

U.S. PRESIDENT'S MALARIA INITIATIVE



President's Malaria Initiative



MALARIA IN RWANDA

The entire population is at risk for malaria, including an estimated 1.7 million children under five and 430,000 pregnant women/year. Until recently, malaria was the leading natural cause of death among Rwandan children under the age of five. The Ministry of Health of Rwanda, working through the National Malaria Control Program, has made remarkable strides towards reducing the malaria burden, especially for children under five and pregnant women. It is estimated that the number of malaria cases reported from facilities declined by 40% in 2005-2007 period. The proportion of facility caseloads attributable to malaria dropped from 37% to 12% in just two years (2006 to 2008). The country now aims to achieve the pre-elimination phase of malaria control (less than one case of locally-originated malaria per 1,000 population) within five years and intends to target the whole population rather than just the most vulnerable groups with its malaria control interventions.

MALARIA AT A GLANCE

- Population: 10.2 million^[1]
- Most at-risk populations^[2]:
 - Children (ages 0-5): 1.55 million
 - Pregnant women: 390,000
- Morbidity rate: 15 percent of health facility cases^[3]

^[1] U.S. State Department;

^[2] Rwanda Demographic and Health Survey 2005

^[3] Rwanda National Health Management Information System

RESPONSE

The U.S. President's Malaria Initiative (PMI) was launched in 2005 with the 5-year goal of reducing malaria-related mortality by 50 percent in target countries by reaching 85 percent of the most vulnerable groups – principally pregnant women, children under five years of age, and people living with HIV/AIDS – with lifesaving services, supplies and medicines. In Rwanda, PMI began implementation in December 2006. The program is designed to support Rwanda's National Malaria Control Program. PMI/Rwanda is led by the U.S. Agency for International Development (USAID) in collaboration with the Centers for Disease Control and Prevention (CDC). Funding for the PMI program in Rwanda comprised \$20 million in Fiscal Year (FY) 2007, \$17 million in FY 2008 and \$16.3 million in FY 2009.

Implemented in coordination with the Government of Rwanda and all development partners, including nongovernmental organizations, faith-based organizations, and the private sector, PMI backs four key intervention strategies to prevent and treat malaria:

- Indoor residual spraying (IRS);
- Insecticide-treated bed nets (ITNs);
- Prompt and effective case management with artemisinin-based combination therapies (ACTs); and
- Prevention of malaria in pregnant women with intermittent preventive treatment (IPT).

RESULTS

To date, PMI has supported four rounds of indoor residual spraying. The first spraying campaign in the fall of 2007 covered over 160,000 households in three districts (Gasabo, Kicukiro and Nyarugenge), providing protection from malaria to more than 700,000 people. In 2009, the IRS program expanded to cover an estimated 500,544 households in targeted areas in seven districts.

In 2009, 500,000 long-lasting insecticide-treated nets (LLIN) were distributed to antenatal care clinics, immunization clinics and to poorest of the poor households. Approximately 550,000 additional bed nets have been purchased for contribution to a household bed nets campaign scheduled for early 2010.

In 2007, over 71,000 treatments of injectable artemether were procured and distributed to health facilities for treatment of severe malaria. In addition, in 2007 a total of 715,000 ACT treatments were procured, repackaged and available for distribution to trained community health workers. Since 2007, PMI has supported the training of community health workers for implementation of home-based management of fever in 10 districts and the establishment of treatment for children under 5 in the private sector.

In 2007, in order to prevent malaria in pregnant women, 550,000 doses of sulfadoxine-pyrimethamine (SP) were procured and distributed to all health facilities nationwide. Following a change in national policy to discontinue SP for preventive treatment in pregnant women, PMI has supported national and district level training for integrated antenatal health services and community outreach to pregnant women through specialized community health workers..