



*Insights in Advancing **Health Promotion & Disease Prevention** in Uganda*



Word from Commissioner, Health Promotion and Education



Dr. Richard Kabanda
COMMISSIONER, HEALTH PROMOTION
AND EDUCATION

Dear Delegate,

It is my pleasure to welcome you to this publication highlighting Uganda's progress and experiences in advancing health promotion and disease prevention.

The stories and innovations presented demonstrate the power of community structures as a foundation for primary health care and health security. From CHEWs and VHTs to community leaders, digital platforms, media and Social Service Committees, these structures are bringing health services, information and action closer to the people.

As Uganda continues to strengthen its health system and respond to public health emergencies, empowering communities to prevent disease, recognize risks, access accurate information and take timely action remains essential.

I commend all partners, health workers, communities and contributors whose efforts continue to advance this agenda. Let us build on these experiences to create a more people-centred and resilient population.



Abirahmi Kananathan
Chief Editor

Note

from the Chief Editor

Dear Esteemed Reader,

Welcome to the 4th Health Promotion and Disease Prevention Conference, and to Uganda's journey in advancing health promotion and disease prevention through community structures.

This publication is a snapshot of that journey. It shows that health promotion starts with people and communities: CHEWs, VHTs, community leaders, digital platforms and media working together to promote healthy behaviours, prevent disease and strengthen health security.

Thank you to the team that contributed stories and designed this piece of art.

Enjoy reading!

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CHAPTER ONE · THE MINISTRY

It begins with a Ministry that speaks, and listens.

Digital platforms, a 24-hour call centre, the media and even comedians carry health information to millions of Ugandans, and bring their questions back.

DIGITAL COMMUNICATION

People can now talk back

Communities no longer live only in villages; they increasingly live online. Uganda has 45.7 million mobile subscriptions and 17 million mobile internet subscriptions (UCC, 2025). On X, Instagram, YouTube and TikTok, the Ministry turns complex health information into infographics, short videos and podcasts. People ask questions, share experiences and challenge what they do not understand.



Ministry of Health- Uganda ✓
@MinofHealthUG

The Official Twitter Account of Ministry of Health Uganda. All information posted and viewed on this page is subject to Ministry of Health User Policy.

📍 Kampala, Uganda 🌐 health.go.ug

📅 Joined November 2014 >

X

734.9K

followers, among the most followed government health accounts in East Africa

@MinofHealthUG



< 🔔 ➦

Ministry Of Health— Uganda
@ministry.of.healthug

42 Following 23.9K Followers 108.2K Likes

Message Friends +

This is the official tiktok account for Uganda's Ministry of Health.
Our toll free number is 0800100066.

TIKTOK

23.9K

followers · 108.2K likes

@ministry.of.healthug



ministryofheal... ✓ ⌵ Ⓔ ☰

Ministry of Health- Uganda

1,199 posts 51.4K followers 60 following

Government organization

Official Instagram Account of Ministry of Health Uganda.

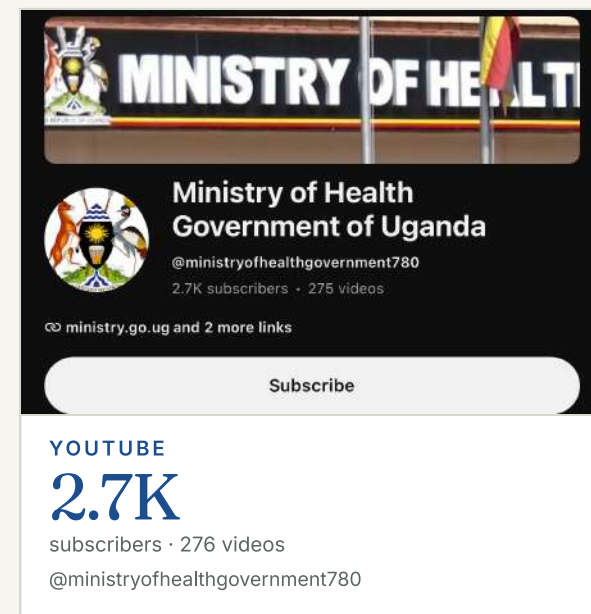
www.health.go.ug and 1 more

INSTAGRAM

51.4K

followers · 1,199 posts

Ministry of Health- Uganda



MINISTRY OF HEALTH

Ministry of Health Government of Uganda
@ministryofhealthgovernment780

2.7K subscribers · 276 videos

🔗 ministry.go.ug and 2 more links

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EBOLA, 2026

One trusted source in an emergency

When an outbreak strikes, misinformation travels as fast as the virus. During the 2026 Ebola outbreak the Ministry posted regular updates, ran an Ebola Updates portal and an EVD dashboard, and told people how to report suspected cases: the toll-free line, SMS 6767 and U-Report.

Instead of rumours, communities could go straight to the official source. The same approach powered #Tonseemberera, “keep your distance”, during COVID-19.

257K

views on a single Ebola prevention post



Analytics

Age



Country





NATIONAL HEALTH CALL CENTRE

A line that never sleeps

Since 2017 the Call Centre has answered the public 24 hours a day on toll-free 0800 100 066, SMS 8500 and a website chatbot. In an average month it handles about 5,500 calls and 2,700 SMS. Counsellors, social workers and medical officers answer questions, make referrals and escalate suspected public health events to surveillance teams. Every rumour and question they log helps the Ministry listen.



2 million+

inquiries during COVID-19, and more than 6,000 Ebola-related inquiries in the current response

- Agents at the National Health Call Centre.

MEDIA PARTNERSHIPS

Journalists as partners

Radio, television, print and digital platforms carry health messages to people in hard-to reach areas. The Ministry trains journalists to report accurately on complex topics, including during public health emergencies, and keeps the public informed through regular briefings and press releases. Radio remains especially powerful. Call-in programmes let listeners speak directly to health experts.

100+

radio stations, 15+ TV stations and 172
media personnel engaged since 2024



- Co-creation session with journalists during a capacity building session. Inset: radio remains one of Uganda's most important channels.





COMEDY FOR IMMUNISATION

When laughter carries the message

Comedians Madrat and Chiko appear in an ordinary skit in the community, full of teasing and exaggeration. Almost without noticing, the conversation turns to immunisation: why a child needs every dose, and what happens when one is missed. Parents in the audience are laughing, but now they are also listening.

“Every child deserves to be protected through timely and complete immunization.”



- Communities enjoying the humour. Inset: Madrat and Chiko in action in Maracha District.



LEADERS ON AIR

Taking the front bench

A Ministry that listens must also be willing to be questioned. On The Front Bench, the Ministry's top leadership sits down in front of the cameras. They explain decisions in plain language, respond to public concerns and put a human face to the health system. When leaders speak openly, trust follows, and so does action.

- From left: Dr. Diana Atwine, Permanent Secretary; Hon. Dr. Chris Baryomunsi, Minister for Health; Prof. Charles Olaro, Director General Health Services, on The Front Bench.

MANY CHANNELS,
ONE MESSAGE

The journey begins with a conversation.

But when these
conversations are
connected, consistent and
trusted, they can become
something much more
powerful

10M

community members reached since
the 3rd Conference in 2024



Sometimes it happens on the radio.



*Sometimes it appears on a billboard
or LED screen.*



*Sometimes it happens at a landing
site or a market*



Sometimes it happens on a mobile phone.



Sometimes it happens in a church, mosque or cultural institution.



But when these conversations are connected, consistent and trusted, they can become something much more powerful.

BY THE NUMBERS

Reach since the 3rd Conference in 2024

1,500+

religious leaders engaged

1,298

cultural leaders engaged

172

media personnel engaged

70

LED screens across the country

28

static billboards, for HPV vaccination and Hepatitis B testing

120+

social media influencers engaged

15+

TV stations engaged

100+

radio stations engaged

10M+

community members reached



CHAPTER TWO · GOVERNMENT

It takes all of government.

From the Vice President to the village chairperson, from monthly cleaning days to parish committees, health becomes everyone's business.

- The Deputy Speaker of Parliament presents a certificate to a newly graduated CHEW at the CHEW launch.



NATIONAL CLEANING DAYS

The last Saturday of every month

From 7:00 to 10:00 AM on the last Saturday of every month, daily routines across Uganda stop. Shops stay shut, taxi parks quiet down, and neighbourhoods step into the streets with brooms, slashers and hoes. Village Health Teams turn the crowds into open-air classrooms: safe drinking water at home, tippy-taps with soap beside every latrine, and plastics kept apart from organic waste.

Nearly $\frac{3}{4}$

of Uganda's disease burden comes from preventable conditions such as malaria, diarrhoea, cholera and typhoid

- Three hours a month, aimed at daily habits.
Photo: Uganda Media Centre.

WHOLE OF GOVERNMENT

Leaders walk with citizens

Her Excellency the Vice President, Maj. Gen (Rtd) Jessica Alupo, the Rt. Hon. Prime Minister, Robinah Nabbanja, and the Office of the Prime Minister lead from the front. Each institution has a distinct role:

- OPM & Local Government coordinate from LC5 down to LC1
- Ministry of Health sets WASH standards and tracks disease
- ICT & National Guidance drives public education
- Public Service mobilises the civil service

Leaders issue directives. Community health workers build the relationships that make habits last.



Leaders at a National Cleaning Day



Partner coordination



Whole of Government approach



- The seven districts functionalising Social Service Committees. Inset: Social Service Committee in Mayuge District.

SOCIAL SERVICE COMMITTEES

One committee, many sectors

A CHEW spots a child who missed immunisation, or a household without a latrine. A teacher flags absenteeism. The Social Service Committee brings these signals together at parish level. The Parish Chairperson chairs it, with the Parish Chief as secretary; members agree actions, assign responsibility and follow up. Health, Local Government, Gender and Education act as one, without parallel structures.

7

districts: Kyotera, Omoro, Namutumba, Rubirizi, Mayuge, Ngora and Nakasongola



CULTURAL & RELIGIOUS INSTITUTIONS

Kings, clerics and trusted voices

A message from a trusted leader can reach people in ways a government campaign alone cannot. Religious leaders now act as health ambassadors in their congregations. Buganda, Busoga and Inzu ya Masaba issued by-laws against child marriage, and the Nnaabagereka publicly endorsed HPV vaccination.

8 + 1

MoUs signed with eight cultural institutions and one religious institution

- Buganda • Busoga • Tooro • Alur • Acholi • Teso • Bunyoro • Inzu ya Masaba • Inter-Religious Council of Uganda

MEMORANDA OF UNDERSTANDING

Signed, kingdom by kingdom

Each MoU turns a cultural or religious institution into a partner for health. Kings, chiefs and clerics carry the Ministry's messages to their people, in their own language and on their own platforms.

- MoU signings with cultural institutions.



MOU Signing - Inzu ya Masaba



MOU Signing Buganda Kingdom



MOU Signing Busoga Kingdom



MOU Signing Tooro Kingdom



MOU Signing Alur Kingdom

MOMENTS

Around one table

Parliament, permanent secretaries, faith leaders and civic partners: the people who make whole of-government health promotion work



Engagement with selected Members of Parliament ahead of the Measles Rubella vaccination campaign.



Religious leaders affirm their support for routine immunisation and vaccination campaigns.



Functionalising Social Service Committees with Permanent Secretaries at the WHO Uganda offices.



Partnering with Rotary Uganda to advance health promotion and education.



CHAPTER THREE ·
COMMUNITY

It lives in the parish

Two trained health workers in every parish, one male and one female, link households to the health system.



THE JOURNEY OF
THE CHEW

From 336 to 9,113

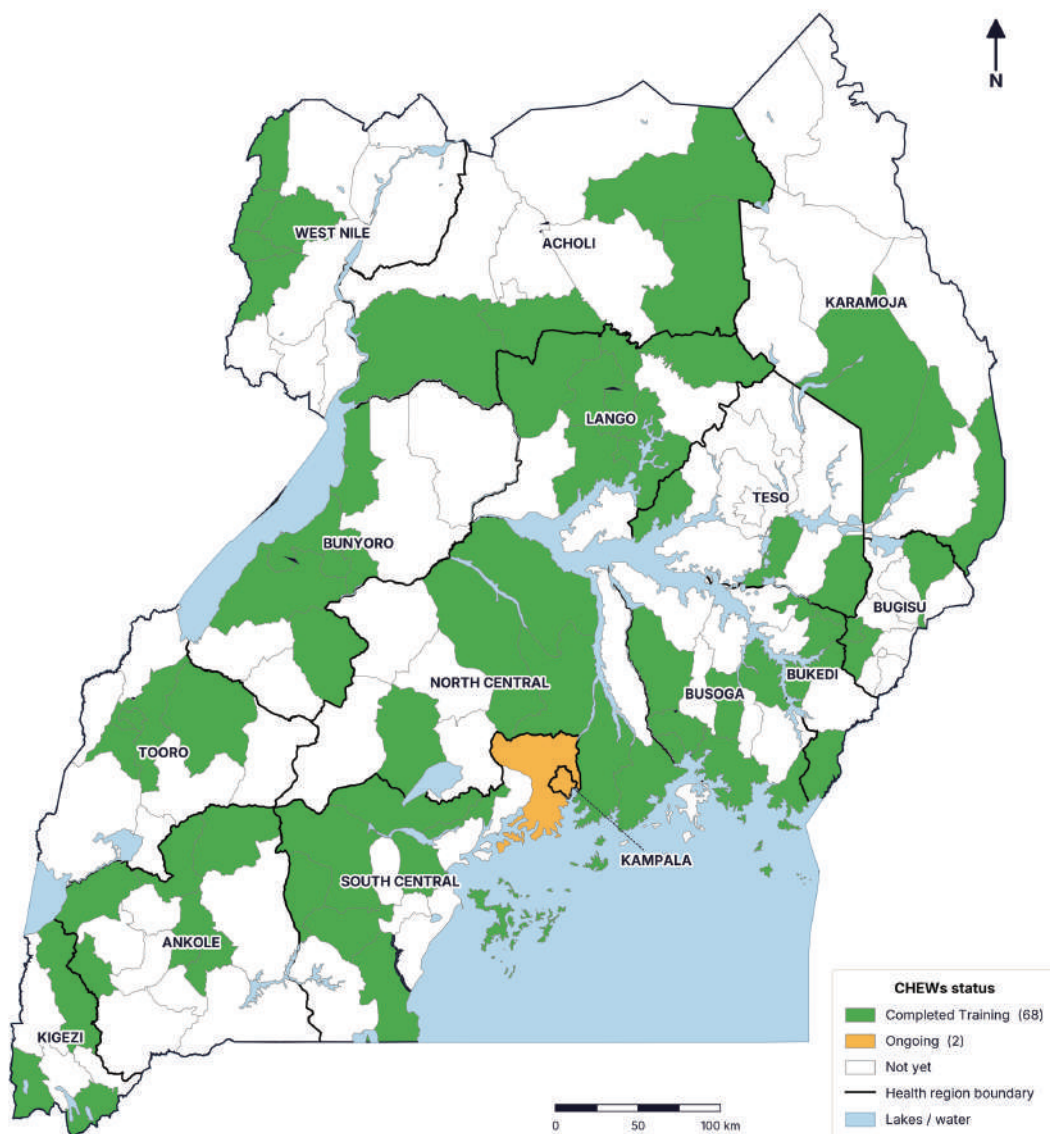
Uganda's Community Health Extension Worker strategy rests on one idea: people should get essential health information, services and support as close to home as possible. It began as a pilot in Lira District, Mayuge District and Lira City with 336 CHEWs. Today 9,113 have been recruited.

70

districts and cities now covered

Uganda — CHEWs Status by District

70 districts - 9,112 CHEWs



WHERE CHEWS SERVE

Districts and cities covered

Agago	Kabarole	Mayuge
Amudat	Kaberamaido	Mbale
Arua City	Kakumiro	Mbale City
Arua District	Kalangala	Mbarara
Budaka	Kalungu	Mbarara City
Buikwe	Kamuli	Mitooma
Bukedea	Kassanda	Mukono
Buliisa	Kazo	Nabilatuk
Bunyangabu	Kikuube	Nakaseke
Busia	Kisoro	Nakasongola
Butaleja	Kitgum	Namayingo
Butambala	Koboko	Namutumba
Butebo	Kole	Napak
Dokolo	Kwania	Ngora
Fort Portal City	Kween	Nwoya
Gomba	Kyenjojo	Omoro
Hoima City	Kyotera	Otuke
Hoima District	Lira City	Oyam
Ibanda	Lira District	Rubirizi
Iganga	Luwero	Rukungiri
Jinja City	Lwengo	Sembabule
Jinja District	Lyantonde	Terego
Kabale	Maracha	

- The three pilot sites are marked in colour. The map shows 68 districts that have completed training and 2 where it is ongoing; this list names 68.

TRAINING

Six months to become a CHEW

Four months in the classroom, then two months of practice at a health facility. CHEWs are 22 to 35 years old, and VHTs get priority because they already have the community's trust. Seven modules:

- Disease prevention and control, including mental health
- Reproductive, maternal and child health
- Community-based disease surveillance
- Risk communication and community engagement
- Social and behaviour change
- Electronic Community Health Information System (eCHIS)
- Community health and primary health care



- CHEWs in training with eCHIS devices.



EQUIPPED TO SERVE

A kit to turn knowledge into action

At graduation, every CHEW receives the tools to spot problems early, give support and link people to care.

- Bicycle and gum boots to reach every household, on any terrain
- Thermometer, glucometer, BP machine for basic screening
- Child and adult MUAC tapes to identify malnutrition
- T-shirt and press jacket so the community recognises them
- Smartphone with eCHIS and a power bank to send data straight to DHIS2

EQUIPPED TO SERVE

Handed over at the launch

Bicycles, backpacks, first-aid boxes and smartphones are handed to each new CHEW, together with a certificate. The tools are more than equipment: they are what lets a CHEW turn knowledge into action.



THE RIDE
A bicycle for every CHEW



THE PHONE
eCHIS on a smartphone



THE BOX
First aid and screening tools



THE BAG
Backpacks, ready to go



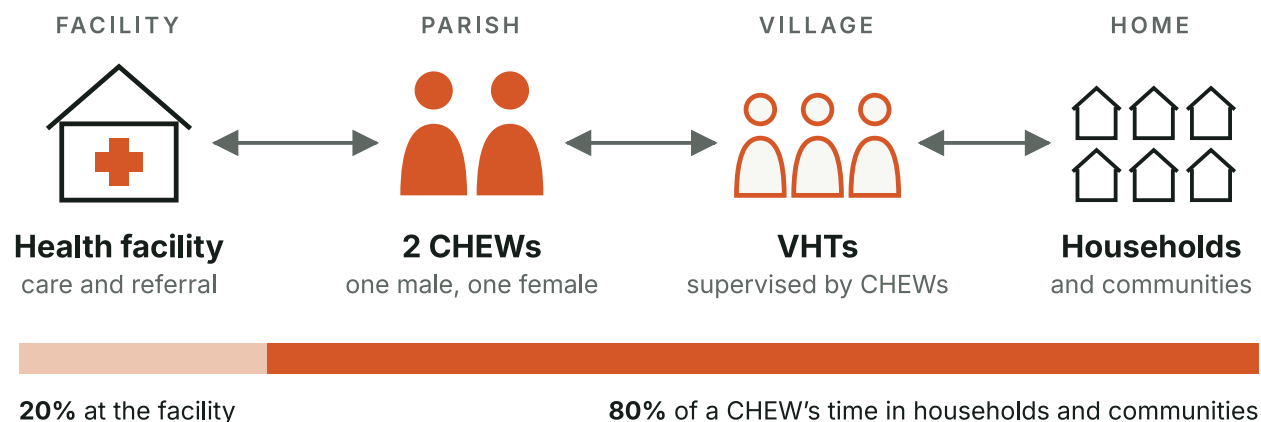
ALL TOGETHER
Kits for a whole district



CHEWS AND VHTs

A bridge, not a replacement

CHEWs do not replace Village Health Teams. VHTs stay rooted in the village; CHEWs work at parish level, where they supervise and support them, carrying people, information and referrals between the household and the health facility.



- A CHEW at work.



AKELLO'S STORY · PART ONE

A fever, a test, a conversation

In Momotatwero village, Oyam District, the nearest government health facility is 12 km away. Akello, a VHT, visits homes with her malaria tests and medicines. At Awinyi's home, three-year-old Peter is weak with fever. The test is positive; Akello treats him on the spot. Then she notices baby Jwabene has missed his malaria vaccine dose.

- A community health worker talks with a mother and her children.



AKELLO'S STORY

Every visit is a chance to check more than one thing: a community health worker screens a child with a MUAC tape. Illustrative photo.

AKELLO'S STORY · PART TWO

Under the mango tree

A few days later Peter is playing with his friends again. Under the village mango tree, Akello shows families how to hang and repair nets, clear stagnant water and seek care early. She prepares homes for indoor residual spraying, registers households for nets and reports malaria cases to the health system. Akello's story is repeated, in different forms, across Uganda.

26.5 million

Mosquito nets being distributed by Government countrywide

- Receiving mosquito nets in Kitgum District during the mass net distribution campaign. Inset: under the mango tree, a meeting place becomes a platform for behaviour change.





FAMILY PLANNING

Implants, closer to home

24% of married women have an unmet need for family planning (UDHS 2022). Implants were once inserted only by midwives, nurses and doctors in towns. In a pilot in Lira, Kyotera and Namutumba Districts and Lira City, 499 CHEWs trained to insert the Implanon NXT. They matched health workers on core insertion steps, with no serious adverse events reported.

- A CHEW engages with a woman during her routine visit to the health facility.

10,673

implants inserted by CHEWs from training to November 2025. In Kyotera, insertions nearly tripled.

SCALE-UP
JULY–SEPTEMBER 2026

What the numbers tell us

The model has scaled up to Iganga, Namayingo and Mayuge Districts. In three months, CHEWs there went beyond counselling and referral and delivered the methods themselves.

3,101
family planning visits

277
CHEWs reporting

94
linked health facilities

45.6%
clients new to family planning

METHODS PROVIDED BY CHEWS



• Demonstration during the implant insertion exercise. Photo: UNFPA Uganda.

CHAPTER FOUR · YOU

It ends in your hands.

Health information and tools now rest with
the person.





SELF-CARE

Health in your own hands

In 2022, Uganda became one of the first countries to launch a National Self-Care Framework, now part of the first National Community Health Strategy. SelfCareUG guides users on family planning, nutrition, HIV and NCD prevention, with referrals where needed; a companion app supports mental wellbeing. HIV self-testing, self injectable contraceptives and HPV self sampling have all moved from pilot to national scale.

1 in 4

Ugandans has hypertension, much of it undiagnosed until crisis point

HIV PREVENTION
APRIL 2026

Two injections a year

Lenacapavir is a long-acting injectable for HIV pre-exposure prophylaxis, given twice a year. It is for HIV-negative people at substantial risk, including those who find daily oral PrEP difficult, sex workers and people unable to negotiate condom use. The rollout began in 103 trained facilities, with 300 expected by December 2026: a shift to person-centred prevention.



>99%

effective in preventing HIV
when used as prescribed,
in clinical trials in Uganda
and South Africa



KNOWING WHERE
WE STAND

Every drop counts

The Uganda Population-based HIV Impact Assessment (UPHIA) is a national household survey. Trained teams visit homes across the country, interview household members and, with their consent, offer HIV testing. Its results show where the HIV response is working, and where prevention choices like Lenacapavir must reach next.

- A UPHIA data collector interviews household members.



YOUNG PEOPLE

Meeting young people where they are

Young people rarely sit in health facilities. They are in schools, places of worship, cultural gatherings, on sports fields and on TikTok. They face high HIV incidence among adolescent girls, 24% teenage pregnancy, and HPV vaccination coverage of about 45%. The Ministry reaches them through schools (8 million+ learners), cultural and religious institutions, edutainment and sport.

- Young people performing a skit to share information on good health practices (inset).

33.8%

of Uganda's population is aged 10–24



INFLUENCERS

120+ social media influencers turn technical health information into conversations young people join.

LOOKING AHEAD

A healthier Uganda, built from the community outward.

A conversation under a village mango tree and a notification on a digital screen are part of the same movement: a health system that is community-rooted, government-financed and increasingly digital.



The Ministry of Health digital truck in Namisindwa District during World Contraception Day.



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