FAST FACTS
The President's Malaria Initiative (PMI)

April 2014

Scaling up Malaria Control Interventions

Across sub-Saharan Africa, where countries have scaled up insecticide-treated mosquito nets (ITNs), indoor residual spraying (IRS), improved diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT), mortality in children under five years of age has fallen dramatically. The risk of malaria is declining, and it is apparent that the cumulative efforts by the President's Malaria Initiative, national governments, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and many other partners are working. According to the World Health Organization's (WHO's) *2013 World Malaria Report*, the malaria mortality rates in children under five years of age in Africa were reduced by an estimated 54 percent between 2000 and 2012, and the estimated number of deaths due to malaria declined from 802,000 to 562,000. The U.S. Government's financial and technical contributions have played a major role in this remarkable progress.

PMI Highlights

- **More than 21 million people were protected** as a result of PMI-supported indoor residual spraying in FY 2013.
- **More than 123 million insecticide-treated mosquito nets have been procured** and more than 81 million distributed since PMI began.
- **More than 237 million life-saving antimalarial treatments have been procured** and more than 185 million distributed since PMI began.
- **More than 114 million rapid diagnostic tests have been procured** and more than 67 million distributed since PMI began.
- **More than 29 million intermittent preventive treatments for pregnant women have been procured** and more than 17 million distributed since PMI began.
- **More than 61,000 health workers were trained** on case management in FY 2013.
- **More than 26,000 health workers were trained** on malaria laboratory diagnosis in FY 2013.
- **More than 16,000 health workers were trained** on intermittent preventive treatment for pregnant women in FY 2013.

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 malaria-related mortality in 15 high-burden countries in Africa. Passage of the Lantos-Hyde Act of 2008 authorized a significant increase of funding and prompted development of a U.S. Global Malaria Strategy (2008–2014) and an expanded goal to achieve Africa-wide impact by halving the burden (morbidity and mortality) 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. A new U.S. Global Malaria Strategy (2015–2020) is under development.

U.S. Government Leadership

- PMI is led by the U.S. Agency for International Development (USAID), which implements the initiative together with the Centers for Disease Control and Prevention (CDC).
- One of the major international financers of malaria control, PMI's funding for country implementation and support has steadily increased from $30 million in FY 2006 to $154 million in FY 2007, $300 million in FY 2008, $300 million in FY 2009, $500 million in FY 2010, $578 million in FY 2011, $603 million in FY 2012, and $608 million in FY 2013.
- PMI now includes 19 focus countries in sub-Saharan Africa (Angola, Benin, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, Tanzania, Uganda, Zambia, Zimbabwe) and the Greater Mekong Subregion in Southeast Asia.

- PMI works with national malaria control programs (NMCPs) in coordination with other national and international partners, including the Roll Back Malaria Partnership; the Global Fund; UNICEF; the Global Malaria Program of the World Health Organization; the World Bank; the U.K. Department for International Development (DFID); foundations including the Bill and Melinda Gates Foundation and UN Foundation; 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.

Supporting Research and Innovation

Research to support malaria control efforts and reduce the burden of malaria has been a high priority of the U.S. Government for many years. While USAID does not directly conduct malaria research, it invested approximately $13 million of FY 2013 funding to support development of new antimalarial drugs, malaria vaccines, and new insecticides and insecticide-based products for malaria prevention. PMI complements the more upstream malaria research and development work of USAID and other U.S. Government agencies by supporting operational research to help guide its program investments, make policy recommendations to NMCPs, and target interventions to increase their cost-effectiveness. As the burden of malaria falls in sub-Saharan Africa, operational research will help programs adjust to the changing epidemiological landscape.

Strengthening Health Systems and Building Capacity

PMI supports the strengthening of the overall capacity of health systems, both directly and indirectly. In highly endemic countries, malaria typically accounts for up to a third of outpatient visits and hospital admissions. Reducing malaria transmission levels in these countries unburdens the health system so that health workers can concentrate on managing other important childhood illnesses, such as pneumonia, diarrhea, and malnutrition. In addition to providing assistance to countries to roll out malaria-specific activities, PMI also helps build national capacity in a variety of cross-cutting areas that benefit both malaria and other health programs. This support includes strengthening supply chain management, laboratory diagnosis, and monitoring and evaluation systems.

Progress after Eight Years of Implementation

PMI's contributions (see table below), together with those of other partners, have led to dramatic improvements in the coverage of malaria control interventions in PMI focus countries. In 19 countries where at least two comparable nationwide household surveys have been conducted since PMI activities were launched:

- Household ownership of at least one ITN increased from a median* of 29 percent to 55 percent.
- Usage of an ITN the night before the survey increased from a median* of 20 percent to 43 percent for children under five years of age.
- Usage of an ITN the night before the survey more than doubled from a median* of 17 percent to 43 percent for pregnant women.

In all 17 countries where intermittent preventive treatment of malaria for pregnant women (IPTp) is national policy and where at least two comparable nationwide household surveys have been conducted since PMI activities were launched:

- The proportion of pregnant women who received two or more doses of IPTp for the prevention of malaria increased from a median* of 13 percent to 25 percent.

Where quality data are available, annual increases in the proportion of suspected malaria cases that are confirmed with laboratory tests and treated with a recommended antimalarial drug have been observed in nearly all focus countries. For example, more than 80 percent of malaria cases are now confirmed by a diagnostic test in Ethiopia and Senegal and close to 100 percent in Rwanda and Zanzibar.

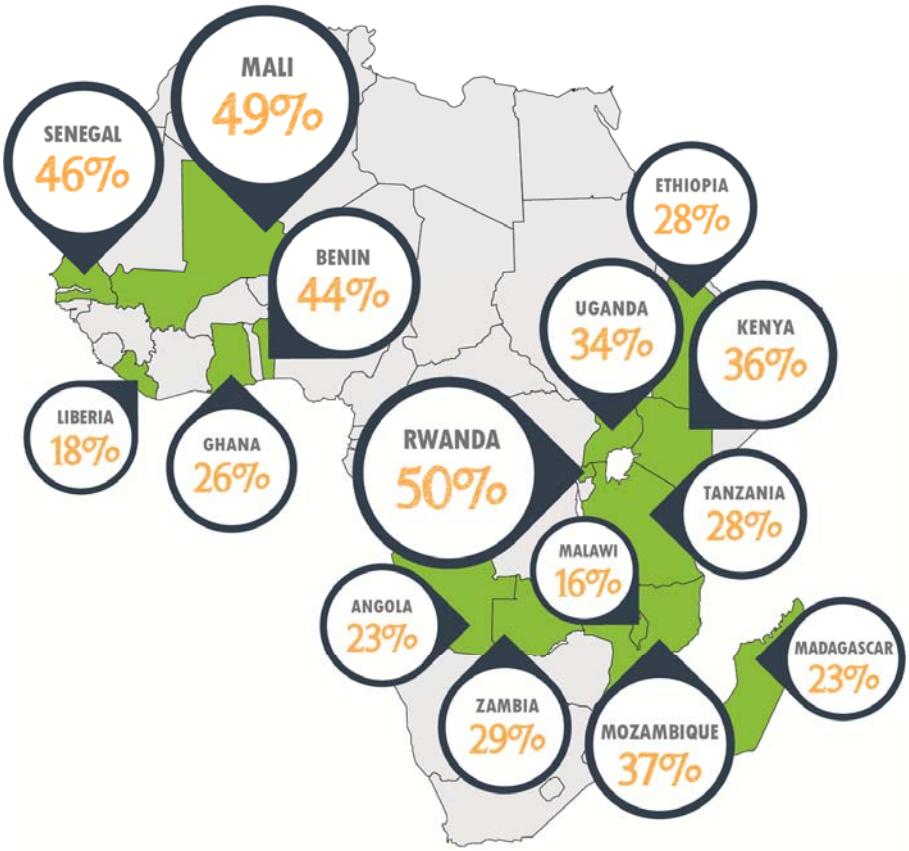
PMI CONTRIBUTIONS AT A GLANCE									
Indicator[1]	Year 1 (2006)	Year 2 (2007)	Year 3 (2008)	Year 4 (2009)	Year 5 (2010)	Year 6 (FY 2011)[2]	Year 7 (FY 2012)	Year 8 (FY 2013)	Cumulative
People protected by IRS (houses sprayed)	2,097,056 (414,456)	18,827,709 (4,353,747)	25,157,408 (6,101,271)	26,965,164 (6,656,524)	27,199,063 (6,693,218)	28,344,173 (7,004,903)	30,297,000 (7,127,040)	21,801,615 (5,553,556)	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	40,877,491	123,621,109 (81,942,473 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	5,888,463	48,723,286
IPTp treatments procured	–	583,333	1,784,999	1,657,998	6,264,752	4,701,162	4,493,217	10,881,600	29,169,062 (17,966,280 distributed)
Health workers trained in intermittent preventive therapy for pregnant women (IPTp)	1,994	3,153	12,557	14,015	14,146	28,872	27,348	16,159	N/A[4]
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	51,939,940	114,479,230 (67,039,333 distributed)
Health workers trained in malaria diagnosis (RDTs and/or microscopy)	–	1,370	1,663	2,856	17,335	34,740	28,210	26,232	N/A[4]
ACT treatments procured	1,229,550	8,851,820	22,354,139	21,833,155	41,048,295	38,588,220	72,345,860	48,433,634	237,602,123 (185,021,809 distributed)
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	1,466,959	29,559,232
Health workers trained in treatment with ACTs	8,344	20,864	35,397	41,273	36,458	42,183	39,797	61,554	N/A[4]

1 The data reported in this table are up-to-date as of September 30, 2013, and include all PMI focus countries and the Greater Mekong Subregion. In addition, during FY 2013, the U.S. Government provided support for malaria prevention and control activities in other countries.
2 In Year 6, PMI transitioned from a calendar year to a fiscal year reporting schedule. The cumulative column takes into account the 3-month overlap between Year 5 (covering the 2010 calendar year) and Year 6 (covering the 2011 fiscal year).
3 A cumulative count of people protected by IRS is not provided because most areas are sprayed on more than one occasion.
4 A cumulative count of individual health workers trained is not provided because some health workers have been trained on more than one occasion.

Saving Children's Lives

Although declines in all-cause under-five mortality are not exclusively due to malaria interventions, there is growing evidence that the scale-up of malaria prevention and treatment measures across sub-Saharan Africa is playing a major role in these unprecedented reductions. To date, all of the original 15 PMI focus countries have data from paired nationwide surveys that were conducted since PMI activities began. In all 15 focus countries, all-cause mortality rates among children under five years of age have significantly decreased. These declines have ranged from 16 percent in Malawi to 50 percent in Rwanda (see figure on the next page).

Reductions in All-Cause Mortality Rates of Children Under Five



Note: All 15 original PMI focus countries included in this figure have at least two data points from nationwide household surveys that measured all-cause mortality in children under the age of five.

* The median is the middle value of a set of numbers ordered by rank.

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