

FAST FACTS

The President's Malaria Initiative (PMI)

“One million last year alone died on the African continent because of malaria. And in the overwhelming majority of cases, the victims are less than 5 years old, their lives suddenly ended by nothing more than a mosquito bite. The toll of malaria is even more tragic because the disease itself is highly treatable and preventable ... the world must take action.”

President George W. Bush
June 30, 2005, Washington, D.C.

Highlights

- **6 million:** The estimated number of people that PMI reached with lifesaving prevention or treatment services in the Initiative's first year in the first three focus countries.
- **25 million:** The estimated number of people that PMI has reached with lifesaving prevention or treatment services during the Initiative's second year.
- **Greater than 50 percent:** The percentage of PMI countries in which at least 70 percent of households in malaria-endemic areas will own an insecticide-treated mosquito net (ITN) and will have artemisinin-based combination therapies available in more than 70 percent of public health facilities by December 2008.
- **Fewer than 1 percent:** The percentage of children who tested positive for malaria in Zanzibar following distribution of long-lasting ITNs and indoor residual spraying. Just two years earlier, 20 percent tested positive. There is already evidence of early impact in three other PMI countries as well.

U.S. Government Leadership

- PMI is a collaborative U.S. Government effort led by the U.S. Agency for International Development in conjunction with the Department of Health and Human Services/Centers for Disease Control and Prevention (CDC), the Department of State, the White House, and others.
- PMI assists National Malaria Control Programs (NMCPs) in each target country to achieve the President's goal of cutting malaria-related deaths by 50 percent. This goal will be attained by reaching 85 percent of the most vulnerable groups – children under 5 years of age and pregnant women – with proven and effective prevention and treatment tools.
- PMI funding in fiscal year (FY) 2006 was \$30 million, rose to \$135 million in FY 2007, and will increase to \$300 million in each of FYs 2008 and 2009 and to \$500 million in FY 2010.
- In the 15 target countries, PMI works with the NMCPs in coordination with other national and international partners, including the Roll Back Malaria Partnership; Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; UNICEF; World Health Organization Global Malaria Program; and nongovernmental organizations (NGOs), including faith-based and community groups, academia, and the private sector.

15 Target Countries

- Beginning FY 2006: Angola, Tanzania, and Uganda
- Beginning FY 2007: Malawi, Mozambique, Rwanda, and Senegal
- Beginning FY 2008: Benin, Ethiopia (Oromia Region), Ghana, Kenya, Liberia, Madagascar, Mali, and Zambia

Progress After Two Years of Implementation

After the President's announcement, PMI moved quickly to begin field implementation in early 2006. In the first year, PMI reached more than 6 million people in its initial three countries. During Year 2, PMI-supported activities benefited well over 25 million people in the first seven focus countries and, through early activities, the eight new FY 2008 countries.

PMI accomplishments to date include:

- Indoor residual spraying (IRS) in 10 PMI countries, benefiting more than 17 million people.
- Procurement of more than 6 million long-lasting insecticide-treated nets (LLINs), two-thirds of which have been distributed. Also, PMI supported the re-treatment of more than 1.1 million regular nets, and an additional 875,000 re-treatment kits have been procured and distributed.
- Procurement of 12.7 million treatments of highly effective artemisinin-based combination therapies (ACTs), of which 7.4 million have already been distributed to health facilities. PMI has trained more than 29,000 health workers in the correct use of ACTs.
- Procurement of more than 1.35 million treatments for intermittent preventive treatment of malaria in pregnancy (IPTp) to reduce the impact of malaria in pregnancy. PMI has also provided training for more than 5,000 health workers on how to administer these treatments correctly.
- Capacity building of NMCPs in the areas of pharmaceutical management, diagnosis, IRS, malaria in pregnancy, and monitoring and evaluation.

PMI Partnerships

NGOs and FBOs: Partnerships are at the heart of PMI's strategy and during the past year, PMI greatly expanded its collaboration with the private sector, NGOs, and faith-based organizations (FBOs). In December 2006, the First Lady announced the launch of the Malaria Communities Program to support small NGOs and FBOs that are involved in malaria-related activities in PMI focus countries. Five grants were awarded to NGOs and local organizations in 2007, and more grants will be awarded in future years. To date, PMI has supported more than 70 nonprofit organizations, of which more than 20 are faith-based.

Private sector: PMI continues to leverage private sector support. In partnership with Malaria No More and others, PMI distributed free LLINs through national campaigns in Uganda, Madagascar, and Mali. In Zambia, PMI and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) joined with the Global Business Coalition to distribute more than 500,000 long-lasting ITNs through home-based care programs serving people affected by HIV/AIDS. In total, more than 6.5 million nets have been distributed through public-private partnerships such as these.

PMI PUBLIC-PRIVATE PARTNERSHIPS: MASS INSECTICIDE-TREATED NET DISTRIBUTION CAMPAIGNS			
Country	Long-Lasting ITNs Distributed (All Partners)	PMI Partners	PMI Contribution
Madagascar	1,500,000	NMCP Global Fund Malaria No More UNICEF Red Cross	\$1 million to support campaign logistics, social mobilization, and follow-up to the campaign
Mali	2,262,404	NMCP Global Fund Malaria No More Nothing But Nets UNICEF WHO Red Cross Mission Bilateral Partners Groupe Pivot Santé	169,800 long-lasting ITNs; Technical support for campaign planning; financial and technical support for community mobilization and campaign follow-up
Uganda	2,300,000	NMCP Global Fund Malaria No More	590,621 long-lasting ITNs; educational materials and support for monitoring and evaluation
Zambia	500,000	NMCP PEPFAR Global Business Coalition RAPIDS	77,669 long-lasting ITNs

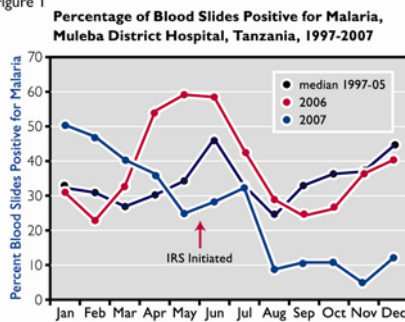
Evidence of Impact

There is now evidence in at least four PMI focus countries that an impact on malaria transmission is being achieved.

Tanzania

In 2007, PMI worked with the National Malaria Control Program (NMCP) to launch IRS in Muleba District in northwest Tanzania, an area with highly seasonal malaria transmission. Information collected from the district hospital shows a 37 percent reduction in the proportion of blood smears from patients of all ages that were positive for malaria during the peak transmission season of June and July when compared with previous years (see Figure 1). Data from this hospital also show a 70 percent reduction in severe anemia, to which malaria is a major contributor (see Figure 2).

Figure 1



Zanzibar

During the past two years, the NMCP, PMI, the Global Fund, and other partners supported a rapid scale-up of ITNs, IRS, and ACTs on the island of Zanzibar. As of May 2007, a population-based survey showed that 74 percent of children under 5 and 73 percent of pregnant women had slept under an ITN the previous night. In July-August 2007, a survey of 10 health facilities showed a greater than 90 percent decline in the proportion of blood smears positive for malaria in children under 2 years of age, from 22 percent in 2005 to just 0.7 percent in 2007 (see Figure 3).

Malawi

Malaria infections are one of the major contributing causes of severe anemia in young children in Africa. In Malawi, ITN coverage has increased considerably during the past three years through the efforts of the NMCP, Global Fund, PMI, and other donors. A 2007 household survey in six of Malawi's 27 districts showed a 43 percent relative reduction in severe anemia in children aged 6 to 30 months compared with children of the same age in a 2005 survey. These surveys also demonstrated that, in this age group, children sleeping under an ITN had significantly reduced risks of malaria infection and anemia (see Figure 4).

Uganda

PMI and the NMCP supported an IRS campaign in Kanungu District, Uganda, during February and March 2007. Data collected from the Kihihi Health Center in that district showed a 58 percent relative reduction in the proportion of blood smears positive for malaria, from 30.3 percent in August-October 2006 to 12.7 percent during the same time period in 2007 (see Figure 5).

PMI is collecting further evidence of impact in Senegal, Rwanda, and other PMI countries.

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Figure 2

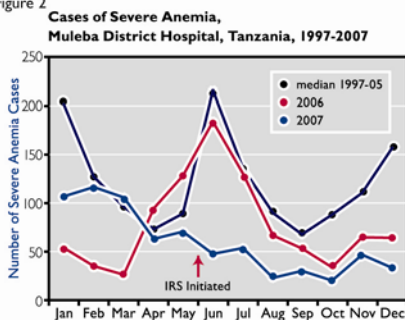


Figure 3

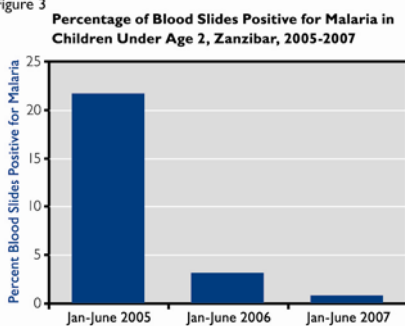


Figure 4

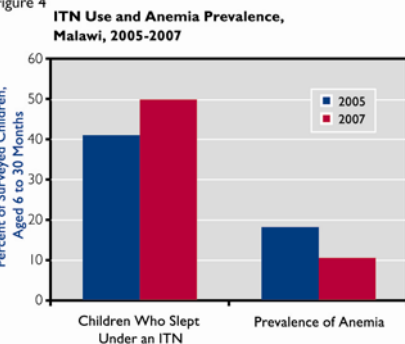


Figure 5

