NATIONAL MALARIA CONTROL PROGRAM

The Malaria Epidemic and planned response interventions

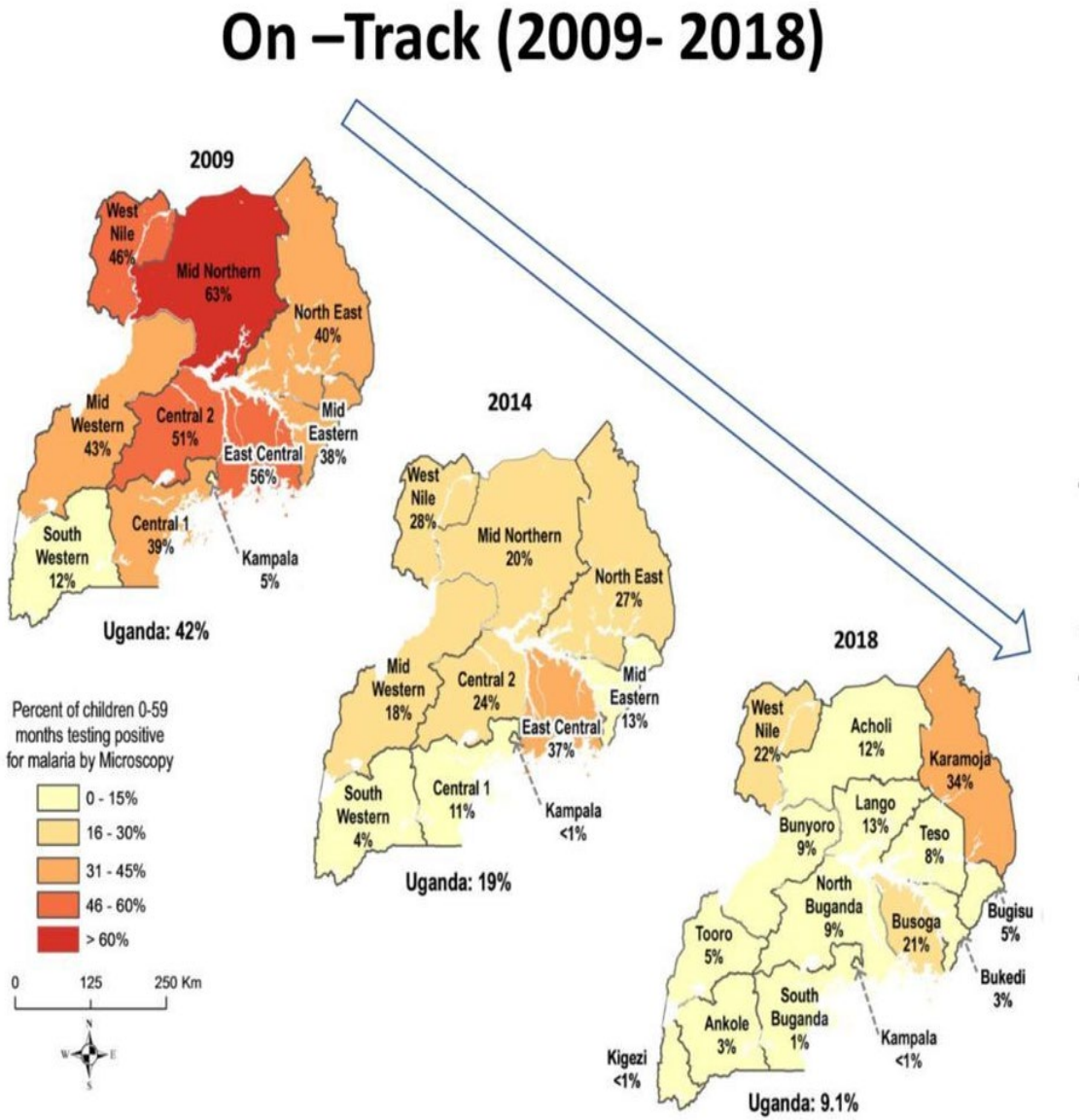
Presentation to : Busoga HEALTH FORUM — Always caring, Always here, because your life matters

Date:20th April , 2023

This CME is powered by: Maisha Meds

Progress of the Malaria Burden Reduction 2009 – 2019.

- Significant drop prevalence of Malaria across the country (2009-2018)
- Stagnated prevalence and plateauing since 2018
- Emerging new clinical picture and at risk age-groups, amidst several challenges

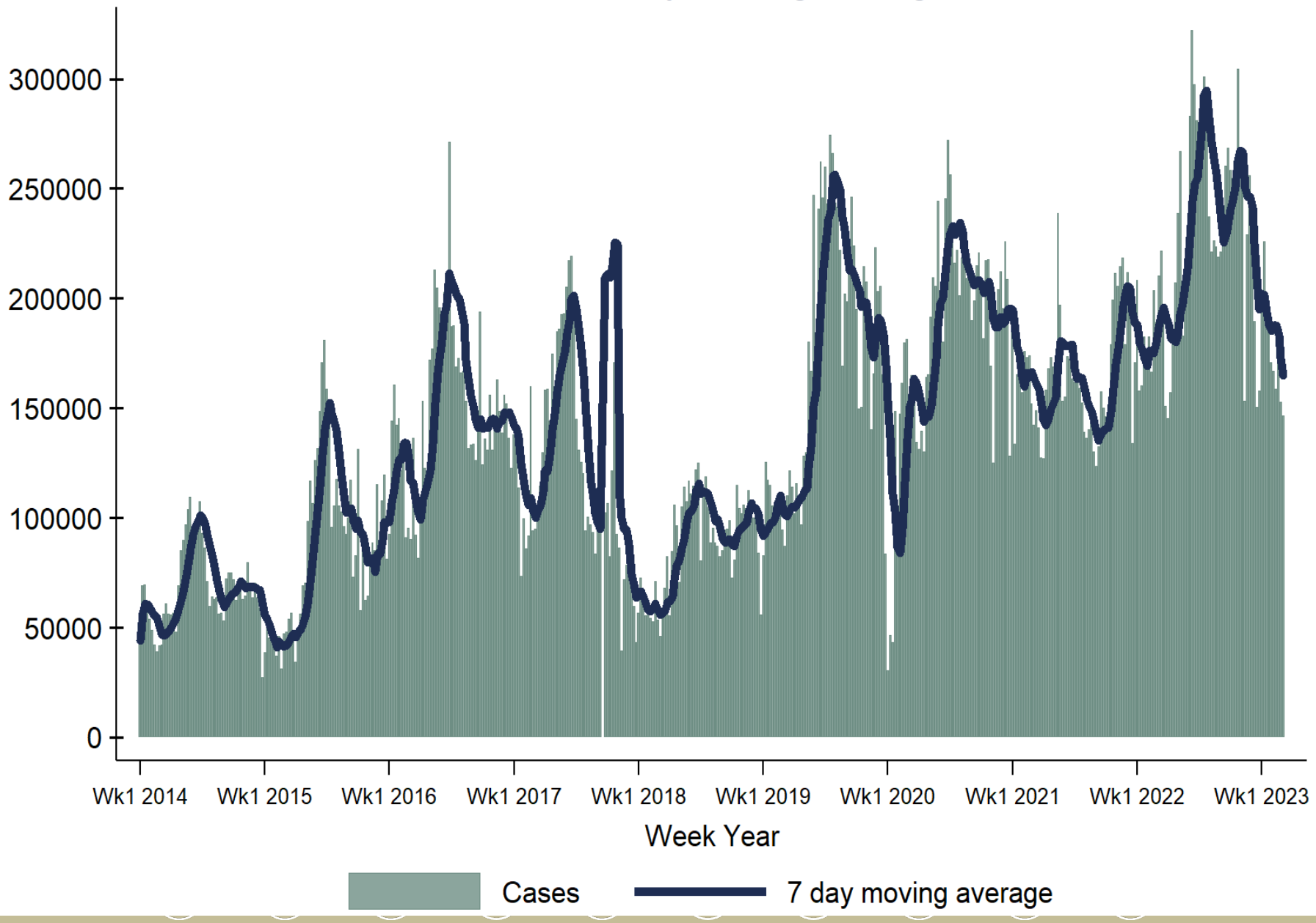


Progress of the Malaria Burden

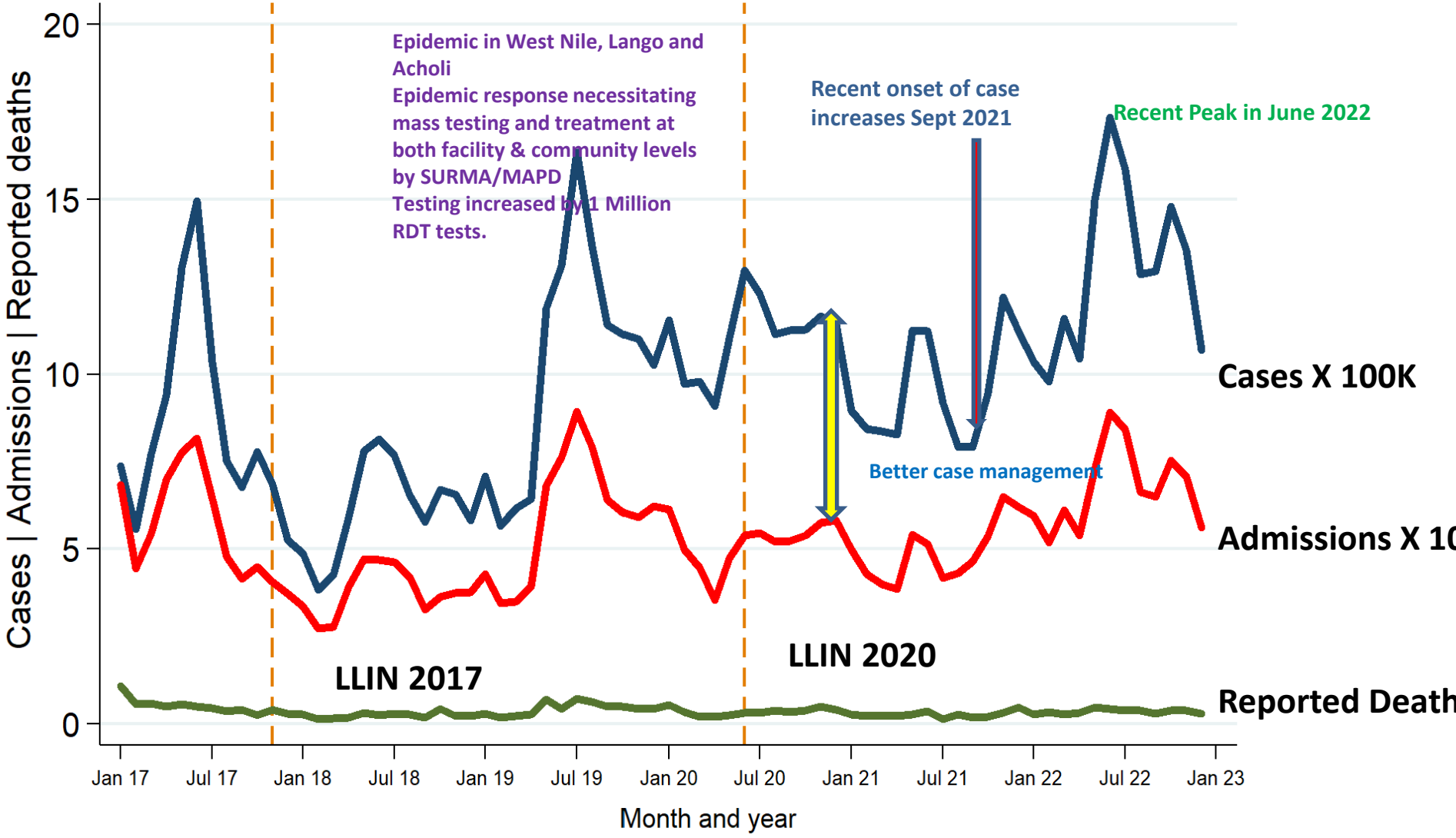
- After 2017, there was **plateauing and stagnation** of Malaria**,** followed by a **protracted outbreak (18 months)** in several districts
  - **In 2019 April**
  - **More recently, from September 2021**

- There have been infrequent malaria outbreaks
  - **Before 2015/16 evidence of outbreaks were scanty, except in at the time of CQ failure**
  - **Rebound of cases following withdraw of IRS in 2015-16 in several districts in Acholi, and a few districts in Lango**
  - **The 2019 outbreak affected approx. 68 districts.**

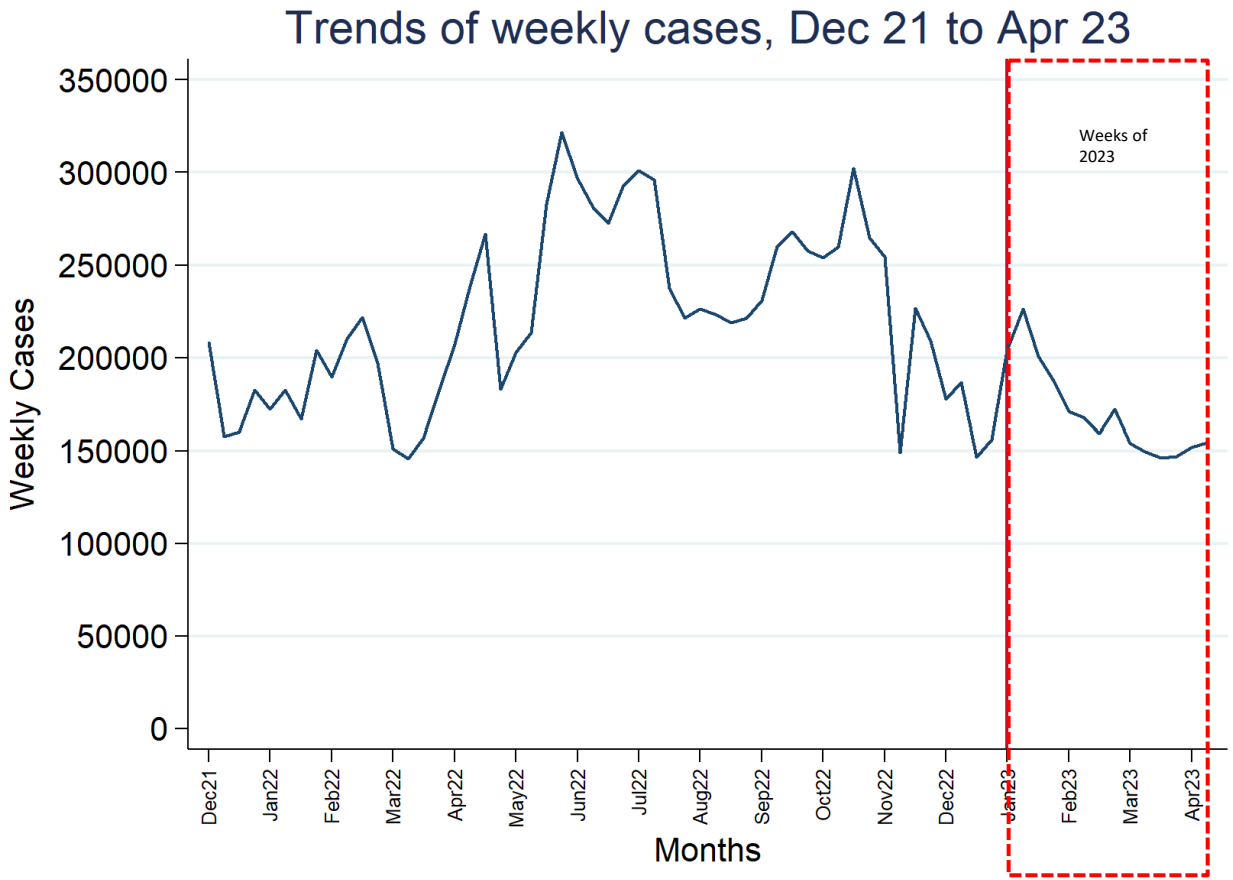
Trend of cases and 7 day running average cases, 2014 -2023



Trends of Malaria Deaths, OPD & IPD Cases Jan 2017 to Dec 2022



Weekly Case trends Dec 2021 to April 2023



Gentle decline in cases seen from Jan 23

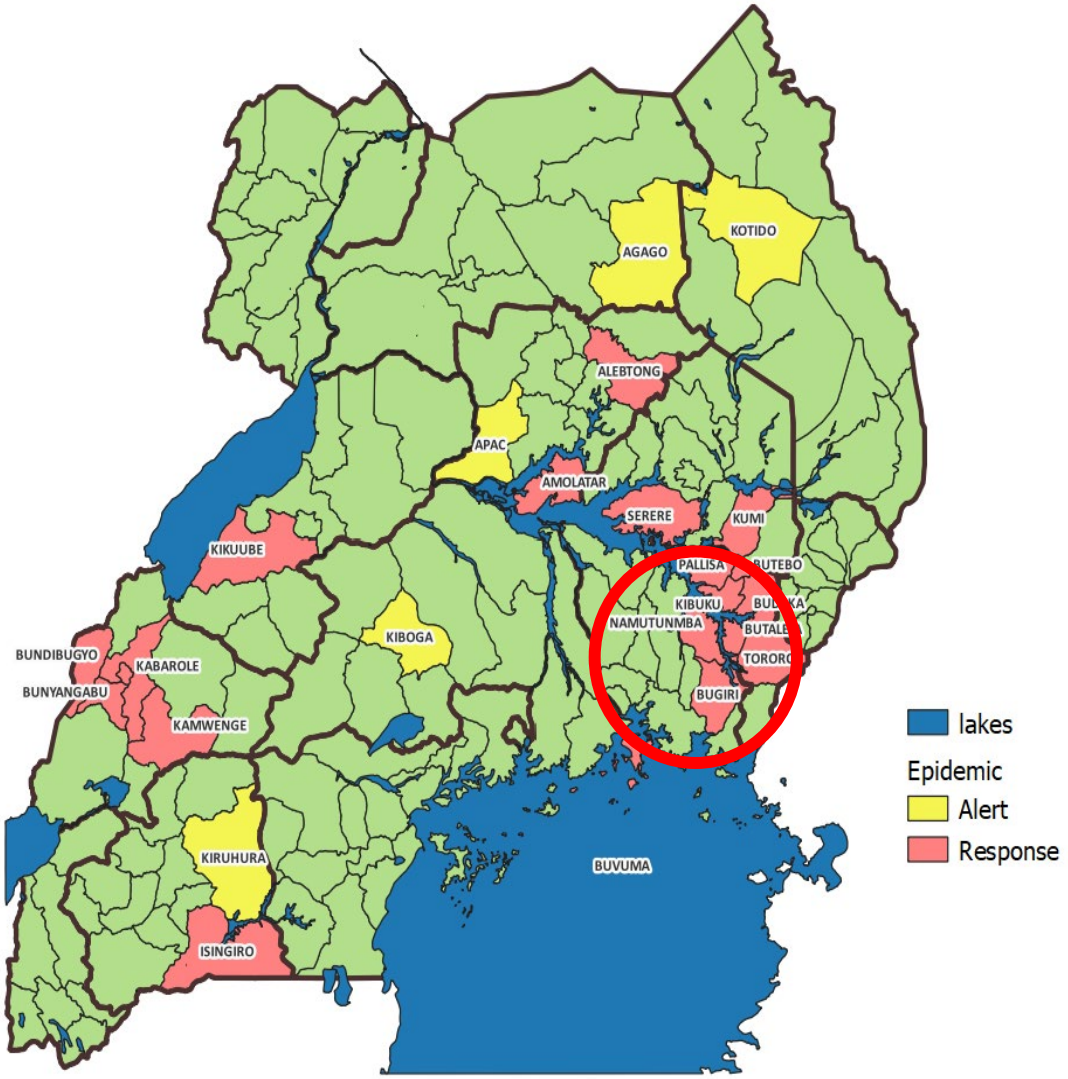
Key high lights of the Malaria Outbreak

- Onset of this outbreak =2021,since then over 45 districts have been experiencing Malaria outbreaks.
- By February 2022 , 20/136 districts were reported as being in epidemic mode.
  - **Seasonal downward trend in cases following a dry spell.**
  - **Rains increase across the country Malaria is likely to increase.**
- Protracted, diffuse and multi districts outbreak
  - **Mainly current and former IRS districts and refugee hosting districts.**
- Whereas it is known that transmission is by vectors, the intra-district/ sub-county drivers and the contextual interplay of transmission dynamics are poorly understood.
- Noted the heterogeneity in the burden of disease, and the transmission dynamics in each region/district/sub-county

Risk mapping and categorization

- We conducted a desk review using data from DHIS2 to inform risk categorization and planning for the response intervention packages.
- The proposed response has been disaggregated below the district level up to subcounty level
- These were classified according to **High, Moderate and Low** based on composite indicator parameterized by.
    - Test Positivity Rate
    - Incidence per 1000 per year
    - Malaria in pregnancy
    - Suspected malaria cases
- The top 33.3% (with the highest weights) formed the highest burden sub counties and the lowest 33.3% (with the lowest weights) formed the low burden sub counties.

Epidemic alert and response districts



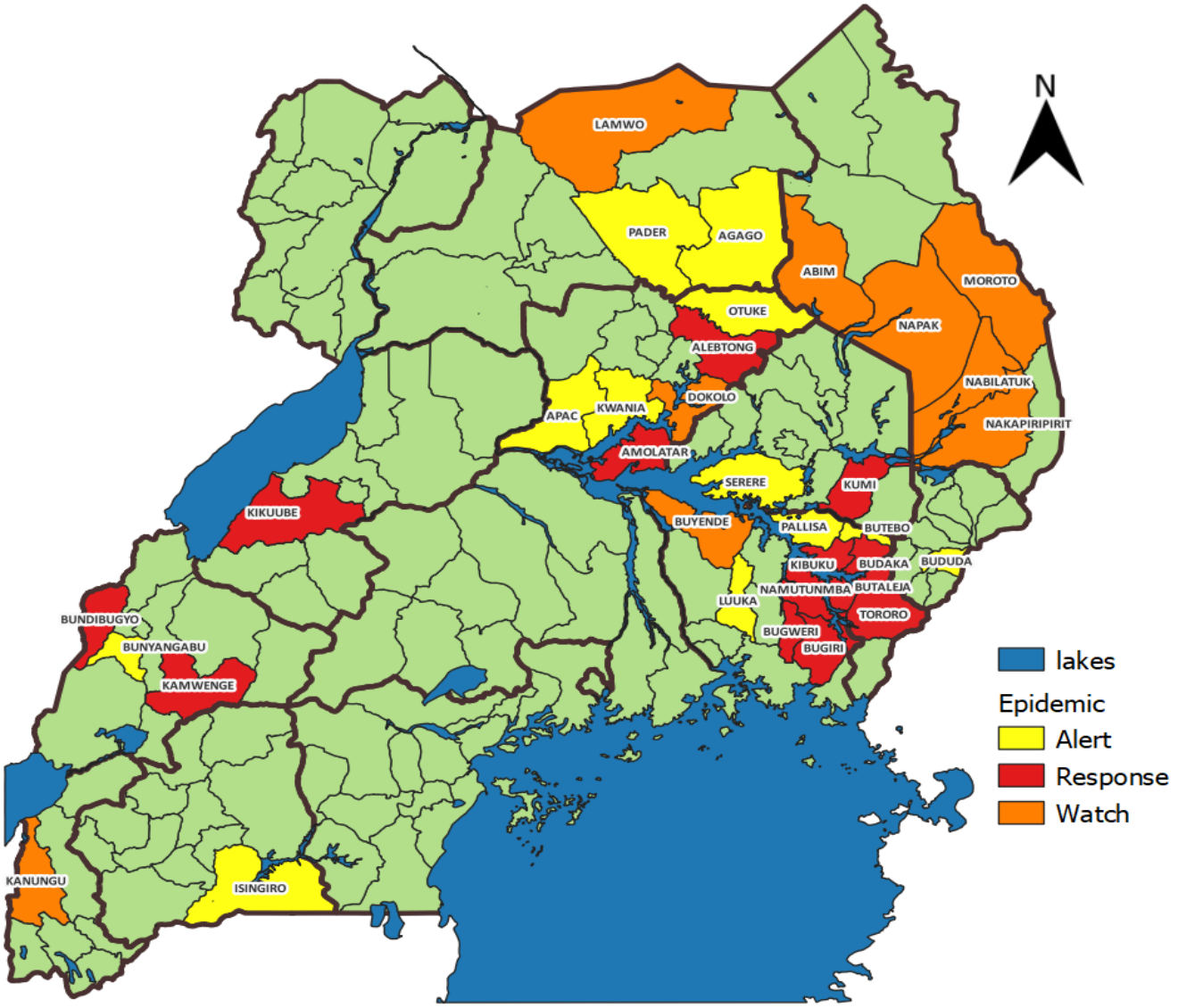
Current epidemics linked to

1. **Current IRS districts**
    1. Tororo, Butaleja, Butebo, Budaka, Pallisa, Kibuku, Namutumba, Bugiri
2. **Former IRS districts**
    1. Alebtong, Amolatar, Serere
3. **Refugee hosting districts**
    1. Isingiro, Kikuube, Bundibugyo, Kamwenge

The IRS districts have a had a more protracted epidemic.

The refugee areas experience occasional outbreaks.

Current Epidemic Districts



Response 13
Alert 12
Watch 7

Purpose and Objectives

Purpose: To guide and ensure timely, consistent and coordinated response activities to interrupt transmission and control of malaria epidemics in Uganda.

Objectives :

- ❑ To strengthen leadership, stewardship and coordination of malaria outbreak response in the high burden districts
- ❑ Strengthen response capacity at all levels, including communities on malaria epidemic response.
- ❑ Interrupt malaria transmission in the high burden districts
- ❑ Strengthen capacity for malaria epidemic case management; including referral and EMS, blood supply, oxygen, skilling of healthcare workers .

Interventions Approaches

Interventions have been prioritized in 6 thematic packages to target the different risk categories at the sub county level

1. **Interruption of transmission**
   - Reduce population parasitaemia through Malaria Mass Drug administration for moderate to high transmission
   - Vector population reduction through Larviciding &IRS.
   - Prevent contact between vector &humans through the provision and use of LLINs.
   - Environmental hygiene and larval source management

2. **Optimized care for patients**

Behavioral modifications through risk communication &Community engagement

Surveillance, Monitoring and evaluation .

Logistics management

	Purpose	Interventions	Outcome
1.	Interrupt Transmission	▪ Malaria Mass drug administration.	▪ Population Parasiteamia reduction.
		▪ Indoor Residual Spraying	▪ Reduce adult Vector (Mosquito Population.
		▪ Provision and use of Long Lasting Insecticidal Mosquito Nets.	▪ Prevent contact between the Vector and Humans
		▪ Larval Source Management • Larviciding • Environmental Hygiene.	▪ Reduce Vector population.
2	Reduce Morbidity and Mortality.	▪ Malaria Mass Drug Administration.	▪ Population Parasiteamia reduction
		▪ Community case Management. • Scale up and improve the quality of ICCM implementation. • Conduct Community outreaches for Malaria Testing and treatment.	▪ Timely access to care and clearance of Parasiteamia.
		▪ Appropriately equip and tool frontline Health workers. • Consistently avail Malaria case management and supplies. • Provide updated guidelines and tools	▪ Improved quality of care
		▪ Reinforce use and adherence to standard guidelines during Malaria case Management. • Mentorships and Coaching • Routine clinical care drills. • Mortality death and case reviews. • Support supervision	▪ Improved quality of clinical care

	Purpose	Intervention	Outcome
		▪ Strengthened referrals • Bridge the gaps in EMS	▪ Timely initiation of care for severe malaria cases
3.	Risk and behaviour change communication	▪ Share up to date, data driven and context specific information. • Malaria burden, • Risk factors, • Dangers and complications of Malaria • Prevention practices	▪ Enhance health seeking behavior for early testing and treatment
4.	Prompt prediction and detection of cases and alerts.	▪ Avail and functionalize laboratory services.	▪ Improved accurate documentation of Malaria cases and complications.
		▪ Provide an organized responsive surveillance, monitoring and evaluation system .	▪ Improved accurate documentation and reporting of Malaria cases and complications
5	Logistics and supply chain Management.	▪ Identify a list of required commodities and supplies, quantify and forecast need, develop a procurement plan, guide procurement and distribution	▪ Monitor stock status In realtime, or near realtime and respond accordingly

The IMS for the Malaria Out break response

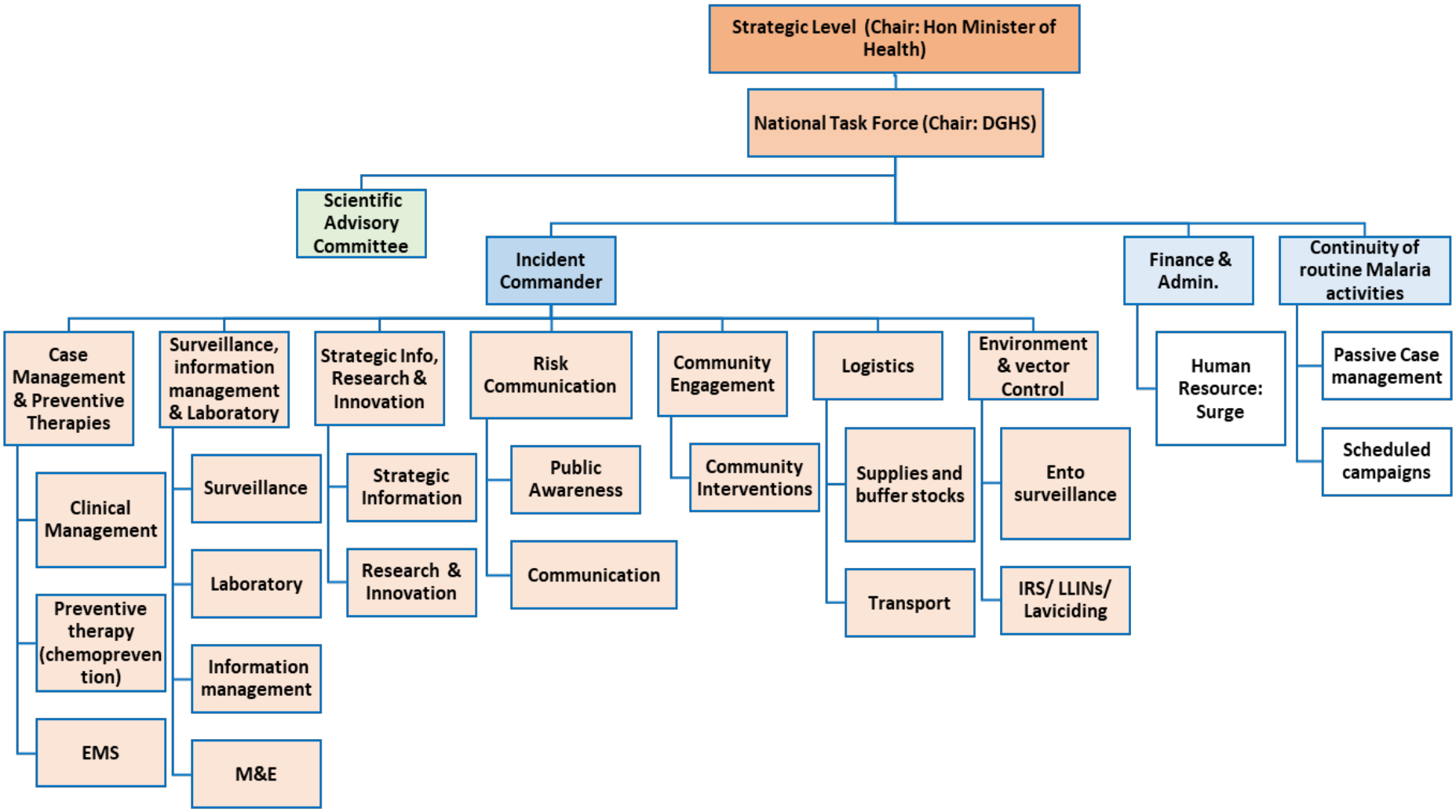
Activation of the Incident Management System(IMS)

- Strategic Committee directed that IMS Mechanism manages Malaria outbreak
- IMS training by WHO to NMCP, IMT, ESD and EOC
- IMT was activated by tasking and assigning the Incident Commander
- Response plan

Incident Management System (IMS) operational Pillars

1. Coordination,
2. Surveillance,
3. Laboratory,
4. Case Management: Emergency Medical Services,
5. Strategic Information, Research and Innovation,
6. Risk communication and Social Mobilization and Community engagement ,
7. Vector control and environmental health,
8. Logistics,
9. Continuity of routine malaria services including the private sector

IMT organogram



Coordination

1. Develop, disseminate , train on IMS guidelines & SOPs
2. District risk assessments
3. Activation of task forces at national, district and subcounty level
4. Surge team deployment (clinical, epidemiology, data, lab etc)
5. Coordination meeting with affected districts
6. Stakeholder engagement

Surveillance and Laboratory

Surveillance

- Data collection tools review, update, disseminations for response
- Establish alert system for early referral
- Cluster investigations of outbreaks
- Review epidemic thresholds for alerts, response and when to disengage.
- Reorient health workers on
  - eIDSR/IDSR,
- Alert Management System,
  - To identify severe cases of malaria and support appropriate disposition through the referral pathway.
- Entomological surveillance | larval habitats mapping, vector density and species,
- Develop and disseminate reports (Sitreps)

Laboratory

Improve capacity for testing and confirmation of cases

1. Rapid needs assessment for malaria diagnosis in epidemic districts
2. Review, update and disseminate lab guidelines, SOPS, IEC materials
3. Rapid training of lab response teams (TOTs/facility/community testing)
4. Support supervision and onsite mentorship
5. Distribute lab supplies and consumables (RDTs, Slides, Glucometers, Hemocues, Gloves, blood collection sets etc)
6. Deployment of lab surge capacity: Mobile labs | Facility based labs
7. Conduct genomics to determine to characterize parasite etiology (species, densities-qPCR, Clones, markers, deletions)

Case Management

1. Mass drug administration for parasite clearance

2. Facility level Interventions
    1. Onsite mentorship of health workers in both public and private health facilities (IMM trainings, CMEs etc);
    2. Adapt triage algorithm for identification of severe cases
    3. Establish triage pathway at health facility
    4. Print and distribute job aides to support identification of danger signs
    5. Screen and treat caregivers of malaria positive clients at Health facilities
3. Management of severe cases
    - Provide clinical care supplies; Malaria medicines diagnostics: AL DP, Artesunate, RAS ; Diagnostics: Blood slides, field stains (A & B), Malaria RDTs Supportive treatments: Blood, IV fluids, Panadol; Supplies: Syringes, cannulas, fluid and blood giving sets, gloves, and disinfectants, Oxygen
    - Train on management of severe malaria
    - Deployment of a post severe malaria discharge package including; DP, insecticide treated net, and malaria messaging
    - Conduct drills for severe malaria management to improve competency
    - Functionalize HDUs at health facility levels (TBD)

- ❑ Community level interventions
    - Training of community health workers to identify danger signs in cases at community level
    - Deploy test and treat strategy
    - Orientation of school nurses on malaria case management
    - Print and distribute job aides for uncomplicated cases
    - Mortality line listing and audits to identify and address factors contributing to malaria related deaths.
    - Provide clinical care supplies and point of care diagnostics

- ❑ 5. Strengthened referral – EMS
    - Orientation of EMTs on triage for early detection of and response to danger signs;
    - Provision of emergency care at first point of contact
    - Deploy alert – EMS protocol
    - Provide ambulances services to facilitate patient referral
    - Improving referral systems (Sending advance notice, supporting ambulance system);
    - Capacity assessment and mapping of trained clinical teams and key partners
    - Deployment of surge clinical teams
    - Identify and train clinical care teams

Vector Control

1. Indoor Residual Spraying
   - **Wide scale and focal IRS for low burden areas**
   - **Rapid indoor vector population reduction**
2. Larval source management
   - **Training of field teams and communities on LSM**
   - **Mapping larval habitats**
   - **Deployment of Laviciding | Focal or Wide scale**
   - **Work with environmental pillar for environmental hygiene**
3. LLINs
   - **Distribution of LLINs | Mass campaign brought foreword**
   - **SBCC for use,**

School Health

1. Establish and integrate a school malaria alert management system in the district mainstream AMS
2. Establish and strengthen the use of a tailored school health kit (with ACTs and RDTs for malaria) to enable early diagnosis and early ACT initiation
3. Build the capacity of School resource focal persons in malaria surveillance, prompt referral, and reporting
4. Support the district-wide strategic plans for last-mile delivery of :
   - **Mass malaria chemoprophylaxis within school communities**
   - **LLINs, and IRS implementation,**
   - **LSM of vector breeding areas within school communities**

5.Establish and disseminate child and student-friendly malaria risk communication messages aimed at prevention, suspicion, and referral for malaria treatment

6. Conduct health promotion and capacity building on malaria prevention and control campaigns within schools in the affected districts

7. Support Coordination and mobilization of school communities for blood donation campaigns aimed at equipping regional blood banks in malaria epidemic regions

Risk communication

- Conduct audience consultations and social listening to inform our interventions through conducting a survey on the barriers for effective behavior change to malaria prevention.
- Review and update available message products in line with evidence generated by SIRI and the social listening feedback. Should be tailored to speak to the current times of the epidemic.
- Develop key messages to address the barriers to effective behavior change. The messages will be clear, concise, and relevant to the target audiences with a focus on prevention.
- Raise public awareness using communication channels appropriate to the response districts to promote prevention and address any misinformation captured in our community engagements. Intensified media campaigns on beneficiary preferred channels and messaging
- Orientation of multi sectoral stakeholders though advocacy to create an enabling environment. These will include the parliamentarians of the high burden districts, health workers, schools, cultural leaders, religious leaders, traditional healers, organized communities eg mothers union, youth groups and men groups.
- Establishment of functional mechanisms for community feedback/ response mechanisms (e.g., social media, the Call-center, U- Report and through Community structures e.g. VHTs & LC1s)
- Continuous Monitoring and evaluation of our strategy to identify areas of improvement and ensure that messages are reaching the intended audiences.
- In collaboration with SIRI, Conduct periodic surveys for evidence generation (research) - to generate evidence, improve information management and timely reporting.
- Deploy Risk Communication surge staff in affected areas to support capacity building, identify gaps and develop the required training tools & trainings

Community Engagement and Social protection intervention	Area of intervention
Reactivate the multi sectoral task forces at all levels including CES subcommittee, Village task forces and Committees in organized/clustered communities to support community led response • Orientation of structures on their roles in malaria IMS, select malaria focal persons ,develop village response plans • Facilitate VTF to map out high risky homes , their support structures and develop parish directory • Mentor risky homes into prevention and management practices • Facilitate supervisors to implore tailored mentorship to communities.	High and Moderate Areas
Support community led contextualized interventions for reducing mosquito population • Conduct monthly Parish community action days for engaging community in the eradication of potential mosquito breeding sites. • Support Sub counties with un responsive communities to develop ordinances in line with Public health act so as to enforce practices that eradicate breeding sites	High and Moderate Areas

Support VTF and organized community committees to enforce adherence and proper use of LLIN • Conduct parish based engagement to create ownership and practice of use of LLINs • Conduct door to door visit to households to enforce use of LLIN • Work with organized communities to put in place measures that will encourage use of LLINs • Engage private sector, CSOs and community health programs to monitor house hold use of LLIN	High and Moderate Areas
Contextualize linkage and follow up pathways for test, treat and management (both Private and public) • Develop contextualized referral pathways and route charts to enhance community-facility linkage to care at community level. • Establish and disseminate directories for community to facility support linkages • Establish triage in organized communities	High and Moderate , low Areas
Adapt and scale up the Home Based Care model for management of new and recovering malaria case. This makes it a mandate of the family and community to support treatment adherence, to put in place practices that break chain of transmission at house hold level, support and monitor patient, support house hold infection prevention and control, keep consistent communication with medical workers, early initiation of referrals and management of side effects. • Adapt SOPs for HBC for malaria cases, risky population and recovering patients • Build capacity to service providers both public and private to scale up HBC approach to malaria management. • Build capacity for households to adapt the home based care approach	High and Moderate Areas

	Malaria epidemic response implementation phase	Interventions	Intended outcome
	Immediate	▪ Mass Drug administration ▪ Case Management o Health Facility based o Community based o Private sector ▪ Emergency medical services o Referral o Indoor Residual spraying o Surveillance o Risk and behaviour change Communication	▪ Mortality reduction ▪ Infection and morbidity reduction.
	Intermediate	▪ Case Management o Health Facility based o Community based o Private sector ▪ Provision and use of LLINs ▪ Larval source Management ▪ Risk and behaviour change communication ▪ Surveillance	▪ Reduce transmission ▪ Sustained Mortality reduction ▪ Sustained infection and Morbidity control
	Long term	▪ Case Management o Health Facility based o Community based o Private sector ▪ Provision and use of LLINs ▪ Risk and behaviour change communication ▪ Surveillance	▪ Hold ground, sustain gains

End ,thank you and questions

Sales Agent: Contact:

GET STARTED TODAY WITH THE MAISHA MEDS SYSTEM FOR PHARMACIES AND DRUGSHOPS.

Access all your business information **whenever** you want, **wherever you are.**

GET IT ON Google Play

Maisha Meds

For more information, visit: **www.maishameds.org**
Ntinda Complex Building, Block B, 3rd Floor.
Innovations Village
Office Line: **0704048309**

MAIN SYSTEM FEATURES

Sales
Record and track data on sold drugs. Keep track of discounts and credit given to clients.

Inventory Management
Track, monitor and manage the levels of stock available.

Web Dashboard Reports
Access and interact with your facility's performance data in real-time.

Expense Management
Track, control and optimize all expenses incurred by your facility.

Bluetooth & SMS Receipts
Print and issue out paper-based and system generated SMS receipts.

PRICING AND ONBOARDING

Get onboarded today for as low as **UGX 300,000** for pharmacies and **UGX 150,000** for drugshops.

Access and enjoy additional unique premium features for only **UGX** _____ per month.

Maisha Meds

For more information, visit: **www.maishameds.org**
Ntinda Complex Building, Block B, 3rd Floor.
Innovations Village
Office Line: **0704048309**

To reach out to us;
Click on this link
https://bit.ly/3K7jwa6