



THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH

# National Malaria Control Division News Letter

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**Working towards a  
“A Malaria-free Uganda”  
to enable socio-economic  
transformation in alignment  
with Uganda Vision 2040**





## Editorial

Happy New Year and welcome to the first issue of the National Malaria Control Division newsletter. This newsletter has been developed to update the public about the new developments in the fight against malaria in the country. Writing the maiden editorial of this Malaria newsletter gives me great hope that there will be increased visibility about Malaria programming in the country. This is the best opportunity to share this information.

For the past one year, the country has been experiencing a Malaria epidemic in 75 districts. On a good note, though, some of these districts have reported a decline in reported cases. Kudos to the program and all partners, especially the district local governments who have been at the forefront of combating the epidemic.

In this newsletter, we provide a highlight of a number of activities conducted in the last three months between October and December 2022. We conducted a successful midterm review of the Uganda Malaria Reduction Strategic Plan and came up with a number of resolutions to advance Malaria programming. This was followed by an Expert Supported National Malaria conference which gave proposals on how to tackle the challenges being faced by the program.

The program also successfully launched the Seasonal Malaria Chemoprevention intervention in Karamoja region averting a number of malaria deaths among children under five years. Kudos to Malaria Consortium and the district leaders!!

With the outbreak of the Ebola Virus Disease, the National Malaria Control Division successfully rolled out a Mass Drug Administration exercise in the two epi districts of Mubende and Kassanda. This was supported by UNICEF and implemented by Malaria Consortium. We are happy to note that; Uganda is now Ebola free!

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# Incident Management Team Takes Over Malaria Epidemic Control



**Hon. Dr. Jane Ruth Acheng**  
Minister for Health

**The** country is experiencing a protracted malaria epidemic, at the peak of the epidemic in July 2022, over 70 districts were affected. An outbreak investigation in several districts including; Namutumba, Mbale, and Kakumiro confirmed malaria epidemics.

The MOH and partners conducted an in-depth rapid desk review to further interrogate the data, appraise the epidemic response that had been mounted, identify challenges and gaps, and to propose potential actions to address the situation. This review was supported by experts from the WHO Global Malaria Programme and informed by the ongoing Mid Term Review of the malaria programme at the time. The review identified several gaps in the current response efforts and proposed actionable recommendations and mitigation measures

in order to reverse this disturbing trend. Notably, the malaria epidemic response was very late due to the lack of a costed and well resourced epidemic preparedness and response plan owned by the Government and Donors. Furthermore, response efforts were also hampered by the programme mode of implementation and limited involvement of relevant MOH departments, other actors, and the multisector.

The Ministry of Health Senior management convened a Strategic Committee meeting on 20 December, 2022 with special focus on the malaria situation in the country. The committee considered the available evidence and recommended that the Incident Management System (IMS) is immediately adapted to improve the efficiency of the malaria Epidemic Response for impact. The MOH has utilised this model successfully to respond to both the COVID-19 pandemic response and the recent Ebola Epidemic. The country also adapted the IMS to address Elimination of Mother to Child Transmission of HIV in the past.

Additional recommendations from the Senior Management that will shape the malaria response in the country are:

1. Requirement for weekly updates on the malaria status at both the Strategic Committee meeting and to the National Task Force. This will facilitate the identification and timely resolution of malaria response bottle necks.

2. The institution of the Malaria Scientific Advisory Committee to review available evidence and investigate the malaria situation and surrounding issues further to inform the response.

3. Reorientation of malaria programming to the districts and community through effective coordination with the leadership (Political, administrative, and DHMT) and providing districts with requisite technical and financial support to lead malaria prevention and control.

4. Deployment LLINs through a community a community centered and demand driven approach that focuses on net use, care and repair

5. Immediate switch to Actellic 300 CS for IRS to mitigate against resistance and for impact.





*Malaria partners pose for a group picture during the mid term review of the UMRSP*

## Malaria Partners Converge To Review The Malaria Reduction Strategic Plan

*Concerted efforts needed ahead as the country grapples the emerging challenges*

The country undertook the routine process of reviewing the progress of implementation and the impact of the Ugandan Malaria Reduction and Strategic Plan 2020-2025 (UMRSP). The plan developed in 2022, aims to reduce malaria infection and morbidity by 50% and malaria related mortality by 75% by 2025. The review, dubbed the Mid Term Review (MTR)-took place at the Imperial Botanical Beach Hotel in Entebbe and was attended by key stakeholders across the board from development partners, Ministry of Health, Implementing partners and Civil Society Organizations among others

Dr. Jimmy Opigo, the Assistant Commissioner for the National Malaria Control Division; *“the purpose of the review was to conduct evidence-based appraisal of the UMRSP in terms of the overall malaria epidemiology, financing, and achievements in scaling-up coverage of malaria prevention and control interventions, programme performance and impact at midterm, the core findings of the MTR will inform the next phase of the MSP 2021-2025 to achieve the set goals, by redefining strategic directions, adjusting national malaria control strategies and policies; and strengthening the programme capacity and performance for further impact.* The review identified bottlenecks, barriers

and success upon which the programme will build on; and proposes solutions for improvement.

The Mid Term Review was a participatory and consultative process involving all malaria stakeholders led by NMCD working through the 4 phases of: 1) Planning; 2) Thematic Desk Review; 3) Validation; 4) Programme Strengthening conducted over a 1 month period. The final phase was a meeting where validations of the thematic review findings through joint internal and external consultations were done. During this meeting, findings from the desk reviews were discussed to define the current malaria situation, identify challenges and gaps, and agree on recommendations.

According to Dr. Daniel Kyabayinze, the Director for Public Health in the Ministry of Health, *“the review revealed that Uganda’s achievements on epidemiological impact had stalled in 2022 as total malaria incidence had increased from 246/1000 in 2019 to 306/1000 persons per year in 2022, a 24.4% increase”.* The total malaria inpatient incidence increased from 16/1000 in 2019 to 17.1/1000 persons per year in 2022, a 6.9% increase while the total malaria-related death rate remained stable (from 6.3/100,000 to 6.4/100,000).

However, based on these findings, in spite of the high incidence rate in Uganda, malaria related deaths have been significantly reduced owing to improved access and case management. The proportion of malaria deaths of total deaths in health facilities decreased from 7% to 4.8% a 45.8% reduction

Though the Malaria Indicator Survey (MIS) and Uganda Demographic Household Survey (UDHS) were not conducted between 2020 and 2022, earlier surveys showed steady decrease of malaria parasite prevalence rate from 19% in 2014 to 9% in 2018 (MIS 2019), a 53% reduction. Similarly, the proportion of children aged 6-59 months with malaria infection fell from 90 per 1000 live birth in 2014 to 64% in 2016, a 30% reduction.

During the meeting, the Long Lasting Insecticide Net (LLIN) campaign coordinator, Mr. Medard Rukarri, revealed that *“there was an increase in net access due to the LLIN mass campaign that was implemented in 2020/2021”.* A total of 28,411,160 nets were distributed across all administrative units (1,856 sub-counties in 137 districts), with a distribution coverage of 98%, and reaching a population of 43,111,321, refugees inclusive. Despite the high coverage levels of the post campaign; net use levels were below the target recommended for community effect (80% coverage slept in a net the night prior to the survey versus 74% used), and net care and repair practices were lacking. As a result, the protective effect of nets lasted about one year.

## Country Holds First Ever Expert Support National Conference On Malaria

### Permanent Secretary Calls for Re-Enforcement Of Malaria Strategies

Following a generalized increase in malaria cases across the country, with some areas surpassing the epidemic thresholds, the Ministry of Health together with malaria partners, and stakeholders held a three-day expert review meeting to review the current status of Malaria, response efforts, the magnitude of the biological threats, and propose actionable recommendations and mitigation measures in order to reverse this disturbing trend. The expert review meeting that took place at Speke Resort Hotel in Munyonyo in December brought together a wide range of Global Health and Malaria experts.

According to Dr. Jimmy Opigo, the Assistant Commissioner for the National Malaria Control Division, the meeting followed an assessment that showed that an increase in Malaria cases in May 2019 and that the country was losing ground in malaria control progress with potential for reversal. The assessment identified possible explanations for the phenomenon such as; Sub-optimal coverage of interventions (in scale and scope), quality and efficiency of implementation; Inadequate Integrated community case management affected by commodity management challenges; Intervention failure e.g minimal effect of IRS on malaria burden; Program challenges including; weak coordination, lack of synchronization of interventions, and delays in grant approval and implementation; Weak national response to malaria epidemics; Emerging biological threats to key malaria control tools e.g detection of markers of artemisinin, lumefantrine and piperaquine resistance; wide spread resistance to pyrethroids used in long lasting insecticidal nets, and HRP2/3 deletions that undermine the performance of malaria rapid diagnostic tests; Changing vector species composition and behavior (mainly outdoor biting); Reduced

effectiveness of LLINs: observed to consistently last about 12 months; Laxity in community use of and adherence to malaria control tools amongst others.

Dr. Maru Aregawi, an expert from the World Health Organization Global Malaria Programme, said the country's backslide needed to be interrogated using a combination of factors that underpin the success of malaria interventions.

As part of this expert review, to explain why efficacious interventions may not yield the expected results in the field, Dr. James Teberandana presented a paper on the efficacy-effectiveness gap. Through this, he challenged the programme to close the gaps that undermine the effectiveness of interventions so that the desired impact is realized.

The Permanent Secretary of the Ministry of Health Dr. Diana Atwine, said; *“there is need to expedite the roll out of the Malaria vaccine to prevent and reduce Malaria related deaths”*. She called upon the programme to appropriately align the ongoing intervention to quickly reduce the malaria burden in the country.

In addition, she recommended the development of a Malaria Elimination Strategy to lead the country into a zero malaria status.

The Minister of State in charge of Primary Health Care, Hon. Margaret Muhanga appreciated the support from partners in delivering malaria services, especially in the communities. She called for a concerted effort among partners to leverage on each other where deliver health services in the communities.

The expert meeting identified important evidence gaps and research needs that will inform ongoing programming to support the achievement of the Malaria Strategic Plan goals and Uganda's longer-term goal of malaria elimination by 2020

The Chairperson of the Uganda Parliamentary Forum on Malaria expressed gratitude to the National Malaria Control division and all malaria partners for supporting the forum in implementing their mandate. She pledged to continuously work with the entire Parliament of Uganda to advocate for better Malaria programming.



*Dr. Maru briefs the PS on the Malaria strategic direction during the national Malaria conference*



# Communities To Recieve Malaria Vaccibe in 2023

Finally, the light at the end of the tunnel is being seen. The Ministry of Health is set to introduce the first ever malaria vaccine starting this year. The roll out will follow a comprehensive process that has involved a number of stakeholders from the National Malaria Control Division and the Expanded program on Immunization.

The inclusion of the Malaria Vaccine as an additional tool to existing interventions follows a recommendation by the World Health Organization (WHO) in October 2021 for all countries with moderate to high transmission to start using the vaccine as an additional tool.

The malaria vaccine (RTSS/AS01) is a two doses/vial, Lyophilised and is given in 4 doses for children from 5 months. The first 3 doses are given during the 1st year of life with an interval of at least 4 weeks between doses and the 4th dose is given at 18 months. The introduction of this Vaccine will be phased because of the limited supply; phase 1 will be in 2023/24. Four (4) phases are scheduled to happen between 2023/24 and 2026/27 according to the four sub-national categorization of the districts . The categorization followed the Global Alliance for Vaccines Initiative (GAVI) criteria of regions with the highest Plasmodium falciparum parasite (PfP) prevalence of > 40% and All-cause under five mortality 7.5% - 9.5%.

The country will submit an application to the GAVI to support the roll out that is expected to start in about 21 districts (18 Districts and 3 cities).

## Subnational Categorization

| Year | No. of Districts |
|------|------------------|
| 2024 | 21               |
| 2025 | 39               |
| 2026 | 61               |
| 2027 | 25               |

The Assistant Commissioner for the Uganda National Expanded Program, on Immunization (UNEPI), Dr. Alfred Driwale says *“there are opportunities provided by the new vaccine introduction, which include a potential reduction of malaria incidence; reduction in the under-five morbidity and mortality in high burden areas; improved livelihood (time saved) and reduced expenditure on malaria disease on the part of beneficiaries”*.



The major activities of the introduction will include expanding health worker capacity; reaching the hard-to-reach communities with social mobilization and sensitization; improving the cold chain and logistics system; creating demand among beneficiaries for malaria vaccination and other malaria control interventions; VPD surveillance, monitoring and evaluation; and support field supervision. The vaccine will be implemented through the routine process and the first dose will be given to a child at seven months.



*Community outreaches will be part of the roll out of the Malaria vaccine*

Dr. Driwale says “the funding for the introduction of the malaria vaccine will come from GAVI, which has committed US\$ 200,000 for 1,000,000 doses (first year 2024); partners such as Global Fund, UNICEF, UCREP, PATH and the Government of Uganda”. The co-financing from GoU will be 20%, which is US\$0.2 per dose. In the first year, the co-financing from the Government of Uganda (GoU) will be US\$200,000

According to the NMCD Vaccine Coordinator, Dr. Jane Nabakooza, the vaccine will be provided at service delivery points through health facilities at static clinics and community outreach sites. This will be implemented using the existing health workforce under the primary health care platforms and monitored through the Health Management Information System (HMIS). As part of the challenges, she noted that the program foresees dropout rates and incomplete vaccination. Community health workers will be facilitated to track all eligible children alongside existing routine immunization outreaches and integrated community case management activities. Routine catch up for zero dose children will be conducted through integrated child health days and bi-annual campaigns.



## A sigh Of Relief As 9 Districts in West Nile Benefit From Indoor Residual Spraying

West Nile region – an area heavily burdened with malaria finally has reason to smile.

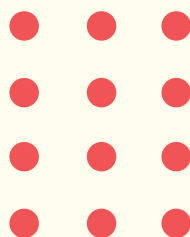
More like a treat to the upcoming festive season, the long awaited Malaria Prevention tool, IRS laces their walls in November/ December 2022. This was done in a bid to bring down the malaria burden in high burden regions across the country. Similarly four Lango districts too benefited from this exercise.

The exercise was implemented through existing institutional leadership structures by the district local governments and Sub County Task Forces. The team leader of the exercise at the National Malaria Control Division, Dr. Rogers Naturinda said, “the implementation was through a multi-sectoral approach to harness resources from all actors in accordance with the Mass Action Against Malaria (MAAM) initiative”.

The NMCD Program Manager, Dr. Jimmy Opigo said, “the exercise started with a national engagement advocacy meeting with members of parliament at Entebbe followed by a regional advocacy and sensitization meeting for West Nile district leaders in Moyo district”. The leaders including LC5 Chairpersons; Chief Administrative Officers, Resident District Commissioners, District health Officers, District Malaria Focal Persons and District Health Officer among others were all engaged”. During the meeting, the leaders appreciated the Government efforts and committed themselves to fully own and support the IRS exercise.

The exercise was conducted in the districts bellw with a target of protecting 2.9million pople.

| No. | District     | Estimated Population Protected |
|-----|--------------|--------------------------------|
| 1.  | Adjumani     | 353,250                        |
| 2.  | Amolatar     | 100,803                        |
| 3.  | Arua         | 124,719                        |
| 4.  | Dokolo       | 105,975                        |
| 5.  | Kaberamaido  | 38,154                         |
| 6.  | Kalaki       | 55,611                         |
| 7.  | Koboko       | 287,895                        |
| 8.  | Madi-Okolo   | 185,370                        |
| 9.  | Maracha      | 267,423                        |
| 10. | Moyo         | 125,712                        |
| 11. | Obangi       | 125,871                        |
| 12. | Yumbe        | 776,484                        |
| 13. | Terego       | 385,572                        |
|     | <b>Total</b> | <b>2,932,839</b>               |

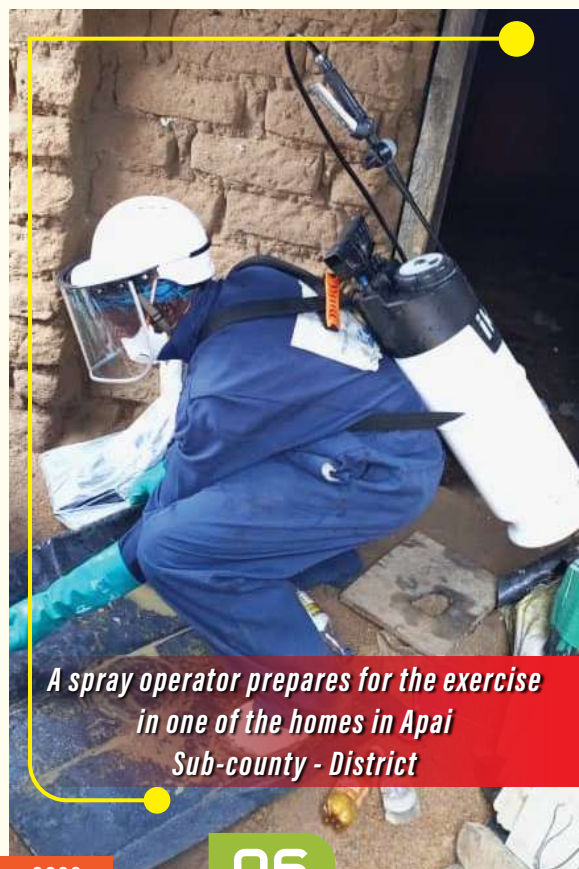


A spray operator prepares for the exercise in one of the homes in Apai Sub-county

The communities expressed happiness about the program. “I have lost two pregnancies due to Malaria and my only child has just suffered Malaria.” People spend lots of money on buying drinks for their sick children suffering from Malaria. It is a disaster here. I pray that with this IRS, Malaria will reduce,” said Cadribo Joseph from Drajini sub county Yumbe district.



Spray Operators comb Adjumani district during the just concluded IRS exercise



A spray operator prepares for the exercise in one of the homes in Apai Sub-county - District



# Malaria Mass Drug Administration done in districts with Ebola Viral Disease outbreak

## Uganda declared free of ebola virus

With the declaration of the Ebola Virus Disease (EVD) outbreak in the country, the National Malaria Control Division undertook a Mass Drug Administration for Malaria in the epi districts of Mubende and Kassanda. The exercise was aimed at contributing to the EVD outbreak control efforts through sustained reduction of Malaria Morbidity and mortality.

WHO recommends Malaria Mass Drug Administration for transmission reduction during situations of elimination and multidrug resistance. This is also necessary to rapidly reduce Malaria Morbidity and Mortality during epidemics and complex emergencies when health systems are likely to be overwhelmed.

The Ministry of Health therefore found it important that the Malaria situation in Mubende and Kasanda should be controlled so that the index of suspicion for EVD is reduced, and to prevent a situation of overwhelmed health systems.

With support from UNICEF implemented by Malaria Consortium, Mass Drug Administration was conducted in all the sub-counties in the two districts. Dr. Jimmy Opigo, the Assistant Commissioner for the National Malaria Control Division said the exercise was conducted by Village Health Team members moving door to door. A total of 178,293 people were covered in both districts.



A VHT in Madudu sub-county prepares to administer the drug during the just concluded MDA exercise

## A Malaria Family Carnival

### Increasing funding for Malaria

MFU activated a mass resource mobilization campaign in the last quarter of 2022 targeting 100 entities in the private sector. This drive climaxed into the annual fundraising event named the family Carnival. MFU in joint collaboration with Rotary Uganda held their first annual Rotary family carnival to raise more resources towards the malaria fight. The carnival was attended by 1000 people and the fundraising collected was over 100m and in kind contributions. Through additional partnership with Eco bank and speak up Africa, the financial collection from the carnival will receive an equal matching fund from the Zero Malaria Business leaders' initiative. The Board intends to handover the funds to the MOH will happen by end of January.







## Seasonal Malaria Chemoprevention Launched In Karamoja Region

The efforts to dent the Malaria burden in the country have expanded immensely with the introduction of more tools. The Karamoja region, the highest hit region with malaria is now privileged to benefit from the Seasonal Malaria Chemoprevention (SMC) intervention to help reduce mortality and morbidity among children.

Two months ago, the Ministry of health launched the SMC program in Moroto district after a successful pilot in the two districts of Moroto and Kotido.

Seasonal Malaria Chemoprevention (SMC) involves the regular administration of antimalarials sulfadoxine-pyrimethamine and amodiaquine (SPAQ) to children aged 3-59 months during the peak malaria transmission season. Malaria Consortium, in collaboration with the National Malaria Control Division (NMCD), tested the use of SMC in Karamoja since 2021. Initially, SMC was implemented in two districts, Moroto and Kotido, targeting around 90,000 children between May and September - 2021.

In 2022, SMC was expanded to six additional districts (Amudat, Nabilatuk, Nakapipit, Napak, Abim, Karamoja). Almost 270,000 children benefited from SMC this year. Implementation research was conducted alongside SMC delivery in both years to determine the feasibility, acceptability and impact of SMC in Karamoja. The implementation of SMC in five districts was supported by philanthropic funding received by Malaria Consortium as a result of their SMC programme receiving 'Top Charity' status by independent charity evaluator. Additional funding support to this intervention was provided by The Global Fund to Fight AIDS, Tuberculosis and Malaria. Research activities were supported by the Bill & Melinda Gates Foundation.



**Hon. Anifa Kawooya administers the drug during the launch of SMC in Moroto district**

The launch was officiated over by the State Minister in Charge of General duties Hon. Anifa Kawooya Bangirana who expressed her commitment towards reducing malaria in the region. *"We need to bring malaria to an end here. I am pleased to be here today to launch the Seasonal Malaria chemoprevention (SMC) programme and share some of the lessons we have learnt from implementation to date. She said we have seen that providing SPAQ to children through this programme amounts to a 'best buy' in our efforts to bring down the burden of malaria in our communities, given what it brings in terms of savings to families with sick children who would otherwise incur potentially catastrophic out-of-pocket expenditures for repeated visits to clinics or drug shops; and to the health care system. It is exciting to be able to scale up the SMC programme to cover eight districts, meaning we are now able to protect around 300,000 children every month from malaria."*



**PS. Dr. Diana Atwine administers the drug during the launch of SMC in Moroto district**

## Upcoming activities

*The fourth Universal Coverage Campaign for the Distribution of Long-Lasting Insecticide Treated Nets (LLIN)*

*Indoor Residual Spraying in selected districts in Bukedi, Lango and Acholi*

*The NFMIV Global Fund grant Writing processes*

## Appreciation

*The following people have over the years contributed to the Malaria fight in the country and have now moved on. The National Malaria Control Division appreciates*



● **DR. BAYO FATUNMBI**  
World health Organization



● **DR. KASSAHUM BELAY**  
USAID | Presidential Malaria Initiative



### Dismays

*Hon. Dr. Bishop Okabe Patrick who perished in a road accident  
Treasurer UPFM a very good advocate for malaria  
He will dearly be missed **MHSRIP***





THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH

## National Malaria Control Division

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