



SUCCESS STORY

Reducing Unnecessary Injections to Prevent HIV/AIDS



PHOTO MMIS/UGANDA

Participants learn about safe injection and waste management practices at an MMIS training.

“I had my doubts about this approach but I have seen it working. Even my patients are impressed by the way all my staff endeavor to explain to them the (malaria) treatment using tablets only. At first I feared we would lose our patients but you have seen it has not changed...”

-Kashongi Health Unit Supervisor, Aulea Owomugisha

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About 70 kilometers from the town of Mbarara in southwestern Uganda, Kashongi, a small, isolated health unit serves 50 to 60 patients daily. The majority of the patients at this five-employee health unit are being treated for malaria. Aulea Owomugisha, the Kashongi Health Unit Manager, used to treat more than half of her malaria patients with injectable medication. But in September 2004, she attended a four-day training on injection safety, made possible by the U.S. President’s Emergency Plan for AIDS Relief’s Making Medical Injections Safer (MMIS) program, implemented through USAID. The training taught her about the efficacy of oral treatment for the disease, which can be just as effective as injectable treatment.

Emerging global evidence has shown that transmission of HIV and other bloodborne pathogens occurs through unsafe health care practices. As a country with high rates of injection use and high prevalence of HIV and hepatitis B, Uganda is aiming to reduce transmission of HIV and other bloodborne pathogens through the rapid reduction of unsafe and unnecessary injections. Reducing the number of unnecessary injections presumably reduces the pressure for reuse of injection equipment and further improves the safety of the smaller number of medically necessary injections.

At the training, Nurse Owomugisha learned that injections are not the only or best treatment option for many medical conditions. Returning to Kashongi, she shared her training materials with the clinical officer and midwife and focused on how to educate patients about oral treatment alternatives. Several months after Nurse Owomugisha’s training, fewer than 11 percent of patients at Kashongi were being treated with injections. By June of 2006, a review of the outpatient register revealed that there was neither a reduction in the patient load nor a change in the disease patterns; however, prescriptions for injections had fallen to only two percent of all prescriptions. With support from the Emergency Plan, health care workers in Uganda have reduced unnecessary injections.