Policy Brief

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Malaria control in Uganda: Galvanizing the Scale-up of Indoor Residual Spray

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Key Messages:

1. *The Barometer provided diagnostic findings to spur policy concern about IRS component in the Malaria control policy;*
2. *Engagements with policy stakeholders and coalitions was successful in building coalitions and actions to prioritize IRS in the overall malaria program strategic actions.*
3. *Coalition activities undertaken by SPEED in partnership with agencies in the malaria network generated attention and contributed to the presidential launch of the mass action to Against Malaria (MAAM) and a pledge of 360 billion shillings for malaria.*
4. *Additional research needs were expressed by the decision makers – for example costing of the scale-up plan for IRS in the country was directed to the SPEED project.*

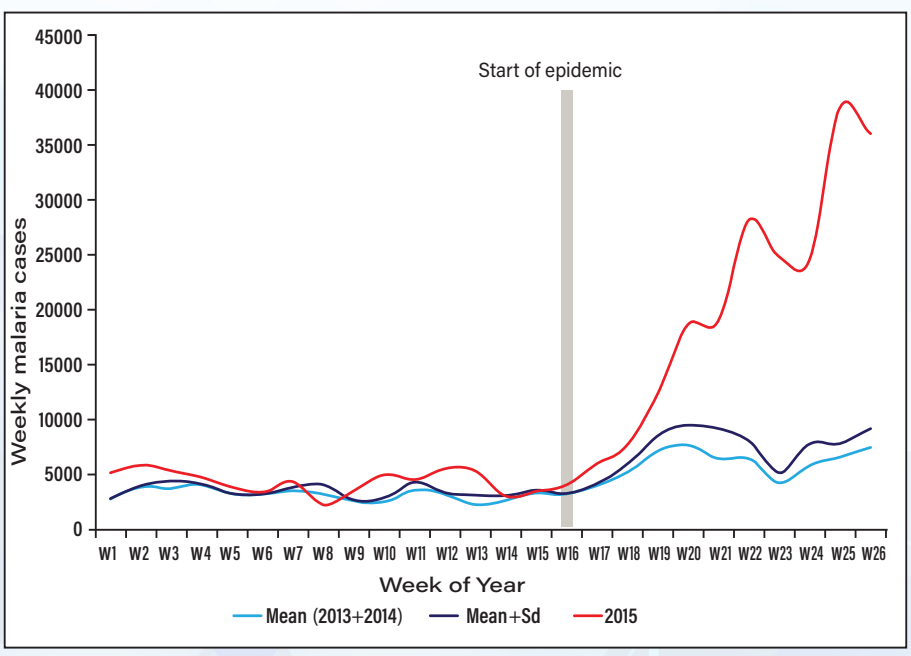
Introduction:

The malaria landscape in Uganda has witnessed major successes and challenges in the last ten years. The malaria strategic plan has outlined goal to eliminate malaria with five key strategic interventions. In 2014, the national malaria indicator survey reported a significant reduction in malaria from 42 percent to 19 percent. This was mostly attributed to near universal distribution of mosquito nets (ITNs) and prompt treatment with ACTs.

The Problem:

Evidence from northern Uganda where Presidential Malaria Initiative (PMI) had started IRS in 2009 showed that this intervention made a much more significant reduction to malaria incidence. Study done by Rwakimali and others (2015) was used to rollout the IRS in malaria endemic countries in the African region (www.PMI.gov). Although many countries with PMI support for malaria achieved national coverage of 60 to 80% of IRS, Uganda has remained with low coverage – not exceeding 5 percent.

Despite a national wide endemicity of malaria, not more than 15 districts have implemented IRS since 2009. In 2015, IRS was transitioned from the northern districts to the northeastern districts – partly because the northern districts had reduced malaria incidence rate to a low level. Most malaria medicines (ACTs) were being returned to National Medical Stores (NMS) for lack of cases to treat. The abrupt cessation of IRS (despite high coverage of ITN in the region) is blamed for the malaria re-surgency and an epidemic that killed over 120 persons and led to an increase of malaria incidence from below 20 cases to 120 cases per 1000 population in the latter part of 2015. The figure below illustrates the epidemic (red line) after withdrawing IRS. This illustrates the need to sustain coverage on a recurrent basis.



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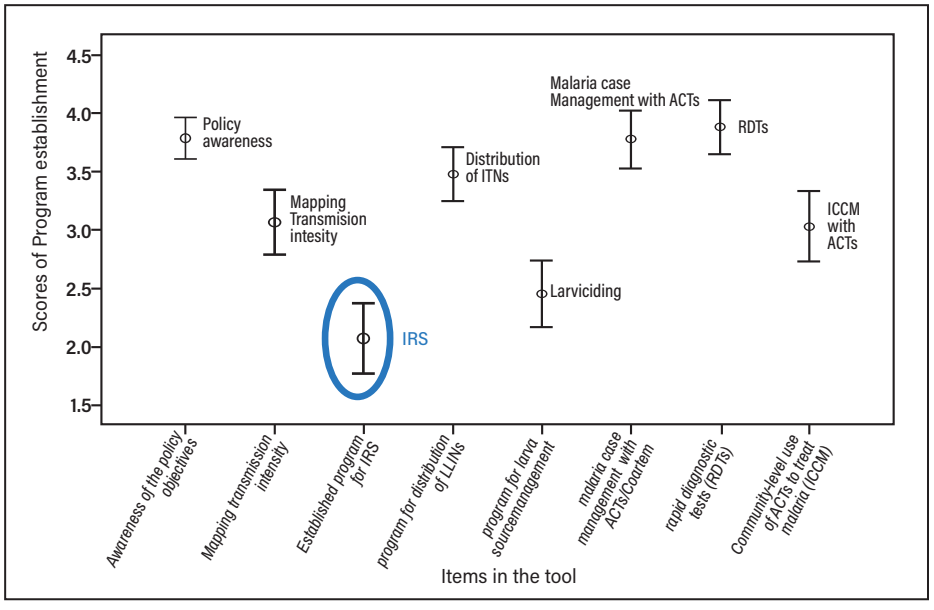


Policy questions arose about how to sustain IRS and how to scale-up the program in new areas. Decision makers considered IRS too costly to scale-up to more districts. SPEED project was engaged in the national discourse and purposed to assess the implementation of malaria policy and its control strategies using the policy implementation barometer (PIB). The first round of the PIB survey was implemented in early 2017. For more details see published protocol for PIB (Hongoro et al 2018)[1].

Using a Likert scale (0 to 5), the PIB survey found high levels of program establishment among the implementing agencies for malaria policies and programs at the national and district level. Deliberations and sharing of PIB findings with the Malaria Technical Working Group at the Ministry of Health generated many vital implications for improving policy and programs areas. Among other diagnostics, there were widespread discussions of why IRS had not achieved wide coverage despite having the malaria sector having many big funds such as the Global Fund, and the partnerships between US-Government (PMI) and DFID – UK Aid.

The PIB Survey Findings:

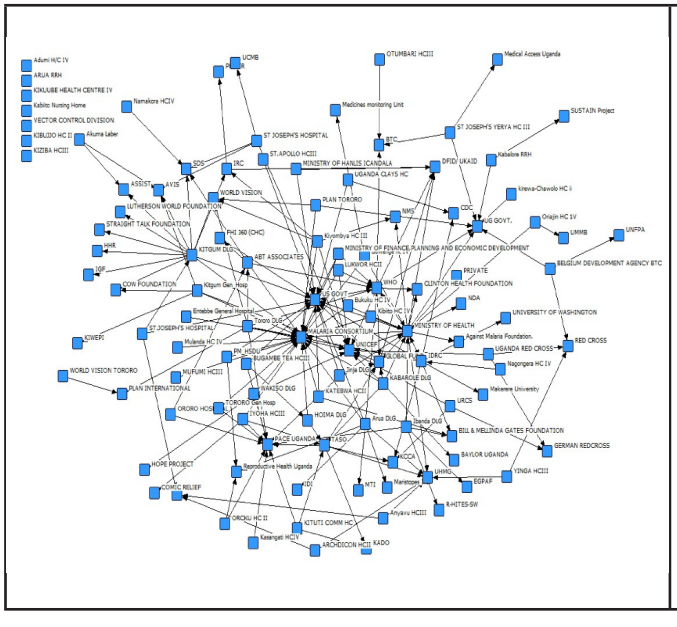
The main results indicate that malaria has reduced nationally over the years but the reduction is much lows compared to the levels attained in communities that had IRS. The most recent national malaria indictor survey (2014/2015) posted a reduction in malaria incidence that was greater that 50 percent (reduction from 46% to 19%). Soon after the national launch of the report, a devasting malaria epidemic started in the districts that had stopped IRS. DHIS-II continues to register unacceptably high malaria cases in the Uganda health system. WHO in 2017 reported that Uganda was one of the top countries with highest malaria incidence globally. The PIB survey confirmed the low establishment of IRS among the implementation network for malaria (see figure 1). However, there was high awareness of the policy strategies, and good average scores for the establishment of strategies for long lasting nets (LINs) for mosquitoes, treatment with ACTs and rapid diagnostic testing (RDTs). Sulfadoxine-pyrimethamine (SP) is recommended for prevention of malaria in pregnancy (IPT). Figure 2 illustrates the overall performance of the malaria program according to the PIB findings. Overall ITNs and ITN[2] have achieved universal coverage

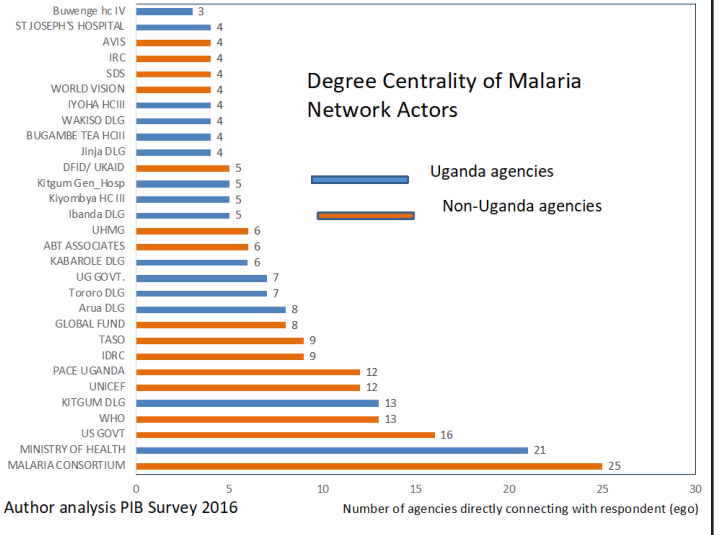
Malaria Policy Strategies	Finance	Coverage	Health System Resilience
ITN	*"Free donations" 3-4 year cycles*	*High coverage but ineffective use*	*Government and market supply for ITNs*
IRS	*"Expensive models" donor "direct model" donor independence*	*15-20 districts only "rotation" coverage Coverage withdrawal*	*"Top-heavy" model low decentralisation Limited Partnerships*
ACTS	*Expensive but subsidised high donor dependence, unstable coverage (60 to 70 stock availability)*		*Low sustainability Low private sector participation*
RDTs			
IPT	*Affordable SP*	*Feasible Integration in ANC*	*Well established routine and protocols*
Larviciding	*No feasible plans Low spending priority*	*Unknown needs poor data systems*	*Low partnership with environmental actors*

1 Hongoro C, Rutebemberwa E, Twalo T, Mwendera C, Douglas M, Mukuru M, Kasasa S, Ssengooba F: Analysis of selected policies towards universal health coverage in Uganda: the policy implementation barometer protocol. Archives of public health = Archives belges de sante publique 2018, 76:12.

2 ITN Insecticide treated nets; IRS Indoor Residual Spray; ACTs artemisinin-based combination therapy; RDT Rapid Diagnostic Tests, ITP Intermittent preventive Treatment

The organizations that interact to implement the policy programs were assessed in the PIB survey. Social network analysis was used to assess the scope and centrality of these agencies that form the network of organizations that implement malaria policy/programs in Uganda. The figure 3 below shows a densely connected network with few organizations that are isolated (top left corner). The main actors for malaria policy implementation and their centrality are shown in figure 4. Among these, the Ministry of Health, Malaria consortium, US-Govt, WHO, PACE-Uganda and UNICEF the main actors in the network. To appreciate better the issues related to the IRS implementation, costs and sustainability issues, SPEED organized a stakeholder engagement in Gulu District in northern Uganda in November 2017. Government leaders, technocrats in District Health Department, community development agencies and village extension workers that participated in IRS implementation were invited to the public dialogue to explore ways to scale-up IRS in a sustainable manner. By the end of the dialogue the SPEED team identified key issues for 1) reducing the IRS implementation costs; 2) taking advantage of the decentralized capabilities for IRS, and 3) encouraging greater integration for of IRS at the district level.

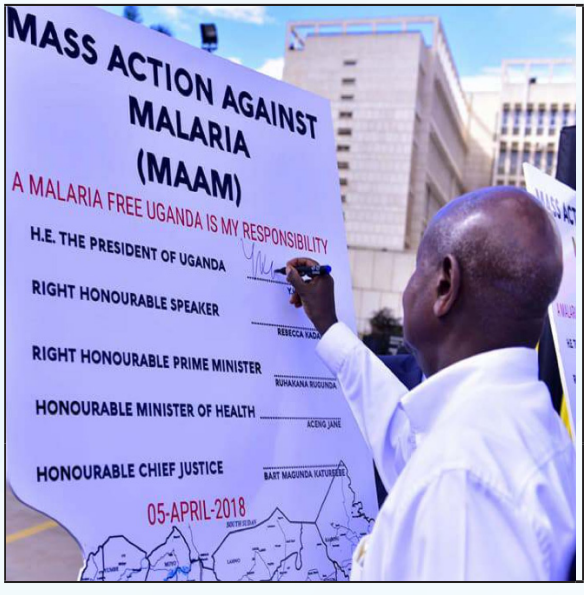




Policy Dialogues and Coalition Building for IRS:

To add purpose to the PIB survey findings, SPEED project organized several engagements with stakeholder groups in malaria management in Uganda. Findings were shared with the Malaria Technical Working Group – a platform for malaria policy management in the Ministry of Health. Other dialogues were organized in Gulu in northern Uganda where IRS had shown tremendous success for nearly 5 years with the support of the Presidential Malaria Initiatives – financed by the US government. In 2018, the Uganda Parliamentary Forum for Malaria was established as a peer mobilization of Uganda law makers to fight malaria. SPEED project made several engagements with these lawmakers on IRS.

To advance the IRS policy dialogues, SPEED Project forged a coalition with the objective to advocate for the adoption of low-cost IRS model and get government and development partners to finance the scale-up of IRS. With the leadership of Uganda National Health Consumers Organization (UNHCO) – a SPEED project partner, a coalition was made including the Malaria Control Program, Parliamentary forum to eliminate malaria (UPFM), UNCEF and Malaria Consortium agency in Uganda. Several coalition activities were undertaken culminating into a visit to the Speaker of Parliament of Uganda, and subsequently a presidential launch of the Mass Action Against Malaria (MAAM) campaign. At the MAAM launch event in April 2018, the president Y,K Museveni pledged 360 billion shillings (USD 10 Millions) for Malaria and articulated the need to use IRS and other strategies to fight malaria and the mosquitoes.



Malaria Coalition meeting the speaker of Uganda Parliament Rt. Hon. Rebecca A. Kadaga
His Excellence President Y. K. Museveni Launches the MAAM and pledges 360 billion shillings ($10m) for malaria program

Conclusions

The PIB is an innovation of SPEED Project aimed at undertaking a policy implementation diagnostic to guide and focus implementors to the priority areas. As a diagnostic tool, PIB was able to bring attention to IRS as a highly effective intervention in the policy with the least scale-up and provisions in the resourcing of malaria programs in Uganda. The stakeholder dialogues and engagements that followed the PIB findings further drilled down to understand the causes of inadequate implementation of malaria programs - especially IRS. Fear of IRS being costly – led to dialogues with the district level leaders in northern Uganda, - where SPEED Project was able to uncover options to reduce the costs by promoting District-led IRS. SPEED project has been commissioned to analyze the costs of national-wide scale-up of IRS, a study that Economic Policy Research Centre (EPRC) is leading. Policy level coalitions formed a powerful voice for malaria control. The inclusion of law makers in Uganda made it more influential especially for the outcomes: new goal for mass action against malaria, financial allocation (360 billion Shillings) and a forum among lawmakers to advocate for malaria control.

SPEED Brief

The Supporting Policy Engagement for Evidence-based Decisions (SPEED) for Universal Health Coverage in Uganda is a 5 year partnership supported by European Union that started in 2015. The partnership comprises Makerere University School of Public Health (Lead Agency), Uganda National Health Consumers' Organization (UNHCO), Economic Policy Research Centre (EPRC), National Planning Authority (NPA), Institute of Tropical Medicine (ITM) Antwerp Belgium and Human Science Research Council (HSRC), South Africa.

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