

UGANDA



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. In approximately 75 percent of districts, Village Health Teams facilitate health promotion, service delivery, and community participation in access and utilization of health services. However, training and supervision of Village Health Teams remains insufficient, and attrition is high.

Malaria is highly endemic in most of the country, and Uganda has some of the highest transmission rates in the world. Accounting for 34 percent of outpatient visits and 28 percent of hospital admissions, malaria places a heavy burden on the Ugandan health system. *Plasmodium falciparum* is the major source of infection. Pyrethroid and carbamate insecticide resistance have been documented in some parts of the country.

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. The Plan outlines three main goals to be achieved by 2020: 1) reduce annual malaria deaths from 2013 levels to near zero; 2) reduce malaria morbidity to 30 cases per 1,000 population; and 3) reduce malaria parasite prevalence to less than 7 percent.

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
All-cause under-five mortality rate	137/1,000	–	90/1,000	–
Proportion of households with at least one ITN	16%	47%	60%	90%
Proportion of children under five years old who slept under an ITN the previous night	10%	33%	43%	74%
Proportion of pregnant women who slept under an ITN the previous night	10%	44%	47%	75%
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%

* MIS - Malaria Indicator Survey

AT A GLANCE

Population (2016):
38.3 million¹

Population at risk of malaria (2014): **100%²**

Malaria incidence/1,000 population at risk (2013): **232³**

Under-five mortality rate (2011): **90/1,000 live births⁴**

1 U.S. Census Bureau, International Data Base 2015

2 World Health Organization (WHO), *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Demographic and Health Survey (DHS) 2011

PMI Contributions Summary

Uganda is currently in its eleventh 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 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	2,427,720 ²	14,144,213
		ITNs distributed	747,320	5,197,177
		ITNs procured by other donors and distributed with PMI support	0	26,274,145
Indoor Residual Spraying		Houses sprayed	824,485 ³	n/a ⁴
		Residents protected	3,086,789 ³	n/a ⁴
Rapid Diagnostic Tests		RDTs procured	1,195,850	5,112,500
		RDTs distributed	0	795,055
Artemisinin-based Combination Therapy		ACTs procured	1,326,840	7,546,080
		ACTs distributed	1,616,130	4,679,878
		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	8,857	n/a ⁵
		Health workers trained in malaria diagnosis	8,917	n/a ⁵
		Health workers trained in IPTp	946	n/a ⁵

1 The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

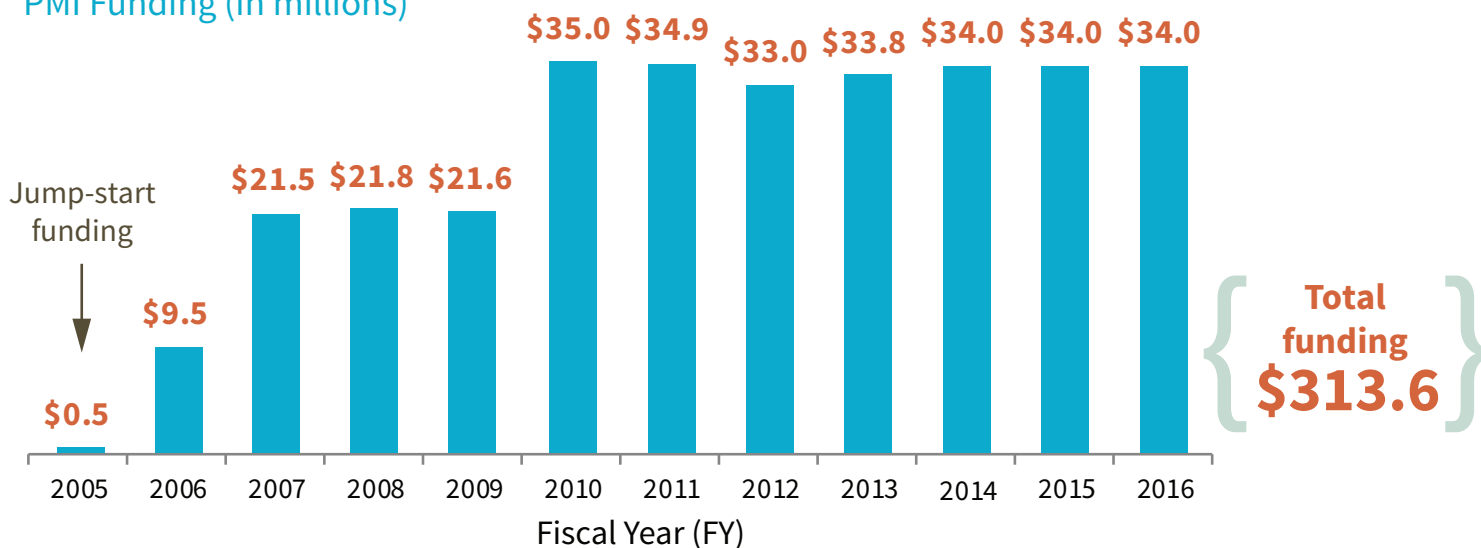
2 In addition to these ITNs procured with U.S. Government funds, 388,400 ITNs were procured in FY 2015 for Uganda with a donation from DFID.

3 In addition to these IRS activities supported with U.S. Government funds, an additional 301,888 houses were sprayed and 823,528 people were protected in FY 2015 in Uganda with a donation from DFID.

4 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.

5 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 2016 PMI activities in Uganda, please see the [Uganda Malaria Operational Plan](#).



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