

MOZAMBIQUE

April 2011



At a Glance: Mozambique

Population (2011): 22.9 million¹

Population at risk of malaria (2010): 100%²

Estimated annual malaria deaths/100,000 population (2008): 171³

Under-five mortality rate (2008): 138/1,000 live births, or approximately 1 in 7 children die before their fifth birthday⁴

¹ US Census Bureau, International Data Base 2011

² PMI Malaria Operational Plan, 2010

³ WHO World Health Statistics 2011

⁴ Multiple Indicator Cluster Survey 2008

Background

There are signs of decreasing malaria prevalence in Mozambique, but the disease remains a major cause of morbidity and mortality. Most residents live in areas where malaria is transmitted year round; the transmission season extends from December into April. Mozambique is, however, prone to natural disasters, such as cyclones and floods, and these have contributed to periodic increases in malaria transmission in recent years, particularly in low-lying coastal areas and along major rivers.

The President's Malaria Initiative (PMI)

Mozambique 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 (NMCPs) 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 Mozambique'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. Safe for humans, ITNs are durable, with the ability to repel and kill mosquitoes for up to three years or 20 washes. Long-lasting ITNs have been distributed through antenatal care clinics and two mass campaigns. PMI will continue to be the main source of long-lasting ITNs for routine distribution through antenatal clinics to maintain high ITN ownership coverage between universal coverage campaigns. In addition, PMI will support the NCMP's universal coverage distribution in districts not covered in the Global Fund Round 9 proposal as well as post-campaign surveys.
- **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. PMI has been supporting IRS in Zambézia Province since 2007; in 2010, PMI expanded its geographic coverage of IRS within the province of Zambézia by spraying two additional districts.

- **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 Mozambique, SP needs for IPTp are being met by the national government 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. ACTs are extremely effective against malaria parasites and have few or no side effects. PMI is the primary source of ACTs in Mozambique and has been since 2007.

Progress to Date

The table below shows key results from nationwide household surveys, including the 2003 Demographic and Health Survey (DHS), the 2007 Malaria Indicator Survey (MIS), and the 2008 Multiple Indicator Cluster Survey (MICS). PMI supported inclusion of a malaria module in the DHS that started in May 2011. These surveys provide nationally representative, household-level data on the health status of the population and on malaria indicators.

Mozambique Malaria Indicators	PMI Baseline	MICS 2008
All-cause mortality rate in children under five	153/1,000 (DHS 2003)	138/1,000
Proportion of households with at least one ITN	16% (MIS 2007)	31%
Proportion of children under five years old who slept under an ITN the previous night	7% (MIS 2007)	23%
Proportion of pregnant women who slept under an ITN the previous night	7% (MIS 2007)	-
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	16% (MIS 2007)	43%

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

PMI Contributions	2007	2008	2009	2010	Cumulative
IRS: Houses sprayed ¹	586,568	412,923	571,194	618,290	-
IRS: Residents protected ¹	2,593,949	1,457,142	2,263,409	2,945,721	-
ITNs procured	786,000	720,000	1,450,000	500,000	3,456,000
ITNs distributed	565,000	842,802	930,000	500,000	2,837,802
IPTp treatments procured ²	-	-	-	3,645,052	3,645,052
ACTs procured	218,880	4,988,160	-	5,331,840	10,538,880
ACTs distributed	218,880	1,440,000	2,210,320	1,553,430	5,422,630
ACTs procured by other donors and distributed with PMI support	-	-	1,423,350	2,857,590	-
Health workers trained in ACT use ³	174	422	16,768	219	-

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 All treatments were procured with non-malaria U.S. Government funds.

³ 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
Budget (in millions)	\$6.3	\$18.0	\$19.8	\$19.8	\$38.0	\$29.2

For details on FY 2011 PMI activities in Mozambique, please see the **Mozambique Malaria Operational Plan:** http://pmi.gov/countries/mops/fy11/mozambique_mop-fy11.pdf.



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