

## MALI



### The President's Malaria Initiative (PMI)

PMI strives to reduce the intolerable burden of malaria and help relieve poverty on the African continent. The goal of PMI is to reduce malaria-related deaths by 50 percent in 19 countries in Africa that have a high burden of malaria by expanding coverage of four highly effective malaria prevention and treatment measures: insecticide-treated mosquito nets (ITNs), indoor residual spraying (IRS) with insecticides, intermittent preventive treatment for pregnant women (IPTp) with sulfadoxine-pyrimethamine (SP), and prompt use of artemisinin-based combination therapies (ACTs) for those who have been diagnosed with malaria.

### Country Context

Mali is one of poorest countries in the world, with over half of the population living in poverty. Following a 2012 coup d'état, the U.S. Government and many other donors suspended aid to the Government of Mali. The coup plunged the government into a constitutional crisis, and ensuing violence resulted in thousands of people being displaced. Restrictions were lifted in 2013, following the democratic election of a new president. The current health system is decentralized and composed of three levels, and it involves an integrated community case management package at the community level. All levels, however, suffer from a critical staff shortage with a strong urban/rural disparity in the doctor to population ratio.

### AT A GLANCE

Population (2014):  
**16.5 million<sup>1</sup>**

Population at risk of malaria  
(2012): **100%<sup>2</sup>**

Estimated annual malaria  
deaths/100,000 population  
(2012): **87<sup>3</sup>**

Under-five mortality rate (2013):  
**98/1,000 live births, or  
approximately 1 in 10  
children die before their  
fifth birthday<sup>4</sup>**

Malaria is the primary cause of morbidity and mortality in Mali, particularly among children under the age of five. Transmission varies across the country's five geo-climatic zones. The disease is epidemic in the North and endemic in the central and southern regions, where over 90 percent of the population lives. In 2011, the national health information system reported that suspected malaria accounted for 42 percent of all outpatient visits for all age groups. Internally displaced persons migrating from the North are especially at risk given their low immunity to infection. *Plasmodium falciparum* is the main cause of infection.

PMI-supported malaria control activities are implemented under the leadership of the National Malaria Control Program and in close collaboration with international and national partners. Due to the diversity of malaria transmission, the emphasis is on nationwide universal coverage of key malaria interventions, as well as specific interventions such as epidemic and entomological surveillance and targeted operational research in areas with unstable malaria transmission. The Ministry of Health supports free ITN distribution to target populations through universal coverage campaigns and routine distribution channels. Other PMI-supported activities include three targeted IRS campaigns in high risk-areas, procurement of IPTp treatments, training and communications strategies to increase IPTp coverage, support of the integrated community case management of fever strategy, and the building of response capacity related to epidemic surveillance.

### 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
All-cause under-five mortality rate	191/1,000	-	98/1,000
Proportion of households with at least one ITN	50%	85%	84%
Proportion of children under five years old who slept under an ITN the previous night	27%	70%	70%
Proportion of pregnant women who slept under an ITN the previous night	29%	-	75%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	4%	-	20%

1 U.S. Census Bureau, International Data Base 2013







2 World Health Organization (WHO), *World Malaria Report 2013*

3 WHO, *World Health Statistics 2014*

4 Demographic and Health Survey (DHS) 2012-2013

## PMI Contributions Summary

Mali is in its eighth 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 (FY) 2013 and cumulatively across the key intervention areas.

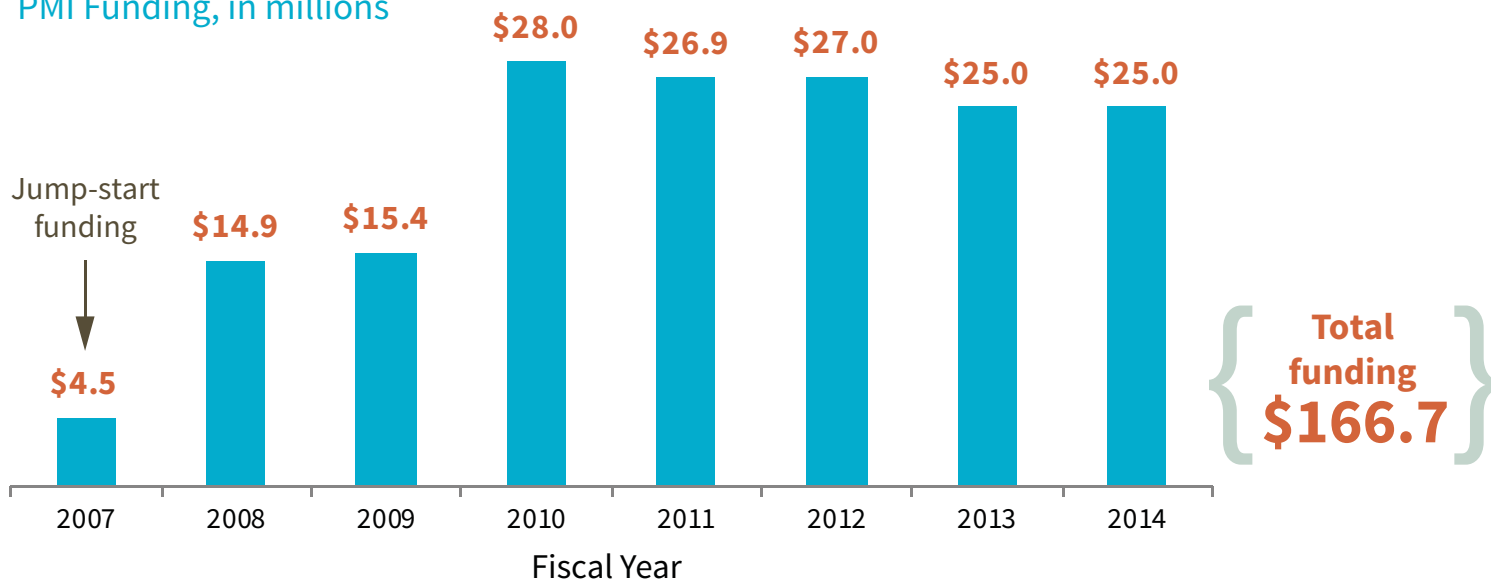
		PMI CONTRIBUTIONS <sup>1</sup>	FY 2013	CUMULATIVE
Insecticide-treated Nets		ITNs procured	3,076,850	9,111,860
		ITNs distributed	800,000	5,578,824
		ITNs procured by other donors and distributed with PMI support	800,000	1,058,000
Indoor Residual Spraying		Houses sprayed	228,985	n/a <sup>2</sup>
		Residents protected	850,104	n/a <sup>2</sup>
Rapid Diagnostic Tests		RDTs procured	3,000,000	5,030,000
		RDTs distributed	1,253,800	2,883,800
Artemisinin-based Combination Therapy		ACTs procured	2,289,720	6,220,660
		ACTs distributed	2,274,682	4,705,592
Sulfadoxine-pyrimethamine		SP treatments procured	633,333	2,164,333
		SP treatments distributed	333,333	1,864,333
Health Workers		Health workers trained in treatment with ACTs	328	n/a <sup>3</sup>
		Health workers trained in malaria diagnosis	375	n/a <sup>3</sup>
		Health workers trained in IPTp	351	n/a <sup>3</sup>

1 The data reported in this table are up to date as of September 30, 2013. Please refer to Appendix 2 of the 2014 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 2014 PMI activities in Mali, please see the *Mali Malaria Operational Plan*.



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