

FAST FACTS

The President's Malaria Initiative (PMI)

“One million last year alone died on the African continent because of malaria. And in the overwhelming majority of cases, the victims are less than 5 years old, their lives suddenly ended by nothing more than a mosquito bite. The toll of malaria is even more tragic because the disease itself is highly treatable and preventable ... the world must take action.”

President George W. Bush
June 30, 2005, Washington, D.C.

PMI Results Highlights

In the first year, six million people have received lifesaving prevention or treatment services. An additional 30 million people are expected to receive services in 2007.

PMI's History, Goals, and Partners

- On June 30, 2005, President George W. Bush launched the PMI, with the goal of reducing malaria deaths by 50 percent in 15 of the most-affected countries in Africa. PMI will accomplish this goal by reaching 85 percent of the most vulnerable people – children under 5 years of age and pregnant women – with proven prevention and treatment tools.
- PMI is led by the U.S. Agency for International Development (USAID) and implemented with the Department of Health and Human Services (Centers for Disease Control and Prevention) and others.
- PMI works with host countries and in coordination with international partners, nongovernmental organizations, faith-based and community groups, and the private sector.

Program Areas

To prevent and treat malaria, PMI uses a comprehensive approach consisting of four key tools:

- **Spraying with insecticides (“indoor residual spraying,” or IRS):** IRS is the timely spraying of an insecticide on the inside walls of homes. It is designed to interrupt malaria transmission by killing mosquitoes. PMI purchases spraying equipment and trains local people to conduct IRS campaigns.
- **Insecticide-treated mosquito nets (ITNs):** Bednets treated with insecticide have proven highly effective in preventing malaria. Consistently sleeping under an ITN can cut child mortality rates by 17 to 63 percent.¹
- **Lifesaving drugs:** Artemisinin-based combination therapies (ACTs) are the most effective and fast-acting drugs available for treating malaria. PMI purchases ACT drugs, establishes management and logistics systems for their distribution, and trains health workers in their use.
- **Intermittent preventive treatment for pregnant women (IPT):** More than 30 million African women become pregnant annually and are at risk for malaria. Giving at least two doses of malaria medication to pregnant women protects them against maternal anemia and low birthweight of the child. PMI provides these medicines and trains health workers to administer them.

¹ WHO publication: *Malaria and HIV/AIDS Interactions and Implications: Conclusions of a Technical Consultation*. 23–25 June 2004 (WHO/HIV/2004.8).

Target Countries and Funding

- Angola, Tanzania, and Uganda – 1st round countries; PMI implementation began in 2006.
- Malawi, Mozambique, Rwanda, and Senegal – 2nd round countries; PMI implementation began in 2007.
- Benin, Ethiopia*, Ghana, Kenya, Liberia, Mali, Madagascar, and Zambia – 3rd round countries; PMI to begin in 2008.
 - 2006: **\$30 million** for 1st round countries
 - 2007: **\$135 million** for 1st and 2nd round countries
 - 2008: **Projected \$300 million** for all countries
 - 2009: **Projected \$300 million** for all countries
 - 2010: **Projected \$500 million** for all countries

PMI Highlights

In the first three focus countries of Uganda, Tanzania and Angola, PMI distributed more than 1 million bednets to protect pregnant women and caregivers of children under 5 years of age; re-treated over 500,000 nets with insecticide; conducted indoor residual spraying campaigns to shield over 2 million people; distributed over 1.2 million treatments of highly effective anti-malarial drugs to treat the disease; and supported training of more than 10,000 health workers.

Angola

- Over 580,000 ACTs purchased and distributed
- More than 590,000 people protected and 350 spray personnel trained as a result of December 2005 spraying campaign
- Over 800,000 free, long-lasting ITNs (LLINs) distributed by PMI and partners to pregnant women and children; the percentage of children who slept under an ITN has increased from less than 5% to over 69%

Tanzania

- 380,000 ACT treatments purchased and distributed
- Spraying campaign in Zanzibar protects 1 million people
- Over 230,000 nets distributed by PMI and partners to pregnant women and children on Zanzibar islands
- Between 2005 and 2006, there was an 87% drop in the number of laboratory-confirmed malaria cases on Pemba Island

Uganda

- Approximately 290,000 pediatric ACT treatments purchased and being distributed in war-torn northern Uganda
- Over 480,000 people in Kabale district protected from malaria by IRS campaign; over 400 trained in IRS
- Over 220,000 free LLINs distributed to children and pregnant women in internally displaced person camps
- 500,000 nets re-treated with insecticides, improving their effectiveness against malaria-carrying mosquitoes
- Household ITN ownership is expected to rise from 14% to an estimated 50% as a result of ITN contributions by PMI and other partners

Launch Activities: 2nd Round Countries

Malawi

- 165,000 LLINs to be distributed to Malawi's poorest of the poor, children under 5, and pregnant women

Mozambique

- 550,000 nets re-treated with insecticides that extend protection

Rwanda

- 500,000 doses of malaria medication purchased and distributed to pregnant women nationwide through clinics for preventive malaria treatment

Senegal

- 100,000 nets re-treated with insecticides. The program focuses on protecting pregnant women and children under 5

* One high-burden province