

Cross border surveillance in southern Angola

An analysis of the activities implemented and results achieved after three years (2017-2020)

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ELIMINATION 8



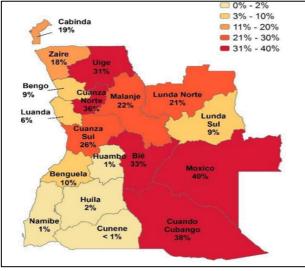


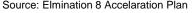


Background – Southern Angola epidemiological profile

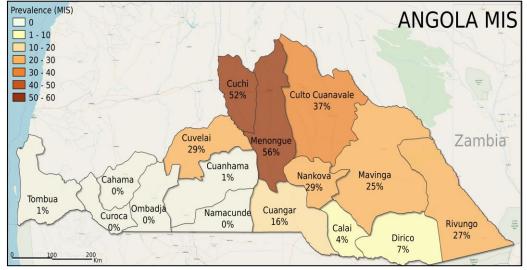
- Angola as a second line country in SADC efforts for malaria elimination but contributing for hindering progress in neighbouring countries (Namibia in particular)
- The entire Angolan population is at risk for malaria but there is a significant heterogeneity in transmission;
- Some Southern districts with very low transmission but some resgitering high prevalences









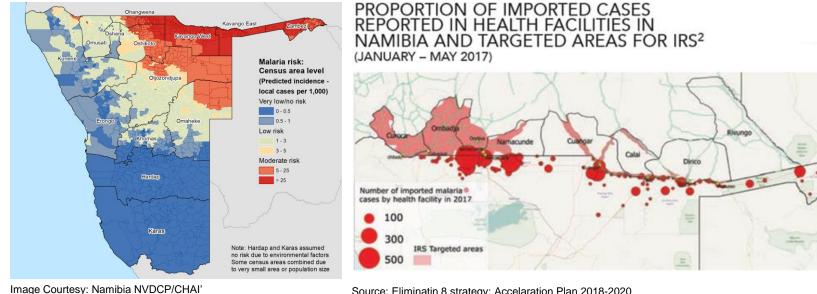


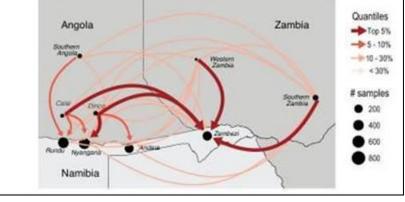
Source: CISA (2018) Malaria prevalence survey in southern Angola



Background – Southern Angola epidemiological profile

- Malaria elimination in Namibia is highly dependent of control efforts done in bordering districts of Angola
- Malaria risk higher in districts bordering Angolan districts with higher prevalence
- The four northeastern regions bordering Angola reported >90% of Namibia's imported cases from 2017-2019, which generate new chains of local transmission





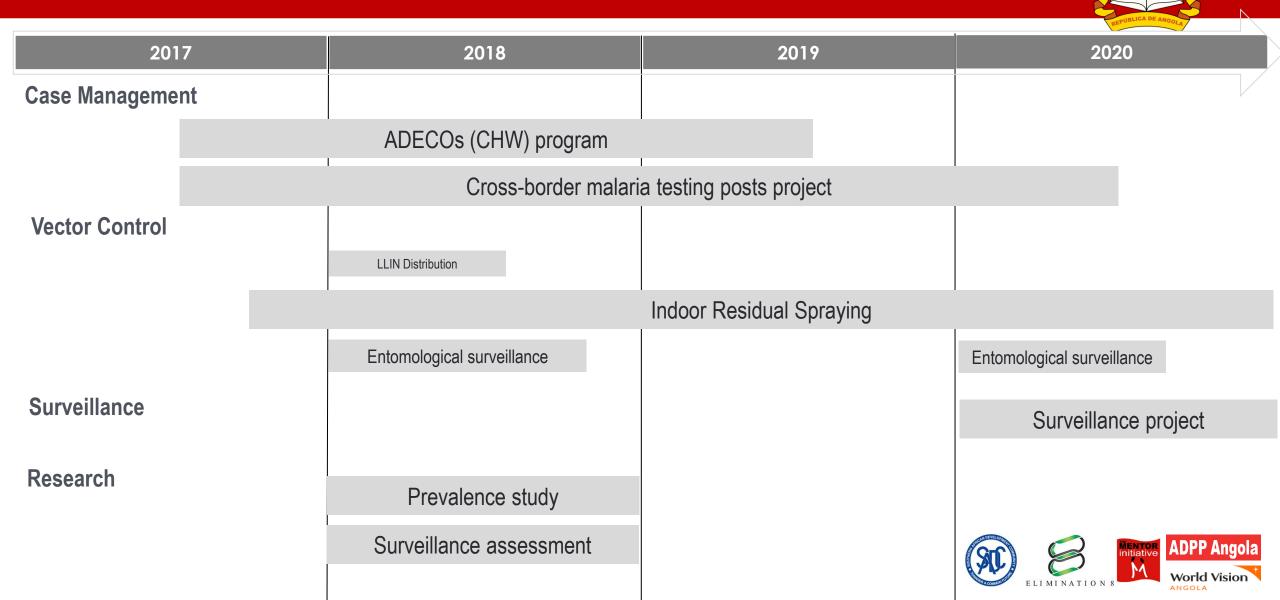
Tessema et al (2019) Using parasite genetic and human mobility data to infer local and cross-border malaria connectivity in Southern Africa. eLife. 2019; 8: e43510

Source: Eliminatin 8 strategy: Accelaration Plan 2018-2020

E8 Targeting sources of Infection Project – Coordinated multi pronged approach to reduce malaria sources of Infection in Angola



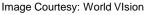
Interventions Implemented (2017-2020)



ADECOS program (2017-2019)

- ADECOS program has been implemented by World Vision Angola for 16 months
- Selected and trained 210 ADECOS: initial training provided; follow up supportive supervisions and supply chain was guaranteed
- Total of 37.458 malaria cases diagnosed by these ADECOS
- 188.706 tests conducted.
- ADECOS became a major source of health care seeking by populations (CISA, 2018; MENTOR, 2020)
- Program was discontinued in 2019







Cross-border malaria testing posts (2017-2019)

- Implemented by a Consortium led by ADPP
- Eight fixed malaria testing posts established in border areas of Cuando Cubango and Cunene in Angola
- Mobile posts and surveillance teams used to reach remote villages and populations
- Test Positivity rate sharply decreased across all posts

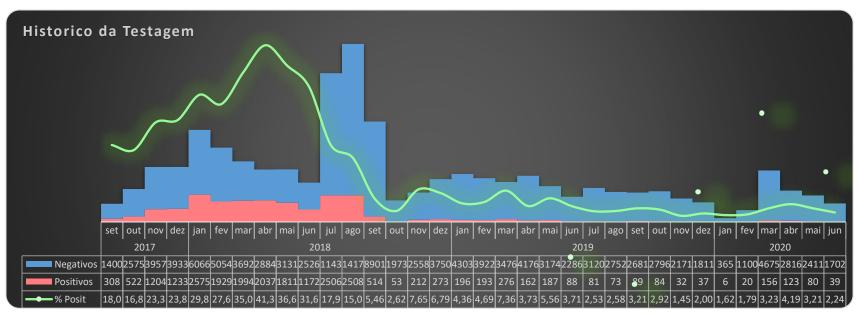






Image credits: ADPP Angola

Source: TKMI project database

Insecticide-treated nets distribution

- Mass distribution conducted in 2018
- 529 444 LLIN distributed in Cunene in October/November 2017
 - 97% calculated coverage
- 286 543 LLIN distributed in Cuando Cubango in August-October 2018
 - 98% calculated coverage
- 63% of households in Cunene had at least one LLIN one year after the distribution (CISA, 2018)
 - 71% replied children slept under LLIN previous night
 - 29% of adults slept under LLIN previous night \rightarrow not enough LLIN
- Prior to distribution, only 9.2% of household possessed a LLIN in Cuando Cubango (CISA, 2018)
 - 12% replied children slept under LLIN previous night



Indoor residual spraying

EPUBLICA DE ANGOLA

Cunene and Cuando Cubango Province

APRIL 2018- FEBRUARY 2019

Cuando Cubango Province

JANUARY 2020- MARCH 2020

98% 90% **Total coverage Total coverage** 18 898 13 048 Structures sprayed Structures sprayed 111 464 People protected People protected 57 157 Pregnant Pregnant Under 5 Under 5 **OVERALL** women women From 2018 to 2020 168 621 31 946 People protected Structures sprayed 24% 5% 24% 3% 93% **ADPP Angola MENTOR** initiative M **Total Coverage** World Vision

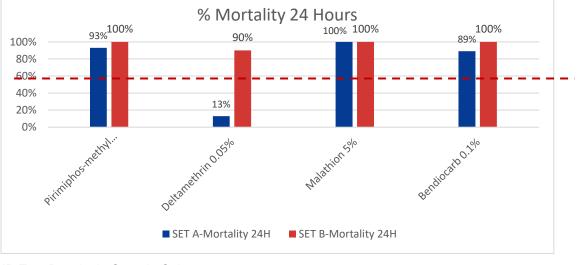
Entomologic surveillance

- 8 sites sampled along the border:
 - 4 for entomological profilling
 - 4 for resistance monitoring
- Major species collected:
 - 65.4% (n=187) An. gambiae s.l.
 - 30.4%(n=87) An. coustani
 - 4.2% (n=12) An. funestus s.l.,





Entomological surveillance site locations, Southern Angola, 2018 (The blue sites represent sites targeted for entomological profiling (biting behaviour, resting behaviour) and the green for resistance monitoring)





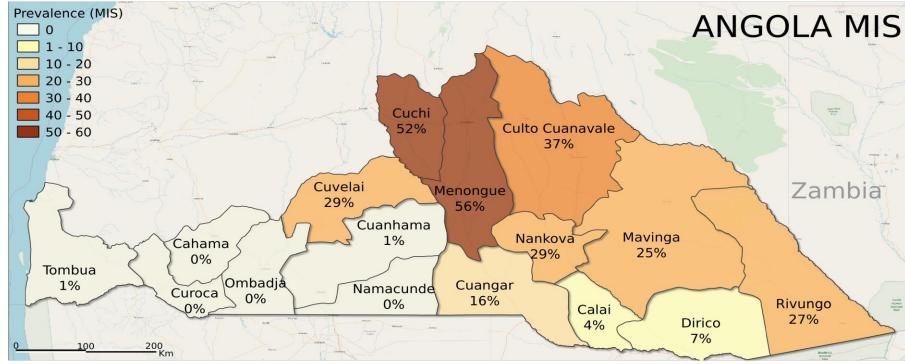
IR Test Results in Cuando Cubango



Prevalence study



- Feb to jun 2018 led by CISA
- Cross sectional study in 16 municipalities of Cunene, Namibe and Cuando Cubango provinces: prevalence (RDT and PCR) and KAP survey questions included



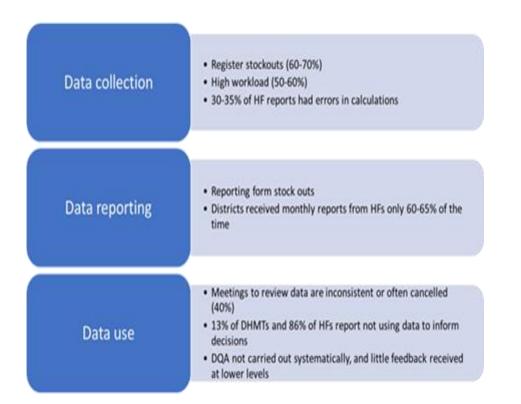


Surveillance Assessment

From September to November 2018 led by E8 with CHAI support

In 13 municipalities of Cuando Cubango, Cunene and Namibe;

- The main challenges identified for data collection is register stockouts (60-70%), followed by high workload (50-60%);
- 13% of DHMTs and 86% of HFs report not using data to inform decisions
- Meetings to review data are inconsistent or often cancelled (40%);
- Data from the passive surveillance system was found not to be readily accessible by the provincial managers and NMCP;
- 30-35% of HF reports had errors in calculations
- Districts received monthly reports from HFs only 60-65% of the time
- The reporting forms are not always availble at health facilities;
- Data quality audits are not carried out systematically and feedback from the highest levels to the lowest to address data gaps was found not to be effective;







Surveillance project

- Focused in the border districts of Cuando Cubango
- Jan 2020 Sept 2021
- Ensure all malaria related data is reported on time and with quality
- Ensure data is used for decision making
- Baseline assessment
 - Monthly follow up at district and HF level
 - Monthly DQA
 - Monthly epidemiological analysis
 - Quarterly data discussions and operational planning
- Monitor DQ indicators on a routine basis

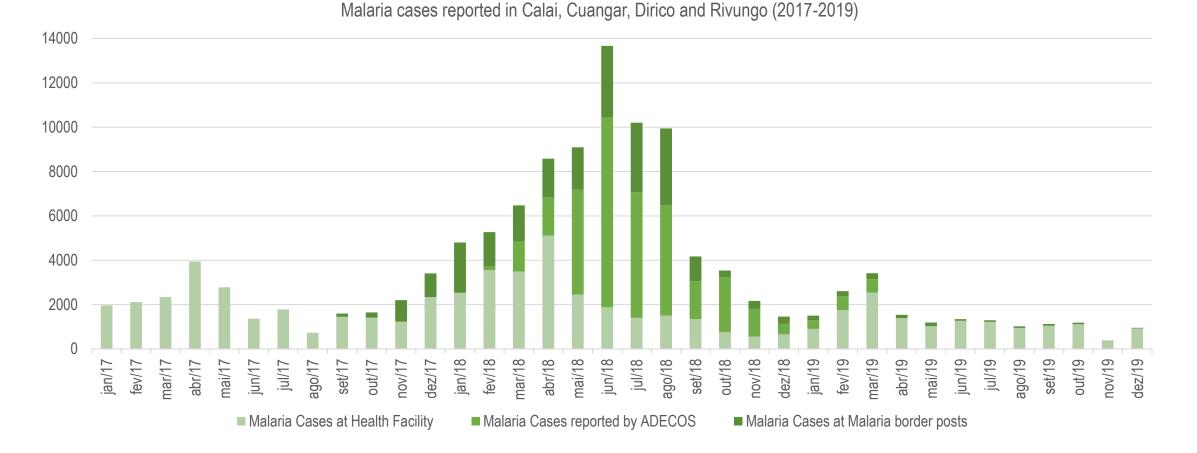






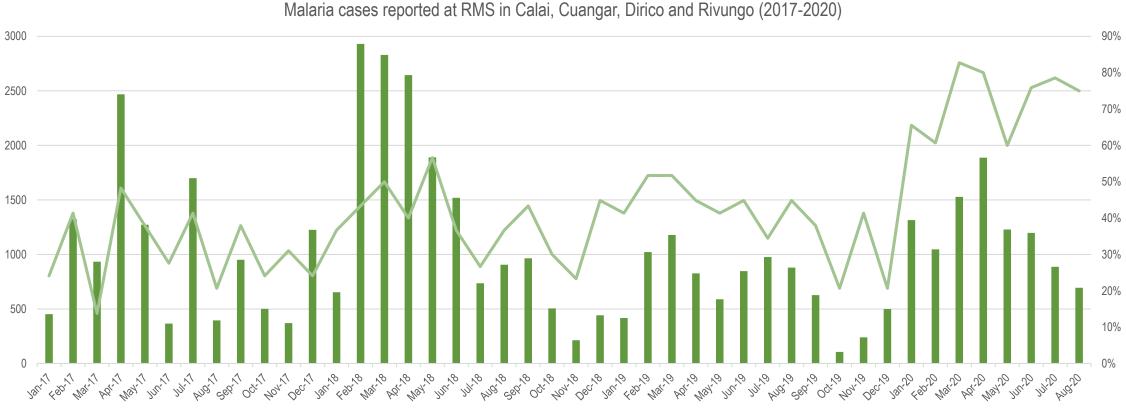


Results in 4 districts of Cuando Cubango





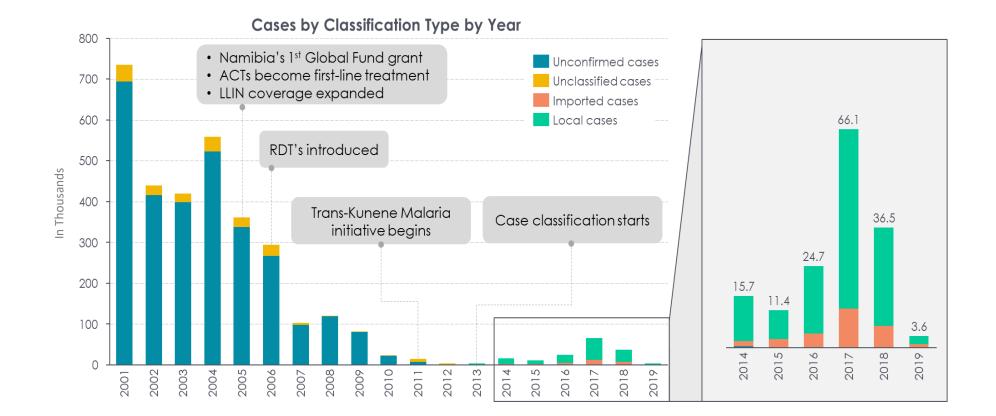
Results in 4 districts of Cuando Cubango



Malaria cases reported at RMS ——Reports coverage



Results in 4 districts of Cuando Cubango and its neighbouring districts in Namibia...





Key Conclusions and takeway messages



- Cross border surveillance and collaboration is essential in contexts of very low/very high incidence neighbouring countries
- Angola proved to be engaged in contributing for Regional malaria elimination efforts
- Coordinated approached with partners support led to high quality intervention implementation
- Results seem to show a decrease in number of cases (even when quality of data and coverage of reporting increased
- Need to keep these efforts and implementation (and scale up) to not loose gains and to support neighbouring countries efforts
- Detailed Operational Plan for 3 years ellaborated









S The Global Fund







