“Test and Treat” strategy reinforced in the implementation of UKaid’s Strengthening of Uganda’s Response to Malaria

By Catherine Ntabadde Makumbi

If your under five year old is experiencing a high temperature, headache and fever, it does not necessary mean that he/she is suffering from malaria. The health workers or village health teams must carry out a malaria test on the child that is unwell for confirmation.

Akello Susan, 20-year-old, resident of Lalem village in Nwoya district on 19th March 2019 visited Purungo Health Centre III with her 2-year-old daughter and her sister. The trio were tested for malaria having complained of malaria like symptoms.

Akello says her household has one mosquito net which is used by her daughter, her husband and herself sleep. Her sister does not sleep under a mosquito net.

“I came here to get medicine because we are all experiencing fever, headache and some chills. But when we reached here, the health workers told me that they need to test us first before we can receive treatment,” Akello said. And indeed, all the three were tested at the health centre laboratory.

Implementing UKaid’s Strengthening of Uganda’s Response to Malaria (SURMa) has emphasised the test and treat strategy in 25 districts of Northern, Mid Northern, Eastern and North Eastern Uganda to improve the management of malaria.

“The test and treat strategy has been rolled out in all health centres in the district and the village health teams also conduct tests before administering treatment. This strategy existed before but when SURMa came, the strategy is more emphasized,” Jacob Lony, the In-charge of Purongo Health Centre III in Nwoya district explained.

Lony added that before the implementation of SURMa, there were incidences when patients who come with symptoms similar to those of malaria would be given malaria treatment before they are tested.

“In some cases, health workers would provide presumptive treatment. When I included an indicator for all in-charges of health centres to report on number of malaria cases recorded and the tests conducted to determine the positivity, I was able to track which centre treats without testing. When SURMa started, this was emphasized and all health centres embraced it. The Artemisinin based Combination Therapy (ACTs) are not moving as fast as they used to because once a child or mother tests negative to malaria, we encourage the health workers to think beyond malaria and conduct other tests,” says Dr. Janet Oola, Nwoya District Health Officer.

A 1 year and 9 months baby brought at the health centre with malaria like symptoms tested positive for malaria. She was given malaria tablets free of charge at the health centre.
SURMa, which is implemented by UNICEF Uganda through local government structures and Malaria Consortium is a 6-year programme funded by UKaid.

Whereas malaria is a still a challenge in Nwoya and the Northern Uganda region, malaria cases among children aged 0-5 years have greatly reduced due to the work of the village health teams in providing first line treatment of malaria, pneumonia and diarrhea.

“80% of the patients we attend to at this health centre suffer from malaria. Without the VHTs, it would have been more than 80%. Here we mostly attend to the adults and pregnant women because children below 5 years get tested and treated by the VHTs. Cases of under five children that are brought here are those that are severe,” Lony explains.

On a busy day, Purongo Health Centre conducts 75 malaria tests of children and adults using rapid diagnostic test kit. Okello David Paul, the laboratory technician at the health centre said that out of the 75 tests done, 50 turn out positive.

Dr. Oola said that whereas it is possible for Purongo Health Centre to attend to 80% of malaria cases, the overall average for the district is now at 50%, thanks to the SURMa interventions.

“The malaria situation is a bit in control. We are experiencing an upsurge. Last year, malaria positive cases were at 85%,” she explained.

The SURMa programme aims to improve integrated community case management of malaria, pneumonia and diarrhea; improve malaria prevention, diagnostic treatment, monitoring and reporting practices at health facility level; improve family and community knowledge of malaria prevention and care seeking in 25 high burden districts; build capacity of the National Malaria Control Programme to support the implementation of the Uganda Malaria Reduction Strategic Plan.

In addition, the programme also aims to strengthen malaria surveillance systems and availability of quality analysis, use and sustainability of mTrac data, and improve district management practices and sustainability of malaria interventions.

Adiyo Nester Lily, the Nwoya district health educator says through health education sessions at health centres, household talks and monitoring visits, communities are provided with malaria messages.

“Our key message is prevention because malaria is a preventable disease. We sensitisise communities to always sleep under a mosquito net, close windows and doors on time to prevent mosquito from entering the houses, cover any open holes were water could stagnate,” Adiyo said.

In addition, the prevention messages also highlight the need for families and community members to stay in a clean environment to prevent other diseases like diarrhea.
The districts benefiting from SURMa interventions are; Kotido, Moroto, Abim, Amudat, Nakapiripirit, Napak, Kaabong, Nabilatuk, Otuke, Alebtong, Dokolo, Amolatar, Kaberamaido, Kwania, Apac, Oyam, Kole, Kitgum, Gulu, Agago, Nwoya, Lamwo, Pader, Amuru and Omoro.