

## President's Malaria Initiative:

Presentation of PMI Progress,  
Strategy, and Priorities:

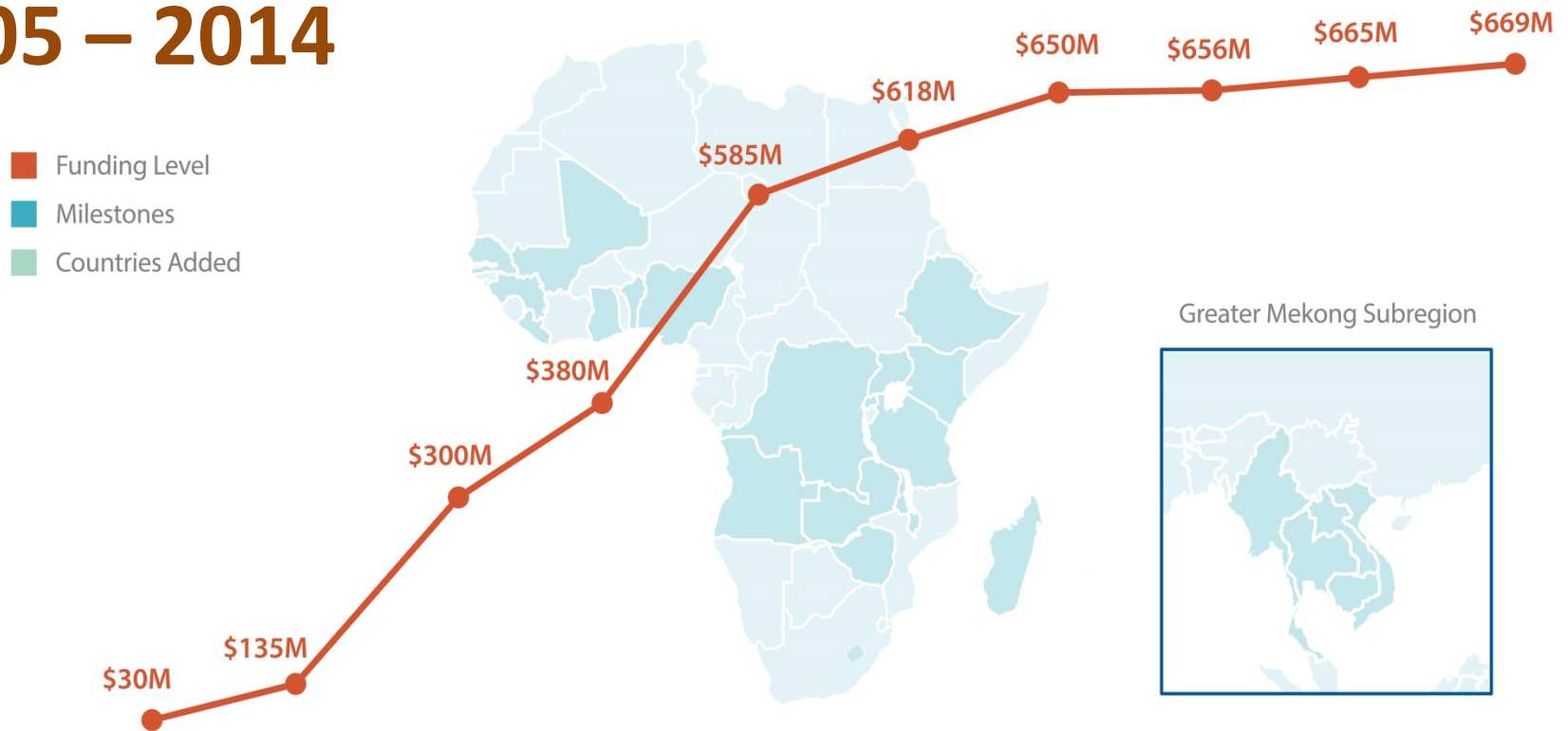
RBM CCOP Meeting

September 29, 2015



# Looking Back: Previous PMI Strategy and Results Achieved

# PMI from 2005 – 2014



2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
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President Bush launches PMI	PMI begins operations	Malawi Mozambique Rwanda Senegal	Lantos/Hyde Act	Launch of U.S. Government Malaria Strategy (2009–2014)		DRC Mekong Nigeria Guinea Zimbabwe	19 countries in Africa receiving PMI support + Mekong Subregional program			Launch of PMI Strategy (2015–2020)
	Angola Tanzania Uganda			Benin   Ethiopia   Ghana   Kenya Liberia   Mali   Madagascar   Zambia						

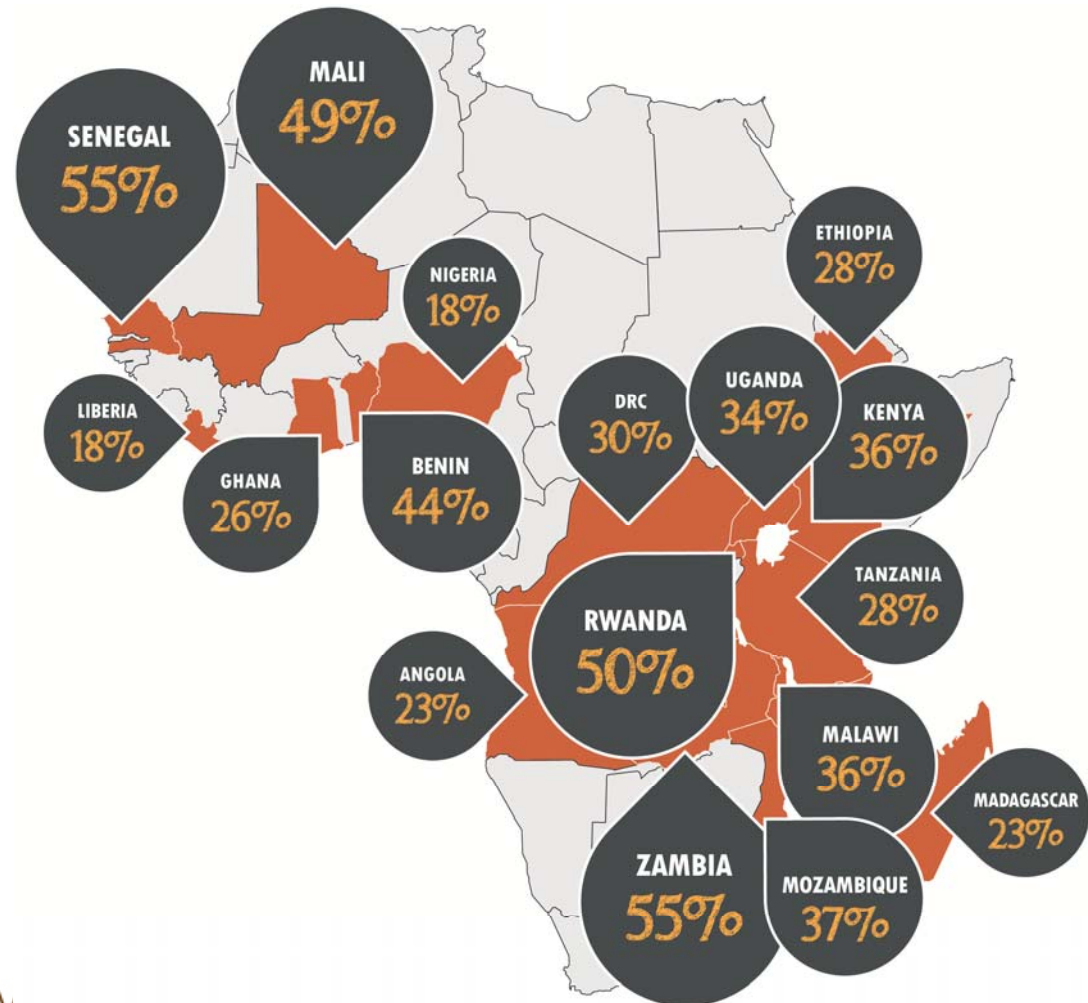
# PMI Goal under USG Malaria Strategy 2009 – 2014

- Work with partners to halve the burden of malaria (morbidity and mortality) in 70% of the at-risk populations of sub-Saharan Africa, thereby removing malaria as a public health problem and promoting development throughout the Africa region



# All-cause Mortality Rates among Children Under Five have Declined

- 17 PMI focus countries have documented declines
- Declines range from **18%** (in both Liberia and Nigeria) to **55%** (in both Senegal and Zambia)



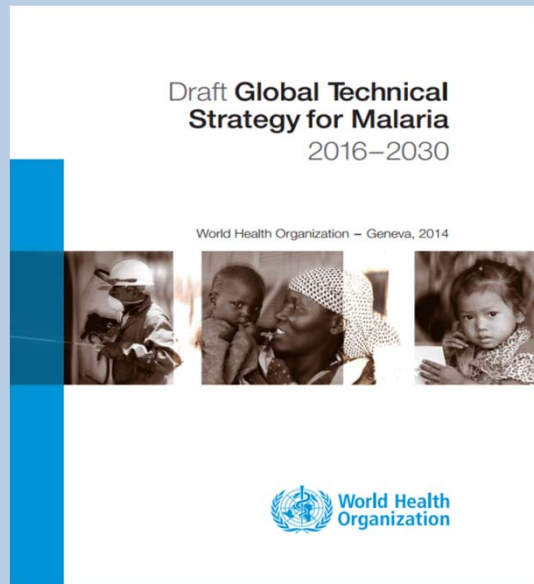
## Major Success Globally

- WHO estimates that 4.3 million malaria deaths were averted between 2001-2013
- 92% of the deaths averted are estimated to be in children under 5 years of age in sub-Saharan Africa
- The estimated malaria mortality rate fell by 47% worldwide in all ages and by 53% in children under 5 years of age
- In Africa, the estimated malaria mortality rate fell by 54% in all ages and by 58% in children under five years of age

# Looking Forward

# New Global Milestones for Malaria

## WHO Global Malaria Technical Strategy (GTS)



## RBM Action and Investment to defeat Malaria (AIM) 2016-2030

### 2020 Milestones:

1. Reduce malaria mortality rates by **40%** compared with 2015
2. Reduce malaria clinical case incidence by **40%** compared with 2015
3. Eliminate malaria from at least **10 countries** that had transmission of malaria in 2015



# PMI Strategy 2015 - 2020

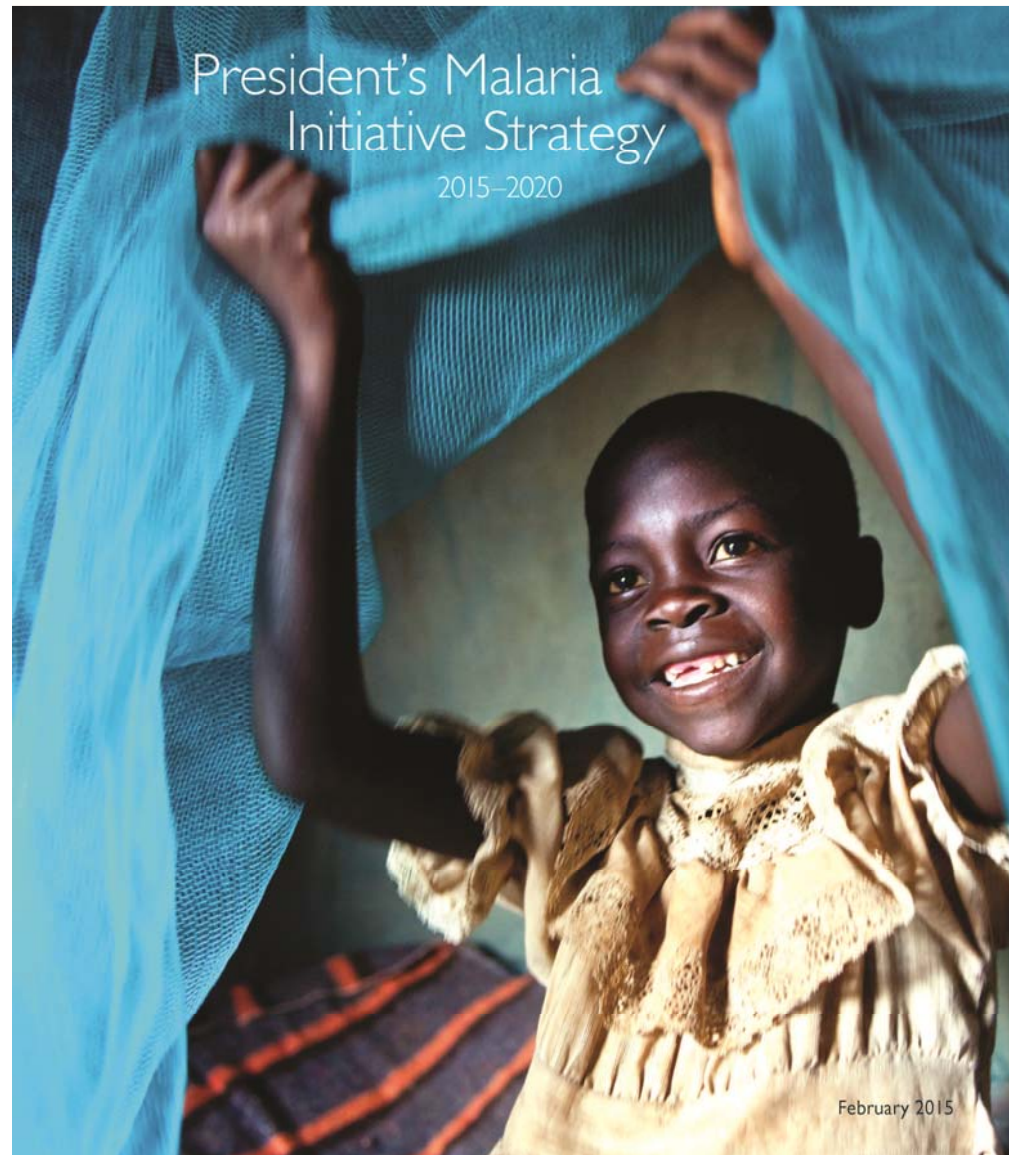
## Vision

A world without malaria

## Goal

Work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity towards the long-term goal of elimination

**PMI** President's Malaria Initiative  
Fighting Malaria and Saving Lives



# Mapping Global Milestones to PMI Objectives

GTS/AIM 2020 Milestones	PMI Objectives
Reduce malaria mortality rates globally by at least <b>40%</b> compared with 2015	Reduce malaria mortality by <b>one-third</b> from 2015 levels in PMI focus countries, achieving a >80% reduction from PMI's original baseline levels
Reduce malaria clinical case incidence globally by at least <b>40%</b> compared with 2015	Reduce malaria morbidity in PMI focus countries by <b>40%</b> from 2015 levels
Eliminate malaria from <b>at least 10 countries</b> that had transmission of malaria in 2015. Ensure prevention of re-establishment in countries that are malaria free	Assist <b>at least five</b> PMI countries to meet the WHO criteria for national or sub-national pre-elimination

# PMI Strategy 2015 – 2020: Areas for Strategic Focus

*Builds on PMI successes to date and addresses new challenges that have arisen*

1. Achieving and sustaining scale of proven interventions
2. Adapting to new epidemiology and incorporating new tools
3. Improving country capacity to collect and use information
4. Mitigating risks against the current malaria control gains
5. Building capacity and health systems

# Achieving and sustaining scale of proven interventions

- Many countries have significantly increased coverage of ITNs and IRS
- Coverage of diagnosis and treatment and MIP interventions lagging, but improving
- Coverage levels could improve in almost all countries
- In the past, failure to maintain high level coverage has led to resurgence in multiple countries (e.g. Sri Lanka, Zanzibar, Sao Tome e Principe, and Zambia)

# Adapting to new epidemiology and incorporating new tools

- Progress within countries has been uneven
  - Hot spots, higher-risk populations, and epidemic-prone areas
  - Increased tailoring/targeting of interventions needed
- Current core approaches (i.e. ITNs, IRS, MIP, Case Mgmt) probably insufficient to achieve elimination in many countries
- New tools
  - Long-lasting organophosphate insecticides and next generation LLINs
  - Potential new treatments and more sensitive diagnostics
- Possible new approaches (if proven effective and feasible)
  - Active and Reactive Case Detection
  - SMC, MDA, or MSAT



# Improving country capacity to collect and use information

- More timely, complete, and accurate data on malaria cases will be required from country surveillance systems
  - To monitor real-time trends in malaria morbidity and mortality
  - For detection of and response to epidemics
  - For targeting of interventions and resources
  - To evaluate the ongoing effectiveness of current control strategies
- Countries moving to elimination will require individual case reporting to enable the use of strategies, such as reactive case detection

# Mitigating risks against the current malaria control gains

- Both insecticide and ACT resistance pose serious threats to the core malaria control approaches
- Mitigating these threats will include:
  - Consistent monitoring of insecticide susceptibility and therapeutic efficacy
  - Employing strategies to limit or target use
    - Rotating or selectively deploying insecticides
    - Limiting treatment to only diagnostically-confirmed cases
- Intensified efforts to remove substandard/counterfeit drugs
- New approaches to sustain appropriate behaviors as burden drops

# Building capacity and health systems

- Success in scaling-up malaria control interventions relies heavily on having the skilled human capacity and health systems to deliver and monitor those interventions
- PMI already invests in building key systems, including:
  - Drug procurement and management systems
  - Health service delivery at facility and community level
  - Entomologic monitoring and clinical laboratory services
  - Surveillance and M&E systems
- As countries move to elimination, health systems will increasingly have to deliver commodities and services to the most difficult to reach populations and collect more complete and timely information

# Continued High-Level Support for PMI

- White House event to launch PMI Strategy on February 25, 2015
- Participants included
  - Admiral Tim Ziemer (PMI)
  - Dr. Tom Frieden (CDC)
  - Dr. Bernard Nahlen (PMI)
  - Dr. Fatoumata Nafo-Traore (RBM)
  - Dr. David Brandling Bennett (Gates)
  - Steph Curry (NBA and Nothing But Nets)

Putting an End to a Preventable Scourge



Gayle Smith  
February 26, 2015  
07:02 PM EST

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President Barack Obama visits with Golden State Warriors point guard Stephen Curry in the Oval Office, Feb. 25, 2015. (Official White House Photo by Pete Souza)

# FY 2015 Total Budget

- FY 2015 PMI budget = **\$669.5 million** USD, \$4.5 million more than FY 2014 budget
- FY 2016 President's request to Congress = **\$674 million** USD, an increase at a time when some foreign assistance programs are seeing reductions, which further indicates continued, high-level political support for PMI



# Opportunities for Global BCC Practitioners to Support PMI Strategy

# BCC Opportunities

- Much room for improvement in core interventions, i.e. net use, care seeking.
- Progress in MIP is lagging behind
- Need to ensure health worker adherence to testing before treating to mitigate resistance.
- BCC interventions in context of elimination of malaria in select countries.

# New Areas for BCC

- Cross-cutting strategic focus is on greater use & application of information for program improvement. What body of information can we contribute/disseminate/develop for BCC for malaria programming?
- A new area for BCC: how to ensure people sustain preventive behaviors as burden drops in pre-elimination context?



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## PRESIDENT'S MALARIA INITIATIVE

