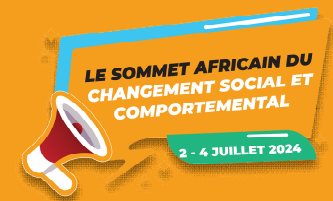


Leveraging Behavioural Science for Enhanced Malaria Prevention: The Household Action Against Malaria Initiative in Uganda



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Objectives

Malaria is the leading cause of illness and death in Uganda, despite being preventable and treatable. The PMI Uganda Malaria Reduction Activity (PMI MRA) builds community and household capacities to prevent malaria through the household action against malaria (HAAM) approach, adapted from the Ministry of Health's Mass Action Against Malaria. HAAM empowers communities to own malaria prevention at the household level to achieve malaria smart homes, free of malaria for six consecutive months

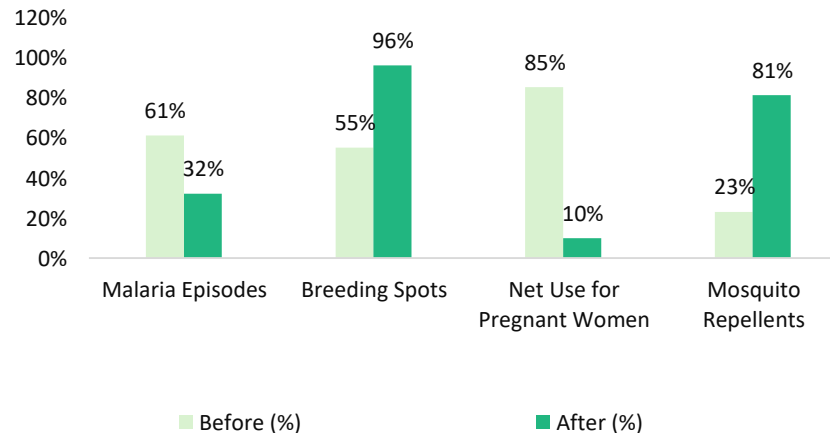
Methods

Currently, HAAM is implemented in 12 high malaria-burden districts. Health facility staff line-list malaria cases from HMIS registers to map the villages with >5 cases (high burden villages) and cluster households for an all-village inclusion. Households are assessed for malaria transmission drivers using the HAAM assessment tool. Action plans are cocreated with household members to address transmission drivers. Monthly follow-up visits are to monitor progress. During implementation, household malaria champions responsible for the household actions reinforce accountability and follow up on malaria response plans. District and village health teams and other stakeholders were engaged to ensure community involvement. 57,677 households were assessed, clustered, and sensitized between October 2022 to February 2024) using the HAAM checklist

Results

Results from 3-4 visits, (HAAM intervention dashboard) show a significant reduction in household malaria episodes, from 61% to 32%. Households clearing breeding spots increased from 55% to 96%, while consistent net use for pregnant women increased from 85% to 100%. Households planting locally available mosquito repellents rose from 23% to 81%.

Comparison of Malaria Prevention measure before and after



Behavioral science principles: empowerment, inclusivity, community involvement, feedback loops, and collaboration underpin the success of household malaria prevention interventions

Conclusions

HAAM demonstrates the effectiveness of leveraging behavioral science for enhanced malaria prevention. The initiative's success highlights the importance of community involvement and empowerment in malaria control. By co-creating prevention actions with households, based on locally available strategies and resources, and clustering them for follow-up, HAAM fosters community ownership. Behavioral science principles underscore the importance of community involvement and local empowerment in malaria prevention

