

Additional funding for the President's Malaria Initiative has been allocated under a Continuing Resolution from Congress for the remainder of FY07. USAID Malaria Programs were allotted \$248 million (\$25 million above the President's 2007 request) to allow the Agency to expand its bilateral global malaria initiative activities from the current 3 countries to 7. Country programs will expand access to long-lasting insecticide treated bed nets and indoor residual spraying, promote and support effective malaria treatment through the use of proven combination therapies; and increase prevention efforts targeted to pregnant women. With the additional funding FY 2007 Malaria Operational Plans (MOPs) will be updated. Revised MOPs will be posted soon.

PRESIDENT'S MALARIA INITIATIVE

Malaria Operational Plan (MOP)

MALAWI

FY 2007

December 4, 2006

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EXECUTIVE SUMMARY

Malaria is a major public health threat in Malawi. It is endemic in 95% of the country and over 85% of malaria infections are due to *Plasmodium falciparum*. The Ministry of Health (MOH) in Malawi estimates that there are approximately eight million episodes of malaria per year and it accounts for 40% of all outpatient visits. Malaria is the number one cause of hospital admissions among children under five.

Malawi has made considerable progress scaling-up key malaria prevention and treatment activities. Because of its three-tiered insecticide-treated net (ITN) distribution strategy scaled-up nationally in 2002, 60% of households in Malawi own at least one ITN. It was also one of the first countries in Africa to implement intermittent preventive treatment of malaria in pregnancy (IPTp) and over 45% of pregnant women receive two doses of SP during pregnancy. The Ministry of Health is currently transitioning from SP to artemisinin-based combination therapy as the official first-line treatment policy. In addition, Malawi has strong existing sentinel sites for monitoring and evaluation of malaria control activities.

In July 2005, the United States Government (USG) announced a new five-year, \$1.2 billion initiative to rapidly scale-up malaria prevention and treatment interventions in high-burden countries in sub-Saharan Africa. The goal of this Initiative is to reduce malaria-related mortality by 50%. In Malawi, the President's Malaria Initiative (PMI) will support existing National Malaria Control Program (NMCP) strategies and will coordinate closely with international and national partners to complement their funding and efforts. To achieve the goal and targets of the PMI in Malawi, the following major activities will be supported in year one of the Initiative:

1. Distribution of LLINs to vulnerable groups through ANC and under 5 clinics, community venues, and immunization clinics to increase net coverage. This will be accompanied by mass media and community-based interventions to increase correct use of ITNs;
2. Conduct IRS with effective insecticides in 20,000 households in Nkhosakota District;
3. Scale-up IPTp by providing additional training, job aids, and supportive supervision to ANC workers;
4. Support ACT policy implementation by strengthening logistics and distribution systems, retraining health workers, developing guidelines, and providing IEC;
5. Procure a one year supply of ACTs;
6. Conduct a nationwide malaria indicator survey to establish the PMI baseline; and
7. Improve the health management information system and the functionality of the sentinel sites.

The PMI will include a strong monitoring and evaluation component to measure progress against project goals and targets, to identify problems in program implementation, to allow modifications to be made efficiently if and when they are needed, and to confirm that those modifications are having their desired effect. This plan will be coordinated with the NMCP, the Global Fund for AIDS, Tuberculosis and Malaria, and other partners to standardize data collection and reporting.

This document presents a detailed one-year implementation plan for the first year of the PMI in Malawi. It briefly reviews the current status of malaria control policies and interventions in Malawi, identifies challenges and unmet needs if the targets of the PMI are to be achieved under the PMI. The MOP was developed in cooperation and consultation with the National Malaria Control Program and other stakeholders in a series of meetings between June – September 2006.

PRESIDENT'S MALARIA INITIATIVE (PMI)

In July 2005, the United States Government (USG) announced a new five-year, \$1.2 billion initiative to rapidly scale-up malaria prevention and treatment interventions in high-burden countries in sub-Saharan Africa. The goal of this Initiative is to reduce malaria-related mortality by 50%. This will be achieved by reaching 85% coverage of the most vulnerable groups—children under five years of age, pregnant women, and people living with HIV/AIDS—with proven preventive and therapeutic interventions. These include artemisinin-based combination therapies (ACTs) for treatment of those with malaria, insecticide-treated bed nets (ITNs) to prevent transmission, intermittent preventive treatment of pregnant women (IPTp) with an anti-malarial drug to protect the mother and child, and indoor residual spraying (IRS) to prevent transmission.

The President's Malaria Initiative began in 2006 in three countries, Angola, Tanzania, and Uganda; four other countries, Malawi, Rwanda, Senegal, and Mozambique were added for the FY07. The PMI received \$30 million in FY06, and has requested \$135 million from the U.S. Congress in FY07. The projected budget in FY08 and FY09 is \$300 million and is \$500 million in FY10. The aim is to cover a total population of 175 million in up to 15 countries by 2010.

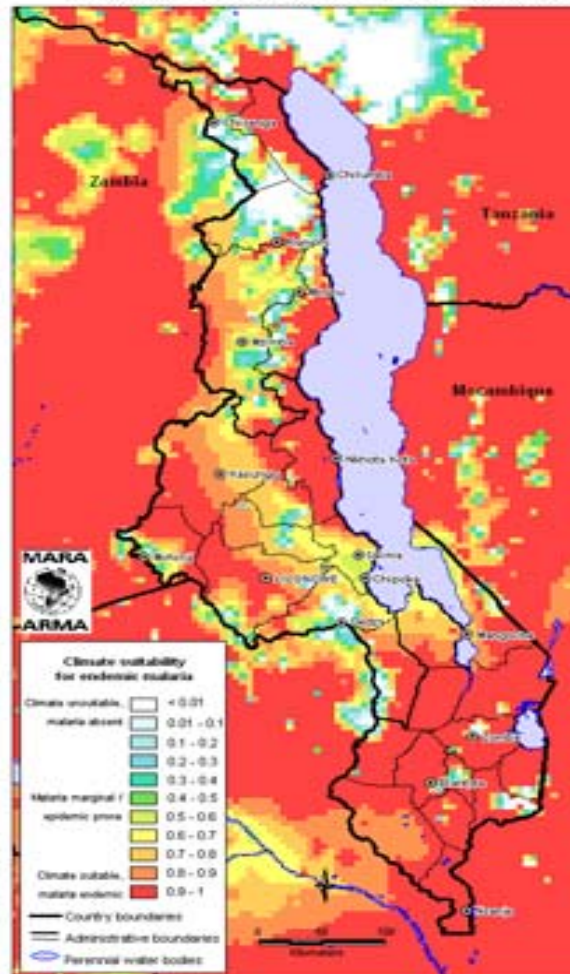
In implementing the PMI, the USG will work closely with host governments in the context of national malaria control strategies and plans. Efforts will be coordinated with other national and international partners, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), Roll Back Malaria (RBM), the World Bank Malaria Booster Program, and non-governmental and private organizations and institutions, to ensure that investments are complementary and that RBM and Millennium Development Goals are achieved.

This document presents a detailed implementation plan for the first year of the PMI in Malawi, which was developed in collaboration with the Government of Malawi (GOM) and other stakeholders. It briefly reviews the status of malaria control policies and existing interventions supported by all partners in Malawi, identifies challenges and unmet needs to reach the targets of the PMI, and provides a description of proposed Year 1 (FY 07) PMI activities.

MALARIA SITUATION IN MALAWI

Malawi is a land-locked country in southern Africa with a population of about 12 million persons. It is one of the poorest countries in the world, with a gross domestic product (GDP) per capita estimated at US\$590 per year. Malawi faces many health problems, most notably, a recent famine in 2005 that resulted in rampant malnutrition in as much as 35% of the population. In 2005, the life expectancy was only 37.5 years.

Malawi: Distribution of Endemic Malaria



This map is a product of the MARA/ARMA collaboration (<http://www.mara.org.za>). July 2002, Medical Research Council, PO Box 70380, Overport, 4067, Durban, South Africa
 CORE FUNDERS of MARA/ARMA: International Development Research Centre, Canada (IDRC); The Wellcome Trust UK; South African Medical Research Council (MRC); Swiss Tropical Institute, Multilateral Initiative on Malaria (MIM) / Special Programme for Research & Training in Tropical Diseases (TDR), Roll Back Malaria (RBM).
 Malaria distribution model: Craig, M.H. et al. 1999. Parasitology Today 15: 105-111.
 Topographical data: African Data Sampler, WRI, http://www.igc.org/wri/sdis/maps/ads/ads_idx.htm

Malaria is a major public health and economic problem in Malawi. Malaria is a disease that affects the poorest and keeps them poor. It prevents adults from working an average of 25 days per year, resulting in significant lost family income. In addition, the cost of drugs to treat malaria can easily overwhelm family resources, especially those in the lowest income categories. In Malawi, it is estimated that low-income families spend more than one quarter (28%) of their yearly income to treat malaria¹.

The Ministry of Health (MOH) in Malawi estimates that there are approximately eight million episodes of malaria per year and this disease accounts for 40% of all outpatient visits. Over 85% of malaria infections in Malawi are due to *Plasmodium falciparum*. According to the 2003 Health Management Information System (HMIS) report, health facilities reported 250,000 - 350,000 malaria outpatient cases monthly throughout the country. Anaemia, most of which can be attributed to malaria, is estimated to be responsible for about 40% of hospitalizations and hospital deaths in children under five

¹ Source: National Malaria Control Programme Strategic Plan 2005-2010.

(World Bank report 2000). Malaria is the number one cause of hospital admissions and the leading cause of death among children under five.

Children under five, pregnant women and those living with HIV/AIDS represent the most at-risk populations for malaria-related mortality. It is estimated that there are approximately 600,000 pregnant women and 2.14 million children under five in Malawi.

Malaria is transmitted throughout Malawi by the female anopheles mosquito. The peak transmission season follows the rainy season and is from December to May.

NATIONAL MALARIA CONTROL PLAN AND STRATEGY

The National Malaria Control Program (NMCP) was established under the Directorate of Preventive Health Services in the MOH. Four staff members at the national level manage the program. They set policies, establish strategies, coordinate activities, and provide technical guidance for the program. Five zonal officer positions, with three filled, are responsible for overseeing malaria activities in their respective zones. A District Malaria Control Coordinator directs malaria control activities at that level.

A new *Malaria Strategic Plan 2005-2010, Scaling Up Malaria Control Interventions*, was developed and approved by the Malawi MOH in June 2005. This new strategy is in line with the sector-wide approach's (SWAp) Programme of Work (POW) that the MOH in collaboration with donor partners is implementing, and is consistent with the Malawi Essential Health Package (EHP) that was also developed by the MOH. This strategy guides allocation of resources and outlines three key areas for scale-up: case management for treatment of malaria cases, IPTp, and mosquito vector control (ITNs and IRS). These major interventions are discussed below:

Case Management: The current malaria treatment policy is to treat presumptively with SP (the first-line drug) all children under five and pregnant women with signs and symptoms of malaria. Since laboratory capacity is limited nationally regardless of age, most episodes of suspected malaria are treated presumptively in both the public and private sectors. Recently, the NMCP proposed to change the drug treatment policy for uncomplicated malaria from SP, which has become increasingly ineffective, to an ACT that has proven effective in many African countries.² Malawi implemented a drug change process plan in January 2005, which included drug efficacy studies of candidate combination treatments in order to obtain locally acquired evidence. The GOM will implement the new malaria drug policy countrywide in the fall of 2007.

IPTp for malaria in pregnancy: Malawi's policy on IPTp recommends the provision of at least two doses of SP to pregnant women during the second and third trimester as a way to prevent malaria infection as part of a comprehensive antenatal care (ANC) package. The policy states that the treatments should be at least one month apart and given under direct observation.

² While it has not been formally announced, it is expected that the first-line ACT will be artemether-lumefantrine

