

## Country Profile | President's Malaria Initiative (PMI)

# MALAWI

April 2008



### At a Glance:

#### Malaria in Malawi

Population: 13.9 million<sup>1</sup>

Life expectancy at birth:  
44 years (male), 43 years (female)<sup>1</sup>

Population at risk of malaria: 100%

Under-5 mortality rate: 120/1000, or  
approximately 1 in 8 children<sup>3</sup>

<sup>1</sup> US Census Bureau

<sup>2</sup> Roll Back Malaria 2005 World Malaria Report

<sup>3</sup> State of the World's Children 2008 UNICEF

### Background

All Malawians are at risk of contracting malaria. Malaria is responsible for up to 40 percent of outpatient visits, and it is estimated that there are 8 million episodes of malaria a year in Malawi.

Malawi is one of four second-round target countries to benefit from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID), in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, and the White House.

### Goal

The goal of PMI is to cut malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under 5 years of age – with lifesaving services, supplies, and medicines.

PMI coordinates with national malaria control programs and international partners, including the World Health Organization; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

### Key Interventions

In support of Malawi's national malaria control program, PMI backs four key intervention strategies to prevent and treat malaria:

- Spraying with insecticides ("indoor residual spraying," or IRS)
- Insecticide-treated mosquito nets (ITNs)
- Lifesaving drugs
- Preventive treatment for pregnant women ("intermittent preventive treatment," or IPTp)

### Results to Date

Malawi is beginning its second year as a PMI focus country, and there has been encouraging progress in prevention and treatment of malaria in the country. Coverage with ITNs has increased rapidly over the past several years, and a 2007 household survey in six districts showed a 43 percent relative

decline in severe anemia (to which malaria is a major contributor) among children aged 6 to 30 months, when compared with 2005.

**Mosquito nets:** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans and do not need re-treatment with insecticide for up to four years. During PMI's first year of implementation, 1,039,400 long-lasting ITNs were procured, and 211,995 of these nets have already been distributed. All of these nets are being distributed for free to pregnant women and newborns. Small grants are also being provided to community-based organizations to ensure that the nets are used correctly and consistently.

**Insecticide spraying:** IRS involves the coordinated, timely spraying of the inside walls of homes with insecticides. Mosquitoes are killed when they land on these sprayed walls and pick up the residual insecticide. As of February 2008, approximately 26,950 homes have been sprayed, protecting 126,126 residents. In addition, 300 local personnel have been trained to conduct or oversee spraying activities.

**New medicines:** Derived from the *Artemisia* plant, artemisinin drugs are extremely effective against malaria parasites and have few or no side effects. With PMI's support, more than 4,694,013 artemisinin-based combination treatments have been procured and distributed to health facilities and regional stores throughout the country.

**Malaria in pregnancy:** Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman's immunity to malaria, making her more susceptible to malaria infection and increasing the risk of illness, severe anemia, and death. Unborn children also suffer the consequences of maternal malaria infections, including low birthweight and a higher risk of death early in infancy. Malawi was the first country in Africa to adopt IPTp, and all of the sulfadoxine-pyrimethamine (SP) needed for IPTp is being covered by the Ministry of Health. Although 79 percent of women receive a first dose of SP, far fewer (46 percent) receive a second dose. PMI's efforts have concentrated on increasing women's attendance at antenatal care with information, education, and communication materials to promote IPTp.

## **PMI Funding**

In fiscal year 2008, PMI allocated \$17.8 million for malaria prevention and treatment in Malawi

## **Upcoming PMI Activities**

- Accompany increased ITN ownership with proper education to convert ITN ownership into correct and consistent use of ITNs and better protection for children and pregnant women
- Distributing long-lasting ITNs through both antenatal clinics and mass campaigns