

## Country Profile | President's Malaria Initiative (PMI)

# ANGOLA

April 2009



### At a Glance: Angola

Population - 2009: 12.5 million<sup>1</sup>

Life expectancy at birth - 2009:  
37 years (male), 39 years (female)<sup>1</sup>

Population at risk of malaria - 2006:  
100%<sup>2</sup>

Under-5 mortality rate - 2007:  
158/1,000 live births, or approximately  
1 in 6 children<sup>3</sup>

<sup>1</sup> US Census Bureau, International Data Base 2009

<sup>2</sup> WHO World Malaria Report 2008

<sup>3</sup> 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 have access to government health facilities. Malaria accounts for an estimated 35 percent of mortality in children under five years of age, 25 percent of maternal mortality, and 60 percent of hospital admissions among children under five.

Angola is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

### Goal

The goal of PMI is to reduce malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under five years of age – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

### Key Interventions

In support of Angola's NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

### Results to Date

Angola is entering its fourth 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.

**Insecticide-treated mosquito nets:** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans and can repel and kill mosquitoes for up to three years. The NMCP has a multipronged approach to ITN distribution, including free distribution through large-scale health campaigns, free distribution through antenatal and child health clinics, and through commercial sales of full-cost or

subsidized nets. According to UNICEF, more than 3 million ITNs have been distributed since the July 2006 large-scale integrated measles-ITN campaign, during which more than 800,000 long-lasting ITNs were distributed. Thus, it is expected that the nationwide Multiple Indicator Cluster Survey, which was conducted in early 2009, will show a dramatic increase in ITN ownership and use when compared with results from the 2006 Malaria Indicator Survey. Since beginning work in Angola, PMI has procured more than 1.5 million ITNs and supported the distribution of nearly 900,000 of them and 100,000 that were procured by PMI partners.

**Indoor residual spraying:** IRS acts by killing or shortening the lives of adult female malaria-carrying mosquitoes when they rest on the sprayed inside walls of homes after feeding. Before PMI began work in Angola in 2005, no large-scale IRS had been conducted by the NMCP for many years. Spraying supported by PMI began in 2006 in three southern provinces with epidemic-prone malaria. Over the past year, based on discussions with the NMCP, spraying was continued in one of these three southern provinces, Huila Province, which has the highest malaria burden, and was initiated in one new province, Huambo, where year-round, more intense malaria transmission occurs. PMI supported two rounds of IRS last year: In late 2007/early 2008, more than 139,000 houses were sprayed, protecting 745,000 people; in late 2008, nearly 136,000 houses were sprayed, protecting 680,000 people.

**Malaria in pregnancy:** Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman's immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. With PMI support, expectant mothers receive malaria treatments given at regular intervals during pregnancy through antenatal care services. The prescribed IPTp regimen is now being used in all 18 provinces of Angola. While the Ministry of Health and the Global Fund provide drugs for treatment, during 2008, PMI provided support for training 1,480 health workers in IPTp.

**Diagnosis and treatment:** ACTs are highly effective against malaria parasites and have few or no side effects. Since beginning work in Angola, PMI has procured more than 5.6 million ACT treatments, of which 4.1 million have already been distributed. According to the Angolan Ministry of Health, more than 160,000 treatments are now being administered each month through health facilities. ACT use in health facilities has expanded dramatically from fewer than ten districts in 2005, when PMI began work in Angola, to 156 of Angola's 164 districts in 2008. PMI supported training of 1,350 health workers in the correct use of ACTs and the training of more than 1,300 health workers in the laboratory diagnosis of malaria with microscopy and/or rapid diagnostic tests (RDTs). Since beginning work in Angola, PMI procured nearly 880,000 RDTs, of which 480,000 have been distributed.

### PMI Funding

For fiscal year 2009, PMI allocated \$18.7 million in funding for malaria prevention and treatment in Angola. Of this amount, 48 percent will support malaria diagnosis and procurement and rollout of ACTs, 23 percent ITNs, 14 percent IRS, and 3 percent IPTp. More than 53 percent of the total will be spent on commodities.

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

For details on 2009 PMI activities in Angola, please see the Malaria Operational Plan at [http://www.pmi.gov/countries/mops/angola\\_mop-fy09.pdf](http://www.pmi.gov/countries/mops/angola_mop-fy09.pdf).