U.S. Agency for International Development

FY 2006 – Report to Committees on Appropriations

USAID Malaria Programming

Report No. 2

July 2006

EXECUTIVE SUMMARY

The FY 2006 Foreign Operations Appropriations Act requested the U.S. Agency for International Development (USAID) provide a report every 90 days on its malaria programs. Specifically:

Of the funds appropriated under the heading "Child Survival and Health Programs Fund", not less than $100,000,000 should be made available for programs and activities to combat malaria: Provided… That no later than 90 days after the date of enactment of this Act, and every 90 days thereafter until September 30, 2006, the Administrator of the United States Agency for International Development shall submit to the Committees on Appropriations a report describing in detail expenditures to combat malaria during fiscal year 2006. (Section 598 of the FY 2006 Foreign Operations Appropriations Act)

Context

This report, the second in a series of 90-days reports, highlights progress and funding commitments of USAID's Malaria program and focuses on the President's Malaria Initiative (PMI). The first report (February 2006) presented the restructuring of USAID malaria programs; summaries of the malaria programming plans in non-PMI countries; and the Country Operational Plans for the first three PMI countries (Angola, Tanzania, and Uganda). A more comprehensive annual report on the overall USAID Malaria program is also planned for early 2007.

The President's Malaria Initiative

Last June, President Bush announced a $1.2 billion initiative to reduce malaria-related mortality in 15 African countries by 50 percent through a plan to reach 85 percent coverage of each country's vulnerable populations with high-impact programs. The PMI is a U.S. Government interagency initiative led by USAID with participation from the Department of Health and Human Services/Centers for Disease Control and Prevention, the State Department, the White House, and others. The Initiative began in FY 2006 with activities in three countries, Angola, Tanzania and Uganda, and has

already reached more than two million people with services, supplies and lifesaving medicines. On June 8, 2006, the First Lady, Mrs. Laura Bush, announced the addition of another four countries for Phase II of the PMI: Malawi, Mozambique, Rwanda and Senegal.

Report No. 2

This second report on USAID's malaria program includes four sections:

1. A summary of the President's Malaria Initiative Progress to Date
2. PMI Phase II Country Profiles
3. FY 2006 PMI Funding and Obligations to date
4. FY 2006 USAID Malaria Budget Allocation Summary Table

The President's Malaria Initiative (PMI) Progress to Date

Key Facts

30 seconds: Every 30 seconds an African child dies of malaria.

1.2 million: The number of people who die from malaria each year, most of whom are children in Africa.

$1.2 billion: The additional funding President Bush announced in June 2005 that the U.S. Government will invest over five years to fight malaria in 15 sub-Saharan African countries.

2 million: The estimated number of people PMI has reached with services, supplies, and lifesaving medicines in less than a year since its launch with fiscal year 2005 and fiscal year 2006 funding to date.

4 million: The estimated number of people expected to benefit from PMI-supported activities launched by the end of September 2006.

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), the Department of State, the White House, and others.

- PMI aims to help national malaria control programs to achieve the President's goal of cutting malaria-related deaths by 50 percent in target countries. This goal will be achieved by reaching 85 percent of the most vulnerable groups – children under five years of age and pregnant women – with proven and effective prevention and treatment tools.

- PMI funding in fiscal year 2006 is $30 million, and it is expected to increase to $135 million in fiscal year 2007, $300 million in each of fiscal years 2008 and 2009, and $500 million in fiscal year 2010.

- In the target countries, PMI works with national and international partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; World Health Organization; Roll Back Malaria Partnership; nongovernmental organizations (NGOs), including faith-based and community groups; and the private sector.

Program Areas -- *PMI uses a comprehensive approach to prevent and treat malaria. The Initiative supports four key elements:*

- **Spraying with insecticides ("indoor residual spraying," or IRS) in communities:** IRS is the organized, timely spraying of an insecticide on the inside walls of houses or dwellings. It is designed to interrupt malaria transmission by killing adult female mosquitoes when they enter houses and rest

on the walls after feeding, but before they can transmit the infection to another person. IRS has been used for decades and has helped eliminate malaria from many areas of the world, particularly where the mosquitoes are indoor-resting and where malaria is seasonally transmitted. PMI activities include training spray teams, procuring insecticide and equipment, and developing and evaluating spraying activities.

- **Insecticide-treated bednets (ITNs):** Bednets treated with insecticide have been proved highly effective in killing mosquitoes. In addition, the netting acts as a protective barrier. Consistently sleeping under an ITN can decrease severe malaria by 45 percent, reduce premature births by 42 percent, and cut all-cause child mortality by 17 to 63 percent.[1] PMI is expanding access to free and highly subsidized nets while also creating commercial markets in African countries.

- **Lifesaving drugs:** Artemisinin-based combination therapies (ACTs) are the most effective drugs currently available for treating malaria. PMI activities include purchasing ACT drugs; setting up management and logistics systems for their distribution through the public and private sectors; and training health care workers and community caregivers in their use.

- **Treatment for pregnant women ("Intermittent Preventive Treatment," or IPT):** Each year, more than 30 million African women living in malaria-endemic areas become pregnant and are at risk for malaria. IPT involves two to three doses of sulfadoxine-pyrimethamine (SP) administered to a pregnant woman through antenatal care services. The treatment protects pregnant women from possible death and anemia and also prevents malaria-related low birthweight in infants, which is responsible for between 100,000 and 200,000 infant deaths annually in Africa. PMI activities include purchasing SP, training health care workers to administer the drug, and providing information about IPT to pregnant women.

Target Countries

- 2005: Angola, Tanzania, and Uganda
- 2006: Malawi, Mozambique, Rwanda, and Senegal
- 2007: Eight additional countries to be added

***Results --** Less than one year after it began, PMI is demonstrating results:*

- **Angola:** Southern Angola is prone to periodic epidemics of malaria. PMI supported a spraying campaign in two southern provinces, which includes the training of 210 spray personnel in proper spraying techniques. Spraying began in early December 2005 and provided coverage for 590,000 people by early April 2006.

- **Tanzania:** Beginning in mid-December 2005, PMI distributed 130,000 free Long Lasting Insecticide Treated Nets (LLINs) through local public clinics, more than doubling existing coverage rates of pregnant women and children under age five on Zanzibar and nearby Pemba Island. This distribution was accompanied by a

communication campaign to educate the population on the proper use of the LLINs. In total, more than 200,000 people are covered by this campaign.

- **Uganda:** To address the alarming rates of malaria mortality in internally displaced person (IDP) camps in northern Uganda, PMI began distribution of long-lasting insecticide-treated nets (LLINs), free of charge, to children and pregnant women. By the end of March 2006, PMI provided approximately 219,000 LLINs through house-to-house distribution methods and through antenatal care clinics, benefiting approximately 300,000 people. In addition, PMI procured 298,000 pediatric doses of ACTs for free distribution to treatment sites in the camps beginning in May. Finally, in early June, the PMI began support of an IRS campaign in Kabale district that will provide coverage for about 500,000 people. The PMI trained 373 sprayers and supervisors to implement the program.

Upcoming Activities -- *In the coming months, PMI will conduct a series of other high-impact activities:*

Indoor residual spraying

- PMI will purchase insecticides and support a spraying campaign in August to cover the entire population of Zanzibar Island in **Tanzania**, benefiting an estimated 1 million people. As part of the program, community campaigns will encourage people to open their homes to spray teams and also emphasize proper ITN use.

Insecticide-treated Nets

- In July, PMI will support the re-treatment of 715,000 existing bednets with insecticide in 19 districts in **Uganda**. The campaign will benefit more than 1.1 million people.

- In **Angola**, PMI will support the distribution of long lasting insecticide treated bednets to children under age five and pregnant women as part of a combined nationwide measles vaccination/bednet distribution campaign. The July campaign will provide one treated bednet to each of about 130,000 pregnant women and 700,000 additional households (830,000 total treated bednets), which translates to nationwide treated bednets coverage of approximately 30 percent of pregnant women and under-five children.

- In **Tanzania**, PMI will begin support of a large-scale program to provide insecticide treated bednets to infants through routine immunization services.

Lifesaving drugs

- The initial shipment of PMI-funded ACTs for **Tanzania** (about 350,000 doses) is expected to arrive in August. PMI, in collaboration with partners, will support the training of Tanzanian health workers on the use of these ACTs and Global Fund-purchased ACTs, due to arrive in Tanzania in late 2006.

- The initial shipment of PMI-funded ACTs for **Angola** (about 450,000 doses) is expected to arrive in late summer.

Treatment for pregnant women

- By supporting NGOs, PMI is expected to begin malaria-in-pregnancy activities in **Angola** in late summer, including the expansion of intermittent preventive treament.

Section II
PMI Phase II Country Profiles

Malawi

June 2006

At a Glance:

Population: 13 million

Life expectancy at birth: 42 years[1]

Under Five Child Mortality Rate: ≈ 170/1000[2]

Reported malaria cases**:** 3 million[* 3]

Proportion of child deaths attributable to malaria: 14% [4]

[1] CIA World Fact Book
[2] UNICEF, 2005
[3] 2005 World Malaria Report (2003 data) – WHO/Roll Back Malaria

Background
All Malawians are at risk of contracting malaria throughout the country. Malaria is responsible for up to 30 percent of outpatient visits, 20 percent of hospital admissions and 25 percent of hospital deaths.

Goal
The goal of the PMI is to reduce mortality among those at greatest risk, principally pregnant women and children under five years of age, by providing lifesaving services, supplies and medicines to 85 percent of these populations in target countries.

Key Intervention Strategies
In support of the national malaria control program, and in coordination with all development partners, including NGOs, faith-based organizations, and the private sector, the PMI backs four key intervention strategies in fighting malaria, both in its prevention and treatment:

- Spraying with insecticides ("Indoor residual spraying" or IRS) in communities
- Insecticide-treated bed nets (ITNs)
- Lifesaving drugs: Artemisinin-based combination therapies (ACT)
- Treatment for pregnant women: ("Intermittent Preventive Treatment" or IPT)

Preliminary activities to Date

- USAID and CDC conducted a comprehensive malaria assessment on May 22 -26, 2006.
- USAID and CDC, in coordination with the National Malaria Control Program and UNICEF and WHO as well as other partners, completed a Year 1 planning mission on June 11th, 2006.

* actual numbers of malaria cases are considered to be much higher since the majority of cases in Africa are unreported

[4] 2006 The burden of malaria mortality among African children in the year 2000, Int. J. of Epidemiology. 2/28/2006

Mozambique

June 2006

At a Glance:

Population: 19.6 million

Life expectancy at birth: 39.5 years [5]

Under Five Child Mortality Rate: ≈ 140/1000[6]

Reported malaria cases: 2 million* [7]

Proportion of child deaths attributable to malaria: 20%

Background
Malaria is endemic in 99 percent of Mozambique and is the leading cause of morbidity and mortality. This disease is responsible for up to 40 percent of outpatient visits and 30 percent of hospital deaths. Approximately 60 percent of all children admitted to the hospital are admitted for severe malaria.

Goal
The goal of the PMI is to reduce mortality among those at greatest risk, principally pregnant women and children under five years of age, by providing lifesaving services, supplies and medicines to 85 percent of these populations in target countries.

Key Intervention Strategies
In support of the national malaria control program, and in coordination with all development partners, including NGOs, faith-based organizations, and the private sector, the PMI backs four key intervention strategies in fighting malaria, both in its prevention and treatment:

- Spraying with insecticides ("Indoor residual spraying" or IRS) in communities
- Insecticide-treated bed nets (ITNs)
- Lifesaving drugs: Artemisinin-based combination therapies (ACT)
- Treatment for pregnant women: ("Intermittent Preventive Treatment" or IPT)

Preliminary activities to Date

- USAID and CDC conducted a comprehensive malaria assessment on July 6th, 2006.
- Year 1 Planning mission will be completed by August 13th, 2006.

* actual numbers of malaria cases are considered to be much higher since the majority of cases in Africa are unreported

[5] CIA World Fact Book
[6] UNICEF, 2005
[7] 2003 Malaria Country Profiles – WHO/Roll Back Malaria

Rwanda

June 2006

At a Glance:

Population: 8.6 million

Life expectancy at birth: 47 years [8]

Under Five Child Mortality rate: ≈ 200/1000%

Reported malaria cases (2000): 1 million* [9]

Proportion of child deaths attributable to malaria: 5%

* actual numbers of malaria cases are considered to be much higher since the majority of cases in Africa are unreported

Background
Approximately 90 percent of Rwandans are at risk of contracting malaria, which is one of the leading causes of illness and death in Rwanda.

Goal
The goal of the PMI is to reduce mortality among those at greatest risk, principally pregnant women and children under five years of age, by providing lifesaving services, supplies and medicines to 85 percent of these populations in target countries.

Key Intervention Strategies
In support of the national malaria control program, and in coordination with all development partners, including NGOs, faith-based organizations, and the private sector, the PMI backs four key intervention strategies in fighting malaria, both in its prevention and treatment:

- Spraying with insecticides ("Indoor residual spraying" or IRS) in communities
- Insecticide-treated bed nets (ITNs)
- Lifesaving drugs: Artemisinin-based combination therapies (ACT)
- Treatment for pregnant women: ("Intermittent Preventive Treatment" or IPT)

Preliminary activities to Date

- USAID and CDC conducted a comprehensive malaria assessment on May 15th – 19th, 2006.
- Planning mission will take place on July 15th-30th, 2006.

[8] CIA World Fact Book
[9] 2005 World Malaria Report – WHO/Roll Back Malaria

Country Profile | President's Malaria Initiative (PMI)

Senegal

June 2006

At a Glance:

Population: 11.9 million

Life expectancy at birth: 58.5

Under Five Child Mortality Rate: ≈ 140/1000 (one in seven children)[10]

Reported malaria cases: 1.1 million* [11]

Proportion of child deaths attributed to malaria: 28% [12]

* actual numbers of malaria cases are considered to be much higher since the majority of cases in Africa are unreported

Background
All Senegalese are at risk of contracting malaria. Malaria is responsible for up to 30 percent of outpatient visits, 20 percent of hospital admissions and 25 percent of hospital deaths.

Goal
The goal of the PMI is to reduce mortality among those at greatest risk, principally pregnant women and children under five years of age, by providing lifesaving services, supplies and medicines to 85 percent of these populations in target countries.

Key Intervention Strategies
In support of the national malaria control program, and in coordination with all development partners, including NGOs, faith-based organizations, and the private sector, the PMI backs four key intervention strategies in fighting malaria, both in its prevention and treatment:

- Spraying with insecticides ("Indoor residual spraying" or IRS) in communities
- Insecticide-treated bed nets (ITNs)
- Lifesaving drugs: Artemisinin-based combination therapies (ACT)
- Treatment for pregnant women: ("Intermittent Preventive Treatment" or IPT)

Preliminary activities to Date

- USAID and CDC conducted a comprehensive malaria assessment on May 8th-12th, 2006.
- Planning mission will take place during July 17th-21st, 2006.

[10] UNICEF, 2005
[11] 2005 World Malaria Report (2000 data) – WHO/Roll Back Malaria
[12] 2006 The burden of malaria mortality among African children in the year 2000, Int. J. of Epidemiology. 2/28/2006

Section III
FY 2006 PMI Funding and Obligations to Date

Country	Activity	Partners and Implementing Mechanism	Funding ($000)	Amount Obligated	Comments
Uganda	Procurement and distribution of long-lasting nets in northern Uganda and nationally	AFFORD (Johns Hopkins- Center for Communications Programs)	$ 3,355	$ 3,355	
Uganda	Net re-treatment in 19 districts	UPHOLD (John Snow International)	$ 680	$ 680	
Uganda	Logistical assistance for ACTs and LLINs	Rational Pharmaceutical Management*plus* (Management Sciences for Health)	$ 300	$ 200	
Uganda	Expansion of LLINs through the private sector	Netmark*plus (*Academy for Educational Development)	$ 330	$ 330	
Uganda	Indoor Residual Spraying in Kabale District	Integrated Vector Management Task Order (Research Triangle Institute)	$ 1,750	$ 1,750	
Uganda	Training of health workers on Malaria in Pregnancy	UPHOLD (John Snow International)	$ 330	$ 330	
Uganda	Information, education and communication for Intermittent Preventive Treatment in pregnant women	Health Communications Partnership (Johns Hopkins-Center for Communications Programs)	$ 115	$ 115	
Uganda	Training of health workers on new ACT policy	UPHOLD (John Snow International)	$ 330	$ 330	
Uganda	Advocacy and information, communication and education on new ACT policy	Health Communications Partnership (Johns Hopkins-Center for Communications Programs)	$ 140	$ 140	
Uganda	Procurement of Coartem for the Northern Uganda	World Health Organization	$ 335	$ 335	
Uganda	Equipment and Training for National Drug Authority	US Pharmacopeia	$ 225	$ 225	
Uganda	Evaluation of community-based ACT distribution	Centers for Disease Control and Prevention Interagency Agreement	$ 400		Obligation expected in early July
Uganda	Evaluation of community-based ACT distribution	UPHOLD (John Snow International)	$ 300	$ 300	
Uganda	Support for Demographic Surveillance Site	Centers for Disease Control and Prevention Interagency Agreement	$ 100		Obligation expected in early July

Country	Activity	Partners and Implementing Mechanism	Funding ($000)	Amount Obligated	Comments
Uganda	Routine reporting support	Monitoring and Evaluation Management (Management Sciences International)	$ 100		
Uganda	Support for verbal autopsy follow-up to the Demographic and Health Survey	Centers for Disease Control and Prevention Interagency Agreement	$ 140		Obligation expected in early July
Uganda	Support for supervision and quality Improvement Data monitoring	Centers for Disease Control and Prevention Interagency Agreement	$ 70		Obligation expected in early July
Uganda	In-country staff; Administrative expenses	USAID/Centers for Disease Control and Prevention Interagency Agreement	$ 500		
Uganda Total:			**$ 9,500**	**$ 8,090**	

Country	Activity	Partners and Implementing Mechanism	Funding ($000)	Amount Obligated	Comments
Angola	Evaluation/mapping of malaria risk areas	Integrated Vector Management Task Order (Research Triangle Institute)	$ 60	$ 60	
Angola	Build entomology insecticide resistance testing capacity	Centers for Disease Control and Prevention Interagency Agreement	$ 36		Will be obligated following release of funds
Angola	Build entomology insecticide resistance testing capacity	Integrated Vector Management Task Order (Research Triangle Institute)	$ 34	$ 34	
Angola	Purchase/distribution of long-lasting insecticide-treated mosquito nets	UNICEF	$ 2,808	$ 2,808	
Angola	Social marketing and information, education, and communications on LLIN use	Population Services International	$ 600		Will be obligated following release of funds
Angola	Indoor residual spraying	Integrated Vector Management Task Order (Research Triangle Institute)	$ 1,400	$ 1,400	
Angola	Training on laboratory diagnosis of malaria	Centers for Disease Control and Prevention Interagency Agreement	$ 65		Will be obligated following release of funds
Angola	Purchase of rapid diagnostic tests for malaria	UNICEF	$ 100	$ 100	
Angola	Purchase of ACTs	World Health Organization grant	$ 860	$ 860	
Angola	Roll out of ACTs therapy by NGOs/FBOs	Grants to non-governmental organizations and faith-based organizations	$ 500		Expected obligation in early July
Angola	Strengthen Ministry of health antimalarial drug management system	Rational Pharmaceutical Management*plus* (Management Sciences for Health)	$ 100	$ 100	
Angola	Baseline nationwide Malaria Indicator Survey	Measure*Eval (ORC Macro)*	$ 345	$ 345	
Angola	Post measles-ITN campaign survey; monitoring activities	TBD	$ 100		
Angola	In-country staff; Administrative expenses	Centers for Disease Control and Prevention Interagency Agreement	$ 300		

Country	Activity	Partners and Implementing Mechanism	Funding ($000)	Amount Obligated	Comments
Angola	In-country staff; Administrative expenses	USAID	$ 167		
Angola	National Malaria Control Program	Contract through bilateral	$ 25		
Angola Total:			**$ 7,500**	**$ 5,707**	

Country	Activity	Partners and Implementing Mechanism	Funding ($000)	Amount Obligated	Comments
Tanzania	Expansion of the Tanzania Net Voucher System to Infants	Mennonite Economic Development Associates	$ 3,207	$ 3,207	
Tanzania	The "Safety Net" ITN Equity	NGO grant	$ 590	$ 590	
Tanzania	LLIN technology transfer	Netmark*plus (* Academy for Educational Development)	$ 600	$ 600	
Tanzania	Zanzibar LLINs "Jump Start"	Direct purchase	$ 580	$ 580	
Tanzania	Indoor Residual Spraying in Zanzibar	Integrated Vector Management Task Order (Research Triangle Institute)	$ 2,650	$ 2,650	
Tanzania	Urban malaria control in Dar es Salaam	Integrated Vector Management Task Order (Research Triangle Institute)	$ 200	$ 200	
Tanzania	Entomological monitoring	Integrated Vector Management Task Order (Research Triangle Institute)	$ 50	$ 50	
Tanzania	Introduction of rapid diagnostic tests in districts in mainland and Zanzibar	UNICEF grant	$ 500	$ 500	
Tanzania	Support training for ACT roll-out	NGO grant	$ 500	$ 500	
Tanzania	Provide subsidized ACTs to Accredited Drug Dispensing Outlets (ADDOs)	World Health Organization grant	$ 300	$ 300	
Tanzania	Improve management of severe malaria	UNICEF, NGO grant	$ 500	$ 400	
Tanzania	Strengthen Medical Stores Department	Rational Pharmaceutical Management*plus* (Management Sciences for Health)	$ 440	$ 440	
Tanzania	Procure ACTs for refugee camps	World Health Organization grant	$ 500	$ 500	
Tanzania	Support for Demographic Surveillance Site	NGO grant, Centers for Disease Control and Prevention Interagency Agreement	$ 200		Obligation expected in early July
Tanzania	Expert M&E for post-intervention studies	Centers for Disease Control and Prevention Interagency Agreement	$ 150		Obligation expected in early July
Tanzania	In-country staff; Administrative expenses	Centers for Disease Control and Prevention Interagency Agreement & Technical Assistant and Support Contract (TASCII)	$ 533	$ 200	Remaining funds to be obligated in early July

Country	Activity	Partners and Implementing Mechanism	Funding ($000)	Amount Obligated	Comments
Tanzania Total:			**$ 11,500**	**$ 10,717**	

Country	Activity	Partners and Implementing Mechanism	Funding ($000)	Amount Obligated	Comments
Headquarters	Headquarters staffing	USAID	$ 350	$ 350	
Headquarters	Headquarters travel--1st tranche	USAID	$ 30	$ 30	
Headquarters	Monitoring and evaluation, staffing, and travel	Centers for Disease Control and Prevention	$ 472		Obligation expected in early July
Headquarters	Other administrative costs, travel, website, staffing, etc.		$ 648		
Core Total:			**$ 1,500**	**$ 380**	
Uganda			$ 9,500	$ 8,090	
Angola			$ 7,500	$ 5,707	
Tanzania			$ 11,500	$ 10,717	
Country Subtotal:			**$ 28,500**	**$ 24,514**	
Core Subtotal:			**$ 1,500**	**$ 380**	
PMI Year 1 Total:			**$ 30,000**	**$ 24,894**	
Percent obligated:				**83%**	
(of which, 53% of the total is expected to be for malaria-related commodities)					

Section IV
FY 2006 USAID Malaria Budget Allocation Summary Table

USAID FY 2006 CSH Malaria Budgets

($ THOUSANDS)

revision #2 , 9 February 2006

	FY 2006 Indoor Residential Spraying (IRS)			FY 2006 Commodities, etc			FY 2006 with rescission			
PMI	**Commodities**	**Program**	**Total IRS**	**Commodities**	**Program**	**Total**	**TOTAL**	**%IRS**	**% Comm.**	**Comm $**
Angola	400	1,230	1,630	4,268	1,602	5,870	7,500	22%	62%	4,668
Tanzania	1,200	850	2,050	5,581	3,869	9,450	11,500	18%	59%	6,781
Uganda	500	1,450	1,950	3,965	3,585	7,550	9,500	21%	47%	4,465
AFR/SD	-	-	-	-	170	170	170	0%	0%	-
Global Health*	-	-	-	-	1,330	1,330	1,330	0%	0%	-
Total	**2,100**	**3,530**	**5,630**	**13,814**	**10,556**	**24,370**	**30,000**	**19%**	**53%**	**15,914**
Closeout										
Burundi	-	-	-	-	-	-	-	0%	0%	-
Eritrea	-	-	-	-	-	-	-	0%	0%	-
Guinea	-	-	-	-	-	-	-	0%	0%	-
Liberia	-	-	-	-	-	-	-	0%	0%	-
WARP	-	-	-	-	-	-	-	0%	0%	-
Afghanistan	-	-	-	-	-	-	-	0%	0%	-
India	-	-	-	-	-	-	-	0%	0%	-
Indonesia	-	-	-	-	-	-	-	0%	0%	-
Nepal	-	-	-	-	-	-	-	0%	0%	-
Honduras	-	-	-	-	-	-	-	0%	0%	-
Peru	-	-	-	-	-	-	-	0%	0%	-
LAC Regional	-	-	-	-	-	-	-	0%	0%	-
Non-PMI										
Benin	-	-	-	946	828	1,774	1,774	0%	53%	946
DROC	-	-	-	1,257	1,108	2,365	2,365	0%	53%	1,257
Ethiopia	209	777	986	836	741	1,577	2,563	38%	41%	1,045
Ghana	-	-	-	809	669	1,478	1,478	0%	55%	809
Kenya	2,094	2,292	4,386	538	546	1,084	5,470	80%	48%	2,632
Madagascar	148	49	197	1,045	927	1,972	2,169	9%	55%	1,193
Malawi	-	-	-	1,086	959	2,045	2,045	0%	53%	1,086
Mali	-	-	-	1,386	1,104	2,490	2,490	0%	56%	1,386
Mozambique	2,094	2,292	4,386	1,183	690	1,873	6,259	70%	52%	3,277
Nigeria	-	-	-	1,413	1,248	2,661	2,661	0%	53%	1,413
Rwanda	-	-	-	784	695	1,479	1,479	0%	53%	784
Senegal	-	-	-	1,158	1,010	2,168	2,168	0%	53%	1,158
Sudan	-	-	-	1,055	917	1,972	1,972	0%	53%	1,055
Zambia	2,205	2,427	4,633	1,636	1,390	3,026	7,659	60%	50%	3,841
Cambodia	-	-	-	99	1,380	1,479	1,479	0%	7%	99
Total	**6,750**	**7,837**	**14,587**	**15,231**	**14,212**	**29,443**	**44,031**	**33%**	**50%**	**21,981**
PMI + bilats.	8,850	11,367	20,217	29,045	24,768	53,813	74,031	52%	103%	37,895
Regional & Central										
REDSO	-	-	-	-	197	197	197	0%	0%	-
AFR/SD	-	-	-	-	1,015	1,015	1,015	0%	0%	-
RDM/Asia	-	-	-	296	1,671	1,967	1,967	0%	15%	296
Amazon Init.	-	-	-	641	1,479	2,120	2,120	0%	30%	641
Global Health	-	296	296	739	18,191	18,930	19,226	2%	4%	739
Admin Expenses	-	-	-	-	444	444	444	0%	0%	-
Total	**-**	**296**	**296**	**1,676**	**22,997**	**24,673**	**24,969**	**0**	**0**	**1,676**
Total Non-PMI	**6,750**	**8,133**	**14,883**	**16,907**	**37,209**	**54,116**	**69,000**	**0**	**1**	**23,657**
TOTAL	**8,850**	**11,663**	**20,513**	**30,721**	**47,765**	**78,486**	**99,000**	**21%**	**40%**	**39,571**

Bureau Totals										
AFR	8,850	11,367	20,217	28,946	23,270	52,216	72,434	3	8	35,593
ANE	-	-	-	395	3,051	3,446	3,446	0%	11%	395
LAC	-	-	-	641	1,479	2,120	2,120	0%	30%	641
GH	-	296	296	739	19,521	20,260	20,556	1%	4%	739
Admin Expenses	-	-	-	-	444	444	444	0%	0%	-
Total	8,850	11,663	20,513	30,721	47,765	78,486	99,000	3	8	37,368

***For M&E and staff approved by the Steering Group**
FY06 Approved by Kent Hill, AA/GH (Acting Malaria Coordinator)12/21/05.
Approval from the Malaria Coordinator is required before any revision to this budget.