

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 2015, 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 9 percent and the number of deaths due to malaria decreased by 24 percent between 2014 and 2015.

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 (IRS) program; free routine insecticide-treated mosquito net (ITN) distribution to pregnant women through antenatal care clinics and to children through the Expanded Program on Immunization; procurement of rapid diagnostic tests and their distribution to all levels of the health system; and provision of intermittent preventive treatment of pregnant women (IPTp), including training of the antenatal care health workforce.

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	2015 IMASIDA
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 (2016):
25.9 million¹

Population at risk of malaria (2014): **100%²**

Malaria incidence/1,000 population at risk (2013): **352³**

Under-five mortality rate (2011):
97/1,000 live births⁴

- 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) 2011

PMI Contributions Summary

Mozambique is in its tenth 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 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	1,565,000	9,771,000
		ITNs distributed	1,570,875	9,524,170
		ITNs procured by other donors and distributed with PMI support	0	257,730
Indoor Residual Spraying		Houses sprayed	445,118	n/a ²
		Residents protected	2,327,815	n/a ²
Rapid Diagnostic Tests		RDTs procured	6,000,000	36,406,375
		RDTs distributed	11,449,405	34,558,330
Artemisinin-based Combination Therapy		ACTs procured	2,343,150	42,481,170
		ACTs distributed	7,893,410	39,788,340
		ACTs procured by other donors and distributed with PMI support	0	4,951,070
Sulfadoxine-primethamine		SP treatments procured	2,732,950	10,080,002
		SP treatments distributed	1,366,667	8,713,719
Health Workers		Health workers trained in treatment with ACTs	32	n/a ³
		Health workers trained in malaria diagnosis	44	n/a ³
		Health workers trained in IPTp	0	n/a ³

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 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 2016 PMI activities in Mozambique, please see the [Mozambique Malaria Operational Plan](#).



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