The variable contributed to the total reduction in infant mortality over the study period. This corresponds to about 20% of the world’s malaria deaths occurred in Africa and about 460,000 African children died before their fifth birthdays. Funding for malaria experienced a significant peak around 2005 in many Sub-saharan countries. Especially involvement of international donors increased significantly. The major international actors being PMI/USAID and Global Fund. The highest proportion of financial aid is used to increase the ITN (bednet) coverage[3][4].

In 2012: 90% of the world’s malaria deaths occurred in Africa and about 460,000 African children died before their fifth birthdays. Funding for malaria experienced a significant peak around 2005 in many Sub-saharan countries. Especially involvement of international donors increased significantly. The major international actors being PMI/USAID and Global Fund. The highest proportion of financial aid is used to increase the ITN (bednet) coverage[3][4].

In 2012:

<table>
<thead>
<tr>
<th>Country</th>
<th>ITN ownership</th>
<th>% of children under 5</th>
<th>% who slept under ITN</th>
<th>ITN usage at t1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>38.4%</td>
<td>19.9%</td>
<td>45.9%</td>
<td>1.1</td>
</tr>
<tr>
<td>Cameroon</td>
<td>67.6%</td>
<td>51.1%</td>
<td>31.6%</td>
<td>3.9</td>
</tr>
<tr>
<td>Malawi</td>
<td>67.7%</td>
<td>51.1%</td>
<td>31.6%</td>
<td>3.9</td>
</tr>
<tr>
<td>Rwanda</td>
<td>67.7%</td>
<td>51.1%</td>
<td>31.6%</td>
<td>3.9</td>
</tr>
</tbody>
</table>

**Results**

- Only significant effect is found for Malawi: Malaria control programs reduced all-cause child mortality by about 2.1 percentage point.
- This corresponds to about 20% of the total reduction in infant mortality over the study period.

**Next Steps**

- Investigate the differences of Malaria control programs in different counties to understand the results.
- Especially, explain why the effect in Rwanda is insignificant even though it received almost three times more per capita funding than Malawi.
- Evaluate the effectiveness of vertical funding provided for malaria control efforts.
- Answering these questions will help us to shape the MCP in the future.

**Overview**

- In 2000: 350-500m malaria episodes, 1 million malaria deaths, mostly children.
- In 2012: 135-297m malaria episodes, 627,000 malaria deaths.
- In 2012: 90% of the world’s malaria deaths occurred in Africa and about 460,000 African children died before their fifth birthdays.
- Funding for malaria experienced a significant peak around 2005 in many Sub-saharan countries.

**Method**

- We use econometric method by Deuchert & Wunsch (2014) with a small modification[1].
- Y = 1 if, at the time of measurement, a child who was born no more than 12 months before was no longer alive, and 0 otherwise.
- The variable is equal to zero for the pre-intervention period, i.e. for the first cross-section (T = 0), and equal to 1 for the post-intervention, i.e. (T > 1).
- The treatment effect we estimate is the average effect for those who are exposed to the treatment:

\[
\tau = E[Y_{1} - Y_{0}] \mid I = 1 = E[Y_{1} - Y_{0}] \mid T = 1
\]

- The health intervention affects health outcomes only via its effects on individuals’ health-seeking behaviour (ITN usage for our case), which in turn affects health!

**Data**

- Measure Demographic and Health Survey data[6].
- GPS data for the clusters, i.e. the groupings of households that participated in the survey as well as GPS data for water sources and city centers[5].
- We control for (i) child characteristics, (ii) Mother’s characteristics, (iii) Regional characteristics, (iv) Partner’s characteristics, and (v) Householder characteristics.

**References**

1. http://www.who.int/features/factfiles/malaria/malaria_facts10FactsonMalaria