

Country Profile | President's Malaria Initiative (PMI)

RWANDA

December 2006



At a Glance: Malaria in Rwanda

Population: 8.6 million¹

Life expectancy at birth: 46 years (male),
48 years (female)¹

Reported malaria cases (2000): 1 million²

Under-5 child mortality rate: 196/1000, or
approximately 1 in 5 children³

Proportion of child deaths attributable
to malaria: 5%⁴

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

¹ CIA World Fact Book

² Roll Back Malaria 2005 World Malaria Report

³ UNICEF

⁴ WHO/AFRO, WHO CHERG (2000)

Background

Approximately 90 percent of Rwandans are at risk of contracting malaria. The disease is the overall leading cause of morbidity and mortality in Rwanda, responsible for up to 50 percent of all outpatient visits.

Rwanda is one of four second-round target countries to benefit from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID), in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, and the White House.

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, children under 5 years of age, and persons living with HIV/AIDS – with lifesaving services, supplies, and medicines.

PMI coordinates with national malaria control programs and international partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Rwanda's national malaria control program, PMI backs four key intervention strategies to prevent and treat malaria:

- Spraying with insecticides (“indoor residual spraying,” or IRS)
- Insecticide-treated mosquito nets (ITNs)
- Lifesaving drugs
- Treatment for pregnant women (“intermittent preventive treatment,” or IPT)

Preliminary Activities to Date

- Over 550,000 doses of sulfadoxine-pyrimethamine have been bought and are being distributed to pregnant women nationwide through antenatal clinics providing IPT. This activity will protect pregnant women and their unborn children from malaria while also improving services for pregnant women by ensuring a more thorough prenatal check-up.

PMI Funding

For fiscal year 2007, PMI has set aside \$17 million in funding for malaria prevention and treatment in Rwanda.

Upcoming PMI Activities

- PMI will support the purchase and distribution of long-lasting ITNs (LLINs) through PMI-strengthened distribution systems, ensuring that those most vulnerable to malaria receive an LLIN.
- IRS will be performed in three districts with plans to expand the campaign to five districts by next year.
- In addition to obtaining supplies of artemisinin-based combination treatment drugs (ACTs) for treating malaria (including severe malaria), PMI will support a comprehensive effort to improve malaria case management that will include increasing diagnostic capacity through training and supportive supervision of laboratory staff, strengthening pharmaceutical management, and supporting expansion of ACTs at the community level and in the private sector.