

WHAT WE CAN DO ABOUT...

MALARIA



By Dr Freddie Sengooba

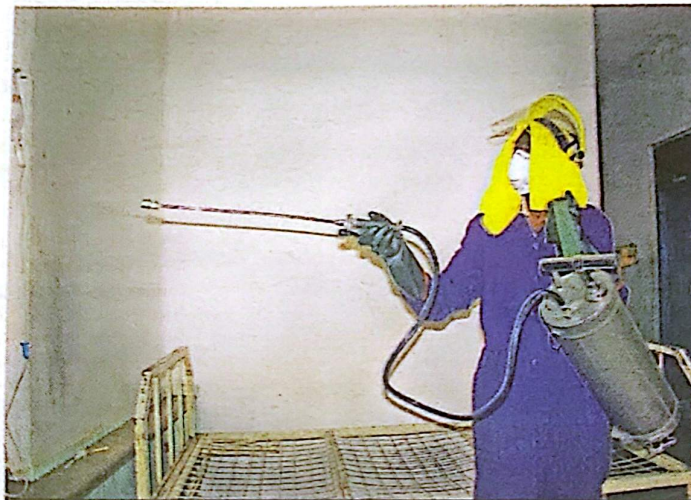
Universal Health Coverage (UHC), one of the sustainable development goals that Hon. Sam Kutesa advocated while serving as the president of the United Nations General Assembly, is to be achieved within the resource envelope of each country.

In short, UHC requires that everyone can access quality health services without financial hardship. Providing quality services to 34 million people is a tall order for Uganda's economy.

Drawing from the Ministry of Health development plan, it will cost the Government at least sh150,000 per person every year to provide all that the Government has promised to deliver in the next five years.

At the current rate, Uganda is spending on average about sh35,000 per person per year. So, how are

Indoor Residual Spraying reduces mosquitoes and malaria burden



An Indoor Residual Spraying personnel sprays Katakwi Health Centre

poor countries going to achieve UHC goals, while relying on low revenues and low priority of investing in the health of their people?

Dr Agnes Soucat, the director of Health Systems, Governance and Financing at the World Health Organisation, while presiding over the session about UHC 2030 in Vancouver recently, said: "There is evidence now to support domestic financing for the attainment of SDGs. Universal health coverage is in fact a

social contract that governments have with society, to leave no one behind."

In an attempt to "leave no one behind," many are dispensing advice to increase the coverage of good quality services. Many are pushing for social health insurance, where we all make compulsory payments annually to the common basket.

Those who fall sick use the basket as the insurance to pay for treatment. Another proposal has been to insist that governments increase their

financial allocations for health care provision hence keep the government as the main insurer for all citizens.

In this case, the national tax system continues to generate the money, technical and political authorities make allocation decisions that is to say how much to spend on health programmes. The two positions provide the main pathways to UHC in the global dialogues.

Savings from inefficient use of current resources is another option that deserves attention. While launching the report on Health System Financing for UHC, The director general of WHO Dr Margaret Chan said: "Twenty percent to forty percent of all health spending is currently wasted through inefficiency. Investing the resources more wisely can help countries move much closer to universal coverage without increasing spending."

In Uganda, huge savings and wellbeing will arise by acting with ambition in malaria prevention. The medicines for treating malaria annually cost far beyond what the national health budget can afford, and yet Indoor Residual Spraying (IRS), which reduces mosquitoes and cuts the malaria burden by more than half, is only provided in 10 to 15 districts per year. For IRS, one does not have to

be a doctor, nor does the community need to be paid salaries every month. Many under-employed youth can be trained once or twice every year to support low cost IRS activities.

Last year, the Uganda People's Defence Forces sprayed households for free in Kampala. We only need National Medical Stores to procure and distribute the chemicals to spray and the spray pumps. And ultimately, the Government to attract an investor to procure the chemicals and equipment.

Communities can provide the labour while the health system can provide the training and supervision twice a year for the effort. It would save the nation thousands of deaths, thus improving child survival and labour productivity and reduce school absenteeism for Universal Primary Education. With high coverage of IRS, health workers will have more time to attend to other services, thus reducing the pressure to recruit more staff, a relief to the national wage bill.

More importantly, Ugandans will enjoy better health and wellbeing free of malaria and avoiding the situation witnessed in northern Uganda in 2015 when IRS was suddenly stopped, resulting in the largest malaria epidemic Uganda has seen in decades.

The writer is an associate professor of health policy and systems management