In the first half of 2015, the country recorded about 4.5 million suspected malaria cases; this translates into approximately 25,181 suspected malaria cases seen per day compared to an average of approximately 23,014 of such cases seen in the first half of 2014 for all reporting health facilities; possibly due to an improvement in the level of completeness of reporting from 90% in 2014 to 97% in 2015.

Out of 12,773,048 OPD cases 4,595,630 (36.0%) were suspected malaria cases. On regional basis, Upper west region had the highest proportion of OPD cases attributable to malaria (45.3%) followed by the Brong Ahafo (39.8%) with Volta region recording the lowest proportion of OPD cases (28.0%) attributable to malaria.

In this period, the Programme continued with implementation of interventions outlined in its Strategic Plan (2014-2020) which has the goal of reducing malaria disease and death burden by 75% by 2020, using 2012 as baseline.

**Key Activities Undertaken During the First Half of 2015**

**Programme Management**

In January 2015, Annual review meetings were held at Programme to look at activities implemented in the year, the successes, challenges and discussions on the way forward. The Global Fund malaria Grunt ended in Feb 2015, but it was not possible to be renewed in the same quarter because of conditions that needed to be met by Ghana.

**Vector Control**

Distribution of LLINs in the Brong Ahafo and Western regions took place on the 3rd-9th May and 25th-31st May 2015 respectively. A total of 1,383,745 and 1,389,360 LLINs were distributed respectively in these regions.

**Case Management**

In light of the promotion of the test, treat and track, the case management working group held a number of meetings to plan and strategies on how prescribers can adhere to the malaria
control policies. National training of trainers workshop was organized to update relevant stakeholders on the technical update of skills in malaria case management and operational update and discussion on challenges seen during monitoring. iCCM/IPT monitoring in was done in the Volta, Upper West, Ashanti, Northern, Greater Accra and Western Regions.

**Behaviour Change Communication**

The Program engaged the services of an advertising agency to conduct BCC activities for the country. Other partners such as Communicate for Health also started airing educational clips on malaria interventions.

**Monitoring and Evaluation**

The Program in her bid to provide timely, accurate, reliable and valid data for planning, management and decision-making has revised its National Strategic Plan for the period 2014-2020. Monitoring and supportive visit still continued in all 10 regions of the country to ensure that facilities are adhering to the malaria control policies. Data verification and validation was also conducted during the semester as well as a review meeting conducted for the 30 malaria sentinel sites.

**Procurement Supply Chain Management**

Following the tragedy of the burning of the Central Medical Stores in January, the programme together with partners under the auspices of the Ministry of Health put in measures to minimize stock out of malaria commodities. This was done through redistribution of commodities across regions and requesting for delivery of malaria medicines earlier than initially planned. During the same semester, the programme supported the Global Fund acquired contractor, Imperial Health Services to undertake scheduled delivery of malaria commodities to Regional Medical Stores and the Teaching Hospitals.

**Resource Mobilization/Private Sector Partnership**

As part of efforts to engage the corporate bodies in the fight against malaria, a concept note was developed and submitted to communicate for Health (C4H) to get their support for developing a documentary and information folder which would be used to appeal to the corporate bodies to invest in malaria control.
Table 1: Reporting Rates

<table>
<thead>
<tr>
<th>REPORTING RATES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly OPD Morbidity</strong></td>
<td></td>
</tr>
<tr>
<td>Completeness</td>
<td>97</td>
</tr>
<tr>
<td>Timeliness</td>
<td>87</td>
</tr>
<tr>
<td><strong>Malaria Data Returns on Anti-Malarials</strong></td>
<td></td>
</tr>
<tr>
<td>Completeness</td>
<td>95</td>
</tr>
<tr>
<td>Timeliness</td>
<td>84</td>
</tr>
</tbody>
</table>

From January to June, 2015 ccompleteness and timeliness for Monthly OPD Morbidity was 97% and 87% respectively whilst the monthly data returns on anti-malarials had a completeness level of 95% with a corresponding 84% timeliness; all these are improvements on the 2014 achievements for the January to June.

**MALARIA MORTALITY AND MORBIDITY**

The under-five years case fatality rate for Ghana from January to June 2015 was 0.43%.

Upper West Region recorded the highest case fatality rate (0.93%) followed by Volta Region (0.67%) whilst Ashanti region recorded the lowest (0.21%)(shown in Figure 1).

**Figure 1: Malaria Case fatality Rates for Children Under five per region**
As shown in Figure 2, among people above five years case fatality rate for Ghana from January to June 2015 was 0.54%. Central Region recorded the highest case fatality rate of 0.99% whilst Eastern Region recorded the lowest (0.18%) in the country.

**Figure 2: Malaria Case Fatality Rates for People Above five per region**

![Graph showing Malaria Case Fatality Rates for People Above five per region]

Proportion of OPD cases attributable to malaria decreased from 22.4% in January 2015 to 20.4% in March 2015, this increased gradually to 22.9% in May and finally decreased to 22.1 in June (Figure 3).

**Figure 3: Proportion of OPD cases attributable to malaria**

![Graph showing Proportion of OPD cases attributable to malaria]
TABLE 2: Test Positivity Rate For Rapid Diagnostic Tests And Microscopy

<table>
<thead>
<tr>
<th>Malaria (All ages)</th>
<th>Test Positivity Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microscopy</td>
<td></td>
</tr>
<tr>
<td>Tested</td>
<td>943,133</td>
</tr>
<tr>
<td>Positive</td>
<td>399,744</td>
</tr>
<tr>
<td>RDT</td>
<td></td>
</tr>
<tr>
<td>Tested</td>
<td>1,991,776</td>
</tr>
<tr>
<td>Positive</td>
<td>1,130,836</td>
</tr>
</tbody>
</table>

A test positivity rate for all suspected malaria cases tested using Microscopy in the first half of 2015 was 42.4% whilst that of RDTs was 56.8%.

For the period under review the number of suspected cases tested was more than those put on ACTs except June 2015 (Figure 4).

**Figure 4:** Suspected malaria cases treated with ACTs against tested and tested positive cases
INTERMITTENT PREVENTIVE TREATMENT IN PREGNANCY (IPTp)

The number of registrants that had IPTp 1 was 342,411 (71.1%) whilst IPTp 3 uptake was 201,047 (41.7%). IPTp 5 uptake was the lowest (4.9%) (Figure 5).

Figure 5: Proportion of pregnant women taking IPT 1-5

LONG LASTING INSECTICIDAL NETS (LLIN)

LLIN coverage for pregnant women for the first half of 2015 was 138,746 (28.8%). Upper west region had 7,246 (56.2%) which represented the highest coverage whiles western region had the lowest coverage of 4,051 (8.4%)(Figure 6).

Figure 6: LLIN coverage for pregnant women per region
LLIN coverage for children distributed through the Antenatal Clinics for the first half of 2015 was 53.1%. Upper West Region had the highest coverage (79.8%) while Western Region had the lowest coverage (29.9%)(Figure 7).

**Figure 7: LLIN coverage for children per region**

Source of data in bulletin: DHIMS 2