



HEALTH PROFILE: ANGOLA

HIV/AIDS

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| Estimated Number of Adults and Children Living with HIV/AIDS (2003) | 240,000 (low-high estimate 97,000-600,000) |
| Total Population (2004) ¹ | 17,337,831 |
| Adult HIV-I Prevalence (end 2003) | 3.9% |
| Population most at risk | |
| Sex workers (2001) | 33% |
| Population least at risk | |
| Pregnant women ² | 2.8% |
| <small>¹ Population estimate from World Health Organization EPI data from Measles and Polio Campaign 2004. ² Angolan Ministry of Health and the National AIDS Control Program</small> | |

UNAIDS, Angolan Ministry of Health, and the Angolan National AIDS Control Program

Angola is at a critical point in its fight against the HIV/AIDS epidemic. While the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated adult prevalence at the end of 2003 at 3.9%, recent statistics from the Angolan Ministry of Health and the National AIDS Control Program demonstrate a prevalence of 2.8% among pregnant women seeking prenatal care. While the low rate is heartening news, a number of factors in place argue that the prevalence could soon mimic the rapid upward trajectory experienced in other African countries.

Angola's 27-year civil war, which ended in 2002, deterred the spread of HIV by making large portions of the country inaccessible. Angola was thus cut off from most contact with neighboring countries that had higher HIV infection rates. With the end of the war, however, transportation routes and communication are reopening, therefore enabling a greater potential for the spread of HIV/AIDS. Indeed, current statistics indicate that the border provinces, especially certain areas bordering Namibia and the Democratic Republic of the Congo, currently have higher prevalence than the rest of the country.

Nearly 70% of the population in Angola is under the age of 24. A 2003 knowledge, attitudes, and practices (KAP) survey conducted among people aged 14 to 24 showed 43% of young people had had sex by the age of 15, one of the highest rates in the world. The respondents identified as barriers to HIV prevention limited availability and use of condoms, and limited access to health care. They also reported a high incidence of sexually transmitted infections, all conditions that leave the country ripe for a spike in HIV.

HIV is transmitted primarily through multi-partner heterosexual sex, with a male-to-female ratio of 0.8:1, indicating that women are more likely to be infected than men. Contaminated needles, medical devices, and blood transfusions are the second largest spreader of HIV/AIDS, although more specific research in this area is needed. Mother-to-child transmission currently accounts for approximately 15% of HIV cases.

NATIONAL RESPONSE

Angola faces extreme economic, social, and political problems. An estimated 68% of the population lives in poverty and 26% in extreme poverty. Nevertheless, the government is committed to confronting the HIV/AIDS epidemic and is working vigilantly with international donors,

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The United States assists Angola in its fight against HIV/AIDS through USAID, the U.S. Centers for Disease Control and Prevention, and the U.S. Department of Defense.

to protect the rights of those living with HIV/AIDS, including the right to employment, free public health care, and confidentiality in the health care system.

Angola has developed national guidelines for providing integrated care to people living with HIV/AIDS; however, the mechanisms for distributing antiretroviral drugs need to be implemented outside of Luanda. Approximately 2,750 people are currently on antiretroviral therapy, but approximately 30,000 people are in need of the drugs.

Thus far, the low HIV prevalence in Angola has not had a severe impact on Angola’s economic productivity; however, if the spread of HIV continues, it is likely that the epidemic will be particularly devastating to the agricultural, transportation, mining, and education sectors. Fear of HIV/AIDS is strong, and people with HIV/AIDS face stigma on a daily basis. In fact, the 2003 KAP study reports that, “If a local shopkeeper were known to be HIV-positive, nearly half of all young people (and more than two-thirds of those with no education) said they would refuse to buy food from him. Similarly, more than one-third (and nearly two-thirds of those with no education) would refuse to share a meal with an HIV-positive person.” Finally, Angola has approximately 1 million orphans, about 11% whom have lost one or both parents to AIDS.

U.S. GOVERNMENT SUPPORT

The United States assists Angola in its fight against HIV/AIDS through the U.S. Agency for International Development (USAID), the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Department of Defense (DOD).

USAID began HIV/AIDS activities in 2001 under its global AIDSMARK program. The project was designed to reduce transmission of HIV and other sexually transmitted infections by promoting condom use among vulnerable populations, such as sex workers, truck drivers, youth over the age of 14, and the military. During this last year, USAID developed an HIV/AIDS strategy and expanded its program to include other prevention activities, such as behavior change communication messages, condom distribution and social marketing focused on vulnerable populations, HIV-counseling and

churches, foundations, and nongovernmental organizations to deliver HIV/AIDS-prevention and mitigation services to the public.

Angola’s National AIDS Control Program [*Programa Nacional de Luta contra o Sida* (PNLS)] was established as part of the Ministry of Health in 1987 to serve as the national coordinating body in the fight against HIV/AIDS. With the exception of employee salaries, the PNLS’ work has been financed almost entirely through external donations.

The National AIDS Commission was established in 2002 to bring stronger, high-level government attention to the epidemic, and an HIV/AIDS strategy for the 2003–2008 period is being carried out. The strategy calls for special attention to a wide variety of vulnerable populations: sex workers, truck drivers, mine workers, military personnel, youth, street children, pregnant women, dislocated people, refugees and resettled populations, prisoners, injecting drug users, blood transfusion recipients, traditional healers, traditional birth attendants, health workers, and children living with or affected by HIV/AIDS.

In June 2004, the Angolan National Assembly passed a comprehensive HIV/AIDS law with the purpose of “protecting and promoting full health through the adoption of measures needed to prevent, control, treat and investigate HIV/AIDS.”³ Specifically, the law is designed

³ Source: Permanent Mission of the Republic of Angola to the United Nations, Newsletter No. 06; June 2004

testing centers, and the prevention of mother-to-child transmission (PMTCT). USAID currently supports activities in all 18 provinces of Angola.

Prevention

To reduce HIV transmission, USAID works in partnership with the Government of Angola, the Angolan military, and the private sector to make HIV commodities and services more widely available. USAID currently funds two international organizations that work in close collaboration with the Ministry of Health (MOH) in establishing good-quality HIV-counseling and testing centers for HIV/AIDS and other sexually transmitted diseases within the public health system. There are currently four centers: one in Luanda, one in the province that borders Namibia, one in the province that borders the Democratic Republic of the Congo, and one situated near a special forces military camp. In 2004, these centers provided services to 17,706 individuals seeking counseling and testing services. ExxonMobil provided complimentary financial support to one of these clinics. Population Services International (PSI) in 2003–2004 assisted the MOH in finalizing the national protocols for these services and in 2004 conducted formal research to evaluate the quality of the services.

In 2004, PSI also targeted sex workers, truckers, and youth over the age of 14 by supporting local nongovernmental organizations that provide information, education, and communication activities targeted at reducing high-risk behavior. In collaboration with the Government of Angola and ExxonMobil, PSI continues to support four youth centers that, in addition to offering HIV/AIDS behavior change communications, also provide education and training to out-of-school youth to give them skills that will help them become productive members of the Angolan society. Additionally, PSI facilitated the sale of more than 10 million condoms throughout Angola in 2004.

In 2003, USAID and UNICEF supported PSI in the development of generic HIV/AIDS-prevention materials for three groups of vulnerable youth. Each prevention campaign includes two brochures, two posters, and a game or flip chart. These materials were disseminated widely in 2004 to the Ministries of Health and Education and to nongovernmental organizations that work with youth.

Through the DOD, training was provided to the Angolan military physicians on HIV/AIDS prevention and treatment. The DOD has also supplied the Angolan military with shipments of audiovisual and computer equipment to support troop training in HIV prevention.

Care and Treatment

Due to the massive destruction of the health care clinics and networks during the war, when over 70% of the health care infrastructure was destroyed, USAID also provides assistance to rebuild and upgrade the Angolan health system. For example, USAID provides and assists the Government of Angola and the Angolan military with procurement and distribution of condoms and HIV rapid test kits. USAID is also assisting the MOH to update and expand correct diagnosis and treatment of tuberculosis, a disease closely associated with rising HIV infections.

When additional funds become available, USAID will work closely with the Government of Angola to integrate PMTCT services into the current HIV-counseling and testing services.

Strategic Information

To acquire accurate information on the health status of Angolans, USAID, in collaboration with other donors and the Government of Angola, will support a Demographic and Health Survey in 2006. This type of comprehensive survey, which will include anonymous HIV/AIDS testing, has never been conducted in Angola and will provide much needed data for strategic health sector planning.

In 2004, CDC provided funding and technical advice to the Government of Angola to conduct the first-ever National Sentinel Surveillance Survey for Syphilis/HIV and Hepatitis of women attending antenatal clinics. Plans are to conduct this survey each year.

Over the last year, CDC has worked with the Government of Angola and developed an algorithm for HIV testing using the HIV rapid test, developed a protocol to supply reagents for sentinel surveillance study, and supported the National Control AIDS Program and the MOH by supplying HIV rapid test kits for the tuberculosis hospitals in Luanda. CDC also worked with the Angolan military by providing HIV rapid test kits and developing a KAP study protocol approved by the Angolan National Ethical Committee. CDC is currently collaborating with the National Public Health Laboratory in strengthening its existing capacity by implementing new techniques for determining the viral load of HIV-positive patients and working to create the National Bio-Molecular Reference Laboratory to support research on drug resistance in HIV-positive patients, as well as other research.

IMPORTANT LINKS AND CONTACTS

USAID/Luanda, Edificio Maianga, Rua Kwamme N'krumah, 31, 4 piso, Luanda, Angola

Tel: 244-2-399-518/19/20, Fax: 244-2-328-860

<http://luanda.usembassy.gov/wwwhusaid.html>

USAID HIV/AIDS Web site for Angola:

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/angola.html

Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project

For more information, see http://www.usaid.gov/our_work/global_health/aids/