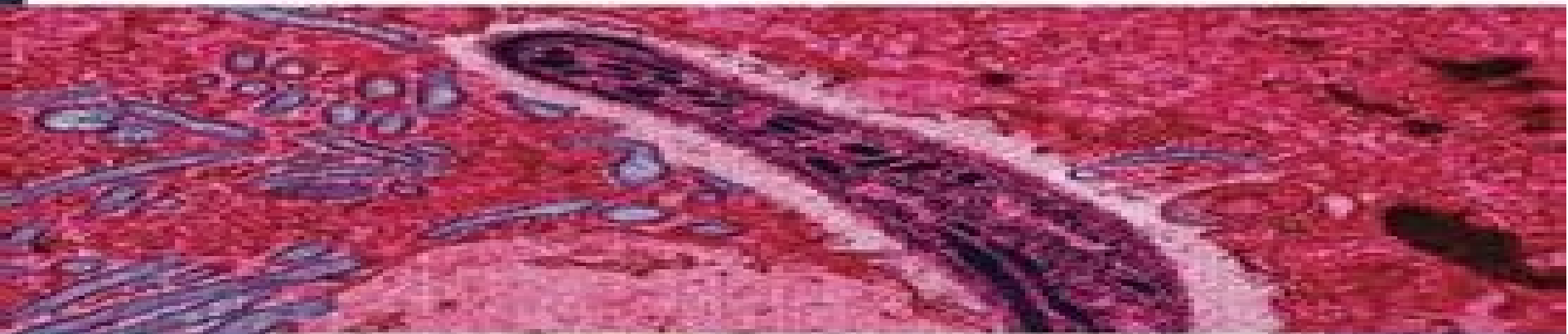


# **Mozambique: Malaria Operational Plan FY 2014**



# Mozambique Malaria Operational Plan Fy 2014

**United States United States Agency of  
International Development**



## **Mozambique Malaria Operational Plan Fy 2014:**

*Mozambique* United States United States Agency of International Development, 2014-11-01 Malaria prevention and control are major foreign assistance objectives of the U S Government In May 2009 President Barack Obama announced the Global Health Initiative GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President s Malaria Initiative PMI is a core component of the GHI along with HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1 2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Programming of PMI activities follows the core principles of GHI Mozambique was selected as a PMI country in fiscal year FY 2007 PMI s primary goal in Mozambique is to assist the Government of Mozambique GoM in collaboration with other partners to reduce malaria mortality by 50% by rapidly scaling up coverage of vulnerable groups with four highly effective interventions artemisinin based combination therapy ACT intermittent preventive treatment of pregnant women IPTp insecticide treated bed nets ITNs and indoor residual spraying IRS Mozambique carried out a Demographic and Health Survey DHS in 2011 While the data from this survey did show a reduction in all cause under five mortality from 138 1000 in the 2008 Multiple Indicator Cluster Survey to 97 1000 in the 2011 DHS there were only minimal improvements in major malaria indicators compared to the 2007 Malaria Indicator Survey MIS highlighting the multitude of challenges the country still faces in reducing the burden of malaria The most significant improvement from the 2007 MIS to the 2011 DHS was the increase in net coverage the proportion of households with at least one ITN increased from 15 8% in 2007 to 51 4% in 2011 A joint Malaria Indicator Survey and National HIV AIDS Indicator Survey is planned for 2014

**Rwanda** United States United States Agency of International Development, 2014-11-04 Malaria prevention and control is a major foreign assistance objective of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a multi year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children Rwanda has been selected as a GHI Plus country The President s Malaria Initiative PMI is a core component of the GHI PMI was launched in June 2005 as a 5 year 1 2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended through FY 2014 Programming of PMI activities follow the core principles of GHI encouraging country ownership and

investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation Rwanda officially became a PMI country in FY 2007 although the USG had been supporting malaria control activities for several years before that Rwanda has scaled up malaria control interventions successfully and has set the ambitious goal of achieving pre elimination status by 2017 In early 2011 Rwanda was one of the first countries in sub Saharan Africa to achieve universal long lasting insecticidal net LLIN coverage with the distribution of over 6.1 million LLINs Rwanda is implementing a universal coverage campaign in 2013 with another national distribution of approximately 6 million LLINs Rwanda's indoor residual spraying IRS has targeted high burden districts and sectors based on available evidence Rwanda has conducted nine IRS rounds to date and has withdrawn IRS operations in certain districts due to reduction in malaria incidence transmission and funding Rwanda currently sprays two rounds annually in three high malaria burden districts that border malaria endemic neighbors In 2013 Rwanda developed and is implementing an insecticide resistance management IRM plan that builds upon their Integrated Vector Management IVM strategy Rwanda will change the insecticide class it uses in IRS in a phased transition and continue to switch classes every two years based on evidence of insecticide resistance and World Health Organization WHO guidance Progress in case management is equally impressive with great strides in diagnosis and treatment at all levels of the health care system and nationwide integrated community case management In late 2009 the MOH through its Malaria and Other Parasitic Diseases Division termed in this MOP the National Malaria Control Program or NMCP directed that all presumed malaria cases be laboratory confirmed In 2012 HMIS reports indicate that 99% of all patient diagnosed malaria cases are confirmed by microscopy or rapid diagnostic tests before receiving ACTs Community health workers CHWs continue to play a pivotal role in malaria case management and 30,000 of Rwanda's extensive network of 60,000 CHWs are mobilized to implement integrated community case management iCCM diagnosing and treating malaria diarrhea and pneumonia

**Zimbabwe** United States United States Agency of International Development, 2014-11-04 Malaria prevention and control are major foreign assistance objectives of the U.S. Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President's Malaria Initiative PMI is a core component of the GHI along with HIV/AIDS and tuberculosis programs PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa by 2010 With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of the GHI the goal of PMI was

adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 In mid 2011 Zimbabwe s selection as a PMI country was announced Malaria is a major health problem in Zimbabwe with 50% of the population at risk although its epidemiology varies in the different regions of the country ranging from year round transmission in the lowland areas to epidemic prone areas in the highlands Zimbabwe s National Strategic Plan does not call for the implementation of all interventions in all malarious districts hence the targeted number of districts varies by intervention as detailed below Zimbabwe s malaria program receives support from two major donors the Global Fund and PMI United States Agency for International Development USAID provided targeted support to Zimbabwe s National Malaria Control Program NMCP through an emergency round of indoor residual spraying IRS in 2009 and in 2011 with a procurement of malaria commodities Other malaria donors included UNICEF the United Kingdom Department for International Development DfID and the European Commission However many European donors have shifted their funds to a new multi donor fund designed to strengthen health systems in Zimbabwe the Health Transition Fund The Health Transition Fund is operating from 2011 2015 and aims to improve access to all types of quality health care for Zimbabweans and to harmonize donor support practices and requirements The FY 2014 Malaria Operational Plan was developed in collaboration with the NMCP and aligns well with the National Malaria Control Strategy Planning for FY 2014 was carried out in Zimbabwe in April May 2013 and included representatives from USAID and Centers for Disease Control and Prevention staff based in Washington Atlanta and Zimbabwe The FY 2014 PMI proposed budget for Zimbabwe is 14 million The following major activities will be supported with FY 2014 funding

- Technical consultation to assess evidence on community-based delivery of intermittent preventive treatment in pregnancy for malaria* World Health Organization,2023-02-28 This technical consultation held virtually from 21 23 June 2022 was organized to assess evidence on community based delivery of IPTp c IPTp and discuss with partners involved in research and implementation of community based intermittent preventive treatment in pregnancy The meeting report summarizes the discussions and outcome of the consultation as these will subsequently serve as the basis for the development of new implementation guidance on the topic

**Challenges For Diagnosis, Treatment And Elimination Of Malaria** Gisely Melo,Tais Nobrega De Sousa,Manuela Berto Pucca,Giselle Maria Rachid Viana,2024-04-26 Malaria is a major cause of death in tropical and sub tropical countries presenting about 627 000 deaths and 241 million cases in the world Malaria is still an important public health problem that needs to be more effectively controlled Delays in diagnosis and treatment are responsible for the most deaths in many countries Moreover in most of malaria endemic countries the lack of resources is a huge barrier to reliable and timely diagnosis

**Liberia** United States United States Agency of International Development,2014-10-31 Malaria prevention and control is a major foreign assistance objective of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world The President e tm s Malaria Initiative

PMI is a core component of the GHI along with HIV AIDS tuberculosis maternal and child health family planning and reproductive health nutrition and neglected tropical diseases PMI was launched in June 2005 as a 5 year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and the PMI strategy was revised to achieve Africa wide impact by halving the burden of malaria in 70 percent of at risk populations in sub Saharan Africa Programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation M and promoting research and innovation Liberia began PMI supported activities in FY 2008 Liberia's health infrastructure was severely damaged during the long civil war which ended in 2003 leaving only about 45% of the population with access to essential health services The entire population of approximately 3.8 million is at risk for malaria<sup>1</sup> The 2011 Malaria Indicator Survey MIS showed malaria prevalence by microscopy at 28% The National Malaria Control Program NMCP has produced a National Malaria Control Strategy for the years 2010-2015 Liberia has received malaria funding from the Global Fund to Fight Aids Tuberculosis and Malaria Global Fund since 2004 Currently Liberia receives Global Fund support through a consolidated grant made up of Phase 2 of a Round 7 37 million grant and Phase 1 of a Round 10 60 million grant With Phase 1 of the consolidated grant ending in 2013 Liberia is in the process of completing an assessment of Phase 1 and an application for Phase 2 renewal

**Kenya** United States Agency of International Development, 2014-10-31 Malaria prevention and control is a major foreign assistance objective of the U.S. Government In May 2009 President Barack Obama announced the Global Health Initiative GHI a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the US Government will improve health outcomes building upon and expanding successes in addressing specific diseases and issues The President's Malaria Initiative PMI is a core component of the GHI along with HIV AIDS maternal and child health and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI has now been extended through FY 2014 A decline in the burden of malaria in Kenya has been observed in recent years due to aggressive efforts to scale up malaria control measures This has reduced malaria transmission intensity in most parts of the country In spite of this moderate to high levels of transmission persist in certain endemic zones and the 2010 Kenya Malaria Indicator Survey MIS confirmed that malaria prevalence remains more than twice as high in rural areas 12% than in urban areas 5% Malaria prevalence around Lake Victoria is particularly high at 38% while prevalence in other epidemiological zones has dropped to

less than 5% Consequently as part of Kenya's National Malaria Strategy 2009-2017 NMS prevention and control interventions are tailored to the current epidemiology of malaria with efforts concentrated in the lake endemic zone Kenya has a Round 10 Malaria grant from the Global Fund to Fight AIDS Tuberculosis and Malaria Global Fund which was signed in early 2012 and has a Phase 1 September 2011 to December 2013 value of over 38 million Phase 2 is currently being negotiated The grant provides critical support for maintaining universal coverage of insecticide treated nets ITNs ensuring a nationwide supply of artemisinin based combination therapies ACTs and implementing the national diagnostic policy to provide malaria rapid diagnostic tests RDTs to all health facilities The funding does not fully cover commodity and programmatic needs and Kenya relies on external partners to help ensure effective implementation of malaria prevention and control activities The activities that PMI is proposing for FY 2014 are matched with identified needs and priorities described in the NMS and build on investments designed to improve and expand malaria related services during the first five years of PMI funding The proposed FY 2014 PMI budget for Kenya is 32.4 million

**Mali** United States United States Agency of International Development, 2014-11-01 Malaria prevention and control is a major foreign assistance objective of the U.S. Government In May 2009 President Barack Obama announced the Global Health Initiative a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the Global Health Initiative the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President's Malaria Initiative PMI is a core component of the Global Health Initiative along with family planning maternal and child health nutrition HIV/AIDS and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub-Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of the GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation PMI began supporting activities in Mali in 2007 in close collaboration with the National Malaria Control Program NMCP as well as international and national partners With the coup d'état of March 22, 2012 in which the democratically elected president was overthrown by the military the U.S. Government and many other donors suspended foreign aid to the Government of Mali until a democratic solution to the political crisis could be achieved For PMI this meant suspending all assistance and funding to the NMCP and other Ministry of Health MOH entities The U.S. Department of State authorized some PMI activities on humanitarian grounds such as procurement and distribution of essential malaria

commodities however the bulk of PMI projects were temporarily suspended Following intervention by the Economic Community of West African States and the international community Malians agreed on a consensual transitional government currently in place In late July early August 2013 the people of Mali democratically elected a new president who was sworn in on September 4th 2013 As a result the U S Government lifted all restrictions on U S foreign assistance to Mali and authorized immediate return to normal bilateral relations with the Government of Mali including direct support to the MOH

Ethiopia United States United States Agency of International Development,2014-10-31 Malaria prevention and control are major foreign assistance objectives of the U S Government USG The purpose of this Malaria Operational Plan MOP is to provide a framework and a rationale for nominating and supporting malaria prevention and control projects in Ethiopia with FY 2014 funding to accomplish the USG s foreign assistance objectives through the President s Malaria Initiative PMI in the context of the Global Health Initiative GHI Through the GHI the USG will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The MOP process for PMI Year 7 FY 2014 considers information from the Ethiopian Federal Ministry of Health FMOH Regional Health Bureaus including the Oromia Regional Health Bureau ORHB international malaria program donors including the Global Fund to Fight AIDS Tuberculosis and Malaria Global Fund malaria subject matter experts and other malaria program stakeholders about the malaria situation and the malaria control program capacities and gaps in Ethiopia The President s Malaria Initiative is a core component of the GHI along with health programs for HIV AIDS and Tuberculosis PMI was launched in June 2005 to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in selected high burden countries in sub Saharan Africa Other PMI goals include removing malaria as a major public health problem promoting development in the Africa region strengthening malaria control activities and containing the spread of antimalarial drug resistance The programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation Malaria is ranked as the leading communicable disease in Ethiopia accounting for about 30% of the overall Disability Adjusted Life Years lost Approximately 68% of the total population of 84.3 million lives in areas at significant risk of malaria According to the FMOH in 2010 2011 malaria was the leading cause of outpatient visits accounting for 15% of all visits and health facility admissions with 15% of all admissions Malaria is one of the top ten causes of in patient deaths among children less than five years of age and adults President e tm s Malaria Initiative support to malaria prevention and control in Ethiopia began in FY 2008 with an initial focus on Oromia Regional State the largest of Ethiopia e tm s nine regional states covering a third of the country Ethiopia has received four malaria grants from the Global Fund in recent years PMI has contributed between 20 and 43



million annually to malaria control efforts in Ethiopia during the last five years      Mozambique - Malaria Operational Plan  
Fy 2015 United States Agency of International Development,2015-01-31 Malaria prevention and control are major foreign assistance objectives of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families throughout the world Through GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President s Malaria Initiative PMI is a core component of the GHI along with HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1 2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Programming of PMI activities follows the core principles of GHI Mozambique was selected as a PMI country in fiscal year FY 2007 PMI s primary goal in Mozambique is to assist the Government of the Republic of Mozambique GRM in collaboration with other partners to reduce malaria mortality by 50% by rapidly scaling up coverage of vulnerable groups with four highly effective interventions artemisinin based combination therapy ACT intermittent preventive treatment of pregnant women IPTp insecticide treated bed nets ITNs and indoor residual spraying IRS Mozambique carried out a Demographic and Health Survey DHS in calendar year 2011 While the data from this survey did show a reduction in all cause under five mortality from 138 1000 in the 2008 Multiple Indicator Cluster Survey MICS to 97 1000 in the 2011 DHS there were only minimal improvements in major malaria indicators compared to the 2007 Malaria Indicator Survey MIS highlighting the multitude of challenges the country still faces in reducing the burden of malaria The most significant improvement from the 2007 MIS to the 2011 DHS was the increase in net coverage the proportion of households with at least one ITN increased from 15 8% in 2007 to 51 4% in 2011 A joint MIS and National HIV AIDS Indicator Survey INSIDA will take place in September 2014 and the next DHS is planned for calendar year 2016      *Mozambique* United States United States Agency for International Development,2016-05-06 This FY 2016 Malaria Operational Plan presents a detailed implementation plan for Mozambique based on the strategies of PMI and the National Malaria Control Program NMCP It was developed in consultation with the NMCP and with the participation of national and international partners involved in malaria prevention and control in the country The activities that PMI is proposing to support fit in well with the National Malaria Prevention and Control Strategic Plan and build on investments made by PMI and other partners to improve and expand malaria related services including the Global Fund to Fight AIDS Tuberculosis and Malaria Global Fund This document briefly reviews the current status of malaria control policies and interventions in Mozambique describes progress to date identifies challenges and unmet needs to achieving the targets of the NMCP and PMI and provides a description of activities that are planned with FY 2016 funding

**Senegal** United States United States Agency of International Development,2014-11-01 Malaria prevention and control is a major foreign assistance objective of the United States Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States will partner with countries to improve health outcomes with a particular focus on improving the health of women newborns and children The President s Malaria Initiative PMI is a core component of the GHI along with human immunodeficiency virus acquired immunodeficiency syndrome HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI has been extended through fiscal year FY 2014 and as part of the GHI the goal of PMI has been adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Senegal was selected as a PMI country in 2006 Large scale implementation of malaria control activities began in FY 2007 and progressed rapidly with significant progress demonstrated to date This FY 2014 Malaria Operational Plan for Senegal was developed in close consultation with the National Malaria Control Program NMCP and with the participation of all national and international partners involved with malaria prevention and control in the country The activities that PMI is proposing to support with FY 2014 funding fit well with the 2011-2015 National Malaria Control Strategic Plan and build on investments made by PMI and other partners to improve and expand malaria related interventions over the last five years This FY 2014 MOP is designed to support the objective set by the Government of Senegal and stakeholders to engage in the malaria pre elimination phase as data have demonstrated significantly reduced prevalence in many parts of the country In line with GHI principles PMI has reinforced its efforts to build capacity and integrate across programs The proposed FY 2014 PMI budget for Senegal is 21.6 million of which 43% will be managed directly by local entities institutions Senegal has a population estimated at 13.2 million in 2014 with approximately 2.2 million children less than five years of age and 528,000 pregnant women Malaria is still a major cause of morbidity and mortality and a high priority for the government even though the number of reported cases of malaria has dropped significantly since 2007-2008 While the decline in the first year can be partially ascribed to a change in the malaria case definition that now requires parasitological confirmation of all cases the proportion of all outpatient visits due to confirmed malaria continued to fall from 6% in 2008 to 3% in 2009 From July 2010 to March 2013 routine morbidity and mortality data were not available due to a health worker data retention strike Now that the strike has ended the Ministry of Health MOH is working to catch up with routine data collection for the missing years

*Angola: Malaria Operational Plan FY 2014* United States United States Agency of International Development,2014-10-31 Malaria prevention and control are major foreign assistance objectives of the U S Government In May 2009 President Barack Obama announced the Global Health Initiative

GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President s Malaria Initiative PMI is a core component of the GHI along with HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation Angola was selected as one of the first three countries in PMI in June 2005 Given the almost three decade long civil war which ended in 2002 implementation of large scale malaria control activities in Angola has faced serious challenges The country s health infrastructure was severely damaged during the war and it is estimated that only about 40% of the population has access to government health facilities Significant progress has been made in malaria control with the decrease in malaria parasitemia falling from 21.1% in the 2006-7 Malaria Indicator Survey MIS to 13.5% in the 2011 MIS a reduction of almost 40% However malaria continues to be a major health problem accounting for an estimated 35% of the overall mortality in children under five years of age 25% of maternal mortality and 60% of hospital admissions for children under five years of age Malaria transmission is highest in northern Angola while the southern provinces have highly seasonal malaria In February 2009 Angola signed a five year 78 million Round 7 malaria grant from the Global Fund to Fight AIDS Tuberculosis and Malaria Global Fund Angola was also successful in a Global Fund Round 10 grant for malaria for 111 million The grants were consolidated and after some delays were signed on June 15 2012 The United Nations Children s Fund and the World Health Organization have been major partners of the National Malaria Control Program NMCP in scaling up interventions An effective partnership with ExxonMobil has resulted in donations of 4.5 million to the United States Agency for International Development USAID over the last seven years to further PMI and Government of the Republic of Angola s GRA efforts in the fight against malaria

**Tanzania** United States United States Agency of International Development, 2014-11-01 Malaria prevention and control are major foreign assistance objectives of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President s Malaria

Initiative PMI is a core component of the GHI along with HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of the GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation In June 2005 the United States Government USG selected the United Republic of Tanzania including the Mainland and Zanzibar as one of the first of three countries to be included in PMI Malaria is a major public health problem in Tanzania Although dramatic progress in malaria control has been made in recent years with the scale up of malaria prevention and treatment interventions nearly all 42 million residents on the Mainland and all 1.3 million persons in Zanzibar are still at risk of infection The most recent national level data for malaria interventions in Tanzania comes from the 2011-12 Tanzania HIV AIDS Malaria Indicator Survey THMIS and shows further impressive improvements in nearly all malaria indicators when compared with 2005 and 2008-09 figures Ninety one percent of Mainland households owned at least one insecticide treated mosquito net ITN with 72% of children under five and 75% of pregnant women sleeping under an ITN This compares with just 63% ownership and 64% and 57% usage in the 2008-09 DHS In Zanzibar ITN ownership and usage fell somewhat when compared with the 2008-08 DHS 74% of households now own at least one ITN and estimates of use among children under five and pregnant women are 51% and 36% respectively Malaria prevalence in Zanzibar remained extremely low at less than 1% in the 2011-12 THMIS

Madagascar United States United States Agency of International Development, 2014-10-31 Malaria prevention and control are major foreign assistance objectives of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President e t m s Malaria Initiative PMI is a core component of GHI along with HIV AIDS and tuberculosis programs PMI was launched in June 2005 as a 5 year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa by 2010 With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of the GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health

systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation Madagascar was in the third wave of eight new PMI countries in 2008 which brought the total to 15 focus countries Full implementation began in Madagascar with FY 2008 funding Malaria is a major health problem in Madagascar although its epidemiology varies considerably in different regions of the country On the East Coast transmission is stable and perennial while the West Coast has a long rainy transmission season and a brief dry season Almost one third of the Central Highlands is above 1 500 meters elevation where malaria transmission rarely occurs In the rest of the Central Highlands however transmission is seasonal and moderately unstable with occasional epidemics The semi desert South has highly seasonal and unstable transmission and is also vulnerable to epidemics In the most recent large scale epidemic in the Central Highlands in the late 1980s an estimated 30 000 people died

**Mozambique** United States Agency for International Development,2016-12-04 This FY 2017 Malaria Operational Plan presents a detailed implementation plan for Mozambique based on the strategies of PMI and the National Malaria Control Program NMCP It was developed in consultation with the NMCP and with the participation of national and international partners involved in malaria prevention and control in the country The activities that PMI is proposing to support fit in well with the National Malaria Control strategy and plan and build on investments made by PMI and other partners to improve and expand malaria related services including the Global Fund to Fight AIDS Tuberculosis and Malaria Global Fund malaria grants This document briefly reviews the current status of malaria control policies and interventions in Mozambique describes progress to date identifies challenges and unmet needs to achieving the targets of the NMCP and PMI and provides a description of activities that are planned with FY 2017 funding

*Historical Perspectives on the State of Health and Health Systems in Africa, Volume II* Mario J. Azevedo,2017-01-24 This book focuses on Africa s challenges achievements and failures over the past several centuries using an interdisciplinary approach that combines theory and fact and evidence based practices and interventions in public health and argues that most of the health problems in Africa are not a result of scarce or lack of resources but of the misconceived and misplaced priorities that have left the continent behind every other on the globe in terms of health education and equitable distribution of opportunities and access to quality health as agreed by the United Nations member states at Alma Ata in 1978

**Guinea** United States Agency for International Development,2014-10-31 Malaria prevention and control are major foreign assistance objectives of the U S Government In May 2009 President Barack Obama announced the Global Health Initiative GHI to reduce the burden of disease and promote healthy communities and families around the world The President e t m s Malaria Initiative PMI is a core component of the GHI along with Human immunodeficiency virus acquired immunodeficiency syndrome tuberculosis maternal and child health family planning and reproductive health nutrition and neglected tropical diseases PMI was

launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa. With the passage of the 2008 Lantos Hyde Act funding was extended and as part of the GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015. Programming of PMI activities follows the core principles of GHI: encouraging country ownership and investing in country led plans and health systems; increasing impact and efficiency through strategic coordination and programmatic integration; strengthening and leveraging key partnerships; multilateral organizations and private contributions; implementing a woman and girl centered approach; improving monitoring and evaluation; and promoting research and innovation. In June 2011 Guinea was selected to receive funding during the sixth year of PMI. Guinea has year round malaria transmission with high transmission from July through October in most areas. Malaria is considered the number one public health problem in the country. National statistics in Guinea show that among children less than five years of age malaria accounts for 31% of consultations, 25% of hospitalizations and 14% of hospital deaths in public facilities. A Demographic and Health Survey (DHS) was carried out in mid 2012 and the results provide concrete baseline information for key malaria indicators. The DHS reported a wide range of malaria prevalence across Guinea's regions ranging from 66% in Faranah to 3% in Conakry but with a relatively high prevalence of 44% as the national average. Survey estimates show that approximately 47% of households own at least one insecticide treated net (ITN) and 26% and 28% of children under five and pregnant women respectively slept under an ITN the night before the survey. Roughly 18% of women surveyed had received at least two doses of intermittent preventive treatment during their last pregnancy and less than 1% of children under five with fever in the two weeks preceding the survey received artemisinin based combination therapy (ACT) on the same or next day of fever development.

Ghana United States Agency of International Development, 2014-10-31. Malaria prevention and control is a major foreign assistance objective of the U.S. Government. In May 2009 President Barack Obama announced the Global Health Initiative (GHI), a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world. Through the GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women, newborns and children. The President's Malaria Initiative (PMI) is a core component of the GHI. PMI was launched in June 2005 as a 5 year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa. With the passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of the GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015. This will be achieved by continuing to scale up coverage of the most vulnerable groups: children under five years of age and pregnant women with proven preventive and therapeutic interventions including artemisinin based combination therapies (ACTs), insecticide treated nets (ITNs), intermittent preventive treatment of pregnant

women IPTp and indoor residual spraying IRS Ghana became a PMI country in December 2007 Other donor partners include the Global Fund to fight AIDS Tuberculosis and Malaria Global Fund which has provided an estimated 145 million towards malaria control since 2003 and the Department for International Development DfID whose 5 year 16 million begins in 2013 Malaria is endemic and perennial in all parts of the country with seasonal variations that are more pronounced in the north Ghana's entire population of 24.2 million 2010 Census is at risk of malaria infection but children under five years of age and pregnant women are at higher risk of severe illness due to lowered immunity Transmission is markedly less intense in large urban centers as compared to rural areas The PMI Ghana FY 2014 Malaria Operational Plan MOP was developed in collaboration with the Government of Ghana GOG National Malaria Control Program NMCP and other development partners analyzed malaria control data and trends and reviewed lessons learned over four years of PMI implementation The 2011 Multiple Indicator Cluster Survey MICS provided data on point prevalence of parasitemia as well as information on trends in malaria control interventions The FY 2014 planned budget is 27 million

**Malawi** United States United States Agency of International Development, 2014-10-31 Malaria prevention and control are major foreign assistance objectives of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world with a focus on women and girls The President's Malaria Initiative PMI is a core component of the GHI along with HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI has now been extended and as part of the GHI the goal of PMI has been adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 This will be achieved by continuing to scale up coverage of the most vulnerable groups children under five years of age and pregnant women with proven preventive and therapeutic interventions including artemisinin based combination therapies ACTs insecticide treated nets ITNs intermittent preventive treatment of pregnant women IPTp and indoor residual spraying IRS

Malawi became a PMI focus country in 2006 It was one of eight countries selected in FY 2011 as a GHI Plus country and receives additional technical and management assistance to rapidly implement GHI's approach The Ministry of Health's MoH National Malaria Control Program NMCP with support from PMI and other partners has been able to scale up the distribution of ACTs IPTp using sulfadoxine pyrimethamine SP and insecticide treated nets ITN despite a weak health infrastructure The 2012 Malaria Indicator Survey MIS found that 54% of pregnant women reported taking two or more doses of SP for IPTp which is higher than in many African countries Additionally household ITN ownership has increased from 38% in 2006 Multiple Indicator Cluster Survey MICS to 55% in 2012 Similarly children under five and pregnant women who reported sleeping under an ITN the night prior increased from 25% and 8% in 2006 respectively to 56% and 51% in 2012 The

2010 and 2012 MIS also documented a reduction in parasitemia among children under five from 43% to 28% however little or no improvement was noted for most of the other key indicators of progress ITN ownership ITN use and antimalarial treatment and IPTp uptake decreased from 60% in 2010 to 54% in 2012 As the 2012 MIS was completed prior to the 2012 ITN mass distribution campaign 2012 MIS indicators for ITN ownership and use do not reflect the outcome of this campaign



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