The National Malaria Control Program, MoH

Malaria and its control in Uganda: where were as a country

31st March 2009
**Malaria Epidemiology Worldwide**

- Globally 350–500 million malaria cases reported annually

- Three million people die from malaria each year

- In Africa one person dies from malaria every 30 seconds. *(80% of global deaths due to malaria)*

- In Uganda 320 people die from malaria each day
Global distribution of malaria

Above: World malaria situation. Malaria is endemic to tropical and subtropical regions.
Malaria Burden in Uganda: Overview

- Malaria accounts for 26% of the burden of Disease in Uganda (BOD Uganda 1995) and is responsible for:
  - One in every 3 persons attending OPD (33%)
  - One in every 4 persons admitted in hospitals (25%)
  - One in every 5 child deaths in hospital (20%)
  - 70,000 – 120,000 child deaths in a year or 320 deaths every day
  - Severe anaemia in children/pregnancy ↑ abortions, ↑ low birth weight ↑ MMR ↑ IMR
  - Severe economic losses, lost school days, low economic productivity, long term disability
MALARIA AND MOTHERHOOD

- Pregnant women are four times more vulnerable to malaria due to low immune status

- High morbidity and mortality due to maternal anaemia

- High rate of pregnancy wastage: abortions, low birth weight
Transmission Level:
- very high
- medium-high
- low
- very low or no malaria

Estimated Entomologic Infective Rate (EIR)
1994-2004 Apac district has the highest EIR globally
Goal and Overall Objective of Malaria
Strategic plan 2005/6-9/10

• **Goal**: to control and prevent malaria morbidity and mortality, minimize social effects and economic losses attributable to malaria in the country.

• **Overall objective**: go to national scale with effective interventions to prevent and treat malaria and sustain high coverage levels.
National Malaria Control Strategies

- **Case management (Case Management at HF Level, HBMF, IPTp)**

- **Vector Control (ITN &IRS)**

- **BCC/IEC**

**Support structures: M&E and Research**
Strategic Priorities

- Focus on a rapid increase of coverage with preventive measures namely indoor residual spraying (IRS) & insecticide treated nets (ITN)

- Ensure access by all to Artemisinin-based combination therapy (ACT) including those accessing treatment through the commercial sector

- Achieve impact among most vulnerable groups such as young children and pregnant women (highly endemic areas), disadvantaged or difficult to reach populations, PLWHA
Targets

- Increase the proportion of households having at least two insecticide-treated net (ITN) from 15 to 85%.

- Increase the proportion of targeted structures for indoor residual spraying (IRS) in targeted areas from 0 to 85%.

- Increase the proportion of children under five getting correct treatment within 24 hours of onset of symptoms from 25 to 85%.

- Increase the proportion of pregnant women who have completed IPT2 from 34 to 85%.

- Reduce the case fatality rate among malaria in-patients under five from 4 to 2%.
Analysis of options: Available Interventions against Malaria

- Reduction of malaria parasites
  - Malaria case management - ACTs
  - Preventive treatment - IPT

- Reduction of the mosquito population
  - Destruction of adult mosquitoes - IRS
  - Destruction of mosquito larvae - Larviciding
  - Reduction of mosquito breeding sites

- Prevention of contact between mosquitoes and humans
  - Use of insecticide treated mosquito nets.
  - Screening of houses
  - Site selection

- IEC/BCC and other support strategies
Reduction of malaria parasites

- Scaling-up implementation of the home based management of fever strategy (HBMF)

- Scaling-up malaria in pregnancy care

- IPT is being implemented in all health facilities that offer antenatal care services
Reasons for using IRS (including DDT) for Malaria Elimination in Uganda (Cont.)

• Vector Control (VC) to reduce malaria vectors is an essential component of any malaria control programme and is very vital for malaria Elimination.

• The use of IRS, including the use of DDT, is therefore key to reducing the morbidity and mortality associated with malaria.

• IRS is also the most cost-effective method for controlling malaria epidemics.
Reasons for using IRS (including DDT) for Malaria Control in Uganda (Cont.)

• Anopheles Female mosquitoes feed and rest indoors. Therefore, IRS for malaria control is only done INDOORS and NOT OUTDOORS!

• LF AND OTHER VECTOR BORNE DISEASES ARE ALSO CONTROLLED
Achievements

• More than 6 million ITNs have been distributed targeting Pregnant women and children
• ACTs have been declassified from prescription only drug to off count drug
Uganda; Trend of malaria OPD Cases 2000 to 2006 (HMIS DATA)
THANK YOU

FOR YOUR ATTENTION