

Country Profile | President's Malaria Initiative (PMI)

UGANDA

April 2010



At a Glance: Uganda

Population – 2010: 33.4 million¹

Life expectancy at birth – 2010:
52 years (male), 54 years (female)¹

Population at risk of malaria – 2008:
100%²

Under-5 mortality rate – 2008:
135/1,000 live births, or
approximately 1 in 7 children die
before their fifth birthday³

¹ US Census Bureau, International Data Base 2010

² WHO World Malaria Report 2009

³ UNICEF State of the World's Children 2009

Background

In Uganda, malaria is the most commonly reported disease by both public and private health facilities. Clinically-diagnosed malaria is the leading cause of morbidity and mortality, accounting for 25 to 40 percent of outpatient visits at health facilities, 15 to 20 percent of all hospital admissions, and 9 to 14 percent of all hospital deaths. Nearly half of in-patient deaths among children under the age of five are attributed to clinical malaria. In most parts of Uganda, temperature and rainfall allow stable, year-round malaria transmission at high levels with relatively little seasonal variability.

The President's Malaria Initiative (PMI)

Uganda is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Uganda's national malaria control strategy, PMI supports four key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.
- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.

- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, which include maternal anemia and low birthweight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP) given not less than one month apart during the second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors.
- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in most malaria-affected regions of Africa, and are extremely effective against malaria parasites and have few or no side effects.

Progress to Date

Uganda is in its fifth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations.

PMI-Supported Activities	2006	2007	2008	2009	Cumulative
IRS: Houses sprayed ¹	103,329	446,117	575,903	567,035	-
IRS: Residents protected ¹	488,502	1,865,956	2,211,388	2,262,578	-
ITNs: Procured	376,444	1,132,532	480,000	765,940	2,754,916
ITNs: Distributed	305,305	683,777	999,894	651,203	2,640,179
ITNs: Sold with PMI marketing support	586,284	932,033	1,115,074	281,955	2,915,346
ITNs: Procured by other donors and distributed with PMI support	-	369,900	-	-	369,900
SP Treatments: Procured	-	-	18,333	72,666	90,999
SP Treatments: Distributed	-	-	2,556	45,780	48,336
ACTs: Procured	261,870	-	1,140,480	-	1,402,350
ACTs: Distributed	227,827	-	-	1,140,480	1,368,307
ACTs: Procured by other donors and distributed with PMI support	-	8,709,140	112,330	4,459,918	13,281,388
Health workers trained in IPTp ²	168	807	649	724	-
Health workers trained in ACT use ²	2,844	12,637	9,159	1,356	-
Health workers trained in diagnostics ²	-	-	100	1,115	-

¹ A cumulative count of the number of houses sprayed and residents protected is not provided since some areas have been sprayed on more than one occasion.

² A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding

PMI funding in Uganda has increased steadily since FY 2005. For FY 2010, PMI allocated \$35 million in funding for malaria prevention and treatment in Uganda. Of this amount, 42 percent will support IRS and general vector control, 22 percent procurement and distribution of long-lasting ITNs, 3 percent IPTp, 16 percent case management, 5 percent for monitoring and evaluation, and 1 percent for capacity building. Of the total budget, 38 percent will be spent on commodities.

	FY 2005 Jump start funds	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Budget	\$510,775	\$9.5 million	\$21.5 million	\$21.8 million	\$21.6 million	\$35 million

For details on FY 2010 PMI activities in Uganda, please see the **Uganda Malaria Operational Plan:** http://www.pmi.gov/countries/mops/fy10/uganda_mop-fy10.pdf.

