

“Every single life is important”

The Global Funds Role to Achieve Health Equity

Malaria is omnipresent in Uganda. However, not everyone has the same opportunities to protect themselves from infection or to receive treatment if they fall ill. Krystal Mwesiga Birungi, scientist and a speaker for the Global Fund Advocates Network, has made it her life's work to change this. She explained what drives her in an interview for Action against AIDS Germany.



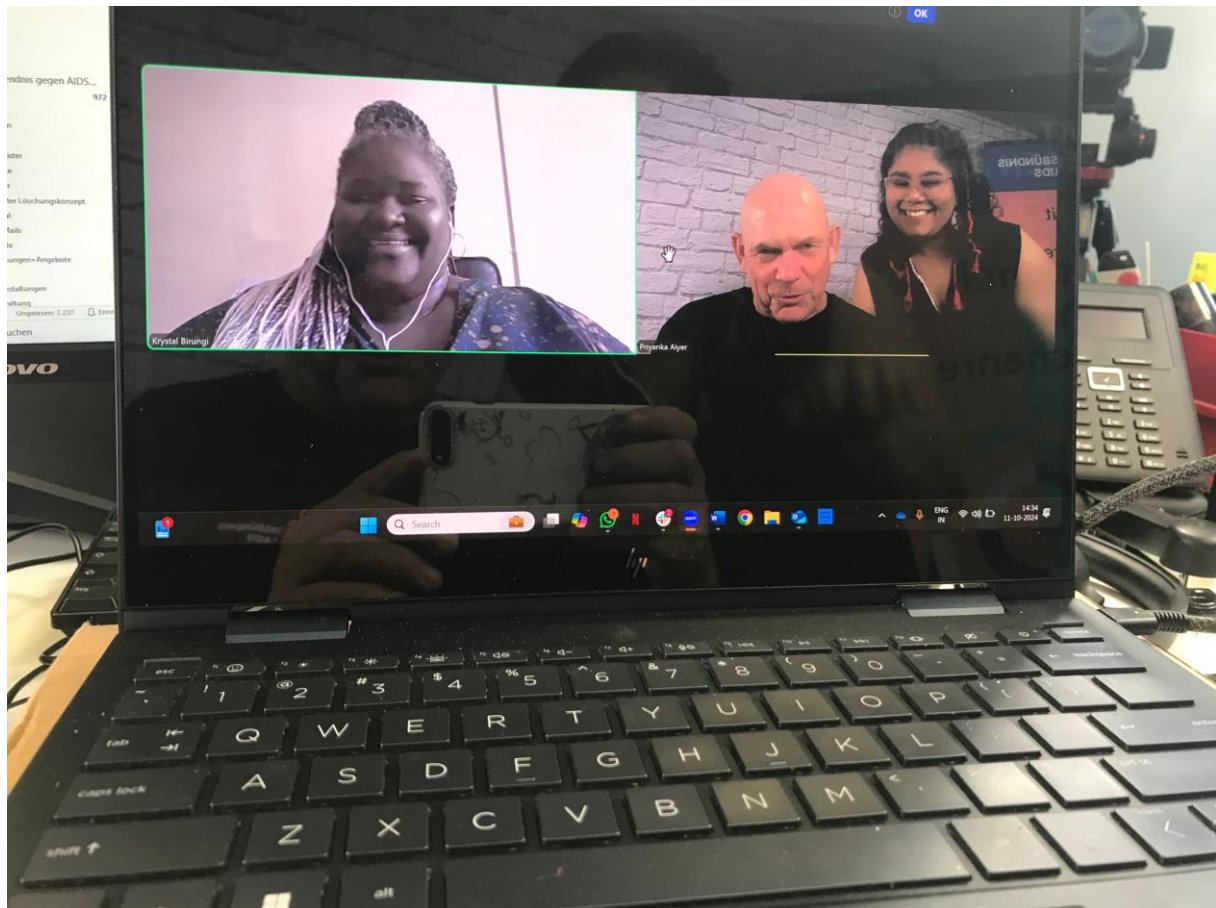
When her son turned five recently, it was no ordinary birthday for Krystal: “I walked around all day with a big smile on my face and kept telling myself: He's alive”. Because the fact that her child had reached this age was - from a purely statistical point of view – not a small matter of course. In Birungi's childhood and youth, one in three children died of malaria before the age of five. The risk of potentially fatal malaria was omnipresent in her country - as in many other African countries. With the rain came the mosquitoes, and each one could transmit the parasite. Although treatment was possible, the medication required was unaffordable for many. The mortality rate, especially among children and pregnant women, was extremely high. People felt powerless in the face of this constant threat. This experience had a significant impact on Krystal's life and career path, who grew up in a small community outside Kampala.

Krystal Mwesiga Birungi. Photo: Global Funds Advocates Network (GFAN)

“We knew that we could get malaria at any time. And if we got it, there was no certainty that we would survive,” she says, describing her life situation at the time. “But nobody should have to grow up and live like that. That's just wrong.” Krystal and her siblings also fell ill; she almost lost her youngest brother to malaria. She will never forget how her mother desperately tried day and night to cool down the five-year-old's feverish body and stop his convulsions. However, it was only possible to obtain free medication through close contact with hospital staff. The trained zoologist and botanist has therefore

made it her life's work to raise awareness of how malaria can be eliminated. And a lot has happened over the past few decades - thanks in part to the Krystal and other advocates' work. She is not only a speaker for the Global Fund Advocates Network. As an insect researcher at the organization Target Malaria Uganda, she researches the population dynamics, behavior and species composition of mosquitoes, supports the development of innovative gene drive technologies as additional tools to the malaria toolbox, and thus contributes to improving malaria prevention and treatment. New vaccines and better mosquito nets with double impregnation create better conditions for combating malaria.

At the same time, climate change means that people in areas that were previously not at risk are now increasingly affected.



Krystal Mwgesi Birungi, Peter Wiessner and Priyanka Ayer in the office of Action against AIDS during the interview. Foto: Alexej Stoljarov

The number of malaria deaths has fallen from 100,000 a year to 17,000

“The Global Fund has been decisive in improving the situation in the country”, explains Birungi. Where 1 in 3 children under the age of 5 used to die of malaria, today it is only 1 in 25. Although this is still an alarmingly high mortality rate, the number of deaths has fallen significantly: from 100,000 a year to around 17,000.

“We owe this success to the mosquito nets that have been distributed in the villages, for example, but also to the health care teams in rural areas”. These teams are not only financed by the Global Fund, but also trained. These are people who come from village communities and are now responsible for the prevention and treatment of malaria there.

But there is still no reason to be satisfied with what has been achieved. “It is a matter of the heart for me, because so many people have already died from this disease,” says Krystal Mwgesiga Birungi. Uganda, with its 47 million inhabitants, is one of the countries with the most malaria infections in the world. The disease has already claimed the lives of hundreds of millions of people. The International

Malaria Report published by the World Health Organization reports 608,000 deaths caused by the disease worldwide in 2022. According to UNICEF, a child under the age of five dies almost every minute worldwide because of malaria. The number of cases of the disease rose again from 244 million in 2021 to 249 million in 2022. Of these cases, half occurred in just four countries: Uganda is one of them.

Lack of access to medical care



Priyanka Ayer, Krystal Mwgesi Birungi and Peter Wiessner in the office of Action against AIDS during the recordings. Foto: Alexej Stoljarov

For Krystal personally, the risk of contracting malaria has decreased significantly. As she says, she is “one of the people who are lucky enough to be able to protect themselves from bites with a mosquito net and - if the worst comes to the worst - to have access to treatment.” And no less important: “I can also afford treatment for my child myself.”



Krystal Birungi
Krystal Mwegesi Birungi, Screenshot from the recorded video. Foto: Peter Wiessner

Unfortunately, this does not apply to many people with a completely different reality of life. They don't know whether their children will reach school age. However, Krystal cannot and will not accept this fact. “It's simply not fair,” she says. “These people have no voice and hardly any chance. And this even though diseases could be prevented through measures such as mosquito nets and vaccinations - and thus the lives of the many thousands of people who die from malaria in Uganda every year could be saved.”

The prerequisite for this, however, would be to reduce the striking inequalities in health opportunities. The biggest problem, according to Birungi, is access to medical care.

Health centers away from the big cities are rare and poorly equipped

As part of her scientific work, Birungi visited numerous villages in the country and was able to gain an impression of the situation. In many of the worst affected areas, such as the islands in Lake Victoria, there is a lack of even the most basic healthcare. To receive treatment, the inhabitants have no choice but to travel to larger islands by canoe. In the stormy seasons, however, even this is not possible. The situation on the mainland is not much different. There is a lack of health facilities there too. “People often have to walk many kilometers to reach a doctor's station where they can get medical help...And even if they manage to reach such health centers, they often cannot be helped.” This is because they are often inadequately equipped and lack medicines, for example. “The people who live there are therefore cut off from both malaria prevention measures and malaria treatment. They are simply left in the lurch and therefore die from a disease that has long been preventable.”

Stigmatization increases inequality of opportunity

But it's not just a lack of medicines and health facilities. "There is also a lack of education, especially in remote places," she notes. Many people do not know how to protect themselves against malaria or how the disease can be treated.

Another problem is stigmatization. "A pregnant woman with HIV may not go for check-ups for fear of being stigmatized if her HIV status becomes known." Sex workers are also exposed to such discrimination. People from the LGBTIQ* community, on the other hand, run the risk of being identified as queer in health centers and thus being prosecuted.

"So we have a number of barriers in Uganda that we urgently need to break down before we can claim that we have equal health opportunities," says Krystal, summarizing the situation.

For her, health equity means that there would no longer be all the avoidable deaths due to malaria.

"But equity also means that the place where people are born cannot determine whether I live or die." For Krystal Mwesiga Birungi, health equity is therefore synonymous with healthcare for all. Because every single life is important. "It means recognizing that all people - no matter where they were born, how old they are, what faith they have or what they own - have the right to access healthcare and to live a healthy life."

But to achieve this, equal opportunities in the public healthcare system are needed for everyone. Krystal does not believe it is impossible to achieve this goal, but it will require united forces. Also, because the situation can change for the worse at any time. "So, we have no reason to sit back and relax," says the malaria researcher.

The Covid-19 crisis has shown that such a pandemic can be brought under control - if the global community stands together. However, it has also become clear that those countries with a strong public health system are best able to respond appropriately to such health crises.

"Without support, countries like Uganda will never achieve health equity"

However, Uganda is a poor country and healthcare provision is therefore correspondingly weak. "The knowledge and opportunities to eliminate HIV, tuberculosis and malaria and achieve equal health opportunities for all have long been available. But without support, countries like Uganda will never achieve equal health opportunities. We need strong partners for this. We don't have that strength ourselves."

The Global Fund has the tools, the will and the necessary structures, - "And we see in Uganda, as in many other countries, that the work of the Global Fund works. But we also know that there are not enough financial resources available."

Krystal therefore appeals to the solidarity of the international community: "Those who have a voice and the means, who have the necessary resources, therefore have a moral obligation to prevent people from dying simply because they were born in the wrong place". It cannot be right that parents must decide whether they can pay for their children's vital treatment or buy them something to eat. "That is not the world we want to live in. To achieve equality, we can no longer just talk about it, we must act."

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