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President's Malaria Initiative (PMI) Issue Brief 1st Session, 111th Congress (2009)

The American Society of Tropical Medicine and Hygiene (ASTMH) – the nation's leading professional organization for tropical medicine – represents 3,300 researchers and clinicians engaged in the battle against infectious and tropical disease both in the United States and internationally. ASTMH promotes world health through research and education to prevent and control tropical diseases.

As part of our efforts, we advocate implementation and funding of federal policies and programs that seek to reduce, prevent, and control myriad infectious tropical diseases, including but not limited to, malaria, Dengue fever, Ebola, cholera, and tuberculosis.

For the 1st Session of the 111th Congress (2009), our public policy efforts are focused principally on issues related to malaria control. As such, ASTMH calls upon Congress and the Administration to allocate sufficient resources for full implementation of the President's Malaria Initiative (PMI), so it can fulfill its mission of reducing and preventing suffering from malaria.

Malaria - A Global Scourge

- Malaria is a global health emergency that primarily affects children under the age of five in Africa. The World Health Organization (WHO) estimates there were 350 to 500 million malaria cases in 2000 and at least one million deaths from malaria.
- Malaria is an acute and often fatal disease caused by a single-celled parasite that is transmitted to humans by the female *Anopheles* mosquito, and can cause anemia, jaundice, kidney failure, and death. Despite being treatable and preventable, malaria is one of the leading causes of death and disease worldwide.
- The disease thrives in tropical areas, such as sub-Saharan Africa, parts of Asia (including the Indian subcontinent), and Central and South America, and it is particularly prevalent in developing countries. Many of its victims are infants and children.
- WHO estimates that one half of the world's people are at risk for malaria, and that 109 countries are endemic for malaria.

- Malaria-related illness and mortality not only take a human toll, but also severely impact economic productivity and growth. The WHO has estimated that malaria reduces sub-Saharan Africa's economic growth by up to 1.3 percent per year.
- Malaria is both preventable and treatable using four types of relatively low-cost interventions. However, due to limited resources, the currently available interventions are not reaching or being utilized by all individuals and communities in need.

President's Malaria Initiative (PMI)

The President's Malaria Initiative (PMI) is a \$6.2 billion, nine-year program with the goal of reducing malaria-related deaths in 15 targeted countries in sub-Saharan Africa by 50 percent. The intent of the program is to reach 85 percent of the most vulnerable groups (children and pregnant women) in the target countries with proven prevention and treatment tools.

The PMI is a collaborative effort headed by the U.S. Agency for International Development (USAID), in conjunction with the CDC, the Department of State, the White House, the National Institutes of Health (NIH), and other entities. International partners include: the WHO; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; Roll Back Malaria Partnership; the United Nations Children's Fund (UNICEF); the American Red Cross; the World Bank Malaria Booster Program; and others.

PMI activities were launched in three targeted countries in fiscal year (FY) 2006: Angola, Tanzania, and Uganda. In FY 2007, four additional countries were included: Malawi, Mozambique, Rwanda, and Senegal. And in FY 2008, PMI expanded the program to include Benin, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Mali, and Zambia, bringing the total number of participating nations to 15 – an expansion that ASTMH supports.

Four highly effective, proven interventions are the cornerstone of the PMI:

- **Indoor residual spraying (IRS)** – IRS is the regular spraying of approved insecticides on the inside walls of houses. The intent of IRS is to kill female *Anopheles* mosquitoes (which transmit malaria) when they rest on the walls of homes after feeding. The PMI is boosting use of IRS by training spray teams, procuring insecticide and equipment, and developing and evaluating spraying activities.
- **Insecticide-treated bed nets (ITNs)** – The use of bed nets treated with insecticide (ITNs) is a highly-effective method for preventing the transmittal of malaria. The PMI encourages expanded use of ITNs and long-lasting insecticide-treated nets (LLINs) by expanding access to free and highly subsidized nets and working to create commercial markets in Africa.
- **Artemisinin-based combination therapy (ACT)** – ACTs are the most effective drugs currently available to treat malaria. PMI activities include purchasing ACT drugs, establishing ACT drug distribution systems (management and logistics) through public and private partners, and training health care workers and community caregivers in the use of ACT.

- **Intermittent preventive treatment (IPT) for pregnant women** – Malaria can cause anemia and other serious illnesses in pregnant women that can result in low-birthweight in infants – a leading cause of infant death in Africa. IPT involves the administering of two or three doses of the drug sulfadoxine-pyrimethamine (SP) to pregnant women living in areas that are high-risk for malaria; this helps to protect these women against death and anemia and reduces malaria-related low-birthweight in infants. PMI activities include purchasing SP, training health care workers in administering the drug, and providing information about IPT to pregnant women.

PMI FY 2010 Appropriations

It is imperative that the United States continues the efforts of the PMI and fulfills its commitment and promises made to 15 countries and their citizens. To cease, reduce, or not adequately fund these critical global health efforts would be a significant step backward and prove devastating to the countries currently targeted by the PMI.

ASTMH urges Congress to allocate \$800 million in FY 2010 for bilateral malaria efforts, including the PMI. This appropriation should be separate and above the funding for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund). In addition, ASTMH urges Congress and the Administration to increase the United States' FY 2010 voluntary contribution to the Global Fund to \$2.7 billion. These two separate allocations together are essential to the world-wide fight against malaria.