

## MALAWI



### 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

With support from PMI and other partners, the Ministry of Health's National Malaria Control Program has been able to scale up the distribution of artemisinin-based combination therapies (ACTs), intermittent preventive treatment for pregnant women (IPTp) using sulfadoxine-pyrimethamine (SP), and ITNs. Progress to date is promising; between 2006 and 2015, the mortality rate for children under five years of age declined from 122 deaths per 1,000 live births to an estimated 64/1,000.

Despite this progress, however, malaria continues to be a major public health problem in Malawi. It is endemic in more than 95 percent of the country and is one of the major causes of morbidity and mortality across all age groups. Malaria is responsible for approximately 6.2 million presumed and confirmed cases reported annually from health facilities and by the community case management program, and 36 percent of all outpatient visits across all ages. Among children under five years, malaria parasite prevalence by microscopy was 33 percent nationally. Transmission is perennial in most areas and peaks during the rainy season from November to April. Higher malaria transmission occurs along Lake Malawi and the lowland areas of the lower Shire Valley. *Plasmodium falciparum* is the most common species of malaria. Resistance of anopheline vectors to insecticides has been extensively documented in Malawi, limiting the options for indoor residual spraying (IRS) and raising concern regarding the continued effectiveness of insecticide-treated nets (ITNs).

### AT A GLANCE

Population (2016):  
**18.5 million<sup>1</sup>**

Population at risk of malaria  
(2014): **100%<sup>2</sup>**

Malaria incidence/1,000  
population at risk (2013): **218<sup>3</sup>**

Under-five mortality rate (2015):  
**64/1,000 live births<sup>4</sup>**

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

2 World Health Organization (WHO), *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Demographic and Health Survey (DHS) 2015–2016

### 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 Malawi.

Malawi Malaria Indicators	PMI Baseline	MIS 2010*	MIS 2012	MICS 2013-2014	MIS 2014	DHS 2015-2016
All-cause under-five mortality rate	122/1,000 (MICS 2006*)	112/1,000 (DHS 2010)	–	85/1,000	–	64/1,000
Proportion of households with at least one ITN	38% (MICS 2006)	58%	55%	80%	70%	59%
Proportion of children under five years old who slept under an ITN the previous night	25% (MICS 2006)	55%	56%	66%	67%	45%
Proportion of pregnant women who slept under an ITN the previous night	15% (DHS 2004)	49%	51%	61%	62%	49%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	43% (DHS 2004)	60%	53%	59%	63%	63%

\* MIS Malaria Indicator Survey  
MICS Multiple Indicator Cluster Survey

## PMI Contributions Summary

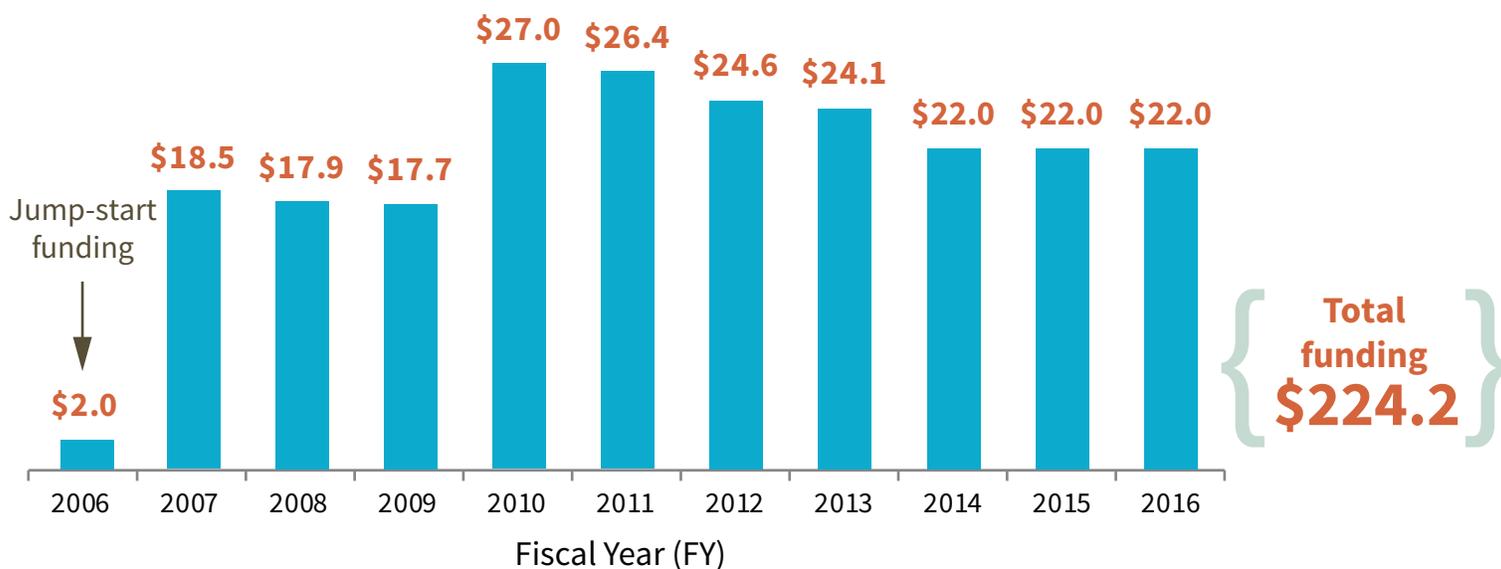
Malawi is in its tenth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS <sup>1</sup>	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	800,000	9,673,333
		ITNs distributed	527,776	7,131,402
		ITNs procured by other donors and distributed with PMI support	1,823,353	2,308,233
Rapid Diagnostic Tests		RDTs procured	11,700,000	27,893,675
		RDTs distributed	8,552,450	21,223,100
Artemisinin-based Combination Therapy		ACTs procured	6,201,000	38,740,920
		ACTs distributed	6,380,730	38,017,688
		ACTs procured by other donors and distributed with PMI support	0	6,779,580
Sulfadoxine-pyrimethamine		SP treatments procured	0	4,140,667
		SP treatments distributed	1,496,667	1,779,333
Health Workers		Health workers trained in treatment with ACTs	6,604	n/a <sup>2</sup>
		Health workers trained in malaria diagnosis	6,664	n/a <sup>2</sup>
		Health workers trained in IPT	6,604	n/a <sup>2</sup>

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 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 Malawi, please see the [Malawi Malaria Operational Plan](#).