

# WHY UGANDA'S MALARIA BATTLE IS YET TO BE WON

PHOTOS BY HUDSON APUNYO

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In Teoryiang village, Nambieso sub-county in Kwania district, 27-year-old Kela Obura had seen malaria patients before. She knew the signs: fever, weakness and a loss of appetite. However, this time, it was different. Within days, her four-year-old son, Timothy Kicarwot, was gone.

It began as many malaria cases do in northern Uganda. Obura waited a day, hoping that Kicarwot would improve, but his condition worsened as the illness tightened its grip on his small body.

The next day, Obura needed sh15,000 to reach Nambieso Health Centre III. She struggled to find it. At the facility, Kicarwot was diagnosed with malaria. Within two days, his condition deteriorated, demanding urgent care at a higher-level facility.

Another sh25,000 was needed for transport to Aduku Health Centre IV. The family borrowed the money, but the delay proved costly. Kicarwot developed breathing difficulties, persistent fever and severe weakness, classic signs of malaria that had progressed.

At Lira Hospital, doctors worked hard to stabilise him, but complications had already set in. Despite treatment, Kicarwot was pronounced dead on March 24, 2026, becoming one of thousands of Ugandan children still dying from a disease that is preventable and treatable.

Across Uganda, particularly in high-burden areas like the Lango sub-region, malaria continues to claim lives, exposing a widening gap between national progress and lived reality in communities where access to timely care remains fragile and inconsistent.

According to the World Health Organisation, Uganda recorded about 13.2 million cases and more than 16,000 deaths in 2024, with children under five accounting for a significant share of fatalities.

For years, Uganda was seen as making steady progress. Between 2009 and 2018/19, malaria prevalence among children under five dropped from 42% to 9%, driven by interventions such as insecticide-treated nets and indoor residual spraying.

However, recent data suggests those gains are slipping. The 2024-25 Malaria Indicator Survey shows prevalence has risen to 21%

## BETWEEN THE LINES

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nationally. In areas like Lango, the situation is far worse, with prevalence reaching 59% in some communities.

The resurgence highlights a deeper problem. While national strategies continue to expand, their impact is uneven.

In districts like Apac, widely known for having some of the highest malaria transmission rates globally, where of every 100 children admitted, 90 of these are malaria cases, the disease remains deeply entrenched. Children under five years old bear the greatest burden.

Figures from the Ministry of Health show that Apac has a malaria prevalence of 66.4%. In contrast, approximately seven among 10 people in the district who present with common malaria symptoms test positive for the disease.

For many families, the challenge is not awareness but access. Transport costs, long distances to health facilities and delayed treatment turn manageable cases into life-threatening emergencies, especially for children, whose bodies are less able to withstand severe infection.

At Lira Regional Referral Hospital, the strain on the health system is unmistakable. On busy days, patient numbers reach up to 1,500, with mothers lining corridors, holding feverish children as they wait hours to be seen by overstretched health workers.

The facility recorded 2,437 malaria cases at the outpatient department between October and December 2025.



A medical officer checking a child admitted at the children's ward at Lira Regional Referral Hospital. Most of the children at the ward are being treated for malaria



Obura and her father, Henry Okonye, at the graveside of her son who passed on in March due to malaria in Nambieso, Kwania district

"It is a heavy burden for the Lango sub-region because of the vegetation and climate," Dr Andrew Odur, the director of Lira Hospital, explains. "Malaria is still among the top five causes of morbidity and mortality within the hospital."

Dr Daniel Ogwal, a medical officer at Lira Hospital, is part of the team studying "malaria-

associated pathogenesis of chronic kidney disease" in Mulago, as well as Jinja and Lira districts, following children who had severe malaria and following them over two years to see how many develop chronic kidney disease and comparing them to children who did not have malaria.

In the past year, "we have had about 7,500 malaria cases... some are treated under outpatient and others are admitted and treated for severe malaria... Some of these children die before reaching the hospital," Dr Ogwal said.

By the time they reach hospital care, many children have developed complications

such as severe anaemia, breathing difficulties or cerebral malaria, conditions that significantly reduce their chances of survival.

While emergency care can save some, others, like Kicarwot, reach the hospital when the disease has already caused irreversible damage.

Even when malaria does not kill, it leaves lasting consequences. Severe infections can damage vital organs, including the brain and kidneys, affecting a child's long-term health, development and ability to learn, with impacts that extend far beyond the initial illness.

Studies conducted in Uganda have linked severe malaria in childhood to cognitive impairment and reduced academic performance.

## GENE-DRIVEN TECHNOLOGY

Researchers are exploring new tools, including gene drive technology designed to reduce populations of malaria-transmitting mosquitoes. While promising, these innovations are still under study and are unlikely to provide immediate relief for affected communities.

"Most people fear that if we bring in novel genetic control tools, they are going to wipe out all mosquitoes. No. It is only those few species that can bite and transmit malaria," Dr Martin Lukindu, a researcher with Target Malaria, explained.

Target Malaria is one of the research projects developing gene drive mosquitoes. Part of a consortium of research institutions in Africa, Europe and North America, Target Malaria researchers and scientists are working to reduce the population of malaria-transmitting mosquitoes, to stop further spread.

It is a bold tool that the Ministry of Health is evaluating, Dr Jane Nabakooza, from the National Malaria Control Programme, said.

"For the national malaria elimination division to consider any technology, we usually conduct research to make sure that it is feasible, it is acceptable, it is cost-effective, and it will work in our kind of context.

"For now, I wouldn't be firm to say that we are considering what we are doing as the Ministry of Health is to evaluate the mosquito gene drive technology. If we get positive results, then we shall consider it for our national strategic plan," she said.

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## GOVT LAYS OUT ITS STRATEGY

On April 23, the Ministry of Health launched the Malaria Elimination Strategic Plan 2026-2030, targeting zero malaria deaths by the end of the decade.

The strategy includes distributing 25.8 million insecticide-treated mosquito nets, expanding indoor residual spraying, strengthening community health systems and improving access to diagnosis and treatment, particularly in high-risk districts across northern and eastern Uganda.

It also prioritises vaccination, surveillance and behavioural

change campaigns aimed at encouraging early health-seeking and consistent use of preventive measures. Minister of Health Jane Ruth Aceng said success will depend on both coverage and how effectively communities adopt these interventions.

"We cannot win this fight unless every household, every leader and every partner plays their part," Dr Aceng said.

The Government of Uganda, through the Ministry of Health, has launched a nationwide campaign to distribute 25.8 million long-lasting

insecticide-treated mosquito nets in one of the country's largest public health interventions aimed at reducing malaria-related illness and deaths.

The distribution is part of the five-phase format of the Universal Coverage Campaign. It is designed to push national mosquito net coverage beyond 60%, in line with Uganda's Malaria Elimination Strategy (2025-2030). The exercise targets 130 districts across the country and is being implemented in five structured waves, prioritising high-burden areas.