HIGH BURDEN HIGH IMPACT IN UGANDA

Progress in implementation of HBHI and ICCM to accelerate reduction of child mortality & country planning for high malaria burden countries

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Outline

• Background to MAAM and HBHI
• Planning, convening and implementation progress
• Follow up activities
• Best Practices
• Challenges
Trends in malaria morbidity (MTR 2017)
Trends in annual malaria mortality (MTR 2017)
Malaria Prevalence Rate, 2009-2018

[Source: Malaria Indicator Survey]

- Program management support
- Scale up of ‘Test’ ‘Treat’, ‘Track’
- Surveillance strengthened as a core

2009: 42%
2014: 19%
2018: 9%
“To sustain the gains in reducing malaria mortality, MOH and partners should **strengthen health care delivery system** to ensure **prompt diagnosis, treatment and timely referral at all levels**.”

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“Government should take lead in **mobilizing the entire population into mass action against malaria**”
Action Against Malaria (MAAM) Approach

- Multi stakeholder approach where Malaria becomes Everyone’s business requiring mass action against the disease at all levels

- Reaching the Community and Every Household with Appropriate Malaria Interventions

- A Framework/an approach to accelerate the attainment of Uganda Malaria reduction strategic plan (2014-2020) targets
  - An integral part of scaling up the strategies/interventions
MAAM slogan and commitments

• **Slogan:** “Am I malaria-free and safe today?”

• **Commitments of key stakeholders at the level**
  1. National level: “A malaria free country is my responsibility”
  2. District: “A malaria free district is my responsibility”
  3. Constituency: “A malaria free constituency is my responsibility”
  4. School: “A malaria free school community is my responsibility”
  5. Household: “A malaria free home is my responsibility”

• **Strategy:** “Reaching Every Household With All Malaria Interventions” - where malaria is everyone’s business requiring mass action against malaria at all levels by all stakeholders.
MAAM Strategic Actions

• **Political** - Advocacy for sustained commitment at national, district and Health facility

• **Cultural** – social mobilization at County, Sub-county, Community, Village and Household level

• **Legislative** – Advocacy, revisit Public Health Act to include malaria control actions, law –enforcement actions

• **Finance** and Resource mobilization

• **Organizational** (Program re-orientation and management, Multi-sectoral action, Partnership coordination based on *three ones* & Decentralization to HH level)

• **Technical** – Intervention delivery: integrated, comprehensive, universal coverage
H.E the President of the Republic of Uganda signing his commitment to MAAM: others who signed; Prime Minister, Speaker of Parliament, Minister of Health, Chief Justice
Burden High Impact

• WHO Scooping mission, MOH/stakeholder engagement
• Agreed/general consensus that MAAM was in line with HBHI
• Agreed to begin/continue operationalizing the four HBHI elements
Progress and follow up actions
Element one: Political commitment/Will

Progress

• High political commitment and support from HE the President

• Engagement of Hon Speaker of parliament as a champion

• Formation of the Uganda Parliamentary Forum on Malaria (UPFM) & launched

• UPFM strategic plan & M&E

Follow up activities

• Establishment of UPFM secretariat (UNICEF)
**Progress and follow up actions**

**Element two: strategic use of data to guide implementation**

**Progress/Completed**
- Analyzed Routine DHIS2 data to produce an incidence map of lowest admin unit (sub county) to aide targeting of interventions
- Weekly reports on cases, deaths, stock status etc
- MIS 2018 completed (report writing ongoing)
- Updated DHIS 2 to include entomological surveillance indicators
- MDD in Schools conducted

**Follow up actions**
- Data Repository
- Malaria Programme Review (Sept-Oct 2019) & MSP development
- Therapeutic efficacy study ongoing
- PBO of LLINs study preliminary results
a) Incidence sub county map 2018
b) Parasite prevalence map 2018

<table>
<thead>
<tr>
<th>Region</th>
<th>Incidence Rate</th>
</tr>
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<tbody>
<tr>
<td>Uganda</td>
<td>17%</td>
</tr>
<tr>
<td>Refugee settlements</td>
<td>33%</td>
</tr>
<tr>
<td>IRS districts</td>
<td>7%</td>
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</tbody>
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- West Nile: 50%
- Acholi: 29%
- Lango: 23%
- Karamoja: 42%
- Bunyoro: 15%
- Teso: 20%
- North Buganda: 14%
- Busoga: 39%
- Tooro: 7%
- Ankole: 3%
- South Buganda: 2%
Progress and follow up actions
Element three: Better guidance and Policy

Progress:
• Malaria control & elimination policy
• Surveillance frameworks (epi & entomological)
• Use, repair & repurposing of LLINs
• Guidelines for Routine LLINs distribution
• IVM strategy and Insecticide resistance management plan

Follow up action
• Finalize the following
  • Resource mobilization strategy
  • Private sector strategy
  • MAAM framework
• Piloting MAAM/HBHI at a district level
Progress and follow up actions
Element four: Coordinated response

Progress
• Multi-sectoral strategy
• Quarterly RBM partnership Forum
• Engaged ministries of Local government and Education to support institutionalization of MAAM
• MAAM taskforces in 17/134 districts
• West Nile /Karamoja Strategies

Follow up actions
• Engagement of other sectors like Tourism
Best Practices

• Mass Action Against malaria initiative with strong political engagement
Challenges

• Resurgence/epidemics of malaria
• Refugee Influx
• Limited IRS scale up as had been planned in the UMRSP
• Limited domestic financial resources
• Limited Human resource capacity (numbers and skills)
• Reaching every individual at risk, everywhere they live, recreate, school and work, with appropriate cost-effective interventions through active engagement of every stakeholders remains a task that has to be done to reach the malaria free world goal.