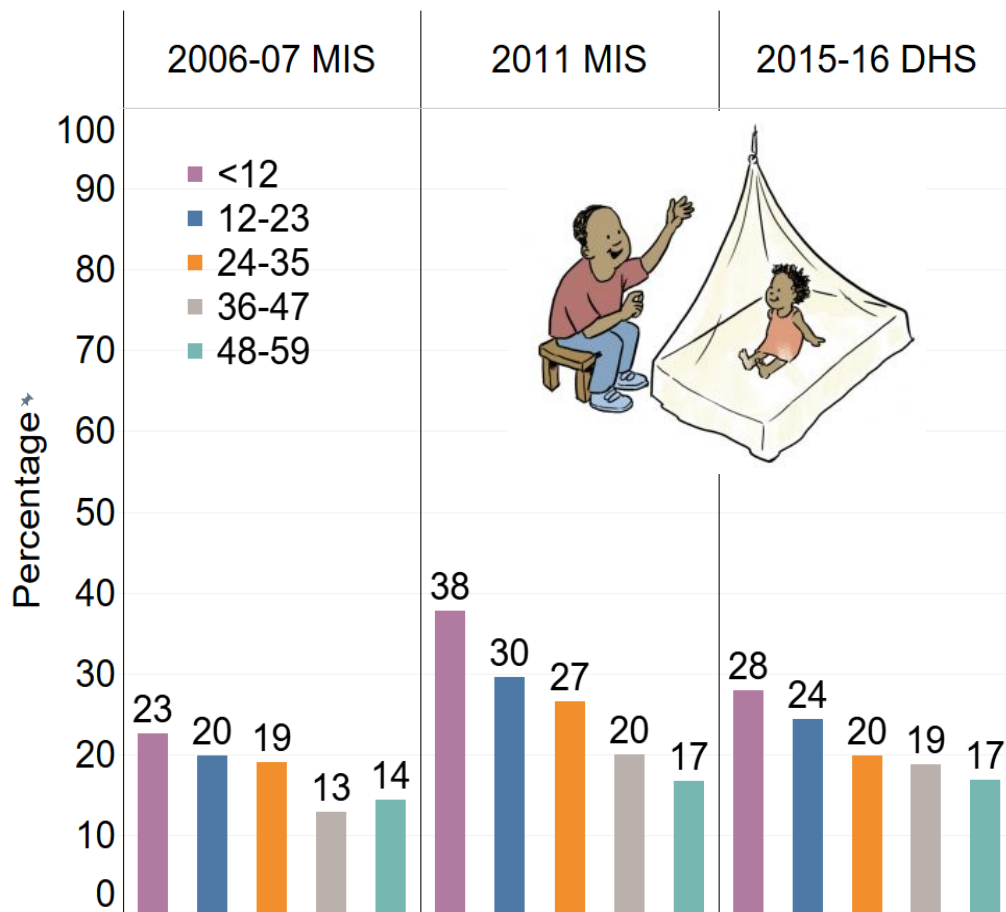




Graph 1: ITN coverage by children by age in months National survey data, 2020



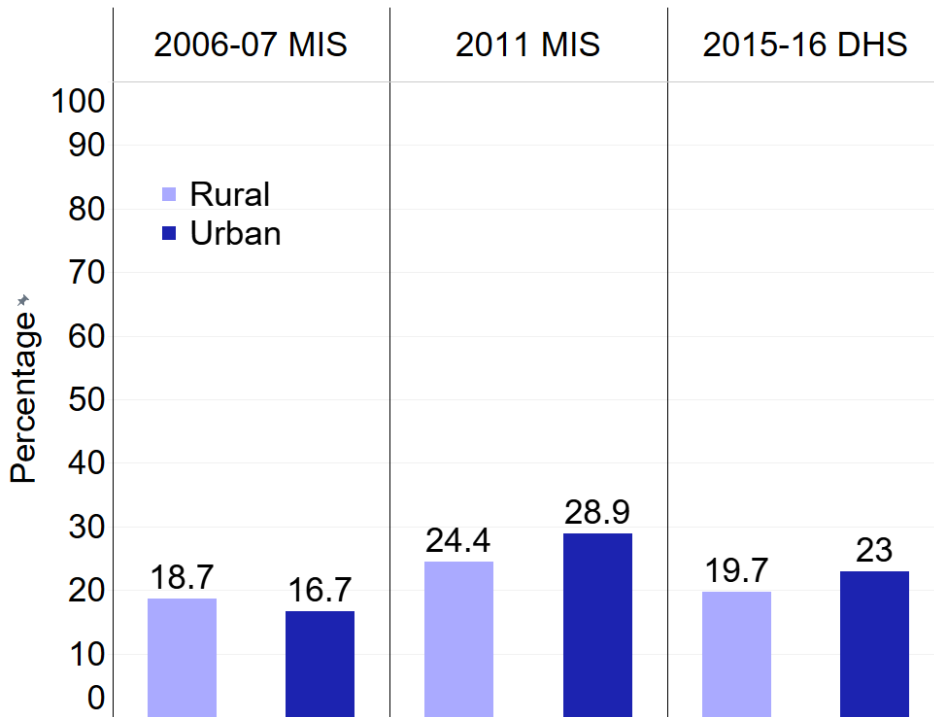
DHS: Demographic Health Survey.
MIS: Multiple Indicator survey data were used to assess inequities in access and use of ITN by under-five children

According to WHO, Africa is the world region that is most affected by malaria. And although the African continent has achieved most progress by reducing deaths from malaria from 764,000 in 2000 to 305,000 in 2015, as a result of increased distribution and use of insecticide-treated bed nets. Bed nets alone were responsible for averting 450 million cases of malaria in Africa between 2000 and 2015. However, deaths among children under 5 years old remains high.

According to WHO, in 2019, children under 5 years are the most vulnerable group accounting for 67% of all malaria deaths globally while the WHO African Region carries disproportionately high share of the global malaria burden estimated to be 94% of malaria cases and deaths. There were **257,950** deaths of children under 5 years of age. This translates into a daily death toll of nearly **707** children under age 5 [World malaria report 2020]. Malaria is one of the leading causes of child mortality and an urgent public health priority.

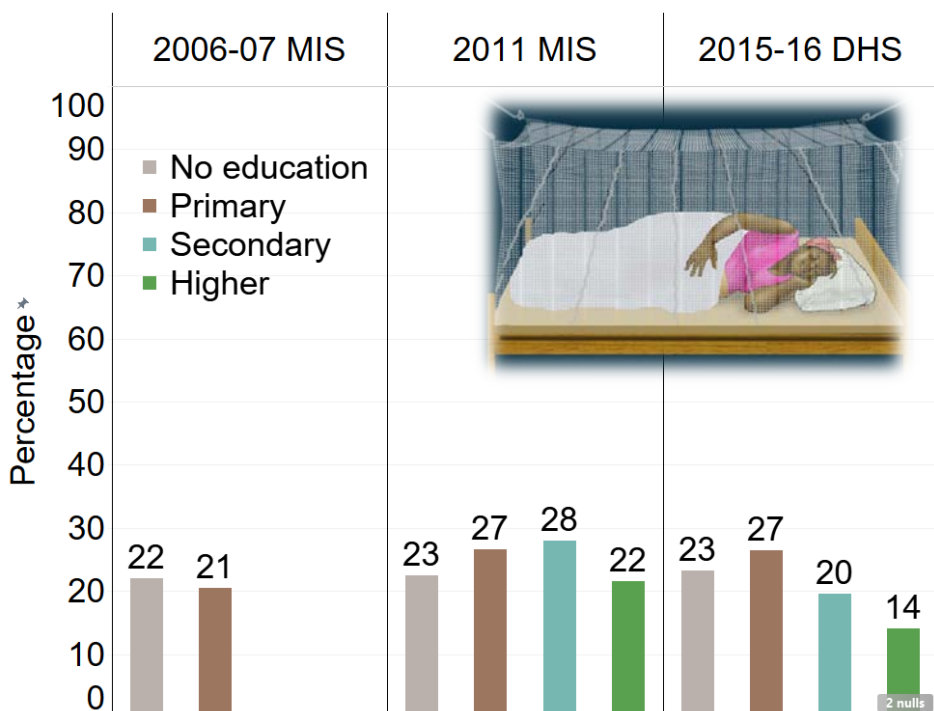
In Angola, the percentage of children under age five who slept under an insecticide treated net (ITN) the night before the survey was highest among children under 23 months old since 2006 to 2016 as shown by Graph 1. **The percentage use of ITN by children tends to decline with age**; with the percentage of children over 24 months utilizing ITNs less across all the survey years in Angola. Sleeping under an insecticide-treated net especially for the children under-five years old can reduce the burden of high mortality associated with malaria. In Angola, the ITN coverage has been declining or at a standstill since 2011 for some population groups highlighting avoidable inequities in both access and use. **The percentage of children sleeping under an ITN is still very low for all the ages mentioned.**

Graph 2: Under-five children ITN coverage by area of residence



Graph 2 illustrates the use of ITN by children under five based on area of residence comparing the **urban and rural population groups**. And although both **urban and rural rates were low**, the ITN use was slightly higher for rural population at 18.7% compared to urban with 16.7% in 2006/07. However, this trend changed to favor those children residing in urban areas since 2011 to 2016. The decline in use from 24.4% to 19.7% for rural population group and 28.9% to 23% for urban residents for the period 2011 and 2015/16 respectively highlights inequities when comparing area of residence. **This shows that the rural areas are at a disadvantage for ITN coverage for most years surveyed** and the government of Angola needs to reduce these avoidable inequities between the different population groups to ensure health for all, at all ages everywhere by 2030.

Graph 3: Pregnant women ITN coverage by education level



Graph 3 summarizes trends, focusing on the most recent changes in ITN use among pregnant women based on their level of education between 2006 and 2016 in Angola. The inequities related to ITN use amongst pregnant women associated with educational achievements were more evident comparing 2011 and 2016 trends. Pregnant women with primary and secondary level of education were likely to own and utilize an ITN. For example, in 2011, 28% and 27% (2016) pregnant women with secondary education used ITN compared to 23% in both 2011 and 2016 with no education. **The use of ITN is very low for all the different levels of education and those with no formal education and that more should be done to improve the situation**

