WHY MALARIA PREVALENCE IS RISING AGAIN

By John Masaba

Malaria infections are rising again after several years of steady decline, according to a new national survey, raising concern among health experts.

The latest findings show that malaria prevalence among children aged 6–59 months increased from 10% in 2018/2019 to 13% in 2024/2025, reversing gains recorded over the past decade.

The findings are contained in the *Uganda Malaria Indicator Survey 2024/2025*, released yesterday by the Uganda Bureau of Statistics (UBOS) in Kampala.

The event was presided over by Amos Lugolobi, the minister of state for planning and attended by health sector stakeholders and development partners.

Malaria prevalence among children aged 6–59 months had previously dropped significantly, from 45% in 2009 to 20% in 2014/2015, before falling further to a record low of 10% in 2018/2019. However, the new findings indicate that infections are again rising.

By sub-region, Lango (32%) and Karamoja (26%) recorded the highest malaria prevalence rates among children aged 6–59 months, while Kampala (less than 1%) and Kigezi (1%) had the lowest prevalence.

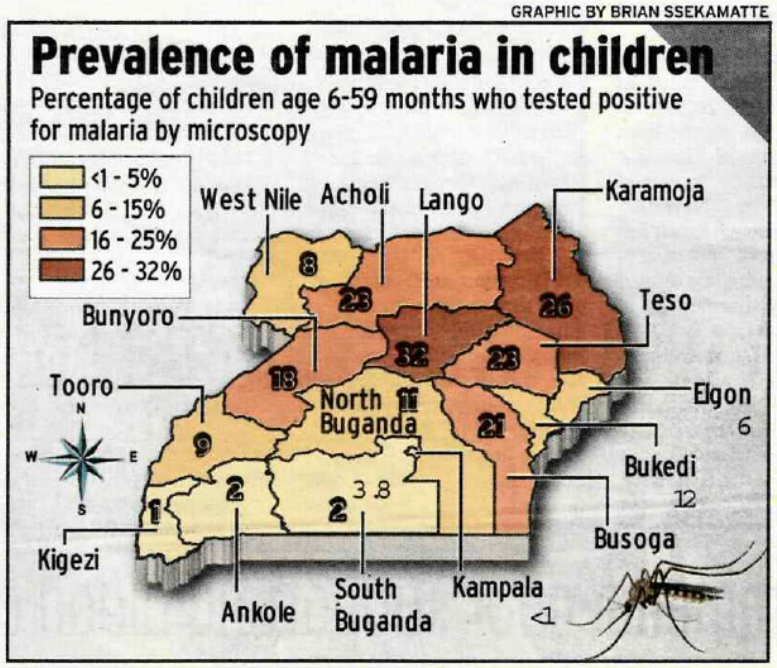
The survey also found that malaria prevalence declines significantly with higher levels of maternal education. Among children whose mothers had no formal education, prevalence stood at 17%, while 1% was recorded among children whose mothers had education beyond secondary level.

PHOTO BY NANCY NANYONGA



From left: Byamugisha, UBOS board member Allen Kabagenyi, Lugolobi, Mukiza and Mwinga during the launch of the Uganda malaria indicator survey dissemination at UBOS offices in Kampala yesterday

GRAPHIC BY BRIAN SSEKAMATTE



HIDDEN INFECTIONS

According to the report, malaria prevalence was lowest among children aged six to eight months and highest among those aged 48–59 months, highlighting the need for sustained prevention efforts.

"Malaria transmission is high throughout the year in most parts of the country, contributing to the development of partial immunity within the first two years of life," the report states.

The report also notes that many people, including children, can carry malaria parasites in their blood without showing symptoms.

"Such asymptomatic infections contribute to further transmission and increase the risk of anaemia and other health complications."

METHODOLOGY

The survey used three diagnostic methods to detect malaria infections: Rapid diagnostic tests, blood smear microscopy, and real-time polymerase chain reaction. UBOS officials said using multiple diagnostic methods helped improve the accuracy of the findings. For example, it was noted that while microscopy detects actual malaria parasites in the blood, it may miss infections with very low parasite density, especially in individuals without symptoms. These can only be detected using other methods.

Chris Mukiza, the executive director of UBOS, said the survey was conducted in partnership with the health ministry with support from partners including the World Health Organisation (WHO) and the US Embassy in Uganda. Mukiza said about 70% of the survey funding came from the Government.

MOSQUITO NET USAGE

The survey also assessed ownership and use of insecticide-treated mosquito nets across households.

It found that 84 of households owned at least one net, while 56% had at least one net for every two household members who slept in the home the night before the survey.

Most of the nets (89%) were obtained through mass distribution campaigns by the health ministry while 4% were acquired during antenatal care visits.

About 71% of the population had access to a net, meaning they could sleep under a net if each net was used by up to two people.

Net usage was highest in Lango (77%), Teso and Ankole (72%), while the lowest rates were recorded in Toro (55%), Karamoja (55%) and Acholi (58%).

The report shows that ownership of insecticide-treated nets was lowest in refugee settlements, where only 52% of households reported having a net.

PREVENTION IN PREGNANCY

Malaria infection during pregnancy remains a major public health challenge in Uganda, posing serious risks to mothers, unborn babies and newborns.

The survey found improvements in the uptake of intermittent preventive treatment in pregnancy using sulphadoxine-pyrimethamine (SP/Fansidar). The proportion of women who received at least one dose increased from 89% in 2018/2019 to 95% in 2024/2025.

Those receiving two or more doses rose from 72% to 87%, while women receiving the recommended three or more doses increased significantly from 41% to 73%.

However, some women reported missing the recommended doses due to lack of awareness about the protocol and long distances to health facilities.

OFFICIALS RESPOND

Charles Ntege, the principal medical entomologist at the health ministry, welcomed the findings, but said there is no cause for alarm.

"The findings were from a study conducted two years ago when the situation was worse, but what we are seeing now is different," he said, adding that health authorities are not registering new malaria cases in the affected areas.

"The good thing is that we have started administering the malaria vaccine, which is a game changer," he added.

Albert Byamugisha, the chairperson of the UBOS board, said the findings support government efforts to promote evidence-based planning.

"Data is a strategic national asset that empowers the Government and partners to make informed decisions during planning," he said.

Malaria remains the leading cause of outpatient visits in Uganda, particularly affecting children and pregnant women.

Byamugisha said the survey will help track Uganda's progress toward the United Nations Sustainable Development Goals, especially SDG three, which aims to ensure healthy lives and promote well-being for all by 2030.

He urged the public and policymakers to utilise the findings, noting that collecting national data requires significant investment.

GLOBAL CONCERN

Kasonde Mwinga, the WHO country representative, welcomed the survey findings, describing them as an important step in the fight against malaria. Mwinga said Africa accounts for about 94% of global malaria cases, adding that the challenge is being compounded by climate change and declining international funding for malaria elimination programmes.

Ankunda Kariisa, representing the US Embassy in Uganda, called for increased mosquito net usage, noting that progress has stagnated in recent years. She pledged continued USA support for malaria control efforts, particularly through indoor residual spraying programmes aimed at reducing mosquito populations.

AWARENESS

A crucial element in efforts to eliminate malaria is the ability to reach communities with accurate information and educational materials about the disease, its causes and ways to prevent infection. However, the survey found that awareness remains low among some sections of the population.

According to the report, 48% of women had heard or seen a malaria-related message in the six months preceding the survey.

Radio was the main source of information, with 56% of women reporting that they heard malaria messages through the medium. About 28% said they saw malaria messages on television, 18% heard them from community health workers and 14% received the information from healthcare providers.

A smaller proportion of women reported getting malaria messages through social media platforms (5%), while 6% said they encountered the messages through other channels.

Exposure to malaria messages in the previous six months was higher in urban areas (52%) than in rural areas (45%).

The findings also show that exposure to malaria information increases with education level, from 38% among women with no formal education to 64% among women with education beyond secondary level.

Regionally, exposure to malaria messages was highest in South Buganda (57%) and lowest in West Nile (31%).

Television was the main source of malaria messaging among women in the highest wealth quintile (65%), while radio remained the dominant source among women in the four lower wealth quintiles, ranging from 47% to 65%.