

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. According to the 2016 Human Development Index, Guinea has among the lowest health and development indicators, ranking 183rd out of 188 countries. Poverty has been steadily increasing over the past decade and, as of 2012, more than half (55 percent) of Guinea's population lives below the World Bank poverty head count ratio. 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 two universal coverage campaigns with long-lasting insecticide-treated nets (ITNs), decreased stockouts of artemisinin-based combination therapies (ACTs), the rollout of rapid diagnostic tests (RDTs), and the recent parasitemia estimates that noted a significant decrease of the prevalence of malaria in children under 5 years of age between 2012 DHS (44 percent) and 2016 MICS (15 percent).

The national malaria strategy involves free continuous distribution of ITNs through antenatal care, vaccination clinics, schools as well as mass campaigns.

Since the country was declared Ebola-free in June of 2016, Guinea continues to make positive advances towards building a strong health system, recovering from the devastating impact of the outbreak. The government continues to mobilize internal and external resources for rolling out the health system recovery plan.

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	MICS 2016
All-cause under-five mortality rate	–	–	123/1,000	88/1,000
Proportion of households with at least one ITN	< 1%	8%	47%	84%
Proportion of children under five years old who slept under an ITN the previous night	< 1%	5%	26%	68%
Proportion of pregnant women who slept under an ITN the previous night	< 1%	3%	28%	54%
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%	49%

* MICS - Multiple Indicator Cluster Survey

AT A GLANCE

Population (2017):
12.7 million¹

Population at risk of malaria (2016): **100%²**

Malaria incidence/1,000 population at risk (2015): **367.8³**

Under-five mortality rate (2016):
88/1,000 live births⁴

1 World Bank, Population Estimates & Projections 2017

2 WHO, World Malaria Report 2017

3 WHO, World Health Statistics 2017

4 Multiple Indicator Cluster Survey (MICS) 2016

PMI Contributions Summary

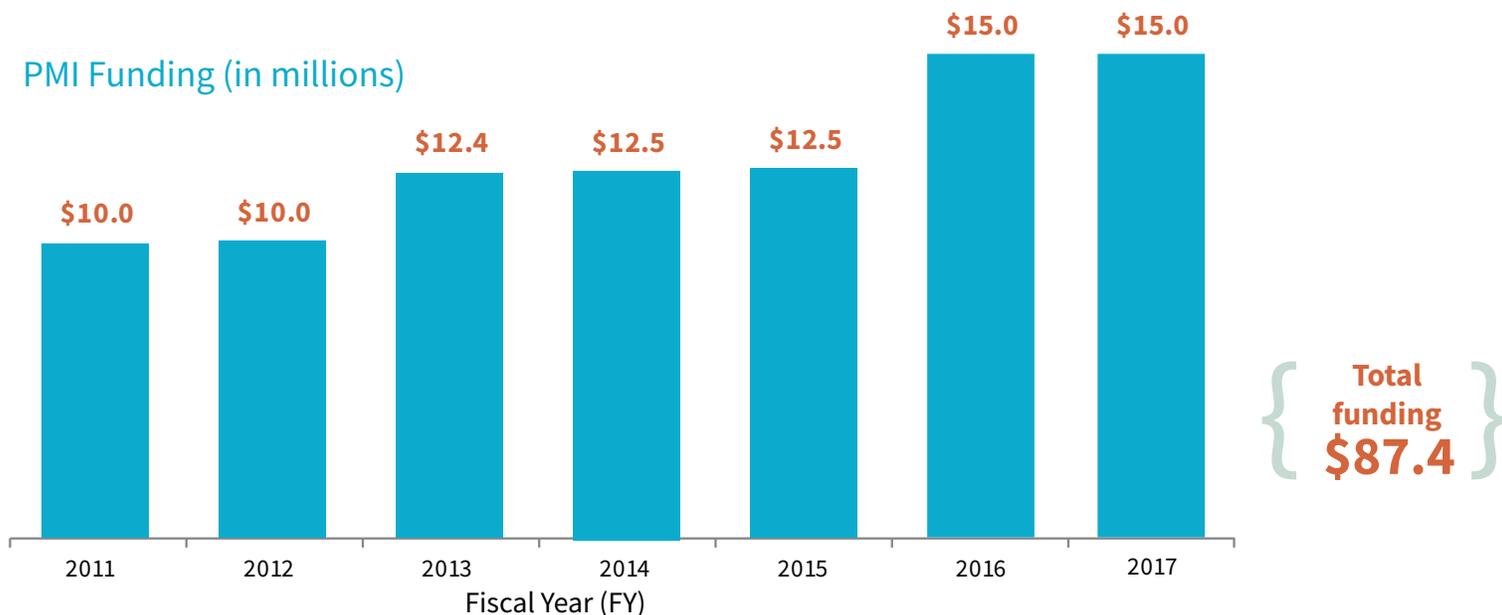
Guinea is in its eighth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	0	3,783,400
		ITNs distributed	222,387	2,882,448
		ITNs procured by other donors and distributed with PMI support	0	4,271,279
Rapid Diagnostic Tests		RDTs procured	0	5,485,000
		RDTs distributed	1,094,125	4,838,260
Artemisinin-based Combination Therapy		ACTs procured	500,040	9,583,870
		ACTs distributed	1,320,310	6,463,434
Sulfadoxine-pyrimethamine		SP treatments procured	333,350	1,963,683
		SP treatments distributed	352,725	1,394,845
Health Workers		Health workers trained in treatment with ACTs	2,077	n/a ²
		Health workers trained in malaria diagnosis	2,123	n/a ²
		Health workers trained in IPTp	726	n/a ²

¹ The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

² 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 2018 PMI activities in Guinea, please see the [Guinea Malaria Operational Plan](#).



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