

Malaria: Uganda's deadliest constant

With the presidential and parliamentary elections scheduled for Thursday, campaigns across the country are entering their final stretch. Promises are being repeated. The future is being argued over loudly and confidently. But malaria does not wait for polling day. It does not pause for rallies or slogans. In villages like Karubuga in Ntungamo District, it is already at work, silently weakening, quietly disabling, long before a single ballot is cast.

The World Malaria Report 2025, released by WHO last December, estimates that Uganda recorded 13.2 million malaria cases in 2024, ranking third globally after Nigeria and DRC, and accounting for about 4.7 percent of cases worldwide.

These numbers are not abstract. They translate into missed school days, lost income, overstretched health facilities, and preventable deaths, especially among children under five and pregnant women.

Malaria is among the most preventable diseases Uganda faces. Clearing stagnant water, removing rain-collecting containers, keeping surroundings clean, and sleeping under insecticide-treated nets remain highly effective. Combined with rapid diagnostic tests, effective medicines, and vaccines, these tools have saved millions of lives.

The WHO World Malaria Report warns that

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Malaria



progress in high-burden countries like Uganda is under threat from declining global health financing, climate-related shocks that expand mosquito breeding, overstretched health systems, and the emerging risk of antimalarial drug resistance in Africa. Any loss of focus, through funding gaps, supply disruptions, or policy neglect, can quickly reverse hard-won gains.

World over, election periods are particularly risky, as they tend to favour short-term visibility over long-term consistency.

Malaria control, however, depends on continuity of public health interventions like uninterrupted access to medicines and diagnostics, sustained distribution of mosquito

nets, strong surveillance systems, and steady investment in community-level services.

Uganda's malaria story, however, is not only one of burden. It is also one of knowledge, resilience, and innovation. For more than 70 years, Makerere University School of Public Health (MakSPH) has been central to public health training in Uganda and the region.

Researchers trained at Makerere have contributed to malaria epidemiology, outbreak investigation, intervention design, and implementation research, shaping national strategies and informing regional responses, which must be sustained.

Therefore, as campaigns intensify and Ugandans go to the polls on January 15, malaria must remain firmly on the national agenda. Voters should look beyond promises and ask practical questions of those seeking office: will malaria services be protected, health facilities kept stocked, and prevention and surveillance funded consistently?

Uganda already has the tools and expertise to reduce malaria. The task now is to sustain that commitment beyond election campaigns and apply it consistently to improve lives, long after the rallies end.

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