

## Overview of malaria control activities and programme progress

Malaria is by far the highest cause of morbidity and mortality in Angola, with varying levels of endemicity throughout the country and epidemic potential in five provinces. To respond to these challenges, the NMCP has adopted several key strategies for malaria control including: (i) capacity building of the NMPC in management and coordination; (ii) case management; (iii) vector control; (iv) epidemic preparedness and response in focal areas; (v) information, education and communication materials for malaria control and community mobilization; (vi) community-based malaria control; (vii) operational research; and (viii) strengthening of monitoring and evaluation.

At national level, progress with capacity building of the NMCP and in strategic planning has been achieved. Progress has been made in updating the situation analysis and a Five-Year Strategic Plan (2005–2009) has been drafted. This has involved joint planning between major country partners, including the NMCP, WHO and UNICEF, with a National Malaria Task Force in place.

There has been notable progress across strategy areas: efforts to implement malaria case management at the household level at a preliminary stage and malaria guidelines have been drafted for diagnosis and treatment of severe malaria, laboratory diagnosis, epidemic preparedness and response, commodity assessment for case management, and in malaria and pregnancy. In expanding vector control activities, a national ITN policy has been developed and more than 1.5 million have been distributed in the country since 2000. A stable supply of insecticide for regular (re-)treatment of ITNs has also been established. A regional vector control workshop for epidemic-prone provinces—Lubango, Kunene, Kuando Kubango, Namibe—was held in March 2004. More than 350 people were trained as trainers on ITN techniques and administration and management of community-based insecticide treatment units, in a wide-scale effort to increase access to and availability of ITNs. Recently, consultancies on social marketing have been conducted, including an assessment of knowledge, attitudes and practices related to malaria and ITNs.

Key challenges facing the programme include strengthening of the overall health infrastructure for primary health care following the wide-spread destruction as a result of the civil war, and accelerating improvements in key knowledge, attitudes and practices at household level for enhanced community involvement and better prevention and treatment behaviours. Further strengthening management and organizational capacities at municipal (or district) level will be essential for guiding activities at community level. Embedding monitoring and evaluation activities as part of strategy implementation will also be important to gauge progress and identify gaps.

### National malaria policy and strategy environment

#### National malaria strategy overview for 2003

	Strategy
<b>Treatment and Diagnosis Guidelines</b> Published/updated in	
<b>Monitoring antimalarial drug resistance</b> Number of sites currently active	Yes 8
<b>Home management of malaria</b>	No
<b>Vector control using insecticides</b>	Yes
<b>Monitoring insecticide resistance</b> Number of sites currently active	
<b>Insecticide-treated mosquito nets (ITNs)</b>	Yes
<b>Intermittent preventive treatment (IPT)</b>	No
<b>Epidemic preparedness</b>	Yes

#### Current antimalarial drug policy

	Current policy
<b>Uncomplicated malaria</b>	
<i>P. falciparum</i> (unconfirmed)	CQ
<i>P. falciparum</i> (lab confirmed)	CQ
<i>P. vivax</i>	
<b>Treatment failure</b>	SP
<b>Severe malaria</b>	Q(7d)
<b>Pregnancy</b>	
Prevention	CQ weekly
Treatment	

## EPIDEMIOLOGICAL DATA

Following WHO recommendations, malaria case reporting is carried out in most countries. The data presented below reflect aggregated malaria cases at the national level and are presented by gender, age and subnational level as submitted to WHO. Malaria reporting from national surveillance systems varies in quality and reporting completeness and may have limited value in understanding the actual malaria burden, but may be useful for understanding trends in the relative burden of malaria in the public health sector.

### Reported malaria cases (annual)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
243 673	1 143 701	782 988	722 981	667 376	156 603		893 232	1 169 028	1 471 993
2000	2001	2002	2003	Date of last report:					
1 635 884	1 385 597	1 409 328							

### Reported malaria by type and quality

For most recent year

Reported malaria cases	1 409 328
Reported malaria deaths	11 344

#### Probable or clinically diagnosed

Malaria cases	1 409 328
Severe (inpatient or hospitalized) cases	
Malaria deaths	11 344

Slides taken  
Rapid diagnostic tests (RDTs) taken

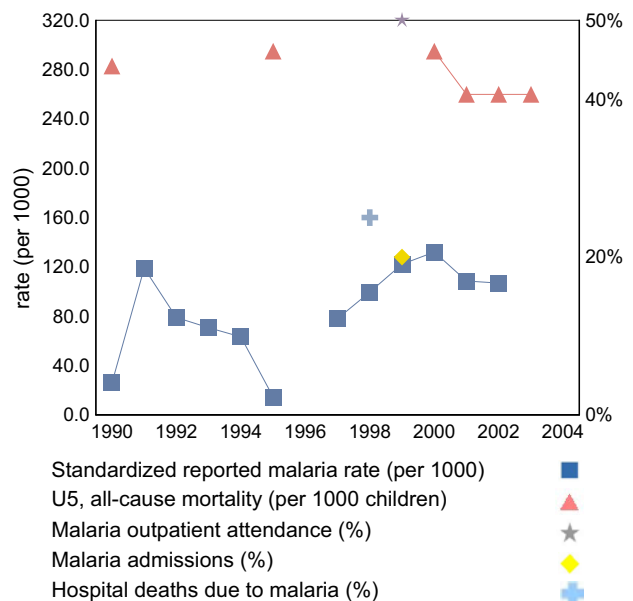
#### Laboratory confirmed

Malaria cases	
<i>P. falciparum</i> or mixed	
<i>P. vivax</i>	
Severe (inpatient or hospitalized) cases	
Malaria deaths	

#### Investigations

Imported cases

Estimated reporting completeness (%)



### Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	1 635 884	1 385 597	1 409 328		100
Age	<5 years			484 754		34
	5> years			924 574		66

### Reported malaria cases by selected subnational area

	2000	2001	2002	2003	%
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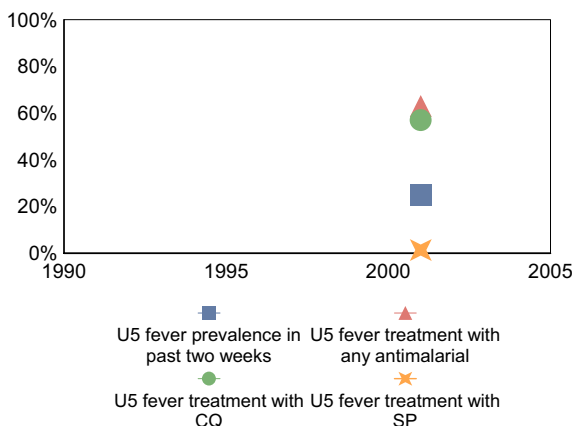
## COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

Information related to the coverage of RBM key interventions is presented here. This includes coverage of antimalarial treatment, possession and use of insecticide-treated nets (ITNs), and use of intermittent preventive treatment (IPT) among pregnant women (PW) where national policy indicates.

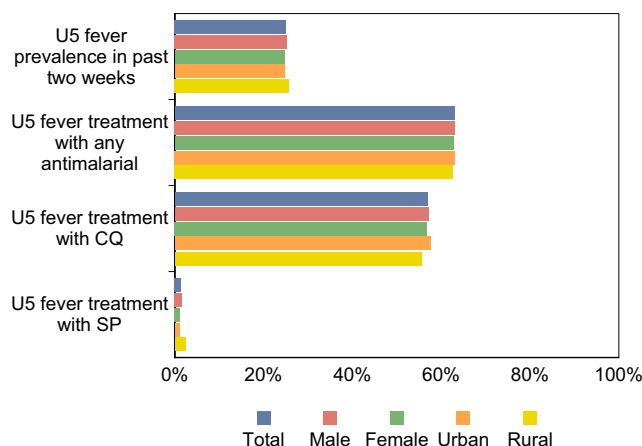
### Fever prevalence and treatment with antimalarials

Prompt access to effective treatment is one of the key interventions promoted by RBM. Information presented below is from household surveys on fever prevalence and reported treatment of fever with antimalarials among children under 5 years of age (U5) within the previous 2 weeks.

**Trend in fever prevalence and antimalarial coverage estimates from national surveys**



**Estimate of fever prevalence and treatment with antimalarials from most recent national survey**



#### Available national surveys

##### MICS 2001

Sample size (U5s): 5 663

Field work: Apr-Oct 2001

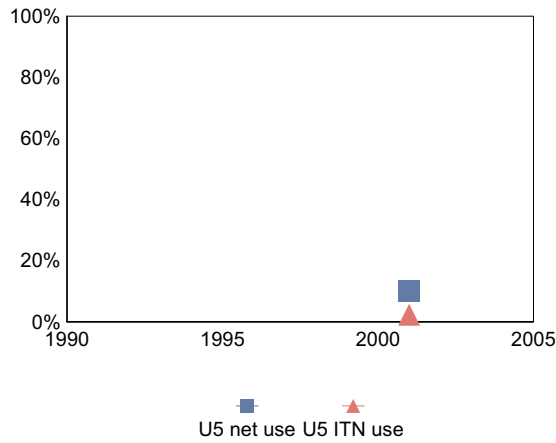
Scale: national

Supporting organization: UNICEF

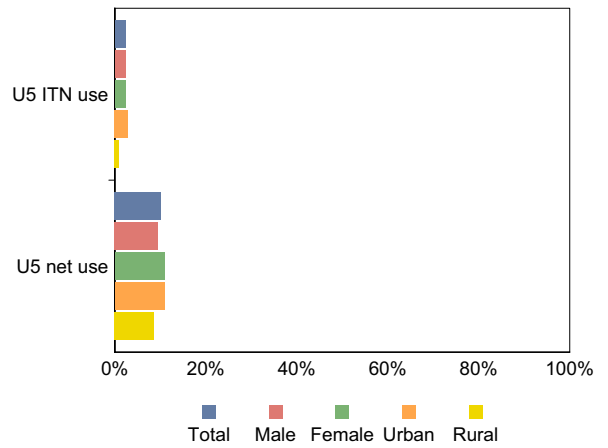
## Insecticide-treated nets

ITNs are one of the key interventions promoted by RBM. Coverage of ITNs is best assessed through household (HH) surveys which ask questions on possession and use of nets, as well as insecticide treatment status, among the target populations of children under 5 years of age (U5) and pregnant women. Data below represent available household survey results in which household possession and use of nets and ITNs have been assessed.

**Trend in mosquito net coverage estimates from national surveys**



**Estimates of ITN coverage from most recent national survey**



### Available national surveys

#### MICS 2001

Sample size (HHs or U5s): 5 646

Field work: Apr-Oct 2001

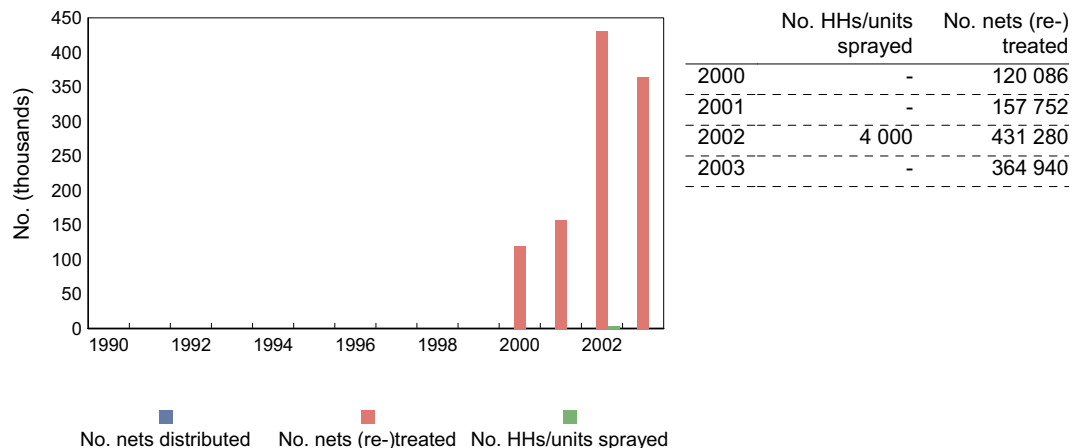
Scale: national

Supporting Organization: UNICEF

## SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

### General malaria-related services delivered

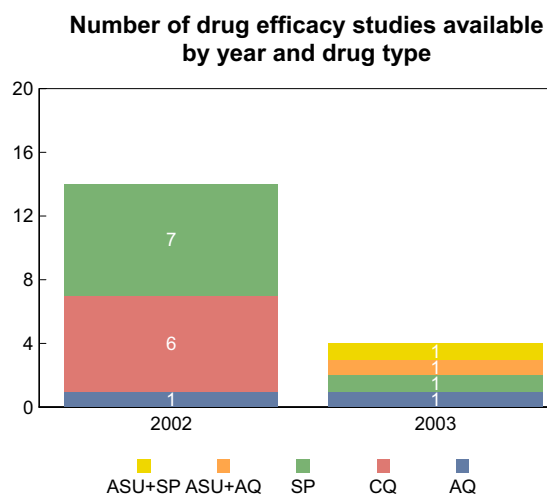
Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities of national malaria control programmes. The information reflects annual, country-reported data.



## MONITORING ANTIMALARIAL DRUG EFFICACY

Monitoring antimalarial drug efficacy is important for understanding the impact of antimalarial treatment being delivered and the need for drug policy change, essential for ensuring prompt access to effective treatment. Median, range and quartiles are based on percentage clinical failure for uncomplicated *P. falciparum* malaria for countries in Africa south of the Sahara, and percentage total failure for all other areas. Included are studies that used WHO protocol among selected drugs.

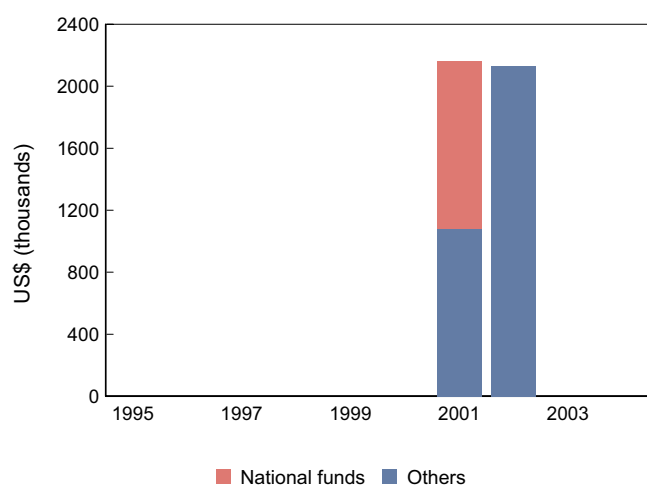
Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
<b>CQ</b>						
2002	6	41.8	8.2	54.1	14.8	52.1
<b>SP</b>						
2002-2003	8	5.7	0.0	28.2	2.7	8.8
<b>AQ</b>						
2002-2003	2	8.7	3.9	13.4	3.9	13.4
<b>ASU+AQ</b>						
2003	1	0.0				
<b>ASU+SP</b>						
2003	1	1.2				



## FINANCING FOR MALARIA

### Annual funding for malaria control

This information represents country-reported national and other resources budgeted or spent for national malaria control programme efforts. If information was reported in a different currency than US\$, the annual average of the official exchange rate from the World Development Index was used for conversion. Currency is presented in US\$ (thousands).



	National funds	Others
1995	-	-
1996	-	-
1997	-	-
1998	-	-
1999	-	-
2000	-	-
2001	1 080	1 080
2002	-	2 130
2003	-	-
2004	-	-

### Malaria funds from the Global Fund to Fight HIV, Tuberculosis, and Malaria

Information on additional resources provided to countries through GFATM from 2-year committed funds for malaria from successful proposals through the first four rounds is presented. The details on approved proposals, grant agreements and disbursements to date are provided. Figures are presented in US\$. These data are maintained and updated by GFATM.

Approved proposals			Grant agreements and disbursements (as of 13 January 2005)						
Source	Round	Total year 1-2 budgets	Principal recipient	Signed	Signature date	Grant amount	No. of disbursements	Total disbursed	% disbursed
CCM	3	25 259 000		No			-		

### General notes and remarks

See explanatory notes at the beginning of the section.