

# FAST FACTS

## The President's Malaria Initiative (PMI)

April 2010

“In Africa, where the disease burden is the greatest, many countries are making dramatic gains in reducing the terrible burden of malaria, particularly for the benefit of those most vulnerable so that malaria is no longer an intractable fact of life. Today, I recommit to work with our partners in this fight.”

U.S. President Barack Obama, World Malaria Day celebrations, April 24, 2009

### A Dramatic Scale-up of Malaria Control Interventions

The U.S. Government (USG) has contributed to a rapid scale-up of malaria prevention and treatment measures across 15 President's Malaria Initiative (PMI)-supported countries over the past four years. Many of these countries have reported significant reductions in under-five mortality, and there is strong and growing evidence that malaria prevention and treatment efforts are a major factor in these reductions. This progress is a result of the collective actions of African governments; the USG; international organizations, including The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the World Health Organization, the World Bank; and nongovernmental organizations.

#### PMI Highlights

- **More than 41,000 health workers trained** on case management; in addition, 2,800 health workers were trained on malaria laboratory diagnosis, and 14,000 were trained on the prevention and treatment of malaria in pregnant women during 2009;
- **Nearly 27 million people protected** as a result of PMI-supported indoor residual spraying in 2009;
- **More than 27 million insecticide-treated nets procured**, and more than 19 million distributed since the Initiative began;
- **57 million life-saving antimalarial treatments procured**, and more than 40 million distributed since the Initiative began;
- **Support provided to countries to improve the management** of antimalarial drugs and other essential medical commodities since the Initiative began has resulted in significant improvements in supply chain systems in all 15 PMI focus countries.

### PMI 2009–2014 Goal Statement

The 2008 Lantos-Hyde Act authorized an expanded USG malaria program for 2009–2013. PMI is a key component of the USG Global Health Initiative, which was announced by President Obama in May 2009. The expanded PMI is an Africa-wide program that will work with national governments and global partners to halve the burden of malaria (morbidity and mortality) in 70 percent of the at-risk populations on the continent (approximately 450 million residents) over the six-year funding period (2009–2014) of the USG Global Health Initiative. This will significantly reduce the public health impact of malaria and enable economic growth and development in Africa.

### U.S. Government Leadership

- Launched in 2005, PMI is led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).
- PMI funding has steadily increased from \$30 million in fiscal year (FY) 2006 to \$135 million in FY 2007, \$300 million in FY 2008, \$300 million in FY 2009, and \$500 million in FY 2010.
- PMI works with NMCPs in coordination with other national and international partners, including the Roll Back Malaria Partnership; the Global Fund; the World Bank Malaria Booster Program; UNICEF; the Global Malaria Program of the World Health Organization; and nongovernmental organizations, faith-based organizations, community groups, academia, and the private sector.

### PMI 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

## Malaria Control Measures

PMI supports 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 Four Years of Implementation

| <b>PMI PROGRESS AT A GLANCE<sup>1</sup></b>                                    |                          |                          |                          |                          |   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---|
|  | <b>Year 1<br/>(2006)</b> | <b>Year 2<br/>(2007)</b> | <b>Year 3<br/>(2008)</b> | <b>Year 4<br/>(2009)</b> | <b>Cumulative</b>                                   |
| Number of people protected by indoor residual spraying                         | 2,097,056                | 18,827,709               | 25,157,408               | 26,965,164               | N/A <sup>2</sup>                                    |
| Number of ITNs procured  | 1,047,393                | 5,210,432                | 6,481,827                | 15,090,302               | 27,829,954<br>(19,301,794 distributed)              |
| Number of ITNs procured by other partners and distributed by PMI               | 0                        | 369,900                  | 1,287,624                | 2,966,011                | 4,623,535   |
| Number of ACT treatments procured  | 1,229,550                | 11,537,433               | 15,454,709               | 29,616,342               | 57,838,034<br>(40,113,517 distributed) <sup>3</sup> |
| Number of ACT treatments procured by other partners and distributed by PMI     | 0                        | 8,709,140                | 112,330                  | 8,855,401                | 17,676,871  |
| Number of health workers trained in use of ACTs                                | 8,344                    | 20,864                   | 35,397                   | 41,273                   | N/A <sup>4</sup>                                    |
| Number of rapid diagnostic tests procured                                      | 1,004,875                | 2,082,600                | 2,110,000                | 6,153,350                | 11,350,825<br>(8,239,825 distributed) <sup>3</sup>  |
| Number of health workers trained in malaria diagnosis (RDTs and/or microscopy) | 0                        | 1,370                    | 1,663                    | 2,856                    | N/A <sup>4</sup>                                    |
| Number of IPTp treatments procured   | 0                        | 1,349,999                | 1,018,333                | 1,657,998                | 4,026,330<br>(3,524,122 distributed) <sup>3</sup>   |
| Number of health workers trained in IPTp                                       | 1,994                    | 3,153                    | 12,557                   | 14,015                   | N/A <sup>4</sup>                                    |

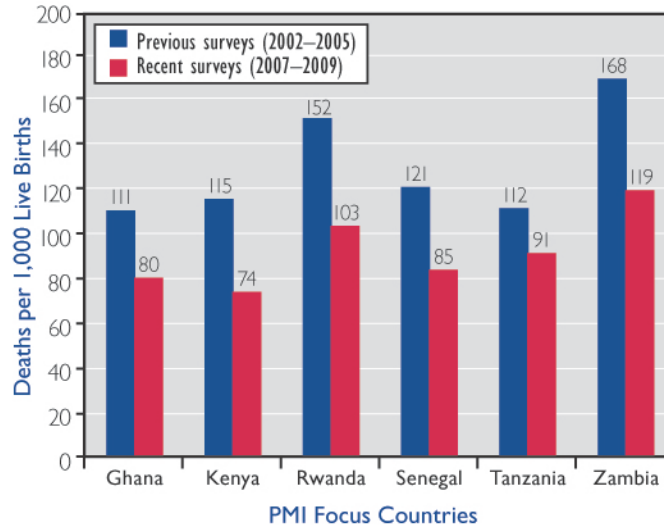
<sup>1</sup> The numbers reported in this table are up to date as of January 1, 2010, and include all 15 PMI focus countries. In addition, during 2009, the USG provided support for malaria prevention and control activities in the Democratic Republic of the Congo, Nigeria, and Sudan. As a result, (1) more than 852,000 ITNs were procured and distributed; (2) more than 700 health workers were trained in IPTp, and 430,000 IPTp treatments were procured and distributed; and (3) more than 3,000 health workers were trained in the use of ACTs, and over 6.2 million ACTs were procured, of which 5.4 million were distributed. The USG also provided emergency support for an IRS campaign in Zimbabwe in 2009, which protected 929,600 people.

<sup>2</sup> A cumulative count of people protected by indoor residual spraying is not provided since some areas have been sprayed on more than one occasion. <sup>3</sup> Distributed to health facilities. <sup>4</sup> A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

## Evidence of Impact

Since 2006, substantial progress has been made in scaling up training, host country capacity, and malaria prevention and treatment measures across the 15 PMI focus countries in collaboration with NMCPs and other donors. Now, four years into PMI, dramatic increases in the coverage of malaria control measures are being documented in nationwide household surveys as a result of the contributions of PMI, prior USG assistance, host country governments, and other donors. **In all six countries supported by PMI with paired nationwide household surveys (Ghana, Kenya, Rwanda, Senegal, Tanzania, and Zambia), substantial reductions from 19 to 36 percent in all-cause mortality in children under the age of five have been documented between 2002/2005 and 2007/2009 (see graph, below).** While a variety of factors may be influencing the decline in under-five mortality rates, there is strong and growing evidence that malaria prevention and treatment efforts are playing a major role in these reductions.

**Reductions in All-Cause Mortality Rates of Children Under Five in Six PMI Countries**



Note: The countries included in this graph are those PMI focus countries for which there are two data points from nationwide household surveys for the indicator.



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