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WORLD MALARIA DAY

Experts tip on fighting malaria

By Gloria Nakajubi

In the third week of 2018, at least 23 people had succumbed to malaria at 15 health facilities across the country, according to the weekly tracking report filed by the National Malaria Control Programme (NMCP). The majority (six) of the deaths happened at Mbale Hospital.

With the country spending almost sh450b on malaria treatment every year, experts worry that the trend might continue for a while unless the middle income status dream is attained.

In commemoration of the World Malaria Day, under the global theme *Ready to beat Malaria* experts argue that the magic bullet to ending one of Uganda's leading causes of hospital mortality lies in an improved household income and general status of living.

Malaria is prevalent in nearly all of Uganda, where it is responsible for 30-50% of outpatient visits, according to the midterm review of the Uganda Malaria Reduction Strategic Plan (UMRSP) 2014-2020 released in October 2017. The disease is responsible for 15-20% of hospital admissions and up to 20% of inpatient deaths.

Just like the national target to achieve middle income status by 2020, the country under the UMRSP has seemingly ambitious targets on malaria elimination by 2020. The end year for the two targets does not seem to have been a coincidence after all.

Under UMRSP, the country intends to reduce annual malaria deaths from 30 per 100,000 (2013), to less than 1 death per 100,000 people, reduce malaria morbidity from 150 to 30 parasitologically confirmed cases per 1,000 people and reduce malaria parasite prevalence from 19% to less than 7%.

"With enough disposable income, people are able to afford their own mosquito nets, have better health-seeking behaviours and are able to access health facilities in time," says Daniel Kyabayinze, the deputy manager of the National Malaria Control Programme (NMCP) at the Ministry of Health.

According to Kyabayinze, the level of income of a household influences the sanitation levels as well as the kind of houses they build. Grass-thatched and semi-permanent houses, according to the expert, tend to provide mosquitoes with hiding space and easy access to those inside.

Kampala, which has a population with relatively higher incomes than the rest of the country, is already at pre-elimination stage, according to the expert. "We had some people in the city who would ask us to give the nets out to other people because they already had their."

A middle income economy boasts of high literacy levels and based on this, the experts argue that it would be easier for the majority of the population to appreciate the use of mosquito nets. Currently, Kyabayinze argues, the interventions that largely depend on individual input such as sleeping under an insecticide treated net do not receive high uptake because of a failure to appreciate the reasons they are being used in the first place.

"Education opens up our minds and we are able to easily adapt behaviours, especially those scientifically proven to improve our health. This is more challenging when dealing with an illiterate population," he says.

Women in Mityana district received mosquito nets from government officials recently

Progress so far made

According to the 2017 review, the reported malaria cases declined by nearly 45% from about 16 million in 2013 to 8.82 million in 2016, with parasite prevalence in children less than five years reducing from 42% in 2009 to 19% in 2014.

There has been increased deployment of the long lasting insecticide treated mosquito nets as the key vector control method.

There has also been increased availability of malaria case management commodities (Artemisinin Combined Therapy (ACTs) and rapid diagnostic tests) as evidenced by declining stock outs of ACTs from 15% in 2013 to 8% in 2017.

Recommendations

- To sustain the gains in reducing malaria mortality according to the report, the health ministry and partners should strengthen the health care delivery system to ensure prompt diagnosis, treatment and timely referral at all levels.
- Given the rapid reduction in malaria incidence experienced in northern and eastern Uganda where indoor spraying is ongoing, the health ministry and partners should prioritise the hot spot districts in the country with indoor residual spraying. The 10 highest burden districts are Agago, Kitgum, Lamwo, Pader, Oyam, Gulu, Nwoya, Amuru, Adjumani and Moyo. There are 15 districts that have the second highest incidence of malaria (350-450 cases/1,000 population). These are Koboko, Arua, Nebbi, Kiryadongo, Apac, Katakwi, Kamuli, Jinja, Busia, Kyakwanzi, Bundibugyo, Rubirizi, Rakai, Lyantonde and Butambala
- The National Malaria Control Programme should strengthen countrywide entomological surveillance to generate up-to-date entomological data to inform the planning and implementation of vector control interventions.

Renewed commitment

Despite the challenges in the fight against malaria, experts have hope in the renewed commitment by government and other politicians to ensure that elimination is not only a dream, but a feasible target.

According to a statement released by the African Leaders Malaria Alliance from the just-concluded Malaria Summit in London during the Commonwealth Heads of Government meeting, Uganda was among the 12 African countries in the Commonwealth that made new commitments.

"Uganda committed to establishing a Presidential Malaria Fund Uganda (PMFU) to help mobilise increased dedicated resources from government, partners and private enterprises to fight malaria. They further committed to support government parish chiefs to supervise and ensure appropriate use of all malaria interventions; and to ensure that 15,000 community health extension workers (CHEWS) are recruited and facilitated to promote equitable access to early treatment and prevention services in all households."

This comes on the heels of a similar commitment by President Yoweri Museveni recently while launching the Mass Action Against Malaria and the Uganda Parliamentary Forum on Malaria. The President said the Government would set aside sh350b for the elimination campaign.

"This is a very good gesture," says Associate Prof. Freddie Sengooba of Makerere University School of Public Health. According to Ssengooba, elimination of malaria starts with political will and having the President as an active player is an opportunity all the different stakeholders should take advantage of.

Engaging local leaders according to Kyabayinze is one way of enhancing acceptability of the different interventions.

"People believe in the opinion leaders in their communities. The messages cease to be alien and they believe the people from their community have their best interests," he says. This is a strategy, according to the expert, that is key to behavioral change.

Ssengooba, an expert in health policy, systems management and a principle investigator of the Supporting Policy Engagement for Evidence-based Decisions(SPEED) initiative, argues that with the government spending over sh400b (as revealed by the Minister of Health recently) on malaria annually, elimination of the vector carrying mosquitoes is the only way out. With a health sector that is short of health workers, Ssengooba argues that by eliminating malaria from the equation, the available resources (including human resource), can be put to other uses.

"So, you will have more health workers that can go out for outreaches. That is more people reached and a number of diseases averted or identified in the early stages and thus easier to treat," he says.

The interventions

Though the 2020 middle income dream seems a little off target, the health ministry, through the NMCP has developed a multi-pronged approach in a bid to eliminate malaria.

According to Kyabayinze, the different interventions target the vector (mosquito) as the transmitter, the parasite and the human (reservoir). This basically covers the malaria transmission cycle.

Indoor residual spraying (IRS), insecticide treated mosquito nets and treatment of infected persons using ACTs are some of the interventions that government is focusing on.

Statistics from the ministry indicat that 28 million nets have been distributed in the country and the others covering the next cycle (after three years) have already been secured. Indoor Residual Spraying, on the other hand, is bei implemented in 14 high burden areas and results have shown a drastic decline in malaria from 45 to 7%.

With ACTs made available in all health facilities, if people are to access them in time, then the mosquitoes will have nothing to carry or transmit after a bite. This because with treatment, the vecto will have been killed.