

## MALI



### AT A GLANCE

Population (2017):  
**18.5 million<sup>1</sup>**

Population at risk of malaria  
(2016): **100%<sup>2</sup>**

Malaria incidence/1,000  
population at risk (2015):  
**448.6<sup>3</sup>**

Under-five mortality rate (2013):  
**98/1,000 live births<sup>4</sup>**

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) 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. 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. *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%	69%	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	10%	–	29%	38%

\* MIS - Malaria Indicator Survey

## PMI Contributions Summary

Mali is currently in its eleventh 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 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS <sup>1</sup>	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	1,250,000	15,111,860
		ITNs distributed	1,250,000	12,982,576
		ITNs procured by other donors and distributed with PMI support	0	1,858,000
Indoor Residual Spraying		Houses sprayed	227,646	n/a <sup>2</sup>
		Residents protected	823,201	n/a <sup>2</sup>
Rapid Diagnostic Tests		RDTs procured	3,000,000	15,030,000
		RDTs distributed	3,000,000	15,030,000
Artemisinin-based Combination Therapy		ACTs procured	0	13,727,440
		ACTs distributed	1,200,000	13,716,891
Sulfadoxine-pyrimethamine		SP treatments procured	0	7,764,333
		SP treatments distributed	666,667	6,286,733
Seasonal Malaria Chemoprevention		SMC treatments procured	2,000,000	11,597,850
		SMC treatments distributed	2,000,000	11,597,850
Health Workers		Health workers trained in treatment with ACTs	586	n/a <sup>3</sup>
		Health workers trained in malaria diagnosis	586	n/a <sup>3</sup>
		Health workers trained in IPTp	532	n/a <sup>3</sup>
		Health workers trained in SMC	4,056	n/a <sup>3</sup>

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 the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

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



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