

Country Profile | President's Malaria Initiative (PMI)

MALAWI

April 2010



At a Glance: Malawi

Population – 2010: 15.4 million¹

Life expectancy at birth – 2010:
50 years (male), 51 years (female)¹

Population at risk of malaria – 2008:
100%

Under-5 mortality rate – 2008:
100/1,000, or approximately 1 in 10
children die before their fifth
birthday³

¹ US Census Bureau, International Data Base
2010

² WHO World Malaria Report 2009

³ UNICEF State of the World's Children 2009

Background

Malaria is a major public health problem in Malawi, and all Malawians are at risk of contracting the disease. Although progress in reducing malaria prevalence has been detected, the Ministry of Health estimates that the disease accounts for 33 percent of all outpatient visits and remains the number one cause of hospital admissions among children under five.

The President's Malaria Initiative (PMI)

Malawi is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Malawi's national malaria control strategy, PMI supports four key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.
- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.
- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, which include maternal anemia and low birthweight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP) given not less than one month apart during the second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors.

- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in most malaria-affected regions of Africa, and are extremely effective against malaria parasites; they have few or no side effects.

Progress to Date

Malawi is in its fourth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations.

PMI-Supported Activities	2007	2008	2009	Cumulative
IRS: Houses sprayed ¹	26,950	24,764	74,772	-
IRS: Residents protected ¹	126,126	106,450	299,744	-
ITNs: Procured	1,039,400	849,578	1,791,506	3,680,484
ITNs: Distributed	211,995	849,578	851,436	1,913,009
ITNs: Procured by other donors and distributed with PMI support	-	-	10,700	10,700
ACTs: Procured	4,694,013	4,501,740	5,139,600	14,335,353
ACTs: Distributed	4,694,013	3,579,278	3,693,510	11,966,801
ACTs: Procured by other donors and distributed with PMI support	-	-	2,056,170	2,056,170
Health workers trained in IPTp ²	-	2,747	348	-
Health workers trained in ACT use ²	-	5,315	809	-

¹ A cumulative count of the number of houses sprayed and residents protected is not provided since some areas have been sprayed on more than one occasion.

² A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding

PMI's proposed budget for FY 2010 activities increased to \$27 million. Of this amount, 20 percent will support malaria diagnosis and procurement of ACTs, 42 percent ITNs, 19 percent IRS, 4 percent IPTp, and 8 percent monitoring and evaluation activities. Approximately 46 percent of the total will be spent on commodities.

	FY 2006 Jump start funds	FY 2007	FY 2008	FY 2009	FY 2010
Budget	\$2 million	\$18.5 million	\$17.8 million	\$17.7 million	\$27 million

For details on FY 2010 PMI activities in Malawi, please see the **Malawi Malaria Operational Plan:** http://pmi.gov/countries/mops/fy10/malawi_mop-fy10.pdf.



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