

MALARIA IN PREGNANCY COUNTRY PROFILE

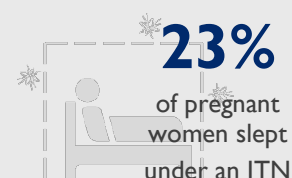
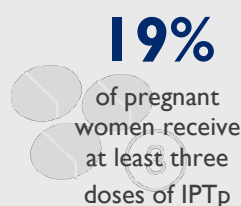
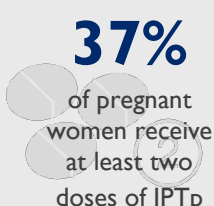
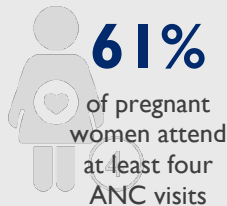
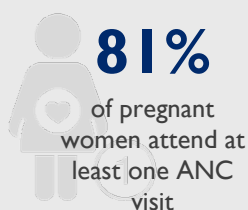
ANGOLA

July 2018

BACKGROUND

Angola has adopted the World Health Organization's (WHO's) three-pronged strategy for combating malaria in pregnancy (MiP): (1) intermittent preventive treatment in pregnancy (IPTp)¹ via directly observed therapy (DOT), (2) distribution and use of insecticide-treated nets (ITNs), and (3) case management of MiP. The country began implementing IPTp nationwide in 2005.

AT A GLANCE²



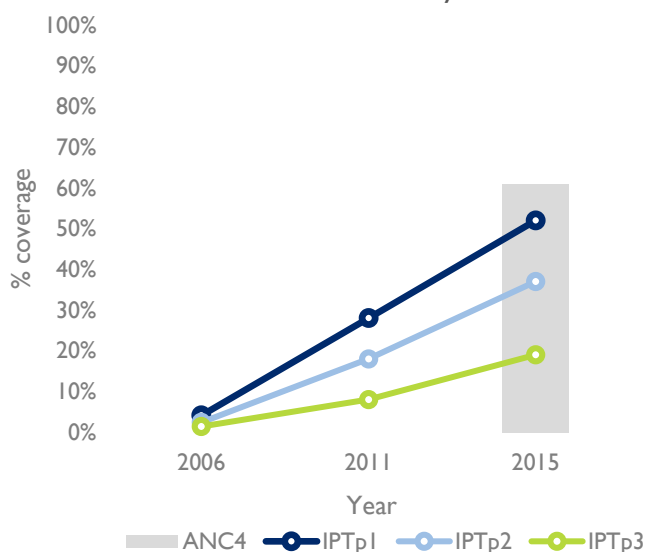
POLICY & IMPLEMENTATION

Angola has an MiP Technical Working Group, which brings together staff from the National Malaria Control Program and the National Reproductive Health Department. In 2013, the National Malaria Control Program adopted WHO's new IPTp policy to administer sulfadoxine-pyrimethamine (SP) to pregnant women at each antenatal care (ANC) visit, starting in the 13th week of pregnancy, at intervals of at least 1 month, until delivery. The updated IPTp guidelines are available only at health facilities supported by the President's Malaria Initiative (PMI). There is insufficient funding to print and distribute the guidelines and manuals to all facilities. A lack of clean drinking water at facilities



A significant disparity exists between rural (38%) and urban (67%) areas in uptake of any IPTp with SP. The IPTp disparity occurs across all doses.⁴

Figure A. IPTp and ANC4 coverage, from household surveys³



¹ IPTp1, IPTp2, and IPTp3 refer to at least one dose, at least two doses, and at least three doses, respectively, of IPTp with SP.

² Instituto Nacional de Estatística (INE), Ministério da Saúde (MINSa), Ministério do Planeamento e do Desenvolvimento Territorial (MINPLAN) and ICF. 2017. *Angola Demographic and Health Survey 2015–16*. Luanda, Angola and Rockville, MD, USA: INE, MINSa, MINPLAN and ICF.

³ The y-axis shows coverage for the most recent pregnancy resulting in a live birth—in the previous 5 years for ANC and in the previous 2 years for IPTp—among women ages 15–49 who were interviewed for the survey. (i) Consultoria de Serviços e Pesquisas—COSEP Lda., Consultoria de Gestão e Administração em Saúde—Consaúde Lda., and Macro International Inc. 2007. *Angola Malaria Indicator Survey 2006–07*. Calverton, MD, USA: COSEP Lda., Consaúde Lda., and Macro International Inc. (ii) Cosep Consultoria, Consaúde, and ICF International. 2011. *Angola Malaria Indicator Survey 2011*. Calverton, MD, USA: Cosep Consultoria, Consaúde, and ICF International. (iii) *Angola Demographic and Health Survey 2015–16*.

⁴ *Angola Demographic and Health Survey 2015–16*.

combined with SP stock-outs prevents IPTp delivery via DOT.⁵ In a 2016 assessment of IPTp delivery, four provinces reported that few facilities were equipped with the key components for DOT (drinking water, clean cups, and SP). The majority of facilities did not have a 1-month stock of SP on hand.⁶

SERVICE DELIVERY

IPTp coverage and MiP service delivery in Angola are limited by capacity and human resources constraints, and by stock-outs of SP. Physical access to health facilities remains a key challenge, with only 45% of the population having access to public facilities. Most health centers do not provide ANC services and thus do not provide IPTp; of the 2,350 facilities in the nation, only 848 provide ANC.⁸ PMI supports health provider training within the six highly endemic provinces: Cuanza Norte, Lunda Norte, Lunda Sul, Malanje, Uige, and Zaire. In three provinces, only 21% of health facilities had any version of the IPTp protocol available in 2016. There is no standardized pre-service training in reproductive health or MiP.⁹ Updated training materials on the new IPTp policy are in development.

COMMUNITY ENGAGEMENT

The Ministry of Health is strengthening the municipal health system through World Bank-supported community development and health workers (ADECOS) in six of Angola's 18 provinces. The ADECOS encourage pregnant women in the community to attend ANC and receive IPTp. Additional approaches include: financing for procurement of drugs, piloting mobile health teams, and providing bicycles and motorbikes to community health workers with the aim of improving the population's access to care.

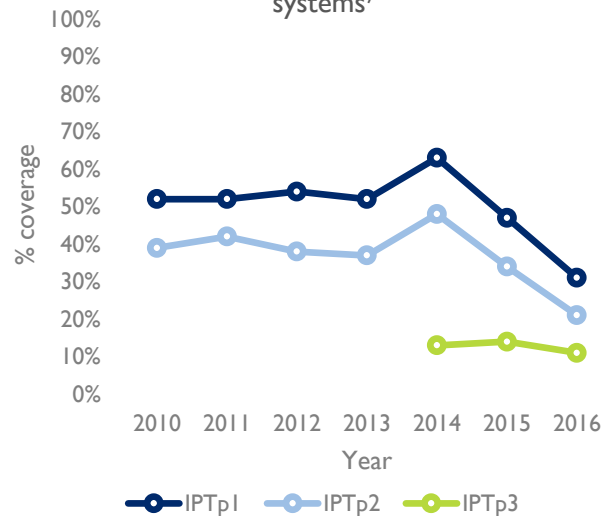
COMMODITIES

Health facilities receive antimalarial drugs—including artemisinin-based combination therapy, rectal artesunate, and SP—in drug kits purchased through WHO-certified sources. Angola's government-run supply chain system has limited management capacity, which contributes to frequent stock-outs of malaria commodities at all levels. PMI and the Global Fund currently use a parallel supply chain for their procured commodities, and intend to reintegrate with the national supply chain in the future. Historically, the Government of Angola has agreed to procure SP to meet 100% of the need. However, in 2017, PMI procured SP for the six highly endemic provinces.¹⁰

MONITORING & EVALUATION

Angola has developed a new ANC register that includes key information such as the percentage of pregnant women who attend at least one and at least four ANC visits and the number of doses of SP administered for IPTp (up to four doses). However, distribution and use of the updated ANC register is not complete. There is no written protocol for recording patient information in the ANC register, so the criteria for recording IPTp may differ within and among provinces. The Health Management Information System (HMIS) reports the number of HIV-positive women on co-trimoxazole prophylaxis as well as case management of MiP in ANC facilities and outpatient departments. In 2016 in four provinces, 50% of health facilities did not record diagnosis of MiP cases, which prevented patient follow-up. The HMIS collects malaria data, and the municipal malaria supervisor collects data through a parallel system. The

Figure B. IPTp coverage among ANC attendees, from routine reporting systems⁷



⁵ Information is drawn from a 2016 report from the Angola National Malaria Control Program, *Opportunities and barriers for the efficient delivery of IPTp-SP in Angola: the perceptions of providers and users*, supported by the World Learning Projecto Eye Kutoloka Project.

⁶ Ibid.

⁷ The y-axis shows coverage among women who attended ANC at facilities reporting to the HMIS. Data used for this graphic comes from the national HMIS 2010–2016.

⁸ President's Malaria Initiative. 2017. *Angola Malaria Operational Plan FY 2017*. Accessed June 21, 2018 at: <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy17/fy-2017-angola-malaria-operational-plan.pdf?sfvrsn=7>

⁹ Data drawn from *Opportunities and barriers for the efficient delivery of IPTp-SP in Angola*.

¹⁰ Ibid.

HMIS reports on ITNs distributed at the first ANC visit. HMIS data are often unreliable and conflict with data from the parallel system.¹¹

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¹¹ *Angola Malaria Operational Plan FY 2017.*