

National News

Govt reports surge in malaria prevalence

The new Uganda Malaria Indicator Survey (UMIS) report is based on a national survey conducted in 9,458 households across the country. Field data collection for the new survey was done from November 29, 2024 to February 3, 2025. It indicates that Lango Sub-region had the highest prevalence at 32 percent, followed by Karamoja (26 percent), Acholi and Teso at 23 percent, and Busoga at 21 percent.

BY TONNY ABET

The government's ambitious drive to eliminate malaria by 2030 has suffered a setback as it reports an increase in malaria prevalence.

Details in the new Uganda Malaria Indicator Survey (UMIS) report launched yesterday show the prevalence of malaria in children has increased from 10 percent in 2018 to 13 percent in 2025.

But the report, launched by the Uganda Bureau of Statistics (Ubos) in Kampala, also shows sharp variation reported across the country's sub-regions.

The report is based on a national survey conducted in 9,458 households across the country. Field data collection for the new 2024/2025 UMIS was done from 29 November 2024 to 3 February 2025.

Mr Stephen Baryahirwa, the Ubos principal statistician, said during the report launch that they carried out malaria tests and interviews to determine disease prevalence, and knowledge and attitudes about prevention and treatment of malaria.

The interviews were done among females between 15 and 49 years.

Mr Baryahirwa said to determine malaria prevalence, they did malaria tests on children under five years, after receiving consent from parents or caretakers.

The blood samples were tested in the field through rapid diagnostic test kits (RDT), and samples were sent to the government central public health laboratory for microscopy and real-time polymerase chain reaction tests (RT-PCR).

Prevalence among children

The report shows children under five and women in the childbearing age are some of the most affected by malaria in the country due to low immunity and vulnerabilities associated with pregnancy.

"Looking at children, those who tested positive after blood samples were analysed using a microscope, varied across sub-regions. It is high in the Lango Sub-region and lowest in Kigezi Sub-re-

gion and Kampala," said Ms Lillian Akinyi, another Ubos statistician.

Lango Sub-region had the highest prevalence at 32 percent while Kampala, Buganda South Ankole, and Kigezi had the lowest malaria prevalence at only 1-2 percent.

"Prevalence of malaria was highest among children living in poor households (23 percent) and lowest among those who are wealthier (two percent). Considering the past UMIS, the national prevalence has increased slightly," Ms Akinyi said.

She added: "This link is complex to explain, but available research indicates it could be related to inadequate housing and living in environments that are more likely to be infested by mosquitoes."

Ms Akinyi also said the use of drugs for malaria prevention among pregnant women was not at the optimal level, despite 71 percent of them say-

ing they're concerned about the severe health effects of malaria.

Up to 16 percent of the households were also not using insecticide-treated mosquito nets, increasing the risk of infectious mosquito bites.

The report also said although there is an increase in prevalence, it is still far below the 45 percent prevalence reported in the 2009 UMIS.

But health experts interviewed by *Daily Monitor*, as well as Mr Amos Lugolobi, the State minister for Planning, said they expected a better performance given the government's substantial investment in malaria control.

"We need to interrogate where the problem is, if we have been investing money. Is the money too little or is it sufficient, but (there are gaps in) implementation?" Mr Lugolobi said.

"But I want to appreciate that the trend since 2009 has been very progres-

sive. We have seen a lot of improvement from 45 percent prevalence to now 13 percent, but there is a slight increase. We will not allow that trend to continue going upwards, and we shall ensure we totally eradicate malaria," he added.

Economic impact

Mr Lugolobi said malaria has social and economic effects on households and on the economy. He said the disease affects productivity and causes loss of income to households.

Dr Jimmy Opigo, a health expert who headed the malaria control programme at the Ministry of Health, said the government alone spends close to \$150 million (Shs552.38 billion) in treatment of malaria every year. He said this excludes what families spend on mitigating the disease burden.

"We know that to treat simple malaria costs a household about Shs50,000 and to treat severe malaria when one

is hospitalised, costs around Shs150,000 to Shs200,000. This excludes the costs of those who go on to require dialysis because of kidney injury induced by the infection," he said.

Mr Thomas Tayebwa, the Deputy Speaker of Parliament, also said country loses Shs2.4 trillion annually due to malaria. The monetary loss is majorly due to treatment costs, work time lost while undergoing a treatment and recovering from the illness.

Mr Lugolobi said the government should urgently find reasons behind the increase in malaria prevalence and address them.

Describing personal adoption of indoor residual spray (IRS) for his home, he advised the government to popularise the method instead of putting more the focus on insecticide-treated mosquito nets.

Although the government uses IRS in some of the sub-regions with high malaria burden, and with some results to show, the subject of IRS is contentious with some environmentalists

16
MALARIA DEATHS
PER DAY

KEY INFORMATION ON MALARIA

Malaria burden

- Malaria kills 16 people per day
- Malaria kills 480 people every month
- Malaria kills 5,840 people annually
- Children under five accounted for about 75 percent of all malaria deaths in Africa.

Malaria national prevalence

- 2019-10 percent
- 2025 -13 percent

Malaria's New Epicenters: Where the fight needs to intensify

- Lango Sub-region tops with 32 percent
- Karamoja (26 percent),
- Acholi, Teso at 23 percent
- Busoga at 21 percent,
- Bunyoro (18 percent),
- Bukodi (12 percent),
- Buganda North (11 percent),
- Tooro (nine percent),
- West Nile (eight percent),

- Elgon (six percent),
- Kampala at one percent,
- Buganda South (two percent),
- Ankole (two percent)
- Kigezi at one percent.

More data

- Malaria cases handled in the Out-patient Department (OPD) of hospitals in 2024/25 financial year were 10 million
- Malaria admissions for patients in 2024/2025 financial year was 676,154
- Malaria death in hospitalised patients 2024/25 financial year was 2,198

Note: Malaria was biggest cause of hospital visit and admission.

Malaria Symptoms

The most common early symptoms of malaria are fever, headache, and chills. Symptoms usually start within

10-15 days of getting bitten by an infected mosquito.

Symptoms may be mild for some people, especially for those who have had a malaria infection before. Because some malaria symptoms are not specific, getting tested early is important.

Some types of malaria can cause severe illness and death. Infants, children under 5 years, pregnant women, travellers, and people with HIV or Aids are at higher risk. Severe symptoms include:

- extreme tiredness and fatigue
- impaired consciousness
- multiple convulsions
- difficulty breathing
- dark or bloody urine
- jaundice (yellowing of the eyes and skin)
- abnormal bleeding.

People with severe symptoms should get emergency care right away.

Getting treatment early for mild malaria can stop the infection

from becoming severe.

Malaria infection during pregnancy can also cause premature delivery or delivery of a baby with low birth weight.

Malaria Prevention

Malaria can be prevented by avoiding mosquito bites and by taking medicines. Talk to a doctor about taking medicines such as chemoprophylaxis before travelling to areas where malaria is common.

Lower the risk of getting malaria by avoiding mosquito bites:

- Use mosquito nets when sleeping in places where malaria is present.
- Use mosquito repellents (containing DEET, IR3535 or Icaridin) after dusk.
- Use coils and vaporisers.
- Wear protective clothing.
- Use window screens.

Source: World Health Organisation