

Support to Malaria Communication

Background

Malaria is the leading cause of morbidity and mortality in Uganda, responsible for up to 40% of outpatient visits, 25% of inpatient visits and 14% of inpatient deaths. The burden of malaria is greatest among children under five years old and pregnant women. In early 2006, the government introduced a new malaria treatment policy, changing the first line treatment for uncomplicated malaria from Chloroquine and Sulfadoxine Pyramethamine (SP) to Artesunate combination therapy (ACT). Initially, ACT will be available through public and private sector health facilities, and community drug distributors will continue to distribute Homapak, a prepackaged combination of Chloroquine and SP for home treatment of children. During 2007, WHO will assist the Ministry of Health (MOH) to produce a prepackaged ACT product to replace Homapak, and retrain community drug distributors in selected districts in its use. The MOH policy for prevention of malaria in pregnancy continues to support intermittent preventive treatment (IPT) with SP and insecticide treated net use.

HCP has been providing technical assistance in malaria communication to the National Malaria Control Program (NMCP) and the Health Promotion and Education Division (HPED) of MOH. This assistance has concentrated on improving NMCP's ability to communicate updated government policies and strategies to the public and to its partners; and assisting the NMCP in being recognized as the leading source of reliable information about malaria control in Uganda. In the last year, HCP has worked with NMCP and HPED to design and launch a website for the NMCP, develop materials and tools that communicate NMCP policies, strategies, and programs, and train senior MOH officials in media relations. HCP also provided institutional support to the Malaria and Childhood Illnesses NGO Secretariat (MACIS).

Activity Summary

In Year 5, HCP will continue to assist the NMCP to communicate the new treatment policy and its malaria in pregnancy strategy to the public and among government and non-governmental partners. Specifically, in 2006–2007 HCP will assist NMCP to:

1. Communicate the new malaria treatment policy, including development of communication materials;

2. Develop communication support materials for the introduction of the new ACT product for home based management of fever in children;
3. Communicate its updated policy for control of malaria in pregnancy;
4. Continue to support the maintenance and updating of the NMCP website; and,
5. Measure reach and effects of its malaria communication efforts.

Expected Outcomes

- Improved uptake of and adherence to ACT treatment protocols;
- Increased proportion of pregnant woman taking IPT according to MOH guidelines; and,
- Improved capacity of the NMCP to communicate its strategies, policies, and guidelines.

Key Outputs

1. Health workers, media, leaders, and the public provided with accurate and understandable information about the new malaria treatment policy
2. Communication strategy and materials to support home based management of fever using a new pre-packaged ACT product, and IPT during pregnancy.
3. An updated website for the NMCP detailing in simplified language government policies, strategies and guidelines for malaria control; providing access to recent research and full text policies, strategies and guidelines; and sharing malaria communication messages and materials such as the newly developed fact sheets on the government's malaria control interventions.
4. Evaluation of the reach and effects of malaria communication supported through HCP.

Partners Involved:

CCP Core Partners: CCP

Country Partners: National Malaria Control Programme, Health Promotion and Education Division of the Ministry of Health, WHO, and Communication for Development Foundation Uganda