

# The President's Malaria Initiative (PMI) perspective on MIP programming in countries with changing malaria epidemiology

Global Health Council (GHC) Annual Conference,  
Washington DC  
June 16, 2011

**PMI**



# Presentation Objectives

By the end of this presentation, participants will be able to:

- Describe PMI context
- Explain impact of interventions
- Describe MIP control approach
- Identify priority activities to control MIP
- Mention key steps in moving forward as MIP prevalence changes



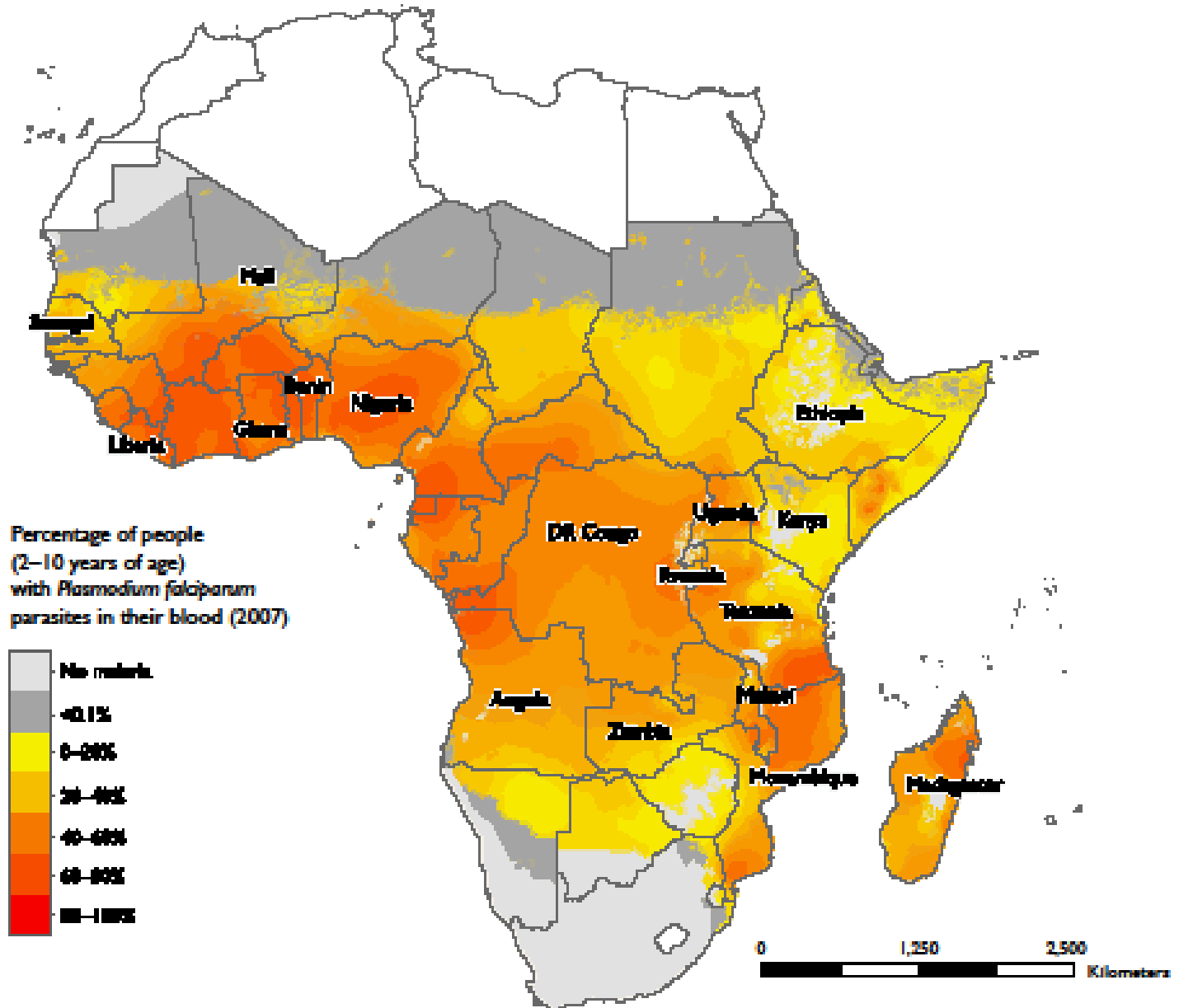
# President's Malaria Initiative (PMI) (2009-2014)

- To work with partners to halve the burden of malaria (morbidity and mortality) in 70% of at-risk populations (450 million people) in sub-Saharan Africa, thereby
  - Removing malaria as a major public health problem
  - Promoting economic growth and development

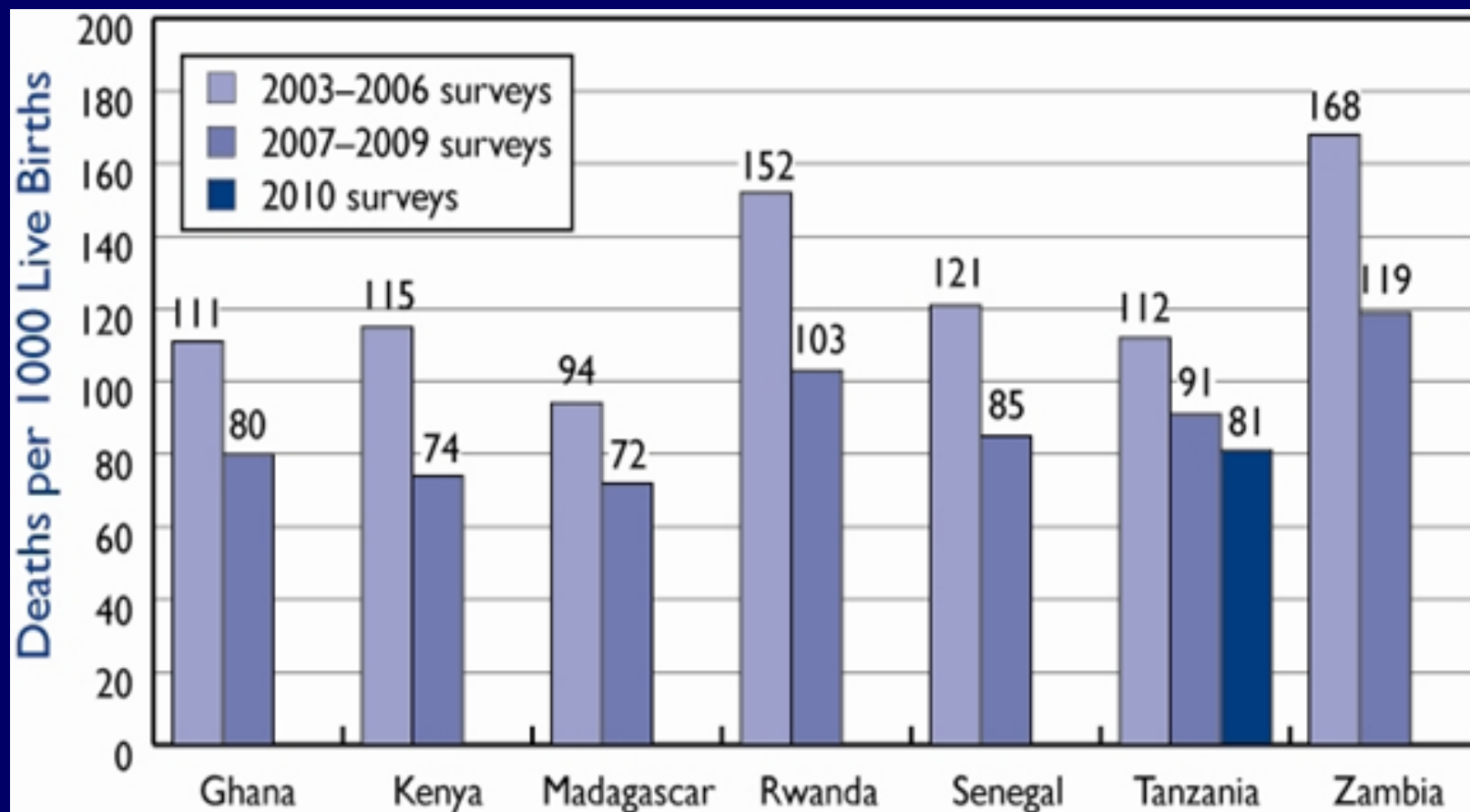
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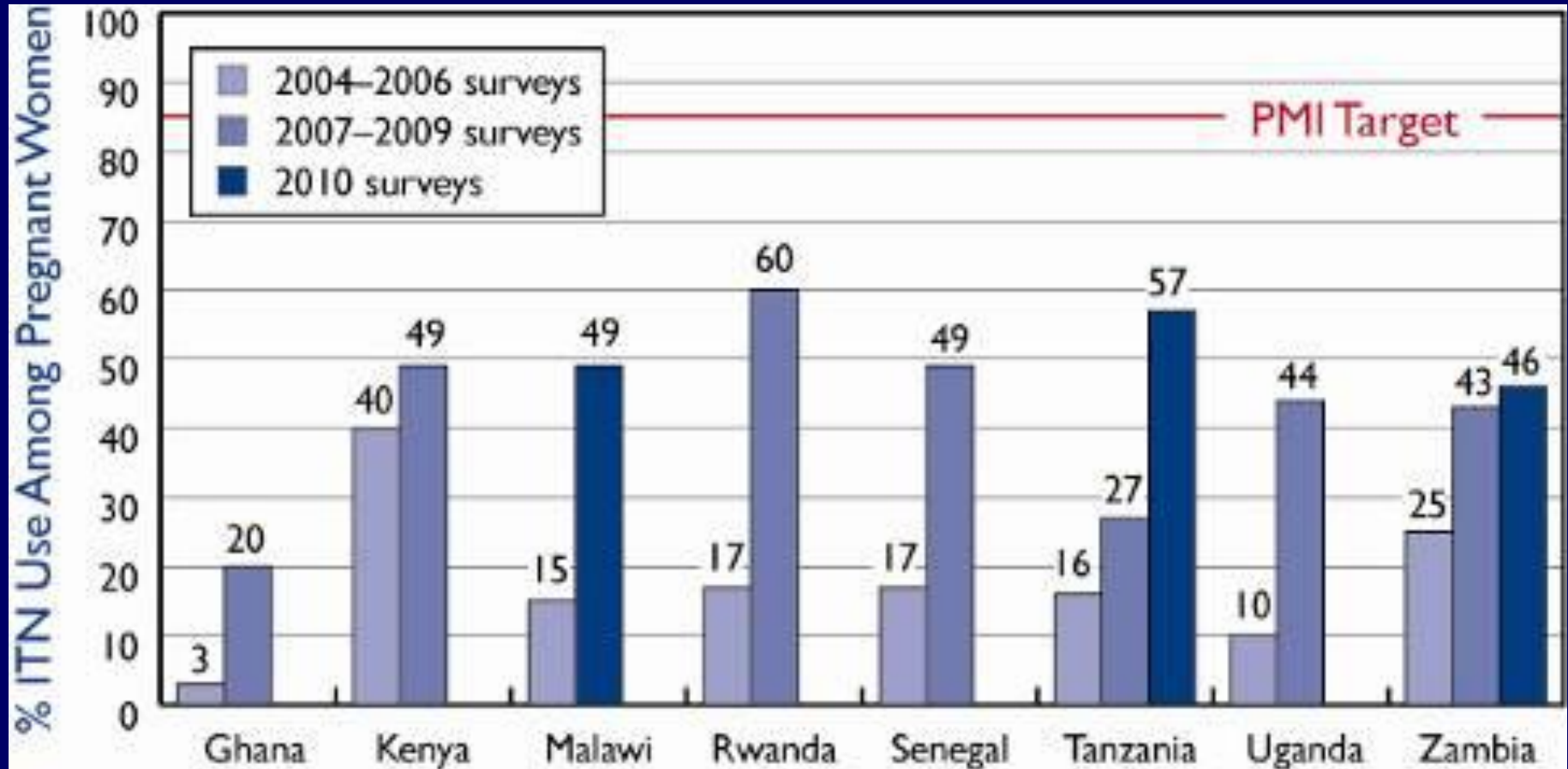
# PMI Focus Countries and Malaria Distribution in Africa



# Changing malaria epidemiology: Reductions in All-Cause Mortality Rates of Children Under Five



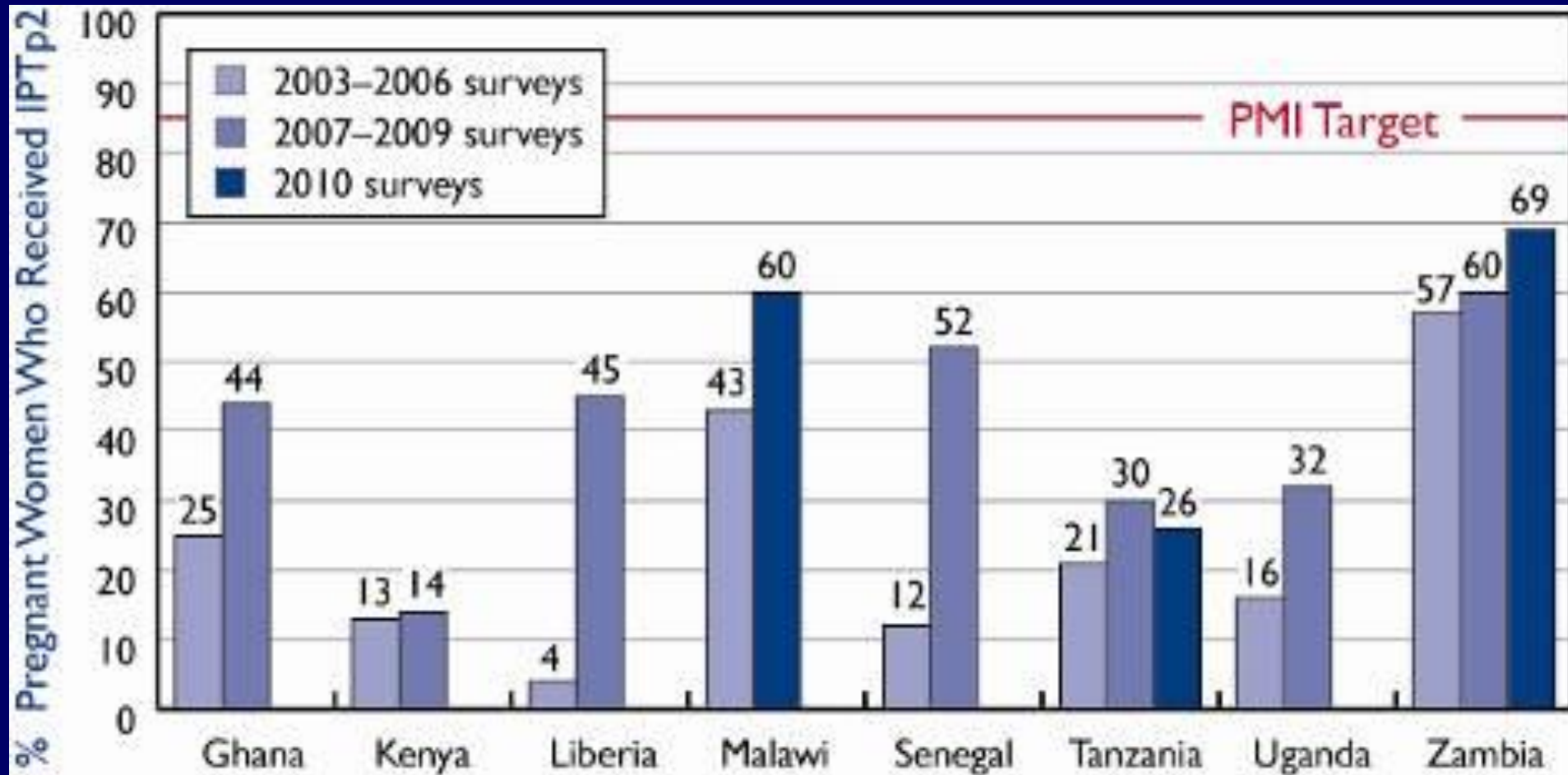
# IMPACT: Increasing ITN Use Among Pregnant women



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# IMPACT: Increasing IPTp2 Rates



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# PMI Achieves Impact through Partnership

- PMI works synergistically in countries that also receive support from other partners
  - Global Fund to Fight AIDS, TB and Malaria
  - World Bank Malaria Booster Program
  - Other bilateral partners
  - Technical support from WHO, UNICEF, etc
- This makes it possible to aim for 85% coverage of key interventions or more than the basic 80% target of Roll Back Malaria



# PMI Works through Integration

## Global Health Initiative (GHI) and MIP

- Implement women and girl-centered approach
- Encourage country ownership and invest in country-led plans
- Increase impact through strategic coordination and integration
- Build sustainability through health system strengthening
- Improve monitoring and evaluation
- Strengthen and leverage key multilateral organizations, global health partnership and private sector engagement
- Promote research and innovation



# PMI's support for control of Malaria in Pregnancy

## WHO's 3-pronged approach

1. Long lasting Insecticide-Treated Nets (LLINs) – first ANC visit
2. Case Management of Malaria and anemia
  - Procure diagnostics (microscopes/RDTs)
  - Training diagnostics and case management
3. Intermittent Preventive Treatment (IPTp) (where appropriate)
  - Procure SP
  - Support FANC/MIP training
  - IEC/BCC with community mobilization



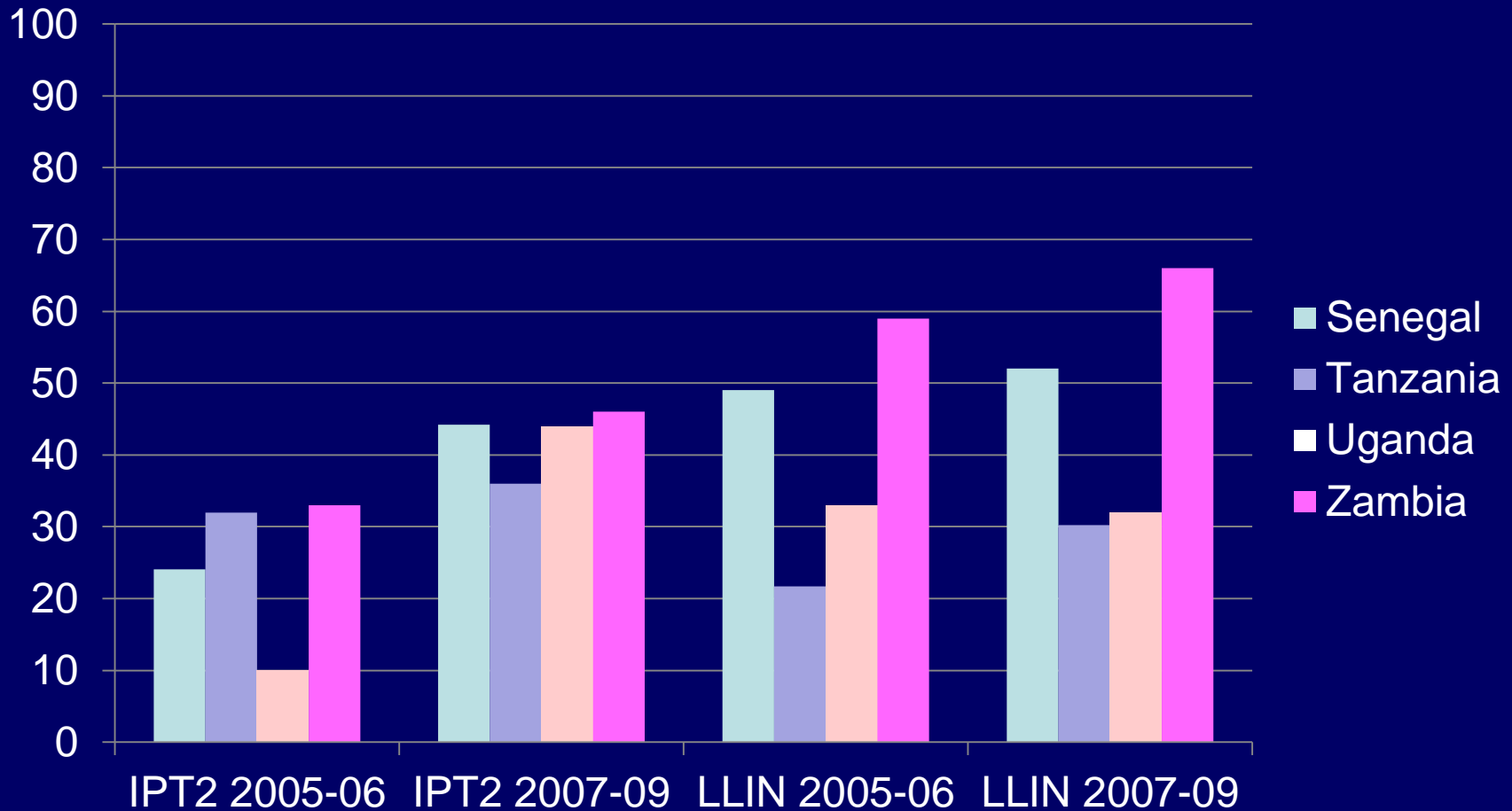
# Focused Antenatal Care (FANC)

- An approach that emphasizes quality of ANC service over quantity of ANC visits
- Complete – assure needed attendances
- Comprehensive – individually tailored care
- Integrated – other needed services available including MIP control
- High-quality service
- Cost effective

**FANC is a one stop shop for quality service**



# Progress in Some PMI Countries



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# Reducing the burden of MIP – PMI's approach

- Comprehensive documentation of best practices/lessons learned
  - Zambia, Senegal, and Malawi
- Global advocacy through the RBM MIP WG
- Rapid assessment of MIP burden
  - Rwanda
- Testing efficacy of SP/IPTp and birth outcomes
  - Zambia, Malawi, Uganda, Mali
- Therapeutic efficacy surveillance (TES) for antimalarials



# Now that we've reached 2010...

- MIP is a significant public health problem, associated with anemia, LBW, and increased infant mortality
- Effective strategies for combating the problem exist, and need to be implemented:
  - IPTp, ITNs, case management, anemia prevention
- Effective intervention is based on:
  - Well-executed assessment
  - Collaborative implementation
  - Careful follow-up, monitoring, and evaluation



# Moving Forward Toward Elimination of MIP

- Greater collaboration between NMCP and MCH programs
- Enhanced data collection to track MIP interventions and use of data for improving program management
- Continued surveillance to map progress and change in prevalence
- Adaptation of MIP strategies as prevalence changes



THANK YOU

