

■ EDITORIAL

Act against malaria, kidney failure among children

It is troubling to learn that Ugandan children, especially those aged between two and 10, are increasingly developing kidney failure because of severe malaria, and requiring admission to Mulago Hospital's dialysis unit.

Uganda has one of the highest global burden of malaria cases, with over 90% of the population at risk. Malaria, which is a preventable and treatable disease, remains one of the leading causes of child deaths in Uganda.



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The disease causes immense detrimental health effects and is responsible for 30-50% of outpatient visits and 15-20% of hospital admissions.

When left untreated, it can lead to devastating complications, including acute kidney failure.

This is a condition that, while reversible with early intervention, still places a lot of strain on an already-overburdened healthcare system.

The rising number of paediatric cases should cause all stakeholders to act immediately.

Medical professionals have identified malaria as the primary cause of this state of affairs, though other factors like nephritis and pregnancy-related conditions also contribute to kidney failure in vulnerable populations.

The majority of Ugandan families will face a critical uphill challenge once faced with a child suffering from the medical condition because of the limited dialysis facilities, high costs (sh150,000 per session at Mulago) and inadequate access to care.

To combat this crisis, stakeholders must prioritise eradicating malaria through innovative, cost-effective measures.

The best cost-benefit strategy is scaling up preventive strategies like insecticide-treated bed nets, indoor residual spraying and community education campaigns will save lives.

The Government has consistently rolled out some of these interventions, but it looks like we need more sensitisation and more initiatives.