

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 the Republic of Angola has been investing in health infrastructure and working to expand the health network. However, it is estimated that only approximately 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 between 2015 and 2017. 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 five years of age, 25 percent of maternal mortality, and 60 percent of hospital admissions for children under five years of age.

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 between 2006 and 2011; however, the recent 2015–2016 Demographic and Health Survey showed no change over the past 5 years. Overall, the mortality rate for children under five years of age has fallen by 42 percent in the past decade and is currently estimated at 68 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	DHS 2015/2016
All-cause under-five mortality rate*	118/1,000	91/1,000	68/1,000
Proportion of households with at least one ITN	11%	35%	31%
Proportion of children under five years old who slept under an ITN the previous night	18%	26%	22%
Proportion of pregnant women who slept under an ITN the previous night	22%	26%	23%
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%	37%

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

AT A GLANCE

Population (2017):
29.8 million¹

Population at risk of malaria (2016): **100%²**

Malaria incidence/1,000 population at risk (2015): **124³**

Under-five mortality rate (2015/2016): **68/1,000 live births⁴**

1 World Bank, Population Estimates & Projections 2017

2 WHO, *World Malaria Report 2017*

3 WHO, *World Health Statistics 2017*

4 Demographic Health Survey (DHS) 2015/2016

PMI Contributions Summary

Angola is currently in its thirteenth 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 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	0	11,811,093
		ITNs distributed	2,100,000	9,005,323
		ITNs procured by other donors and distributed with PMI support	293,477	2,115,121
Indoor Residual Spraying		Houses sprayed	0	n/a ²
		Residents protected	0	n/a ²
Rapid Diagnostic Tests		RDTs procured	0	14,641,025
		RDTs distributed	2,850,000	14,043,525
Artemisinin-based Combination Therapy		ACTs procured	338,000	29,178,600
		ACTs distributed	676,000	27,883,038
Health Workers		Health workers trained in treatment with ACTs	1,083	n/a ³
		Health workers trained in malaria diagnosis	1,437	n/a ³
		Health workers trained in IPTp	374	n/a ³

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the *PMI Annual Report* for year-by-year breakouts 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 2018 PMI activities in Angola, please see the [Angola Malaria Operational Plan](#).



USAID
FROM THE AMERICAN PEOPLE

