

Uganda

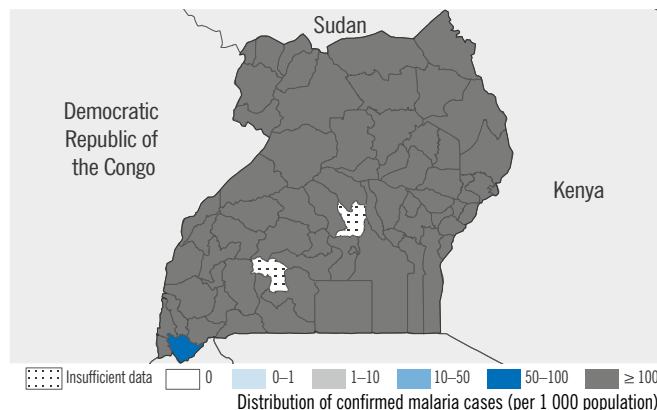
Phase: Control. Coverage: In 2010, ITN/LLINs delivered were sufficient to protect 25%–50% of the population at risk.

I. EPIDEMIOLOGICAL PROFILE

Population (UN Population Division)	2010	%
High transmission (≥ 1 case per 1000 population)	30 100 000	90
Low transmission (0–1 cases per 1000 population)	3 340 000	10
Malaria-free (0 cases)	0	0
Total	33 440 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax*
 Major anopheles species: *An. gambiae*, *funestus*



II. INTERVENTION POLICIES AND STRATEGIES

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs: distributed free of charge	Yes	2006
	ITNs/LLINs: distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2005
	DDT is used for IRS	Yes	2008
IPT	IPT used to prevent malaria during pregnancy	Yes	2000
Case management	Patients of all ages should receive diagnostic test	Yes	1997
	RDTs used at community level	No	-
	ACT is free for all ages in public sector	Yes	2006
	Pre-referral treatment with recommended medicines	Yes	2002
	Oral artemisinin-based monotherapies are not registered	Yes	2005

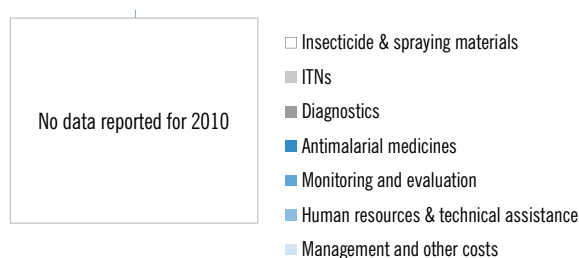
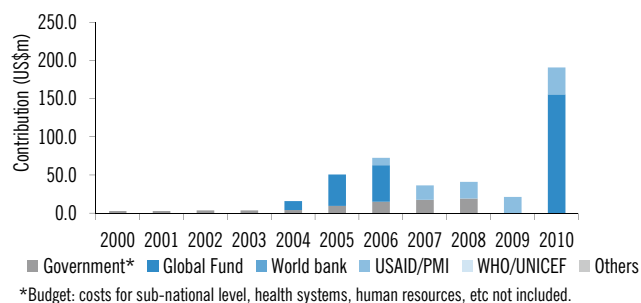
Antimalarial policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	-	-

Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of Studies	Min	Median	Max	Follow-up
AL	2002–2008	8	0	2.3	8.9	28 days

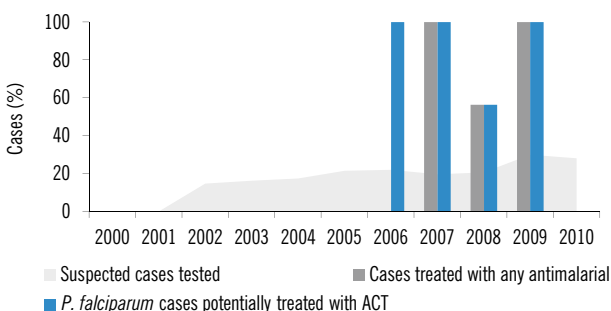
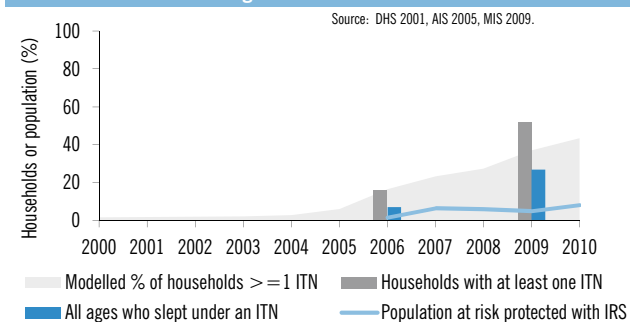
III. FINANCING – Government and external financing

Expenditure by intervention in 2010



IV. COVERAGE – Coverage of ITN and IRS

Cases tested and ACT delivered: Programme data (public sector)



V. IMPACT – Malaria test positivity rate and ABER

Confirmed cases, admissions and deaths (per 100 000)

