

ANGOLA

Angola had an estimated 3.9 million cases of malaria in 2006. Transmission occurs all year round, with greater seasonality in the south. In 2008, 77% of the 3 432 424 suspected malaria cases were parasitologically tested. No adequate historical data were available to identify changes in the number of confirmed outpatient cases, but inpatient malaria cases and deaths in 2008 have decreased by about 52% and 42%, respectively, from the average of 2001–2006. It is not clear, however, if this is a true decrease, as there was no report on the completeness of data. Implementation of IRS, which began in 2005, continued in selected districts, covering 133 687 households and protecting over 736 000 people at risk (4%). The programme delivered 3.8 million LLINs during 2006 and 2008, adequate to cover 45% of the 16 million people at risk. In the 2006–2007 survey, 33% of households had a mosquito net, but only 18% of children slept under an ITN. The programme delivered over 2 million ACT treatment courses in 2007 and 2.3 million in 2008, enough to treat 69% of reported malaria cases. Funding increased from US\$ 16 million in 2004 to over US\$ 36 million in 2007, financed by the government, the Global Fund, United Nations agencies, the World Bank, bilateral agencies and others.

I. EPIDEMIOLOGICAL PROFILE

Population, endemicity and malaria burden

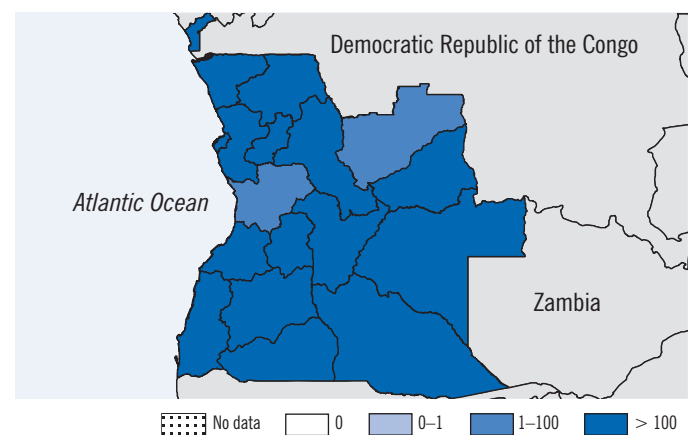
Population (in thousands)	2008	%
All age groups	18 021	
< 5 years	3 170	18
≥ 5 years	14 850	82

Population by malaria endemicity (in thousands)	2008	%
High transmission ≥ 1/1000	18 021	100
Low transmission (0–1/1000)	0	0
Malaria-free (0 cases)	0	0
Rural population	7 795	43

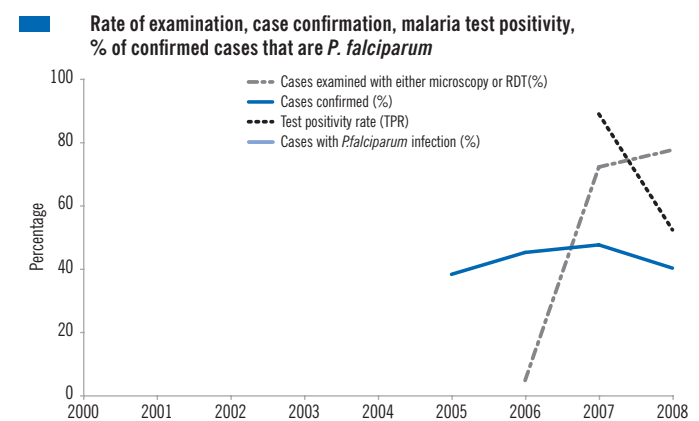
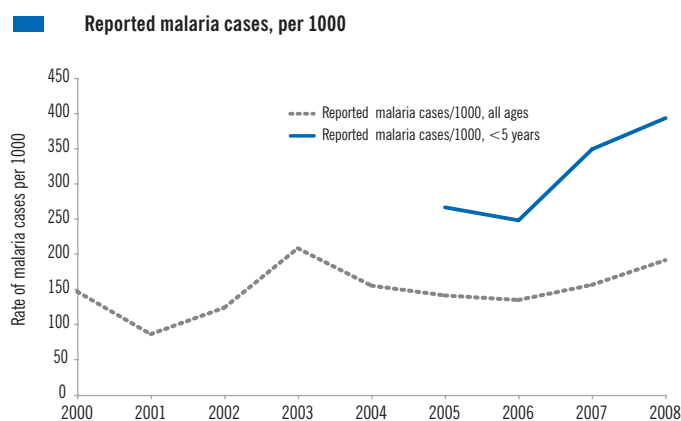
Vector and parasite profiles

Major <i>Anopheles</i> species	<i>gambiae</i> , <i>arabiensis</i> , <i>funestus</i> , <i>coustani</i> , <i>flavicocta</i> , <i>melas</i> , <i>nili</i> , <i>paludis</i> , <i>pharoensis</i>
<i>Plasmodium</i> species	<i>falciparum</i> , <i>vivax</i>

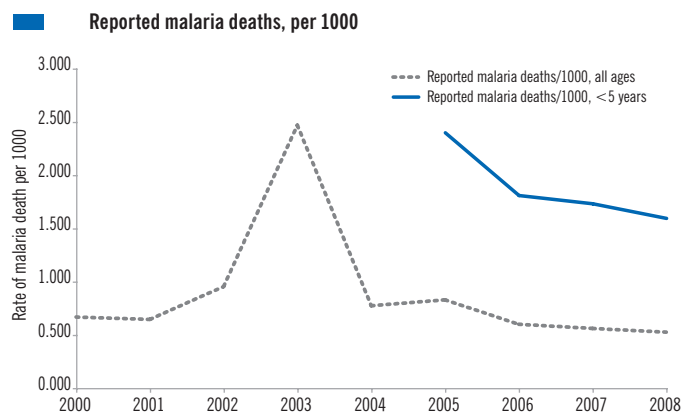
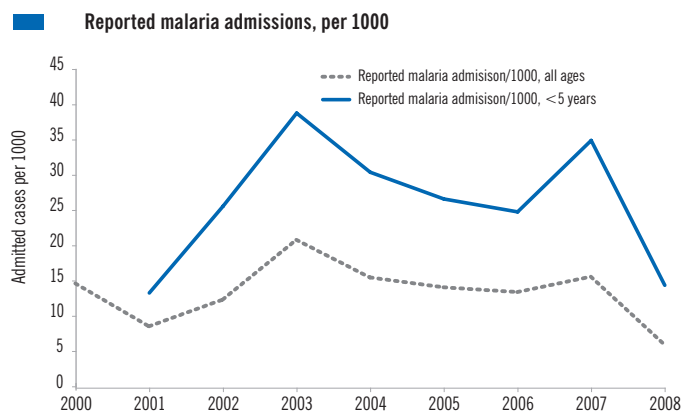
Stratification of burden (reported cases, per 1000)



Trends in malaria morbidity and mortality



Year	Reported malaria cases, all ages	Reported malaria cases, < 5 years	All-cause outpatient consultations, all ages	All-cause outpatient consultations, < 5 years	Examined	Positive	<i>P. falciparum</i>	Reporting completeness of outpatient health facilities (%)	Reporting completeness of districts (%)
2000	2 080 348		2 585 804						
2001	1 249 767		1 971 655						
2002	1 862 662		2 919 857						
2003	3 246 258		4 293 505						
2004	2 489 170		3 829 317						
2005	2 329 316	815 314	3 608 468			889 572			
2006	2 283 097	770 639	3 833 556		106 801	1 029 198			
2007	2 726 530	1 097 783	4 170 770		1 964 879	1 295 535			
2008	3 432 424	1 246 884	8 617 884	2 710 349	2 659 344	1 377 992			



Year	Reported malaria admissions, all ages	Reported malaria admissions, < 5 years	All-cause admissions, all ages	All-cause admissions, < 5 years	Reported malaria deaths, all ages	Reported malaria deaths, < 5 years	All-cause deaths, all ages	All-cause deaths, < 5 years	Reporting completeness of inpatient health facilities (%)	Reporting completeness of districts (%)
2000	208 035				9 510		12 434			
2001	124 977	36 307			9 473		15 206			
2002	186 266	72 102			14 434		24 503			
2003	324 626	112 913			38 598		46 406			
2004	248 917	91 039			12 459		19 419			
2005	232 932	81 531			13 768	7 354	20 894			
2006	228 310	77 064			10 220	5 634	20 646			
2007	272 653	109 778			9 812	5 452	16 787			
2008	106 345	45 523			9 465	5 060	15 070			

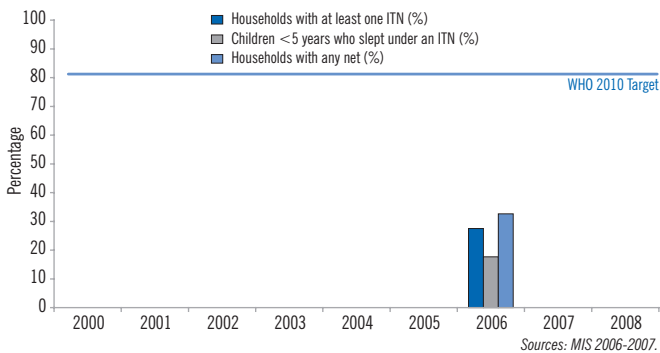
II. INTERVENTION POLICIES AND STRATEGIES

Intervention	WHO-RECOMMENDED POLICIES / STRATEGIES	WHO-RECOMMENDED POLICIES / STRATEGIES		OPTIONAL POLICIES / STRATEGIES	OPTIONAL POLICIES / STRATEGIES	
		Yes or No	Year adopted		Yes or No	Year adopted
Insecticide-treated nets (ITN)	Distribution of ITN/LLINs – Free	Yes	2001	Distribution – Antenatal care	Yes	2001
	Targeting all age groups	No	–	Distribution – EPI routine and campaign	Yes	2005
				Targeting children < 5 years and pregnant women	Yes	2000
				ITN distribution is subsidized	Yes	2005
Indoor residual spraying (IRS)	IRS is a primary vector control intervention	Yes	2003	Insecticide-resistance management implemented	Yes	2005
	DDT is used for IRS (public health) only	No	–	Where IRS is conducted, other options are also implemented, e.g. ITN	Yes	2003
				IRS is used for prevention and control of epidemics	Yes	2003
Intermittent preventive treatment (IPT)	IPT used to prevent malaria during pregnancy	Yes	2005			
Case management	Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)	Yes	2004	Parasitological confirmation for patients ≥ 5 years only	No	–
	Parasitological confirmation for patients of all ages	Yes	2001	Malaria diagnosis is free of charge in the public sector	Yes	2002
	ACT is free of charge for < 5 years old in the public sector	Yes	2005	ACT is free of charge for patients ≥ 5 years in the public sector	Yes	2006
	Diagnosis of malaria of inpatients is based on parasitological confirmation	Yes	2005	ACT is delivered at community level through community agents (beyond the health facilities)	No	–
	Pre-referral treatment with quinine or artemether IM or artesunate suppositories	Yes	2004	Uncomplicated malaria cases are admitted	No	–
	Oversight regulation of case management in the private sectors	No	–			
	RDTs used at community level	No	–			

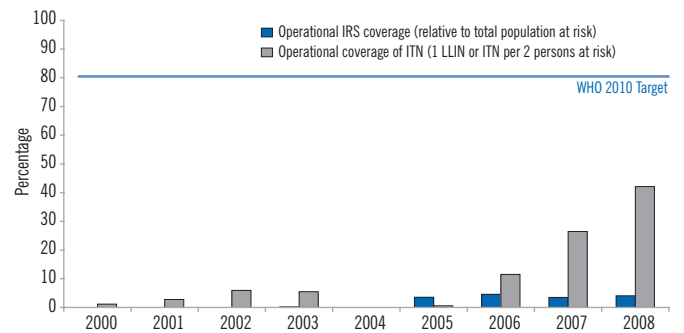
Antimalarial policy	Type of medicine	Year adopted	Results of therapeutic efficacy tests						
			Study year	No. of studies	Median	Minimum	Maximum	Percentiles: 25%	75%
First-line treatment of <i>P. falciparum</i> (unconfirmed)	AL	2006	2004-2004	2	1.1	0	2.3	0	2.3
First-line treatment of <i>P. falciparum</i> (confirmed)	AL	2006	2004-2004	2	1.1	0	2.3	0	2.3
Treatment failure of <i>P. falciparum</i>	QN(7d)	2006							
Treatment of severe malaria	QN(7d)	2006							
Treatment of <i>P. vivax</i>	–	–							

III. IMPLEMENTING MALARIA CONTROL

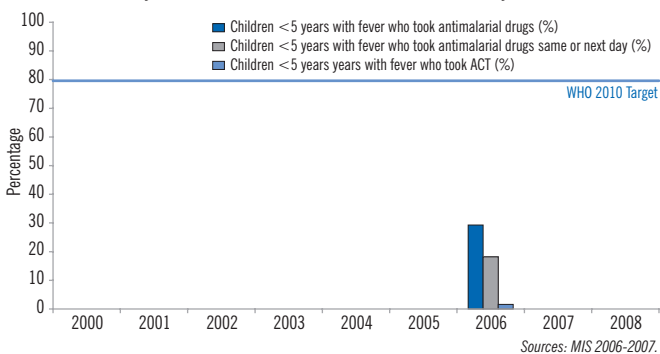
Coverage of ITN: survey data



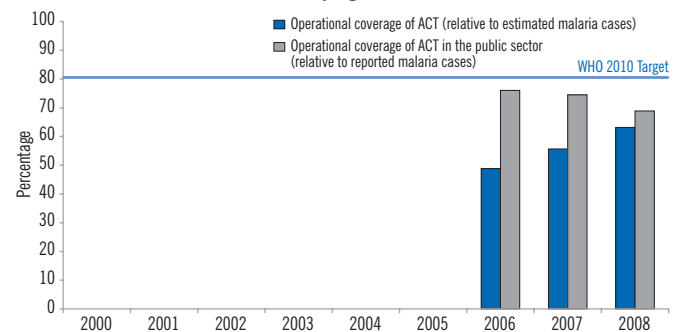
Coverage of IRS and ITN: programme data



Access by febrile children to effective treatment: survey data



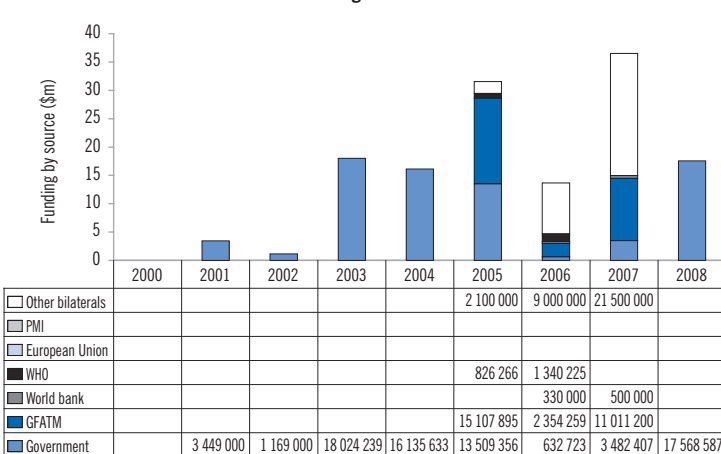
Access to effective treatment: programme data



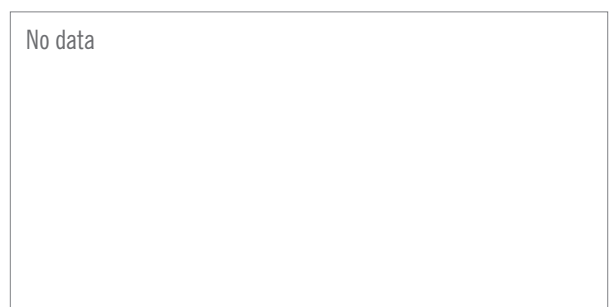
Year	Pregnant women who slept under any net (%)	Pregnant women who slept under an ITN (%)	Children < 5 years with fever (%)	Febrile children < 5 years who sought treatment in HF (%)	Number of households protected by IRS	Number of people protected by IRS	Number of ITNs and/or LLINs	Number of 1st-line treatment courses received	Number of ACT treatment courses received
2000							85 000		
2001							204 600		
2002							450 000		
2003						30 000	430 000		
2004									
2005					100 000	590 000	45 889		
2006		22	–	–	115 000	780 257	984 760	1 700 000	1 736 200
2007			–	–	110 826	612 776	1 495 165	2 031 760	2 031 760
2008			–	–	133 687	736 231	1 471 200	2 363 970	2 363 970

IV. FINANCING MALARIA CONTROL

Governmental and external financing



Breakdown of expenditure by intervention in 2008



V. SOURCE OF INFORMATION

PROGRAMME DATA

Reported cases	Surveillance data
Operational coverage of ITNs, IRS and access to medicines	Programme report
Financial data	Programme report

SURVEY AND OTHER DATA

Insecticide-treated nets (ITN)	MIS 2006-07, MIS 2007
Treatment	MIS 2006-07, MIS 2007
Use of health services	MICS 2001