

FAST FACTS

The President's Malaria Initiative (PMI)

“We continue to support high-impact prevention and treatment interventions on a national scale to protect people from malaria. This Initiative is made possible by the American people, and through the collective efforts of the private sector, nonprofit organizations, and our international partners, lives are being saved every day.”

Rear Admiral R.T. Ziemer (Ret.), U.S. Global Malaria Coordinator
January 2009, Washington, D.C.

Highlights

- **6 million:** The estimated number of people that PMI reached with lifesaving prevention or treatment services in the Initiative's first year in the three Round 1 focus countries.
- **25 million:** The estimated number of people that PMI reached with lifesaving prevention or treatment services in the Initiative's second year in the seven Round 1 and Round 2 focus countries as well as early activities in the eight Round 3 countries.
- **32 million:** The estimated number of people that PMI reached with lifesaving prevention or treatment services in the Initiative's third year in all 15 focus countries.
- **More than 35,000:** The number of health workers trained with PMI support during the third year of the Initiative. PMI strengthened health systems and capacity by improving pharmaceutical management, quality assurance of drugs, and health management information systems in focus countries.
- **One-third:** The drop in the overall number of deaths among children in Zambia and Rwanda, which was associated with scaled up prevention and treatment interventions and a decline in malaria prevalence.

U.S. Government Leadership

- PMI is led by the U.S. Agency for International Development (USAID) and implemented jointly with the Centers for Disease Control and Prevention (CDC).
- PMI assists National Malaria Control Programs (NMCPs) in each focus country to achieve the USG goal of cutting malaria-related deaths by 50 percent. This goal will be attained by reaching 85 percent of the most vulnerable groups – children under 5 years of age and pregnant women – with proven and effective prevention and treatment measures.
- PMI funding has steadily increased from \$30 million in fiscal year (FY) 2006 to \$135 million in FY 2007, \$300 million in FY 2008, and \$300 million in FY 2009. PMI funding for FY 2010 is expected to reach \$500 million.
- PMI works with NMCPs in coordination with other national and international partners, including the Roll Back Malaria Partnership; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; UNICEF; the Global Malaria Program of the World Health Organization (WHO); and nongovernmental organizations (NGOs), faith-based organizations (FBOs), community groups, academia, and the private sector.

15 Focus Countries

- Round 1 – Beginning FY 2006: Angola, Tanzania, and Uganda
- Round 2 – Beginning FY 2007: Malawi, Mozambique, Rwanda, and Senegal
- Round 3 – Beginning FY 2008: Benin, Ethiopia (Oromia Region), Ghana, Kenya, Liberia, Madagascar, Mali, and Zambia

PMI Interventions

PMI backs four key intervention strategies to prevent and treat malaria:

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

Progress After Three Years of Implementation

PMI RESULTS AT A GLANCE ¹				
	PMI Year 1 (2006)	PMI Year 2 (2007)	PMI Year 3 (2008)	Cumulative Results
Number of people protected by indoor residual spraying	2,097,056	18,827,709	24,787,363	PMI is supporting IRS in 14 countries ²
Number of ITNs procured	1,047,393	5,210,432	6,481,827	12,739,652 (8,978,369 distributed)
Number of ITNs procured by other partners and distributed with PMI support	0	369,900	1,287,624	1,657,524
Number of mosquito nets re-treated	505,573	802,740	581,319	1,889,632
Number of ACT treatments procured	1,229,550	11,537,433	15,627,869	28,394,852 (18,139,983 distributed ³)
Number of ACT treatments procured by other partners and distributed with PMI support	0	8,709,140	112,330	8,821,470
Number of health workers trained in use of ACTs	8,344	20,864	35,397	N/A ⁴
Number of rapid diagnostic tests procured	1,004,875	2,082,600	2,050,000	5,137,475 (3,459,475 distributed ³)
Number of IPTp treatments procured ⁵	0	1,349,999	1,018,333	2,368,332 (585,889 distributed ³)
Number of health workers trained in IPTp	1,994	3,153	14,194	N/A ⁴

¹ Results reported in this table are up-to-date as of January 1, 2009, and include all 15 PMI focus countries.

² A cumulative total of people protected by indoor residual spraying cannot be calculated without double counting.

³ Distributed to health facilities.

⁴ A cumulative total of health workers trained cannot be calculated without double counting.

⁵ A treatment of IPTp consists of three tablets of sulfadoxine-pyrimethamine.

Evidence of Impact

Working with national governments and other donors, PMI has helped to rapidly scale up malaria prevention and treatment measures. As a result, an impact on malaria transmission is already being seen:

FIGURE 1
Decline in Malaria Prevalence and Severe Anemia in Children Under Five Years of Age, Zambia, 2006-2008

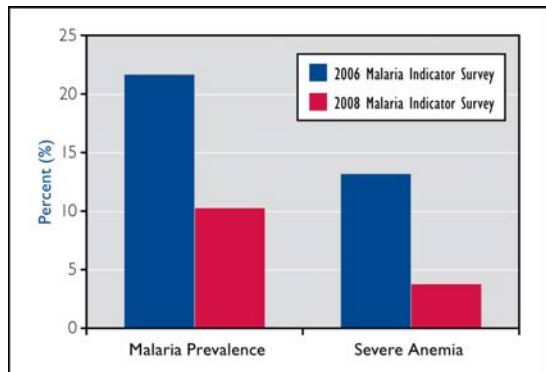
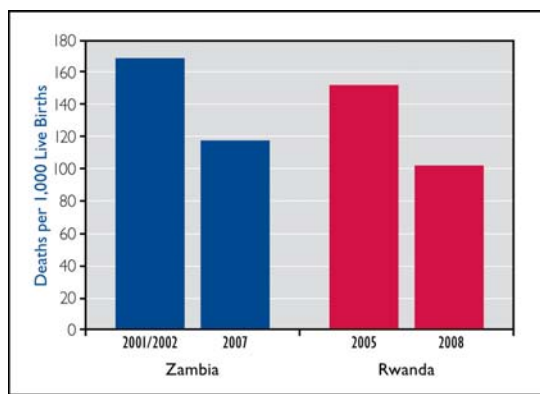


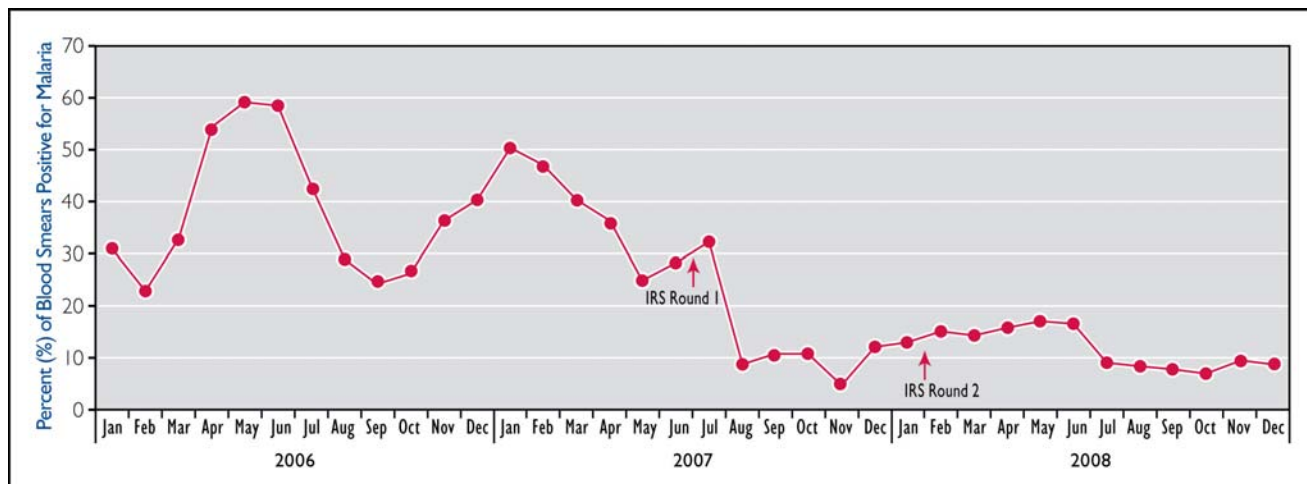
FIGURE 2
Decline in All-Cause Mortality Rates of Children Under Five Years of Age, Zambia (2001-2007) and Rwanda (2005-2008)



- In **Zambia**, 2006 and 2008 nationwide Malaria Indicator Surveys show that malaria control efforts led by a strong NMCP and supported by PMI, the Global Fund, the Bill and Melinda Gates Foundation, the World Bank, and other partners are having a dramatic impact. Over this period, malaria prevalence fell by 53 percent, and severe anemia prevalence in children under 5, which is closely associated with malaria, fell by 68 percent (Figure 1). In addition, a 2007 nationwide Demographic and Health Survey (DHS) showed a 29 percent reduction (when compared with a similar survey in 2001) in all-cause mortality in children under 5, to which malaria is a major contributor (Figure 2). The USG has been supporting malaria control efforts in Zambia since 2002; funding rose from \$7.6 million in FY 2006 to \$9 million in FY 2007.
- In **Rwanda**, support by PMI, the Global Fund, and other donors for a strong malaria control effort led by the NMCP is producing striking reductions in the malaria burden. Preliminary results of a 2008 interim nationwide DHS show about a four-fold increase in ownership of one or more ITNs to 57 percent and in the proportion of children under 5 sleeping under an ITN to 58 percent between 2005 and 2008. This increased ITN ownership and use, together with targeted IRS and the roll out of ACTs in communities and at health facilities, was associated with a fall in the prevalence of malaria to less than 3 percent and an overall reduction in under-5 childhood mortality of 32 percent (Figure 2). The USG has been supporting malaria control efforts in Rwanda since 2002; funding rose from \$1.5 million in FY 2006 to \$20 million in FY 2007.
- In **Malawi**, household surveys conducted in 2007 and 2008 in Nkhosakota District showed a relative reduction of 28 percent in severe anemia in children 6 months to 30 months of age. A closer look at areas within the district where PMI supported IRS in October–November 2007 shows an even greater reduction of 44 percent in severe anemia. In light of these positive results, the Malawi Ministry of Health plans to scale up IRS in six additional high-risk districts.
- In **Mozambique**, in 2007, at the request of the NMCP, PMI helped expand and strengthen the government's IRS program in Zambézia Province. With PMI support, a total of 586,568 houses were sprayed, and more than 2.5 million people were protected. Between September and November 2008, PMI supported a second round of IRS, during which 412,923 houses were sprayed, and more than 1.4 million people were protected. An independent survey was conducted in November 2008 in the same six districts. Results showed a 38 percent decline in malaria prevalence when compared to a similar 2007 survey.
- In **Zanzibar**, following a rapid scale-up of ITNs, IRS, and ACTs between 2005 and 2007 (supported by PMI, the Global Fund, and other partners), the proportion of blood smears positive for malaria in children under 2 years of age attending health clinics fell from 22 percent to less than 1 percent. This low level of blood smear positivity was sustained during 2008. Focus has now turned to strengthening malaria case surveillance to allow rapid detection and response to any potential resurgence of malaria cases.

- In **Tanzania**, during 2008, PMI continued to support IRS in Muleba District, consolidating the gains in malaria control seen during the previous year. A further drop of 55 percent in blood smears positive for malaria in patients of all ages was observed during 2008. In total, between 2006 and 2008, the prevalence of malaria during the peak transmission period of June–July fell by 73 percent (Figure 3).

FIGURE 3
Decline in Proportion of Blood Smears Positive for Malaria, Muleba District Hospital, Tanzania, 2006-2008



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