

UGANDA



AT A GLANCE

Population (2017):
42.9 million¹

Population at risk of malaria
(2016): **100%²**

Malaria incidence/1,000
population at risk (2015):
218.3³

Under-five mortality rate (2016):
64/1,000 live births⁴

1 World Bank, Population Estimates & Projections 2017

2 World Health Organization (WHO), World Malaria Report 2017

3 WHO, World Health Statistics 2017

4 Demographic and Health Survey (DHS) 2016

The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination

Country Context

Since the late 1980s, Uganda has enjoyed relative stability and prosperity, recovering from years of civil war and economic weakness. The Ugandan Ministry of Health has four levels of administration: national, regional, district, and county. The provision of health has been decentralized with districts and health subdistricts playing a key role in the delivery and management of health services.

The entire population of Uganda is at risk of malaria. Uganda has the third highest number of *P. falciparum* infections in sub-Saharan Africa, and some of the highest reported malaria transmission rates in the world. There is stable, perennial malaria transmission in 90–95 percent of the country with the rest of the areas having low and unstable transmission with potential for epidemics. Accounting for 34 percent of outpatient visits and 37 percent of hospital admissions, malaria places a heavy burden on the health system. Pyrethroid and carbamate insecticide resistance have been documented in some parts of the country.

With the scale-up of malaria prevention and treatment interventions, progress in malaria control has been made throughout Uganda; nearly all malaria indicators improved from 2006–2014, followed by a slight decline in the 2016 Malaria Indicator Survey (MIS). The next MIS is scheduled to begin in late 2018. Additionally, all-cause under-five mortality has dropped 53 percent; from 137 deaths per 1,000 live births in 2006 to 64 in 2016. Uganda's efforts against malaria are guided by the 6-year Uganda Malaria Reduction Strategic Plan for 2014–2020, which calls for a rapid and synchronized nationwide scale-up of cost-effective interventions to achieve universal coverage of malaria prevention and treatment.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Uganda.

Uganda Malaria Indicators	PMI Baseline (DHS 2006)	MIS 2009*	DHS 2011	MIS 2014/2015	DHS 2016
All-cause under-five mortality rate	137/1,000	–	90/1,000	–	64/1,000
Proportion of households with at least one ITN	16%	47%	60%	90%	78%
Proportion of children under five years old who slept under an ITN the previous night	10%	33%	43%	74%	62%
Proportion of pregnant women who slept under an ITN the previous night	10%	44%	47%	75%	64%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	16%	32%	25%	45%	45%

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Uganda is currently in its thirteenth 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. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	1,000,000	15,144,213 ²
		ITNs distributed	1,292,334	7,147,784
		ITNs procured by other donors and distributed with PMI support	0	27,623,923
Indoor Residual Spraying		Houses sprayed	1,225,644	n/a ³
		Residents protected	4,227,236	n/a ³
Rapid Diagnostic Tests		RDTs procured	947,600	8,118,575
		RDTs distributed	1,725,300	4,328,280
Artemisinin-based Combination Therapy		ACTs procured	2,063,160	12,402,270
		ACTs distributed	1,241,040	8,979,718
		ACTs procured by other donors and distributed with PMI support	0	13,281,388
Sulfadoxine-pyrimethamine		SP treatments procured	0	171,033
		SP treatments distributed	0	107,270
Health Workers		Health workers trained in treatment with ACTs	1,597	n/a ⁴
		Health workers trained in malaria diagnosis	2,033	n/a ⁴
		Health workers trained in IPTp	7,501	n/a ⁴

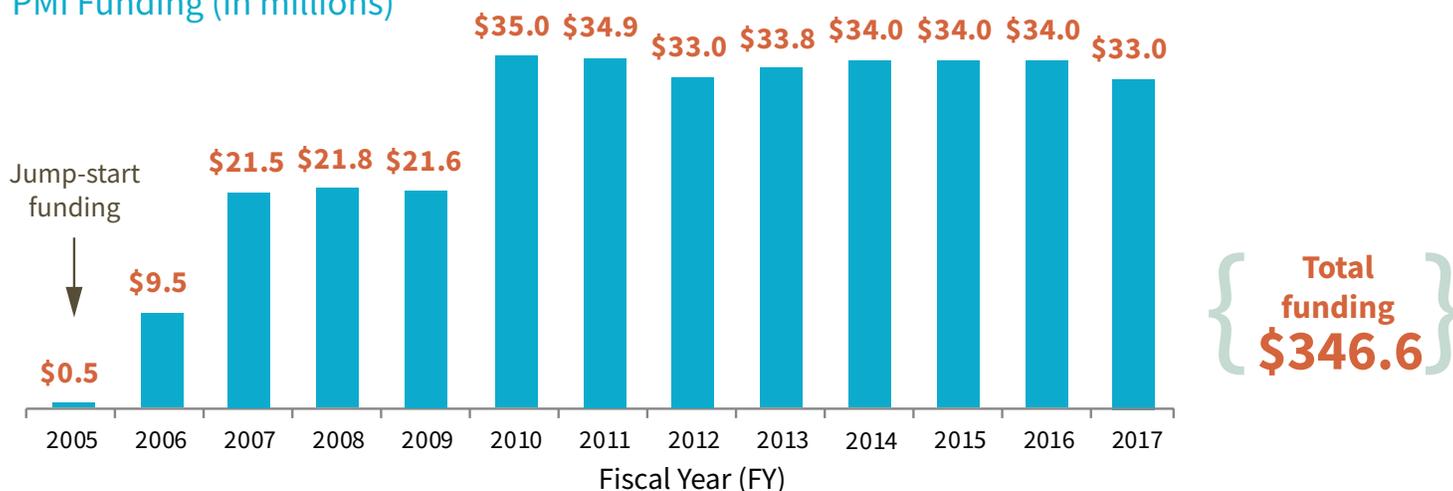
1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [PMI Annual Report](#) for year-by-year breakdowns of PMI contributions.

2 In addition to these ITNs procured with U.S. Government funds, PMI procured 1.4 million ITNs with donations from DFID in FY 2014 and 2015.

3 A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

4 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2018 PMI activities in Uganda, please see the [Uganda Malaria Operational Plan](#).



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