

GUINEA



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

Country Context

Though a leading mineral exporter, Guinea has one of the poorest populations in West Africa, and it has among the lowest health and development indicators. Only half of the population has access to public healthcare services. The healthcare system is managed by the Ministry of Health and operates on three levels: central, intermediate, and peripheral.

Guinea's entire estimated population is at risk of malaria. According to the Ministry of Health, malaria is the primary cause of consultations, hospitalizations, and deaths in the general population. Among children less than five years of age, malaria accounts for 31 percent of consultations, 25 percent of hospitalizations, and 14 percent of hospital deaths in public facilities. Transmission is year-round with high transmission from July through October in most areas. The majority of infections are caused by *Plasmodium falciparum*.

Since becoming a PMI focus country, Guinea's malaria program has achieved many major milestones: the first universal coverage campaign with long-lasting insecticide-treated nets (ITNs), decreased stockouts of artemisinin-based combination therapies (ACTs), the rollout of rapid diagnostic tests (RDTs), and the first nationally representative parasitemia estimates. The national malaria strategy involves free distribution of ITNs through antenatal care and vaccination clinics as well as mass campaigns and the sale of ITNs in the commercial sector.

Although Guinea was declared Ebola-free in December 2015, cases of the Ebola virus disease were reported in March 2016. Ebola led to a drastic reduction in health facility attendance as well as a drop in the number of cases of suspected malaria treated with antimalarial drugs. The impact of Ebola on the overall health system continues to have an effect on malaria interventions, particularly in areas of the country that experience new Ebola cases.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Guinea.

Guinea Malaria Indicators	PMI Baseline (DHS 2005)	MICS 2007*	DHS 2012
All-cause under-five mortality rate	–	–	123/1,000
Proportion of households with at least one ITN	< 1%	8%	47%
Proportion of children under five years old who slept under an ITN the previous night	< 1%	5%	26%
Proportion of pregnant women who slept under an ITN the previous night	< 1%	3%	28%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in last 2 years	3%	–	22%

* MICS - Multiple Indicator Cluster Survey

AT A GLANCE

Population (2016):
12.1 million¹

Population at risk of malaria (2014): **100%²**

Malaria incidence/1,000 population at risk (2013): **403³**

Under-five mortality rate (2012):
123/1,000 live births⁴

1 U.S. Census Bureau, International Data Base 2015

2 WHO, *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Demographic and Health Survey (DHS) 2012

PMI Contributions Summary

Guinea 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. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

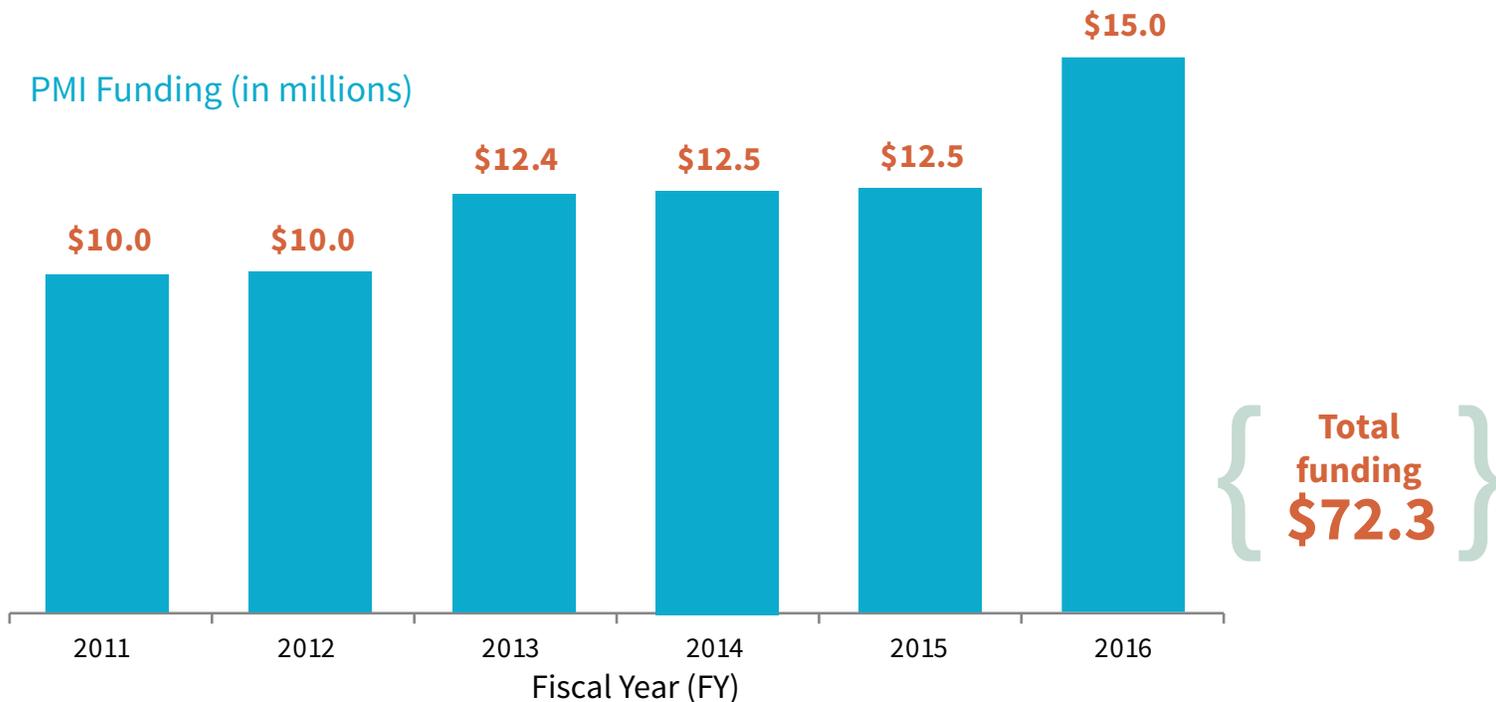
		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	235,000	1,994,900
		ITNs distributed	167,869	1,475,591
		ITNs procured by other donors and distributed with PMI support	950,409	1,902,196
Rapid Diagnostic Tests		RDTs procured	0	2,620,000
		RDTs distributed	0 ²	2,620,000
Artemisinin-based Combination Therapy		ACTs procured	2,976,375	7,784,005
		ACTs distributed	613,363	3,745,169
Sulfadoxine-pyrimethamine		SP treatments procured	621,000	1,009,333
		SP treatments distributed	199,333	566,148
Health Workers		Health workers trained in treatment with ACTs	2,064	n/a ³
		Health workers trained in malaria diagnosis	549	n/a ³
		Health workers trained in IPTp	353	n/a ³

¹ The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

² During FY 2015, 558,525 RDTs procured by Global Fund were distributed using U.S. Government funds to PMI zones in Guinea that had a need.

³ A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2016 PMI activities in Guinea, please see the [Guinea Malaria Operational Plan](#).



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