

Country Profile | President's Malaria Initiative (PMI)

MALAWI

April 2009



At a Glance: Malawi

Population - 2009: 14.3 million¹

Life expectancy at birth - 2009:
44 years (male), 43 years (female)¹

Population at risk of malaria - 2006:
100%²

Under-5 mortality rate - 2007:
111/1,000, or approximately 1 in 9 children³

¹ US Census Bureau, International Data Base 2009

² WHO World Malaria Report 2008

³ UNICEF State of the World's Children 2009

Background

All Malawians are at risk of contracting malaria. There is growing evidence that the rapid scale-up of malaria prevention and control measures during the last two to three years is producing a significant reduction in the frequency of malaria infections and associated anemia.

Malawi is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

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 five years of age – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); 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 NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

Results to Date

Malawi is beginning its third year as a PMI focus country, and there has been encouraging progress in prevention and treatment of malaria in the country. In the areas in Nkhotakota District, where PMI supported IRS in October–November 2007, surveys found a dramatic 44 percent reduction in the prevalence of anemia, which is closely associated with malaria infections in children six to 30 months of age.

Insecticide-treated mosquito nets: Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, last up to three years, and do not need re-treatment with insecticide. Malawi is one of the first countries to have distributed ITNs through antenatal clinics (ANCs) and has been a leader in

sub-Saharan Africa in making ITNs available and accessible to vulnerable populations. The national policy calls for free distribution of ITNs to pregnant women through ANCs and to children under five who attend clinics for immunization or illness. In addition, children under five living in rural areas should receive a free net at least once every three years through an ITN campaign. Since July 2007, PMI has been the primary supporter of the clinic-based ITN distribution program, purchasing nearly 1.9 million ITNs, of which it has distributed nearly 1.1 million. PMI has also supported education campaigns that promote the correct and year-round use of long-lasting ITNs.

Indoor residual 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, reducing transmission rates. In September–November 2008, PMI supported a program in Nkhotakota District that sprayed nearly 25,000 houses, protecting 106,000 people.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman’s immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. Malawi was the first country in Africa to adopt IPTp. Although 79 percent of women receive a first dose of IPTp, far fewer (46 percent) receive a second dose. PMI’s efforts have concentrated on increasing women’s attendance at antenatal clinics with information, education, and communication materials to promote IPTp and by making sure that health workers are trained to implement the IPTp policy.

Diagnosis and treatment: ACTs are extremely effective against malaria parasites and have few or no side effects. In late 2007, PMI supported the successful launch of Malawi’s new national malaria treatment policy by providing all of Malawi’s ACT needs for an 18-month period. It is expected that future ACT needs at the health facility level will be largely met by the recently signed Global Fund Round 7 grant. PMI will now fill the ACT gap that remains at the community level, where ACTs are not readily available or affordable. Since 2007, PMI has procured 9.2 million ACT treatments and distributed 8.3 million treatments. PMI has also heavily supported improvements in the pharmaceutical management system to ensure that ACTs are available at health facilities.

PMI Funding

In fiscal year 2009, PMI allocated \$17.7 million for malaria prevention and treatment in Malawi. Of this amount, 27 percent will support malaria diagnosis and procurement of ACTs, 42 percent ITNs, 10 percent IRS, 3 percent IPTp, and 5 percent monitoring and evaluation activities. Approximately 48 percent of the total will be spent on commodities.

	FY 2006 Jump start funds	FY 2007	FY 2008	FY 2009
Budget	\$2 million	\$18.5 million	\$17.8 million	\$17.7 million

For details on 2009 PMI activities in Malawi, please see the Malaria Operational Plan at http://www.pmi.gov/countries/mops/malawi_mop-fy08.pdf.