

ANGOLA

April 2010



At a Glance: Angola

Population – 2010: 13 million¹

Life expectancy at birth – 2010:
37 years (male), 39 years (female)¹

Population at risk of malaria – 2008:
100%²

Under-5 mortality rate – 2008:
220/1,000 live births, or
approximately 1 in 5 children die
before their fifth birthday³

¹ US Census Bureau, International Data Base 2010

² WHO World Malaria Report 2009

³ UNICEF State of the World's Children 2009

Background

Angola is rebuilding its health systems, which were severely damaged during the 27-year civil war that ended in 2002. Only about 30 percent of the population has access to government health facilities. Malaria accounts for an estimated 35 percent of mortality in children under the age of five, 25 percent of maternal mortality, and 60 percent of hospital admissions for children under five. Malaria transmission is highest in the north, moderate in the central part of the country, while the southern provinces have highly seasonal or epidemic malaria.

The President's Malaria Initiative (PMI)

Angola is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Angola's national malaria control strategy, PMI supports four key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.

- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.
- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, which include maternal anemia and low birthweight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP) given not less than one month apart during the second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors.
- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests (RDTs) and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in most malaria-affected regions of Africa, and are extremely effective against malaria parasites; they have few or no side effects.

Progress to Date

Angola is in its fifth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations.

PMI-Supported Activities	2006	2007	2008	2009	Cumulative
IRS: Houses sprayed ¹	107,373	110,826	189,259	102,731	-
IRS: Residents protected ¹	590,398	612,776	992,856	485,974	-
ITNs: Procured	540,949	294,200	734,198	395,748	1,965,095
ITNs: Distributed	540,949	-	339,440	446,348	1,326,737
ITNs: Procured by other donors and distributed with PMI support	-	-	109,624	17,089	126,713
ACTs: Procured	587,520	2,033,200	3,035,520	5,572,860	11,229,100
ACTs: Distributed	-	1,689,321	3,109,089	1,947,188	6,745,598
RDTs: Procured	129,875	375,000	375,000	600,000	1,479,875
RDTs: Distributed	-	101,000	380,875	975,000	1,456,875
Health workers trained in IPTp use ²	1,450	290	1,481	2,554	-
Health workers trained in ACT use ²	1,283	290	1,357	2,784	-
Health workers trained in diagnostics ²	-	374	1,356	691	-

¹ A cumulative count of the number of houses sprayed and people protected is not provided since some areas have been sprayed on more than one occasion.

² A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding

The proposed FY 2010 PMI budget for Angola is \$35.5 million. Of this amount, 27 percent will support malaria diagnosis, procurement of ACTs, and improved case management; 34 percent insecticide-treated nets; 14 percent IRS; 9 percent monitoring and evaluation; 6 percent staffing and administrative costs; 5 percent other activities (including epidemic surveillance and national malaria control program capacity building); and 5 percent malaria in pregnancy activities. Approximately 47 percent of the total budget will be spent on commodities.

	FY 2005 Jump start funds	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Budget	\$1.7 million	\$7.5 million	\$18.5 million	\$18.8 million	\$18.7 million	\$35.5 million

For details on FY 2010 PMI activities in Angola, please see the **Angola Malaria Operational Plan**: http://www.pmi.gov/countries/mops/fy10/angola_mop-fy10.pdf.

