

# **MDA INTEGRATION INTO PRIMARY HEALTH CARE.**

Dr.MUBANGIZI ALFRED

ASSISTANT COMMISSIONER VECTOR BORNE AND NEGLECTED TROPICAL  
DISEASES

MINISTRY OF HEALTH – UGANDA .

# INTEGRATION OF NTD INTO PRIMARY HEALTH CARE SERVICES

- Uganda is endemic with all 5 PC –NTDs and Individual case management NTDs like Kala Azar, HAT, Scabies, Rabies and Snakebites.
- All case management NTDs are integrated into primary health care services in Uganda like Kala Azar, Sleeping sickness, Rabies, TT surgery, Hydrocele surgery and scabies.
- Uganda does not have Health care insurance scheme but she adapted Universal Long lasting Insecticide Net(LLIN) campaign and Indoor residual spraying (IRS) which have helped in control of Mosquitoes and Sandflies that transmit lymphatic filariasis and Kala Azar respectively

# **Explain how MDA for 5 PC-NTDs are integrated into other health campaigns.**

- Uganda has 5 PC -NTDs ie Lymphatic Filariasis , Trachoma, Onchocerciasis , Schistosomiasis and Soil transmitted Helminths
- The first three PC-NTDs are no longer a public health problem in Uganda . MDA for LF in all 60 formerly endemic districts stopped ,only 4 out of 37 formerly Oncho endemic districts are still doing MDA , 2 out of 51 formerly Trachoma endemic districts are still doing MDA.
- The MDA has been integrated into Child Health days, which was successful, launched last year and Uganda was able to save 10million tablets since Child Health days target the same age population of under 15 years but also pregnant women.

# The steps for this successful integration

- There is a political will for this integration since Senior Top management endorsed it.
- The Permanent Secretary wrote a circular on behalf of senior top management to all District Health Officers and Hospital directors /incharge to integrate all health services into the mainstream
- The letter helped the division of VB &NTDs to work with their counterparts Uganda National Expanded Programme on immunization in this integration
- Therefore, the division of VB /NTDs and UNEPI conducted a joint microplanning, capacity building for nurses and Biostatistician for data sharing
- The district has an NTD focal person who would take care of our drugs (PZQ) to ensure it reaches the intended beneficiaries .
- Reverse logistics was also done jointly

# Advantages of integration

- Reduced duplication of campaigns since it was taking place at the same time yet targeting same people
- Increased country ownership since MDA always seen as activity for implementing partners with less input from mainstream
- Reduced cost on MDA since the division of VB & NTD almost put zero in the budget yet exercise was done.
- Capacity building for Health workers to manage MDAs and other NTD interventions
- Integration of logistics including drugs into a list of essential medicine so the government will soon start procuring these drugs for stocking in mainstream

# Disadvantages

- Over loading too much work to a health worker therefore, procedures like giving PZQ(Praziquantel) dose according to the height were not followed
- Bias among the health workers who give priority to the usual Child health package leaving behind PZQ not administered
- HMIS tools for Child Health had no variables for MDA therefore difficult to rely on
- PZQ MDA was for Pre SAC and SAC, which was being conducted in schools

# Tackling these challenges

- Capacity building for health workers in administering NTD drugs
- Integration of NTD medicine into National essential list of medicine such that they are procured by government
- Mobilizing domestic financing for NTD programs
- Integrated technical support supervision from Central to the NTD endemic areas

# Recommendation for successful integration

- Donated drugs should have long shelf lives such that they are stocked in the health facilities
- There is a need for capacity building for health workers in MDA Campaign
- Some operational funds are needed to conduct supervision during child health days since there is no fund to support division staff.

Thank you