#### MINISTRY OF HEALTH, UGANDA



# Malaria Quarterly Bulletin

Issue 33: 1 April 2020- 30 June 2020



Permanent secretary for health launching the mosquito net campaign Dear Reader,

Welcome to the 33rd issue of the Malaria quarterly bulletin. This issue focuses on the fourth quarter of 2019/2020 financial year. The aim of this bulletin is to inform district, national, and global stake-holders on progress achieved and challenges encountered in malaria control and reduction in Uganda. Most importantly, it is to encourage use of this information at all levels in order to foster improvement of our efforts and to high-light achievements and create awareness for increased resource mobilization & allocation in order to maintain the gains we have achieved.

We present updates on key malaria morbidity, mortality and intervention indicators; highlights on the response to the ongoing malaria outbreak and updates from NMCP strategic units.

We welcome your thoughts and contributions regarding this publication. In case you would like to contact us regarding this publication, feel free to reach us on damianamanya@gmail.com or nabunyaphoebe@ gmail.com or pthiwe@musph.ac.ug. We look forward to hearing from you. Thank you and we hope this will be an informative reading for you.

#### **EDITORIAL TEAM**

National Malaria Control Division, MoH

Jimmy OPIGO

Damian RUTAZANA

Pheobe NABUNYA

Gerald B.RUKUNDO

Patrica THIWE

Daniel KYABAYINZE

Catherine MAITEKI

Denis RUBAHIKA

Charles NTEGE

Rukia NAKAMATTE

Maureen AMUTUHAIRE

Peter MBABAZI

Miriam NABUKENYA

Mathias MULYAZZAWO

Bosco AGABA

Medard RUKAARI

Jane NABAKOOZA

**WHO Country Office** 

Bayo FATUNMBI

Charles KATUREEBE

# Chase malaria

#### **Key highlights**

In this quarter, the NMCP launched and imitated the malaria mosquito net campaign, 2020 dubbed "Under The Net".

Malaria incidence declined from 83per 1,000 population in the previous quarter to 80 per 1,000.

Malaria related mortality increased from 2 per 100,000 population reported in the previous quarter to 3 per 100,000 population.

Similar to the previous quarter, Test positivity rate increased to 42% from 51%

At the end of this quarter, 47(35%) districts had a malaria outbreak.

#### Other highlights during this quarter

Compared to the previous quarter, the number of women who received IPT 1 and IPT 2 decreased by 25%, IPT3+ by 2.5% and IPT 4 by 2.6%

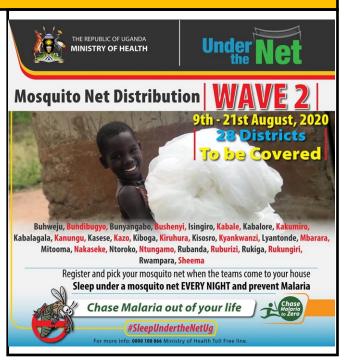
VHT/ICCM reporting rate decreased to 33.8% from 36.9% in the previous quarter

The reporting rate in both OPD and IPD increased from 79% to 88..3% and 7% to 97% respectively.

Weekly reporting rate also increased from 62% in the previous quarter to 78.9%

NMCD successfully brought to completion the first wave of the mosquito net campaign which was done in 25 districts.

Wave 2 is to set to start on 9th August in the following districts: Buhweju, Bundibugyo, Bunyangabo, Bushenyi, Isingiro, Kabale, Kabarole, Kakumiro, Kanungu, Kasese, Kazo, Koboga, Kisoro, Kyankwanzi, Lyantonde, Mbarara, Mitooma, Nakaseke, Ntotoko, Ntugamo, Rubanda, Ruburizi, Rukiga, Rukungiri, Rwampara and Sheema.

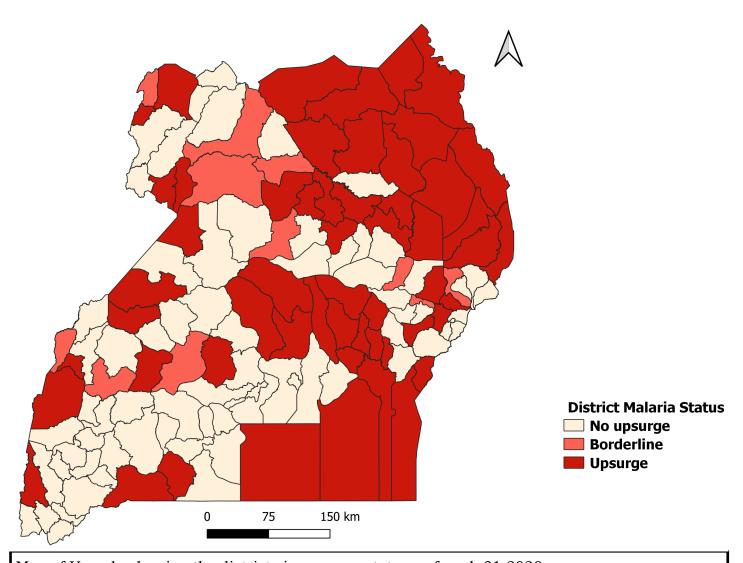


## Malaria upsurge update

At the end of this quarter, 55 (41%) districts reported malaria upsurges. The affected regions were Karamoja region, districts include; Abim, Agago, Amudat, Bugweri, Buyende, Dokolo, Isingiro, Kalangala, Kotido, Nabilatuk, Namayingo, Buliisa, Amolatar, Nakapiripirit, Napak and Yumbe among others

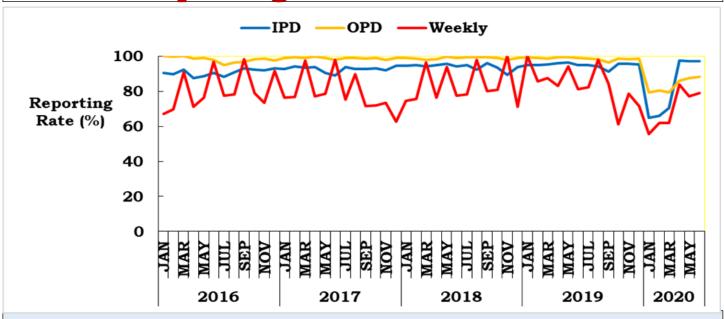
Measures in place to control malaria transmission include;

- Supplying emergency anti-malarial commodities to affected districts
- Distribution of mosquito nets across the county
- Social Behavioral Communication Change messages to encourage the community to



Map of Uganda showing the districts in upsurge state as of week 31,2020

## Trend of reporting rate



There has been a general improvement in the reporting rate this quarter. OPD reporting improved from 79% in march to 88.3% in June. IPD reporting rate improved from 70% to 97.2% between March and June. Similarly, weekly reporting improved from 62% to 78.9% in the same period. Except for IPD reporting, OPD and weekly reporting rates were below the minimum 90% required by the Integrated Disease Surveillance and Response guidelines. Compared to the same month last year, OPD reporting rate declined by 10%, IPD reporting rate declined by 2% and weekly reporting rate also declined by 2%. There was a general improvement because Health workers are now more

## **Key Malaria Indicators**



**80** per 1,000

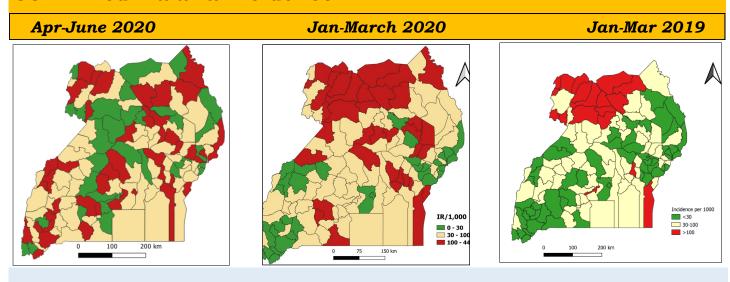
**3** per 100,000

**51** %

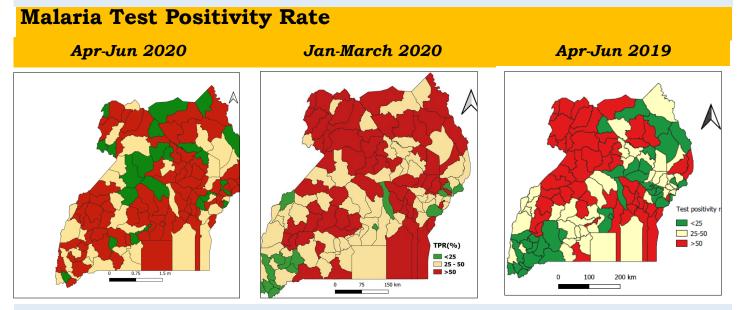
This quarter, malaria incidence reduced from 83/1000 population to 80/1000 population from the pervious quarter. It is also lower than the 85/1000 population reported in the same quarter the previous year. Mortality Rate increased from 2 to 3/100,000 in the previous quarter. Test Positivity Rate (TPR) this quarter was 51% and is higher than the 42% reported in the immediate previous quarter. Compared to the same quarter last year TPR increased by only 3%. The country has received unprecedented rains intermittent with rains since January allowing for proliferation of mosquitoes. This coupled with torn nets allowed mosquitoes to access the population, there by fueling transmission.

## **Details on Key Performance Indicators**

#### **Confirmed Malaria Incidence**

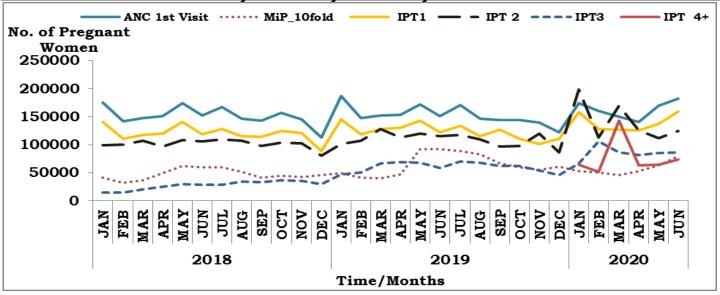


The incidence rate in 30 (22.2%) of the districts were within the 2020 MRSP target of <30 cases/1000. The districts that reported the lowest incidence this quarter were Sheema (2),Rubanda (2), Rukiga (3),Kabale (3), Kisoro (5), Bukwo (5), Buhweju (6), and Mbarara (7). The number of districts with an incidence above 100/1000 population increased from 37 (27%) in the previous quarter to 44 (32.6%). The districts that reported the highest incidence were Obongi (444), Lamwo (378), Moyo (288), Agago (262), Adjumani (226), Kapelebyong (207) and Madi-Okollo (205). Compared to the same quarter last year, the districts which had an incidence above 100 cases/1000 were more or less the same.



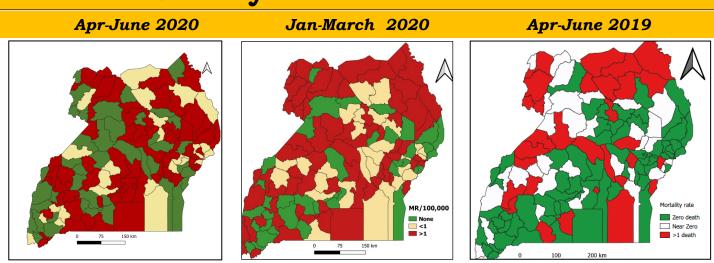
This Quarter, the overall Malaria Test Positivity Rate was 51%. This was a decline by 9% from the previous quarter where TPR was 42%. This quarter, 64 (47%) of the districts had a test positivity rate (TPR) above 50%,having declined from 72 (43%) in the previous quarter. The districts with the highest TPR included Kole (73%), Omoro (70.4%), Agago (70.3%), Namayingo (70.2%), Maracha (68.8%), Luuka (68.4%), Koboko (67.9%) and Bugweri (67.4%)

## Trend of ANC 1, IPT1, IPT2, IPT3+ and MiP



In this quarter 19,589 Malaria in Pregnancy (MiP) cases were reported having declined by 31% compared to the previous quarter where 14,920 MiP cases were reported. Compared to the same quarter last year where 23,223 cases were reported, the MiP cases this quarter decreased by 16%. This quarter, 491,963 women had their first ANC, an increment of 1.6% from 484,000 reported the previous quarter and an increase of 3.2% compared to the same quarter last year. Compared to the previous quarter, the number of women who received IPT 1 and IPT 2 decreased by 25%, IPT3+ by 2.5% and IPT 4 by 2.6%. Compared to the same quarter last year IPT1 uptake decreased by 6.7%; IPT2 by 3.7%; and IPT3 by 29%.

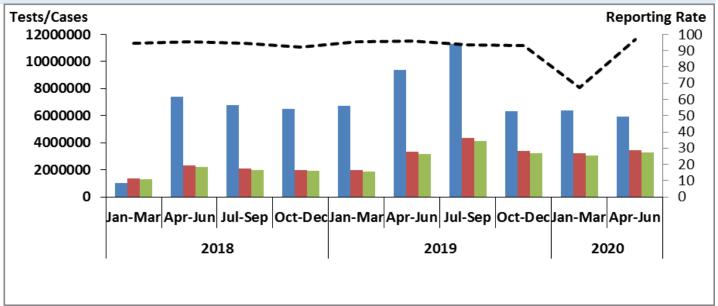
## **Malaria Mortality**



This quarter 767 malaria-related deaths were reported. This is 72 (8%) deaths less than those reported in the previous quarter. The overall mortality rate this quarter increased to 3 per 100,000 from 2 per 100,000 the previous quarter. Compared to the same quarter the previous year, there were 168 deaths less this quarter. Districts with the highest mortality (per 100,000 population) include Nabilatuk (18), Hoima (13), Nebbi (12), Adjumani (12), Masaka (11.6), Isingiro (10.6), and Mbale (7.3).

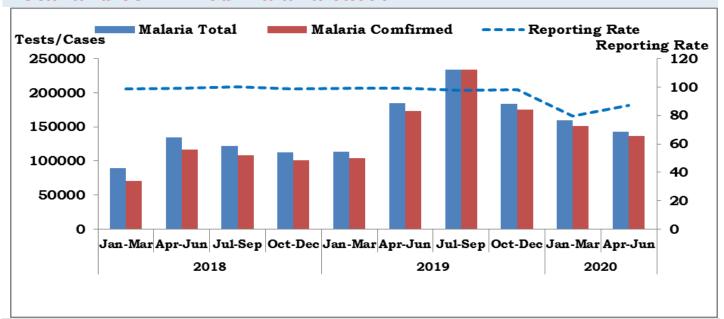
#### **UPDATE ON KEY PERFORMANCE INDICATORS**

#### Total and confirmed malaria cases in OPD



In this quarter, the number of malaria tests done were 5,921,502 giving an increment of 7.4% compared to the previous quarter. However, there was a 37% increase compared to the same quarter last year. Confirmed malaria in OPD was 3,3505, 963, a reduction of 8% compared to the previous quarter and 5% increment compared to the same quarter last year.

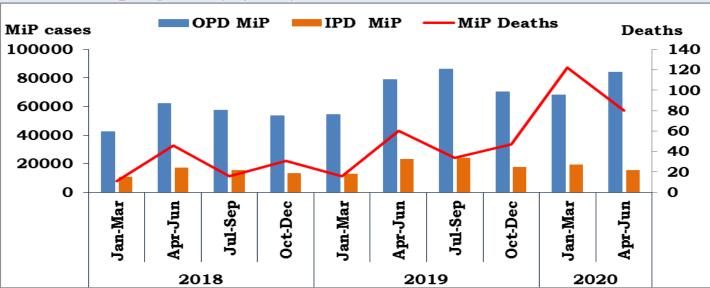
#### Total and confirmed malaria cases in IPD



During this quarter Total malaria cases in IPD were 142,393 registering a 11% reduction compared to the previous quarter. Compared to the same quarter last year, the total malaria cases decreased by 18%. Confirmed malaria cases were 151,106 in IPD this quarter reducing by 10% compared to the previous quarter. Compared to the same quarter last year, the cases decreased by 36%.

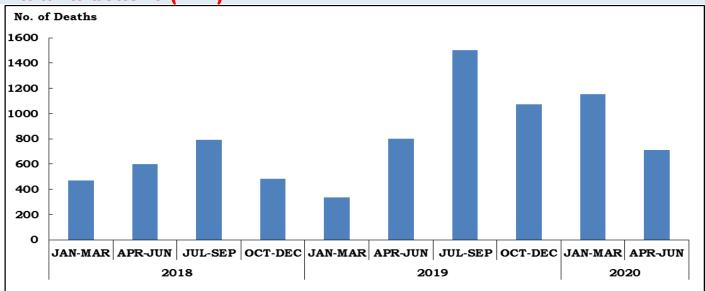
#### **UPDATE ON KEY PERFORMANCE INDICATORS**

#### Malaria in pregnancy (MiP)



Compared to the previous quarter, MiP cases decreased by 21% in IPD and increased by 23% in OPD. The increase in malaria cases in OPD and subsequent reduction in IPD maybe due to the effort to decongest wards in the hospital due to the COVID pandemic. Compared to the same quarter last year, the cases reported in OPD increased by 6% while those in IPD decreased by 50%. MiP deaths this quarter were 80, having reduced by 34% compared to the previous quarter but improved by 16% compared to the same quarter in the previous year.

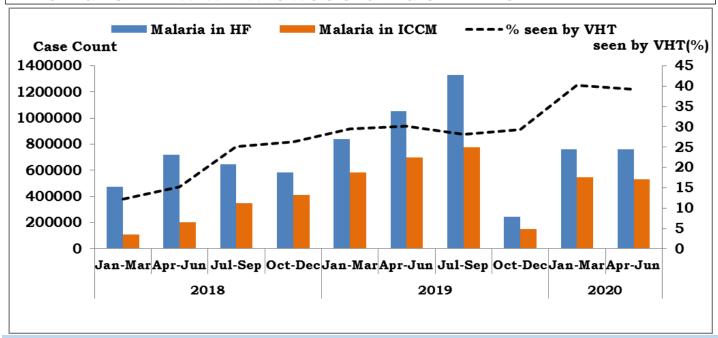
#### Malaria deaths (IPD)



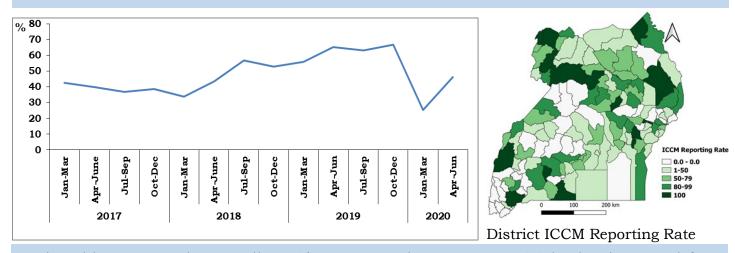
Compared to the previous quarter, there was a 38% decrease in malaria related deaths. Compared to the same quarter last year, malaria related deaths decreased by 11%.

#### **INTERGRATED COMMUNITY CASE MANAGEMENT(ICCM)**

### Trend of Malaria cases under five



A total of 1,289,667 malaria cases under five were reported this quarter. Of these, 758,883 (59%) were from health facilities this quarter. The cases seen by VHTS reduced by 2.6% compared to the previous quarter and 24% compared to the same quarter last year. The proportion of sick children with malaria seen by VHTs has also decreased from 40% in in the previous quarter to 39% this quarter.

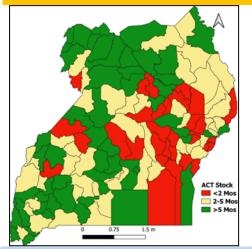


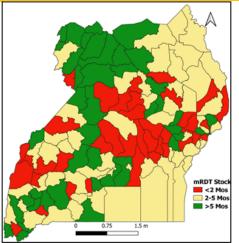
During this quarter, the overall VHT/ICCM reporting rate was 36% having increased from 33% the previous quarter. Compared to the same quarter the previous year reporting rate declined by 29%. As in the previous quarters, the VHT/ICCM reporting rate was low compared to health facility reporting rate. The districts with the lowest reporting rates were Kampala (0.54), Tororo (1.7), Luuka (2.3), Isingiro (2.8), Mukono (2.8), Kapchorwa (2.9), Kabarole (3.6), Kween (4), and Nakaseke (4). Reporting rate improved this quarter possibly due to the resumption of work after lifting the nation wide lockdown against COVID-19. VHTs have also had time with the new HMIS tools and are familiar with them.

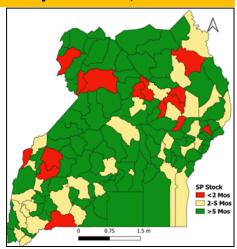
## **Status of Malaria Commodities**

Months of stock of Artemether/ Lumefantrine, June 2020 Months of stock of mRDT, June 2020

Months of stock of Sulphadoxine-Pyrimethamine, June 2020







At the end of the quarter 53(39%) of districts had stock levels of Artemether/Lumefantrine above 5 months of stock (MoS). Thirty two (24%) districts had less than 2 MoS for ACT with a cluster in the central part of the country. Stock of Malaria RDT was above 5 months in 42(31%) districts, however 39 (29%) of the districts had less than 2 MoS for RDT. Stocks of Sulphadoxine-Primethamine were predominantly above 5 MoS in 88 (65%) districts.

#### **KEY HIGHLIGHTS OF THE MALARIA-COVID-19 ACTIVITIES**

- Mass Net Mosquito Distribution Campaign ongoing in the country
- Larval source spraying is on going in several parts of the country
- Community sensitization on malaria prevention amidst the COVID-19 pandemic
- Plans to ensure continuity of care and malaria services have been drafted and shared with health workers
- Coordination meetings held via Zoom
- Staff have been released to support the COVID-19 response activities especially in case management and surveillance

#### **INTERVENTION UNIT UPDATES**

#### Case Management

## Strengthening healthcare worker capacity for correct management of malaria

- IMM done in the districts of Rubanda, Moroto and Busia supported by GF.
- 587 HWs in 257 HFs were mentored in malaria case mgt & prevention of MIP supported by MAPD.
- Support supervision done for 378 HFs in 30 GF/TASO supported districts.
- Home visits were conducted by 128 VHTs in Kasese district.
- Conducted a joint central support supervision activity in all 33 GF/TASO supported districts.
- Up to 95 HFs supervised in 23 districts across Karamoja, Lango & Acholi subregions supported by SURMA.
- Supported 18 health facilities in 8 MAPD districts to identify and implement malaria case management Continuous QI projects.

#### Integrated Community Case management

- Developed guidelines in relation to COVID-19.
- Some of our partners have supported COVID-19 works in 75 districts.
- Held two ICCM national TWG coordination meetings
- Quarterly support supervision by TASO in 33 districts.
- Procured and distributed gumboots and solar lanterns to VHTs in 32 districts supported by TASO.
- Supported quantification of PPEs for VHTs in 61 UNICEF, Malaria Consortium & GF districts.
- Supported distribution of 1059 bicycles in 28 SURMA/MC districts

#### **Diagnostics**

- Disseminated the UMIS 2018/2019 results digitally.
- A total of 89 HFs were supervised, and 41 HFs conducted EQA for malaria diagnosis supported by RHITES East.

#### Management of Malaria In Pregnancy

- Held MIP TWG meetings
- New WHO Guidelines on MIP/ANC in print.
- Probed availability of SP in some HFs and adherence to guidelines [Katerera, Rugazi ] in Rubirizi district.
- Attended webinar meetings on essential services
- 587 HWs in 257 HFs were mentored in prevention of MIP in MAPD supported districts.
- A total of 531 HWs mentored on MIP in 25 RHITES East districts Supported 18 health facilities in 8 MAPD districts to identify and implement MIP Continuous QI projects
- Supplied 108 water purifiers (Purifaaya®) and 975 metallic cups (tumblers) to ensure DOT of SP, in MAPD supported districts.

#### **Behavioral Change Communication**

#### Strengthening National Communication Framework

- World malaria day messages in COVID-19 era aired out on radios, TVs and social media.
- Continuity of essential services
  [malaria services] amidst COVID 19 pandemic; messages aired on
  Radio & TV.
- Revised SBCC Budget for the new grant.2020-2025
- Revised concept for implementation of LLIN Campaign during COVID-19 pandemic.
- Revised SBCC budget for the COVID GF grant.



One of the flyers developed informing people about an online meeting

#### Programme Management

- Placed additional orders for ACTs, and mRDTs resulting from Global Fund Grant savings.
- COVID-19 Response Mechanism [RM] grant application USD.452million approved.
- Expedited Air shipment of 7,706,475 Malaria Rapid Diagnostic Tests and facilitated their clearing process through customs. This will provide 3.0 MOS of stock of mRDTs
- Received 538,090 vials of Injectable Artesunate, equivalent to 2.6 MOS. Bring the total MOS to 3.1

#### Integrated Vector Management

#### Continuous net distribution:

- Distributed bed nets for pregnant women and children under five. HFs [209] received LLINs for continuous distribution supported by Rhites East.
- 100,572 LLINs were distributed to pregnant women and children under 5 by TASO, CRS, and SURMA in Karamoja, Lango and Acholi Regions

#### Special considerations

- Distributed a total of 10.290 bed nets to COVID-19 quarantine centers, border districts and to market venders in urban areas of Kampala, wakiso and Mukono
- Distributed 99.600 00 LLINs to 50 flood affected districts as part of an emergency response.

#### Mass campaign

- Revised the LLIN UCC design for implementation during COVID-19 pandemic.
- Finalized implementation plans for wave one.

IRS was done in 8 targeted high burden districts in east and northern Uganda including Alebtong, Otuke, Lira, Dokolo, Amolator, Kaberamido, Kalaki and Serere.

Routine entomological surveillance ongoing in 37 Districts in Acholi, Karamoja and GF supported districts.

In collaboration with vector control division, laviciding was done in urban market areas of Kampala, Wakiso, Mukono and then Kabale in South-Western Uganda.



Dr. Opigo (Assistant Commissioner NMCD) and DR, Myers Lugemwa demonstrating how to use a mosquito net to street children at Nakivubo Blue Primary School

## Surveillance, Monitoring and Evaluation and Operational Research (SME-OR)

#### Strengthening data demand and use at all levels

- Set up an emergency response where 100,000 LLINs were distributed to 50 flood affected districts.
- Malaria quarterly bulletin disseminated
- Shared weekly malaria status reports
- Support supervision done in 22 malaria high burden districts.

#### COVID 19 updates and impact on malaria

- The malaria control division ensured continuity of services through integration with the COVID task force at district and National Level.
- Key messages on COVID 19 and malaria were designed and disseminated.
- Surveillance support to Biostatisticians to report during the COVID 19 pandemic was given.
- Implementation of IRS and LLIN mass campaign was redesigned to suit COVID 19 pandemic.
- Provision of PPE to health workers and community health workers to conduct malaria case management during the pandemic.
- Implementation of IRS and LLIN mass campaign was redesigned to suit COVID 19 pandemic.



The insertion shows a sample of key messages on malaria disseminated during COVID 19 pandemic

#### **Recommendations**

- Ensure continuity of malaria services amidst the COVID-19 pandemic
- All districts need to monitor the malaria cases reported as an effort to ensure malaria cases don't raise amidst the COVID-19 pandemic
- Fast track the orientation of health workers all health facilities in the revised HMIS tools to be able to report
- Mass Action Against Malaria should be embraced and implemented by all stakeholders
- Stratification of interventions to focus on high burden areas of West Nile, Northern Uganda, Karamoja and Busoga
- Fast track development of the strategic plan to incorporate new realities such as increased occurrence of epidemics and COVID-91
- Urgent mobilization of resources to increase scale and scope of interventions at community level in high burden areas and those with epidemics
- Increase malaria data utilization for action by district leadership through engagement such as participation in review meetings.

#### **Contact Us**

NATIONAL MALARIA CONTROL PROGRAMME MINISTRY OF HEALTH Plot 6, Lourdel Road, Nakasero P.O Box 7272, Kampala Uganda



#### **UPDATE ON UMRSP**

The Vision is for a Malaria free Uganda. This has been operationalized in the empowerment of all levels of the health system (focus on district, facility) and community ownership to manage malaria with the 'Chase Malaria' Campaign and slogan 'Am I Malaria free?'

#### Strategic Goals

- ☐ By 2020 reduce annual malaria deaths to zero
- ☐ By 2020, reduce morbidity to 30 cases per 1000
- ☐ By 2020, reduce the Malaria prevalence to less than 7%