

FAST FACTS

The President's Malaria Initiative (PMI)

April 2012

A Dramatic Scale-Up of Malaria Control Interventions

Over the past five years, many African countries have reported substantial progress in reducing their burden of malaria. Mortality in children under five years of age has fallen dramatically across sub-Saharan Africa in association with a massive scale-up of malaria control efforts with insecticide-treated mosquito nets (ITNs), indoor residual spraying (IRS), improved diagnostic tests, and highly effective antimalarial drugs. Evidence is growing that the cumulative efforts and funding by the President's Malaria Initiative (PMI), national governments, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the World Bank, and many other donors are having an effect and that the risk of malaria is declining. The goal over the next 5 to 10 years will be to sustain and build on these efforts in the face of such challenges as antimalarial drug resistance, insecticide resistance, and uncertainties around donor and national funding for malaria control.

PMI Highlights

- **More than 28 million people were protected** as a result of PMI-supported indoor residual spraying in FY 2011.
- **More than 59 million insecticide-treated mosquito nets have been procured** and more than 31 million distributed since PMI began.
- **More than 116 million lifesaving antimalarial treatments have been procured** and more than 92 million distributed since PMI began.
- **More than 33 million rapid diagnostic tests have been procured** and more than 24 million distributed since PMI began.
- **More than 13 million intermittent preventive treatments for pregnant women have been procured** and more than 12 million distributed since PMI began.
- **More than 42,000 health workers were trained** on case management in FY 2011.
- **More than 34,000 health workers were trained** on malaria laboratory diagnosis in FY 2011.
- **More than 28,000 health workers were trained** on the prevention and treatment of malaria in pregnant women in FY 2011.
- **Support provided to countries to improve the management** of antimalarial drugs and other essential medical commodities since PMI began has resulted in significant improvements in supply chain systems in all 15 original PMI focus countries.

PMI 2009–2014 Goal Statement

PMI was launched in 2005 with a vision of five years of funding (FY 2006–2010). This represented a \$1.265 billion expansion of U.S. Government resources to reduce the intolerable burden of malaria and help relieve poverty on the African continent. Passage of the Lantos-Hyde Act of 2008 authorized a significant increase of funding and an extension of PMI for five additional years (FY 2009–2013). With the launch of the Global Health Initiative, an expanded PMI Strategy (2009–2014) was developed to achieve Africa-wide impact by halving the burden of malaria in 70 percent of at-risk populations in sub-Saharan Africa, i.e., approximately 450 million residents. PMI now includes 19 focus countries – including the Democratic Republic of the Congo (DRC) and Nigeria – and a regional program in the Greater Mekong Subregion.

U.S. Government Leadership

- PMI is led by the U.S. Agency for International Development (USAID) and implemented together with the U.S. Centers for Disease Control and Prevention (CDC).
- PMI funding has steadily increased from \$30 million in FY 2006 to \$135 million in FY 2007, \$300 million in FY 2008, \$300 million in FY 2009, \$500 million in FY 2010, and \$578 million in FY 2011.
- PMI works with national malaria control programs in coordination with other national and international partners, including the Roll Back Malaria (RBM) Partnership; the Global Fund; the World Bank Malaria Booster Program; the United Nations Children's Fund (UNICEF); the Global Malaria Program of the World Health Organization (WHO); the U.K. Department for International Development; and nongovernmental and faith-based organizations, community groups, academia, and the private sector.

- PMI collaborates with other U.S. Government agencies – including the U.S. President’s Emergency Plan for AIDS Relief, the Peace Corps, and the U.S. Department of Defense – to integrate activities to maximize health sector investments and reduce duplication.

PMI Focus Countries and Regions

Activities in PMI focus countries began in a phased fashion as shown below:

- Round 1 – FY 2006: Angola, Tanzania, and Uganda
- Round 2 – FY 2007: Malawi, Mozambique, Rwanda, and Senegal
- Round 3 – FY 2008: Benin, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Mali, and Zambia
- Round 4 – FY 2011: DRC, Guinea, Nigeria, Zimbabwe, and the Greater Mekong Subregion

Malaria Control Measures

PMI supports four key interventions to prevent and treat malaria:

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

To ensure successful uptake of these prevention and treatment measures, PMI invests in strong monitoring and evaluation activities and surveillance systems to monitor and manage insecticide resistance. PMI also supports communications, health systems strengthening, and integration with other key public health efforts.

Progress after Six Years of Implementation

PMI CONTRIBUTIONS AT A GLANCE							
Indicator ¹	Year 1 (2006)	Year 2 (2007)	Year 3 (2008)	Year 4 (2009)	Year 5 (2010)	Year 6 (FY 2011)*	Cumulative
People protected by IRS (houses sprayed)	2,097,056 (414,456)	18,827,709 (4,353,747)	25,157,408 (6,101,271)	26,965,164 (6,656,524)	27,199,063 (6,693,218)	28,344,173 (7,004,903)	N/A ²
ITNs procured	1,047,393	5,210,432	6,481,827	15,160,302	18,592,039	23,254,496	59,706,489 (46,894,646 distributed) ³
ITNs procured by other donors and distributed with PMI support	–	369,900	1,287,624	2,966,011	10,856,994	19,307,756	31,035,352
SP treatments procured	–	583,333	1,784,999	1,657,998	6,264,752	4,701,162	13,794,245 (12,137,287 distributed) ⁴
Health workers trained in IPTp ⁵	1,994	3,153	12,557	14,015	14,146	28,872	N/A ⁶
RDTs procured	1,004,875	2,082,600	2,429,000	6,254,000	13,340,910	14,572,510	33,581,385 (24,377,490 distributed) ⁴
Health workers trained in malaria diagnosis (RDTs and/or microscopy)	–	1,370	1,663	2,856	17,335	34,740	N/A ⁶
ACT treatments procured	1,229,550	8,851,820	22,354,139	21,833,155	41,048,295	38,588,220	116,822,629 (92,864,575 distributed) ⁴
ACT treatments procured by other donors and distributed with PMI support	–	8,709,140	112,330	8,855,401	3,536,554	6,993,809	27,142,034
Health workers trained in treatment with ACTs	8,344	20,864	35,397	41,273	36,458	42,138	N/A ⁶

¹ The data reported in this table are up-to-date as of September 30, 2011, and include all PMI focus countries and the Greater Mekong Subregion. In addition, during FY 2011, the U.S. Government provided support for malaria prevention and control activities in other countries. For data by country, see Appendix 2.

² A cumulative count of people protected by IRS is not provided because most areas are sprayed on more than one occasion.

³ Distribution of ITNs varies and includes to health facilities, direct distribution to households through mass campaigns, and through the private sector via social marketing.

⁴ Distributed to health facilities.

⁵ These figures include health workers who were trained in focused antenatal care in Rwanda, where IPTp is not national policy.

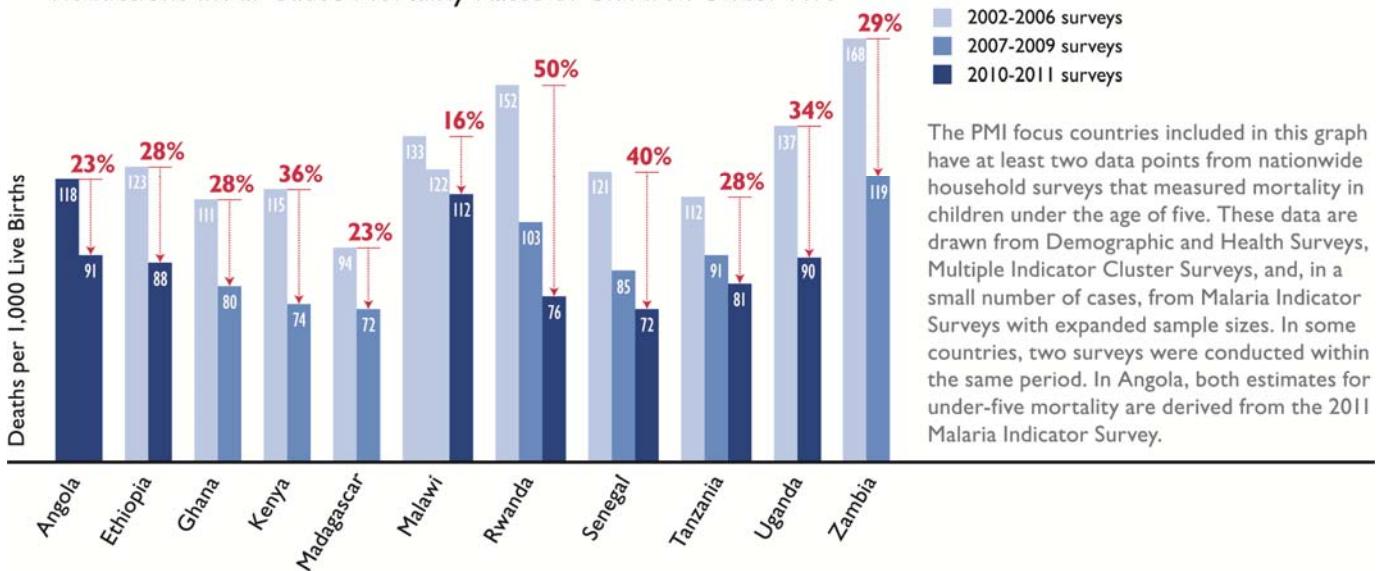
⁶ A cumulative count of individual health workers trained is not provided because some health workers have been trained on more than one occasion.

* For Year 6, PMI transitioned from a calendar year to a fiscal year reporting schedule.

Evidence of Impact

Substantial progress has been made in scaling up training, health systems capacity, and malaria prevention and treatment measures across the 15 original PMI focus countries. Dramatic increases in the coverage of malaria control measures are now being documented in nationwide household surveys as a result of the contributions of PMI, prior U.S. Government assistance, host country governments, and other donors. **In all 11 PMI-supported countries with baseline and follow-up nationwide household surveys (Angola, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Rwanda, Senegal, Tanzania, Uganda, and Zambia), substantial reductions in all-cause mortality (ranging from 16 to 50 percent) have been documented in children under the age of five (see graph below).** PMI is in the process of evaluating the contribution of malaria control efforts to these declines in mortality, but there are strong indications that a substantial portion of the decline is due to malaria control. Follow-up surveys will be completed in the remaining four PMI focus countries within the next 12 months. Mainland Tanzania is the first PMI focus country to undergo an in-depth evaluation of the impact of malaria interventions on mortality in children.

Reductions in All-Cause Mortality Rates of Children Under Five



PMI External Evaluation

In 2011, PMI commissioned an External Evaluation of the first five years (FY 2006–2010) of PMI’s activities and performance. The Evaluation Team reviewed extensive documentation and interviewed key personnel at USAID/Washington and the CDC/Atlanta, together with staff from partner organizations, including WHO, the RBM Partnership, UNICEF, the Global Fund, and major nongovernmental organizations. The team conducted site visits to five PMI focus countries and e-mail and telephone interviews with national malaria control program personnel and PMI staff from the other 10 PMI focus countries. The External Evaluation Report affirmed that PMI’s planning, implementation, partnerships, and funding have been key to global efforts to combat malaria. The Evaluation Team made five policy and five technical overarching recommendations that will guide programmatic improvements in the coming years. The full report and PMI’s management response are available on the PMI website at http://www.pmi.gov/news/pressreleases/pmi_audit.html.

