NATIONAL MALARIA CONTROL PROGRAM

Chase Malaria

Post Discharge Malaria Chemoprevention

Uganda's Experience

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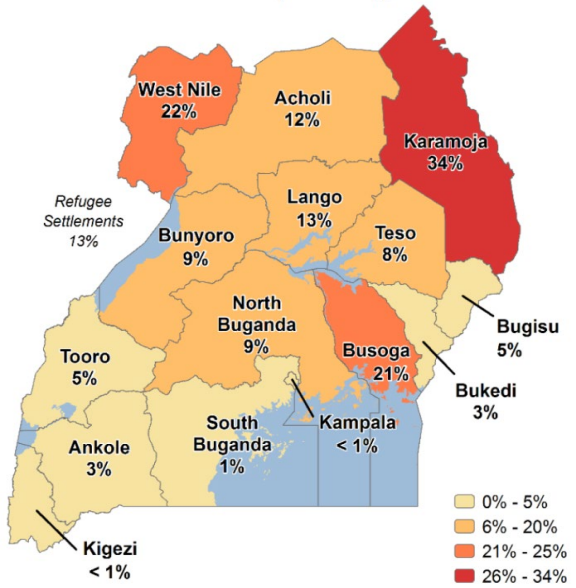
Introduction

- **Malaria is still among the leading causes of mortality and morbidity**
- **30% to 50% of the outpatient visits, 15% to 20% of the admissions and 16 deaths per day country wide**
- **Globally,**
  - 3rd highest contributor to the global malaria cases at 5% (2022 World Malaria Report)
  - 5th highest contributor to the global malaria deaths in at 3%

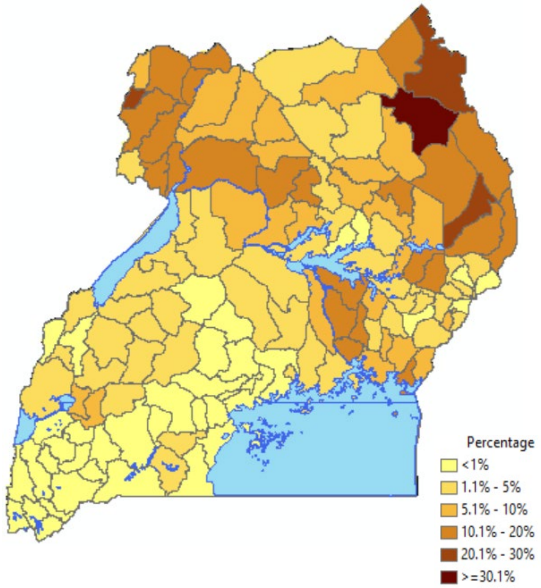
Malaria stratification and mapping

Spatial distribution of malaria parasite prevalence in (UMIS 2019)

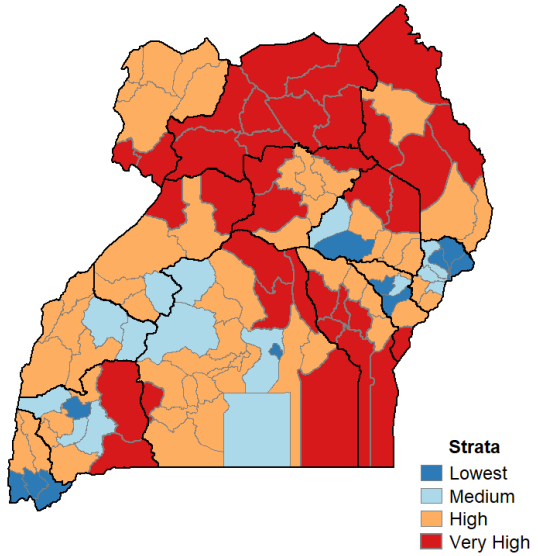
Percentage of children age 0-59 months who tested positive for malaria by microscopy



District – level parasitaemia distribution



Composite map



2021-2025 UMR&E SP Vision , Goal and Strategic Objectives

Vision: A "Malaria-free Uganda" to enable social economic transformation in line with vision 2040

Goal

By 2025, reduce malaria infection and morbidity by 50% and malaria related mortality by 75% of 2019 levels.

Policy & Strategic Interventions

❑ 1.0 Case Management

Policy Goal: **To significantly reduce morbidity and prevent mortality attributable to malaria and eventually interrupt transmission**

Policy Objectives:

- ❑ **Early diagnosis and prompt, effective treatment of malaria.**
- ❑ **All suspected malaria cases are subjected to parasitological testing.**
- ❑ **Availability of quality assured diagnostics and malaria treatments.**
- ❑ **All cases are properly documented at all points of care.**
- ❑ **Provide testing and treatment for asymptomatic/low density malaria cases.**

1.0 Case Management……

❑ Diagnosis

- ❑ **mRDTs shall be used at all levels of service delivery**
- ❑ **Quality Assured Microscopy remains gold standard**

Case Management…

- **Treatment**
- ***Treatment regimens for uncomplicated malaria***
  - 1st line is an ACT, Artemether/Lumefantrine (AL)
  - Alternative 1st line is Artesunate/Amodiaquine (ASAQ)
  - 2nd line is Dihydroartemisinin Piperaquine (DHA-PPQ)

Severe Malaria

- IV Artesunate use in all patients including infants and PW in all trimesters
- Once the patient is able to tolerate oral medicines, administer course of DP under DOT at the facility or on Discharge
- IM Artemether or IV Quinine as an alternative in absence of Artesuante
- Follow up at day 7, 14 and 28

Case management…

- Rectal artesunate for children below 6 years at community level, HC II levels and where treatment for severe malaria is not available- Dosage is 10mg/kg body weight. Each Suppository is 100mg

- Where referral is not possible, continue pre-referral treatment till patient is able to tolerate oral medication then complete dose of 1st line ACT

Post Discharge Malaria Chemoprevention

- WHO recommendation: Children admitted to hospital with severe anaemia living in settings with moderate to high malaria transmission be given a full therapeutic course of an antimalarial medicine to reduce re-admission and death(1st,2nd & 3rd months)

Acknowledgement–Studies done in Uganda

- Malaria Chemoprevention in the Post discharge Management of Severe Anemia
- Economic Evaluation of post discharge malaria chemoprevention in preschool children treated with severe anemia in Malawi,Kenya and Uganda:A cost effective analysis

Prior to WHO Recommendation

- Uganda & Kenya study:Three months of PDMC with the longer-acting drug dihydro-artemisinin piperaquine (DP) reduced the risk of deaths or all-cause readmissions by 70% and hospitalised malaria episodes by 87% during the same period
- MOH adopted the recommendation
- Initial phase-one cycle of PDMC

Current MOH Treatment Guidelines

- MoH adopted WHO PDMC recommendation
- Drug of Choice-Dihydro-artemisnin piperaquine
- Targeted age groups-Children and adults
- Delivery Mechanism-Health facility as DOT

Challenges

- Low completion rate of the three cycles

  -Jan-Apr 2023: 1st dose on day 28/after 1 month = 21% ,2nd dose/after 2 months=09% and dose 3/3months = 5% (Follow up done in one of the facilities)

- Acceptability still low
- Low coverage
- Drug shortages (Current DP stock for 2nd line- uncomplicated malaria)

Recommendations

- ❑ Best mode of delivery is through community health structures
- ❑ Community engagement to improve on acceptability & adherence
- ❑ Text reminders to caretakers or patients on when to return

Assumptions for the next three years

- The assumptions for utilization of follow up services and hence up take of post discharge chemoprevention are as follows;
  - **2024: 1st dose on day 28/after 1 month = 25% ,2nd dose/after 2 months=10% and dose 3/3months = 5%**
  - **2025: 1st dose on day 28/after 1 month = 50% ,2nd dose/after 2 months=20% and dose 3/3months = 10%**
  - **2026: 1st dose on day 28/after 1 month = 75% ,2nd dose/after 2 months=50% and dose 3/3months = 20%**

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Thanks for listening