Malaria Situation in Angola

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Outline

• Malaria Burden & Epidemiology in Angola
  - Statistics
  - Epidemiological Stratification
  - Trends in malaria morbidity & mortality in Angola
  - High Risk Groups
  - How and When Malaria Transmission Occurs

• Key Malaria Control Measures in Angola

• Partnership in Malaria Control in Angola
  - Progress to date

• Challenges
Statistics

• Malaria is the leading cause of morbidity and mortality in Angola, accounting for:
  – 60% of under five hospital admissions
  – 35% of under five deaths
  – About 2.5 Million clinical episodes a year
  – About 10,000 deaths a year
  – First cause of under-5 deaths
  – Important indirect cause of maternal mortality (40%)
  – Case fatality rate varies between 15-30%
  – 90% of cases due to *P. falciparum*, 7%, *P. vivax*, 3% *P. malarie* and ?% *P. ovale* (*needs update*)
  – High risk groups: Children <5yrs and Preg. Women
Epidemiological Stratification
Trends in Malaria Incidence in Angola, 1999-2007

Source: MoH’S HMIS

Luanda: 26 February 2009
Trends in Malaria Related Deaths in Angola, 1999-2007

Source: MoH’S HMIS

Luanda: 26 February 2009
High Risk Groups

• Children Under the age of 5 years
  – Why?

• Pregnant Women
  – Why?

• PLWHA
  – Why?

• Rural Population
  – Why?
How and When Malaria Transmission Occurs

- All 4 malaria species transmitted through bites by female *anopheline* mosquitoes

- The wet season is associated with increased malaria transmission

- Malaria transmission occurs mainly at night

- Malaria = “Paludismo”
Key Malaria Control Measures

• Prevention:
  – Use of Insecticide-treated mosquito nets
  – Indoor Residual Spraying of homes
    • What about DDT?
  – Intermittent Preventive Treatment of malaria in pregnant women with SP

• Chemoprophylaxis for non-immune travelers;
  • Options include: Mefloquina (Eloquine, Lariam, Mephaquin), Doxicilina (Vibramicina), Proguanil (Paludrine) and Atovaquone+proguanil (Malarone) – Please consult your Doctor before starting any chemoprophylaxis scheme
    – Alternatives
Key Malaria Control Measures

• Diagnosis
  — RDTs vs. Microscopy (gold standard)

  Positive RDT

Microscope

• Treatment:
  • Uncomplicated malaria: ACTs (Coartem® or Arsucam)
  • Severe/complicated malaria: Quinine
Major Stakeholders in Angola

- CDC
- USAID
- DO POVO AMERICANOS
- Iniciativa do Presidente dos EUA Contra a Malária
- World Health Organization
- JICA
- The Global Fund
- ExxonMobil

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Main Donors

• Government of Angola: Increasing budget for Malaria
  – In 2008: acquired 1.5 million ACTs and ~400,000 LLINs
  – New Angola/Cuba, 2-year (2009-2010) Larviciding Initiative worth ~$120 million

• US President’s Malaria Initiative: a 5-year (2006-2010) >$83 million Initiative for Angola ($1.2 Billion for 15 African countries)

• Global Fund for the Fight Against TB/Malaria and HIV/AIDS: a 5-year (2008 -2012) $78 million Malaria Control Program

• ExxonMobil, yearly providing $1 million through USAID since 2006

• Among other Initiatives and Donors
Progress (partial data)

• In 2008:
  – >1.9 million LLINs distributed across the country via UNICEF (several donors)
  – >745,000 People protected through IRS under PMI
  – >3 million ACT treatments distributed under PMI
  – >750,000 RDTs distributed under PMI
  – 25 Microscopes with their respective microscopy kits, under PMI
  – >1100 Health workers trained in malaria diagnosis and/or treatment under PMI and ExxonMobil
  – >240,000 p. women received their 1st dose of SP and >185,000 received their 2nd

• Coverage Indicators: awaiting the ongoing MICS results
Monitoring & Evaluation

- 2006/7 Malaria Indicator Survey
- 2007 Entomological survey in Luanda and South
- 2007 Health Facility Survey in Huambo
- 2007 Survey on Quality of Diagnosis
- 2008 Luanda Survey
- 2008/9 Multi-Indicator Cluster Survey (ongoing)
- Sentinel Surveillance (ongoing)
- LLIN Lifespan (planned)
- Residual Effect of the IRS’ insecticides (planned)
- Mosquito Resistance to Insecticides (planned)
Challenges

- HMIS data still weak
  - Most reported malaria cases based on fever
  - No age or gender stratification
  - Issues on completeness, timeliness and accuracy of data

- Gap between net ownership and usage
  - Why? – misconceptions, behavioral factors, climate, etc..

- Issues on the Quality of Malaria Diagnosis
  - Example: 40% over-diagnosis and 20% under-diagnosis with microscopy

- Low training level of the majority of health personnel

- Need to improve coordination between the various departments within the MoH (IMCI, Reproductive Health, Health Promotion, INSP)

- Still weak supply chain including leakage of health products

- Malaria Control data-base
Thank You

Any Questions?