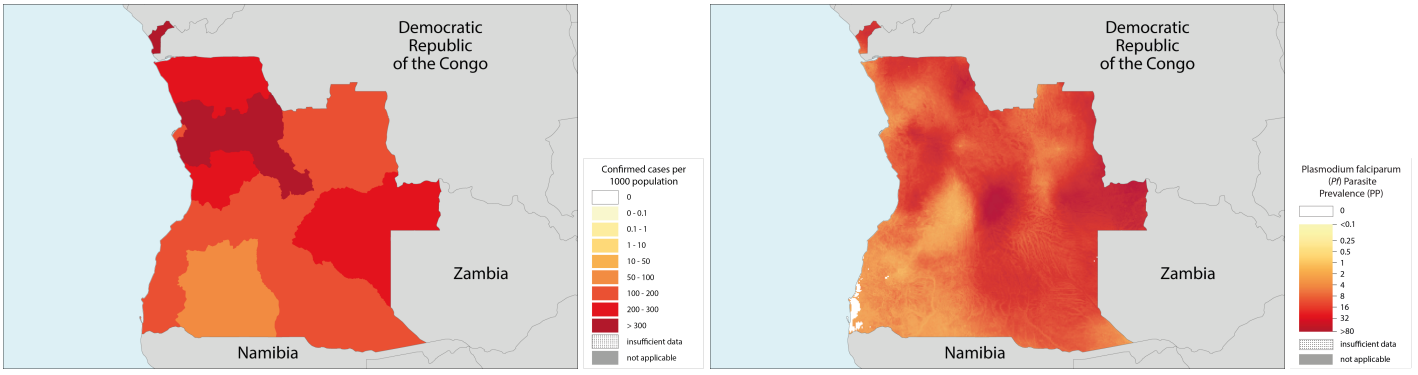
Angola

African Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	29.8M	100
Low transmission (0-1 case per 1000 population)	0	-
Malaria free (0 cases)	0	-
Total	29.8M	

Parasites and vectors			
Major plasmodium species:	P.falciparum: 100 (%) , P.vivax: 0 (%)		
Major anopheles species:	*An. gambiae, An. funestus, An. nili*		
Reported confirmed cases (health facility):	3 874 892	Estimated cases:	4.6M [3.1M, 6.7M]
Confirmed cases at community level:	-		
Confirmed cases from private sector:	-		
Reported deaths:	13 967	Estimated deaths:	13.3K [10K, 16.6K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2003
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	2009
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2006
Treatment	ACT is free for all ages in public sector	Yes	2006
	The sale of oral artemisinin-based monotherapies (oAMTs)	are allowed	-
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	No	-
	Primaquine is used for radical treatment of P. vivax	Yes	2006
	G6PD test is a requirement before treatment with primaquine	Yes	2006
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2006
Surveillance	ACD for case investigation (reactive)	No	-
	ACD at community level of febrile cases (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken	No	-
	Case reporting from private sector is mandatory	Yes	-

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2006
First-line treatment of P. falciparum	AL	2006
For treatment failure of P. falciparum	QN	2006
Treatment of severe malaria	AS; QN	2006
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax	0.25 mg/Kg (14 days)	
Type of RDT used	P.f + P.v specific (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2013-2017	2.6	4.05	13.6	28 days	6	*P. falciparum*
AS+AQ	2015-2017	0	0	6.3	28 days	4	*P. falciparum*
DHA-PPQ	2015-2015	0	0.7	1.4	42 days	2	*P. falciparum*

Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)

Insecticide class	Years	(%) sites[1]	Vectors[2]	Used[3]
Carbamates	2010-2015	6.25% (16)	*An. gambiae s.l.*	No
Organochlorines	2010-2010	100% (3)	*An. gambiae s.l.*	No
Organophosphates	2010-2015	0% (14)	-	No
Pyrethroids	2010-2015	16.67% (18)	*An. gambiae s.l.*	Yes

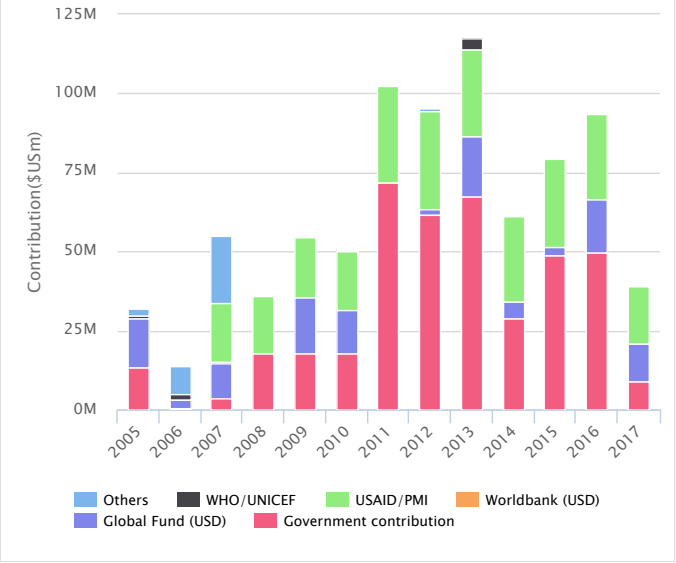
[1]Percent of sites for which resistance confirmed and total number of sites that reported data (n)

[2]Principal vectors that exhibited resistance

[3]Class used for malaria vector control in 2017

III. Charts

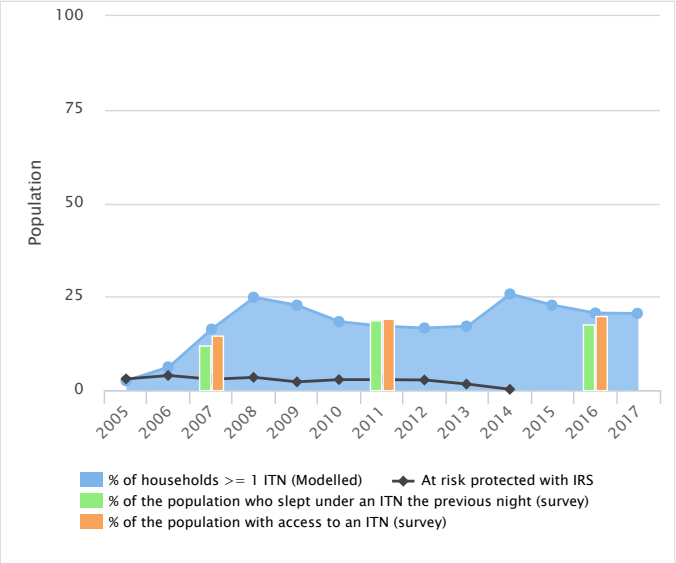
Sources of financing



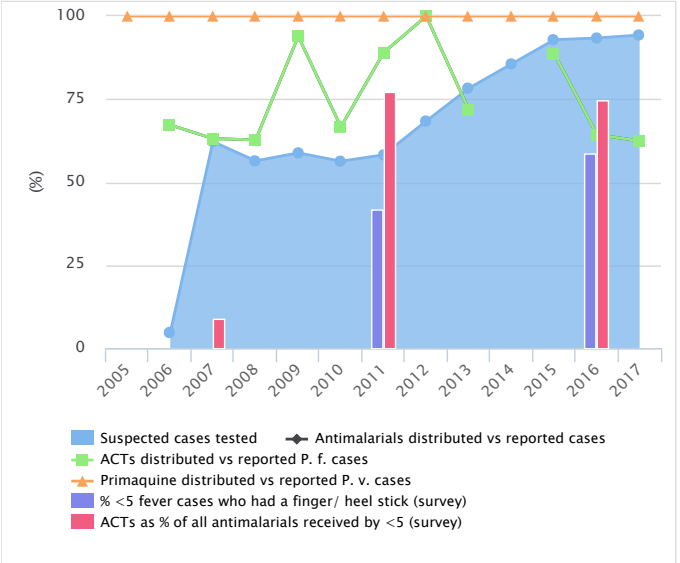
Government expenditure by intervention in 2017

IV. Coverage

Coverage of ITN and IRS



Cases tested and treated in public sector



Source: DHS 2016, MIS 2007, 2011

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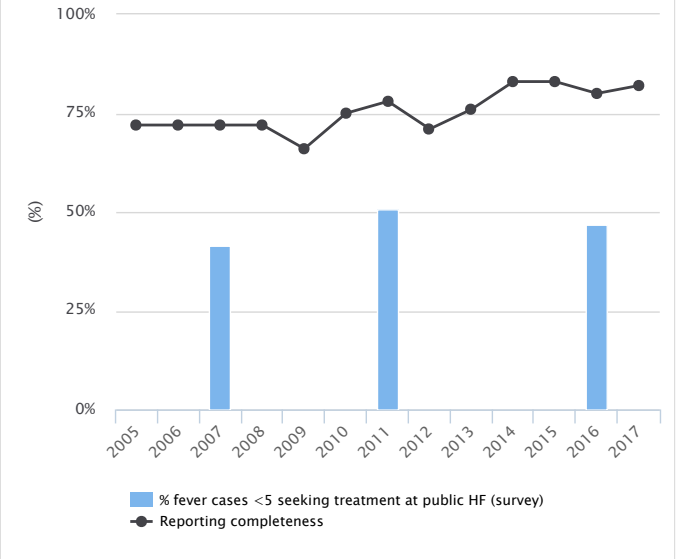
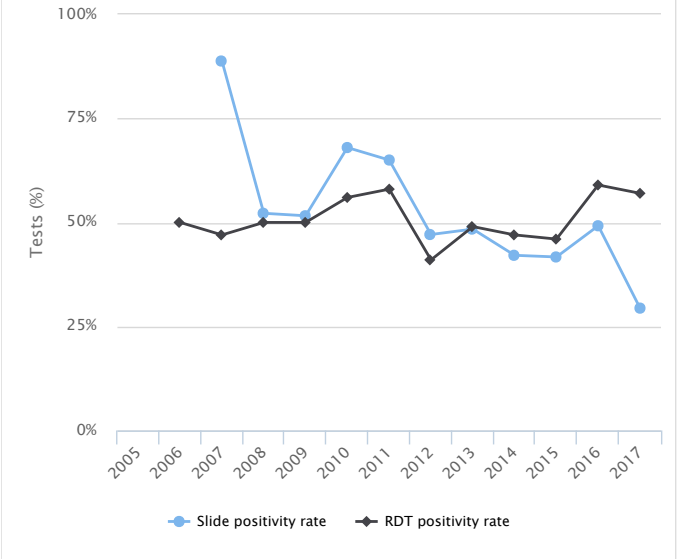
V. Impact

Cases treated



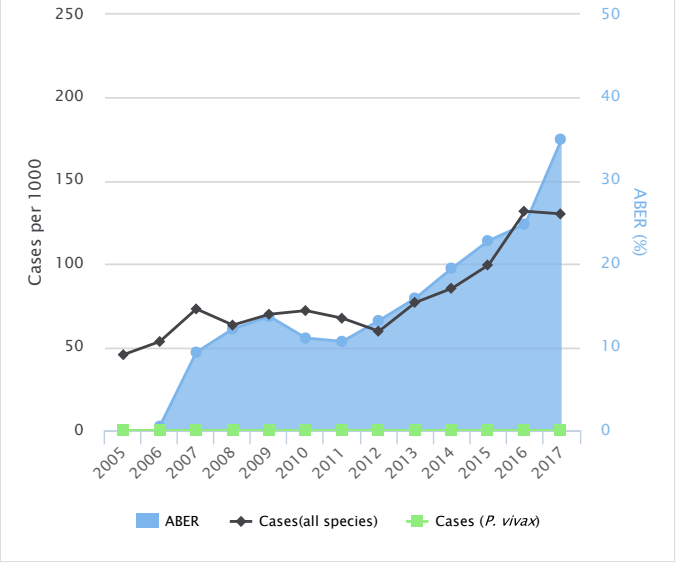
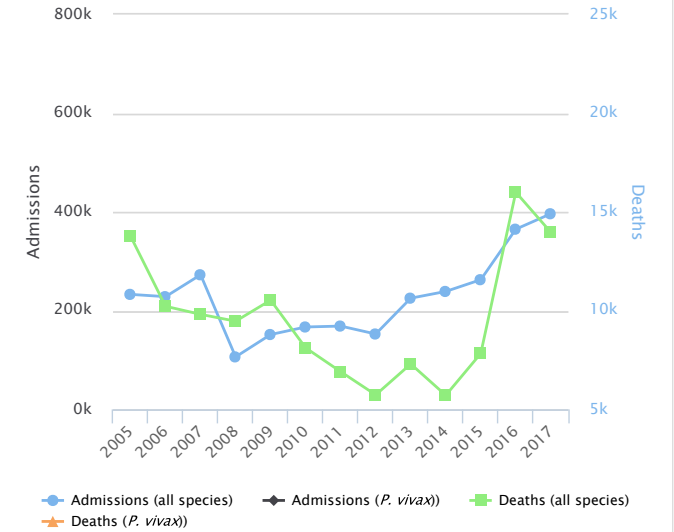
Test positivity



Source: DHS 2016, MIS 2007, 2011

V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths