

# Refugees as a threat to sleeping sickness elimination: integration challenges from Uganda

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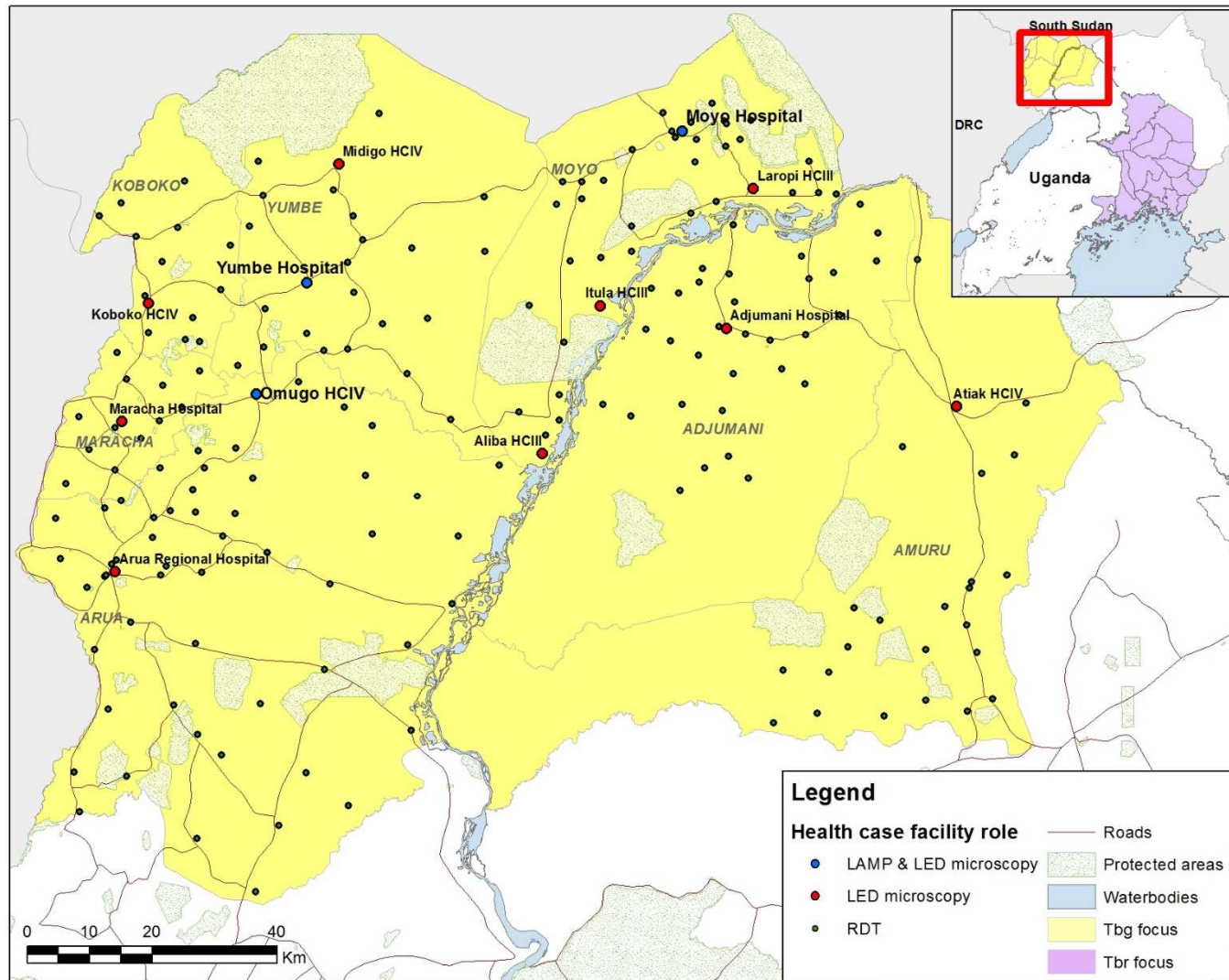


# The case for integrating refugees into sleeping sickness elimination plans

- SDGs commit us to NTD control as well as the tenet to “leave no one behind” –which includes people displaced by conflict
- *All* sleeping sickness endemic countries currently host forcibly displaced populations
- Sleeping sickness outbreaks historically associated with war & population displacement

→ But is this being done?

# Uganda: A promising policy context for elimination & integration



- Sleeping sickness RDTs available in all govt facilities (green dots)

- Refugees seen in all govt facilities

Yet:

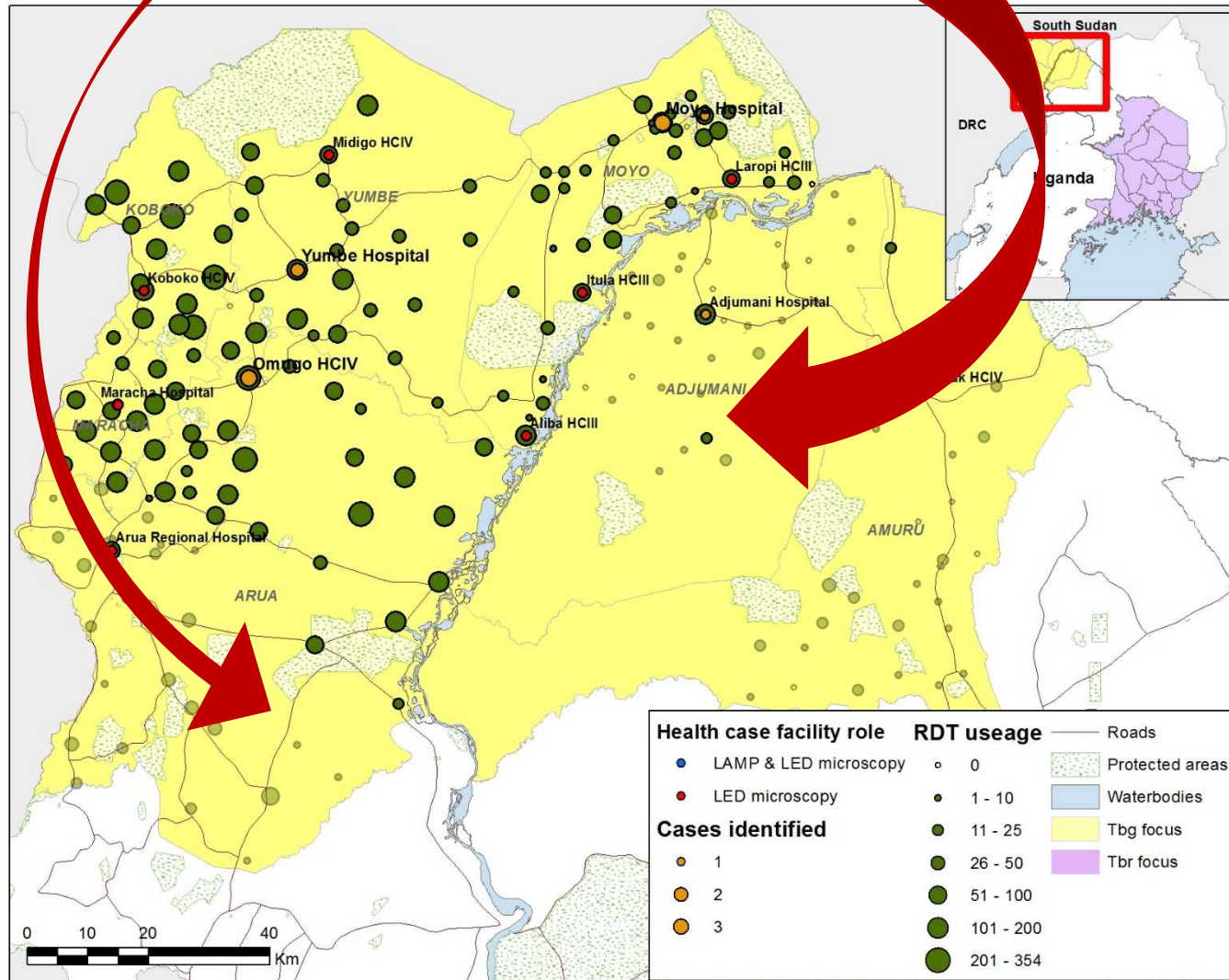
- Refugees mostly excluded for 3y

# Unrecognised problems

- Political will in assigning blame to refugees did not translate into mandate for action
  - Sleeping sickness historically a 'humanitarian' responsibility
  - Vertical disease programmes not supported by UNHCR
- Donor norms
  - Desire to demonstrate success meant withdrawing surveillance resources from facilities using RDTs infrequently
- Humanitarian primary care response led to unrecognised sleeping sickness programme failure
  - RDT training lost during expansion
  - Difficulties communicating increased complexity of health provider syndromic decision-making

# Unanticipated outcomes

Refugee migration  
from South Sudan



- RDTs withdrawn (greyed dots) from refugee areas (red arrows)
- Refugees said: sleeping sickness control better in South Sudan
- Transmission in refugee populations unknown



# Lessons learned

- Shift in international actors interested in sleeping sickness brings new set of norms about refugees  
Humanitarians → PDPs & governments
- SDG focus on migrants is an opportunity, but remains to be operationalised
  - Planning & monitoring incentives can be created
  - International SDG norms may conflict with international donor norms (eg value for money)
- Threat posed by refugees = threat that programmes are not adaptable
  - Both parasites & populations change
  - Include interdisciplinary perspectives to adapt