



Summary of Indoor Residual Spraying in Angola

AFM summarized indoor residual spraying (IRS) activities occurring in African countries based primarily on reports from the World Health Organization (WHO), Global Fund and the President's Malaria Initiative (PMI). Little information was available from other sources. AFM hopes IRS activities will be sustained and expanded as appropriate, and that all donor agencies supporting IRS with public funds will make available detailed and accurate reports in the future. Below is the summary of IRS activities in Angola.

Year of Initiation^a	2005
Operational Coverage 2006-2007^a	95% targeted structures sprayed
Population Covered 2006-2007^a	0.65 million people (4% of population at risk)
Insecticide(s) Used^{a,b}	Lambdacyhalothrin
PMI FY08 Population Targeted^b	Difficult to determine (see text below)
PMI FY08 IRS Budget^b	\$2.15 million (11% of FY08 PMI budget)
PMI FY08 IRS Operational Research^b	N/A
Global Fund Support^c	Round 3

a. Implementation of Indoor Residual Spraying of Insecticides for Malaria Control in the WHO African Region Report: http://www.afro.who.int/vbc/reports/report_on_the_implementation_of_irs_in_the_african_region_2007.pdf

b. President's Malaria Initiative, Malaria Operational Plans: <http://fightingmalaria.gov/countries/mops.html>

c. The Global Fund to Fight AIDS, Tuberculosis and Malaria: <http://www.theglobalfund.org/en/>

A Round 3 Global Fund malaria grant was awarded in 2005. According to the Original Proposal, support was requested for the Government of Angola and its partners to scale up insecticide-treated net use and to establish strong IRS programs in target provinces. This was to be achieved through capacity building, building partnerships at all levels, purchasing equipment, implementing selective interventions and monitoring and evaluating program operations. According to the Grant Score Card, all targets for vector control and IRS were surpassed. Funding for IRS was not requested in the Round 7 Original Proposal due to support from the PMI.

Angola was one of the first three PMI countries in 2006. In Year 2 (2007), 110,000 households (more than 85% of those targeted) were sprayed throughout the southern provinces of Huila, Cunene and Namibe, benefiting approximately 613,000 residents. The proposed PMI funding for Year 3 is \$19 million, of which 11% or \$2,150,000 will go toward IRS. Year 3 IRS activities in Angola include the discontinuation of spraying in the Cunene and Namibe provinces due to the low levels of malaria transmission; the continuation of IRS in the Huila province; and the initiation of IRS in the Huambo province - a highly endemic area reporting the second highest number of malaria cases annually. The target for Year 3 IRS activities is difficult to determine. The FY08 Malaria Operational Plan includes the following values: 120,000 households benefiting 600,000-700,000 residents; 160,000 households (100,000 in Huila and 60,000 in Huambo); and 110,000 households. There are an estimated 13.6 million people at risk for malaria in Angola.

The Angolan Ministry of Health is evaluating the use of DDT for IRS along the Angolan-Namibian border. The Namibian National Malaria Control Program is currently using DDT for IRS while the Angolan National Malaria Control Program is using ICON-CS. Entomologic surveys were initiated to understand better the epidemiology and transmission of malaria

throughout specific Angolan provinces. These will continue in 2008 to assist in determining the most appropriate and effective malaria control intervention(s) for these areas.

According to the WHO's 2006-2007 summary of IRS activities in Angola, most people at risk of malaria epidemics in Angola are protected. Capacity for IRS implementation and management is good, especially in the PMI supported areas; however, supervision, monitoring and evaluation in non-PMI supported areas needs to be strengthened. Routine wall bioassays need to be conducted to evaluate the quality of the spray program. The impact of IRS on malaria transmission, morbidity and mortality needs to be assessed. Data from baseline surveys need to be compared with post-intervention surveys. A national IRS manual and strategic plan need to be developed to ensure quality, standard and timely implementation of spraying, and harmonization of partners.