Presidential Malaria Initiative in Angola

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The President’s Malaria Initiative now includes 15 countries.

**Round 1** Announced in June 2005: Angola, Tanzania, and Uganda

**Round 2** Announced in June 2006: Malawi, Mozambique, Rwanda, and Senegal

**Round 3** Announced in December 2006: Benin, Ethiopia (Oromia Region), Ghana, Kenya, Liberia, Madagascar, Mali, and Zambia.

*$1.2 Billion/5 years*
Objective

• Expand the malaria control interventions in order to reduce by 50 percent mortality by this disease

  – Targets proposed by the end of the year 2010 (Abridged):
    • 85% of women gr. and children <5th, will have slept under a mosquito net the night before or in a house protected by the PRI
    • 85% of women (in areas deemed appropriate) and have successfully completed its pregnancy during the past 2 years, have received two or more doses of SP to IPT during pregnancy;
    • 85% of the public health units will have ACTs for the treatment of malaria uncomplicated malaria, and
    • 85% of children <5th with suspected malaria will have received an antimalarial drug in accordance with the national policy for malaria treatment within the first 24 hours after the onset of symptoms
Activities, Year 1, 2, 3 and 4

(2006-2009)
Implementing Partners

- Procurement and distribution of ITNs: UNICEF and PSI
- Search / distribution of ACTs, RDT, microscopes and reagents: DELIVER / NMCP
- Training in Pharmaceutical Management: SPS / MSH
- Training Laboratory: SES, INSP, IMad
- PRI: RTI / DPS Huambo and Huila
Implementing Partners

• Training and Supervision in 9 provinces with the support of 8 national and international NGOs in partnership with local NGOs:
  – Northern Huila and Kwanza (Africare), Benguela (CRS), Huambo and Zaire (Mentor and ADPP), Malange (CONSAUDE), Huambo (World-Vision and ERD), Lunda-Norte (SES)
  – 5 of 8 NGOs are managed by the World-Learning

• Draft ACTs in the private sector: Mentor (Huambo)
• System of early detection of epidemics and timely response: WHO, RTI and DPS
• Supporting Partners Forum Malaria: PSI
Summary: 1, 2 and 3 years (Prevention)
Indoor Residual Spraying

Beginning of training of sprayers, Huila, (October 2008)
## Summary of Results 1, 2 and 3 years (Prevention)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>ITNs</td>
<td># ITN acquired (distributed)</td>
<td>540,949 (540,949)</td>
<td>294,200 (0)</td>
<td>734,198 (339,440)</td>
<td>1,569,347</td>
</tr>
<tr>
<td>IRS</td>
<td># Trained personnel</td>
<td>350</td>
<td>582</td>
<td>629</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td># Houses targeted (% sprayed)</td>
<td>119,303 (90%)</td>
<td>130,218 (85%)</td>
<td>140,000 (99.8%)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td># Protected population</td>
<td>590,398</td>
<td>612,776</td>
<td>745,030</td>
<td>-</td>
</tr>
<tr>
<td>Malaria and Grav.</td>
<td># Trained health personnel in ITP</td>
<td>1,450</td>
<td>2902</td>
<td>1,481</td>
<td>-</td>
</tr>
</tbody>
</table>
Summary of Results 1, 2 and 3 years
(Diagnosis and Treatment)
Summary of Results 1, 2 and 3 years (Diagnosis and Treatment)
Summary of Results 1,2 and 3 years (Diagnosis and Treatment)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis and Treatment</td>
<td># Trained health staff in the use of ACT</td>
<td>1,283</td>
<td>2,902</td>
<td>1,357</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td># Trained health personnel for the diagnosis of malaria</td>
<td>0</td>
<td>3,742</td>
<td>1,3564</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td># Treatments ACTs purchased (distributed)</td>
<td>587,520 (0)</td>
<td>2,033,200 (1,101,801)</td>
<td>3,035,5205 (2,985,958)</td>
<td>5,656,240</td>
</tr>
<tr>
<td></td>
<td># Rapid Diagnostic Tests purchased (distributed)</td>
<td>129,875 (0)</td>
<td>375,000 (101,000)</td>
<td>375,000 (380,875)</td>
<td>879,875</td>
</tr>
<tr>
<td></td>
<td># Microscopes and kits microscopy adq (distributed)</td>
<td></td>
<td></td>
<td>25 (25)</td>
<td>25</td>
</tr>
</tbody>
</table>
## Summary of Activities Year 4 (Oct 08 – 30 June 2009)

<table>
<thead>
<tr>
<th>Type of training</th>
<th>Target</th>
<th>PROGRESS %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Progress</td>
</tr>
<tr>
<td>Number of lab technician to be trained in malaria microscopy</td>
<td>538</td>
<td>425</td>
</tr>
<tr>
<td>Number of health workers to be trained in the full NMCP's training-package (case mgt, IPTp, Pham mgt, ITNs)*</td>
<td>847</td>
<td>601</td>
</tr>
<tr>
<td>Number of health workers to be trained in malaria Case Mgt only**</td>
<td>369</td>
<td>278</td>
</tr>
<tr>
<td>Number of health workers to be trained in ITP only**</td>
<td>60</td>
<td>39</td>
</tr>
<tr>
<td>Number of pharmacists to be trained in rational pharm. Mgt only**</td>
<td>485</td>
<td>359</td>
</tr>
<tr>
<td>Number of health workers to be trained to deliver ITNs only**</td>
<td>30</td>
<td>13</td>
</tr>
<tr>
<td>Number of people trained as community activists</td>
<td>1265</td>
<td>690</td>
</tr>
<tr>
<td>Number of supervision visits to be conducted to the target health facilities</td>
<td>1964</td>
<td>56%</td>
</tr>
<tr>
<td>Number of health workers to be trained in IMCI***</td>
<td>175</td>
<td>81</td>
</tr>
<tr>
<td>Total</td>
<td>5733</td>
<td>3317</td>
</tr>
</tbody>
</table>
# Progress by Implementer Year 4 (2009)

<table>
<thead>
<tr>
<th>Number of People to be trained:</th>
<th>Target</th>
<th>Actuals</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africar - Kwanza Sul</td>
<td>1284</td>
<td>1027</td>
<td>106%</td>
</tr>
<tr>
<td>Africare - Huila</td>
<td>1442</td>
<td>430</td>
<td>38%</td>
</tr>
<tr>
<td>Consaude</td>
<td>229</td>
<td>267</td>
<td>155%</td>
</tr>
<tr>
<td>CRS</td>
<td>662</td>
<td>236</td>
<td>47%</td>
</tr>
<tr>
<td>MENTOR Huambo</td>
<td>615</td>
<td>658</td>
<td>143%</td>
</tr>
<tr>
<td>MENTOR Zaire</td>
<td>340</td>
<td>346</td>
<td>136%</td>
</tr>
<tr>
<td>World Vision Kwanza Norte</td>
<td>531</td>
<td>275</td>
<td>69%</td>
</tr>
<tr>
<td>World Vision Uige</td>
<td>429</td>
<td>78</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5733</strong></td>
<td><strong>3317</strong></td>
<td><strong>77%</strong></td>
</tr>
</tbody>
</table>

*Ja conducted between October - December 2008. Activities will be held until the end of the year*
Other Activities Undertaken

• Logistic support (drugs, ITNs, RDTs)

• Proven design, printing and distribution of IEC materials / BCC

• Realization of IEC / BCC (lectures, theaters, radio spots and TV, etc.)

• Participation in meetings of provincial co-ordination monthly / bi-monthly

• Sentinel Surveillance
Training IPTp for Antennal health technicians at Uige municipality

Training of pharmacists at the Uige municipality

Training of pharmacists at the Negage municipality

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Medicine Supply
Supervisory Visits

CHEMNICS WL Team

MUNICIPAL LEVEL SUPERVISION

CONSAÚDE SUPERVISION TEAM

MUNICIPAL LEVEL SUPERVISION

WL Team
Laboratory Supervisor

• 10 slides prepared by each laboratory technicians are reviewed by the laboratory supervisor
  
  – 5 slides identified as positive by the technical
  – 5 slides identified as negative by coach

• False Negatives
  
  – Only 2% of slides identified by technical as negative actually positive after review supervisor (3 of 150 slides identified as negative by coach)
Results of Laboratory Supervision

Incorrectly identified as positive

- 31%
- 69%
Provincial training of lab technicians on malaria microscopy. Lubango, May 2009.
- Draft SES

• Training of trainers
• Supervision
• Malaria Microscopy
• Sentinel Surveillance
• Malaria and Pregnancy
• Rational use of antimalarials in Luanda
Monitoring and Evaluation (2006-2008)

- MIS 2006/2007 ended and was disseminated in February 2008

- MICS 2008/2009 coordinated by UNICEF is in progress (PMI contributed $400,000)

- Assessment of risk of malaria in Luanda: prevalence of parasitemia in people with fever or history of fever was 3.5%

- Sentinel surveillance underway in 4 provinces (K. North, K. South, Malange, and Huambo)

- Durability of ITNs
Meeting the Community Volunteers in Katofe, a small village in the outskirts of Kibala
Ambassador’s Visit to the Africare’s Office in Kibala, Kwanza Sul
Challenges/Solutions

• Limited number of trained personnel / date microscopy and use of RDTS

• Lack of confidence in laboratory findings (PP / RDT)

• Need to strengthen collaboration with the IMCI

• Misuse of Coartem (> 500,000 treatments diverted)

• Information system to improve malaria

• Training of lab technicians in progress, Supervision and Quality Control

• Training in the differential diagnosis, supervision

• IMCI implementation

• Increased surveillance

• Focal points, MPPMs, training and supervision
Angola PMI budget

- **FY06**: $7.5 million
- **FY07**: $18.5 million
- **FY08**: $18.7 million (post-recission)
- **FY09**: $18.75 million (pre-recission)
- **FY10 Level Request**: $32,500 million
Coordination with other Partners

- Public-private partnership: Exxon Donates $ 1 M/year through PMI
- Support the operation of the PMI Partners Forum

THANK YOU