

UGANDA



AT A GLANCE

Population (2014):
35.9 million¹

Population at risk of malaria
(2012): **100%²**

Estimated annual malaria
deaths/100,000 population
(2012): **55³**

Under-five mortality rate (2011):
**90/1,000 live births, or
approximately 1 in 11
children die before their
fifth birthday⁴**

1 U.S. Census Bureau, International Data Base 2013
2 World Health Organization (WHO), *World Malaria Report 2013*

3 WHO, *World Health Statistics 2014*

4 Demographic and Health Survey (DHS) 2011

The President's Malaria Initiative (PMI)

PMI strives to reduce the intolerable burden of malaria and help relieve poverty on the African continent. The goal of PMI is to reduce malaria-related deaths by 50 percent in 19 countries in Africa that have a high burden of malaria by expanding coverage of four highly effective malaria prevention and treatment measures: insecticide-treated mosquito nets (ITNs), indoor residual spraying (IRS) with insecticides, intermittent preventive treatment for pregnant women (IPTp) with sulfadoxine-pyrimethamine (SP), and prompt use of artemisinin-based combination therapies (ACTs) for those who have been diagnosed with malaria.

Country Context

Since the late 1980s, Uganda has enjoyed relative stability and prosperity, recovering from years of civil war and economic failure. Malaria is the leading cause of morbidity and mortality in Uganda. According to the Ministry of Health, the disease accounts for 25 to 40 percent of outpatient visits to health facilities and is responsible for nearly half of inpatient pediatric deaths. Malaria is highly endemic in 95 percent of the country, and all Ugandans are at risk. In most parts of the country, temperature and rainfall allow stable, year-round malaria transmission at high levels with relatively little seasonal variability. Prevalence is higher in rural than in urban areas. Survey data has shown that anemia is also a significant public health problem in Uganda, with six out of ten children ages 0–59 months being anemic.

Recent PMI-supported activities include IRS in the ten districts with highest malaria prevalence rates, procurement and distribution of ITNs through antenatal care clinics and mass campaigns, training and supervision of health workers in integrated management of malaria including malaria in pregnancy, collection of high quality surveillance data, increased recruitment of additional health staff in key cadres, and behavior change communication activities that reach millions of Ugandans with key malaria messages. Management and monitoring of insecticide resistance is also underway.

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
All-cause under-five mortality rate	137/1,000	–	90/1,000
Proportion of households with at least one ITN	16%	47%	60%
Proportion of children under five years old who slept under an ITN the previous night	10%	33%	43%
Proportion of pregnant women who slept under an ITN the previous night	10%	44%	47%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	16%	32%	25%

* MIS: Malaria Indicator Survey

PMI Contributions Summary

Uganda is in its ninth 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 (FY) 2013 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2013	CUMULATIVE
Insecticide-treated Nets		ITNs procured	5,000,000	9,963,916
		ITNs distributed	956,571	4,334,927
		ITNs procured by other donors and distributed with PMI support	3,503,651	6,314,383
Indoor Residual Spraying		Houses sprayed	855,698	n/a ²
		Residents protected	2,581,839	n/a ²
Rapid Diagnostic Tests		RDTs procured	525,000	3,916,650
		RDTs distributed	500,000	795,055
Artemisinin-based Combination Therapy		ACTs procured	799,800	5,457,090
		ACTs distributed	1,054,490	3,020,608
		ACTs procured by other donors and distributed with PMI support		13,281,388
Sulfadoxine-pyrimethamine		SP treatments procured		171,033
		SP treatments distributed		107,270
Health Workers		Health workers trained in treatment with ACTs	767	n/a ³
		Health workers trained in malaria diagnosis	1,281	n/a ³
		Health workers trained in IPTp	874	n/a ³

1 The data reported in this table are up to date as of September 30, 2013. Please refer to Appendix 2 of the 2014 PMI Annual Report for year-by-year breakouts of PMI contributions.

2 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.

3 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 2014 PMI activities in Uganda, please see the *Uganda Malaria Operational Plan*.



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