Swiss TPH
Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

Associated Institute of the University of Basel

Report from the Country Level Consultation in Uganda on 1st April 2015

Prepared for

Roll Back Malaria Partnership

Submitted by:

Swiss TPH **Swiss Tropical and Public Health Institute**

Deloitte. Consulting LLP

12th May 2015

1. Overview of the consultative meeting

A half-day consultative meeting was held on April 1, 2015 in Uganda as a part of the National Malaria Control Program meeting to develop the national strategic and monitoring and evaluation plan. Representatives from various government, non-government, and private institutions participated in the event. The meeting was a morning session facilitated by Dr. Denis Bwayo and Dr. Proscovia Namuwenge of Deloitte Uganda Limited. Participants actively participated and shared their views on the future of action related to the reduction and elimination of malaria.

1.1 Goal and objectives of the consultative meeting

The goal of the Uganda consultation was to facilitate a cooperative discussion on a draft of the second iteration of the Global Malaria Action Plan document in parallel with the public review. The consultation consisted of the following objectives:

1. To increase participants' awareness of the documents purpose, process, and relationship with the WHO's Global Technical Strategy for Malaria 2016-2030
2. To gather feedback on the strength of content and determine any missing content
3. To gather feedback on the structure, flow, and voice of the document

1.2 Meeting Structure and Approach

The consultation was structured to provide context on the development of the document, including its development and connection with the WHO Global Technical Strategy, the case for investment in malaria, and the priority actions necessary to meet the shared milestones and targets. Participants were given the draft document for review prior to the meeting. The draft document at this point consisted of the following:

- Call to Action
- Chapter 1: Introduction
- Chapter 2: Positioning for the Future
- Chapter 3: Making the Case and Mobilizing Resources for Malaria
- Chapter 4: Keeping People at the Center of the Response
- Chapter 5: Strengthening the Enabling Environment
- Chapter 6: Fostering and sharing innovations and solutions
- Chapter 7: Ensuring accountability for progress

Chapter 7 was not included for review by the participants as the monitoring and evaluation measures were still undergoing discussion. For each of the remaining chapters of the document, participants were asked the following:

- To what extent are the chapter objectives met?
- In your opinion, what are the most interesting parts of the chapter?
- Where would you like to see more information?
- Where would you like to see less?

2. Feedback from Meeting Participants

The feedback session began with general feedback on the future use of the document, and whether the current draft meets its objectives. When participants were ask about the biggest challenge that AIM can overcome, there was agreement that the document should support global resource mobilization and malaria advocacy. Others also noted that the current global agenda does not adequately address the concerns of the poorest countries and the document should be wholly representative of the various situations countries can be facing.

Participants highlighted that the current challenges of procurements of commodities for Malaria was also not addressed throughout the text. Specifically they noted that for most of the current global initiatives, the procurements are controlled globally and interests of least developed countries are not often taken care of. For example costs of quality assurance and pre-shipment inspection have to be borne by the

purchasing country and they seem higher for malaria products compared to other programs. In many of these countries, there are local companies that have capacity to manufacture right quality products but are not eligible to supply because of unfair global regulations. Yet allowing local companies to supply some of these commodities has the potential to lower the cost and promote local ownership of the response as well as encouraging local private sector engagement in the Malaria response. The pre-shipment costs and quality control costs should be borne globally. These processes delay supplies getting to countries on time. The issue of the need to factor in price fluctuation buffer during negotiations should also be addressed

Specific feedback on each chapter is highlighted below.

2.1 Chapter 1 Feedback

Participants agreed that the chapter met most of its objectives. The primary concern was that the difference between the GTS and GMAP2 are still not clear to the reader. Given that they have a common vision and goal; participants noted the document needs to clearly distinguish how the objectives and use of the documents will differ.

No comments were received on the most interesting parts of the chapter.

Participants would like to see more information in a few areas:

- Specifically the Table 1 indicator “Eliminate Malaria from countries in which Malaria was transmitted in 2015” is not well understood. It would be better if it clearly stated the denominator i.e. how many countries are targeted for elimination?
- Also, in an attempt to show the relationship between the GTS and GMAP, the document highlights the commonalities and is not clear on the differences. It should have a paragraph on the differences in terms of the intended purpose, target audience, and why we need the two documents.

No comments were received on where participants would like to see less.

2.2 Chapter 2 Feedback

No comments were received on how the chapter met its objectives.

The linkage between the SDGs and Malaria was noted as the most interesting part of this chapter.

Participants would like to see more information in a few areas:

- Specifically they noted that Figure 2 is not easily understood probably because it is too crowded. Participants suggested that there should be more guidance on multi-sectorial collaboration. The framework provided is good but guidance needed at policy level or in form of guidelines.
- On expanding inter-country and regional partnerships, it was noted that this has generally been under looked in the east African region. Yet the evidence shows neighbors especially the Democratic republic of Congo has hardly any visible interventions in the border regions and possibly contributes to the bulk of cases treated in the health centers bordering it on the Ugandan side.
- The case studies given are good but seem voluntary. The participants felt there should be more emphasis on the need for this to be more deliberate and in cases where there is state failure like in East DRC more international effort put to address cross border cooperation for Malaria control. The current globally directed initiatives on regional cooperation for Malaria seem to only focus on countries (regions) targeted for elimination. This should be widened to all affected regions.

No comments were received on where participants would like to see less.

No additional case studies/lessons learned/additional insights were shared by the participants.

2.3 Chapter 3 Feedback

No comments were received on how the chapter met its objectives.

Developing a global resource mobilization strategy beyond the current funders and the emphasis on mobilizing additional domestic resources was noted as the most interesting part of this chapter.

Participants would like to see more information in a few areas:

- How to ensure longer term fund streams and consistent flow of resources to affected countries. The experience of Uganda is that resources are often released inconsistently (funds not released on schedule as per agreement), or are short term in nature and this has negatively impacted implementation. A case in point is with funding from Global Fund, 15 of the most affected districts in the country were targeted for IRS for 3 years and this resulted in drastic drop in Malaria morbidity by about 50%, but the funding suddenly stopped and we are likely to see an increase of Malaria cases to previous levels.
- The return on investigate seems to be very generic yet there are major differences across affected countries. Can we use some more region specific figures?
- The cost of interventions which have proved effective in developing countries e.g. IRS are very costly and cannot be sustained by poor countries. There is need to ensure sustenance of such effective interventions so as not to lose gains achieved and the donors to get value for money. Current IRS interventions are too short term.

No comments were received on where participants would like to see less.

The case highlighted above of the short term IRS program should be used as a case of bad practice reversing the benefits of an otherwise successful program, and could be included in the document.

2.4 Chapter 4 feedback

No comments were received on how the chapter met its objectives.

Addressing Malaria in emergencies and migrant populations was noted as the most interesting part of this chapter.

Participants would like to see more information in a few areas:

- More is needed on highlighting the burden of addressing malaria in refugee settlements. Uganda has quite a number of refugee camps, most public health interventions lack very specific efforts on Malaria. This is probably because Malaria treatment and prevention among refugee camps does not have adequate global attention and funding
- The evidence base for social and behavior change communication for Malaria. The document should highlight more successful evidenced based models

No comments were received on where participants would like to see less.

No additional case studies/lessons learned/additional insights were shared by the participants

2.5 Chapter 5 feedback

No comments were received on how the chapter met its objectives.

No comments were received on the most interesting part of this chapter.

Participants would like to see more information in a few areas:

- There should be more emphasis on implementation and not just having the right policies in place. In Uganda the gap in the response has almost always been implementation of laid down policies and guidelines and not the lack of policies
- On the use of data for decisions the team felt there needs to be more emphasis on having regular national Malaria Indicator surveys as a key component of the national response
- The surveillance of quality of malaria products needs to be strengthened and a mechanism to address poor quality products set up. There is some evidence that some of the globally procured

LLINs are effective for a much shorter period than stated by manufacturers. Despite the evidence to this effect no action has been taken.

- There should be emphasis on strengthening human resources for health as a way of creating an enabling environment. Increasing number of health workers in lower level health facilities and exploring the role of VHTs in combating malaria at village level needs to be evaluated

No comments were received on where participants would like to see less.

No additional case studies/lessons learned/additional insights were shared by the participants

2.6 Chapter 6 feedback

No comments were received on how the chapter met its objectives.

No comments were received on the most interesting part of this chapter.

Participants would like to see more information on the need to focus research on combating asymptomatic parasitemia. Currently people are given mosquito nets yet they have parasites in their bodies which they continue to transmit to contacts.

No comments were received on where participants would like to see less.

No additional case studies/lessons learned/additional insights were shared by the participants

Annex 1 – Participant List

WHO - Uganda

1. Dr Charles Katureebe

District Representatives

2. Marc Sam Opollo - Gulu District
3. Robert Ongom - Gulu District
4. P Tusiime - Kabale District
5. Dr Nantamu Dyogo - Jinja District
6. Anna Tukahirwa - Kabarole District
7. Andrew Mpalanyi - Wakiso District
8. Dr Patrick Y. Anguzu - Arua District
9. Dr Wilson Mubiru - Mubende District

National Malaria Control Program/Ministry of Health

1. Matthias Kasule Mulyazawo
2. Dr. Rubahika Denis
3. Dr. Humphrey Wannzira

Ministry of Health

1. Edith Mukyala
2. Agnes Nentunze
3. Ruth Nabwire
4. Dr. Peter Okui

5. John Kissa
6. Dr HS Katamba
7. Vincent Katamba
8. Dr Jane Nabakoza

Other Participants:

1. Robert Kajubi - RPMT
2. Dr Paul Kyambadde - UMRC
3. Dr Anthony Nuwa - Malaria Consortium
4. Dr Espilidon Tumukurate - UHMG
5. Dr. Fredrick Isabirye - TASO
6. Dr Richard Walyomo - KCCA
7. Constance Agwang - RPMT
8. David Masiko - Church of Uganda

Facilitators

1. Dr. Denis Bwayo - Deloitte Uganda Limited
2. Dr. Proscovia Namuwenge - Deloitte Uganda Limited