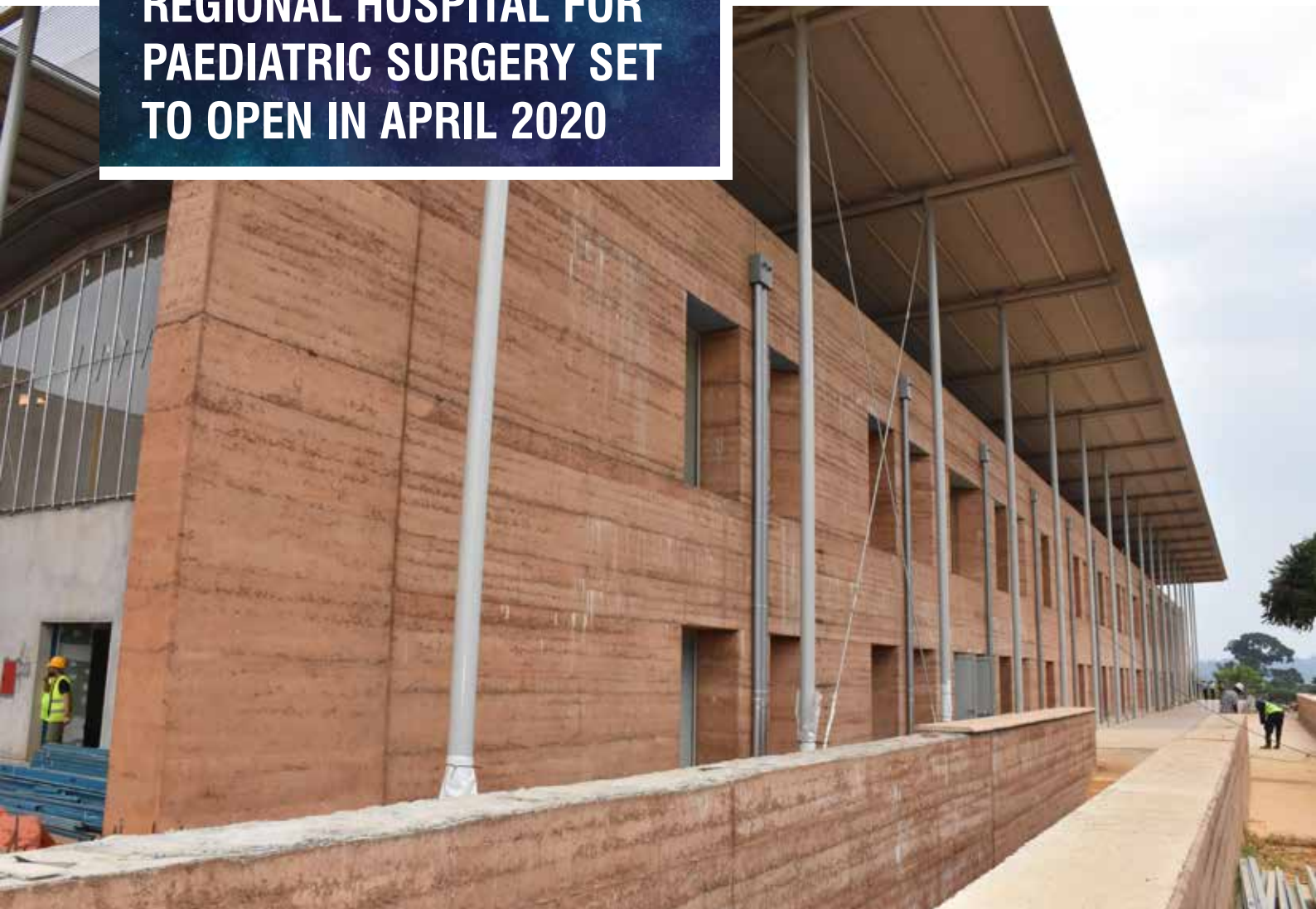
Malac glorified the launch of the ERP system as the latest milestone in exhibiting a strong partnership between Uganda, USA and other partners in accelerating Uganda's progress towards an effective supply chain system.

The General Manager, NMS, Moses Kamabare highlighted the advancement in technology noting that this new system would eliminate the use of paper work thus saving millions of shillings spent in delivering medical supplies orders.

"This new system will wipe out the negative mentality looming over NMS that we were supplying empty boxes and drugs that the health facilities did not ask for" he said.

The ERP system costing USD 10.3 million and will be implemented in two major phases; Phase I, 0 – 8 months will involve transfer to NMS' new warehouse in Kajjansi while Phase II will last for 19 – 60 months focusing on implementation at health facility level across the country. National Medical Stores is tasked with procuring, storing and distributing essential medicines and medical supplies and vaccines to all Government health facilities throughout the country.

## REGIONAL HOSPITAL FOR PAEDIATRIC SURGERY SET TO OPEN IN APRIL 2020



Situated on 30 acres of land in Banga, Entebbe facing the second largest freshwater lake in the world, Lake Victoria is state of the art Regional hospital for Paediatric Surgery which will offer free paediatric surgery for children aged 0-14 years both in Uganda and the region.

This Ushs. 117.9 billion Teaching Hospital is being constructed by the Government of Uganda in partnership with Emergency, an Italian based organization. The hospital will provide

surgical services for children under 15 years of age for; General Paediatric Surgery, Paediatric anomalies of Gastro-Intestinal Tract, Disease of Hepatobiliary System, Pancreas and Spleen, paediatric urology and gynaecology.

Leading a high level delegation on a tour of the facility, Hon. Dr Jane Ruth Aceng said "there is no selection criteria, all children are eligible to receive free treatment as long as it is a general surgical case, any abnormality that we need to attend, among other services."



***"On behalf of Government of Uganda, we would like to thank Emergency for choosing Uganda as one of the benefitting countries from the African Network for Medical Excellence Program and constructing a center of excellence for Pediatric surgery"***  
Dr. Aceng added.

Minister for Finance, Planning and Economic Development, Hon. Matia Kasaija informed that Government of Uganda has provided a total of Shs. 22.58 billion towards the construction of this hospital with shs. 10.6 billion in FY 2017/18 and Shs. 1 billion has been provided in this financial year, 2019/20.



"The Government of Uganda through the Ministry of Health is contributing 20% of the project cost, while Emergency is contributing 30%. The remaining 50% of the costs will be sourced from donors" Kasaija added.

***"It is our expectation that the hospital services will be of high quality and I am happy to know that services will be free of charge for all patients"***  
Hon. Kasaija said.

***Dr. Diana and Dr. Aceng Interact with the contractors during the tour of the Regional hospital of Paediatric Surgery***



In her remarks, Permanent Secretary, Dr. Diana Atwine said "having a separate facility for paediatric services is a step forward to improving child health and overall development of Uganda."

The President of Emergency, Rossella Miccio noted that Emergency will equip the hospital as well as build capacity of paediatricians at the facility. "Free services at the hospital will start after the official opening in April 2020" she added.

The 72 bed capacity hospital is comprised of 3 operating theatres, 6 bed paediatric Intensive Care Units (ICU), 16 bed High Dependency Unit, 50 bed ward, Outpatient department, Laboratory and blood bank, diagnostics, physiotherapy,

pharmacy, ancillary services and a 40 bed capacity guest house for patients' relatives.

The construction of this hospital was flagged off by the President of Uganda, H. E. President Yoweri Kaguta Museveni in June 2016 and progress of works currently stands at 80% with finishing, installation of electrical and mechanical equipment to be completed. The hospital will be open to the general public in April 2020.

The high level delegation comprised of Minister of Health, Hon. Dr Jane Ruth Aceng, Minister for Finance, Planning and Economic Development, Hon. Matia Kasajja, Permanent Secretary of Ministry of Health, Dr. Diana Atwine, the leadership of Entebbe Municipality, teams from Ministry of Health and the media.



## MINISTRY OF HEALTH AND WORLD HEALTH ORGANIZATION (WHO) TEAMS VISIT KASESE DISTRICT TO ASSESS EBOLA RESPONSE





**“Our strength lies in the communities and community led response.”**

As the Ebola Virus Disease (EVD) outbreak continues to ravage neighboring Democratic Republic of Congo (DRC), Uganda has not registered any new confirmed case of EVD since the last confirmation on 15th June 2019.

The Minister of Health, Hon. Dr. Jane Ruth Aceng led the World Health Organization (WHO) Regional Director for Africa, Dr. Matshidiso Moeti and other teams from Ministry of Health and WHO Uganda Office on a half day visit to Kasese District where the three cases of EVD were confirmed.

Dr. Aceng commended the Kasese District Task Force for their intensified efforts in containing the EVD outbreak in the district. She pointed out the strength of community engagement in preventing the spread of EVD to other parts of Uganda.

“Our strength lies in the communities and community led response.”

Thank you very much for listening to the communities because the community is one of the game changers. When we get to the community, that is when we are able to respond” Dr Aceng said.

Dr Aceng also appreciated the WHO and other international partners for

their efforts in the EVD response in Kasese District.

“I want to appreciate you for a number of things; Vaccination – without vaccination, I don’t know where the outbreak in DRC will be. Vaccination works and is over 90% effective. Cross border collaboration – I appreciate DRC for they have been very good and willing to give us information at all times.” Dr Matshidiso Moeti lauded the leadership of Government of Uganda and partners for their concerted efforts to contain the EVD outbreak saying “Thank you for acknowledging the importance of the investment in EVD preparedness”

“I commend Uganda for its quick response to the Ebola outbreak,” Dr Moeti said. “I spoke with health authorities who told me how the training they had received in detecting the disease meant they were on high alert for patients with any signs of infection. They were able to move swiftly when the first Ebola cases arrived in their health facility and to restrict possible exposure to relatively few health workers.”

The District Health Officer (DHO), Kasese District, DrBaseka Yusuf noted that since the declaration of the EVD outbreak of 11th June 2019, “we have had a total of 14 suspects who all tested negative for Ebola.”

While over 100 contacts are under follow up, a total of 1,063 individuals have been vaccinated against EVD in the current ring vaccination exercise in Kasese District. The individuals who were vaccinated include; contacts, contacts of contacts, frontline health workers and UPDF staff.

Previously, ring vaccination yielded significant results during the 2014 deadly Ebola outbreak in West Africa and now in DRC

The Ministry of Health and WHO teams also visited Bwera Hospital and Mpondwe border points to assess screening and vaccination activities. With support from Center for Disease Control (CDC), Bwera hospital hosts a mobile laboratory which tests all blood samples for the Ebola Zaire strain presenting presumptive results within two hours.

The Resident District Commissioner (RDC), Masereka Joshua applauded Dr Jane Aceng for the visits to the district ever since the EVD outbreak was declared. He added that “I have no doubt that Kasese will be declared Ebola free soon.”

Uganda has been in preparedness mode over 10 months ever since the Ebola outbreak was declared in DRC on August 01st 2018 and this enabled a swift transition to the now response mode.

## EBOLA PREPAREDNESS: OVER TEN MILLION DOLLARS INVESTED TO KEEP UGANDA FREE FROM EBOLA VIRUS DISEASE



Ministry of Health convened an accountability forum with all key stakeholders in Ebola Virus Disease (EVD) preparedness to receive information and transparency reports to strengthen engagement among partners for better coordinated and comprehensive preparedness and response efforts.

In her opening remarks, Hon. Minister for Health, Dr. Jane Ruth Acengnoted that the situation in DRC is scary and called for a move from preparedness to readiness mode. "We need to ensure that Uganda is ready to respond not only to the deadly EVD outbreak but other disease outbreaks, this way we shall have achieved the dedication and time we have collectively invested since August

2018, when the outbreak in DRC was declared" she said. She attributed Uganda's preparedness to the continuous information flow from Ministry of Health DRC. "Our counterpart in DRC is doing a good job in keeping us updated at all times with information pertaining to this outbreak and this has allowed us to keep the deadly disease away from the country" she said."

Representing the World Health Organization (WHO) country representative, DrBayoFatumbilauded the exemplary leadership of the Government of Uganda. "Our joint and concerted efforts have allowed us to keep this

deadly outbreak away from our borders and this is due to the commitment of the government and partners, however, we should not relax. The outbreak is getting worse and Uganda is at a risk of a spillover" he said.

Government of Uganda and partners have so far invested over 18 million dollars in EVD preparedness. The funds have been utilized to implement various activities under the different pillars of the preparedness and response.

Under case management, Ebola Treatment Units (ETUs) have been constructed in the districts of; Wakiso (Entebbe), Kasese (Bwera), Kikuube, Bundibugyo, Kabarole and Ntoroko districts. Two additional ETUs are under

construction in Kanungu district and Naguru in Kampala city. Isolation units have also been established in Arua, Gulu and Mbarara districts.

A total of 526 health workers in 14 districts have been trained on the appropriate handling of suspected EVD patients and ensuring sufficient protection measures for themselves.

Over 9,000 health workers in 562 health units located in 11 high-risk districts of the Rwenzori region have been oriented and trained in Infection Prevention and Control (IPC). This is paramount to the EVD response as many health workers are known to have acquired the infection, lost their lives due to poor IPC practices in previous disease outbreaks. In a move to reduce infection among EVD responders, with support from partners, the Ministry of Health vaccinated a total of 4,419 frontline health workers in 13 districts against the current Ebola-Zaire virus subtype in DRC.

Under the risk communication and social mobilization arm, over two million people have been reached through interpersonal communication and house to house visits using

trained Village Health Teams (VHTs), civic leaders, religious and cultural leaders and volunteers.

Radio talk shows, announcements and television messages have complemented the awareness activities and currently, 21 FM radio stations in 30 districts are broadcasting EVD messages. Printed materials such as posters, leaflets and fliers in English and at least ten local languages have been also distributed among the communities.

All staff at Points of Entry (PoE) including Entebbe International Airport undergone training in EVD detection as well as equipped with infrared thermometers and thermoscanners. This will facilitate the rapid screening of travellers for EVD. Over 150 EVD suspected people have been detected through these efforts, samples collected and tested at the Uganda Virus Institute (UVRI) and fortunately, all tested negative for the disease.

The Ministry of Health also acquired five brand new ambulances and forty motorcycles from various

partners which have been deployed at the high-risk districts to enhance EVD monitoring and surveillance.

While progress was reported, the meeting unanimously agreed that a lot more needs to be done in critical areas such as waste management and sustainable infrastructure.

Strengthened cross border collaboration, intensified community engagement and rolling out of preparedness activities to other districts in Uganda that share a border with DRC were highlighted as urgent.

Ministry of Health appreciates all partners including the World Health Organization (WHO) United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), World Food Program (WFP), Center for Disease Control (CDC), United States Agency for International Development (USAID), Department for International Development (DFID), Irish AID, International Organization on Migration, Médecins Sans Frontières, Samaritan Purse, Save the Children, Uganda Red Cross Society for their continuous cooperation in ensuring that Uganda is Ebola free.



# UGANDA COMMEMORATES SECOND NATIONAL DAY OF PHYSICAL ACTIVITY

Mwesigye Thomas was up as early as 5:00am on a rather chilly Sunday morning to mark his responsibility in keeping fit and healthy by taking part in the commemoration of the second national day of physical activity. The day was held under the theme

***"My health, My responsibility."***

***"I wake up as early as 5:00am every day and jog for at least 5km so that I am fit and energetic to kick start my day"*** the 23-year-old says.

Joining hundreds of people in long

queues as they were whisked by security officials before making their way for warm up activities at the sprawling Kololo Independence Grounds, Thomas says "I look forward to this annual event as we come from various parts of the city and suburbs to join the President to trek and break a few sweats."

On the 14th of July 2019, individuals spanning across different age brackets, socioeconomic status, size and weight converged at

Kololo Independence Grounds to achieve a unified goal "Exercise to be healthy." The day kicked off with various aerobic activities such as Sukuma dance, Zumba dance, stretches and later a 5km trek by the President of Uganda, H E Yoweri Kaguta Museveni. On the sidelines of the event, individuals were offered free screening services for Non-Communicable Diseases (NCDs), one of the strategies the Government is employing to combat the growing burden of NCDs.



***A health worker tests an individual for Sickle Cell Disease at the event***

In his remarks, The President of Uganda, H E Yoweri Kaguta Museveni called upon Ugandans to regularly exercise and eat healthy saying that 'neglect is abuse of the body.'

***"These diseases come because you have abused your body. These diseases need to be communicated and explained in the local languages,"***

President Museveni added. He emphasized that doctors and medics must contextualize and simplify the phenomenon of Non-

Communicable Diseases (NCDs) to enable the public comprehend and act appropriately.

President Museveni cautioned the public against drug and alcohol abuse, saying it has consequences. "I am 74 years old with no blood pressure or diabetes. From 100kg, I have been able to knock off 20kg because of my fitness activities."

"Being fat is abnormal and

suicidal. If you love eating too much, you should exercise to burn the extra fat accumulated. Storing fat in the body will cause you many diseases" he said.

The Minister for Health, Hon. Dr Jane Ruth Aceng re-echoed that "the commemoration of this day is symbolic for the importance of physical activity- however, regular exercise should be part and parcel of your daily routine."



***Participants stretching during the event***

"3.2% of Ugandans have diabetes. Those with heart diseases are at 6%, 350 people out of every 100,000 have cancer while 8,000 new cases of cancer are recorded annually" Aceng pointed out.

In order to prevent NCDs, Dr Aceng urged the population to engage in the physical activity in its various forms like dancing, cycling, jogging, brisk walking and digging.

World Health Organization (WHO) Country Representative, Dr Yonas Tegegn Woldemariam noted that NCDs are a growing public health problem. "To tackle them, looking into treatment won't be the solution, it's not financially sustainable. The best way is to prevent

them" he said. Dr Yonas urged the public to change their lifestyles saying "be moderate with alcohol, stop taking tobacco and decrease consumption of foods with high sugar. Physical activity will not only prevent NCDs but increase productivity" he stressed.



Dr Yonas also applauded President Museveni for recognizing NCDs as a national priority. "Uganda has set a very important and high standard globally by taking physical activity as a national event," he said.

Dr Bruce Kirenga, from the Lung Institute, said "Physical activity reduces chronic disease by 42%. When you exercise, the lungs open up and take in more air."

***"Physical activity reduces the risk of inflammation and improves the body's immunity. It leads to a reduction in malignant (cancerous) cells"***

Executive Director, Uganda Cancer Institute, Dr Jackson Orem said while explaining the relationship between physical activity and cancer.

Dr John Omagino Executive Director, Uganda Heart Institute (UHI), said life is structured like a pump. "Life is like a pump. You must burn excess things in the body. 1 in every 4 Ugandans is overweight" Dr Omagino said. The good news, however, is that 85% of cardiovascular disease is prevented through physical exercise.

The president of Uganda Diabetes Association, Dr William Lumu, informed the

public that the risk of diabetes reduces by 58% when one exercises. "When you exercise, it burns the excess sugar. Exercise also unclogs fats around the blood vessels" he explained.

President Museveni later led the crowds in a 5 km trek beginning from the commemoration venue, down to Lugogo Bypass, Jinja Road, to Airtel Roundabout and turned off at Wampewo Avenue before heading back to the venue.



***President Museveni leads the crowds in a trek around Kampala City***

Subsequently, the President launched a book titled, "Presidential Initiative on Healthy Eating and Healthy Lifestyle" to inform the public of the benefits of living a healthy lifestyle.

The full day commemoration event was colored with fun and calorie burning activities suitable for all age groups. For

example; children had a play area with a children bouncing castle and soccer, games such as football, volleyball and netball colored part of the event venue. Half of the venue was filled with participants dancing as a way to burn excess fat and keep fit while another section of the venue had scores of individuals turn

up for the free NCD screening services provided.

The Ministry of Health has earmarked every second Sunday of July as National Day of Physical Activity to raise awareness on the importance of regular exercise as one of the ways to curb the growing burden of Non-Communicable Diseases in Uganda.



# MINISTRY OF HEALTH TO PARTNER WITH BUGANDA KINGDOM TO PROMOTE GOOD HEALTH

The Ministry of Health has unveiled plans to sign a Memorandum of Understanding (MOU) with the Buganda Kingdom to promote various aspects of disease prevention such as immunization, good sanitation and hygiene practices.

This was disclosed during a meeting at Bulange, Mengo with a team from Ministry of Health led by the Permanent Secretary, Dr Diana Atwine and a team from Buganda Kingdom led by Katikkiro Owek, Charles Peter Mayiga.

Dr. Atwine appreciated the Buganda Kingdom for their strengthened partnership in raising awareness against sickle cell disease both in the region and countrywide. "We have many people testing for sickle cell disease now and we owe this to the great sensitization messages delivered by the Kabaka" she noted.



Dr. Atwine called for the same zeal and support in other aspects of disease prevention saying "we can leverage that interest and collaboration to strengthen our public health interventions in the Kingdom." She added that the primary focus will be on immunization. "Buganda is among the regions with high dropout rates for immunization among children" Dr Atwine said.

Owek. Mayiga reiterated the Kingdom's commitment in prioritizing health of Ugandans to ensure a healthy and productive population. "The Kingdom will do everything it can to deliver health messages to people up to the last man in the village so that together we have a healthy population" he said.

The Katikkiro further said that both institutions have previously worked together but “now we want to formalize the arrangement by signing a MOU and we prioritize areas where we feel the biggest impact will be felt” he said.

The partnership with Buganda Kingdom will also intensify sensitization on the significance

of pregnant mothers delivering at health facilities and create awareness among the population on adoption of healthy lifestyle behaviours.

The Ministry of Health and Buganda Kingdom will sign a Memorandum of Understanding by the end of August 2019 to improve health service delivery among Ugandans.

## BUGANDA KINGDOM HANDS OVER SICKLE CELL TEST KITS FROM THE KABAKA BIRTHDAY RUN 2019



*Dr Aceng receives the sickle cell test kits from Owek. Hajji. Dr Twaha Kigongo*

The Buganda Kingdom officially handed over Sickle Cell test kits procured with proceeds from the Kabaka Birthday Run, 2019, to the Ministry of Health as part of the Kingdom's efforts to fight Sickle Cell Disease in Uganda.

In 2015, the Ministry of Health

conducted a nationwide survey to map the burden of Sickle Cell Disease across the country. The results of the survey indicated a high burden of the disease across the country with the national average for sickle cell trait prevalence at 13.3% translating

to a approximately 5,200,000 individuals as carriers across the country while prevalence of Sickle Cell disease stands at 0.73%. A carrier is a person who has one gene for sickle hemoglobin and one gene for normal hemoglobin. People who are carriers generally do



not have any medical problems and lead normal lives. The survey also informed that 20,000 babies are born with sickle cell disease each year, but by 5 years, 80% succumb to the disease.

Sickle cell is an inherited blood disorder which causes progressive organ damage and

episodes of severe pain and acute illness. These episodes result from the sticky and stiff red blood cells which clog tiny blood vessels.

While receiving the test kits on behalf of Ministry of Health, the Minister of Health Dr Jane Ruth Aceng appreciated the

support and partnership from the Buganda Kingdom in raising awareness about the disease and their contribution in reducing deaths due to Sickle Cell Disease, in a three-year partnership, through mobilizing and sensitizing the population.



*Dr Diana Atwine calls upon the public during the Kabaka Birthday Run 2019 to embrace testing for SCD*

The Commissioner, National Health Laboratory and Diagnosis Services, Dr. Susan Nabadda attributed a significant increase in mass awareness of sickle cell disease from 2% to 30-40% to the strong partnership with the Buganda Kingdom. "More

people are aware of the disease and more people test for the disease" Dr Nabadda said. The 2019 Kabaka Birthday Run was attended by participants from across Uganda; with runners completing a distance of 5km, 10km and 21km

according to one's desire and ability. To date in Uganda, only Buganda region has a name for sickle cell disease, "Nalubiri" in the local dialect.





*Participants running during the Kabaka Birthday Run 2019*

## UGANDA LAUNCHES NON-COMMUNICABLE DISEASES AND INJURIES COMMISSION

The Ministry of Health working with partners launched the Non-Communicable Diseases and Injuries (NDCI) commission at a breakfast meeting held in Kampala.

The commission launched under the theme “Reframing the agenda for NCDs and Injuries in Uganda” will collect, analyze, and report information to demonstrate the national burden of NCDs, current

health system readiness, and potential expansion of health system interventions in Uganda.

The analysis of this commission will be undertaken at national or sub-national level, focusing on populations living in extreme poverty.

Specifically, the commission is tasked to analyze the disease burden of NCDs

in Uganda, determine priority strategies to address this burden and quantify the resource gap in implementing strategies in terms of finances, human resources and governance.

Representing the Director General Health Services, Dr. Henry Mwebesa, Commissioner for Clinical Services, Dr. Jackson Amone underscored the importance of this commission in tackling the growing burden Non-Communicable Diseases (NCDs)

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Representing the Director General Health Services, Dr. Henry Mwebesa, Commissioner for Clinical Services, Dr. Jackson Amone underscored the

importance of this commission in tackling the growing burden Non-Communicable Diseases (NCDs) in Uganda. "This commission will come up with a report that will seek to influence policies and priorities and mobilize investments at both global and national levels to address the burden of NCDs in Uganda" he said.

***"I am happy to launch this commission and I call upon all you experts in your different capacities to play an active role in this commission as we build a case to advocate for more funding towards NCDI prevention and control in Uganda"*** Dr. Amone said while launching the commission.

Acting Commissioner in charge of the NCD Department at the Ministry of Health and chair of the commission, Dr. Gerald Mutungi welcomed the launch as a key step in reducing the deaths due to avoidable causes. He called upon stakeholders to increase awareness among the masses to go for early and regular screening and adopt healthy behaviours to avoid NCDs.

While highlighting the steps taken by Government of Uganda to address the growing burden of NCDs, the Principal Medical Officer, Dr. Frank Mugabe highlighted that Government has earmarked every second

Sunday of July as the National Day of Physical activity. This, he said, was aimed to raise awareness on the importance of Physical activity in tackling NCDs among the population.

Additionally, the Ministry of Health has elevated the NCD Program to a Department of the Ministry. "We have also included some of the key NCD medicines in the Uganda Essential Medicines List" Dr Mugabe noted.

The Uganda NDCI commission brings together a group of multi-sectoral experts representing public sector health authorities, clinical specialists, technical advisors, academicians and advocates for NCDs to discuss and analyze national level NDCI prevalence, service delivery, access, financing and policy.

The commission is under the global Lancet Commission on Reframing NCDs and Injuries for the poorest Billion. An initiative that has supported over 15 low and lower-middle income countries across the world to identify priority interventions to address the growing NCD burden.

In Uganda, according the 2014 NCD survey, 33% of annual deaths are attributed to the five leading NCDs; cardio-vascular diseases, cancers, diabetes, Chronic Respiratory Diseases and Mental Health and Substance Abuse.



# 100 DAY PLAN TO SCALE UP TUBERCULOSIS TREATMENT AMONG PEOPLE LIVING WITH HIV/AIDS

Approximately 336,735 People Living with HIV/AIDS (PLHIV) have been enrolled on Tuberculosis Preventive Treatment (TPT) superseding the estimated 304,391 target placing performance for the 100-day campaign at 110.6%. Approximately 3,379 non-PLHIV children under five years have been enrolled on Isoniazid Preventive Therapy (IPT).

This is against the backdrop to scale up TB treatment among PLHIV in Uganda;

where Ministry of Health with support from partners launched an accelerated 100 day plan to scale up Tuberculosis treatment among PLHIV.

While launching this accelerated plan, Minister of Health, Hon. Dr Jane Ruth Aceng said that Uganda has borne disproportionate burdens of HIV and Tuberculosis (TB) over the years. Dr Aceng highlighted that the number of new HIV infections were estimated at 53,000 in 2018 compared to 130,000 in 2010. There was a decline in AIDS related deaths from 60,000 in

2010 to 26,000 in 2018.

***“Our statistics indicate that annually 83,000 cases of TB occur, but only 50 percent of them are diagnosed and started on treatment”*** Dr Aceng noted. “For the HIV epidemic, the Ministry of Health and partners, have over time implemented HIV prevention and treatment interventions that have resulted in significant epidemic contraction in the last five years” she added, however “these achievements contrasts with the big burden of TB that continues to be reported in the country.”



Health worker attend to TB patients during World TB Day in Ntungamo District (Source: WHO Uganda)



The launch took place in three-fold aiming to raise awareness in preventing the two epidemics; HIV and Tuberculosis in Uganda, implementation of evidence based interventions to control the two epidemics and mobilization of key stakeholders.

According to the global 2018 UNAIDS report, 32% of AIDS related deaths were a result of Tuberculosis. Justifying the need for TPT, Dr Aceng pointed out that “these needless deaths can be prevented using a low-cost medicine- isoniazid, that lowers the risk of suffering from TB by up to 60% among people living with HIV.”

She further said that Isoniazid Preventive Treatment has been shown to work synergistically with anti-retroviral treatment (ART) to reduce the incidence of TB among PLHIV. “For the prevention of tuberculosis among PLHIV, we are therefore prioritizing the scale up of

Isoniazid prophylaxis” she said.

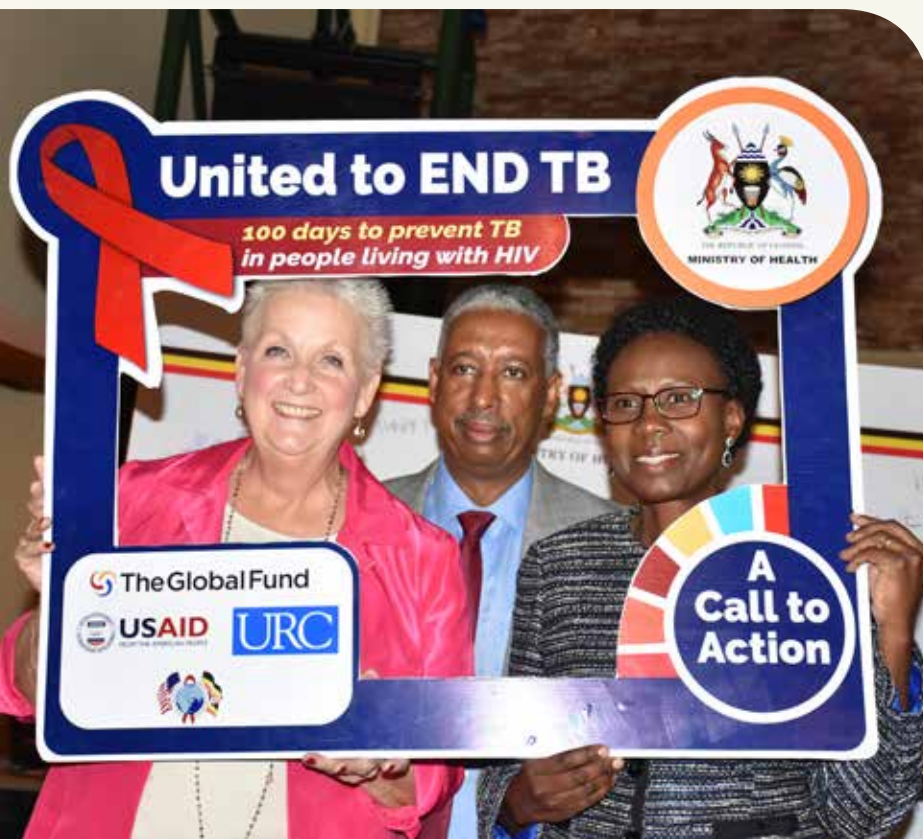
The overall goal of the 100-Day Accelerated IPT Scale Up Plan is to enroll 300,000 PLHIV on isoniazid preventive therapy, scale up IPT initiation of children living with HIV and under-5 TB contacts at 1,947 AntiRetroviral Therapy (ART) sites and ensure 100% completion by 30th September 2019.

Specifically, the plan will mobilize a DHO- led multi-stakeholder engagement for accelerated IPT implementation and increased accountability, enhance IPT completion rates to 100% of individuals that initiated on IPT in the quarters of October to December 2018, and January-February 2019. Furthermore, the plan will enhance systems for IPT delivery, monitoring and reporting of IPT outcomes.

The US Ambassador to Uganda, Deborah Malac lauded Government of Uganda for launching an ambitious plan and moving in the right direction. “Great achievements needs ambitious plans and Uganda has a good record in achieving high targets” she noted.

The World Health Organization (WHO) Country Representative, Dr Yonas Tegegn Woldemariam called for improved collaboration across health programs for harmonized and integrated policies and service delivery. He noted that this will help in achieving prevention, timely diagnosis and treatment of TB among PLHIV.

Dr Tegegn, however said that **“unless HIV programs scale up interventions to close these gaps in prevention, diagnosis and treatment, we will not meet our common targets – we cannot reduce HIV mortality without addressing the main cause: TB.”**



**(L-R) Amb. Deborah Malac, Dr Tegegn and Hon. Aceng commit to End TB in Uganda**

The Permanent Secretary, Dr Diana Atwine said “in last two weeks prior to the launch we have noted exponential increase from as low as 4000-5000 per week to over 10000 PLHIV on IPT in the last week. This is a sign that it is possible to reach all our PLHIV and children

under 5 years of age who are contacts of TB patients with this life saving intervention.”

Dr Atwine appealed to all District Health Officers (DHOs) to take lead and ensure all PLHIV and contacts of TB patients start on the preventive therapy.



*Dr Atwine signs on the commitment board pledging her support and commitment to implement the Preventive Therapy Scale Up Plan*

The Government of Uganda continues to scale up of combination HIV prevention interventions including structural, behavioural and biomedical interventions. The Ministry of Health is implementing a public health

response focusing on the Fast Track interventions for epidemic control by 2020 and ending AIDS by 2030. Similarly, for Tuberculosis, Ministry of Health focuses on TB prevention interventions as well as intensified case finding and treatment.



*A health worker conducts a health education session with TB patients at the MDR-TB section in Lira Hospital (Source: Courtesy)*



## Interview with Permanent Secretary

# “Moonlighting must stop!”

Following a number of Health-related issues taking precedence in the media and social media, the Ministry of Health Public Relations team had a one-on-one with the Permanent Secretary, Dr Diana Atwine to highlight and clarify these issues.

**1. You are almost making four years as the Permanent Secretary in the Ministry of Health since your appointment. How do you rate the health sector's current performance?**

Transformation is a process but not an event. It's like a journey, so the improvements continue taking place. We cannot say we are where we want to be but we know where we have come from and there are a number of improvements. There are some changes we have brought in: The first one, although it has not been completed but we have started on seriously is on performance management. We want to do proper performance management where people can show both individual and collective results. And also there is a mechanism of assessment. We are trying to change from the traditional appraisal but also look at out-put and targets. This will help us know what we have achieved individually, as departments but also as a sector. Secondly, as management we



**Dr. Diana Atwine**, Permanent Secretary  
Ministry of Health

continue to improve on areas of accountability to ensure both resources of government and partners are well utilised and accounted for.

The third one is in budget planning and execution where we want all people to participate in planning. For example, we should prioritise and target our work plans to the budget so that collectively, we own and implement that process together.

The fourth, we restructured the Ministry of Health and we continue expanding these structures not only at the headquarters but also at other hospitals, most especially the new hospitals. We hope that the Health Service Commission can conclude the process for us to have the right workforce and then we are ready to go.

The other one is on disease prevention. We want to go beyond the Ministry of Health and

involve multi-sectoral level. That is why we now have an inter-ministerial committee and joint meetings to prioritise all those programmes. That means we cannot do this alone as a Ministry but must work with other ministries such as local government. We want them to improve in communicating and the President has reminded us on this over and over again. We have improved and that is why we do these media breakfast meetings so that we provide information to the public regularly.

**2. The sector has had a number of challenges like resource wastage, underutilisation and poor accountability. How are you handling these issues?**

To improve value for money, we wanted to focus on interventions that we can do to optimise the little resources we get and one of them is that the process has been slow but I am happy to note that a number of cars on our fleet are being trucked, we have instituted a car tracking

system in our cars because that way, we shall be able to control the usage. We shall be able to tag the fuel to accountabilities. Once the car is tracked, this can enable the Ministry to utilise its fleet responsibly.

Secondly, the Ministry of Health has the largest fleet compared to other Ministries but our cars were not being properly utilised and maintained. You would find many cars parked when they have no tyres and no maintenance service. But ever since we instituted that in-service, we have saved a lot of money and have been able to do more. The money that we were using two years ago was more but we were maintaining fewer cars. We are now using less money and more cars compared to previously.

**3. Before we leave the use of cars, there have been a number of pictures on social media showing Ministry vehicles being used to ferry grass, animals, eggs and bricks. Have the officers been reprimanded?**

Anyone, who has misused a vehicle has been held accountable and no one has walked away scot-free. Even those that were in Local Government were held accountable. A driver upcountry, seen ferrying bricks was sacked whereas that one here at the centre had their vehicle withdrawn.

Though that practice is not very easy, we are enforcing

accountability and value for money. That is why in our recent constructions, the Current Uganda Intergovernmental Project, you find that amount of money we are using to construct our bigger health facilities is less than before. We have been able to cut the total costs by a third.

**4. Do we have examples to show this kind of reduction in the cost of constructing health facilities?**

We have about 124 health facilities. We are just finalising in the sub-counties. But when compared to a previous project where we constructed eight-bed maternity facilities with water tanks and solar, together it cost us UGX1.4 billion. But now, we are constructing 30-bed maternity facilities with latrines and walk-ways at UGX500 million. This means we have cut the cost by two quarters of what it was. But it did not just come; it has taken a firm stand of no wastage and ensuring that we get real value. One can go and tell the difference between these projects. I believe that the people in the districts can see that a lot has changed.

We are trying to introduce digitalisation because we have realised that it is necessary if we are to cut down on absenteeism.

Working together with the Office of the Prime Minister, Biometrics installed at some health facilities has shown that there was a reduction in absenteeism. But we have also seen that there is presenteeism. However, with digitalisation, we must attach results, not someone just coming to a facility. Instead, s/he should attach what has been done while at work. We are beginning with big hospitals of Mulago, Kiruddu, Kawempe, Mulago Specialised Women and Neonatal Hospital.

In the next three four years subject to the availability of resources, we shall ensure medicine is dispensed and recorded with the National Identification Number (NIN) where we have all the particulars and no one can forge. We are moving towards that and we hope that towards the end of the year, many facilities will be on board. We are looking for resources to do the border regional referrals because they are near the borders where there are problems of drug theft. The system is in place in Moroto, Naguru, Masaka and Mbarara. But we want to enhance the system's capacity by buying more computers.

Still with this digitalisation, we want to introduce a dash board. This will have coordinates to locate where the person is located. We are in the process of developing it. We shall first use it for Measles Rubella Campaign thereafter for mosquito net distribution and support supervision. This dash board is extremely an important technology, since it is accessible on phone. As



soon as you log in, the GPS will take you to the facility where you want to ascertain whether a certain health worker was at the facility for work.

### **5. What major hospital projects have you undertaken recently?**

We have renovation and remodeling of Mulago. However, it is unfortunate that we have delayed to conclude because of funding gaps. But we have got money and the work will soon be completed. By the end of this year, we hope the hospital will be up and running. We shall stick to our super-specialised status because our population does not differentiate where to go and not go. That is why Kawempe is full of babies who could have been delivered in lower units. The others, include; Women's Hospital, then Kawempe and Kiruddu. Kayunga and Yumbe Hospitals we are almost complete whereas for Kawolo, we are waiting for a date when we can handover the completed works officially.

By December, most of the 124 Health Centre IIIs in the sub-counties, would have been completed. We have upgraded health centre IVs to hospitals these, include; Kasana Health IV, Koboko, Kaberamaido and Mukono. We are also doing infrastructure upgrade. We are also doing 64 Health Centre IIIs this year; this makes it 188. We are going to start on about 80 facilities by improving on their infrastructure. By end of next year, we want to have about

300 facilities that are well-equipped and improved.

We are working on establishing neonatal units and high dependence in our lower facilities to cut down on infant and neonatal mortality. We are going to ensure that these facilities are equipped with incubators and our staff trained at least to give basic care for underweight and pre-term babies that we are losing. We have also trained a number of anesthetic officers and we are working on posting them to Health Centres IVs which are currently our top priority. The other area we want to focus on is training specialists. This year, we had a plan but it remained an unfunded priority. That training will go a long way with equipping these facilities. We are working with Philips and General Electric (GE), to equip a number of health facilities. We are at a stage of discussion and consultation.

### **6. Talking about equipment, most especially imaging some are non-functional and poorly maintained.**

#### **What is being done to ensure presence of functional medical equipment?**

It is actually true because we never had funds to do maintenance. But when new equipment is finally installed by Phillips and GE, they are also going to do servicing.

### **7. There is a challenge of paying for utilities such as electricity and water in our hospitals. Has this been addressed?**

Handling of utilities in our facilities has been a sticky issue because it is all about funding where by some of you find they can't afford to connect water. Electricity is cut off and can't be reconnected. This has been an issue because of lack of money. But we have tried to engage UMEME and the Ministry of Energy, to make sure that we prioritise health facilities to be put on the national grid but where they can't, we have put solar. Additionally, we are engaging them over the possibility of giving us special rates because these are social services. We have initiated the discussions but the issues largely resolve around money. We are grateful to the Ministry of Finance because for Regional Referral Hospitals, have been added more money for utilities but for the lower hospitals, we are still struggling with high bills.

### **8. Kawempe Hospital was in the news due to an overwhelming number of babies. What is being done to improve services at all public health facilities countrywide?**

The solution lies in strengthening the referral system and we continue to make a case to ensure that those hospitals especially where there is a high patient burden are prioritised when we are putting equipment/ InKawempe Hospital, for instance, this can be achieved when we also deploy the necessary human

resource. It is also important to ensure that mothers deliver from lower health units such that only referred cases come to the hospital. It also about ensuring that the lower health facilities are well equipped, staffed and supervised.

**9. You hinted on implementation of a new staff structure. Do you think this has improved on effectiveness of service delivery?**

For now, we have not improved because we have not fully recruited all the personnel required both at the headquarters and at these National Referral Hospitals. The Health service commission is still recruiting to fill these positions.

**10. How do you rate the working environment for health workers in all the public Health Facilities?**

I am grateful to government for the increase in pay. But that increase comes along with responsibility. So what we want to see is that the environment changes where people get care. People should come and find workers there. Health workers, irrespective of whether they have what to use or not, should be there to see and explain to the patients.

We want our health workers to settle and work. Moonlighting has to stop. In terms of accommodation, the critical staff are the ones who should be considered to be near the hospital. For instance, a secretary does not have to be near the

hospital. We shall never have enough accommodation but should be able to use what is available to deliver services.

**11. Do you think the cases of neglect of duty and negligence by health workers have been addressed?**

Not completely but to some extent, the absenteeism has reduced. Neglect is still there but we hope that once we have a very strong regulatory framework this will be addressed. For sure, I continue to hear of patients who are neglected. However, we have been organising mindset changing retreats for all our human resource cadres.

12. There has been a lot of public debate on the International Specialised Hospital of Uganda currently under construction at Lubowa. Do you have any update on the progress of works?

Lubowa is definitely a government project that we badly need. But there were some challenges at the beginning. The would-be contractor had issues with the developer but I think this is being sorted out and soon, we shall see work progressing.

**13. The issue of stealing drugs from government health facilities has remained persistent. What has been done to bring this vice to an end?**

We actually wrote to the

districts' the District Health Officers (who are expected to enforce accountability. We want to ensure that accountability for drugs becomes a deliverable for the in charge of a health facility such that every quarter, they report on the medicines entrusted to them.

**14. Do you have any other information you would like to pass onto Ugandans regarding their Health and their responsibility as they seek health services?**

Health is indeed our responsibility to ensure that we observe what they call individual healthy living because we shall not reach everyone's home. We are talking about medicine but how much is enough? Are we going to continue increasing wards? No. Actually, we want that we close these wards. So we want people to be vigilant on their health. This can be achieved through strengthened primary health care.

Also integrated community health interventions should be strengthened at the village level. This calls for involvement of all stakeholders who include; health, water, sanitation and agriculture. For example, nutrition is not a health issue alone but for all the sectors that include local governments and education.



**15. At the household level, what health issues do you think should be addressed by the head of the family?**

For example, currently we have a malaria upsurge, the head of the family has a big role to play to ensure that their home surrounding does not have bushes and stagnant water that act as breeding grounds for mosquitoes. The head of the family can also ensure that every family member sleeps under a mosquito net on top of enforcing proper hygiene and

sanitation.

If we have responsible heads of families, we shall go a long way in disease prevention.

**16. This government has a very strong Local Council system at the village level. How can LCI chairpersons supplement health programmes by the Ministry of Health?**

The LCI first of all are respected in their localities and their voice matters alot. They can help officials from the district to identify the core

health challenges afflicting their communities in education, health and agriculture. This could help to address these issues holistically but they should be led by politicians whose voice is loud and respected. We want to hear more voices of the politicians not the technical people alone.

**Why should an LC1 chairperson preside over a village where a majority of people have no latrines or toilets?**

No, this should not happen.



*Dr Atwine leads a team of engineers on a site tour of the newly renovated Kayunga Hospital*

# UGANDA HOSTS INAUGURAL AFRICAN HEPATITIS SUMMIT

**K**enneth Kabagambe knows the cost of Hepatitis B too well that he has dedicated his entire life to raising advocacy, awareness and eventually elimination of the disease in Uganda.

It all started while Kabagambe was studying at Makerere University way back in 2009, when he lost a close friend to the deadly Hepatitis B. The loss had an overwhelming impact on Kabagambe, who gathered a dozen of like-minded friends to fight the deadly disease, defend the dignity of people living with Hepatitis B as well as raise awareness around it.

However, in a twist of events, Kabagambe was later diagnosed with the disease in 2012. "I had to become a voice for those living with Hepatitis B," he says, "and due to the stigma, discrimination, isolation and the lack of public knowledge around the infection, I went public with my status to break the silence."

"You can live a full, dignified life with Hepatitis B, but the most important thing is prevention,

especially vaccination in newborns. For adults, testing, linking to care, education and treatment as required are crucial – as there is no cure, treatment is often lifelong," says Kabagambe, who founded Uganda's National Organization for People Living with Hepatitis B (NOPLHB) in 2012. "With support from Ministry of Health and partners, NOPLHB was registered and is a household name for Hepatitis B both within Uganda and beyond the borders" Kabagambe said.

Stories like Kabagambe's and millions of other Ugandans provided a platform for Uganda to host the first ever African Hepatitis Summit aimed at rallying partners and countries to eliminate Viral Hepatitis in Africa. The summit was held under the theme, ***Eliminating Viral Hepatitis in Africa; Implementing the Viral Hepatitis Strategy***. The event which brought together participants from over 25 countries provided an opportunity for countries to develop and work towards implementing action plans, sharing best practices in addressing the many challenges of viral Hepatitis and lessons learnt from each other in the fight against Viral Hepatitis.



*Kenneth Kabagambe addressing delegates during the African Hepatitis Summit 2019*



In Africa, dying of viral hepatitis is becoming a bigger threat than dying of AIDS, Malaria or Tuberculosis. Accordingly, every year, an estimated 200,000 people die from the complications of viral hepatitis B and C mostly liver cancer in Africa. This is against a background that 60 million people in this region were living with chronic hepatitis B infection as early as the year 2015, of which, 4.8 million are children under five years old. In addition, an estimated 10 million people are infected with hepatitis C, almost certainly due to unsafe injection practices.

In Uganda, according to the Uganda Population based HIV Impact Assessment survey, (UPHIA, 2016), it is estimated that the prevalence of viral hepatitis B is at 4.1% in the population aged 15-64 years. The disease prevalence, however, varies from region to region with the highest prevalence in the North at 4.6% and the lowest in Southwest at 0.8%. While the actual prevalence of viral hepatitis C in Uganda is unknown, the data from the National Blood Bank indicate that the prevalence of hepatitis C among blood donors in Uganda is approximately 1.5%.

Presiding over the opening ceremony, the Vice President of Uganda, His Excellency Edward Ssekandi, who represented the President of Uganda informed the delegates that advocacy for vaccination against viral hepatitis is at the fore front of his work. "I implored the Ministry of Health to immunize all adolescents and adults in the country and get rid of Hepatitis B. Vaccination started in July 2015" he said. He added, "I have personally participated in mobilizing the masses to get vaccinated. However, it's important during such international gatherings to sensitize people on the modes of transmission."

The Minister of Health, Dr Jane Ruth Aceng, informed the delegates that the Government of Uganda adopted the World Health Assembly (WHA) resolutions of 2010 and 2014 on viral hepatitis that recognize the disease as a public health problem.

She also added that, the Ministry of Health set up a Hepatitis Technical Working Group, which developed a strategic action plan for elimination of Hepatitis B, the Vaccination plan to vaccinate adolescents and adults and Statutory instruments declaring Hepatitis B as a public health threat in Uganda and another instrument which makes vaccination of health workers against Hepatitis B mandatory.



*(L-R) Dr Aceng, Dr Atwine and Dr Mwebesa keenly listen to one of the speakers at the African Hepatitis Summit*

Permanent Secretary, Dr Diana Atwine lauded the efforts of Government of Uganda in the fight against Hepatitis B saying "Uganda is one of the first countries in Africa to fund domestic action against Hepatitis B."

She further said that "since 2015, every year, Parliament of Uganda allocates 10 billion Shillings (USD 3million) towards supporting implementation activities in the fight against Hepatitis B such as procurement of hepatitis B vaccines, laboratory reagents, medical equipment and antiviral drugs for treatment of hepatitis B and program activities like trainings of health workers, community sensitization and advocacy coordination supervision."

## Eliminating Viral Hepatitis in Africa; Implementing the Viral Hepatitis Strategy.

The World Health Organization (WHO) Country Representative in Uganda, Dr Yonas Tegegn Woldemariam noted that WHO Regional Office for Africa established the Framework for Action for the Prevention, Care and Treatment of Viral Hepatitis in the African Region (2016–2020). "This was designed to guide Member States on the implementation of the Global Health Sector Strategy on Viral Hepatitis which calls for the elimination of hepatitis by 2030- defined as a 90% reduction in new cases and 65% reduction in death" he said.

Dr Yonas further informed the delegates that WHO would provide measures against which to track progress of the framework saying , ***"we designed a scorecard which will be presented at this Summit. It provides vital information about the status of the regional hepatitis response, measuring progress against the Framework for Action."***

The Government of Uganda continues with the systematic mass screening policy focused on most at-risk populations like the prisoners, commercial sex workers, without forgetting refugee camps and communities hosting refugees. In addition, the government will also strengthen and sustain injection, blood and surgical safety and universal precaution among health care workers.

Uganda is one of the first countries in Africa to undertake the manufacture of Hepatitis B medicines, the first line drugs recommended for the treatment of Hepatitis B. This is being done by Cipla Quality Chemical Industries Ltd, a WHO approved pharmaceutical manufacturer.

In order reduce Hepatitis Infections, the Government of Uganda plans to screen all pregnant women for viral hepatitis B & C as well as introduce the hepatitis B birth dose. This will help eliminate mother-to-child transmission of hepatitis B and C infections.

Delegates called for strong partnerships, data to provide evidence based decisions that will inform policy makers on necessary interventions to eliminate Viral Hepatitis and increased public awareness stating that "people should not live with the disease ignorantly. Let us sensitize the masses and encourage them to go for regular screening to know their status."

Awareness creation on viral hepatitis, will also be expedited by working with community groups and Civil Society Organizations (CSO) to increase opportunities to educate about viral hepatitis.

The Regional Public Policy event convened delegates from African Civil Society groups, WHO and its member states, Centers for Disease Control (CDC), World Hepatitis Alliance, African Union, East African Community, Ministry of Finance, patient organizations, policy makers, public health scientists, academia, pharmaceutical industry and funders.



## US SECRETARY FOR HEALTH LAUDS UGANDA'S RESPONSE TO PUBLIC HEALTH EMERGENCIES

The 24th Secretary of the U.S. Department of Health and Human Services, Alex Azar joined by other senior U.S. health officials, met with the Minister of Health, Hon. Dr Jane Ruth Aceng and technical teams from the Ministry of Health and World Health Organization Country Representative, Dr Yonas Tegegn Woldemariam to discuss Uganda's response to the imported cases of Ebola Virus Disease (EVD) from the Democratic Republic of Congo and other health areas such as Tuberculosis, Malaria, HIV/AIDS and Sickle Cell Disease supported by the US

Government.

Uganda shares long and porous borders with the Democratic Republic of the Congo (DRC), where the second-largest Ebola outbreak in history is now occurring, and experiences thousands of cross-border travelers daily.

During the meeting, Secretary Azar and Dr Aceng discussed the Ugandan government's successful response to recent isolated cases of Ebola in the country, and ongoing efforts to control the spread of the Ebola outbreak. Following the declaration of the Ebola outbreak in the DRC, Uganda

swung into preparedness and later response mode allowing the country to proactively combat the spread of Ebola.

Dr Aceng appreciated the collaboration between Uganda and the US on health issues in the fight against HIV/AIDS, Malaria, TB, Sickle Cell Disease and other conditions. ***"I would like to commend Secretary Azar for his presence here today. Since the outbreak, he has been a great supporter in ensuring we are safe. We have held meetings and several discussions via phone to ensure Uganda is safe from Ebola" she said.***



Secretary Azar noted that incredible work has been done both in the Ebola preparedness and response phases. "I am here to recognize the great work of the Ministry of Health to contain Ebola in the DRC. Monitoring a highly infectious disease is one more achievement of this country that I am proud of" he said. He added, that both Government of Uganda and the US Government recognize the need for a multisectoral approach to combat the Ebola outbreak in the DRC.

Similarly aggressive public health efforts, with support from the U.S Government have allowed Uganda to get on track to attain HIV epidemic control and increase preparedness for other infectious diseases.

Following their meeting at the Ministry of Health headquarters, Dr Aceng led Secretary Azar and the delegation on a tour of the Uganda National Institute

of Public Health, including the Public Health Emergency Operations Center (PHEOC) and the Field Epidemiology Training Program (FETP), a program supported by the Centers for Disease Control and Prevention (CDC). Both are instrumental resources in efforts to combat Ebola. Following the establishment of the PHEOC, Ministry of Health has been a leader in advancing the Global Health Security Agenda.



*Sec. Azar does the 'Ebola signature handshake' with PHEOC Director, Dr Issa Makumbi*



*Visiting teams are taken through the FETP*

The delegation also visited the International Organization for Migration (IOM) Refugee Transit Center to assess the center's activities to prevent the spread of Ebola from DRC to Uganda. About 1.3 million

refugees from neighboring countries currently reside in various refugee camps and settlements in Uganda, and due to the high insecurity in the DRC, up to 250 people per day cross the Uganda-

DRC border to seek refuge. In order to address the high influx of refugees from the DRC, IOM has instituted a screening program for all refugees and vaccination program to prevent the spread of Ebola.





*The visiting team interacts with refugees at IOM Kampala. (Photo: US Embassy)*

The teams later proceeded to the Uganda National Health Laboratory Services (UNHLS), where testing of samples and research into HIV, TB and antimicrobial resistance is conducted. Collaboration between UNHLS and CDC has contributed to strong laboratory systems of international standards and key global health security efforts, especially in controlling infectious disease threats.

Secretary Azar was accompanied

by Dr. Robert Redfield, Director of the Center for Disease Control and Prevention (CDC); Dr. Anthony S. Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID); Garrett Grigsby, Director of the HHS Office of Global Affairs; Tim Ziemer, Senior Deputy Assistant Administrator of United States Agency for International Development (USAID); and staff of President Trump's National Security Council, among other dignitaries.

Secretary Azar also held a meeting with the President of Uganda, H E Yoweri Kaguta Museveni at State House, Entebbe. President Museveni appreciated USA's role who through Centre for Disease Control (CDC) provided a modern laboratory which is a referral for the region.



*H E President Museveni during a meeting with Secretary Azar at State House, Entebbe. (Photo: PPU)*

***“We used to take samples to Atlanta, but we now have a modern laboratory here and within a few hours, samples are checked and confirmed, so that the management starts”*** he said.

President Museveni reiterated to the team that Uganda is not a bad partner “because we are effective, that’s how you hear that these epidemics are controlled quickly. For instance, Uganda is now a model of the region in terms of response to

Ebola.”

Secretary Azar was on a week-long regional visit to the DRC, Rwanda and Uganda to assess the countries’ capacities to prevent the current DRC Ebola outbreak from spreading to other parts of the world.



***President Museveni with Secretary Azar and US and Ministry of Health delegations at State House, Entebbe. (Photo: PPU)***



# MINISTRY OF HEALTH INAUGURATES THE NATIONAL TOBACCO CONTROL COMMITTEE



*Minister of Health Hon Dr Jane Ruth Aceng with the newly appointed National Tobacco Control Committee*

The Ministry of Health working with partners launched the National Tobacco Control Committee (NTCC) at a breakfast meeting held in Kampala. The NTCC will supervise the implementation of the Tobacco Control Act 2015, in accordance with the World Health Organization Framework Convention on Tobacco Control.

The committee is also responsible for the coordination and monitoring of tobacco control interventions as well as providing advice to the Minister of Health on policies and measures relating to tobacco control legislation and implementation of the act.

Additionally, the committee will monitor the interference and insulation of tobacco-related policies from commercial and other vested interests of the tobacco industry.

The committee will be chaired by Office of the Prime Minister while Ministry of Health holds the secretariat position. The representatives of the committee include; Ministry of Education and Sports, Ministry of Trade, Ministry of Agriculture, Animal Industry and Fisheries, Ministry of Gender, Labor and Social Development, Uganda National Bureau of

Standards (UBOS), National Environment Management Authority (NEMA) and Civil Society.

While inaugurating the committee, Hon. Minister of Health, Dr. Jane Ruth Aceng acknowledged the enormous responsibility bestowed upon the committee. ***“We are aware of the power of the tobacco industry and I implore you all to take on this life saving role with utmost diligence and commitment.”***

“The Tobacco industry is looking for loopholes, we have to follow the law and tighten these loopholes to

tackle this problem because they are not resting. While we launch this committee, they are looking for new ways to push their agenda" she said.

Aceng warned committee members against being lured by the tobacco industry. "Receiving even a cent from individuals for the tobacco industry will lead to millions of lives lost and blood in your hands. Please desist from the temptation of conniving with the industry and its accomplices" she cautioned.

Dr. Aceng further mentioned that Uganda is a signatory to the WHO Framework Convention Tobacco Control, an evidence-based treaty that reaffirms the rights of all people to the highest standard of health.

She also informed the meeting

that the Uganda Tobacco Control Act is 'comprehensive and one of the best tobacco control laws in the region.' "The law provides for a multisectoral approach to tobacco control to tackle this growing public health problem" she said.

She commended WHO and Uganda National Association of Community and Occupational Health for their support to the Ministry of Health to tackle tobacco consumption in the country.

The WHO Representative in Uganda, Dr. Yonas Tegegn Woldemariam, lauded Ministry of Health on instilling the committee. "This committee will go a long way in curbing Tobacco related morbidity and mortality" he said. He added that "tobacco is the only product which when used

according to manufacturer's instructions kills 50% of its consumers."

In Uganda, currently, tobacco use is the main underlying risk factor for the four major non-communicable diseases (NCDs) that is; cancer, hypertension, diabetes and lung diseases. Over 75% of lung cancer deaths are attributed to tobacco use. Tobacco use has adverse health, social and economic consequences at all levels of society.

The 2014 NCD Risk Factor Survey, revealed that in Uganda 1 in 10 people is a current tobacco user while prevalence of tobacco use among adults stands at 7.9% and 17.8% among young people.





# New intervention to protect more Ugandans from Malaria



The Government of Uganda and Government of Egypt have signed a Memorandum of Understanding (MoU) on Larval Source Management (LSM) in a bid to boost Malaria control initiatives in the country. This is premised on the background that Ministry of Health is promoting the Integrated Vector Management (IVM) approach to complement the existing interventions towards reduction of Malaria transmission.

While signing the MoU on behalf of Government of Uganda, Minister for Health, Hon. Dr. Jane Ruth Aceng explained that larviciding is the process of introducing chemicals into water bodies such as swamps or stagnant water where the mosquito larvae reside. "The larvicides target the larvae and attack it hindering it from becoming an adult mosquito" she said.

On other benefits of the MoU, Aceng said that the MoU covers major areas of cooperation including; Setup of a local production unit to produce larvicides. "Other public health products will also be produced by the production unit to increase the Government capacity to cover more districts and reduce the budget burdens incurred while importing the products" she informed.

She further added that the MoU will provide sponsorship and grant opportunities for young scientists among other industrial capacity building and technology transfer activities.

The LSM program under this MoU is expected to run in Northern and Western Regions in 2019/2020 protecting over 15 million Ugandans. The program will later be rolled out across the country in a phased manner.

Represented by Haitham Mokhtar, the Deputy Head of Mission of the Egyptian Embassy in Uganda, Mokhtar noted that an Egyptian based company, Innovative Research and Development 'InRad' has been supporting the Ugandan health sector in the fight against Malaria for over nine years.

"The signing of the MoU today is another great step taken in the direction to contain and fight Malaria in Uganda" he said.

This cooperation comes under mutual agreements signed following the meeting between the President of Uganda, HE President Yoweri Kaguta Museveni and the President of Egypt, HE President AbdulFattah Sisi. Larval Source Management was revived in Uganda following a directive by the President of Uganda to control Malaria.

Malaria is the leading, most widespread and serious communicable diseases in Uganda. It is a major public health problem, and is endemic in approximately 95% of the country; the remaining 5% is prone to malaria epidemics mainly highland areas of South-western Uganda, the Rwenzori and Elgon Mountain ranges.

Larval Source Management (LSM) is one of the major strategies for Malaria control under the National Malaria Control Program (NMCP) in Uganda. NMCP is currently implementing the following interventions in order to fight Malaria in Uganda; Case management, Long lasting Insecticide treated mosquito Nets (LLIN), Behavior Change Communication and Integrated Vector Management

This newly added intervention is expected to protect and reduce malaria burden among the vulnerable-groups especially pregnant women, children under 5 years of age and school going children.



Safe Drugs Save Lives

## NATIONAL DRUG AUTHORITY EMBARKS ON CONSTRUCTION OF QUALITY CONTROL LABORATORY TOWER

A bright sunny morning on the fourteenth day of March witnessed the ground breaking of the new National Drug Authority (NDA) Quality Control Laboratory Tower. The day was coloured in the trademark green and white colors of NDA, along with the glorious sounds of the Uganda Police force band and high level officials from Government of Uganda, Pharmaceutical Society of Uganda and Private sector to celebrate the milestone of the authority.

Chief guest and Minister for Health, Dr. Jane Ruth Aceng was visibly excited to break ground for the Laboratory tower. While driving the excavator in a symbolic way to kick start the construction, Aceng commended NDA upon embarking on this 'bold step and milestone of the construction of the Quality Control Laboratory Tower.'





“**This construction demonstrates the Government of Uganda’s and Ministry of Health resolve and dedication in partnership with NDA to save human life, through a commitment to improving health outcomes”** Aceng said.

She also cautioned unscrupulous individuals who are involved in bringing counterfeit medicines into the country. “For those who still think that Uganda is a place where substandard medicines will find their way into the market, by this laboratory construction, your attempts will be dealt a big blow. This construction further signifies NDA’s growth and development in establishing a solid infrastructure to execute its

mandate” Aceng said. Speaking at the ground breaking ceremony, Chairman of board of NDA, Dr. Medard Bitekerezozo informed the audience that the tower was constructed using internally generated resources by NDA. “This Ushs 32Bn facility will be completed in 24 months” he said.

Bitekerezozo added that there are increasing cases of drug resistance, especially in antibiotics, for malaria and typhoid, which he attributed to poor quality drugs.

The new tower will accommodate a pharmaceutical, food and herbal medicine, microbial laboratory and a sample storage room. “We directed

our focus to construction of a laboratory so that no one in Uganda takes sub-standard drugs” Bitekyerezo said.

Acting Secretary, David Nahamya reiterated the expected quality of the Laboratory tower. “This ultra-modern, sophisticated laboratory will be one of a kind not only in Uganda but in Sub-Saharan Africa” he said amidst thunderous applause from the audience. He further added that this timely construction will enable NDA test locally manufactured and imported cosmetics among others while increasing the range of drugs tested.

Under the parent Ministry, Ministry of Health, National Drug Authority is mandated to regulate drugs in the country, including their manufacture, importation, distribution and licensing.





## GOVERNMENT OF UGANDA UNVEILS MULTIMILLION DOLLAR REFUGEE RESPONSE PLAN

Uganda is home to the largest number of refugees in Africa and is one of the top refugee-hosting countries worldwide. By December 2018, Uganda was home to 1.19 million refugees from neighbouring countries; Democratic Republic of Congo (DRC), Somalia, Burundi, Rwanda, Kenya, South Sudan, Ethiopia and Eritrea. In a bid to provide equitable access to quality health services for both refugees and the host communities, the Government of Uganda launched the Health Sector Integrated Refugee Response Plan (HSIRRP) under the theme “Universal Health Coverage for All.”

The plan will improve health status, harmonize co-existence and mobilize additional health resources to augment resources provided by government to support and build a resilient health system within refugee communities. Launching the HSIRRP 2019-2024, the Prime Minister of Uganda, Rt. Hon. Dr. Ruhakana Rugunda commended Uganda’s refugee response policy. “Uganda is the first country in the world to have two comprehensive refugee response plans; for education and healthcare. This shows how we value refugees as a country” he informed, amidst

thunderous applause by the crowds. Rugunda further added that “hosting refugees is not only the right thing to do but also promotes the development of refugee hosting communities in the long term.”

“As the Government, we continue to invest significant domestic resources in the protection, management and social integration of refugees and Ugandan communities that host them” Rugunda pointed out. Through Uganda’s Development Response to Displacement Impacts Project (DRDIP), a



substantial amount of resources is allocated to basic social services such as healthcare and education for the benefit of hosting communities.

On behalf of Government of Uganda, he pledged to welcome refugees at all times. "Our borders remain open to our brothers and sisters who are forced to flee their homes and countries due to unrest, starvation, violence and different forms of persecution" Rugunda said.

The 5-year plan will not only benefit the refugees but also the over 7 million host communities across the refugee-hosting districts across Uganda.

Uganda has a progressive refugee response model which has been lauded globally as the most generous in the world. The Ugandan refugee model includes; open borders, non-camp policies, free integration of refugees, equal access to Government-provided social services such as healthcare and education, a chance to work and land allocation for farming and shelter.

The Minister of Health, Hon. Dr. Jane Ruth Aceng urged all development partners to align their operations to the new paradigm and a common plan – Uganda's Health Sector Integrated Refugee Response Plan. "I also want to ask the district leaders to develop district level Health Sector Integrated refugee response plans aligned to this plan" she added.

The HSIRRP is estimated to cost USD 583.4 million during the five-year period of implementation. The key cost drivers of this plan are; medicines and drugs (which will cover host communities and the refugees), human resources and infrastructure. Over 80% of refugees in Uganda are settled among host communities in 30 settlements located across the 12 refugee-hosting districts. The districts are; Arua, Yumbe, Moyo, Adjumani, Hoima, Kiryandongo, Kyegegwa, Isingiro, Lamwo, Kamwenge, Koboko and Kampala.

Minister of Refugees and co-chair of the Comprehensive Refugee Response Framework (CRRF) Steering Group, Eng. Hillary Onek reaffirmed the commitment of Government of Uganda in implementation of this plan. "Today we are launching the Plan, tomorrow we need to put all our hands together to ensure that the plan is funded. This will require continuous coordinated efforts by all of us" he said.

**"We count on the continuous support from our partners-humanitarian and development – to support the Plan by mobilizing additional resources and aligning all health activities in refugee hosting districts with the Plan"** Onek added.

Representing the UN family in Uganda, the Resident Coordinator, Ms Rosa Malangore reiterated the commitment of the United Nations System in Uganda. "UN in Uganda will support the successful implementation of this plan and increase visibility at the global level of this good practice" she said.

There are six pillars of strategic interventions under the Health Sector Integrated Refugee Response Plan for refugees and host communities.

These include; Service delivery, Human Resource for Health, Health commodities and technologies, Health management Information Systems, Health Financing and Leadership, coordination, management and governance.

These interventions are premised on a number of international, regional and national commitments, notably the New York Declaration on Refugees and Migrants and its Comprehensive Refugee Response Framework. This will support Uganda to meet its commitment to the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 - to ensure healthy lives and promote wellbeing for all at all ages by 2030- and the principle of leaving no one behind.



*The Center for Excellence for Pediatric surgery*



*Paediatric ward of Mulago National Specialized Hospital*

**PICTORIAL**



*Ag. Commissioner for Health Promotion Education and Communication Richard Kabanda receives an appreciation award from DGHS and PS*



*Monthly media breakfast meeting held on April 5th focusing on Antimicrobial Resistance*



*Director Clinical Services Dr Charles Olaro receives keys from US Ambassador of Uganda Deborah Malac to the newly constructed prefabricated storage houses*



*Director Clinical Services Dr Charles Olaro administers Oral Cholera Vaccine into a child's mouth in Nebbi District*





*Dr Diana Atwine and delegates share a photo moment during the high level breakfast meeting on Health Promotion and Disease Prevention*



*Dr Diana Atwine with health workers from Kawempe National Referral Hospital during a National Consultative Meeting on Free to Shine Campaign*



*Dr. Jolly Nankunda attends to a baby at Mulago Specialized Women and Neonatal Hospital*



*Front view of Mulago Specialised Hospital*



*Dr Diana Atwine with delegates during the consultative meeting on Free to Shine Campaign*



*Ebola visit in Kasese*



*Health workers conduct screening of individuals at Mpondwe border as part of Ugandas preparedness efforts in Ebola response*



*Health workers sensitize household members during the Oral Cholera Vaccine exercise in Nebbi District*



*Health workers under go training ahead of the Ebola Vaccination exercise in the high risk districts*



*Hon Aceng listens to the community during the Arua district Ebola assessment*



*Commissioning of Hepatology Laboratory*



*Partners during the launch of the National Action Plan for Health Security*





*Hon Aceng listens to the community during the Arua district Ebola assessment*



*Ministry of Health management cut cake to symbolize the end of year party*



*Ministry of Health officials led by Permanent Secretary Dr. Diana Atwine along with officials from Vision Group led by Vision Group CEO Robert Kabushenga*



*Hon Jane Ruth Aceng with National Malaria Control Division during World Malaria Day commemorations*



*Overview of newly renovated Kayunga Hospital*



*Soroti Regional Referral Hospital gets new board of Directors. The board was inaugurated by Hon. Sarah Opendi*





*PS Diana Atwine awards a recognition of service monument to John Emau upon retirement from Public Service*



*PS Diana Atwine joins end of year staff in a traditional dance during the end of year party*



*Rt. Hon. Speaker of Parliament Rebecca Kadaga arrives for the National Conference on Family Planning*



*Rugunda administers rotavirus vaccine into a baby's mouth during the launch at Bulikwe District*



*Team Uganda bags an award for Excellence in Leadership in Family Planning at country level*



*Vaccination of health workers against Ebola*





*WHO DG Dr Tedros and Dr Aceng exchange signature handshake during his brief visit during the Ebola outbreak*



*WHO DG with Partners and Ministry of Health team during the meeting*



*Ministry of Health receive motorcycles from WHO and Irish Embassy*



*Hon Aceng with delegates during the 12th ONCHO meeting in Kampala*



*Dr Aceng and District Health Officers during the orientation exercise ahead of the national Measles Rubella and Polio immunisation campaign*



*Dr Aceng with the National Organizing Committee of the National Health Promotion Conference*





# Social Media Corner

SOCIAL MEDIA CORNER

**Ministry of Health- Uganda** @MinofHealthUG

@Parliament\_Ug has approved a loan of shs.1.3 trillion to finance the construction of the International Specialized Hospital of Uganda, Lubowa. 🏥 will focus on treating NCDs, a growing public health burden forcing many Ugandans to seek expensive treatment abroad.

2:28 PM · 3/13/19 · Twitter Web Client

**Ministry of Health- Uganda** @MinofHealthUG

On behalf of @MinofHealthUG, Ag. Commissioner Health, Promotion, Education and Communication, Richard Kabanda gave out 150 bicycles to VHTs in the northern region who assist in referring mothers for maternal health services in private health facilities 🚲

**Ministry of Health- Uganda** @MinofHealthUG

@DianaAtwine: We need to embrace hand washing. This habit will enable us avoid so many diseases such as Cholera, Typhoid etc #MOHPressMeet

**Dr. Jane Ruth Aceng** @Janeruth\_Aceng

I would like to appeal and encourage more women health workers to pursue Oncology.. pediatric oncology and join Dr. Joyce on the board. Your experience is an asset to our health sector.

Echodu @Echodu  
Dr. Basagade Joyce of @UgandaCancerIns is only member of the International Pediatric Oncology community from Uganda and is among the few women on the board that is highly filled with men. #ChildhoodCancer #Cancer #Uganda

**Ministry of Health- Uganda** @MinofHealthUG

#HappeningNow: Monthly media breakfast meeting focusing on the National Sanitation Week (11-15 March). The week is held under the theme "Good Sanitation - My responsibility"

- 🔹 National latrine coverage- 79%
- 🔹 Handwashing coverage- 36%

#MOHPressMeet

**Dr. Diana Atwine** @DianaAtwine

@MinofHealthUG meetg with @newvisionwire @VisionGrp @rkabushenga earlier in efforts to strengthen partnership with the media in availing important information to general public such as running health programs, preventive health care and feedback from the public on service delivery

**Dr. Jane Ruth Aceng** @Janeruth\_Aceng

Team Uganda was recognized for making very good progress in using statistics and data to guide our progress and identifying more people including Key populations and getting them on treatment. Congratulations team Uganda 🍀🍀🍀 #CDPT9

**Airtel Uganda** @Airtel\_Ug

The annual Kabaka Birthday Run is back! This morning, the Airtel team led by @MDAirtel\_UG along with @ccpmayiga, the Katikkiro of Buganda and partners are launching the 5th edition of the Kabaka Birthday Run which is geared towards the fight against Sickle Cells.

**Ainezyoona Emmanuel** @emanyoo

Today marked the end of the Women's day FREE health services offer at the Mulago Specialized Women and neonatal hospital where many women got free cervical cancer screening, breast examination, blood pressure tests, health education among others #HappyWomensDay

**Darus Bahikire** @bahikiredarus

Saving the girl child :Amidst increasing cases of cancer ,@MinofHealthUG is training officials to enhance the HPV - vaccine coverage in the fight against cervical cancer .

**UNHLS** @UNHLS1

Fact: Central Public Health Laboratories (CPHL) provides laboratory support for disease surveillance through investigation and confirmation of disease outbreaks

**Dr. Joyce Mariku Kaducu** @MarikuJoyce

At the launch of RSE program, a modern family planning method campaign. The program is aimed at empowering women through innovation approaches to social protection. RSE also seeks to strengthen and support the health system. @MinofHealthUG @Mulagohospital @airtyoo @WVstUg

**UgandaCancerInstit** @UgandaCancerIns

We have been recognized by the International Society of Pediatric Oncology in Africa for our efforts in treating #ChildhoodCancer in the most cost effective way and thus we shall host the International Pediatric Oncology Conference in March 2021

**UgandaCancerInstit** @UgandaCancerIns

We are setting up regional centers in Uganda so that we are able to reach all the people in Uganda so that we can take the services to children in these regions #ChildhoodCancer #Cancer #Uganda

**Tedros Adhanom Ghebreyesus** @TedrosAdhanom

Thank you for your leadership and prompt action, @JaneRuth\_Aceng. Uganda has done great work preparing for #Ebola, @WHO is committed to doing everything possible to keep it out of Uganda and to end the outbreak. [twitter.com/janeruth\\_aceng](https://twitter.com/janeruth_aceng)

**Dr. Jane Ruth Aceng** @Janeruth\_Aceng · 8/22/19

I have learnt of the imported #Ebola case in Kasese District. The child is currently under isolation at Bwera ETU. However, upon the request of the government of the DRC, both mother and child will be repatriated back to the... [Show the thread](#)

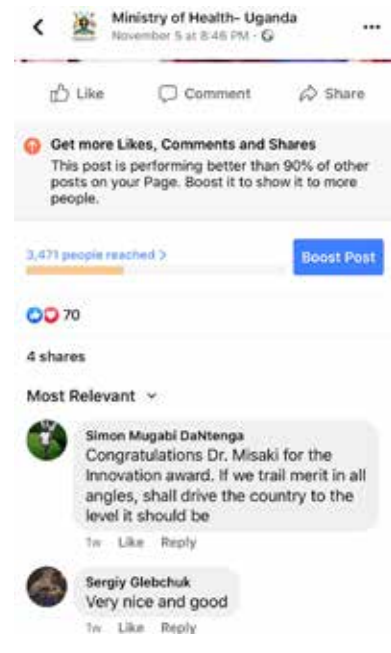
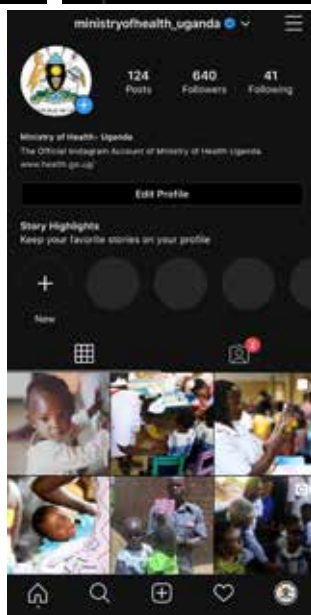
11:11 AM · 8/22/19 · Twitter for iPhone

**Yonas Tegagn WOLDEMARIAM** @Yonastegagn

Speaking at THE 12TH MEETING OF UGANDA ONCHOCERCIASIS ELIMINATION EXPERT ADVISORY COMMITTEE. Through partnerships and commitment, we shall eliminate #onchocerciasis, #Uganda has a long history of elimination the disease.

1 · WHO Uganda and Ministry of Health- Uganda





**Jane Aceng**  
October 25 at 11:39 AM · 🌐

CHAI was instrumental in ensuring that the National Measles Rubella and Polio Immunisation campaign was a success by providing technical and logistical support. Currently, they are supporting Ministry of Health to scale up and increase access to oxygen in Jinja RRH and Mubende RRH.

CHAI is also supporting increased demand creation for Sexual Reproductive health services in Mubende, Mityana, Kasanda, Kibaale, Kakumiro and Kagadi districts. Thank you for the continued support, CHAI and we look forward to achieving together 🙌



**Ministry of Health- Uganda**  
October 24 at 5:17 PM · 🌐

👍❤️ 71

17 shares

**Most Relevant** ▾

**Paddy Paddy**  
Thanks for the Spirit and the Health Workers Oh God, you are really amazing..... Thanks again  
2w Like Reply

**Apaja Godfrey**  
Welcome gov't, Ministry of Health- Uganda Ministry of Health- Uganda & the health workers at local gov't facilities. Thanks for ensuring every child is a live.  
2w Like Reply

**Sylvia Nakibuuka Munube**  
Bravo to everyone who participated  
2w Like Reply

**Lilly Achayo**  
Well done Uganda and in particular MOH for the struggle.

**Ministry of Health- Uganda**  
October 21 at 7:34 PM · 🌐

👍 Comment Share

2,884 people reached > Boost Unavailable

👍👏 39

2 shares

**Most Relevant** ▾

**Kato Robert**  
Emphasize on the communication between cross border point of Entries, work well done Hon  
3w Like Reply

**Mugoya Rogers**  
Hoping for the best  
3w Like Reply

**Top Fan Ram Kishan Ghat**  
Thanks  
3w Like Reply

**Dr. Diana Atwine**  
Saturday at 12:04 AM · 🌐

6 shares

**Most Relevant** ▾

**Top Fan Muhangi Bosco**  
And congratulations for the award! Step by step moving forward!  
4d Like Reply 2

**Fred Musoke**  
Bambi you keep us informed thank you  
4d Like Reply 1

**Hezi Mutebi**  
continue with your good deeds  
4d Like Reply 1

**Richard Mukasa**  
Great initiative,  
4d Like Reply

**Top Fan Musinguzi Goodluck**  
Congratulations Dr Diana Atwine, your efforts to revamp Uganda's health sector is paying.

**Dr. Diana Atwine**  
November 1 at 7:13 PM · 🌐

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**Top Fan Nameere Justine**  
👏👏👏 thank you for the great service! May God protect our medical students from useless measures like strikes!  
1w Like Reply

**Top Fan Crinad Twinamatsiko**  
Thanks Auntie Dianah for the services you are rendering to this nation!  
1w Like Reply

**Top Fan Frank Ruhinda**  
Thank u maddam for the tireless efforts from day to day, May God bless you.  
1w Like Reply

**Kyakuwa Nash Ruth**  
MAY THE ALMIGHTY GOD ALWAYS BLESS THE WORKS OF YOUR HANDS DR.  
1w Like Reply

**Jane Aceng**  
October 19 at 3:41 PM · 🌐

With great appreciation, I would like to acknowledge the selfless effort and commitment of health workers to get our children immunized. Seeing them maneuver tough conditions and locations to ensure that every child in Uganda is vaccinated touches my heart deeply.

On behalf of the Health Sector, I thank you all deeply. I respect you and I honor you!







THE REPUBLIC OF UGANDA  
**MINISTRY OF HEALTH**

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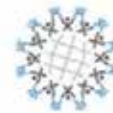


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