Sao Tome and Principe (STP)

**Malaria Overview**

Malaria in STP is characterized by a seasonal increase with continued transmission corresponding to the end of the rainy season and the start of the dry season which is April to June. Another peak is observed in November and December. The main vector is *Anopheles gambiae*. The most affected and vulnerable population groups in STP continue to be children under five years old and pregnant women.

The primary vector controls are Indoor Residual Spraying (IRS), Long-Lasting Insectidal (LLINs), larviciding and treatment of malaria based on early diagnosis and prompt treatment of malaria cases.

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2. The Global Fund Round 7
**Current Coverage**

Figure 1 shows the number of available LLINs delivered by manufacturers in the last four years\(^3\) as a percentage of LLINs needed to achieve universal coverage. STP has made excellent progress in scaling-up LLIN coverage over the last four years, and with the purchase of the remaining LLINs under procurement, should be on track to achieve universal coverage in 2011.

There is no available information on the tariffs and taxes situation in STP.\(^4\)

Figure 2 shows the number of Artemisinin-based Combination Therapy (ACT) and Rapid Diagnostic Tests (RDTs) procured compared to the national estimates of the requirement for universal coverage.\(^5\) STP has procured sufficient ACTs and RDTs to achieve universal coverage in 2010.

STP’s national health authorities announced to The World Health Organization (WHO) the intention to withdraw marketing authorization for oral artemisinin-based monotherapies.\(^6\)

There is no available information on the tariffs and taxes situation in STP.

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\(^3\) Alliance for Malaria Prevention manufacturer tracking data

\(^4\) [http://www.m-tap.org](http://www.m-tap.org) (accessed December 2010)

\(^5\) Roll Back Malaria STP Roadmap 2011

**Impact**

STP reported 22,370 malaria cases in 2005 and this decreased to 1,647 in 2008. By 2009 malaria cases had increased to 3,893. In 2005, 85 deaths were recorded, this reduced drastically to 16 in 2008, but saw a rise to 23 in 2009.

**Gaps**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>2011 Requirements</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>LLIN (number)</td>
<td>94,444</td>
<td>0</td>
</tr>
<tr>
<td>ACT (doses)</td>
<td>6,000</td>
<td>0</td>
</tr>
<tr>
<td>TDR (tests)</td>
<td>24,000</td>
<td>0</td>
</tr>
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</table>

**Key Challenges**

The Roll Back Malaria STP Roadmap 2011 identifies the following key challenges:

- Loss of population immunity and possible epidemic if control measures are not sustained
- Resistance to insecticides and ACTs
- Political and institutional instability
  Reduced funding and delayed disbursement of fund.
- Inventory management especially of ACTs.

**Recommended Actions**

- STP should provide information on the status on its taxes and tariffs for anti-essential malaria products.
- There is a large surplus (75,325) of RDTs and care should be taken to ensure proper storage and handling to avoid expiration.
- Procurement of the remaining LLINs must be completed to achieve universal coverage early in 2011.