

1. Background

Uganda's total target population stood at 47.25 million in 2022.¹ Malaria is highly endemic in the entire country. Transmission is perennial in much of the country, but there are areas with a seasonal transmission peak in the northeastern parts of the country. In 2022, there were an estimated 12.7 million malaria cases and 18,000 deaths. Uganda ranks third in terms of malaria cases globally, accounting for 5.1 percent of global cases.²

The Uganda Malaria Reduction and Elimination Strategic Plan 2021–2025³ recommends the introduction of seasonal malaria chemoprevention (SMC) in the Karamoja subregion, where malaria transmission is seasonal and the highest prevalence rates in the country are consistently reported. SMC was introduced in two districts of Karamoja in 2021 as part of an implementation study conducted by Malaria Consortium together with the National Malaria Control Division. The study found that SMC was feasible, acceptable and effective in terms of preventing clinical malaria cases during the high transmission season.⁴ In a randomised controlled trial, children who received SMC using the standard SMC drug regimen had 94 percent lower hazard of having a malaria episode than children in a control arm who did not receive SMC.⁵

With support from Malaria Consortium's philanthropic SMC funding and the Global Fund to Fight AIDS, Tuberculosis and Malaria, SMC has been scaled up to all nine districts in Karamoja (**Figure 1**), targeting approximately 280,000 children in 2024 (**Table 1**).

¹ World Bank. World Bank open data: Population, total — Uganda; no date [cited 2024 September 13].

² World Health Organization. World malaria report 2023. Geneva: WHO; 2023.

³ Ministry of Health [Republic of Uganda]. The Uganda malaria reduction and elimination strategic plan 2021–2025. Kampala: Ministry of Health; 2020.

⁴ Nuwa A, Baker K, Bonnington C, Odongo M, Kyagulanyi T, Bwanika JB, et al. A non-randomized controlled trial to assess the protective effect of SMC in the context of high parasite resistance in Uganda. *Malaria Journal*, 2023; 22(63).

⁵ Nuwa A. A cluster randomised controlled non-inferiority trial to assess the protective effectiveness of sulfadoxine-pyrimethamine plus amodiaquine and dihydroartemisinin-piperaquine for seasonal malaria chemoprevention among children 3–59 months, in the context of high parasite resistance, Karamoja region, Uganda [presentation]. 72nd American Society of Tropical Medicine and Hygiene Annual Meeting. 2023 October 18–22.

Figure 1. SMC-implementing areas and funding support, Uganda 2024

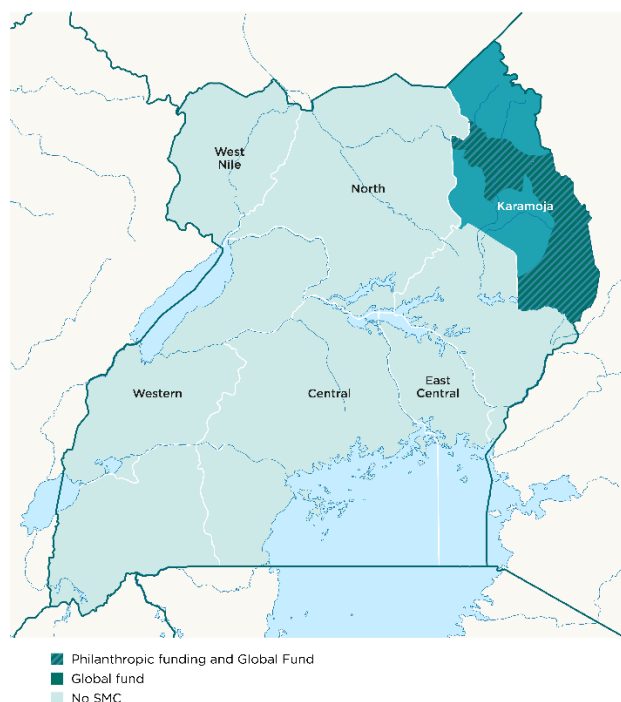


Table 1. SMC target population and funding support, Uganda 2024

Districts	Funding support	Target population
Amudat, Kotido, Moroto, Nabilatuk, Nakapiripirit	Philanthropic	160,000
Abim, Kaabong, Karenga, Napak	Global Fund	120,000
TOTAL		280,000

SMC in Uganda targets children 3–59 months. Taking local malaria transmission patterns into account, five SMC cycles are implemented per round, between May and September. The standard door-to-door delivery model is used, with Village Health Teams (VHTs) – a recognised cadre of community health workers – acting as SMC community distributors. Many inhabitants of Karamoja are nomadic pastoralists. VHTs’ familiarity with the local context is instrumental in achieving high SMC coverage among this population.⁶ Monitoring and evaluation (M&E) is guided by Malaria Consortium’s SMC M&E framework.⁷ Key data sources include administrative data collected by community distributors, end-of-cycle household surveys following all but the final cycle of the annual SMC round, and a

⁶ See Spotlight 5 in Malaria Consortium’s 2023 SMC philanthropy report: Malaria Consortium. Malaria Consortium’s seasonal malaria chemoprevention programme: Philanthropy report 2023. London: Malaria Consortium; 2024.

⁷ de Cola MA, Chestnutt EG, Richardson S, Baudry M, Nnaji C, Ibinaiye T, et al. From efficacy to effectiveness: A comprehensive framework for monitoring, evaluating and optimizing seasonal malaria chemoprevention programmes. *Malaria Journal*, 2024; 23(1): 39.

comprehensive end-of-round household survey to estimate SMC coverage and to measure aspects of the quality of SMC implementation across all cycles.⁸

2. Grant request

Malaria Consortium requests approval from GiveWell for the continued use of philanthropic SMC funding to support SMC in five districts of Karamoja in 2025 and 2026. The estimated target population is approximately 170,000 children under five. No substantial adaptations to the SMC delivery model or M&E approach are expected. We estimate the total budget required at USD 2.37 million, exclusive of management fee (**Table 2**). See **Annex 1** for a detailed budget per budget line and year.

Table 2. Philanthropically supported SMC in Uganda, estimated budget 2025–2026 (USD)

Budget line	2025	2026	TOTAL
Malaria Consortium staff	238,713	252,395	491,108
Medicines and freight	257,463	265,186	522,649
Country-level commodities	24,260	23,087	47,347
SMC delivery	549,046	426,277	975,323
Malaria Consortium operational costs	99,754	83,258	183,012
Digitalisation ⁹	10,000	10,000	20,000
Research ¹⁰	55,000	55,000	110,000
External relations	10,000	10,000	20,000
TOTAL (excluding management fee)	1,244,235	1,125,204	2,369,439
Management fee	149,308	135,024	284,333
TOTAL (including management fee)	1,393,543	1,260,228	2,653,771

⁸ For a detailed description of M&E methods and a summary of 2023 results, see: Malaria Consortium. Coverage and quality of seasonal malaria chemoprevention supported by Malaria Consortium in 2023. London: Malaria Consortium; 2024.

⁹ The budget assumes minimal costs for digitalisation in line with previous years. There have been early conversations with the Bill & Melinda Gates Foundation about introducing the DIGIT platform for campaign digitalisation. At this point, it is not known how GiveWell’s funding decisions will affect campaign digitalisation plans and it is not possible to estimate potential costs. Should substantial funding be required, a separate funding request will be submitted.

¹⁰ This assumes a small operational study. Grant requests for larger studies will be submitted separately if required.

In general, the unit cost of SMC in Uganda is reducing substantially as the programme matures. Malaria Consortium believes that the unit cost would stabilise at approximately the level projected for 2026 should longer-term funding be available. We are sceptical that sufficient SMC funding from institutional donors will be available to maintain the current scale post-2026 and remain committed to supporting the National Malaria Control Division in ensuring children in Karamoja remain protected from malaria during the high transmission season should funding become available.

Annexes

Annex 1: Detailed budget 2025–2026