

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 Malawian 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 insecticide-treated nets (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 deaths per 1,000 live births.

Despite this progress, 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 of age, 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. The *Plasmodium falciparum* parasite 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 and raising concern regarding the continued effectiveness of ITNs.

AT A GLANCE

Population (2017):
18.6 million¹

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

Malaria incidence/1,000 population at risk (2015):
188.8³

Under-five mortality rate (2015):
63/1,000 live births⁴

1 World Bank, Population Estimates & Projections 2017

2 World Health Organization (WHO), *World Malaria Report 2017*

3 WHO, *World Health Statistics 2017*

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	MIS KIR 2017*
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%	57%	82%
Proportion of children under five years old who slept under an ITN the previous night	25% (MICS 2006)	55%	56%	66%	67%	43%	68%
Proportion of pregnant women who slept under an ITN the previous night	15% (DHS 2004)	49%	51%	61%	62%	44%	63%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	47% (MICS 2006)	60%	53%	59%	63%	63%	77%

* MIS - Malaria Indicator Survey
MICS - Multiple Indicator Cluster Survey
MIS KIR - MIS Key Indicator Report

PMI Contributions Summary

Malawi is in its twelfth 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	802,400	11,083,233
		ITNs distributed	492,020	8,554,248
		ITNs procured by other donors and distributed with PMI support	197,680	2,505,913
Rapid Diagnostic Tests		RDTs procured	4,100,000	31,993,675
		RDTs distributed	4,099,525	28,476,775
Artemisinin-based Combination Therapy		ACTs procured	0	45,119,880
		ACTs distributed	3,872,160	44,677,588
		ACTs procured by other donors and distributed with PMI support	2,199,630	8,979,210
Sulfadoxine-pyrimethamine		SP treatments procured	2,000,000	6,140,667
		SP treatments distributed	347,074	2,417,074
Health Workers		Health workers trained in treatment with ACTs	309	n/a ²
		Health workers trained in malaria diagnosis	110	n/a ²
		Health workers trained in IPTp	0	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 Malawi, please see the [Malawi Malaria Operational Plan](#).



USAID
FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative