PMI President's Malaria Initiative
Fighting Malaria and Saving Lives

MALI

AT A GLANCE

Population (2016): **17.4 million**[1]

Population at risk of malaria (2013): **100%**[2]

Malaria incidence/1,000 population at risk (2013): **461**[3]

Under-five mortality rate (2013): **98/1,000 live births**[4]

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) 2012–2013

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

Mali is one of poorest countries in the world, with nearly 65 percent of the population living in poverty. Following a 2009 coup d'état, the U.S. Government and many other donors suspended aid to the Government of Mali. Restrictions were lifted in 2013 following the democratic election of a new president. The current health system is decentralized. It is composed of three levels and involves an integrated community case management package at the community level. All levels, however, suffer from a critical staff shortage, with a disparity in the doctor to population ratio between urban and rural areas.

Malaria is the primary cause of morbidity and mortality in Mali, particularly among children under the age of five. According to the 2015 Malaria Indicator Survey, the prevalence of malaria among children under five years of age was 36 percent based on microscopy and 32 percent based on rapid diagnostic tests (RDTs). *Plasmodium falciparum* is the main cause of infection. The entire population of Mali is at risk for malaria, although transmission varies across the country's five geo-climatic zones. The disease is endemic in the central and southern regions where more than 90 percent of the population lives and epidemic in the north. Internally displaced persons migrating from the north are especially at risk given their low immunity to infection.

Due to the diversity of malaria transmission in Mali, the malaria control strategy emphasizes specific epidemic and entomological surveillance and universal coverage of key malaria interventions as well as targeted operational research in areas with unstable malaria transmission. Mali has demonstrated significant progress in scaling up malaria prevention and control interventions, especially in vector control. Results from the DHS indicate a nearly 50 percent reduction of under-five mortality rates from 2006 to 2012.

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 Mali.

Mali Malaria Indicators	PMI Baseline (DHS 2006)	Anemia & Parasitemia Survey 2010	DHS 2012–2013	MIS 2015*
All-cause under-five mortality rate	191/1,000	–	98/1,000	–
Proportion of households with at least one ITN	50%	85%	84%	93%
Proportion of children under five years old who slept under an ITN the previous night	27%	70%	70%	71%
Proportion of pregnant women who slept under an ITN the previous night	29%	–	73%	78%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	4%	–	20%	38%

* MIS - Malaria Indicator Survey

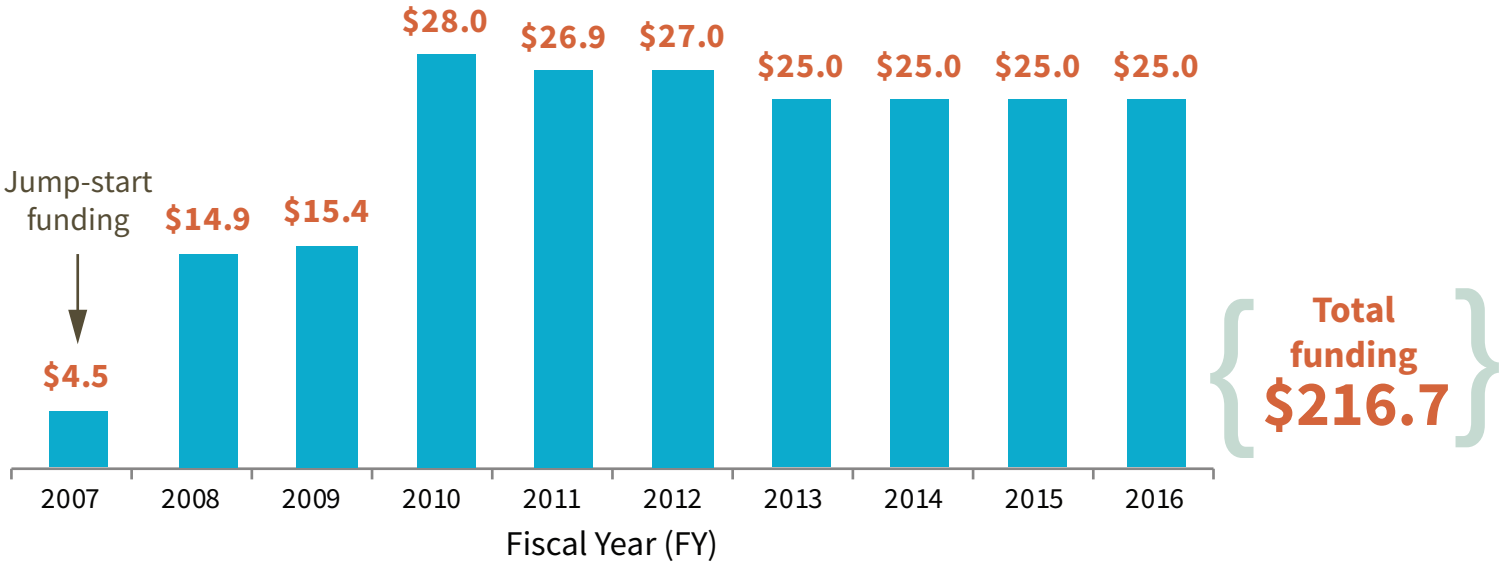
PMI Contributions Summary

Mali is currently in its ninth 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. 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	1,350,000	12,461,860
	ITNs distributed	2,584,748	10,332,576
	ITNs procured by other donors and distributed with PMI support	800,000	1,858,000
Indoor Residual Spraying	Houses sprayed	133,527	n/a[2]
	Residents protected	494,205	n/a[2]
Rapid Diagnostic Tests	RDTs procured	2,000,000	9,030,000
	RDTs distributed	1,753,840	8,470,115
Artemisinin-based Combination Therapy	ACTs procured	2,200,410	9,927,370
	ACTs distributed	1,088,157	8,716,821
Sulfadoxine-pyrimethamine	SP treatments procured	1,800,000[3]	5,764,333
	SP treatments distributed	1,579,333	3,962,100
Health Workers	Health workers trained in treatment with ACTs	138	n/a[4]
	Health workers trained in malaria diagnosis	138	n/a[4]
	Health workers trained in IPTp	142	n/a[4]

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 the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.
3 In FY 2015, in addition to these SP tablets for IPTp, 1,600,000 SP/AQ co-blisters were procured for Mali for seasonal malaria chemoprevention, protecting approximately 296,163 children.
4 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 Mali, please see the *Mali Malaria Operational Plan*.

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