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ISSUE BRIEF
President's Malaria Initiative

In June 2005, President Bush announced a historic, humanitarian $1.2 billion five-year initiative that seeks to reduce by 50 percent the number of deaths caused by malaria. Malaria is the number one killer of children, causing the death of at least one million infants and children under age 5 every year. Under the President's Malaria Initiative (PMI), the United States will lead the fight against malaria in 15 countries, beginning with Angola, Tanzania, and Uganda.

USAID, with the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), and in-country partners, has rapidly implemented PMI programming based on the clearly defined goals of achieving 85 percent coverage of proven preventive and curative interventions and a 50 percent reduction in deaths in each of the target countries after three years of full implementation. In addition to these focused, results-based targets, the PMI will exhibit a high level of financial and programmatic accountability through systematic and effective monitoring and evaluation.

A minimum of 50 percent of PMI funding will be devoted to the purchase and distribution of life-saving commodities, including a 20-fold increase in spraying of houses (called "indoor residual spraying," or IRS); procurement and distribution of insecticide-treated nets (ITNs); intermittent preventive malaria therapy for pregnant women; and new drugs called artemisinin-based combination therapies (ACTs) that combine artemisinin, an old Chinese natural medicine, and other antimalarial drugs. ACTs provide a remarkable opportunity to fill the gap left by the failure of older therapies, and PMI is vigorously supporting their development and availability.

Proven principles of development will guide all programs implemented or funded by PMI. These include an emphasis on country or local ownership of the response to malaria; the ability to build capacity through strengthening of local institutions, technology/skill transfer, and appropriate policy adoption; sustainability to ensure program continuation through funding or policy changes; and selective allocation of resources and personnel to maximize program impact

Less than six months after President Bush's announcement, lifesaving prevention and treatment activities were implemented in all three of PMI's first-year target countries. Within two months of the announcement, USAID, in collaboration with HHS/CDC, performed rapid assessment and planning visits in Angola, Tanzania and Uganda and developed one-year malaria plans and five-year strategies for them. The interagency group also developed a comprehensive state-of-the-art monitoring and evaluation plan and a series of high-impact activities will be launched throughout this fiscal year.

By January 2006, with PMI funding, Angola began implementing a large indoor residential spraying program that covers 120,000 households and approximately 500,000 people. In Zanzibar, Tanzania, every mother and child under age 5 will receive a long-lasting insecticide treated nets. In war-ravaged northern Uganda, more than 300,000 long-lasting nets are being distributed to internally displaced families, pregnant women, children under 5, and people living with HIV/AIDS. By the summer of 2006, IRS will commence in Zanzibar and Uganda's Kabale district, and PMI will also support a campaign this summer in Angola to distribute more than 950,000 nets to pregnant women and under-5 children during a nationwide measles vaccination campaign.

While PMI builds up to cover 175 million people over the next five years, expectations of both the White House and Congress are that all other malaria prevention and treatment programs will function in the same results-based and accountable fashion as the PMI. Effective PMI programming will provide an opportunity for the United States to fill a global leadership role in the fight against malaria and save millions of lives that might otherwise be lost to a preventable, curable disease.