

MOZAMBIQUE



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

Malaria is endemic throughout Mozambique, and its entire population is at risk. It accounts for 29 percent of all deaths and 42 percent of deaths in children less than five years old. *Plasmodium falciparum* is the predominant malaria species. Most of the country has year-round malaria transmission with a seasonal peak during the rainy season from December to April. In addition, Mozambique is prone to natural disasters such as drought, cyclones, and floods, which have likely contributed to increases in malaria transmission in recent years, particularly in low-lying coastal areas and along major rivers.

The 2015 combined Immunization, Malaria, and HIV and AIDS Indicator Survey (IMASIDA) demonstrated that malaria prevalence in rural areas is more than twice as high as the prevalence in urban areas. While malaria cases reported through routine health information systems increased from 2013 through 2016, part of this increase may be attributed to an increase in the number of cases identified by community health workers during this same period. Despite the increase in total cases, the reported number of severe malaria cases decreased by 6 percent and the number of deaths due to malaria decreased by 32 percent between 2015 and 2016.

The national public health service consists of four levels and reaches an estimated 60 percent of the population. Recognizing the need to expand access to preventative and basic curative services, including malaria diagnosis and treatment, Mozambique, with U.S. Government support, is working to revitalize the nation's community health worker program. These community health workers provide preventive and basic curative services, including malaria diagnosis using rapid diagnostic tests (RDTs) and treatment with artemisinin-based combination therapy (ACTs). Other PMI-supported activities include: support of the national indoor residual spraying program; free routine insecticide-treated mosquito net distribution to pregnant women through antenatal care clinics and to children through a school-based distribution pilot; procurement of RDTs and ACTs and their distribution to all levels of the health system; provision of intermittent preventive treatment of pregnant women, and; support for behavior change communication and surveillance activities.

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 Mozambique.

Mozambique Malaria Indicators	PMI Baseline	DHS 2011	MIS 2015*
All-cause under-five mortality rate	153/1,000 (DHS 2003)	97/1,000	-
Proportion of households with at least one ITN	16% (MIS 2007*)	51%	66%
Proportion of children under five years old who slept under an ITN the previous night	7% (MIS 2007)	36%	48%
Proportion of pregnant women who slept under an ITN the previous night	7% (MIS 2007)	34%	52%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	16% (MIS 2007)	19%	34%

* MIS - Malaria Indicator Survey

AT A GLANCE

Population (2017):
29.7 million¹

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

Malaria incidence/1,000 population at risk (2015):
297.7³

Under-five mortality rate (2011):
97/1,000 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) 2011

PMI Contributions Summary

Mozambique is in its twelfth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up nationwide, 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	1,548,550	13,474,250
		ITNs distributed	1,564,950	12,357,620
		ITNs procured by other donors and distributed with PMI support	0	257,730
Indoor Residual Spraying		Houses sprayed	405,597	n/a ²
		Residents protected	1,929,654	n/a ²
Rapid Diagnostic Tests		RDTs procured	8,000,000	52,406,375
		RDTs distributed	7,047,741	50,028,062
Artemisinin-based Combination Therapy		ACTs procured	5,174,010	51,130,260
		ACTs distributed	5,015,515	48,445,899
		ACTs procured by other donors and distributed with PMI support	1,752,735	7,634,849
Sulfadoxine-primethamine		SP treatments procured	1,433,333	11,513,335
		SP treatments distributed	0	10,080,002
Health Workers		Health workers trained in treatment with ACTs	1,472	n/a ³
		Health workers trained in malaria diagnosis	684	n/a ³
		Health workers trained in IPTp	430	n/a ³

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.



For details on FY 2018 PMI activities in Mozambique, please see the [Mozambique Malaria Operational Plan](#).



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