

## MALAWI

April 2012



### At a Glance: Malawi

Population (2012): 16.3 million<sup>1</sup>

Population at risk of malaria (2010): 100%<sup>2</sup>

Estimated annual malaria deaths/100,000 population (2008): 87<sup>3</sup>

Under-five mortality rate (2010): 112/1,000 live births, or approximately 1 in 9 children die before their fifth birthday<sup>4</sup>

<sup>1</sup>US Census Bureau, International Data Base 2012

<sup>2</sup>WHO World Malaria Report 2011

<sup>3</sup>WHO World Health Statistics 2011

<sup>4</sup>Demographic and Health Survey (DHS) 2010

### Background

While progress is being made in reducing prevalence in Malawi, malaria is one of the major causes of morbidity and mortality, especially in children under five years old. With approximately 6 million suspected cases treated annually, malaria is responsible for about 40 percent of all hospitalization of children under five years old and 34 percent of all outpatient visits across all ages. Transmission is perennial, although 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 19 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 U.S. 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 (WHO); the World Bank; the U.K. Department for International Development; 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 malaria prevention and treatment measures:

- [Insecticide-treated mosquito nets \(ITNs\)](#)
- [Indoor residual spraying \(IRS\)](#)
- [Intermittent preventive treatment for pregnant women \(IPTp\) with sulfadoxine-pyrimethamine \(SP\)](#)
- [Diagnosis with rapid diagnostic tests \(RDTs\) or microscopy and treatment with artemisinin-based combination therapy \(ACT\)](#)

## Progress to Date

The table below shows key results from nationwide household surveys.

Malawi Malaria Indicators	PMI Baseline	MIS 2010	DHS 2010
All-cause under-five mortality rate	122/1,000 (MICS 2006)	-	112/1,000
Proportion of households with at least one ITN	38% (MICS 2006)	58%	57%
Proportion of children under five years old who slept under an ITN the previous night	25% (MICS 2006)	55%	39%
Proportion of pregnant women who slept under an ITN the previous night	15% (DHS 2004)	49%	35%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	43% (DHS 2004)	60%	54%

Malawi is in its sixth 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 <sup>1,2</sup>	2007	2008	2009	2010	2011	Cumulative
IRS: Houses sprayed	26,950	24,764	74,772	97,329	97,329	n/a <sup>3</sup>
IRS: Residents protected	126,126	106,450	299,744	364,349	364,349	n/a <sup>3</sup>
ITNs procured	1,039,400	849,578	1,791,506	850,000	1,659,700	6,190,184
ITNs distributed	211,995	849,578	851,436	457,822	1,142,938	3,345,499
ITNs procured by other donors and distributed with PMI support	-	0	10,700	9,600	20,000	40,300
ACTs procured	4,695,450	8,449,920	1,169,280	1,634,520	214,500	15,949,170
ACTs distributed	4,694,013	3,579,278	3,693,510	2,198,460	215,100	14,165,261
ACTs procured by other donors and distributed with PMI support	-	0	2,056,170	0	5,015,490	6,779,580
Health workers trained in treatment with ACTs	0	5,315	809	1,813	378	n/a <sup>4</sup>
Health workers trained in malaria diagnosis	-	0	0	307	549	n/a <sup>4</sup>
Health workers trained in IPTp	-	2,747	348	181	0	n/a <sup>4</sup>

<sup>1</sup> The data reported in this table are up-to-date as of September 30, 2011.

<sup>2</sup> The cumulative count of commodities procured and distributed takes into account the three-month overlap between Year 5 (covering the 2010 calendar year) and Year 6 (covering the 2011 fiscal year).

<sup>3</sup> 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.

<sup>4</sup> 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	FY 2006 Jump start funds	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
<b>Budget</b> (in millions)	\$2.0	\$18.5	\$17.8	\$17.7	\$27.0	\$26.4	\$24.6

For details on FY 2012 PMI activities in Malawi, please see the **Malawi Malaria Operational Plan**:  
[http://pmi.gov/countries/mops/fy12/malawi\\_mop\\_fy12.pdf](http://pmi.gov/countries/mops/fy12/malawi_mop_fy12.pdf).

