

**FOR IMMEDIATE RELEASE**

October xx, 2008  
2008-xxx (to be assigned by press office or public information office)  
Press Office: 202-712-4320  
Public Information Office: 202-712-4810  
Email: [press@usaid.gov](mailto:press@usaid.gov)  
[www.usaid.gov](http://www.usaid.gov)

# FACT SHEET

## The Amazon Malaria Initiative (AMI) Collaborating to Control Malaria in South America

### Malaria in the Americas

Thirty percent (264 of 869 million) of people in the Americas live in malaria-endemic areas. Of the approximately 1 million reported cases in the Americas each year, 91 percent of all cases and 87 percent of deaths occur in the Amazon region.

Malaria transmission occurs when a mosquito carrying the malaria parasite bites and feeds on a human host. The parasites most commonly causing malaria in the Americas are *Plasmodium vivax* and *P. falciparum*. While *P. vivax* continued to be the most prevalent species in the Americas, *P. falciparum*—the species that can cause potentially fatal malaria—was increasing at alarming rates in the 1990s.

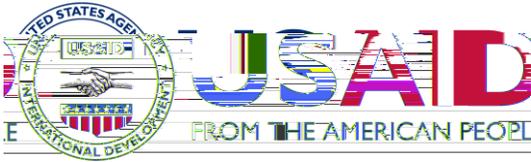
Everyone in malaria-endemic regions is at risk, but pregnant women, children, and persons living with HIV/AIDS or any immune system-compromising disease are at higher risk. Malaria-related illness and deaths cause a great burden to the economy of the Americas. Approximately 55 percent to 64 percent of cases occur among people in their most economically productive years.

### Impediments to Malaria Control

Poverty, poor sanitation, and poor disease control strategies continue to hinder efforts to control malaria. Identified impediments include the following:

**Biological**—Emergence of strains of malaria-causing parasites resistant to drugs commonly used such as chloroquine and sulfadoxine-pyrimethamine; establishment of highly competent malaria-transmitting mosquito species; and continued presence of vector breeding sites.

**Governmental**—Limited commitment in local health services; little control over migration between countries; low levels of funding; insufficient inter-sector cooperation; lack of supplies and medicines; insufficient transportation; delays in project approvals; diversion due to other disease outbreaks; lack of prevention and control education; lack of technical capabilities.



# FACT SHEET

**Socio-cultural**—Limited social commitment and mobilization; non-adherence to treatment; low-quality medicines; and incorrect self-medication.

## **AMI Development**

USAID's Latin America and Caribbean Bureau, Office of Regional Sustainable Development (LAC/RSD) developed the Amazon Malaria Initiative (AMI) in 2001 to address ineffective control and treatment of malaria. USAID's collaboration in the effort has averaged an investment of US\$2 million per fiscal year. AMI's current partner countries are Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, and Suriname.

AMI uses a multi-pronged approach, based on a partnership between organizations that provide technical assistance; each contributing with their expertise in complementing fields. Partnerships are also in place with malaria-related organizations working in each country.

## **AMI's Objective and Priorities**

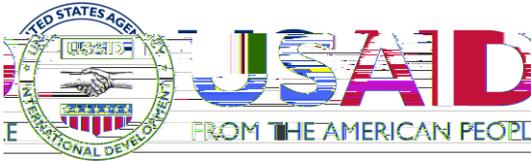
AMI's mission is to ensure that malaria control programs in the Amazon Basin sub-region substantially incorporate selected best practices. AMI complements the efforts of USAID mission bilateral health programs and supports the Roll Back Malaria Partnership in Latin America.

AMI seeks to improve malaria control at the sub-regional level and contribute to decreased morbidity and mortality at the national level by directing resources and using a common conceptual framework to direct and coordinate activities.

AMI's core priority is to provide effective treatment to people with potentially deadly malaria. This involves assessing efficacy of drugs currently in use and of suitable replacement candidates, and developing and implementing new treatment policies; improving quality assurance, quality control, access to anti-malarial drugs, as well as access to and quality of diagnostic tests. Other priorities include vector surveillance and vector control.

## **AMI's Impact and Accomplishments**

Despite being an unprecedented intervention effort, AMI has proven to be largely successful. Today, all partner countries treat *falciparum* malaria using artemisinin-based combination therapy (ACT) of known efficacy, have



# FACT SHEET

improved their capacity to ensure that quality medications are available for patients, and have improved access to higher-quality diagnosis.

As a result, malaria patients receive effective treatment with quality drugs in a more timely manner and when really needed. This results in shorter illness, less severe cases, and a decreased probability of being infective to mosquitoes that could transmit malaria to other people.

## **Statistics Indicate Reduction in Morbidity**

Statistics from the partner countries indicate that implementation of efficacious ACTs has helped reduce morbidity and mortality rates. Peru, for example, transitioned to ACTs as first-line therapies in 2001-2003. Since the adoption of ACTs, the incidence rate of *P. falciparum* malaria has continued to decline.

## **USAID's Role in Malaria Control and Prevention**

Recognizing the grave threat malaria poses, President Bush announced his Malaria Initiative (PMI) in 2005 and pledged to increase funding by more than \$1.2 billion through 2010 in 15 of the hardest hit nations in Africa to cut malaria deaths by half.

Led by the U.S. Agency for International Development (USAID), with the Centers for Disease Control and Prevention (CDC), PMI is working in partnership with host country governments in Africa, non governmental organizations, faith-based and community groups, and the private sector to lift the intolerable malaria burden.

USAID supports malaria control and prevention programs on three continents (Africa, Asia and South America). In addition to the Amazon Malaria Initiative, USAID's Mekong Regional Initiative covers Cambodia, Laos, Thailand and Vietnam.

###