



NATIONAL MALARIA CONTROL PROGRAM



**Mass Action Against Malaria (MAAM)
for
A Malaria-free sectors
at
RBM MULTISECTORAL WORKING GROUP MEETING
7th February 2020**

Peter Kwehangana Mbabazi

Finance & Multisectoral Collaboration Expert(NMCD-MOH Uganda)





Outline of presentation:

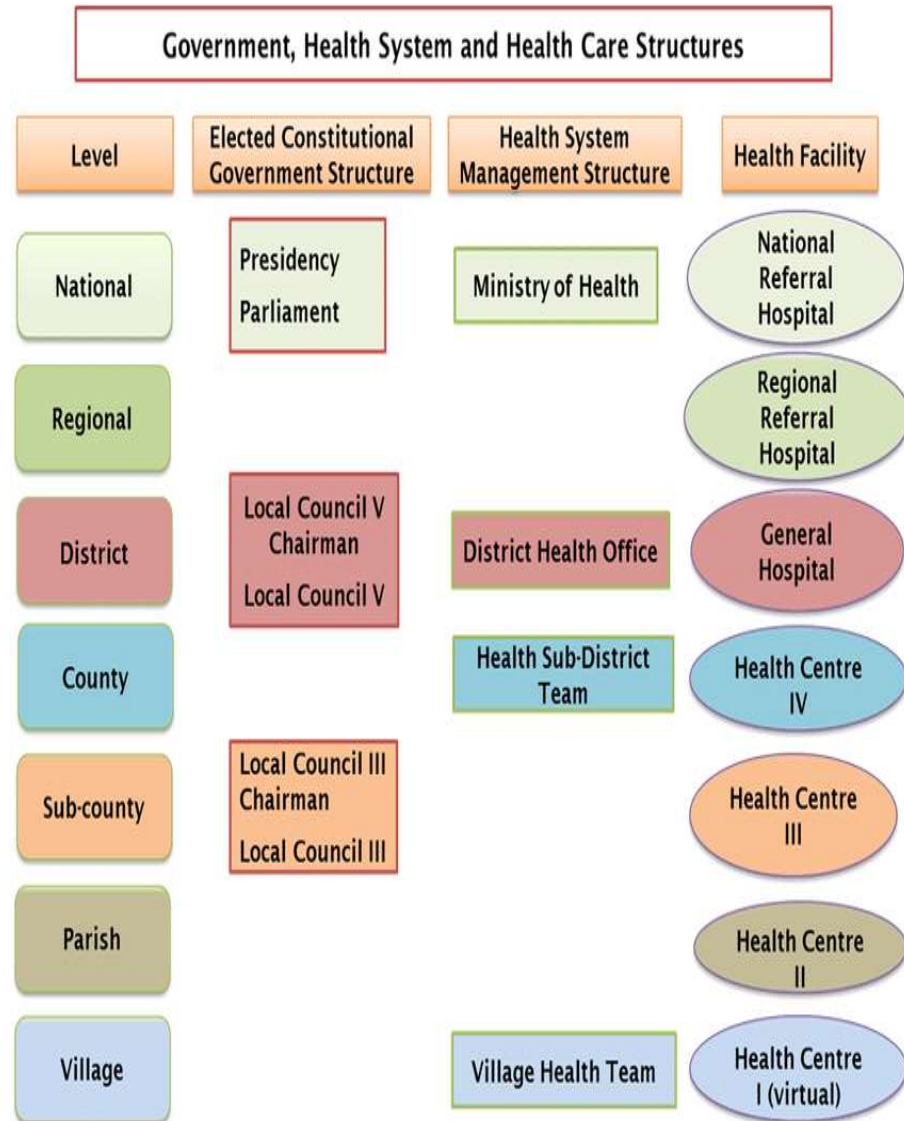
- ❑ Country information
- ❑ Malaria situation
- ❑ Lessons learned
- ❑ Accelerating towards 2020 targets – MAAM / HBHI
- ❑ Achievement by HBHI Response Elements
- ❑ Way forward



Uganda Country information

Socio-Demographics

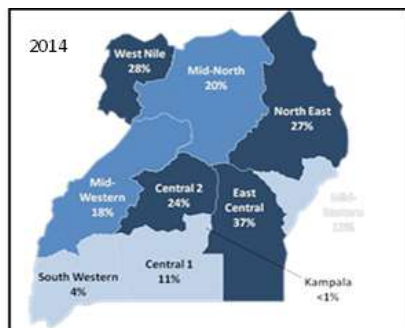
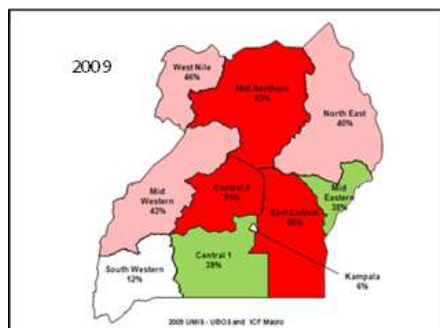
- ❑ Population estimate (2019): 42m
- ❑ Number of Regions : 14
- ❑ Number of Districts : 138
- ❑ Number of constituencies : 290
- ❑ Number of sub counties : 1,403
- ❑ Number of parishes : 7,431
- ❑ Number of villages : 57,842
- ❑ Est. Number Households: 7.5 million





Malaria Situation, 2014

Despite significant reduction in malaria prevalence, 2009 to 2014:



- ❑ Uganda has the third highest number of annual deaths from malaria in Africa:
 - One of the highest reported malaria transmission rates in the world
 - Approximately 16 million cases reported in 2013
 - Over 10,500 deaths annually.
- ❑ Malaria has an indirect impact on the economy and development in general.
 - The socio-economic impact of malaria includes out-of-pocket expenditure for consultation fees, drugs, transport and subsistence at a distant health facility.
 - These costs are estimated to be between USD 0.41 and USD 3.88 per person per month (equivalent to USD 1.88 and USD 26 per household).

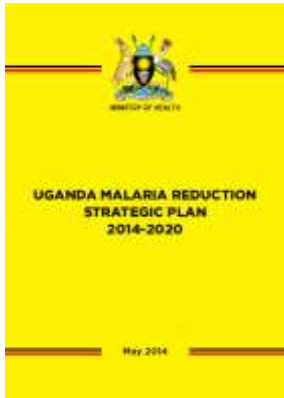




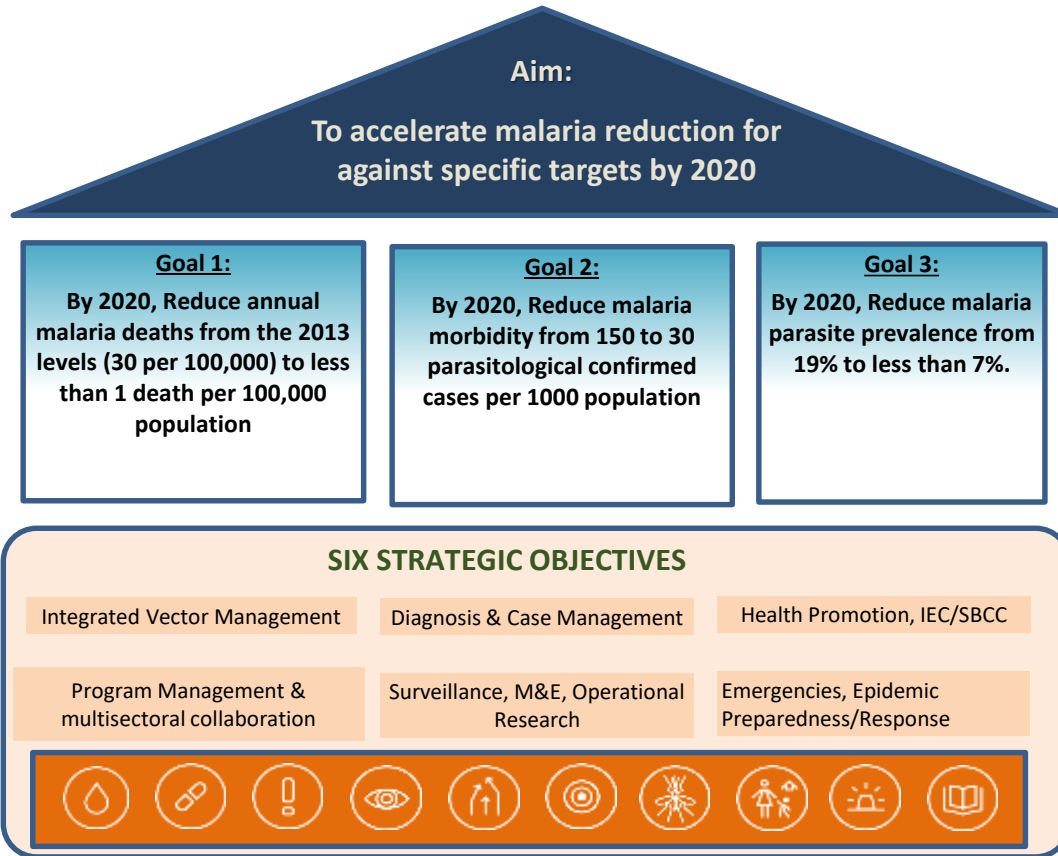
National Malaria Response, 2014

Uganda Malaria Reduction Strategic Plan [2014-2020]

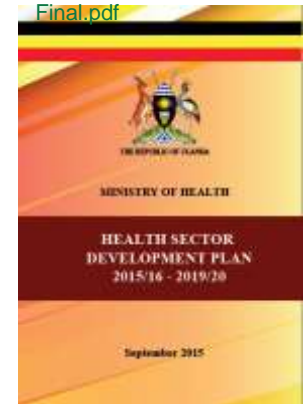
<http://health.go.ug/content/uganda-malaria-reduction-strategic-plan-2014-2020>



<https://health.go.ug/content/uganda-malaria-reduction-strategic-plan-2014-2020>



<http://npa.go.ug/wp-content/uploads/NDPII-Final.pdf>

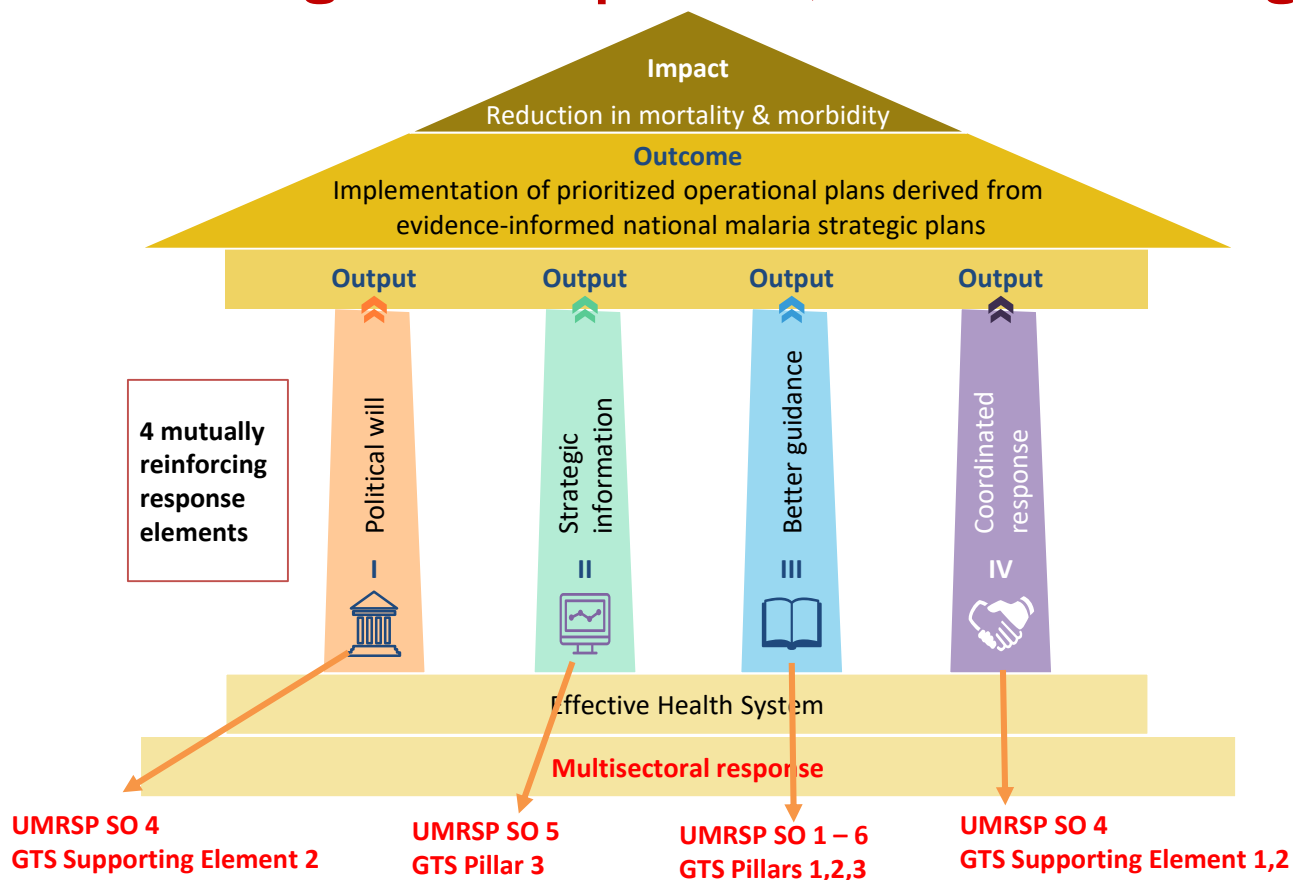


https://health.go.ug/sites/default/files/Health%20Sector%20Development%20Plan%202015-16_2019-20.pdf





The 4 response elements (pillars) of the HBHI approach are appropriate for Uganda response (UMRSP Strategic Obj. 1–





Response Element I of the HBHI approach: Political will to reduce malaria deaths





HBHI – Response Element 1:

Political commitment to reduce malaria deaths

- Empowered political structures that ensure political support for malaria and translate expressed commitment into tangible actions and results
- Advocacy to keep political commitment and translate into increased domestic resources
- **Accountability** of political actors and institutions to ensure commitment and action – Data Repository, UPFM Scorecard
- **Increased awareness** of malaria through **targeted communication** fostering **active participation of communities** in prevention of malaria



H.E. President Yoweri K. Museveni takes responsibility for Malaria Free Uganda



Uganda Parliamentarians commits to free their Constituencies free of malaria (Political commitment); Malaria Act (Legislation); Mobilizing domestic resources for health at all levels (NHIS Bill); Community engagement; UPFM Scorecard (Accountability) and implementing UPFM Strategy (evidence)



Malaria Partners commits sustaining the program assistance based on comparative advantage: Technical, Financial, Logistics, Advocacy, etc.





MAAM/HBHI at Sub-national levels: MAAM District Task Forces supporting District Health



Health Minister, Dr Ruth Aceng, launching District MAAM Task Force at a district headquarter



District MAAM Task Force at Lira



Mass awareness and social mobilization



The Armed Forces were not left out





Security Sector

Entry point	Action	Malaria outcome	Sectoral outcome
Collaboration	Ensure health care and other services for military, police and prisons collaborate with NMCD, local authorities and communities	Reduced vector load, human contact with vector, and parasite load	Public image/brand improved Social growth Improved outputs
	Implement workplace protection programmes (e.g. provision of LLINs, mosquito repellants, treated Fatigues for warders/officers, diagnosis & treatment in clinics)		
	Enforcement of abuse of malaria interventions eg Nets for other uses.		
	Implementation of regular IRS in prisons & cells		
	Engagement of military/police in LLIN distribution campaigns.		
	US African Command-NMCD Training & supporting uniformed personnel in malaria control (Prevention & Treatment)		



Armed Forces





Armed Forces in Malaria Fight





ARMED FORCES(AFRICOM)





Translation of political will into corresponding resources including funding through multisectoral resource mobilization

- ✓ The MoFPED Permanent Secretary & Secretary to the Treasury issued a **Budget Call Circular**, 13 September 2019, requiring other sectors to mainstream Malaria in the 2020/2021 budget estimates

- ✓ The Uganda Malaria Multisectoral Forum chaired by the Prime Minister will coordinate and monitor performance of the Malaria intervention in other sectors



13th September 2019

All Accounting Officers (Central Government, Ministries, Abroad & Local Government Bodies),
All Chief Executive Officers of State Owned Enterprises and Public Corporations

THE FIRST BUDGET CALL CIRCULAR (1ST BCC) ON PREPARATION OF THE BUDGET FRAMEWORK PAPERS (BFPs) AND PRELIMINARY BUDGET ESTIMATES FOR FINANCIAL YEAR 2020/21

A. INTRODUCTION

- Section 9(7) of the Public Finance Management (PFM) Act 2015 (Amended) requires that, for every financial year, the Minister of Finance (Planning and Economic Development) should prepare a Budget Framework Paper that is consistent with the National Development Plan and Charter of Fiscal Responsibility.
- In line with the above, Section 9(1) of Public Finance Management (PFM) Act 2015 (Amended) requires every Accounting Officer, in consultation with the relevant stakeholders, to prepare a Budget Framework Paper for the Vote, taking into consideration balanced development as well as gender and equity responsiveness. This should be submitted to the Minister of Finance (Planning and Economic Development) by 15th November. This is meant to facilitate analysis, consolidation of the National Budget Framework Paper (NBFP) and eventual submission to Parliament on time.
- In line with the Law, but also in view of the Christmas holidays, this Ministry will submit the National Budget Framework Paper to Parliament not later than Friday, 16th December 2019.
- Specifically, this Circular has been issued to communicate:
 - The Budget Process Calendar for FY 2020/2021.
 - The challenges that affected the planning process for the budget of FY 2019/2020 and the way forward.
 - The Strategic Policy and administrative guidelines to be taken into consideration during preparation of the Budget Framework Papers.
 - The Budget Strategy and proposed Strategic Sector Interventions for the Budget of FY 2020/2021 in line with the Third National Development Plan.

III. Malaria Mainstreaming

- Whereas Uganda has experienced a reduction in malaria prevalence, it is one of the leading killer diseases and largely affects the strength of labor force through sickness and time taken to treat and care for those affected. As part of the budget preparation for FY 2020/21, Accounting Officers are advised to plan for a malaria free environment by ensuring that resources are earmarked for bush clearing around the offices as well as sensitization of staff to adopt malaria preventive measures, among other budget cross cutting actions, in their homes.
- Furthermore, in the development of work plans where the intended intervention(s) have a community focus, the issue of malaria prevention should be incorporated. The Permanent Secretary, Ministry of Health is advised to issue a guideline on specific details related to malaria prevention by 25th September, 2019 to guide Accounting Officers in the course of preparing their work plans and detailed budget estimates for FY 2020/21.





Guidelines for Mainstreaming Malaria in Multisectoral budgets

FOREWORD

The Government of Uganda has registered progress in achieving set targets in the Uganda Malaria Reduction Strategic Plan (UMRSP 2014-2020). Despite this, implementation has stagnated at 14. Uganda has 40% of Malaria every day. One of the major causes identified is inadequate funding especially from domestic sources. Findings from the budget analysis revealed that about 85% of the budget is mainly for commitment and is donor funded. There is growing fear about the sustainability of the current arrangements if donor support is generally reduced.

In order to sustain and increase the above achievements, each MDW's should endeavour to be a Malaria Smart Sector by creating a malaria free working environment, and malaria control operations. Accordingly, therefore you are required to integrate and mainstream malaria control activities in your budgets.

In April 2018, H.E. the President launched Malaria Action Agenda (MAAA) where he pledged a commitment of "a Malaria Free Uganda in my responsibility". This calls for all MDA to implement MAAA in order to achieve the Presidential commitment by 2030.

The purpose of these guidelines is to comply with Budget call Circular issued by the Permanent Secretary/Secretary to the Treasury, Ministry of Finance Planning and Economic Development and to advise Accounting Officers to plan for malaria control as a cross cutting issue starting from FY 2020/21 budgets and over the medium term.

Together we can have a Malaria free Uganda by 2030.

For God and My Country


Dr. Aving Daine Ruth
MINISTER

Guidelines for Mainstreaming Malaria in the Multisectoral National and District Plans

Ministry of Finance, Planning and Economic Development
KAMPALA

ADMINISTRATIVE

4th February 2020

The Permanent Secretary (Secretary to the Treasury)
Ministry of Finance, Planning and Economic Development
KAMPALA.

SUBMISSION AND DISSEMINATION OF GUIDELINES FOR MAINSTREAMING MALARIA IN THE MULTISECTORAL NATIONAL AND DISTRICT PLANS

The above subject matter refers to your 1st Budget Call Circular dated 13th September 2019. The Ministry of Health and its Partners want to thank you for your consideration for the call to have Malaria under the cross-cutting issues section II number 37 and 38 on page 13.

You requested me to issue guidelines on specific details related to Malaria prevention, to guide Accounting Officers in the course of preparing their work plans and detailed budget estimates for FY 2020/21.

In against that background, that the Ministry of Health developed **Guidelines for Mainstreaming Malaria in the Multisectoral National and District Plans**, we are proposing to hold 2 workshops to disseminate the referenced guidelines to officials at the Central and at the Local Government Level. During three evenings, the Leaders will be made to understand their role in the fight against malaria and what necessitating the disease will entail. The Ministry of Health will facilitate these two workshops.

The purpose of this letter therefore, is to extend the Guidelines and to request that the Ministry of Finance host the two above mentioned workshops by coordinating and inviting the relevant stakeholders to each of the workshop.

The Ministry of Health will finance the two workshops.


Dr Diana Mwanza
PERMANENT SECRETARY

cc: Ag. Director Central Health Services.
cc: Commissioner, Communicable Diseases Prevention & Control
cc: Assistant Commissioner, National Malaria Control.



Presidential Commitment





Response Element II of the HBHI approach: Strategic information to drive impact





Response element III of the HBHI approach: Better guidance, policies and strategies

Response element

Political will to reduce malaria deaths



Strategic information to drive impact



Better guidance, policies and strategies



A coordinated national malaria response



III

Description

- WHO will draw on the best evidence to establish global guidelines. Guidelines will be continually updated and refined based on country experience and the development of new tools.
- High burden countries will be supported in adapting and adopting the global guidelines based on local settings
- Countries will be supported to develop specific implementation guidance to ensure uptake and scale-up of policy.

Key areas (outputs)

- Continually updated global guidelines based on best available evidence; Incorporation of country needs into global guidance allowing space for innovation
- Improved dissemination and uptake of global policies through individual country adoption and adaptation to local context, including intervention mixes and prioritization.
- Country-level implementation guidance tools to inform effective and optimal deployment of national policies
- Improved tracking of policy uptake by countries





Response Element III of the HBHI approach: Better Guidance, policies and strategies adapted for use locally

- ❖ Developed / updated by different strategic objective areas
- ❖ For different levels of program operations
- ❖ SBCC materials for translation to local languages

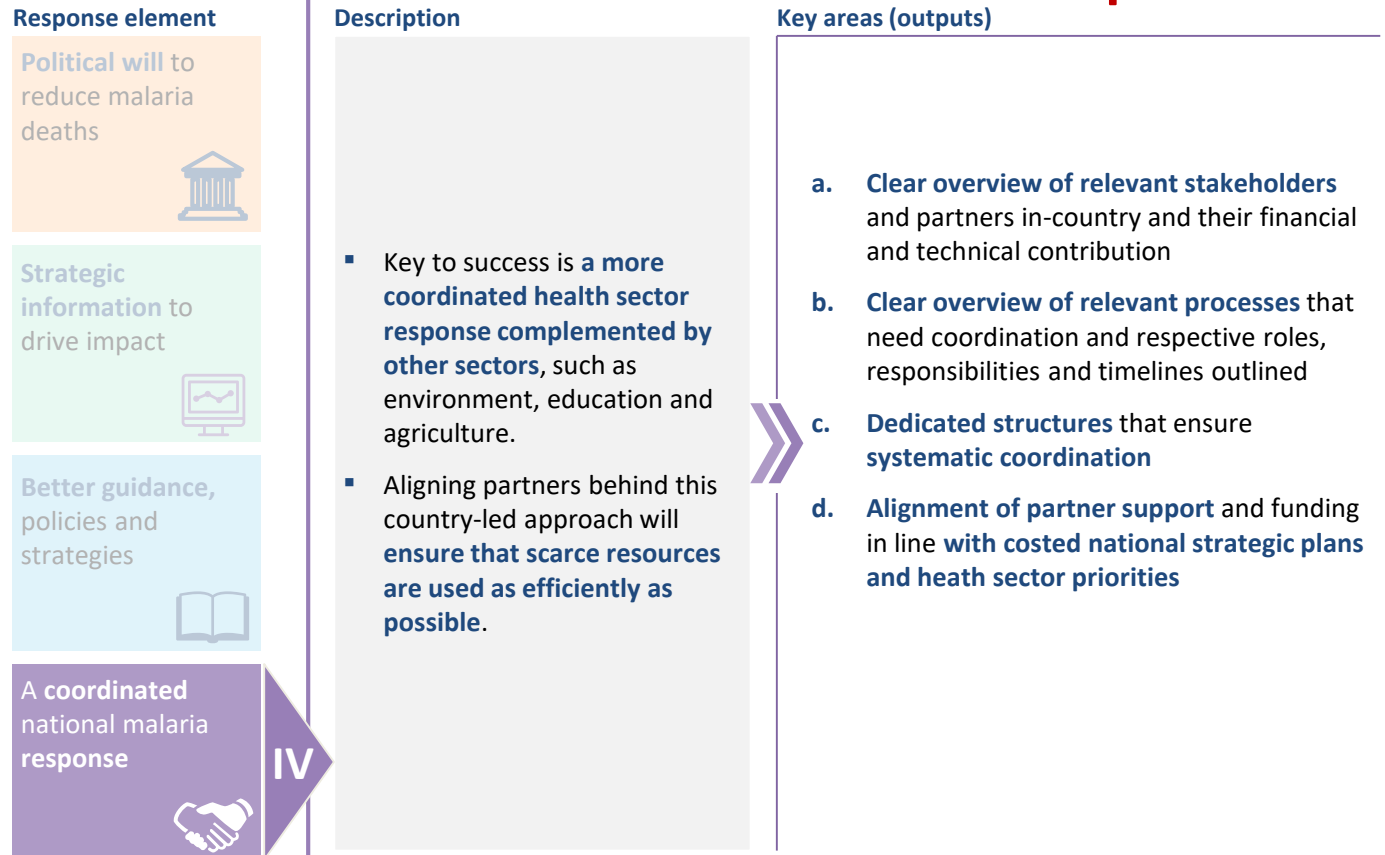
❑ Malaria documents (mostly in draft format):

- National Malaria Control and Elimination Policy Guidelines
- EPR Guidelines
- Entomological Surveillance framework, Etc.
- MAAM / HBHI Implementation Framework
- The NMCD has developed guidelines for other sectors to mainstream malaria





Response element IV of the HBHI approach: A coordinated national malaria response

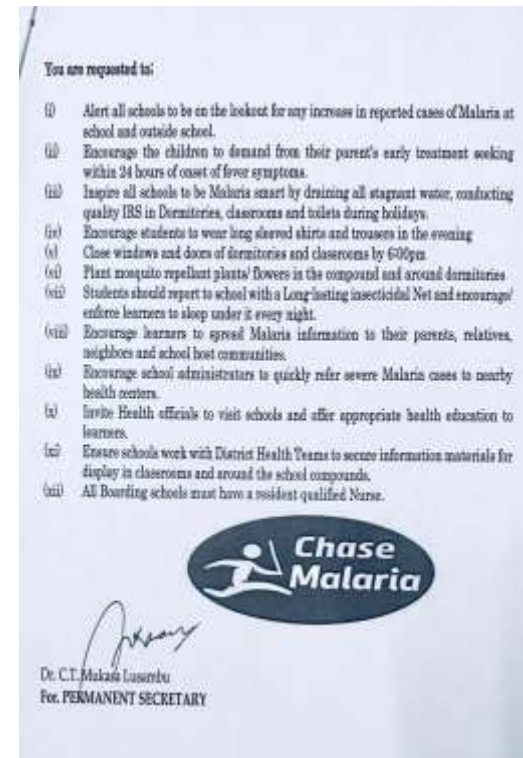
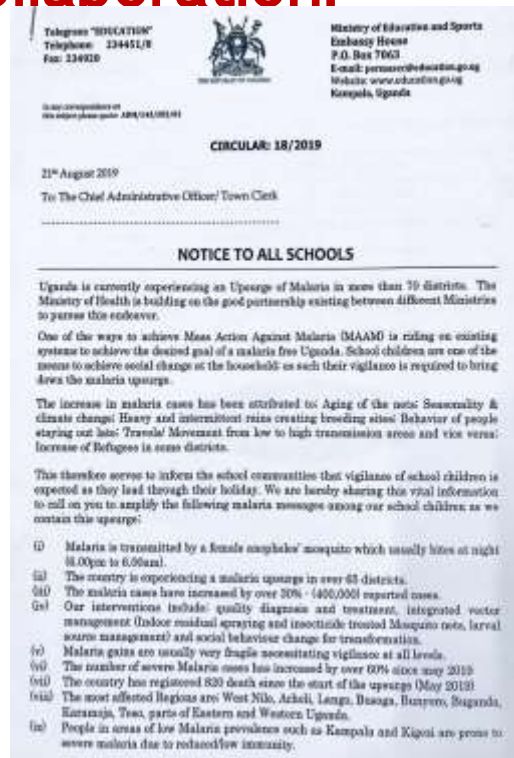




Response element IV of the HBHI approach: A coordinated national malaria response Multisectoral Engagements and Crossborder Collaboration:

□ Progress:

- RBM Partnership Forum is established and functional
- Expanding the coast: More stakeholders are engaged and consensus building at all levels - national and districts (MDAs, Private sector, Corporate entities, CSOs, and Int'l Clubs e.g. Rotary Int'l),
- Multisectoral engagement (framework developed, "Music Dance Drama" with Mo Education and Sports)
- Ministry of Local Governments
- Private sector (strategy developed)
- Partners' map is being updated
- Various TWGs are being strengthened including Program Management (UMRSP SO4)



Ministry of Education & Sports' Engagement for *Music Dance Drama*





Refugees in complex emergencies





Political - Advocacy for sustained commitment at national, district and HF

- ❑ Leverage on existing resources and integrate Malaria activities in on-going government and other non-state sector programs
- ❑ Ensure efficient allocation and utilization of available Malaria resources
- ❑ Ensure zero tolerance to corruption and misuse of health related resources
- ❑ Mobilise additional domestic resources from public and private sector for Malaria
 - **Establishment of Presidential Malaria Fund-Uganda**
- ❑ Ensure timely and adequate supply and utilisation of medicines and supplies
- ❑ Strengthen partnerships with development partners that contribute to the Malaria response.





Political - Advocacy for sustained commitment at national, district and HF

- ❑ Prioritize Malaria as a national development issue that impacts all sectors
- ❑ Establish and Strengthen effectively mechanism to coordinate the national multi-sectoral Malaria response
- ❑ Streamline programme implementation tracking reporting
- ❑ Strengthen the capacity of district local Governments to implement and Monitor Malaria programs. This includes reviving decentralized response to oversee scaled programming at community level
- ❑ Recruit and motivate health workers for quality service delivery



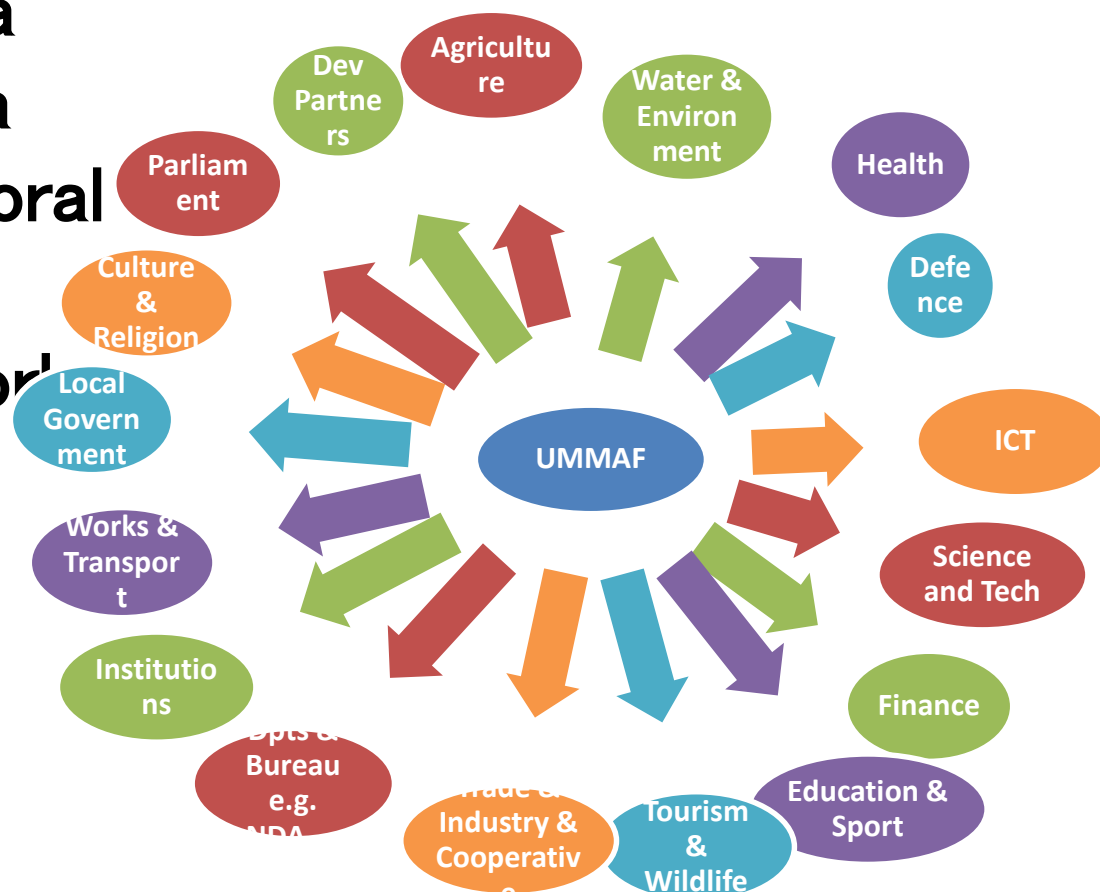
Presidential Commitment







Uganda Malaria Multisectoral Action Framework



Stakeholders/actors: government, public; private-for-profit; private-not-for-profit; non-government organizations; civil society, including consumers groups.





Pope Francis' quote in November 2015, before he came to Africa during a press interview when asked whether he is not afraid of al Qaeda & al Shabaab. He had this to say ...



"I don't fear al Qaeda or al Shabaab but the MOSQUITO that causes the malaria disease"





Ministry of Trade, Industry and Cooperatives

Mandate

- ❑ Promote External and Internal trade
- ❑ To formulate policies and regulations for sustainable development of, trade, industrialization and technology, and co-operative.
- ❑ Oversee and facilitate implementation of strategies and programmes aimed at trade, industry and cooperatives development in Uganda.
- ❑ Inspect, monitor and evaluate the progress, standards, state and efficiency of the various sectors, under the trade, industry and cooperatives.
- ❑ Conduct studies and evaluate the impact of the policies of this sector in regard to advancement of the diversification, effect on the poverty eradication programs.
- ❑ Assess the need and where necessary, mobilize resources to support balanced industrial, co-operatives, and entrepreneurial development.
- ❑ Collect, process, analyze, and disseminate national and international data/information on the sectors and (provide an input for) rational decision-making.
- ❑ Participate in negotiations and implementations of arrangements relating to international and national treaties of the diversified sector.

Entry point	Action	Malaria outcome	Sectoral outcome
Research and guidelines	Guidelines for introduction of malaria-smart methods	Reduced vector load and human contact with vector	Increased productivity and social and economic development
	Reduce local barriers for malaria commodities		
	Conduct research on mosquito repellent plants/flowers that can be grown around homes. Promote pottage industry with the seeds/seedlings.		
Extension work	Increase efficiency, introduce improved production methods	Reduced vector load and human contact with vector	Increased productivity and social and economic development
	Implement workplace protection programmes (e.g. provision of LLINs, IRS, diagnosis and treatment)		
	Ensure larval source management (LSM) in pits used for brickmaking, rock quarries and construction		





HOUSEHOLD AND INDIVIDUAL- CHOICE AND ADOPTION OF MALARIA-SAFE HABITS

Potential interventions include:	Potential Lead Ministry/Agency
<ul style="list-style-type: none">• NGO housing projects with low-cost financing	MOLHUD, MOFPED, MOH, MOLG, HABITAT
<ul style="list-style-type: none">• Commercial house improvement loans for low-income people,	MOFPED, MOLHUD, MOH, MOLG, HABITAT, Private Sector
<ul style="list-style-type: none">• Social marketing of materials for making homes malaria-smart;	MOH, MOLHUD, MOLG, HABITAT, Private Sector
<ul style="list-style-type: none">• Environmental management	MWE, NEMA
<ul style="list-style-type: none">• LLIN distribution through commercial, or free	MOH, MOTI, UNCC, Private Sector
<ul style="list-style-type: none">• Conditional cash transfer for changing behavior	MOFPED, MOLG, Religious Faiths
<ul style="list-style-type: none">• Community participation	MOH, MOLG, MOES, Religious Faiths





HOUSEHOLD AND INDIVIDUAL- AWARENESS AND KNOWLEDGE

Potential interventions include:	Potential Lead Ministry/Agency
<ul style="list-style-type: none">• Dedicated multisectoral community-focused malaria awareness programmes	MOH(ICCM), MOLG, MOES, Religious Faiths.
<ul style="list-style-type: none">• Improved use of community radio to raise malaria awareness among staff and customers	MOH(ICCM), MOLG, MOES, Religious Faiths, Private Sector
<ul style="list-style-type: none">• Targeting SBCC through ANC & VHT for LLIN use	MOH(ICCM), MOLG, MOES, Religious Faiths, Private Sector





HOUSEHOLD AND INDIVIDUAL-ACCESS TO & USE OF HEALTH CARE

Potential interventions include:	Potential Lead Ministry/Agency
<ul style="list-style-type: none">• Malaria-sensitive universal health coverage;	MOH, Religious Faiths, Private Sector
<ul style="list-style-type: none">• Village Health Workers and community participation to perform rapid diagnostic test (RDT), treatment and referral	MOH (ICCM), Private Sector
<ul style="list-style-type: none">• Strategies to improve access to treatment at all levels of health care	MOH, Private Sector
<ul style="list-style-type: none">• Provider guidelines for improving patient adherence to treatment	MOH, Private Sector
<ul style="list-style-type: none">• Use of mobile phones to improve patient adherence and provider compliance	MOH, Private Sector





HOUSEHOLD AND INDIVIDUAL PROVISION OF HEALTH CARE

Potential interventions include:	Potential Lead Ministry/Agency
<ul style="list-style-type: none">Using an integrated management of malaria curriculum to train multidisciplinary health staff	MOH, MOES, Private Sector
<ul style="list-style-type: none">Improve quality and reach of malaria care provision through private and community channels	MOH, MOLG, NDA, Private Sector
<ul style="list-style-type: none">Transform the RDT market from a low-volume, high-margin market for poor-quality RDTs to one where customers have easy access to affordable, quality-assured RDTs	MOH, URA , MOTI, UNCC, Private Sector
<ul style="list-style-type: none">Improve quality of malaria management by private general practitioners;	MOH, MOLG, NDA, UNBS, UNCC, Private Sector
<ul style="list-style-type: none">Micro-franchise schemes to improve reach and quality of private providers	MOH, Private Sector
<ul style="list-style-type: none">Improve services of medicine sellers	MOH, NDA, Private Sector



Private Sector Role in MAAM

- ❑ Malaria Smart Private Sector-Products (Production/Trade)
- ❑ Invest in Research & innovation (LLIN curtains and Curtain treatment tabs, Fatigues(uniformed personnel), LLI Tarpaulins(refugees & Army), LLIN window netting.
- ❑ Implement workplace protection programmes (e.g. provision of LLINs, IRS, diagnosis and treatment)
- ❑ SBCC posters on walls, or screens, offices & construction sites
- ❑ Staff as Malaria champions
- ❑ CSR for community sponsorship, **malaria free villages**, Schools courtesy of Z...Ltd
- ❑ You are entering “**a malaria free zone**” courtesy of Z... Ltd





ROLE OF NATIONAL DRUG AUTHORITY





ROLE OF NDA IN MALARIA COMODITIES

Functions of NDA

- Development and regulation of the pharmacies and drugs
- Control import, export and sale of pharmaceuticals
- Control the quality of drugs
- Promote and control local production of essential medicines
- Encourage research and development of herbal medicines
- Disseminate health information
- Give guidance to MoH and bodies concerned with drugs

Bodies with whom NDA works collaboratively

- Uganda Police Force
- Uganda Revenue Authority
- Professional Associations and Councils
- Ministry of Trade & Industry
- Ministry of Agriculture Animal Industry & Fisheries
- Ministry of Health
- UNBS
- Universities
- Other developments partners





NDA ACTIVITIES

Dossier Evaluation

- Marketing authorization granted or denied

Licensing and Inspecting

- Good Distribution Practices
- Good Manufacturing Practices

Import verification

- Good import practices
- Port of entry verification

Post Marketing surveillance

- Safety monitoring
- Quality control testing Review
- Advertisement and promotion

Drug information

- Information dissemination

Malaria Commodities

- Medicines
- Diagnostic kits
- Long lasting insecticide treated mosquito nets
- Public health chemicals

Registration tracks

1. WHO prequalified collaborative registration procedure.
2. Stringent Regulatory Agency approval
 - i. PIC/s
 - ii. EU
 - iii. USFDA
3. Full registration by NDA

Local Industry

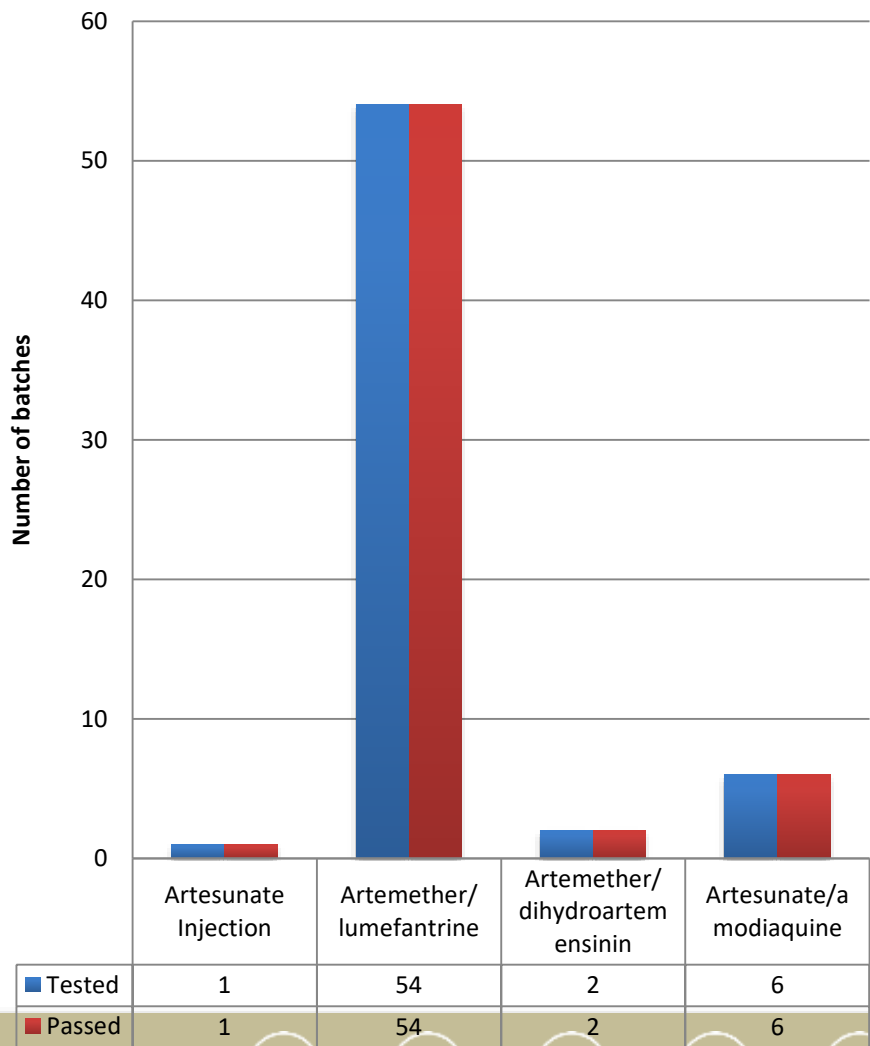
- 4 local manufacturers of ACTs
- 2 local manufacturer of diagnostic kits and reagents.



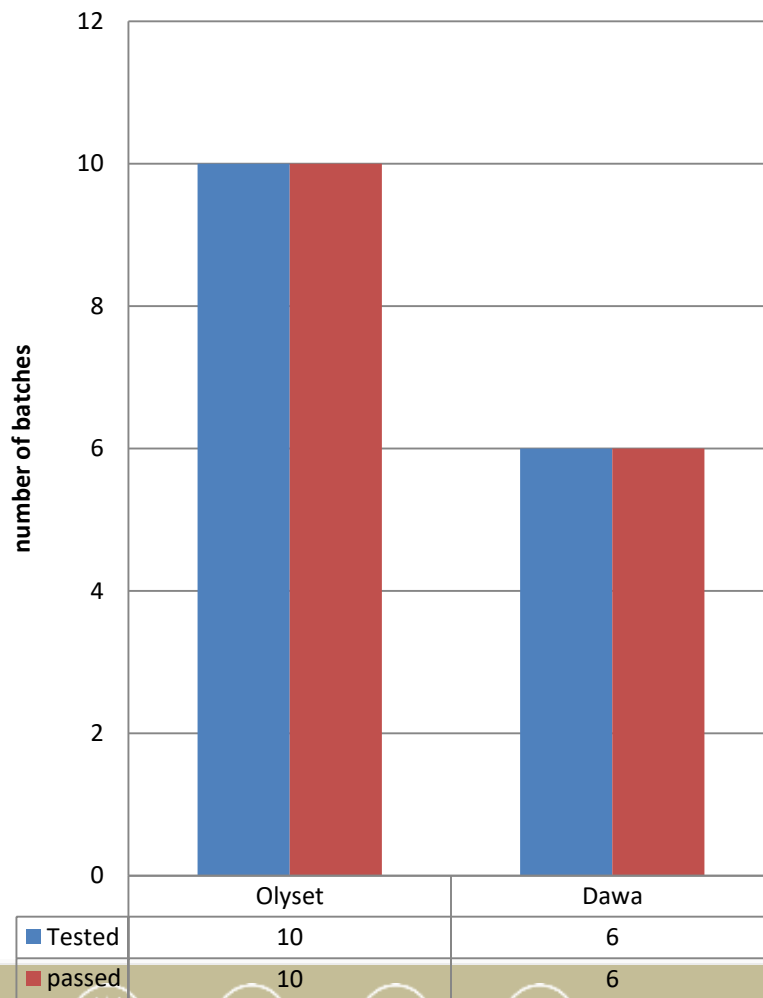


Analysis

ACTs



LLINs





Public Health Chemicals

Import verification

- WHO prequalification or ISO 13485 QMS certified
- Certificate of analysis
- Post marketing surveillance
- Central Public Health Laboratory
 - reference laboratory for performance evaluation

Explicit mandate Lacking

- Same molecules may be used in agriculture
- Some chemicals listed as class B group II Pharmacy initiated and Class C group II





ROLE OF UGANDA REVENUE AUTHORITY





Letter from MOH to URA to Ban importation of Non LLINS

TELEPHONE
GENERAL LINE +256-414-340874/231563/9
PERMANENT SECRETARY'S LINE
OFFICE: +256-414-340872
FAX: +256-414-231584

IN ANY CORRESPONDENCE ON
THIS SUBJECT, PLEASE QUOTE ADM.105/309/15



MINISTRY OF HEALTH
6 LOURDEL ROAD
P. O. BOX 7272
KAMPALA,
UGANDA.

July 7, 2017

Commissioner General
Uganda Revenue Authority
P.O. Box 7279
KAMPALA

Dear Madam

**RE: BAN ON IMPORTATION OF NON QUALITY ASSURED MRDTS
IN UGANDA.**

Long lasting insecticide treated mosquito nets (LLINs) are an effective and recommended tool against control of malaria mosquitoes. Evidence has shown that the use of LLIN has contributed to over two thirds of malaria burden reduction.

Since 2005, WHO and the Country decided that only insecticide treated nets should be used to enable users to benefit from the mechanical barrier of nets and insecticidal action of the chemical used for treatment. Accordingly untreated nets and annual net retreatment was phased out.

While nets for use in the public sector are strictly LLINs are subjected to and cleared after appropriate quality checks by both NDA and UNBS, some imports that service the private sector by-pass this regulatory and quality assurance as they are presented and erroneously classified as usual textile and netting materials and cleared as such instead of as a public health supply.

The result of this is that the unsuspecting public that access nets from the private sector as part of our total market net access framework is duped to using none treated nets that provide no insecticidal protection.

These cheap and non quality mosquito nets further unfavorably affects use of

quality products including locally produced LLINs.

The net Quality assurance process is a very systematic process that has well established criteria and national capacity for expeditious mechanical properties testing and chemical profile examination exist in UNBS and NDA respectively.

Despite the capacity for quality control, monitoring indicates widespread presence of untreated nets in the market.

The purpose of this letter is to request URA to classify malaria mosquito bed nets as a public health supply and to direct importers to obtain quality certification from NDA and UNBS.

URA is also requested to stop the importation of non LLINs within six months to allow what is in pipeline to phase out in the interest of effectiveness, quality and promotion of public health.

I propose a stakeholder framework to design and operationalize the phase out and implementation of the proposal

For more details see attached is the UNBS approved specifications for malaria mosquito nets

Regards


Dr Diana Atwine
PERMANENT SECRETARY

Cc: Hon. Minister of Health
Cc: Hon. Minister of Trade Industry and cooperatives
Cc: Executive Director National Drug Authority (NDA)
Cc: Executive secretary Uganda National Bureau of Standards (UNBS)
Cc: Executive Director National Chamber of Commerce
Cc: Executive Director National Manufacturers Association of Uganda (UMA)



ACTION BY UGANDA REVENUE AUTHORITY

TAX EXEMPTION OF mRDTs

IMPORT BAN ON NON Q LLIN

Head Office: Plot M193/M194 Nakawa Industrial Area
P.O. Box 7279, Kampala Uganda
Tel: +256417442097
Fax: +256414334419
Toll Free: 0800117000
Email: info@ura.go.ug



Uganda Revenue Authority
DEVELOPING UGANDA TOGETHER

CUST/T/3/16

October 30, 2018

**The Executive Director
HEPS Uganda
P.O. Box 2426, Kampala
Uganda**

**RE: CLARIFICATION ON TAX EXEMPTION ON MALARIA RAPID
DIAGNOSTIC TEST KITS**

Reference is made to your letter HEPS/ADM/Oct/059 received on 24.10.208 on the above subject. We have taken note of the contents in your letter and we guide as follows;

This is to inform you that the Malaria Diagnostic test kits are exempted from VAT at importation under the Second Schedule, paragraph 1(q) of the VAT Act and are cleared through Customs using Customs Procedure Code (CPC) 478 when imported by non-registered Hospitals and exempted from all taxes under the 5th Schedule part B item 14 to the East African Community Customs Management Act, the applicable Customs Procedure Code is 472 for clearance out of Customs when imported by registered hospital.


You are further advised to contact the office of the Assistant Commissioner Business policy Domestic Taxes for guidance on VAT charged on local supplies.

Yours faithfully



James Kisaale
ASSISTANT COMMISSIONER TRADE
Copy: Assistant Commissioner Business policy-DT

<http://ura.go.ug>  URAPage  URAuganda



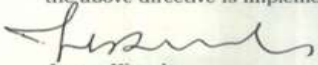
Uganda Revenue Authority
DEVELOPING UGANDA TOGETHER

Date: August 7, 2017
Ref: CUST/T/3/41
To: Customs Staff
From: Assistant Commissioner Trade
**RE: BAN ON THE IMPORTATION OF NON LONG LASTING MOSQUITO
NETS IN UGANDA.**

The Permanent Secretary Ministry of Health requested Uganda Revenue Authority to stop the importation of Non Long Lasting Mosquito Nets (LLINs).

This is therefore to instruct all staff to enforce this directive by ensuring that all mosquito nets and textile netting material cleared through Customs have clearance from National Drug Authority (NDA) before they are cleared.

All Station heads/ enforcement units are specifically instructed to ensure that the above directive is implemented accordingly.



James Kisaale
ASSISTANT COMMISSIONER TRADE
Copy: Customs Management



ROLE OF URA ON MALARIA COMMODITIES

30/11/2018

30/11/2018




TAX INCENTIVES IN THE HEALTH SECTOR IN UGANDA

EMMANUEL UPONJA
OFFICER TARIFF
CUSTOMS DEPARTMENT
HOTEL AFRICANA
DATE: 27.11.2018





BACKGROUND...CONT

- Uganda offers many opportunities for investment in agricultural, manufacturing, health, mining, among other sectors.




Packaging materials

- Packaging materials and raw materials for the manufacture of medicines upon recommendation of the authority responsible for manufacture of medicines-NDA
- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004.

Diapers, urine bags and hygienic bags

- For medical use, in such quantities as the Commissioner may allow
- Are exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004




MOSQUITO NETS

- Mosquito nets and materials for the manufacture of mosquito nets
- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004




Medical Diagnostic Kits

- Inputs for use in the manufacture of medical diagnostic kits imported by manufacturers of medical diagnostic kits approved by the Director of medical services
- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004




Items for use in licensed hospitals

- Any of the following goods engraved or printed or marked with the hospital logo imported for use in licensed hospitals, as recommended by the Director of Medical Services subject to such conditions and limitations as the Commissioner may impose:-

- ✓ Stethoscopes
- ✓ X-ray film and equipment
- ✓ Laundry equipment
- ✓ Maternity beds
- ✓ Beds with covers
- ✓ Ambulances
- ✓ Wheelchairs
- ✓ Trolley and trolleys
- ✓ Furniture



Incinerators equipment and materials

- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004



DIAGNOSTIC REAGENTS, EQUIPMENT & BLOOD COLLECTION TUBES

- Diagnostic reagents and equipment including blood collection tubes recommended by the Director of Medical Services for the Director of Veterinary Services for use in hospitals, clinics and diagnostic laboratories subject to such limitations as the Commissioner in Partner State may impose
- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004




Examination Gloves

- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004




Refrigerated Trucks and Refrigerated Trailers

- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004



VAT Deferment

- Provided for under VAT Deferment Regulations, 2013.
- On plant and machinery where the value of the plant and machinery is at least \$22,300




ROLE OF URA ON MALARIA COMMODITIES

30/11/2018

30/11/2018

Industrial replacement Spare parts

- A spare part is duplicate part to replace a lost or damaged part in a machine.
- Parts should be imported as replacement parts used exclusively in industrial machinery classified in Chapters 84 and 85 of the EAC Common External Tariff
- Should be imported by registered manufacturers



Industrial replacement Spare parts cont'

- Should not be for resale or any other commercial purpose other than for replacement of worn out or obsolete parts of industrial machines subject to such conditions as the commissioner may impose
- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004

The supply of drugs and medicines

- Zero-rated supplies under the provision of the VAT Act.

Questions and Answers

Thank You

Battery operated vehicles

- For use in hospitals
- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004

Refrigeration equipment

- For dead bodies for use in hospitals
- Exempted from all taxes under the fifth Schedule, Part B, of the East African Community Customs Management Act, 2004

The supply of dental, medical and veterinary goods

- Dental, medical and veterinary equipment
- Ambulances
- Contraceptives in all forms
- Maternity kits (Maama kits)
- Medical examination gloves
- Medicated cotton wool
- Mosquito nets, acaricides, insecticides and mosquito repellent devices and diapers
- Exempted from VAT under the VAT Act

The supply of dental, medical and veterinary goods cont'

- Exempted from VAT under the VAT Act



PRIVATE SECTOR ENGAGEMENT



PS MOH with President UCCI



President UCCI



Private sector Audience



Commissioner URA





Security Sector

Entry point	Action	Malaria outcome	Sectoral outcome
Collaboration	Ensure health care and other services for military, police and prisons collaborate with NMCD, local authorities and communities	Reduced vector load, human contact with vector, and parasite load	Public image/brand improved Social growth Improved outputs
	Implement workplace protection programmes (e.g. provision of LLINs, mosquito repellants, treated Fatigues for warders/officers, diagnosis & treatment in clinics)		
	Enforcement of abuse of malaria interventions eg Nets for other uses.		
	Implementation of regular IRS in prisons & cells		
	Engagement of military/police in LLIN distribution campaigns.		
	US African Command-NMCD Training & supporting uniformed personnel in malaria control (Prevention & Treatment)		

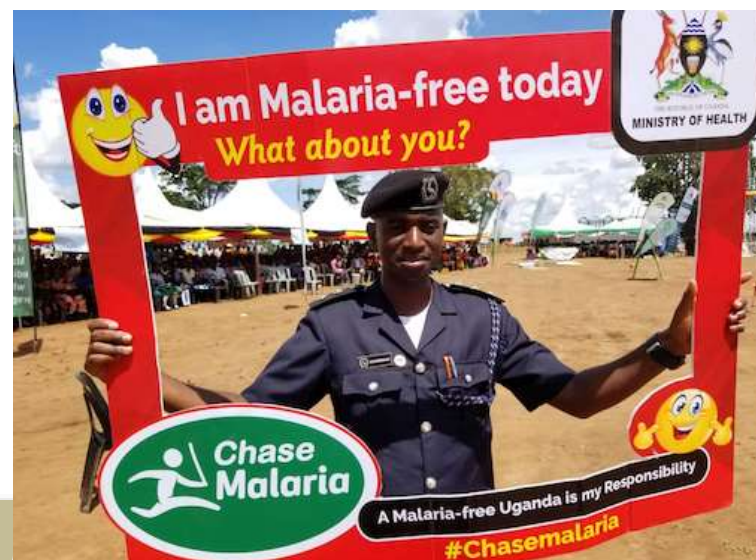


Armed Forces





Defence engagement



Launch of MAAM at Parliament





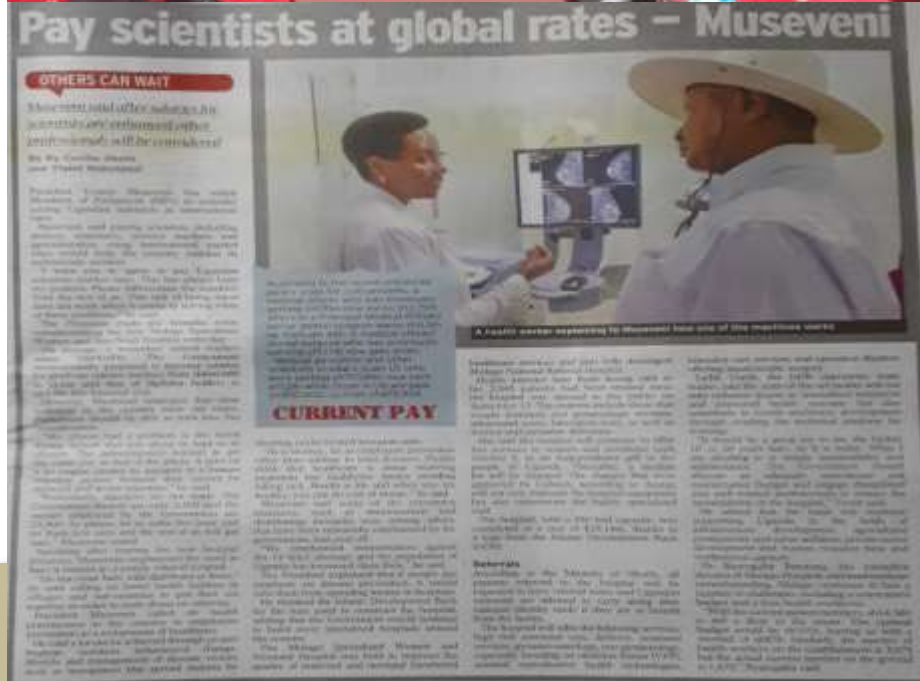
High Level Malaria Champions-2018







Presidential Malaria Funding-2018



[Museveni orders 5000 bicycles for parish chiefs to monitor mosquito net usage](#)

President Museveni has directed the Ministry of Health to immediately procure 5000 bicycles for parish chiefs around the country.

According to Museveni, the bicycles will be used by the chiefs to monitor the usage of free mosquito nets being distributed under the ministry projects and partnerships.

The President said this will help government establish whether it is effectively tackling malaria or simply wasting resources.

Museveni made the statements during the closure of the free mosquito net distribution campaign at Sheema grounds. The distribution that started in Apac district has seen over 26m mosquito nets given to Ugandans.

However, it has been reported that most Ugandans who receive mosquito nets instead sell them off at a fee, others use them as wedding dresses while some use them as fishing nets

It is on that background that Museveni issued a directive to have the parish chiefs enforce usage of mosquito nets so as to help the country benchmark rate the effectiveness of the campaign.

"We have about 5000 parish chiefs, let us give each one of them a bicycle. They will traverse the parish to ensure that people are using these nets correctly. I am making this directive; bicycles can't fail us to buy," Museveni said.

He said that fighting malaria highlights the country's chances at combating poverty as malaria brings poverty.

"Malaria is both a disease of poverty and a cause of poverty," Museveni said.

He urged locals to seek constant malaria checks and embark on indoor spraying. Museveni believes that Uganda will be free from malaria by 2020.





High Level Malaria Champions-2017





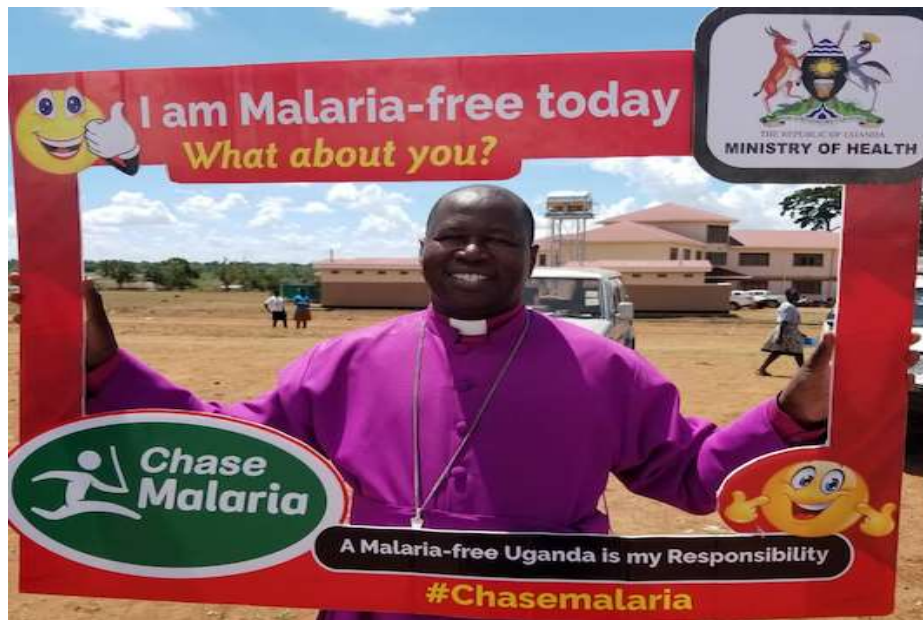




High Level Malaria Champions-2018

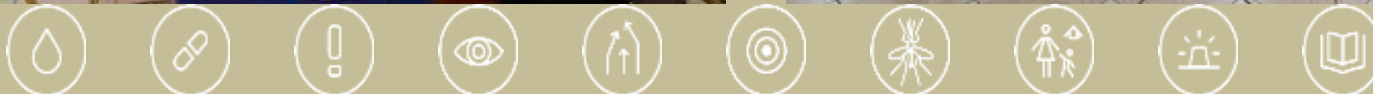








Rotarians





Pope Francis' quote in November 2015, before he came to Africa during a press interview when asked whether he is not afraid of al Qaeda & al Shabaab. He had this to say ...



"I don't fear al Qaeda or al Shabaab but the MOSQUITO that causes the malaria disease"







MAAM MDD SUMMARY OUTCOMES

Primary Schools

- ❑ 3,500 pupils participated in the national festivals
- ❑ excluding the teachers that participated in National, regional, and district Training of trainers.
- ❑ Also excluding the parents and neighbours of the 4.8m pupils above (at least 2 per pupil)
- ❑ This comes to an estimate of 15m Ugandans reached with MAAM messages.
- ❑ We conducted a medical camp at Gulu and registered 450 fever cases, all tested and 192 were malaria positive (42%) and all treated with ACTs

SECONDARY SCHOOLS MDD SUMMARY

From 3rd - 7th Sept 2019

Total tested for malaria: *1422*

Total malaria positive: *178*

2 emergencies 1 with severe malaria and another with severe abdominal pains (PUD) all were managed at Bukuku HC IV, improved and discharged by 6th September.

Distributed LLINs to about 5,000 to students, teachers, and blood donors

In partnership with Blood bank Fortport collected 396 units of blood





Field Experience-2018



High level engagements & outcomes

President Museveni says malaria should be off list of death traps.



President Yoweri Museveni with Members of Parliament from the UK, led by the Lord Alexander Trees and Ugandan MPs, shortly after their meeting at State House, Entebbe, recently. PPU photo.

By Wilson Reporter

President Yoweri Museveni has said malaria, which causes 7% of deaths in Uganda annually, should be taken off the list of death traps in the country.

"Although 49% of Ugandans die of non-communicable diseases (NCD), 7% die of malaria fever, which should be kicked off the list of death traps," he said.

The President said the Government has set up a multi-sectoral approach to kick malaria out of the country using a biological agent that is expected to kill the mosquito larvae by spraying, distribution of insecticide-treated nets and manufacturing a special paint to kill mosquitoes.

Museveni made the statement during a joint consultative meeting with the visiting UK parliamentary group on prevention of malaria led by Lord Alexander Trees, the Uganda parliamentary committee on Malaria led by Moses Balofole (Uganda Vice MP) and officials from the health ministry. The meeting took place at

State House, Entebbe, yesterday. Malaria is a mosquito-borne blood disease caused by the plasmodium parasite. It is transmitted through the bite of the female anopheles mosquito.

Once an infected mosquito bites a person, the parasite migrates to the liver's liver and later the red blood cells.

The health ministry claims to contain over 90% of malaria cases by 2016.

President Museveni commended the Uganda parliamentary committee on malaria control for the efforts made on the fight against malaria in the country.

The President emphasized that the NSM, Government's concern is to concentrate on prevention of malaria during the rainy season going with environmentally friendly ways of not spraying insecticides, such as DDT, drawing from success stories in Malawi and Zambia.

The group applauded the UK for joining the 2012 Global Malaria Summit to support the malaria control programme in Uganda.



MUSEVENI MEETS UK LEGISLATORS President Yoweri Museveni receives a team of Members of Parliament from the UK, led by Lord Alexander Trees (second from right) shortly before their meeting at State House, Entebbe in Wakiso district, on Wednesday. PPU photo. STORY ON PAGE 3

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Pay scientists at global rates – Museveni

OTHERS CAN WAIT

Museveni said other salaries, but scientists are fundamental to the development of the country.

President Yoweri Museveni has ordered the Ministry of Finance to pay scientists at global rates. He said the government should pay scientists at global rates because they are fundamental to the development of the country. He said other salaries can wait but scientists' salaries cannot. He said the government should pay scientists at global rates because they are fundamental to the development of the country. He said other salaries can wait but scientists' salaries cannot.



A health worker examining the chest of a patient while a doctor looks on.

CURRENT PAY

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MOES- MOH MAAM Collaboration

Telegram: "EDUCATION"
Telephone: 234451/8
Fax: 234420



Ministry of Education and Sports
Embassy House
P.O. Box 7063
E-mail: pcemasec@education.go.ug
Website: www.education.go.ug
Kampala, Uganda

CIRCULAR NO.20/2018

The Chief Administrative Officers/Town Clerks
Executive Director, Kampala City Council Authority

NATIONAL EFFORTS TO STRENGTHEN SCHOOL HEALTH; MASS ACTION AGAINST MALARIA AND MUSIC DANCE AND DRAMA

On September 1st to 8th 2018, the Ministry of Health in collaboration with Ministry of Education and Sports successfully held the National Music Dance and Drama (MDD) competitions for Secondary and Primary schools respectively. Both Ministries agreed to use edutainment (education through entertainment) channel of MDD competitions in schools to transform and equip learners with knowledge and skills as change agents to fight malaria

Ministry of Health aims to achieve a Malaria Free Uganda by 2030 through Mass Action Against Malaria (MAAM). To that effect the Ministry of Education and Sports aims to achieve Malaria Free Schools because Malaria is the number one cause of Morbidity, Mortality, poor academic performance, and drop out in schools. Community surveys in Uganda have shown that children aged 5 to 15 years had the highest malaria prevalence and these are all of the school going age.

District Education Officers (DEOs) and Head Teachers are very critical in the dissemination of Health information and practices to the learners and the communities they serve and we would like to appreciate the support and cooperation they provided during the implementation of the National Roll-out of HPV vaccination, Distribution of Long Lasting Insecticidal Treated Nets in selected schools, De-worming, Development of school Health Micro-Plans between health facilities and catchment schools and Participation in Child Health Days.

The purpose of this circular is to bring to your attention the following health promotion activities to be conducted in your schools:

- i) Establishment of clubs to discuss health issues affecting learners including: malaria, HIV/AIDS, Tuberculosis, Immunisable diseases, Non Communicable Diseases, Diarrheal diseases (WASH) and nutrition.

- ii) School Management Committees/Board of Governors to ensure the following malaria control interventions are properly implemented:
 - a. Indoor Residual Spraying (IRS) for both dormitories and classrooms & toilets conducted during the holidays
 - b. Screening of the windows and ventilators
 - c. Encouraging learners to use protective clothing to limit mosquito bites (long sleeves and trousers in the evenings/night)
 - d. Clearing bushes around schools and homes.
 - e. Draining any stagnant water (Draining gutters, broken containers, covering water drums/containers) to destroy breeding sites for mosquitoes
- iii) Work with the nearest health facility to develop a schedule for providing health education talks and referral mechanisms for learners in case of complicated malaria and other medical conditions of concern.
- iv) Follow up cases of school absentees to establish reason and provide possible support where required.

We would like to emphasize the need for updated appropriate messages, regular supportive supervision and continuous monitoring and evaluation to identify gaps in the implementation and address them in a timely manner to ensure malaria free schools by 2020.

We look forward to your support and cooperation

Dr. Daniel Nkaada

For: PERMANENT SECRETARY

Copy: District /Municipal Education Officers,
" Director, Education and Social Services, KCCA.
" District /Municipal Inspectors of Schools
" Board of Governors Chairpersons,
" School Management Committee chairpersons,
" Head Teachers.

n.o.o.

Copy: PS/ES

" C/BE





Creating Malaria free generation Champions





MAAM MDD OUTCOMES





MAAM MDD OUTCOMES



MAAM Talking compounds in primary schools



MAAM Talking compounds in primary schools



MAAM Talking compounds in primary schools

ACTION PLAN			
ISSUES	PROPOSED ACTIVITIES	PERFORMANCE INDICATORS	TARGET
Knowledge gap of Mosquitoes at Community level	- Mosquitoes & their reproduction C.M.E - H-Education - Comm sensitization - Comm dialogue - Drama - Radio hill shows	- No of Mosquitoes identified - No of CS conducted - No of C.M.E - No of community identified - No of Seminars conducted - No of Comm dialogues - No of Drama activities - No of Radio hill shows - No of VTB Seminars	- 75% of Mosquitoes identified - 100% CS conducted - 100% C.M.E conducted - 100% of Mosquitoes identified
Self-medication	- Education - Capacity Building - Access to medicines - Self-medication - Dispensary - Health for All treatment	- No of Mosquitoes identified - No of Seminars conducted - No of CS conducted - No of VTB Seminars	- 5 Scholastic Programs - 100% of Mosquitoes identified - 100% of Mosquitoes identified
Quality of Mosquitoes	- Education - Capacity Building - Access to medicines - Self-medication - Dispensary - Health for All treatment	- No of Mosquitoes identified - No of Seminars conducted - No of CS conducted - No of VTB Seminars	- All H-Facilities with - uniform policies - 100% of M. not treated
Accession on the	- H-Education - Community dialogue - POC materials - Awareness	- No of CS conducted - No of Seminars conducted - No of VTB Seminars	- 5 Scholastic Programs - 100% of Mosquitoes identified
Strength of IPT foundation	- Access to medicines - Self-medication - Dispensary - Health for All treatment	- No of Mosquitoes identified - No of Seminars conducted - No of CS conducted - No of VTB Seminars	- 2 Monitoring activities - Continued - 100% of Mosquitoes identified
Level of Data use	- Education - Capacity Building - Access to medicines - Self-medication - Dispensary - Health for All treatment	- No of Mosquitoes identified - No of Seminars conducted - No of CS conducted - No of VTB Seminars	- 2 CI - Project for - 100% of Mosquitoes identified

MAAM TOT outcomes District Action Plan



Buganda Road PS with MAAM at independence celebrations



Buganda Road PS with MAAM at independence celebrations





Global Malaria Champions in Uganda-2018





Acknowledging front line personnel





AWARDS



UPFM AWARD from APPMG UK



Peter Receive award from Minister & PS



NMCD Award from PMI



Peter AWARD by MOH



Local Government Engagement



Minster for KCCA & Min of state Health



Commissioner Local Govt with Peter & Other officials



Peter addressing the Rukiga district leadership



Peter engaging rural pupils on MAAM



Rukiga District leadership sensitization meeting



Multi stakeholder engagement



Rural District Women MAAM Champions





Thank You

