



The President's Malaria Initiative (PMI)

March 2011

Malaria, one of the world's most serious and common tropical diseases, is endemic in more than 100 countries and although preventable and treatable, it causes significant morbidity and mortality, particularly in resource-poor regions.1 While the U.S. government has been involved in malaria activities since the 1950's, the passage of the President's Malaria Initiative (PMI) in 2005 marked a major expansion of U.S. malaria control efforts. PMI, originally a five-year (FY 2006–FY 2010), \$1.2 billion effort, targeted 15 hard hit "focus countries" in Africa, with the goal of reducing malaria-related deaths by 50% through expanded coverage of four highly-effective malaria prevention and treatment interventions.2,3

U.S. engagement in and funding for malaria, in particular through PMI, has substantially increased over time, in large part due to the 2008 Tom Lantos and Henry J. Hyde Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Act, which, among other things, authorized up to \$5 billion for malaria over the five-year (FY 2009–2013) period. The Act also continues support for PMI's focus countries, expands assistance to other endemic countries, and calls for the development of a strategic plan to combat global malaria.4 In addition, the Act codified the position of U.S. Malaria Coordinator and called for the development of a strategic plan to combat global malaria, which the Administration released in April 2010 as the Lantos-Hyde U.S. Government Malaria Strategy (USG Malaria Strategy).5 In 2009, President Obama announced the new U.S. Global Health Initiative (GHI), a proposed \$63 billion, six-year (FY 2009–FY 2014) effort to develop a comprehensive U.S. government strategy for global health.6,7 The USG Malaria Strategy is integrated with the GHI, and aims to reduce the impact of malaria by focusing on Africa, incorporating a woman-centered approach, limiting the spread of drug resistant malaria, integrating with other health interventions, strengthening health systems, and build national capacities.5

• **U.S. Global Malaria Coordinator.**1,2 U.S. malaria efforts are overseen by a U.S. Global Malaria Coordinator, based at USAID, a position first created by the USAID Administrator in 2005 to oversee all USAID PMI and non-PMI malaria efforts. The 2008 reauthorization of PEPFAR codified this position as a Presidential appointment and authorized the Coordinator to oversee and coordinate "all resources and international activities of the United States Government relating to efforts to combat malaria" including the efforts of all relevant executive branch agencies, multilateral institutions, and private sector partners.

• **PMI Interagency Steering Group.**1,2 An Interagency Steering Group, with representatives from USAID, CDC, Department of State, DoD, the National Security Council, and the Office of Management and Budget, oversees the PMI with the Coordinator.

PMI Strategy & Approach.1,2 Four operating principles guide PMI's approach:

1. Use of a comprehensive, integrated package of four proven prevention and treatment interventions: indoor residual spraying with insecticides (IRS); insecticide-treated mosquito nets (ITNs); intermittent preventive treatment for pregnant women (IPTp); and diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT);
2. Strengthening health systems and integrating maternal and child health services;
3. Commitment to strengthen national malaria control programs (NMCPs) and build capacity for country ownership of malaria control efforts; and
4. Close coordination with international and in-country partners.

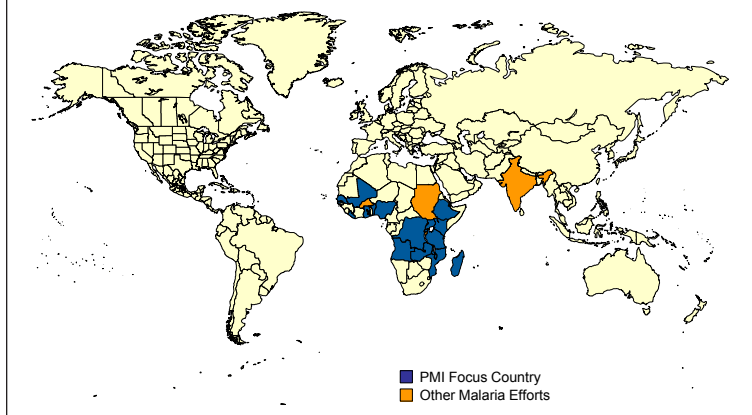
Two other key components of the PMI are:

- *The Malaria Communities Program (MCP)*, a \$30 million initiative to support communities and indigenous organizations in Africa with the goal of identifying new partners and building community-level networks to expand the reach of malaria control efforts.
- *The PMI Central Emergency Procurement Fund*, created to prevent stockouts of critical malaria commodities (ACTs, bed nets, IRS), which could result in adverse health consequences. The Central Fund works to rapidly procure and transport commodities to countries with shortages, due to lack of funds or other barriers.

PMI Focus Countries.1,10 PMI concentrates U.S. efforts in 17 focus countries in Africa, using a scaled up approach. In FY 2006, PMI supported 3 countries (Angola, Tanzania, and Uganda), adding 4 countries in FY 2007 (Malawi, Mozambique, Rwanda, and Senegal), 8 countries in FY 2008 (Benin, Ethiopia's Oromia Region, Ghana, Kenya, Liberia, Madagascar, Mali, and Zambia), and the remaining 2 in FY 2011 (the Democratic Republic of the Congo and Nigeria). The USG Malaria Strategy calls for the expansion of PMI control efforts in up to an additional 7 high-burden countries by 2014.6

The focus countries are selected based on 5 criteria: high malaria burden; alignment of NMCP with internationally accepted World Health Organization (WHO) standards; country capacity to implement national control policies; willingness to partner with the U.S. in fighting malaria; and involvement of other international donors (e.g., the Global Fund, World Bank, etc.). Both USAID and CDC station staff in each PMI focus country.8,9,10

Figure 1: U.S. Government Malaria Efforts by Country, FY 201011



PMI Structure.1,2 PMI is an interagency initiative run by USAID and implemented together with the Centers for Disease Control and Prevention (CDC). Much of the USG's activities and resources for global malaria are consolidated under PMI, which coordinates U.S. efforts across multiple agencies and programs including the U.S. Agency for International Development (USAID), CDC, the Department of Defense (DoD), and the National Institutes of Health (NIH).

Non-PMI Focus Countries. The U.S. also provides malaria assistance to an additional 3 African countries (Burkina Faso, Burundi, and Sudan) and India and reaches additional countries through regional programs.^{8,10,11} In these countries and regions, the U.S. provides smaller scale support for the prevention and treatment of malaria, including technical assistance, monitoring and evaluation, research, and some commodity support.

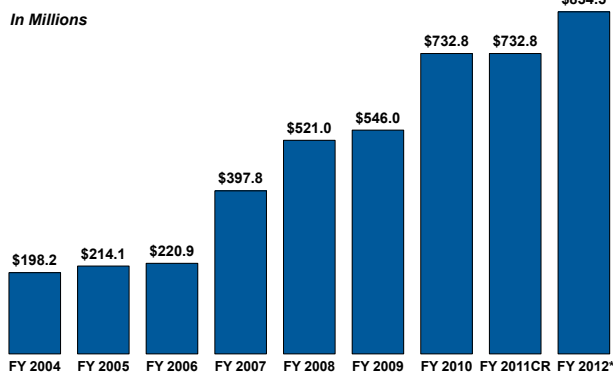
Targets & Results. Building on the previous successes of the PMI, the USG Malaria Strategy includes a six year horizon (FY 2009–FY 2014) consistent with the GHI, and expands U.S. malaria control efforts with the goal of halving malaria morbidity and mortality in 70% of at-risk populations.^{5,6} The USG Malaria Strategy also set a target of reducing preventable malaria-related deaths to near zero by 2015, with the ultimate goal of eradication.⁵

The PMI & The Global Fund

In addition to bilateral assistance for malaria, the USG provides multilateral assistance to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), an independent international financing institution which pools funding from donors to provide grants to low- and middle- income countries to combat malaria (as well as HIV and TB). The Global Fund acts as an additional mechanism for U.S. malaria support by financing programs developed by recipient countries and by reaching many countries beyond the PMI focus and non-focus countries. To date, more than 70 countries have received Global Fund grants for malaria, and 28% of Global Fund commitments are for malaria programs.¹² The U.S. is the largest donor to the Global Fund, even though Congress has set limits on U.S. Global Fund contributions generally and for malaria specifically:

- PEPFAR’s original authorization in 2003 limited U.S. contributions to the Global Fund to not exceed 33% of contributions from all other sources, a condition retained in the 2008 reauthorization.
- The 2008 reauthorization also restricted U.S. contributions from supporting any activities involving the Affordable Medicines Facility-Malaria (AMFm), pending evidence from pilot programs.¹³ AMFm is an innovative financing mechanism, first proposed in concept by the U.S. Institute of Medicine and launched by the Global Fund in April 2009, to expand access to ACTs by negotiating lower prices directly with drug manufactures and subsidizing the lower cost for public, private, and not-for-profit buyers in eligible countries. The U.S. has raised concerns about whether such a mechanism will work as intended and therefore has deferred participation until evidence is available.¹⁴

Figure 2: Total U.S. Bilateral Funding for Malaria, FY 2004–2012*¹¹

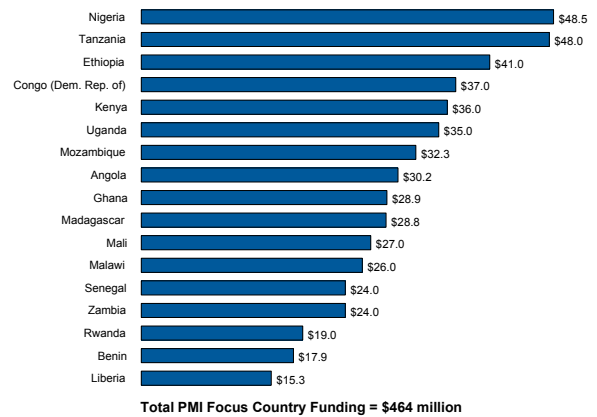


Funding

- U.S. funding for malaria has increased over time, rising from \$198 million in FY 2004 to \$733 million in FY 2011 [FY 2011 is currently funded at FY 2010 enacted amounts under a Continuing Resolution (CR)], and reaching \$835 million in the President's FY 2012 budget request. Most of this funding is provided to the PMI — in FY 2010, PMI accounted for 68% of U.S. malaria funding.¹¹

- In FY 2011, \$585 million, or 80%, is channeled to USAID, primarily for programs in PMI focus countries; \$9.4 million is provided to CDC; \$112 million is for research at NIH; and \$26.4 million is for DoD.¹¹
- Support for commodities, such as ITNs, insecticides, and antimalarial drugs, like ACTs, has increased since the start of PMI. Funding also supports activities such as technical assistance, monitoring and evaluation, staffing, administration, and management of programs.^{2,15}

Figure 3: Planned PMI Country Funding, FY 2011 (in millions)¹⁵



Looking Ahead

Since PMI’s launch in 2005, the larger global context for addressing malaria has evolved, with renewed calls for malaria eradication and a growing emphasis on the role of malaria elimination, in addition to malaria control. At the same time, many challenges remain. As the USG begins to implement the Malaria Strategy as a part of the GHI, several issues arise, including:

- The continued need to strengthen health systems in affected countries to sustain and enhance the ability to deliver interventions and monitor and evaluate progress;^{2,6}
- The challenge of drug and insecticide resistance, resulting in the need for affected countries to invest in newer, costlier, first-line therapies;²
- PMI’s geographic focus, given concerns that its ability to reduce malaria burden in the 17 focus countries may be difficult without also addressing high malaria transmission rates in bordering nations; growing attention to other regions of the world, such as Asia, where high proportions of the population are at risk for malaria; and the more recent focus on malaria elimination efforts in countries where the U.S. is currently not working but which border its efforts.³

1 WHO. *World Malaria Report 2010*; December 2010.
2 PMI. *Sustaining Momentum Against Malaria: Saving Lives in Africa, Fourth Annual Report*; April 2010.
3 Moss, K. "The President's Malaria Initiative and Other U.S. Global Efforts to Combat Malaria: Background, Issues for Congress, and Resources." CRS. Report No. 7-5700; April 2009.
4 U.S. Congress. P.L. 110-293; July 30, 2008.
5 USAID. *Lantos-Hyde United States Government Malaria Strategy*; April 2010.
6 White House, *Statement by the President on Global Health Initiative*; May 5, 2009.
7 GHI, *Implementation of the Global Health Initiative: Consultation Document*; February 2010: <http://www.pepfar.gov/ghi/index.htm>.
8 PMI: http://www.fightingmalaria.gov/news/speeches/ziemer_interview.html.
9 CDC. *President's Malaria Initiative (PMI)*: http://www.cdc.gov/malaria/malaria_worldwide/cdc_activities/pmi.html.
10 CDC. *CDC's Global Malaria Activities*: http://www.cdc.gov/malaria/malaria_worldwide/cdc_activities/index.html.
11 KFF Analysis. of data from: FY 2012 Budget of the United States; Federal Agency Budget and Congressional Justification documents; ForeignAssistance.gov; Office of Management and Budget, personal communication.
12 The Global Fund: <http://www.theglobalfund.org/programs/search/?lang=en>.
13 The Global Fund: <http://www.theglobalfund.org/en/amfm/?lang=en>.
14 PEPFAR, *U.S. Government Positions on Decision Points for the Eighteenth Board Meeting of the Global Fund*; November 2008.
15 PMI. *FY 2011 Malaria Operational Plans*: <http://fightingmalaria.gov/countries/mops/index.html>.