

Country Profile | President's Malaria Initiative (PMI)

MALAWI

April 2011



At a Glance: Malawi

Population (2011): 15.9 million¹

Population at risk of malaria (2009): 100%²

Estimated annual malaria deaths/100,000 population (2008): 87³

Under-five mortality rate (2006): 122/1,000 live births, or approximately 1 in 8 children die before their fifth birthday⁴

¹US Census Bureau, International Data Base 2011

²WHO World Malaria Report 2010

³WHO World Health Statistics 2011

⁴Multiple Indicator Cluster Survey 2006

Background

While progress is being made in reducing prevalence, malaria is still a major public health problem in Malawi, and all Malawians are at risk of contracting the disease. Transmission is perennial, though it increases during the rainy season, which runs from November through April. Higher malaria transmission occurs along Lake Malawi and the lowland areas of the lower Shire valley.

The President's Malaria Initiative (PMI)

Malawi is one of 17 focus countries benefiting from the President's Malaria Initiative (PMI), which is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. PMI was launched in 2005 as a five-year (fiscal year [FY] 2006–2010), \$1.265 billion expansion of U.S. Government resources to reduce the burden of malaria and help relieve poverty on the African continent. The 2008 Lantos-Hyde Act authorized an extension of PMI funding through FY 2013. With congressional authorization and the subsequent launch of the U.S. Government's Global Health Initiative, PMI's goal was expanded to achieve Africa-wide impact by halving the burden of malaria in 70 percent of the at-risk populations on the continent (i.e., approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

To reach its goal, 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; numerous 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 major 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. Malawi has had considerable success scaling up ITN ownership and use in the recent past by distributing nets through health facilities and mass campaigns. In 2011, PMI will procure and distribute long-lasting ITNs for free through health clinics and will support communication campaigns to increase demand for and correct use of ITNs.
- **Indoor residual spraying (IRS):** IRS involves spraying of the inside walls of houses with insecticides; mosquitoes are killed when they land

on sprayed walls, thereby reducing malaria transmission. From 2007 through 2009, PMI successfully piloted three rounds of spraying with pyrethroid insecticides in Nkhosakota District to assess the cost and operational feasibility of IRS. In 2010, on the basis of the successful pilot, the Ministry of Health scaled up IRS implementation to seven highly endemic districts. PMI is continuing to support spraying in Nkhosakota and, due to mosquito resistance to pyrethroids, switched to the use of an organophosphate insecticide in 2011.

- 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. These risks include maternal anemia and low birth weight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP), which is given at least 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. PMI has helped Malawi achieve high rates of IPTp coverage by strengthening focused antenatal care at the district health facility level and by providing job aids and other relevant tools. PMI has also funded behavior change programs to encourage early and repeated antenatal care attendance and to increase the opportunity for delivering the second IPTp dose.
- Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests (RDTs) 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. ACTs are extremely effective against malaria parasites and have few or no side effects. In Malawi, PMI procures ACTs for village health clinics and provides substantial support to expand the use of RDTs and microscopy.

Progress to Date

The table below shows key results from the following nationwide household surveys: the Demographic and Health Survey (DHS), the Multiple Indicator Cluster Survey (MICS) and the Malaria Indicator Survey (MIS). These surveys provide nationally representative, household-level data on the health status of the population and on malaria indicators.

Malawi Malaria Indicators	PMI Baseline	MIS 2010
All-cause mortality rate in children under five	122/1,000 (MICS 2006)	-
Proportion of households with at least one ITN	38% (MICS 2006)	58%
Proportion of children under five who slept under an ITN the previous night	25% (MICS 2006)	55%
Proportion of pregnant women who slept under an ITN the previous night	15% (DHS 2004)	49%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	43% (DHS 2004)	60%

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

PMI Contributions	2007	2008	2009	2010	Cumulative
IRS: Houses sprayed ¹	26,950	24,764	74,772	97,329	
IRS: Residents protected ¹	126,126	106,450	299,744	364,349	
ITNs procured	1,039,400	849,578	1,791,506	850,000	4,530,484
ITNs distributed	211,995	849,578	851,436	457,822	2,370,831
ITNs procured by other donors and distributed with PMI support			10,700	9,600	20,300
ACTs procured	4,695,450	8,449,920	1,169,280	1,634,520	15,949,170
ACTs distributed	4,694,013	3,579,278	3,693,510	2,198,460	14,165,261
Health workers trained in IPT ²		2,747	348	181	
Health workers trained in ACT use ²		5,315	809	1,813	

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

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

PMI Funding

	FY 2006 Jump start funds	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Budget (in millions)	\$2.0	\$18.5	\$17.8	\$17.7	\$27.0	\$26.4

For details on FY 2011 PMI activities in Malawi, please see the **Malawi Malaria Operational Plan:**

http://pmi.gov/countries/mops/fy11/malawi_mop-fy11.pdf.



PRESIDENT'S MALARIA INITIATIVE

