

Angola National Malaria Workshop

Community Prevention and Control
of Malaria in Uganda

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Outline

- Burden of malaria in Uganda
- Home Based Management of Fever strategy (HBMF)
- Challenges in HBMF
- Community Medicine Distributors (CMDs)
- CMDs as Village Health Teams

Burden of malaria in Uganda

- Leading cause of morbidity & mortality
- An estimated 70,000 - 100,000 deaths per year among children under 5 years of age
- Malaria accounts for; 33% of all Out Patient visits
 - 25% of all admissions at hospitals
- Accountable for up to 22% of low birth weight in new borns (high Endemicity)
- Severe economic losses, lost school days, long term disability

Home Based Management of Fever (HBMF)

- Ministry of Health (MOH) spearheading interventions for both treatment and prevention of malaria
- HBMF strategy established in 2002
- Aims to reach the MOH target to increase the proportion of children less than 5 years getting correct treatment within 24 hours of on set of symptoms to 85% by 2010
- Communities choose 2 people per village to serve as Community Medicine Distributors (CMDs)
- Standard CMD training implemented by MoH with support from WHO, UNICEF and NGOs

Role of CMDs

- Distribute anti-malarials for children at no cost to the community
- Keep registers of children treated
- Refer very sick children
- Get drugs from nearest health facility
- Sensitize communities about malaria



Photo from Malaria Consortium

Elements of HBMF Strategy

- Behaviour change communication for malaria control
- Training and supervision of community CMDs
- Distribution of pre-packaged 1st line antimalarials to ensure access to treatment within 24hours of onset of symptoms
- Prompt referral of very sick children to formal health care providers
- Strengthen health facilities to manage patients referred from the communities

HBMF with ACTs

- Sept 2005- Ministry of Health changed National Policy on Malaria Treatment to ACTs due to increasing resistance to commonly used antimalarials
- Studies done by Malaria Consortium to assess feasibility, acceptability and adherence of ACTs in the HBMF Strategy show:
 - Trained CMDs can manage malaria at community level
 - CMDs can use Coartem with ease and safely- few ADRs recorded
 - Support supervision is essential
 - HBMF medicines can be incorporated into the supply chain of essential medicines
- ACT declassification almost finalised

Challenges in HBMF

- Sustaining motivation of the volunteers
- Improvement of supervision, data flow and utilization and supply management
- Ensuring integration with other community-based health activities
- Addressing regulatory issues on; handling of ACTs, pharmacovigilance, operational issues, financial issues

Challenges faced by CMDs

- Some parents come to pick medicines without the children
- Inadequate user tools for CMDs: paraffin, candles, torches
- Some parents delay to bring the sick children treatment
- Some children brought are too young or too old
- Some parents want medicine for other diseases
- Difficulty following up of distant children
- Non compliance by parents to instructions
- Expectation for CMDs to see children at any time

CMDs as Village Health Team Members

- Village Health Team (VHT): Ministry of Health officially recognized implementing structures for health interventions at the community level
- VHT for every village, CMDs are part of VHTs
- **CMD/ VHT roles in malaria interventions:**
 - Community level planning
 - Community sensitisation and mobilisation
 - Door to door registration of beneficiaries of commodities
 - Identification of storage & distribution points for commodities
 - Distribution and accountability for commodities
 - Follow up e.g net use and retention (“Hang up, Keep up”)



Obrigada!