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Uganda: Malaria

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Malaria as Common Leading Cause of Death in Uganda

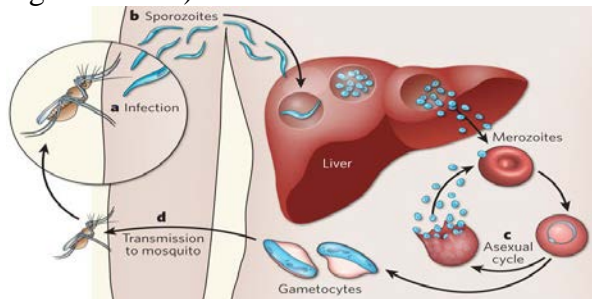


Uganda map with bordered countries.

What is Malaria?

Malaria is a disease of the blood that is caused by mosquito bite or the *plasmodium parasite* (micro-organisms) which is transmitted from person to person by a particular type of mosquito (What is Malaria).

According to WHO estimates, between 70 000 and 100 000 children aged under five years die in Uganda annually of malaria. On average, a child in Uganda has four malaria episodes a year, and any of them could be fatal (“Treating malaria at home in Uganda”2006)



Malaria Life Cycle <http://sitn.hms.harvard.edu>

Symptoms and Treatment

Malaria is a preventable and curable disease. People start to experience symptoms such as fever, chills, and flu like illness within 10-15 days after mosquito bite. It is best to seek healthcare as soon as possible and do laboratory testing or a rapid diagnostic test (RDT) and Artemisinin-based combination to see if the patient is positive for malaria. Another treatment is vaccination, Mosquirix for child malaria protection (“Treating malaria at home in Uganda,” 2017).

Name: Uganda

Location: Uganda lies across the Equator right in the heart of Africa in East Africa. Uganda is bordered by Congo in the west, Kenya in the east, Rwanda in the south west, Tanzania in the south, and Sudan in the north making it a landlocked country (“Africa,” 2017).

Population: In 2014 census, the population was 34.6 million and the population reached to 43 million in 2018 (“Uganda Population,” 2017). Uganda is one of the countries that is rich with ethnic diversity, which includes most of its population speaking three major languages - English (official), Swahili (official), Luganda, and numerous other local languages. (“Uganda Population,” 2017). According to official government figures, an estimated 85 percent of the population is Christian, 12 percent is Muslim, and the remaining 3 percent follow indigenous beliefs, Hinduism, Bahaism, and Judaism (“Uganda,”2009).

Political Structure: Uganda is a presidential republic. The president is the head of both state and government. The country gained independence from Great Britain in 1962. The constitution was ratified in 2015, and formed executive, legislative, and judicial branches. The constitution provides for an executive president to be elected every 5 years (“About Uganda”).

Major Challenges in Uganda: Uganda is one of the poorest countries in the world and its economy has suffered from devastating economic policies and instability. In fact, 51 percent of the population lives below international poverty line of \$1.29 a day. Other major challenges faced by the nation are poor healthcare system and lack of clean water (Worldatlas).

Epidemiology: Children and pregnant women are most affected group and high risk of malaria. Malaria in pregnancy contributes greatly to maternal morbidity and mortality in Uganda (54.975 deaths/1,000 live births in a year) (Uganda Population, 2017). The government required pregnant women to visit antenatal care (ANC) four times during pregnancy to prevent malaria. However, women did not attend as much as required. The main reasons for poor ANC attendance were: women felt healthy and did not see a need to go for ANC, long distances to clinics and long waiting hours at clinics (Mbonye, 2016). There was high knowledge that malaria was a dangerous disease in pregnancy; few women knew that malaria in pregnancy caused abortions and stillbirths. The high rate of malaria in children was because their immune system is not strong enough to fight the infection and parents could not afford to seek medical provider especially in rural area. Also, out-of-pocket expenditure are high and parents did not have enough knowledge about the disease (Orem, 2013).

Interventions Attempt: Interventions to prevent malaria through the public sector have not achieved the desired targets. However, the PRIME organization works to improve the relationship between patient and health provider (DiLiberto, 2015). Also, Ugandan government formalized the already common practice of treating fevers without visiting the doctor by introducing the home-based management of fever strategy (“Treating malaria at home in Uganda”, 2017).

Solutions:

My three suggestions for Uganda malaria prevention are to provide the people with mosquito nets and clean environment. Second, I believe strong relationship between patient and provider is needed because without a close relationship, patient could not be open up about their medical problem to provider. Third, the government should open more public hospitals with lower the cost of hospitalization.

Citation

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