

# Fighting Malaria on the “River of Life”

## An opportunity to join an historic, illuminating voyage



Under the political sponsorship of SADC, the RBM Zambezi Expedition – a voyage on the 2,500 km Zambezi River - will be a world's first to show the successes and the challenges faced by six malaria-endemic African countries – Angola, Botswana, Mozambique, Namibia, Zambia, and Zimbabwe. The journey will draw attention onto remote populations at the water's edge who are anxious to receive protective treated nets and malaria treatments. It will also help document the disease, highlight the success and challenges of meeting SADC countries' pledge to eradicate malaria and help make the case for this ambitious health goal.



Medicines for Malaria Venture



- The Zambezi Expedition will showcase the successes in the fight against malaria and highlight the challenges to be tackled and overcome, such as education, access to effective treatment and drug resistance.
- The Zambezi expedition will highlight the plight of babies and young children, and the very high price they pay: 75% of all malaria-related deaths occur in pregnant women and children. There is no reason why so many pregnant women and children are dying of malaria, a preventable and treatable disease.
- The Zambezi Expedition illustrates the vital importance of regional cooperation and cross-border collaboration to the SADC region's long term goal of elimination. It demonstrates that success is within reach.
- The Zambezi Expedition demonstrates the need for partnerships to fight malaria. The Expedition would not have been possible without partnership.
- The Zambezi River has the potential to represent the 'River of Life' among the six countries and serve as a communications and development pathway. Instead, the high burden of malaria today creates a river environment of illness and suffering.

## Country Profile - Malaria control | ANGOLA



Courtesy of World Factbook

### Angola in Figures

#### General (2005)

- Population: 16.1 million
- Life expectancy: 42 years
- Under-five mortality: 260 per 1,000
- Doctors/people: 8 per 100,000 people
- Internally Displaced People: 62,000

#### Malaria (2002)

Estimated cases (2002) - 4.9 million  
Reported deaths - 10,220  
Source: UNDP, WHO, Global Fund

### Contact Information

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### Background

Malaria remains a major public health problem in Angola and is reported to be the principal cause of illness and death. The disease accounts for an estimated 35% of mortality in children under age 5, 25% of maternal mortality, and 60% of hospital admissions for children under age 5.

Angola's health systems were severely damaged during the civil war (1985-2002) and the country is taking steps to reach rural and remote populations. Outside of the capital, Luanda, where infrastructure is weak, many health staff have only basic training and health facilities are in need of repair. Only about 30% of the population currently has access to government health facilities.

### Key Interventions

The goal of Angola's National Malaria Control Program (NMCP) strategic plan 2008-2012 is to reduce by 60% the impact of malaria by 2012. Specifically, it focuses on the following interventions

- Insecticide Treated Nets (ITNs)
- Artemisinin Combination Therapy (ACTs)
- Behavior Change Communication and Community Outreach
- Health System Strengthening (Human Resources & Monitoring and Evaluation).

### Results to Date

As a result of conflict, Angola's malaria control activities were significantly constrained for many years. However, Angola has taken advantage of the advent of peace in 2002 and steady progress is now being made in malaria control. In 2001, fewer than 2% of children slept under an ITN the previous night, but this has risen to 18% according to the 2006 Malaria Indicator Survey (MIS). As mass distribution of LLINs has taken place since this 2006 survey, coverage rates today are likely much higher. Angola has seen a dramatic increase in LLIN distribution with almost 3 million LLINs procured and distributed since 2005.

Using resources from the GFATM Round 3, and later from PMI, the ACT, artemether-lumefantrine (AL), was introduced as the first-line treatment for uncomplicated malaria in 2005, and its roll out has gathered pace significantly in 2007. GFATM and PMI resources have also supported the implementation of IRS in the epidemic-prone provinces in the south of the country during the 2005/6 and 2006/7 malaria seasons, protecting approximately 500,000 residents each year.

### Country partners and financing

The Ministry of Health works in partnership and receives financial and technical support from, among others: The Global Fund, PMI, UNICEF, WHO and Population Services International.

Major donors:

- **PMI:** Approximately US\$19 million per year each year until 2010
- **Global Fund:** Approved funding (Rounds 3 & 7) \$67.5 million. Disbursed to date \$31.3 million

Information gathered from the PMI and Global fund websites. March 2008.