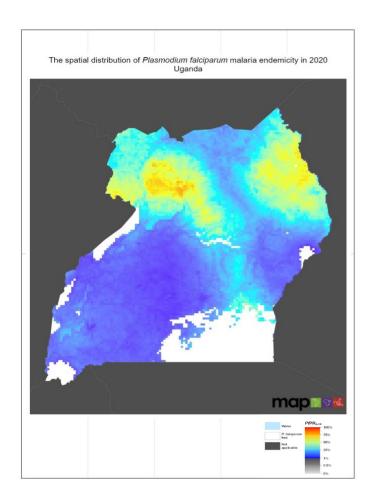
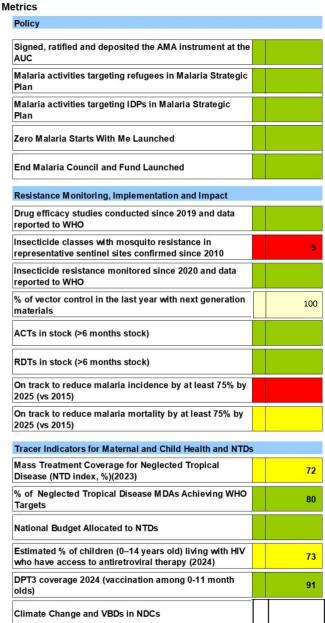
Uganda ALMA Quarterly Report Quarter Three, 2025



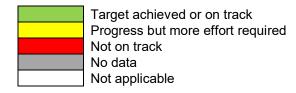
Scorecard for Accountability and Action





Malaria transmission occurs all year round in most parts of Uganda. The annual reported number of malaria cases in 2023 was 16,525,582 with 2,793 deaths.

Key



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Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Extreme weather events displace millions and destroy roads and health facilities, reducing access to health services. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive Anopheles stephensi mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dualinsecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$181 million to date.

A recent report by ALM and MNM UK, "The Price of Retreat," highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Uganda cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 21,415,495 additional cases, 19,189 more deaths, and GDP loss of US\$1.8 billion between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Uganda there will be a US\$7 billion increase in GDP.

Progress

Uganda has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. The country has scaled up the use of next generation mosquito nets and insecticides. Uganda has also completed drug resistance monitoring since 2018 and has reported the data to WHO. The country is also showing leadership in malaria control through participation in the High Burden High Impact approach, and recently signed the Yaoundé Declaration. The country has good stocks of ACTs and RDTs.

In line with the priority agenda of the ALMA chair, President Advocate Duma Gideon Boko, Uganda has enhanced the tracking and accountability mechanisms with the development of the Malaria Control Scorecard, although the scorecard is not yet posted to the ALMA Scorecard Hub. Uganda has launched the Mass Action Against Malaria campaign and the End Malaria Fund. The country has launched their ALMA youth corps. The Honourable Minister of Health has been appointed as an ALMA RBM Malaria champion.

Impact

The annual reported number of malaria cases in 2022 was 20,012,873 with 4817 deaths.

Key Challenges

- Threat of insecticide and drug resistance
- Insufficient resources to fully implement the malaria National Strategic Plan, including with the impact of recent ODA reductions

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Track the implications of the US Government actions related to PMI support and work to mitigate the impact	Q4 2025		The MOH and the NMED is in continued discussions with USG. USG appointed a malaria technical advisor to the NMED. Currently USG has confirmed commitment to continue support towards IRS in the 7 districts previously supported by PMI as well as continuous distribution of routine nets. A 6 month commitment is confirmed. Discussions are on going regarding a longer term (5 year) MOU. Areas formerly supported by PMI but now unfunded include coordination activities, training, IPTp, and surveys consideration. The Government of Uganda's response has been to integrate HIV, TB and Malaria activities including integrated National level planning and where applicable joint implementation. GOU has been working on increasing the domestic annual contribution to meet the gap including a proposed initial supplementary budget of 75 billion UGX and then an annual additional budget of 100-140 billion UGX (to HIV, HRH,TB, Malaria and Nutrition) in the next 2 financial years. There is a need for advocacy at the highest level to ensure these discussions come to fruition. The LLIN campaign is delayed following the withdrawal of resources from AMF and will start in Q1 2026 after the elections. Micro planning is ongoing as well as selection of the GF procurement, Financial and Fiduciary Agents. Through reprogramming, reprioritisation of activities and identification of areas to improve efficiencies the AMF gap has been reduced significantly leaving a current gap of nets worth 1.3 million dollars. NMED in discussions with GF regarding options to meet this gap.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Policy	Work to ensure that malaria elimination is prioritised in the America First Global Health Strategy Country Memorandum of Understanding, and that costed prioritised plans are developed	Q4 2025

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Uganda has significantly enhanced the tracking and accountability mechanisms with the ongoing development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard. the country has achieved high coverage of DPT3 vaccination.

Neglected Tropical Diseases Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Uganda is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. In 2023, preventive chemotherapy coverage was 100% for lymphatic filariasis (under surveillance), 93% for onchocerciasis, 76% for soil transmitted helminths, 85% for trachoma and 32% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Uganda in 2023 is 72, which represents a very substantial decrease compared to 2022 index value (87). The country did not reach schistosomiasis WHO MDA target in 2022. Uganda has created a budget line for NTDs.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Climate Change and health	Work to collate data on the impact of climate change on Vector Borne disease and incorporate into the next round on National Determined Contributions and National Climate Change Action Plans	Q4 2025		The malaria programme has integrated climate data in its malaria scorecard for action and accountability and will use these data to continue to monitor the effect of longonset climate change on malaria burden as well as for predictive purposes. Additionally, analyses on climate and health are being done to feed into Uganda's next malaria strategic plan and provide additional inputs to the planned NDC revision process.

