

## ANGOLA



### The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

### Country Context

The Government of Angola has been investing in health infrastructure and working to expand the health network. However, it is estimated that only about 45 percent of the population has access to public health facilities. Furthermore, there is still a notable disparity between rural and urban populations' access to care. In the late 1990s, the country began decentralizing in order to empower municipalities and ensure access to quality health services. The law now grants municipal governments authority for budgeting, managing, and implementing their own health activities, independent of the provincial level. Due to falling oil prices and the resulting financial crisis in Angola, the overall Government of the Republic of Angola budget was significantly reduced in 2015–2016, and, consequently, the social sector and health portions of the budget have decreased substantially.

The entire Angolan population is at risk for malaria, but transmission patterns vary by geographic location. The highest rates are seen in the north of the country, while seasonal or epidemic malaria characterizes the south. The majority of cases are caused by *Plasmodium falciparum*. Malaria accounts for an estimated 35 percent of mortality in children under the age of five, 25 percent of maternal mortality, and 60 percent of hospital admissions for children under five.

Since being selected as one of the first three PMI focus countries, Angola has made progress in malaria control. Data from the 2011 Malaria Indicator Survey show an almost 40 percent decline in parasitemia over the past 5 years. Overall, the mortality rate for children under five years of age has fallen by 23 percent over the same time period and is currently estimated at 91 deaths per 1,000 live births.

### Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Angola.

Angola Malaria Indicators	PMI Baseline (MIS 2007)	MIS 2011
All-cause under-five mortality rate*	118/1,000	91/1,000
Proportion of households with at least one ITN	11%	35%
Proportion of children under five years old who slept under an ITN the previous night	18%	26%
Proportion of pregnant women who slept under an ITN the previous night	22%	26%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	3%	18%

\* Both estimates for under-five mortality are derived from the 2011 MIS.

### AT A GLANCE

Population (2016):  
**20.2 million<sup>1</sup>**

Population at risk of malaria (2014): **100%<sup>2</sup>**

Malaria incidence/1,000 population at risk (2013): **146<sup>3</sup>**

Under-five mortality rate (2011):  
**91/1,000 live births<sup>4</sup>**

1 U.S. Census Bureau, International Data Base 2015

2 WHO, *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Malaria Indicator Survey (MIS) 2011

## PMI Contributions Summary

Angola is currently in its eleventh year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

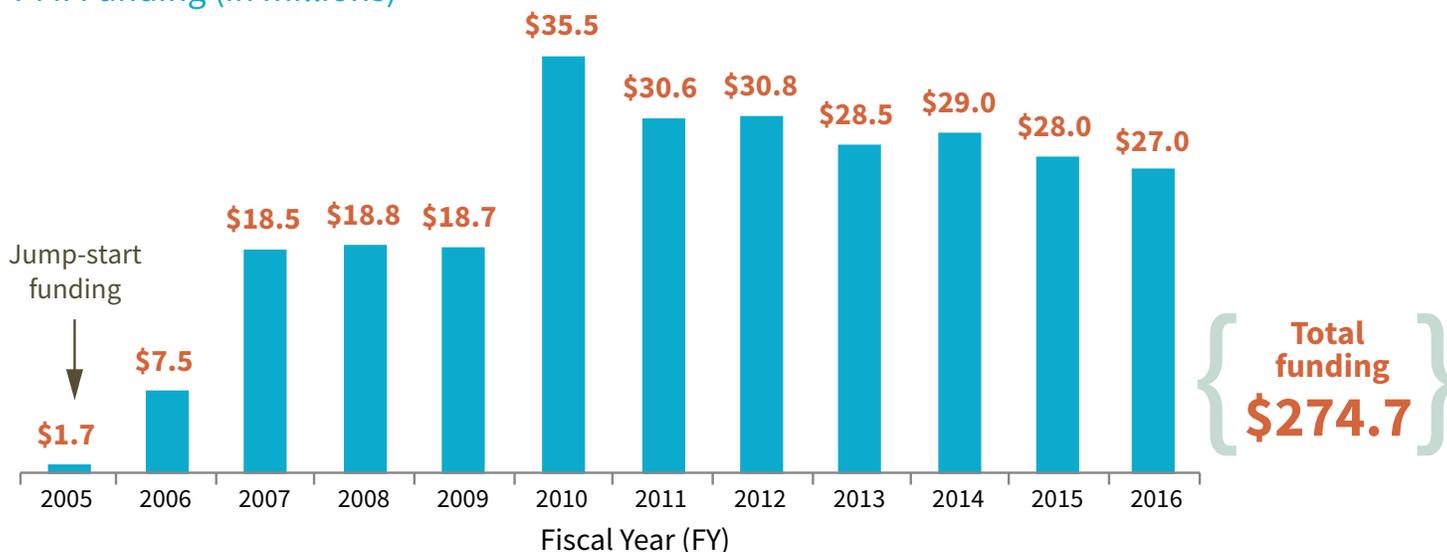
		PMI CONTRIBUTIONS <sup>1</sup>	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	2,500,000	8,411,093
		ITNs distributed	1,015,457	5,165,892
		ITNs procured by other donors and distributed with PMI support	0	1,821,644
Indoor Residual Spraying		Houses sprayed	14,649	n/a <sup>2</sup>
		Residents protected	57,380	n/a <sup>2</sup>
Rapid Diagnostic Tests		RDTs procured	0	10,091,025
		RDTs distributed	0	8,068,525
Artemisinin-based Combination Therapy		ACTs procured	1,185,360	25,870,690
		ACTs distributed	1,185,360	24,237,128
Health Workers		Health workers trained in treatment with ACTs	3,299	n/a <sup>3</sup>
		Health workers trained in malaria diagnosis	1,235	n/a <sup>3</sup>
		Health workers trained in IPTp	646	n/a <sup>3</sup>

1 The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakdowns of PMI contributions.

2 A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

3 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

## PMI Funding (in millions)



For details on FY 2016 PMI activities in Angola, please see the [Angola Malaria Operational Plan](#).



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U.S. President's Malaria Initiative