

UGANDA

April 2011



At a Glance: Uganda

Population (2011): 35.6 million¹

Population at risk of malaria (2009): 100%²

Estimated annual malaria deaths/100,000 population (2008): 103³

Under-five mortality rate (2006): 137/1,000 live births, or approximately 1 in 7 children die before their fifth birthday⁴

¹ US Census Bureau, International Data Base 2011

² WHO World Malaria Report 2010

³ WHO World Health Statistics 2011

⁴ Demographic and Health Survey 2006

Background

In Uganda, malaria is the leading cause of morbidity and mortality, accounting for 25 to 40 percent of outpatient visits to health facilities, 15 to 20 percent of all hospital admissions, and 9 to 14 percent of all hospital deaths. Nearly half of inpatient deaths among children under the age of five are attributed to 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 17 focus countries benefiting from the President's Malaria Initiative (PMI), which is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. PMI was launched in 2005 as a five-year (fiscal year [FY] 2006–2010), \$1.265 billion expansion of U.S. Government resources to reduce the burden of malaria and help relieve poverty on the African continent. The 2008 Lantos-Hyde Act authorized an extension of PMI funding through FY 2013. With congressional authorization and the subsequent launch of the U.S. Government's Global Health Initiative, PMI's goal was expanded to achieve Africa-wide impact by halving the burden of malaria in 70 percent of the at-risk populations on the continent (i.e., approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

To reach its goal, PMI works with national malaria control programs (NMCPs) 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; numerous nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

To support Uganda's national malaria control strategy, PMI provides funding to four major 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. Since 2006, PMI has procured and distributed nearly 4 million ITNs, mainly to pregnant women and children under five years of age, through mass campaigns, antenatal clinics, and nongovernmental and civil society organizations. In addition, in 2010, PMI supported distribution in the Central Region of more than 1.4 million ITNs procured by the Global Fund. In FY 2011, PMI will procure and distribute free ITNs through antenatal clinics to sustain high net ownership following the 2010 nationwide campaign.

To ensure proper net usage, PMI will also support mass media and community mobilization strategies to increase knowledge and promote proper and consistent use of ITNs.

- **Indoor residual spraying (IRS):** IRS involves spraying of the inside walls of houses with insecticides; mosquitoes are killed when they land on these sprayed walls, thereby reducing malaria transmission. PMI has supported IRS in Uganda since 2006, expanding from one district to six districts in 2010. In 2011, PMI will support IRS campaigns in the districts of Kitgum, Pader, Apac, Oyam, Gulu, and Amuru, which have the highest malaria transmission rates in Uganda.
- **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. These risks include maternal anemia and low birth weight babies. IPTp involves the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP), which is given at least one month apart during the second and third trimesters of pregnancy. With FY 2011 funding, PMI will provide on-site training and supportive supervision related to malaria in pregnancy to antenatal care workers in the public and private sectors. PMI will also procure SP and provide drinking cups and safe water for directly observed therapy.
- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests (RDTs) 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. ACTs are extremely effective against malaria parasites and have few or no side effects. In Uganda, PMI will support efforts to improve case management for both uncomplicated and severe malaria in the public and private sectors. PMI will also continue to support training of health workers on RDTs and microscopy to improve diagnosis at all levels of the health system. PMI will support the rollout and use of RDTs in health facilities without laboratory services.

Progress to Date

The table below shows key results from the following nationwide household surveys: the Demographic and Health Survey (DHS) and the Malaria Indicator Survey (MIS). These surveys provide nationally representative, household-level data on the health status of the population and on malaria indicators.

Uganda Malaria Indicators	PMI Baseline (DHS 2006)	MIS 2009
All-cause mortality rate in children under five	137/1,000	-
Proportion of households with at least one ITN	16%	47%
Proportion of children under five years old who slept under an ITN the previous night	10%	33%
Proportion of pregnant women who slept under an ITN the previous night	10%	44%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	16%	32%

Uganda is in its sixth 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 Contributions	2006	2007	2008	2009	2010	Cumulative
IRS: Houses sprayed ¹	103,329	446,117	575,903	567,035	879,326	
IRS: Residents protected ¹	488,502	1,865,956	2,211,388	2,262,578	2,794,839	
ITNs procured	376,444	1,132,532	480,000	765,940	300,000	3,054,916
ITNs distributed	305,305	683,777	999,894	651,203	294,139	2,934,318
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			2,431,815	2,801,715
IPTp treatments procured			18,333	72,666	39,367	130,366
IPTp treatments distributed			2,556	45,780	40,063	88,399
ACTs procured	261,870		1,140,480		2,085,120	3,487,470
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
RDTs procured					1,309,000	1,309,000
RDTs distributed					34,000	34,000

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

PMI Funding

	FY 2005 Jump start funds	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Budget (in millions)	\$0.5	\$9.5	\$21.5	\$21.8	\$21.6	\$35.0	\$34.9

For details on FY 2011 PMI activities in Uganda, please see the **Uganda Malaria Operational Plan:** http://www.pmi.gov/countries/mops/fy11/uganda_mop-fy11.pdf.



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