

# PMI Strategy 2015-2020

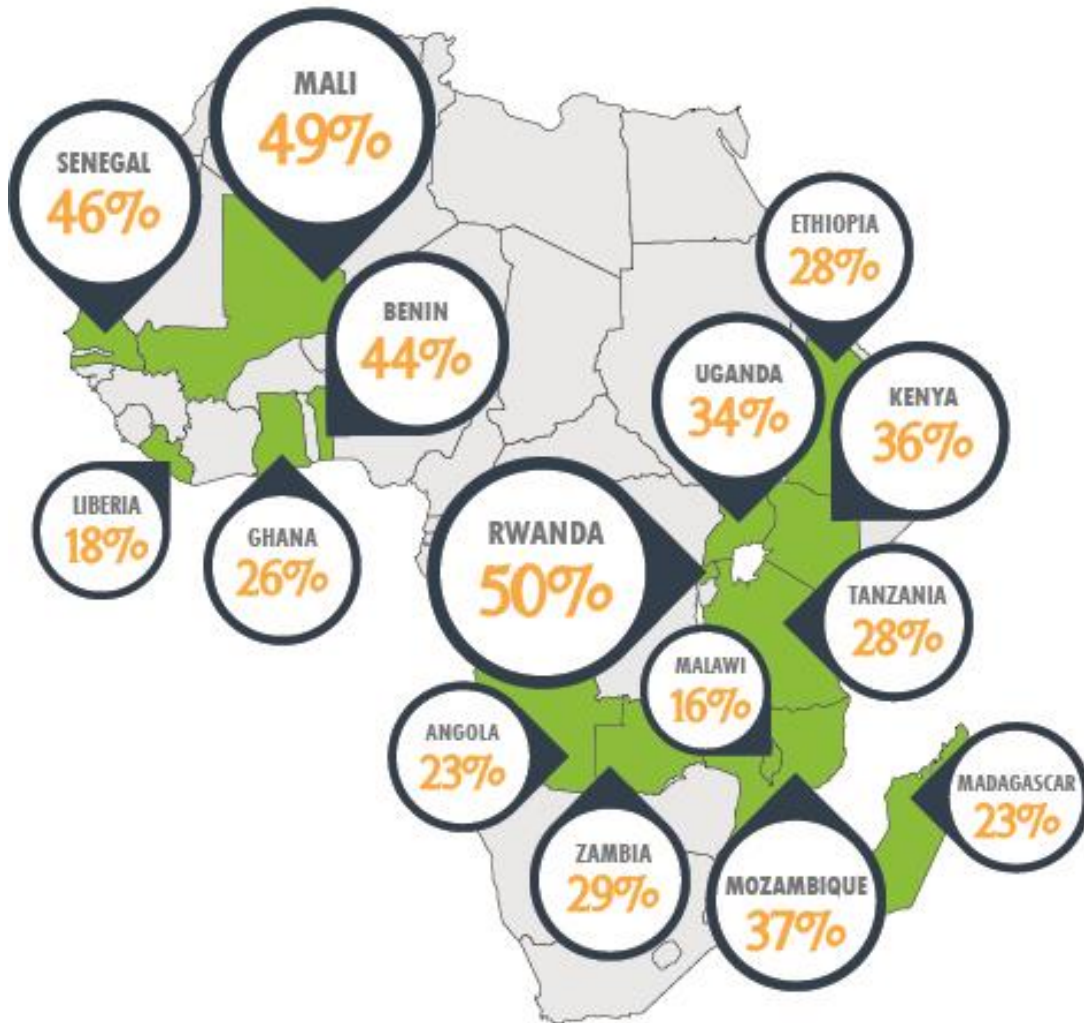
# President's Malaria Initiative

- Launched in 2005
  - Initial goal: Reduce malaria burden by 50% in 15 countries in sub-Saharan Africa
- In 2008, USG Malaria Strategy was updated in line with Hyde-Lantos Authorization
  - Goal revised to reduce malaria burden by 50% in 70% of the population in sub-Saharan Africa
  - Included expansion to up to five additional countries

# Progress with PMI

- PMI expanded to 19 countries in sub-Saharan Africa, including Nigeria and DRC
- PMI expanded efforts to combat drug resistance in the Mekong Region
- Funding increased from <\$100 to \$665 million (FY 14) per year
- PMI has made significant progress in scaling up key interventions and reducing mortality (in some cases morbidity)

## Reductions in All-Cause Mortality Rates of Children Under Five



**Current USG Malaria Strategy Goal:** Work with partners to halve the burden of malaria (morbidity and mortality) in 70 percent of the at-risk populations of sub-Saharan Africa, thereby removing malaria as a major public health problem and promoting development throughout the African region.

Note: All 15 original PMI focus countries included in this figure have at least two data points from nationwide household surveys that measured all-cause mortality in children under the age of five. Refer to Appendix 3 (Figure 1) for more detail.

# Current Status of PMI Countries

- Almost all PMI countries have seen their malaria burden reduced
- Some countries are shifting goals and targets, emphasizing both further mortality reduction and morbidity reduction, with an eye towards elimination
- PMI's support for health system strengthening and capacity building (leveraging support from other USAID health programs and other donor/partner investments) has begun to show results in some countries

# New Challenges

- Progress between and within countries has been uneven
- Resistance to pyrethroids and some other classes of insecticides now widespread
- LLINs less durable than anticipated
- Resistance to artemisinin intensifying and spreading throughout the Mekong
- Substandard and counterfeit malaria treatments remains an ongoing challenge

# New Tools and Approaches

- New and potential preventive strategies
  - Seasonal malaria chemoprevention
  - Active and reactive case detection
  - Mass drug administration
  - Intermittent screening and treatment of pregnant women
- New and potential tools
  - Organophosphate insecticides
  - Next generation LLINs
  - New malaria treatments in Phase II/III trials
  - Vaccine?

# PMI Strategy 2015-2020

## Vision

*A world without malaria*

## Goal

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



# Objectives

1. Reduce malaria mortality by one-third from 2015 levels in PMI focus countries, achieving a greater than 80% reduction from PMI's original baseline levels
2. Reduce malaria morbidity in PMI countries by 40% from 2015 levels
3. Assist at least five PMI focus countries to meet the WHO criteria for national or sub-national pre-elimination

# PMI 2015-2020 Strategy Objectives

1. Reduce malaria mortality by **one-third** from 2015 levels in PMI focus countries
2. Reduce malaria morbidity in PMI focus countries by **40%** from 2015 levels
3. Assist **at least five** PMI countries to meet the WHO criteria for national or sub-national pre-elimination

# GTS Intermediate Milestones for 2020

1. To reduce malaria mortality rates globally by at least **40%** compared with 2015
2. To reduce malaria clinical case incidence globally by at least **40%** compared with 2015
3. To eliminate malaria from **at least 10 countries** that had transmission of malaria in 2015, and ensure prevention of re-establishment in countries that are malaria free

# Areas for Strategic Focus

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 strengthening 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
- 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 in countries has been uneven
  - Hot spots, hot 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
  - Organophosphate insecticides and next generation LLINs
  - Potential new treatments and more sensitive diagnostics
- Possible new approaches (if proven effective and feasible)
  - SMC
  - Active and Reactive Case Detection
  - 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
  - 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



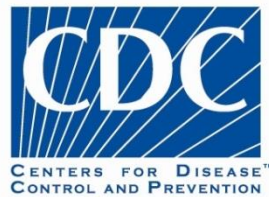
# What can be anticipated for USAID malaria investments in the LAC Region?

- PMI is the main focus for USG Malaria Control efforts
  - PMI will remain mainly focused on bilateral support to current PMI countries in Africa
- However, USAID will continue to engage technically and financially in the region
  - Anticipate modest but stable investments to continue that will focus on support for priority needs for the region
- Development of the strategy and programming approach for USAID investment in the region will follow PAHO's finalization of the new WHO regional Malaria strategy



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## PRESIDENT'S MALARIA INITIATIVE



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