



Functional Series [200](#)
Programming Policy

INTERIM UPDATE 05-13

SUBJECT: President's Malaria Initiative

NEW MATERIAL: USAID is the lead agency for the President's \$1.2 billion, five-year initiative to control malaria in Africa. The goal of the initiative is to reduce malaria-related deaths by 50 percent in 15 countries by achieving 85 percent coverage of proven preventive and curative interventions. Activities are already underway with spraying and other high-impact interventions in the three, first-year target countries of Angola, Uganda, and Tanzania. This initiative will be focused, results-based, and will exhibit a high level of financial and programmatic accountability. A minimum of 50 percent of this funding will be devoted to the purchase and distribution of life-saving commodities. While the President's Malaria Initiative (PMI) ramps up over the next five years to cover 175 million people, expectations of both the White House and Congress are that all malaria prevention and treatment programs will function in the same results-based and accountable fashion as the PMI. To this end, the Administrator has approved ten actions that institute fundamental changes to the structure and conduct of USAID's malaria programs.

EFFECTIVE DATE: 12/23/2005

This message was sent out, 12/23/2005, as an Executive Message.
This notice is being posted to the intranet for record purposes.

ADMINISTRATOR

USAID/General Notice
GH/AA
12/23/2005

EXECUTIVE MESSAGE

SUBJECT: President's Malaria Initiative

USAID is the lead agency for the President's \$1.2 billion, five-year initiative to control malaria in Africa. The goal of the initiative is to reduce malaria-related deaths by 50 percent in 15 countries by achieving 85 percent coverage of proven preventive and curative interventions. Activities are already underway with spraying and other high-impact interventions in the three, first-year target countries of Angola, Uganda, and Tanzania. This initiative will be focused, results-based, and will exhibit a high level of

financial and programmatic accountability. A minimum of 50 percent of this funding will be devoted to the purchase and distribution of life-saving commodities.

While the President's Malaria Initiative (PMI) ramps up over the next five years to cover 175 million people, expectations of both the White House and Congress are that all malaria prevention and treatment programs will function in the same results-based and accountable fashion as the PMI. To this end, I have approved ten actions that institute fundamental changes to the structure and conduct of USAID's malaria programs. These changes take effect immediately, or as otherwise indicated, and include:

1. Pursuant to the President's instructions and subsequent interagency implementation agreements, there is established a position of Malaria Coordinator, reporting to the USAID Administrator, with direct authority over both the PMI and USAID non-PMI malaria programs and policy. The authorities, roles, and responsibilities of the Malaria Coordinator include:

- All malaria policies, planning, and budgeting;
- Direct supervision over, and hiring authority for, all USAID/Washington malaria staff;
- All malaria budget allocations to bureaus and countries, as well as malaria staffing levels in bureaus and countries;
- Approval of all malaria-related acquisition and assistance plans, with the authority to approve or disapprove any proposed malaria-related acquisition and assistance action or obligations within countries and by USAID/W bureaus, subject to governing laws and procurement regulations;
- Approval of all malaria-related Monitoring and Evaluation (M&E) requirements and reporting requirements, with the authority to approve or disapprove any specific malaria-related M&E and reporting plans;
- Approval of all direct hire and non-direct hire travel to countries for malaria programs, regardless of the funding source;
- All malaria-related communication and outreach strategies and activities, in cooperation with LPA;
- Lead representation at all international malaria prevention and treatment fora and meetings, including those sponsored by Roll Back Malaria, the World Bank, the World Health Organization, and UNICEF;
- Consult and work closely with bureaus and missions on policy, programming, and budget matters affecting the implementation of the program. The Africa Bureau will be the main implementing entity for the PMI and a majority of non-PMI programs.

– The Coordinator may delegate any authorities, roles, and responsibilities to senior staff, to the fullest extent permitted by law and USAID policy.

2. I have designated the Assistant Administrator for Global Health, Kent R. Hill, as the Acting Malaria Coordinator, until such time as a Malaria Coordinator is appointed. In this capacity, he will exercise all roles, responsibilities, and authorities of the Coordinator.

3. Beginning in FY 06, at least 40 percent of USAID non-directed malaria sub-account is designated for a centrally-managed commodity fund, for the sole, express purpose of providing to country programs life-saving commodities: environmentally-sound insecticide-treated nets, and insecticides and equipment for spraying; artemisinin-combination therapies and diagnostics; drugs for intermittent preventive treatment of pregnant women; and drugs for severe malaria. In FY 07, the intention is for this fund to achieve at least 50 percent of non-directed malaria sub-account funds. The Malaria Coordinator or Acting Malaria Coordinator, in consultation with the appropriate bureaus, shall establish the operating procedures for the use of the commodity fund. The commodities will be procured by the GH Bureau or missions, whichever is most appropriate.

4. Proven principles of development will guide all malaria programs implemented or funded by USAID. Such principles include, but are not limited to: an emphasis on country or local ownership of the problem and the solution; a clear ability to build capacity in the affected countries, including strengthening of local institutions, transfer of technologies and skills, and adoption of appropriate policies; sustainability of programs to ensure continuation through funding or political changes in out-years; and, allocation of resources and personnel selectively and in such a way as to maximize the impact of all programs.

5. For FY 06, 25 percent of all non-PMI malaria funds (\$15 million) are designated to support exclusively indoor residual spraying activities in malaria-affected countries, as directed by the Malaria Coordinator or Acting Malaria Coordinator.

6. Beginning in FY 06, all non-PMI country and regional malaria allocations must be approved by the Acting Malaria Coordinator and, thereafter, by the Malaria Coordinator.

7. Beginning in FY 06, no country malaria program or regionally-managed country program will be funded at less than \$1.5 million of malaria funds. In FY 07, the minimum funding for country programs will rise to \$2.5 million, or any such other level as is determined by the Malaria Coordinator. When the consequences of this requirement are not in the best interest of the malaria program, the Coordinator may make exceptions on a case-by-case basis.

8. All regional funding for USAID malaria programs is capped and shall not exceed the level of FY 05 funding.

9. All operating units will report according to the new malaria data management system, transmitted to the field by PPC and GH in November, 2005. The posting on the PMI website will include all procurement documents under the PMI (e.g., contracts, grants), after "redaction" by the contractor/grantee. GH and its support contractor are responsible for managing this process.

10. No Agency malaria funds are allowed to fund non-malaria activities, including cross-cutting programs or initiatives, "taxes" to cover non-malaria costs or common costs, or any other mechanism, regardless of past practice, without the express consent of the Malaria Coordinator or Acting Malaria Coordinator.

Once these changes have been instituted, USAID will be properly positioned to achieve the goals of the President's initiative. Thank you for your cooperation.

Andrew S. Natsios

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File Name	Notice Date	Effective Date	Editorial Revision Date	ADS CD No.	Remarks
IU2_0513_122705_cd42.doc	12/23/2005	12/23/2005		CD 42	This IU will be cancelled as soon as the policy in it is incorporated into an ADS Series 200 chapter.

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