

Country Profile | President's Malaria Initiative (PMI)

MALI

April 2011



At a Glance: Mali

Population (2011): 14.1 million¹

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

Estimated annual malaria deaths/100,000 population (2008): 131³

Under-five mortality rate (2006): 191/1,000 live births, or approximately 1 in 5 children die before their fifth birthday⁴

¹ US Census Bureau, International Data Base 2010

² WHO World Malaria Report 2010

³ WHO World Health Statistics 2011

⁴ Demographic and Health Survey 2006

Background

Malaria is the primary cause of morbidity and mortality in Mali, particularly among children under the age of five. In 2009, the national health information system reported that malaria accounted for 38 percent of all outpatient visits (all ages). However, only 10 percent of these cases were confirmed by microscopy or rapid diagnostic tests (RDTs). Malaria also accounts for 45 percent of all outpatient visits for children under five. Sixty-two percent of all reported deaths and 68 percent of deaths in children under five are attributed to malaria.

The President's Malaria Initiative (PMI)

Mali 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; and numerous nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Mali'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. A 2010 survey confirmed that net ownership and use are high among vulnerable populations in Mali. In FY 2011, PMI will help strengthen ITN distribution systems at the district and community levels to prevent stock-outs. PMI is also continuing to support information and education activities at the national and community

levels. These activities and contributions from other donors are expected to maintain at least 85 percent household ownership of one or more ITNs nationwide.

- 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. Since 2008, PMI has supported three IRS campaigns in the districts of Bla and Koulikoro and will expand to a new district (Barouaill) in 2011. IRS operations in 2011 will use carbamates to reduce the insecticide pressure on pyrethroids, which are also used for treating ITNs.
- 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. Utilization of antenatal care by pregnant women and IPTp coverage are low in Mali. PMI supports partners to engage community and religious leaders to promote early and frequent antenatal clinic attendance and encourage IPTp. In 2011, PMI will continue to help fill gaps in SP needs and provide drinking cups and water containers for directly observed IPTp administration at health facilities. PMI will also help update supervision and training materials and assist in the rollout of new malaria in pregnancy treatment guidelines.
- 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 2011, PMI will continue to support and strengthen efforts to ensure prompt and effective case management of malaria at health facilities and at the community level. At the health facility level, PMI will concentrate on strengthening capacity in laboratory diagnostics, supply chain management and communication related to malaria case management.

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

Mali Malaria Indicators	PMI Baseline (DHS 2006)	MICS 2009	Anemia & Parasitemia Survey 2010
All-cause mortality rate in children under five	191/1,000	-	-
Proportion of households with at least one ITN	50%	77%	85%
Proportion of children under five years old who slept under an ITN the previous night	27%	-	70%
Proportion of pregnant women who slept under an ITN the previous night	29%	-	-
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	4%	-	-

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

PMI Contributions	2007	2008	2009	2010	Cumulative
IRS: Houses sprayed ¹	-	107,638	126,922	127,273	-
IRS: Residents protected ¹	-	420,580	497,122	440,815	-
ITNs procured	369,800	858,060	600,000	2,110,000	3,937,860
ITNs distributed	369,800	258,060	600,000	-	1,227,860
ACTs procured	-	-	241,720	739,200	980,920
ACTs distributed	-	-	-	241,720	-
RDTs procured	-	-	30,000	500,000	530,000
RDTs distributed	-	-	-	530,000	530,000
IPTp treatments procured	-	1,000,000	-	-	1,000,000
IPTp treatments distributed	-	-	1,000,000	-	1,000,000
Health workers trained in ACT use ²	-	101	412	1,282	-
Health workers trained in diagnostics ²	-	40	412	1,276	-

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 2007 Jump start funds	FY 2008	FY 2009	FY 2010	FY 2011
Budget (in millions)	\$4.5	\$14.8	\$15.4	\$28.0	\$26.9

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

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



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