

Country Profile | President's Malaria Initiative (PMI)

RWANDA

May 2008



At a Glance:

Malaria in Rwanda

Population: 10.2 million¹

Life expectancy at birth:
49 years (male), 51 years (female)¹

Population at risk of malaria: 100%²

Under-5 child mortality rate:
152/1000, or approximately
1 in 7 children³

¹ CIA Census Bureau

² Roll Back Malaria 2005 World Malaria Report

³ DHS 2005

Background

The entire population of Rwanda is at risk of contracting malaria. The disease is the overall leading cause of morbidity and mortality in Rwanda, responsible for up to 50 percent of all outpatient visits. Children under 5 years of age account for 54 percent of these visits and malaria is responsible for 53 percent of deaths in this age group.

Rwanda 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 Rwanda'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 nets (ITNs)
- Lifesaving drugs
- Treatment for pregnant women ("intermittent preventive treatment," or IPT)

Results to Date

In its first year of activities, there has been noteworthy progress in the fight against malaria in Rwanda.

Mosquito Nets: Sleeping under a mosquito net treated with insecticide provides protection from malaria-carrying mosquitoes. The nets are non-toxic to humans and do not need re-treatment with insecticide for up to four years. PMI provided resources for Rwanda's National Malaria Control Program to supervise and follow up on a nationwide mosquito net distribution campaign which distributed 1.35 million nets (procured by the Global Fund) to children under 5. Approximately 550,000 long-lasting ITNs are being procured by PMI and will be distributed in early 2008.

Insecticide spraying: When adult female malaria-carrying mosquitoes rest on the inside walls of a sprayed home they pick up the residual insecticide, which kills them. From August to October 2007, more than 159,000 houses were sprayed, which protected more than 720,000 residents in three districts.

Antimalarial Drugs: Derived from the Chinese herb *Artemisia*, artemisinin-based combination drugs (ACTS) are new medicines that are highly effective against malaria and have virtually no side effects. In Rwanda, PMI has procured a total of 715,000 ACT treatments, which are being distributed to children under 5 through trained community health volunteers in 10 districts implementing home-based management of fever. PMI has trained over 5,000 community health workers in Rwanda. In addition, more than 145,000 ampoules of injectable artemether have been provided to health facilities to treat cases of severe malaria.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria as 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 for herself and her child. With PMI support, expectant mothers receive malaria treatments given at regular intervals during pregnancy through antenatal care services. PMI supported the training of 250 health workers on how to prevent malaria in pregnancy and procured and distributed a one-year national supply of IPTp (1.75 million tablets of sulfadoxine-pyrimethamine).

PMI Funding

For fiscal year 2008, PMI has set aside \$16.9 million in funding for malaria prevention and treatment in Rwanda.

Upcoming PMI Activities

- Distribution of 600,000 long-lasting ITNs (of which PMI will contribute 300,000) to families with children under five and/or pregnant women to achieve more than 65% ITN household ownership nationwide;
- Strengthening of antenatal care services (including prevention of malaria in pregnancy) through training for health care providers;
- Continued support for home-based management of fever among children under 5 through procurement and distribution of ACTs and training of community-level health workers; and
- Improved diagnosis of malaria through support for the national diagnostics quality control program.