

# Improving uptake of malaria rapid diagnostic tests in Uganda through a multipronged communication approach

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## Introduction

Introduction of malaria rapid diagnostic tests (mRDTs) is a pre-requisite to improve fever case management. However, providing access to the tools does not guarantee its uptake. In mid-Western Uganda, the introduction of mRDTs in 88 health facilities was backed by a multifaceted communications approach, ensuring uptake of the intervention by health workers, community members and decision-makers.

## Methods

### Behaviour change communication (BCC)

A variety of interventions have been implemented, mixing traditional and innovative approaches and tailoring activities to the types of audiences and settings, including:

- mass media campaign, both through 'branded' mass media channels (radio spots, posters, T-shirts) and complementary channels (radio talk shows, drama shows);
- community dialogues to explore information and solve problems;
- school programmes, especially the creation of talking compounds, to place children as agents of change in their communities.

A strong focus was put on improving interpersonal communication to foster behaviour change:

- the community health workers (village health teams) are the primary interface to health-related behaviour change in Uganda;
- health workers were trained in interpersonal communication (later on integrated into the mRDT training itself) and support supervision used to address communications challenges.

### Advocacy

The advocacy efforts took different forms:

- regular updates and meetings with the National Malaria Control Programme (especially with the Diagnostic Specialist and Programme Manager) and the district health authorities;
- developing comprehensive documentation of the implementation steps and lessons learnt through a learning paper, learning brief and various presentations;
- hosting a national stakeholders meeting to disseminate the project's learning prior to the national rollout of mRDTs;
- direct participation in the development and review process of: the national guidelines for parasitological diagnosis of malaria and the training manual for mRDTs used for the rollout of mRDTs across the country.



Health workers have been trained in interpersonal communication to ensure patients' understanding of the test and adherence to its result. Photo: Vicky Dawe/Comic Relief

## Results and lessons learnt

The endline project evaluation, routine monitoring and an operational research on the impact of communication on patients' perception of treatment demonstrate the impact of these strategies and the uptake of mRDTs in the project area, especially:

- the parasitological diagnosis and treatment of malaria has improved from 0% to 99% at the 88 health facilities;
- 97% of adherence to mRDT test results by health workers.

This experience was crucial in the design of the training manual and national implementation guidelines and the national scale-up of mRDTs.

### Main lesson drawn from this experience:

The reinforcing roles of different levels – community members, community leaders (both political and others such as VHTs), health workers, local leaders (in this case, district level), and national decision-makers) and addressing all of them simultaneously is important to achieve the required behaviour change and create a favourable environment for long-lasting change.

External contributing factors included:

- synergy with other projects' campaigns;
- constant supply of mRDTs and presence of mRDTs at community level;
- strong network of community health workers.

### Crucial role of technical assistance and routine cooperation with the Ministry of Health at all levels

- Establish and maintain strong working relationship with the Ministry of Health senior management, the National Malaria Control Programme and the district health teams
- Create and maintain a reputation of technical expertise

***"The Pioneer project has involved us [the district health team] in all activities, especially the support to and supervision of VHTs and health workers to ensure that mRDTs and medicines are given well."***

- Edith Karugaba, District surveillance focal person

## Conclusions

The combination of behaviour change approaches and advocacy efforts at various levels has been an essential component of the shift from mainly presumptive treatment to a fully implemented parasitological diagnostic policy in Uganda. On one hand, endorsement by the Ministry of Health was fundamental to ensure local leaders' buy in and their support to behaviour change efforts. On the other hand, high adherence to test results by healthcare providers and patients, and the demonstration of its effect on health outcomes, was critical to influence decision-makers at national levels.

This experience emphasises the need to strategically invest in and address behaviour change communication and advocacy practices in rolling-out new tools and services, in order to achieve the expected health outcomes.



Participants in a community dialogue session

### Support for organising community dialogues

Community dialogues reach out to communities with limited access to mass media channels and to generate interactive discussion. A process evaluation showed that the dialogues provided a useful platform for communities to gain information, reinforce knowledge, correct misconceptions and promote healthier behaviour.

The interactivity of this platform was particularly appreciated by users. Lessons learnt, especially on the respective roles of the CHW and the local leader and the need to reinforce the decision/action potential of this mechanisms, are now applied in other projects.

### For more information

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