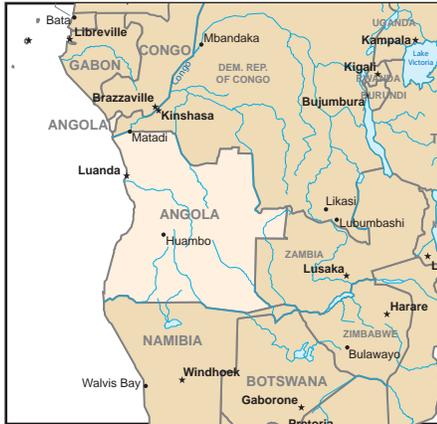


Country Profile | President's Malaria Initiative (PMI)

ANGOLA

December 2006



At a Glance: Malaria in Angola

Population: 12.1 million¹

Life expectancy at birth: 37 years (male), 40 years (female)¹

Reported malaria cases (2002): 1.4 million*²

Under-5 mortality rate: 260/1000, or approximately 1 in 4 children³

* Actual numbers of malaria cases are considered to be much higher since the majority of cases in Africa are unreported.

¹ CIA World Fact Book

² Roll Back Malaria 2005 World Malaria Report

³ UNICEF

Background

Angola's health systems were severely damaged during the civil war, and 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 age 5, 25 percent of maternal mortality, and 60 percent of hospital admissions for children under age 5.

Angola is one of three first-round target countries to benefit from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID), in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, and the White House.

Goal

The goal of PMI is to cut malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women, children under 5 years of age, and persons living with HIV/AIDS – with lifesaving services, supplies, and medicines.

PMI coordinates with national malaria control programs and international partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

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

- Spraying with insecticides (“indoor residual spraying,” or IRS)
- Insecticide-treated mosquito nets (ITNs)
- Lifesaving drugs
- Treatment for pregnant women (“intermittent preventive treatment,” or IPT)

Results to Date

- **IRS:** Southern Angola is prone to periodic epidemics of malaria. PMI supported a spraying campaign in two southern provinces, including the training of 210 spray personnel. Spraying began in early December 2005 and provided coverage for 660,000 residents.

- **Long-lasting ITNs (LLINs):** As part of a nationwide measles immunization campaign, approximately 830,000 LLINs were distributed to young children in seven provinces with the highest rates of malaria.
- **Lifesaving drugs:** PMI has purchased 575,000 treatments of Coartem, an artemisinin-based combination therapy (ACT) that is among the newest and most effective malaria drugs available. This will help save people in 25 districts from the scourge of malaria.

PMI Funding

In fiscal year 2007, PMI has set aside \$15 million in funding for malaria prevention and treatment in Angola. In addition, in February 2006, the ExxonMobil Foundation provided a gift of \$1 million to USAID to directly support PMI activities in Angola.

Upcoming PMI Activities

- **LLINs:** Purchase more than 450,000 LLINs for distribution through antenatal clinics and provincial-level child health days with a focus on provinces not covered during the 2006 campaign. Continued support will also be provided for distribution of highly subsidized ITNs and full-cost ITNs in Luanda City for those who can afford them.
- **IRS:** Expand its IRS activities to a third province and cover a total of 750,000 to 800,000 residents. PMI will also support an evaluation of the effectiveness of DDT and other insecticides on traditional mud walls in southern Angola to guide future selection of the most appropriate and cost-effective insecticide for IRS in this region of the country.
- **ACT:** Support ACT implementation in two underserved provinces through nongovernmental organizations and faith-based organizations which are working together with the Ministry of Health and Essential Drugs Program. In Year 2, this effort will be extended to all health facilities in the 59 priority districts in five provinces covering about 40 percent of the country's population. PMI will also support an assessment of ACT implementation through community health workers.
- **IPT:** Since only 40 percent of pregnant women attend antenatal clinics and IPT is offered only in a limited number of scattered sites, PMI and its partners will focus their efforts to expand IPT to all 59 priority districts in Angola. In the second year of PMI's work in Angola, PMI will support the scale-up of IPT, including health worker training and information, education, and communication to promote IPT, to increase antenatal clinic attendance at existing health facilities and to raise IPT coverage levels. PMI will distribute free ITNs to pregnant women through these clinics.
- **National malaria control program:** Work to improve the financial and program management, procurement, information, education, communication, and monitoring and evaluation capabilities of the national malaria control program. This will increase the program's capacity and ensure an effective scale-up and maintenance of malaria control operations in Angola.