

## Country Profile | President's Malaria Initiative (PMI)

# UGANDA

May 2008



### At a Glance: Malaria in Uganda

Population: 31.4 million<sup>1</sup>

Life expectancy at birth:  
51 years (male), 53 years (female)<sup>1</sup>

Population at risk of malaria: 95%<sup>2</sup>

Under-5 mortality rate: 137/1,000,  
or approximately 1 in 7 children<sup>3</sup>

<sup>1</sup> US Census Bureau

<sup>2</sup> Roll Back Malaria 2005 World Malaria Report

<sup>3</sup> DHS 2006

### Background

Malaria is endemic in 95 percent of Uganda. It is the leading cause of illness and death in the country and responsible for up to 40 percent of hospital outpatient visits, 20 percent of hospital admissions, and 14 percent of hospital deaths. Nearly half of hospital inpatient deaths among children under age 5 are attributable to malaria.

Uganda is one of three first-round target countries to benefit from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID), in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, and the White House.

### Goal

The goal of PMI is to cut malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under 5 years of age – with lifesaving services, supplies, and medicines.

PMI coordinates with national malaria control programs and international partners, including the World Health Organization; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

### Key Interventions

In support of Uganda's national malaria control program, PMI backs four key intervention strategies to prevent and treat malaria:

- Indoor residual spraying (IRS) with insecticides
- Insecticide-treated mosquito nets (ITNs)
- Lifesaving drugs
- Intermittent preventive treatment for pregnant women (IPTp)

### Results to Date

Beginning its third year of activities, PMI has made noteworthy progress in the fight against malaria in Uganda. With the collaboration of Malaria No More, the Ministry of Health (MOH), the Global Fund and others in support of the Government of Uganda, dramatic gains are being made throughout the

country with the scale-up of malaria prevention and treatment measures, including mosquito nets, antimalarial drugs, and spraying of homes with insecticides.

**Mosquito Nets:** Sleeping under a mosquito net treated with insecticide provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans and do not need re-treatment with insecticide for up to four years. In Uganda, a total of 1,358,982 nets have been procured and distributed by PMI. Last year alone, more than 590,000 were distributed for free as part of a nationwide net distribution campaign in partnership with Malaria No More, MOH, and the Global Fund, which distributed more than 2.3 million long-lasting ITNs (LLINs); 360,151 LLINs were distributed free to pregnant women and children under 5 years of age through antenatal care (ANC) services in northern Uganda; and 102,905 were distributed free to people living with HIV/AIDS and to pregnant women and children under 5 by 20 nongovernmental and community-based organizations. To date, 576,659 ITNs have been re-treated with insecticide, lengthening their effective lifetime. Also, awareness was raised through publications, television, radio shows, billboards, and road shows to promote the correct and consistent use of ITNs.

**Insecticide Spraying:** When adult female malaria-carrying mosquitoes rest on the inside walls of a sprayed home, they pick up the residual insecticide, which kills them. To date, more than 4,000 local personnel have been trained on proper spraying technique. Spraying has covered almost every targeted household in Uganda and benefited more than 1.8 million people.

**Antimalarial Drugs:** Derived from the *Artemisia* plant, a Chinese herb, artemisinin-based combination therapy (ACT) drugs are new medicines that are highly effective against new malaria strains while causing virtually no side effects. To date, PMI has procured and distributed more than 220,000 ACTs to health facilities and to community drug distributors. In addition, during Year 2, PMI distributed more than 8 million ACTs that were procured by the Global Fund. Over two years, PMI has trained a total of 15,481 health care providers on how to properly dispense ACTs.

**Malaria in Pregnancy:** Pregnant women are particularly vulnerable to malaria as pregnancy reduces a woman's immunity to malaria, making her more susceptible to malaria infection and increasing the risk of illness, severe anemia, and death for herself and her child. With PMI support, expectant mothers receive malaria treatments given at regular intervals during pregnancy through ANC services. Implementation of the two treatments, IPTp1 and IPTp2, has risen from, respectively, 43 to 94 percent and 27 to 76 percent in one district. To date, 975 health workers have been trained to provide preventive malaria treatment to pregnant women.

### **PMI Funding**

For fiscal year 2008, PMI set aside \$21.8 million in funding for malaria prevention and treatment in Uganda.

### **Upcoming PMI Activities**

During its second year, PMI expanded on its successes in Year 1 and continued to scale up interventions. The major challenges in Year 3 in Uganda will be:

- Transitioning the IRS program from the use of pyrethroid insecticides to DDT
- Ensuring effective implementation of the newly approved Round Seven Global Fund grant
- Scaling up the use of ACTs at the community level through the existing community drug distributor network
- Increasing the correct and consistent use of ITNs