

FAST FACTS

The President's Malaria Initiative (PMI)

April 2013

Scaling up Malaria Control Interventions

The past decade has seen unprecedented progress in malaria control efforts in most sub-Saharan African countries. As countries have scaled up insecticide-treated mosquito nets (ITNs), indoor residual spraying (IRS), improved diagnostic tests, and highly effective antimalarial drugs, mortality in children less than five years of age has fallen dramatically. It is now clear 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 the risk of malaria is declining. PMI and partners continue to build on investments in malaria control and prevention and to respond to challenges such as antimalarial drug resistance, insecticide resistance and weak malaria case surveillance.

PMI Highlights

- **More than 30 million people were protected** as a result of PMI-supported indoor residual spraying in FY 2012.
- **More than 82 million insecticide-treated mosquito nets have been procured** and more than 62 million distributed since PMI began.
- **More than 189 million lifesaving antimalarial treatments have been procured** and more than 136 million distributed since PMI began.
- **More than 62 million rapid diagnostic tests have been procured** and more than 38 million distributed since PMI began.
- **More than 18 million intermittent preventive treatments for pregnant women have been procured** and more than 13 million distributed since PMI began.
- **More than 39,000 health workers were trained** on case management in FY 2012.
- **More than 28,000 health workers were trained** on malaria laboratory diagnosis in FY 2012.
- **More than 27,000 health workers were trained** on the prevention and treatment of malaria in pregnant women in FY 2012.
- **Support provided to countries to improve the management** of antimalarial drugs and other essential medical commodities 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 (FYs 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 (FYs 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 and a regional program in the Greater Mekong Subregion.

U.S. Government Leadership

- PMI is led by the U.S. Agency for International Development, which implements the initiative 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, \$578 million in FY 2011 and \$603 million in FY 2012.
- PMI works with National Malaria Control Programs in coordination with other national and international partners, including the Roll Back Malaria Partnership; the Global Fund; the World Bank Malaria Booster Program; the United Nations Children's Fund; the Global Malaria Program of the World Health Organization; and the U.K. Department for International Development (DFID); and nonprofit organizations, 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 (PEPFAR), the U.S. 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 and to support communications, health systems strengthening and integration with other key public health efforts.

Progress after Seven 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) ²	Year 7 (FY 2012)	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)	30,297,000 (7,127,040)	N/A ³
ITNs procured	1,047,393	5,210,432	6,481,827	15,160,302	18,592,039	23,174,496	21,407,129	82,743,618 (62,133,406 distributed)
ITNs procured by other donors and distributed with PMI support	–	369,900	1,287,624	2,966,011	11,728,674	19,307,756	10,927,791	42,834,823
IPTp treatments procured	–	583,333	1,784,999	1,657,998	6,264,752	4,701,162	4,493,217	18,287,462 (13,455,244 distributed) ⁴
Health workers trained in IPTp ⁵	1,994	3,153	12,557	14,015	14,146	28,872	27,348	N/A ⁶
Rapid diagnostic tests (RDTs) procured	1,004,875	2,082,600	2,429,000	6,254,000	13,340,910	14,572,510	28,957,905	62,539,290 (38,019,883 distributed) ⁴
Health workers trained in malaria diagnosis (RDTs and/or microscopy)	–	1,370	1,663	2,856	17,335	34,740	28,210	N/A ⁶
ACT treatments procured	1,229,550	8,851,820	22,354,139	21,833,155	41,048,295	38,588,220	72,345,860	189,168,489 (136,330,819 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	950,239	28,092,273
Health workers trained in treatment with ACTs	8,344	20,864	35,397	41,273	36,458	42,183	39,797	N/A ⁶

¹ The data reported in this table are up-to-date as of September 30, 2012, and include all PMI focus countries and the Greater Mekong Subregion. In addition, during FY 2012, the U.S. Government provided support for malaria prevention and control activities in other countries. For data by country, see Appendix 2 of the *President's Malaria Initiative 7th Annual Report to Congress*.

² For Year 6, PMI transitioned from a calendar year to a fiscal year reporting schedule.

³ A cumulative count of people protected by IRS is not provided because most areas are sprayed on more than one occasion.

⁴ Distributed to health facilities.

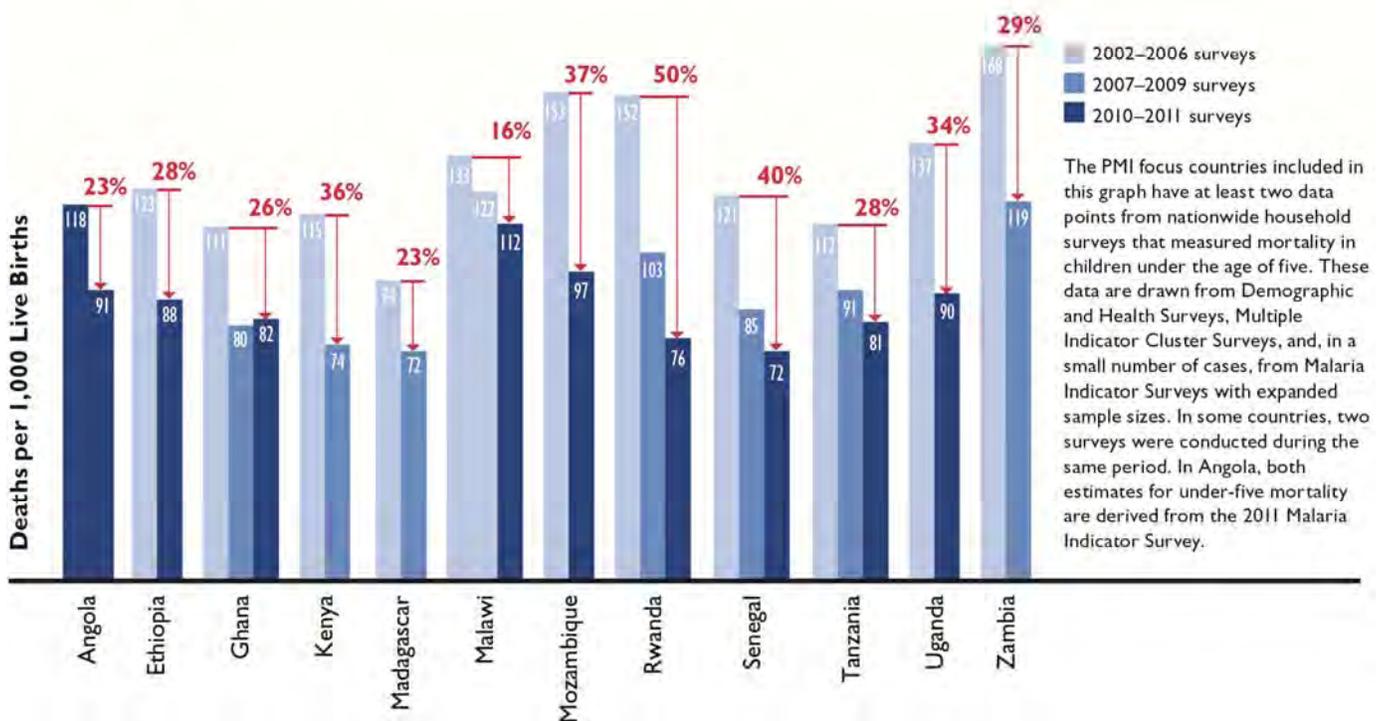
⁵ These figures include health workers who were trained in focused antenatal care in Rwanda, where IPTp is not national policy.

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

Impact in PMI Focus Countries

Since accurate records on deaths are not kept in most countries in sub-Saharan Africa, the best way to monitor changes in the overall child mortality rates is through nationwide household surveys, which are usually carried out every three to five years. To date, a total of 12 of the original 15 PMI focus countries have data from paired nationwide surveys. The first of these surveys was conducted around the time PMI began activities in those 12 countries; the second, a follow-up survey, was conducted between 2008 and 2012. In all 12 countries, there has been a reduction in mortality rates in children less than five years of age. The decline in under-five mortality rates ranged from 16 percent (Malawi) to 50 percent (Rwanda). PMI is participating in in-depth impact evaluations to ascertain the contribution of malaria control efforts to these reductions in mortality, and there are strong indications that a substantial portion of the improvement is due to malaria control. Three PMI focus countries have undergone in-depth evaluations of the impact of malaria interventions on mortality in children – mainland Tanzania, Malawi and Angola. Similar evaluations were initiated in FY 2012 in Ethiopia, Mozambique, Rwanda, Senegal, Uganda and Zanzibar.

Reductions in All-Cause Mortality Rates of Children Under Five



PMI External Evaluation: Acting upon Recommendations

In 2011, PMI commissioned an External Evaluation of the first five years (FYs 2006–2010) of PMI's activities and performance. The Evaluation Report affirmed that PMI's planning, implementation, partnerships and funding have been key to global efforts to combat malaria. It stated that *[PMI] quickly re-oriented a problematic U.S. Government malaria program, took it to a large scale quickly, efficiently and effectively complemented the larger global malaria program and contributed to the apparent reduction in child mortality*. In addition, the Evaluation Team made policy and technical recommendations to guide programmatic improvements in the coming years. During FY 2012, PMI took specific steps, including the following, to address the Evaluation's recommendations:

- Conducting country-specific reviews of IRS investments with the involvement of external vector control experts to ensure PMI's resources maximize program effectiveness and achieve high results.
- Establishing an interagency malaria in pregnancy working group to address operational and behavioral constraints to improving IPTp rates and other malaria in pregnancy interventions.
- Hiring a PMI Operational Research Coordinator to oversee and provide leadership for the PMI operational research agenda and designating a CDC Operational Research Lead to help coordinate the PMI operational research implemented by CDC.

The full report and PMI's management response are available on the PMI website at http://www.pmi.gov/news/pressreleases/pmi_audit.html



PRESIDENT'S MALARIA INITIATIVE

