

Country Profile | President's Malaria Initiative (PMI)

UGANDA

April 2009



At a Glance: Uganda

Population - 2009: 32.4 million¹

Life expectancy at birth - 2009:
52 years (male), 54 years (female)¹

Population at risk of malaria - 2006:
100%²

Under-5 mortality rate - 2007:
130/1,000 live births, or approximately
1 in 8 children³

¹ US Census Bureau, International Data Base 2009

² WHO World Malaria Report 2008

³ UNICEF State of the World's Children 2009

Background

Malaria is the leading threat to the health of Uganda's population and, according to the Ministry of Health, is responsible for approximately 40 percent of outpatient visits, 25 percent of inpatient visits, and nearly half of all deaths in children under five. Nearly 94 percent of Uganda's population live in high-transmission areas and are exposed to the disease throughout the year.

Uganda is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

Goal

The goal of PMI is to reduce 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 five years of age – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); 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 NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

Results to Date

Uganda is in its fourth 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.

Insecticide-treated mosquito nets: Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans and can repel and kill mosquitoes for up to three years. Since beginning work in Uganda in 2006, PMI has distributed nearly 2 million ITNs it procured and an additional 370,000 nets procured by its partners. PMI also supported marketing for the sale of 2.6 million nets and the re-treatment of nearly 654,000 nets with insecticide. To help ensure the proper and consistent use of ITNs, PMI supports community education and behavior change programs.

Indoor residual spraying: 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. In 2006, with PMI support, the first large-scale IRS campaign in Uganda was implemented in one district in the southeast, which was met with remarkable public acceptance and attained high coverage. Building on this success, PMI continued to expand the IRS program; in 2008, it supported the spraying of more than 575,000 houses in five northern districts, protecting more than 2.2 million people, many of whom were internally displaced persons. PMI's support included training for nearly 5,000 local personnel to conduct, supervise, and monitor IRS operations and massive community education and mobilization drives to make residents aware of the value of IRS and the need to cooperate with spray teams.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman's immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. Despite a long-standing policy promoting IPTp, as of 2006, only 16 percent of pregnant women receive the recommended two treatments in Uganda. To improve this situation, in 2008, PMI trained an additional 650 health workers in IPTp and distributed educational materials on malaria in pregnancy. Although the Global Fund meets most of the IPTp needs, PMI procured more than 18,000 treatments during 2008.

Diagnosis and treatment: ACTs are extremely effective against malaria parasites and have few or no side effects. To date, PMI has procured more than 1.4 million ACT treatments for Uganda. Of these, 1.1 million treatments were procured in 2008 as part of an emergency response to avoid a drug stockout. PMI also supported training of more than 9,000 health workers in ACT use, logistics, severe malaria management, and microscopy.

PMI Funding

For fiscal year 2009, PMI allocated \$21.6 million in funding for malaria prevention and treatment in Uganda. Of this amount, 43 percent will support IRS and general vector control, 30 percent procurement and distribution of long-lasting ITNs, 3 percent IPTp, 8 percent case management, 7 percent for monitoring and evaluation, and 1 percent for capacity building. Of the total budget, 42 percent will be spent on commodities.

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

For details on 2009 PMI activities in Uganda, please see the Malaria Operational Plan at http://www.pmi.gov/countries/mops/uganda_mop-fy08.pdf.