

Angola:

Malaria Operational Plan

FY 2014



Angola Malaria Operational Plan Fy 2014

**United States United States Agency of
International Development**



Angola Malaria Operational Plan Fy 2014:

Angola: Malaria Operational Plan FY 2014 United States United States Agency of International Development, 2014-10-31 Malaria prevention and control are major foreign assistance objectives of the U S Government In May 2009 President Barack Obama announced the Global Health Initiative GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President s Malaria Initiative PMI is a core component of the GHI along with HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation Angola was selected as one of the first three countries in PMI in June 2005 Given the almost three decade long civil war which ended in 2002 implementation of large scale malaria control activities in Angola has faced serious challenges The country s health infrastructure was severely damaged during the war and it is estimated that only about 40% of the population has access to government health facilities Significant progress has been made in malaria control with the decrease in malaria parasitemia falling from 21.1% in the 2006 7 Malaria Indicator Survey MIS to 13.5% in the 2011 MIS a reduction of almost 40% However malaria continues to be a major health problem accounting for an estimated 35% of the overall mortality in children under five years of age 25% of maternal mortality and 60% of hospital admissions for children under five years of age Malaria transmission is highest in northern Angola while the southern provinces have highly seasonal malaria In February 2009 Angola signed a five year 78 million Round 7 malaria grant from the Global Fund to Fight AIDS Tuberculosis and Malaria Global Fund Angola was also successful in a Global Fund Round 10 grant for malaria for 111 million The grants were consolidated and after some delays were signed on June 15 2012 The United Nations Children s Fund and the World Health Organization have been major partners of the National Malaria Control Program NMCP in scaling up interventions An effective partnership with ExxonMobil has resulted in donations of 4.5 million to the United States Agency for International Development USAID over the last seven years to further PMI and Government of the Republic of Angola s GRA efforts in the fight against malaria **State, Foreign Operations, and Related Programs Appropriations for 2015** United States. Congress. House. Committee on Appropriations. Subcommittee

on State, Foreign Operations, and Related Programs,2014 The City in an Era of Cascading Risks Liqin Zhang,Elizabeth Kanini Wamuchiru,Claude A. Meutchehe Ngomsi,2023-08-07 This book provides unique perspectives into newly changed political and socioeconomic urban landscapes due to COVID 19 in diverse cities and aims to provide ways to improve the resilience of cities using a global perspective especially in a post pandemic era This book is divided into three sections with seventeen chapters overall It explores the impacts of the COVID 19 on city planning building and maintenance it considers city resilience and what urban risks cities are facing and it examines urban development from diverse socioeconomic and political perspectives The book contains multidisciplinary work by authors from China African nations Angola Burundi Cameroon Kenya Morocco Nigeria Canada Italy Poland and France This manuscript provides a global perspective as cities from Africa China as well as some developed countries such as France and South Korea were used to collect data and information concerning urban development and risks past present and future responses to COVID 19 as well as any other pandemics and cities resilience This book is a valuable asset to urban researchers urban city planners urban policymakers public officials undergraduates and postgraduates interested in a comprehensive comparison between diverse socioeconomic and political cities with a unique global and post pandemic perspective in order to improve urban city resilience *Liberia* United States United States Agency of International Development,2014-10-31 Malaria prevention and control is a major foreign assistance objective of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world The President e t m s Malaria Initiative PMI is a core component of the GHI along with HIV AIDS tuberculosis maternal and child health family planning and reproductive health nutrition and neglected tropical diseases PMI was launched in June 2005 as a 5 year 1 2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and the PMI strategy was revised to achieve Africa wide impact by halving the burden of malaria in 70 percent of at risk populations in sub Saharan Africa Programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation M and promoting research and innovation Liberia began PMI supported activities in FY 2008 Liberia s health infrastructure was severely damaged during the long civil war which ended in 2003 leaving only about 45% of the population with access to essential health services The entire population of approximately 3 8 million is at risk for malaria¹ The 2011 Malaria Indicator Survey MIS showed malaria prevalence by microscopy at 28% The National Malaria Control Program NMCP has produced a National Malaria Control Strategy for the years 2010 2015 Liberia has received malaria funding from

the Global Fund to Fight Aids Tuberculosis and Malaria Global Fund since 2004 Currently Liberia receives Global Fund support through a consolidated grant made up of Phase 2 of a Round 7 37 million grant and Phase 1 of a Round 10 60 million grant With Phase 1 of the consolidated grant ending in 2013 Liberia is in the process of completing an assessment of Phase 1 and an application for Phase 2 renewal

Uganda United States United States Agency of International Development,2014-11-01 Malaria prevention and control is a major foreign assistance objective of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President s Malaria Initiative PMI is a core component of the GHI along with HIV AIDS tuberculosis maternal and child health and nutrition PMI was launched in June 2005 as a 5 year 1 2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the Lantos Hyde Act the PMI goal was adjusted to halve the burden of malaria in 70 percent of the at risk populations of sub Saharan Africa thereby removing malaria as a major public health problem and one of the two objectives for sub Saharan Africa is to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 of which Uganda is one Malaria is Uganda s leading cause of morbidity and mortality According to the Ministry of Health MOH malaria accounts for 25 40% of outpatient visits to health facilities and is responsible for nearly half of inpatient pediatric deaths Results of the 2011 Demographic and Health Survey DHS show an improvement over the 2009 Malaria Indicator Survey MIS with 60% of households nationwide owning at least one insecticide treated net ITN 47% of pregnant women and 43% of children under five having slept under an ITN the night before the survey In addition the DHS shows that 43% of children under five had been treated with an antimalarial drug on the same day or the next day after the onset of fever while the proportion receiving an artemisinin based combination therapy ACT was 30% However the UDHS report shows a decline in women receiving intermittent preventive treatment during pregnancy IPTp from 32% to 25% Alongside the efforts of the Government of Uganda PMI the Global Fund and the United Kingdom s Department for International Development DFID are the three main contributors to malaria control in Uganda with additional support from a range of other donors Uganda has three active grants from the Global Fund Round 7 Phase 2 which will provide an additional 15 5 million ITNs to achieve universal coverage Round 10 Phase 1 and 2 will cover approximately 45 million ACT treatments 6 7 million ITNs and 45 million rapid diagnostic tests RDTs through 2016 In calendar year 2013 DFID in collaboration with PMI Uganda will provide 5 million ITNs to contribute to the universal coverage campaign planned for later in the year World Vision is providing additional 500 000 ITNs

Nigeria United States United States Agency of International Development,2014-11-01 Malaria prevention and control are major foreign assistance objectives of the U S Government USG

In May 2009 President Barack Obama announced the Global Health Initiative GHI a multi year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States is helping partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President s Malaria Initiative PMI is a core component of the GHI along with Human Immunodeficiency Virus Acquired Immunodeficiency Syndrome HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1 2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of the GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Expansion was authorized to additional PMI countries including Nigeria the Democratic Republic of Congo and up to seven additional high burden countries The goal for any new countries added after the initial 15 is to achieve a 50% reduction in malaria related mortality in at risk population by 2015 as compared with 2009 2010 baseline levels These goals will be achieved by reaching 85% coverage of the most vulnerable groups children under five years of age under five and pregnant women with proven preventive and therapeutic interventions including artemisinin based combination therapies ACTs insecticide treated nets ITNs intermittent preventive treatment for pregnant women IPTp and indoor residual spraying IRS With a population of about 172 million and reporting more deaths due to malaria than any country in the world Nigeria became the seventeenth PMI country in 2010 Malaria accounts for 60% of outpatient visits and 30% of hospitalizations among children under five in Nigeria The Demographic and Health Survey DHS 2008 reported an infant mortality of 75 per 1000 live births and an under five mortality of 157 per 1000 live births in the preceding five year period Impressive progress has been made in malaria control efforts in recent years The proportion of households owning one or more ITNs increased from just 8% in the DHS 2008 to 42% in the Malaria Indicator Survey MIS 2010 and the proportion of children under five reported to have slept under an ITN the night before the survey increased from 6% in the DHS 2008 to 29% in the MIS 2010

Malawi United States United States Agency of International Development, 2014-10-31 Malaria prevention and control are major foreign assistance objectives of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world with a focus on women and girls The President s Malaria Initiative PMI is a core component of the GHI along with HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1 2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI has now been extended and as part of the GHI the goal of PMI has been adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 This will be achieved by continuing to scale up

coverage of the most vulnerable groups children under five years of age and pregnant women with proven preventive and therapeutic interventions including artemisinin based combination therapies ACTs insecticide treated nets ITNs intermittent preventive treatment of pregnant women IPTp and indoor residual spraying IRS Malawi became a PMI focus country in 2006 It was one of eight countries selected in FY 2011 as a GHI Plus country and receives additional technical and management assistance to rapidly implement GHI s approach The Ministry of Health s MoH National Malaria Control Program NMCP with support from PMI and other partners has been able to scale up the distribution of ACTs IPTp using sulfadoxine pyrimethamine SP and insecticide treated nets ITN despite a weak health infrastructure The 2012 Malaria Indicator Survey MIS found that 54% of pregnant women reported taking two or more doses of SP for IPTp which is higher than in many African countries Additionally household ITN ownership has increased from 38% in 2006 Multiple Indicator Cluster Survey MICS to 55% in 2012 Similarly children under five and pregnant women who reported sleeping under an ITN the night prior increased from 25% and 8% in 2006 respectively to 56% and 51% in 2012 The 2010 and 2012 MIS also documented a reduction in parasitemia among children under five from 43% to 28% however little or no improvement was noted for most of the other key indicators of progress ITN ownership ITN use and antimalarial treatment and IPTp uptake decreased from 60% in 2010 to 54% in 2012 As the 2012 MIS was completed prior to the 2012 ITN mass distribution campaign 2012 MIS indicators for ITN ownership and use do not reflect the outcome of this campaign

Rwanda United States United States Agency of International Development, 2014-11-04 Malaria prevention and control is a major foreign assistance objective of the U S Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a multi year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through GHI the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children Rwanda has been selected as a GHI Plus country The President s Malaria Initiative PMI is a core component of the GHI PMI was launched in June 2005 as a 5 year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended through FY 2014 Programming of PMI activities follow the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation Rwanda officially became a PMI country in FY 2007 although the USG had been supporting malaria control activities for several years before that Rwanda has scaled up malaria control interventions successfully and has set the ambitious goal of achieving pre elimination status by 2017 In early 2011 Rwanda was one of the first countries in sub Saharan Africa to achieve universal long lasting

insecticidal net LLIN coverage with the distribution of over 6.1 million LLINs Rwanda is implementing a universal coverage campaign in 2013 with another national distribution of approximately 6 million LLINs Rwanda's indoor residual spraying IRS has targeted high burden districts and sectors based on available evidence Rwanda has conducted nine IRS rounds to date and has withdrawn IRS operations in certain districts due to reduction in malaria incidence transmission and funding Rwanda currently sprays two rounds annually in three high malaria burden districts that border malaria endemic neighbors In 2013 Rwanda developed and is implementing an insecticide resistance management IRM plan that builds upon their Integrated Vector Management IVM strategy Rwanda will change the insecticide class it uses in IRS in a phased transition and continue to switch classes every two years based on evidence of insecticide resistance and World Health Organization WHO guidance Progress in case management is equally impressive with great strides in diagnosis and treatment at all levels of the health care system and nationwide integrated community case management In late 2009 the MOH through its Malaria and Other Parasitic Diseases Division termed in this MOP the National Malaria Control Program or NMCP directed that all presumed malaria cases be laboratory confirmed In 2012 HMIS reports indicate that 99% of all patient diagnosed malaria cases are confirmed by microscopy or rapid diagnostic tests before receiving ACTs Community health workers CHWs continue to play a pivotal role in malaria case management and 30,000 of Rwanda's extensive network of 60,000 CHWs are mobilized to implement integrated community case management iCCM diagnosing and treating malaria diarrhea and pneumonia

Mali United States United States Agency of International Development, 2014-11-01 Malaria prevention and control is a major foreign assistance objective of the U.S. Government In May 2009 President Barack Obama announced the Global Health Initiative a comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the Global Health Initiative the United States will help partner countries improve health outcomes with a particular focus on improving the health of women newborns and children The President's Malaria Initiative PMI is a core component of the Global Health Initiative along with family planning maternal and child health nutrition HIV/AIDS and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub-Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI was extended and as part of the GHI the goal of PMI was adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Programming of PMI activities follows the core principles of GHI encouraging country ownership and investing in country led plans and health systems increasing impact and efficiency through strategic coordination and programmatic integration strengthening and leveraging key partnerships multilateral organizations and private contributions implementing a woman and girl centered approach improving monitoring and evaluation and promoting research and innovation PMI began supporting activities in Mali in 2007 in close collaboration with the National Malaria Control Program NMCP as well as international and

national partners With the coup d'état of March 22 2012 in which the democratically elected president was overthrown by the military the U S Government and many other donors suspended foreign aid to the Government of Mali until a democratic solution to the political crisis could be achieved For PMI this meant suspending all assistance and funding to the NMCP and other Ministry of Health MOH entities The U S Department of State authorized some PMI activities on humanitarian grounds such as procurement and distribution of essential malaria commodities however the bulk of PMI projects were temporarily suspended Following intervention by the Economic Community of West African States and the international community Malians agreed on a consensual transitional government currently in place In late July early August 2013 the people of Mali democratically elected a new president who was sworn in on September 4th 2013 As a result the U S Government lifted all restrictions on U S foreign assistance to Mali and authorized immediate return to normal bilateral relations with the Government of Mali including direct support to the MOH

Senegal United States United States Agency of International Development, 2014-11-01 Malaria prevention and control is a major foreign assistance objective of the United States Government USG In May 2009 President Barack Obama announced the Global Health Initiative GHI a six year comprehensive effort to reduce the burden of disease and promote healthy communities and families around the world Through the GHI the United States will partner with countries to improve health outcomes with a particular focus on improving the health of women newborns and children The President's Malaria Initiative PMI is a core component of the GHI along with human immunodeficiency virus acquired immunodeficiency syndrome HIV AIDS and tuberculosis PMI was launched in June 2005 as a five year 1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions and reduce malaria related mortality by 50% in 15 high burden countries in sub Saharan Africa With passage of the 2008 Lantos Hyde Act funding for PMI has been extended through fiscal year FY 2014 and as part of the GHI the goal of PMI has been adjusted to reduce malaria related mortality by 70% in the original 15 countries by the end of 2015 Senegal was selected as a PMI country in 2006 Large scale implementation of malaria control activities began in FY 2007 and progressed rapidly with significant progress demonstrated to date This FY 2014 Malaria Operational Plan for Senegal was developed in close consultation with the National Malaria Control Program NMCP and with the participation of all national and international partners involved with malaria prevention and control in the country The activities that PMI is proposing to support with FY 2014 funding fit well with the 2011-2015 National Malaria Control Strategic Plan and build on investments made by PMI and other partners to improve and expand malaria related interventions over the last five years This FY 2014 MOP is designed to support the objective set by the Government of Senegal and stakeholders to engage in the malaria pre elimination phase as data have demonstrated significantly reduced prevalence in many parts of the country In line with GHI principles PMI has reinforced its efforts to build capacity and integrate across programs The proposed FY 2014 PMI budget for Senegal is 21.6 million of which 43% will be managed directly by local entities institutions Senegal has a population

estimated at 13.2 million in 2014 with approximately 2.2 million children less than five years of age and 528 000 pregnant women. Malaria is still a major cause of morbidity and mortality and a high priority for the government even though the number of reported cases of malaria has dropped significantly since 2007. 2008. While the decline in the first year can be partially ascribed to a change in the malaria case definition that now requires parasitological confirmation of all cases, the proportion of all outpatient visits due to confirmed malaria continued to fall from 6% in 2008 to 3% in 2009. From July 2010 to March 2013, routine morbidity and mortality data were not available due to a health worker data retention strike. Now that the strike has ended, the Ministry of Health (MOH) is working to catch up with routine data collection for the missing years.

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