

# ANGOLA AND HIV/AIDS

## Key Talking Points

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Angola's HIV prevalence rate is lower than the rates of neighboring Zambia, Namibia, Zimbabwe, and Congo, largely because of the isolating effects of the civil war. Nevertheless, Angola, along with Namibia and South Africa, was one of the only African countries to have experienced proportional increase in HIV prevalence rates of over 100 percent between 1994 and 1997.

- In 1998 an estimated 4 percent of the general population was HIV-positive.
- An estimated 200,000 Angolans are living with HIV—26,200 of them with AIDS.
- The highest HIV-prevalence groups are females 20 to 39 years old and males 20 to 49 years old.

**AIDS Deaths** More than 31,000 people have died from AIDS-related diseases since the beginning of the epidemic in Angola—8,000 of them in 1998.

**Women and HIV/AIDS** In 1998, 8 percent of pregnant women in Cabinda tested positive for HIV. According to two studies in Luanda, sexually transmitted infections in pregnant women are prevalent—1 in 3 for candidiasis, 1 in 11 for gonorrhea, 1 in 4 for chlamydia and 1 in 8 for genital ulcers.

**Youth and HIV/AIDS** More than 35 percent of all reported AIDS cases are young people 15 to 29 years old.

**Children and HIV/AIDS** Forty-eight percent of the population is under age 15. More than 5,200 children under age 15 are living with HIV/AIDS, and approximately 8 percent of all AIDS cases are under age 14.

**Socioeconomic Impact** About 90 percent of reported AIDS cases are adults 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an enormous economic burden is created.

**USAID/Angola** did not receive HIV/AIDS funding for FY 1998. However, the mission is currently developing a new strategy that will strengthen child survival and other health-related activities. The operating environment of Angola and the Central Africa region has changed dramatically in the last few years, reflecting the U.S. State Department's decision to "deepen and broaden" the U.S. relationship with Angola.

**National Response** The civil war has devastated Angola's infrastructure and severely weakened its ability to respond effectively to the HIV/AIDS epidemic, which threatens to further erode the country's stability and development. In 1987 the Programa Nacional de Luta contra o SIDA (PNLS) was created to coordinate national prevention efforts and donor-supported activities. The PNLS has been involved in gathering data and developing the National Response, and since mid-1997 has been working on a multisectoral approach to development of a National Strategic Plan.



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# ANGOLA AND HIV/AIDS

## Country Profile

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Angola is currently in the throes of a complex and delicate transition from war to peace. It is a country rich in natural resources but suffering extreme poverty as a result of the civil war. Twice the size of Texas, Angola has 18 provinces, eight of which are heavily affected by the war. It is estimated that half the population (12 million inhabitants) are living in urban areas and 20 percent in the capital. Angola's external debt is now estimated to be more than \$12.5 billion, more than three times its gross domestic product (GDP). The second largest U.S. investment (over \$4 billion) and third-largest U.S. trade partner site in sub-Saharan Africa, Angola also provides the United States with nearly 7 percent of its petroleum purchase, and this level is expected to increase to 15 percent within ten years.

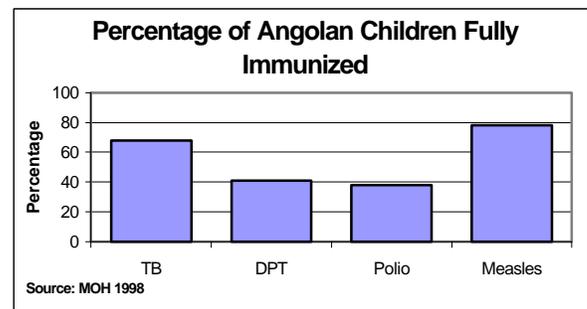
Angola's future has been tethered to a tentative peace plan. In late 1998 the peace process broke down and military conflict resumed in eight provinces, resulting in over 600,000 new internally-displaced persons. Virtually all non-security related organizations function poorly, and the health, education, and judicial systems are the most striking institutional casualties. Almost all Angolan regions face shortages of health infrastructure, medicines and medical staff, and potable water—roughly 70 percent of the population still lack access to safe water. In 1996 only 4 percent of the GDP was spent on health.

## *HIV/AIDS in Angola*

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The first case of AIDS was reported in Angola in 1985. The country's HIV prevalence rate is lower than the rates of neighboring Zambia, Namibia, Zimbabwe, and Congo, largely because of the isolating effects of the civil war and under-reporting due to limited clinical and laboratory capacity for diagnosis. Nevertheless, Angola, along with Namibia and South Africa, was one of the only African countries to have experienced proportional increase in HIV prevalence rates of over 100 percent between 1994 and 1997. In

Approximately 50,000 children have been orphaned as a result of the war (6,000 to 14,000 of those living in the streets). The mortality rate for children under age 5 is more than 290 per 100,000, and 35 percent of all children suffer from malnutrition. In recent years the number of vaccinations given for various diseases has significantly dropped among children. Angola has a high fertility rate (7.2) and low life expectancy rate (47 years). Only 15 percent of births are attended by trained health personnel. The 1996 maternal mortality rate of 1854 per 100,000 is among the highest in the African continent. Tuberculosis (TB) is widespread throughout Angola. According to a 1996 health report, one-third of Angolans carry Koch Bacilli, which causes TB, yet the country does not have a systematic TB prevention system. Of the 15,000 people diagnosed with TB each year, at least half are also carriers of HIV/AIDS.



Zambia, the proportional increase was less than 10 percent.

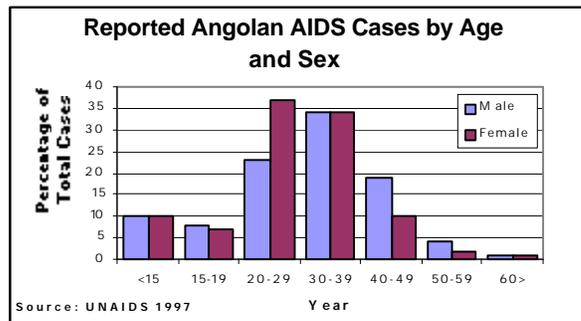
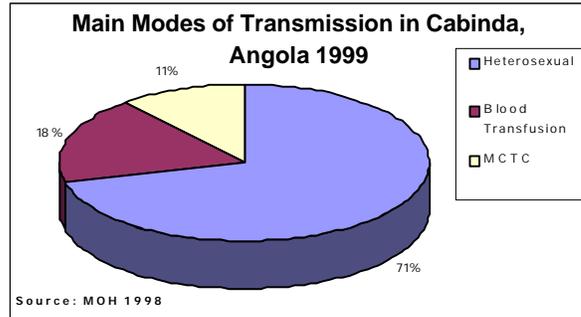
- In 1998 an estimated 4 percent of the general population was HIV-positive.
- An estimated 200,000 Angolans are living with HIV—26,200 of them with AIDS.
- The highest HIV-prevalence groups are females 20 to 39 years old and males 20 to 49 years old.

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- More than 31,000 people have died from AIDS-related diseases since the beginning of the epidemic in Angola—8,000 of them in 1998.
- In 1998, 15 percent of military personnel were HIV-positive.
- Only 6.7 percent of AIDS cases, where it was possible to collect information, had used condoms during occasional sexual intercourse, or with his/her sexual partner.

According to the Joint United Nations Programme for HIV/AIDS (UNAIDS), the main mode of HIV transmission in Angola is through multiple-partner heterosexual sexual activity (41 percent). Several factors contribute to the spread of HIV in Angola, including movement of soldiers throughout the country, massive rural-urban migration, increasing numbers of internally displaced people and refugees, increasing numbers of sex workers, high incidence of sexually transmitted infections (STIs), limited access to health/STI clinics due to destruction of main health infrastructures, high

incidence of HIV/AIDS in neighboring countries, and low rates of condom availability and use.



### Women and HIV/AIDS

The number of women living with HIV/AIDS is growing. Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at increased risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound their vulnerability.

- In 1998, 8 percent of pregnant women in Cabinda tested positive for HIV and 3.3 percent in Zaire province in 1992.
- According to two studies in Luanda, STIs in pregnant women are prevalent—1 in 3 for

candidiasis, 1 in 11 for gonorrhea, 1 in 4 for chlamydia and 1 in 8 for genital ulcers. An estimated 20 percent of the Angolan population live in Luanda.

- Equal numbers of men and women are infected with HIV.
- The adult literacy rate for women is approximately 29 percent, making it very difficult to implement traditional HIV prevention projects.

### Children, Youth and HIV/AIDS

Forty-eight percent of the population is under age 15. The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV.

- More than 5,200 children under age 15 are living with HIV/AIDS.

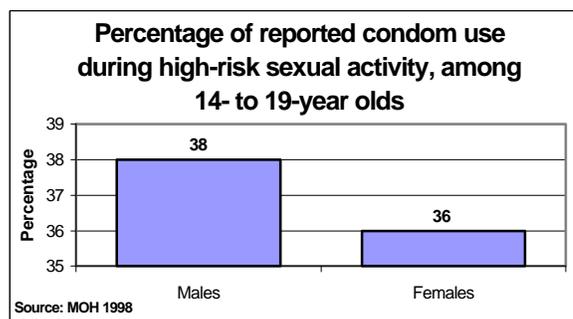
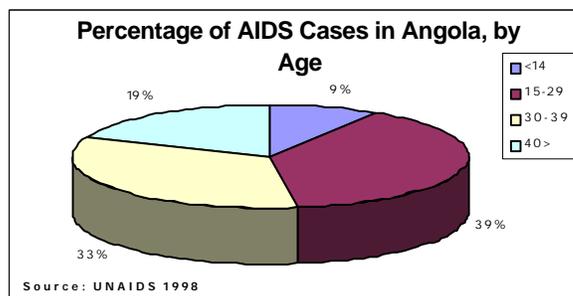
- Six percent of AIDS cases are children under age 5.
- Mother-to-child transmission (MTCT) accounts for 11 percent of all HIV/AIDS cases.
- Approximately 8 percent of all AIDS cases are under age 14.
- To date, an estimated 19,000 children have been orphaned by HIV/AIDS.

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- Seventeen percent of all HIV-positive individuals were infected through blood transfusions—80 percent of these transfusions were performed in children under age 14.
- There has been an increase in the number of 8- to 10-year-old sex workers.

Youth and young adults account for a large percentage of all HIV/AIDS cases in Angola.

- More than 35 percent of all reported AIDS cases are 15 to 29 years old.
- A greater percentage of females than males in the 15- to 29-year-old age group have AIDS.
- Despite high rates of HIV risk behavior and infection among young people, only 38 percent of males and 36 percent of females 14 to 19 years old report using a condom during high-risk sexual activity.



## Socioeconomic Effects of AIDS

About 90 percent of reported AIDS cases are adults 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

There are also many private costs associated with AIDS, including expenditures for medical care, drugs, funeral expenses, etc. The death of a family

member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. And AIDS adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS refer to the *socioeconomic analysis* presented by the Policy Project.)

## Interventions

Despite the country's social, political and economic problems, several HIV/AIDS prevention and mitigation activities have been carried out by

the government, nongovernmental organizations (NGOs), churches, foundations and communities.

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### *National Response*

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In 1987 the Programa Nacional de Luta contra o SIDA (PNLS) was created to coordinate national prevention efforts and donor-supported activities. The PNLS has a central administrative body located in the Ministry of Health. Since its inception, the PNLS has been involved in gathering data and developing the National Response. Currently, funding for all HIV/AIDS/STI interventions, with the exception of salaries for nationals, comes entirely from external sources.

Some of the major areas of focus in 1998 included:

- Advocacy for an expanded response
- Development of a National Strategic Plan
- Support to NGOs for specific projects
- Epidemiological surveillance
- Information, education and communication campaigns
- Training
- Blood safety

In 1999 the PNLS is planning to implement studies related to the socio-cultural aspects of HIV/AIDS in Angola, socioeconomic impact on HIV/AIDS and the workplace, and an HIV/AIDS policy and needs assessment.

Some of the 1999 priority intervention areas identified by the PNLS and UNAIDS include:

- Advocacy: Involvement of other ministries, Parliament, ranking political and church leaders in the creation of a multisectoral approach to HIV/AIDS prevention in Angola.

- Health education: Targeted interventions for high-risk groups such as sex workers, the military, and prisoners, and increased HIV/AIDS prevention programs in schools
- Social marketing of condoms/availability of condoms
- Prevention and control of STIs
- Safety of blood supplies: Integration of mobile labs for screening blood products, particularly at the provincial level
- Provision of logistical support to NGOs and religious institutions
- Epidemiological surveillance: Increased surveillance for HIV, syphilis and HBV in selected provinces among donors, STI and TB patients
- Civil-military alliance: Enhance the role of the military in the institution of HIV prevention programs

Since mid-1997 the PNLS has been working with nine other ministries, NGOs, churches, and community-based organizations (CBOs) on a multisectoral approach to develop a National Strategic Plan: Its completion and implementation are PNLS priorities in 1999. Following workshops held with PNLS leadership, other ministries, representatives from private industry, churches and national NGOs, it is expected that a first draft will be completed in July 1999. The PNLS is also making efforts to involve the international community in supporting activities related to HIV/AIDS prevention, care, counseling, and training.

### *Donors*

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Multilateral and bilateral donors are actively engaged in HIV/AIDS activities in Angola. According to a UNAIDS/Harvard study, each

bilateral and international organization contributed the following in 1996-1999 (some numbers are still not available for 1998-1999):

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Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
EU	3,737,398	N/A
SIDA	520,020	N/A
Swedish Embassy	N/A	150,000
Belgium Government	117,000	320,507
Norwegian Embassy	N/A	14,500
INTERMOM	13,040	N/A
Development Workshop	12,500	N/A
MAP International	8,000	N/A
Nestle	1,200	8,000
ACORD	700	N/A
<b>Total</b>	<b>4,409,858</b>	<b>493,007</b>

### *Bilateral organizations' contributions 1996-1999*

USAID is currently working under a strategy approved in 1995. The operating environment of Angola and the Central Africa region has changed dramatically in the last few years, reflecting the U.S. State Department's decision to "deepen and broaden" the U.S. relationship with Angola, especially targeting three areas of cooperation: humanitarian assistance, democracy and governance.

USAID/Angola did not receive HIV/AIDS funding for FY 1998. However, the mission is currently developing a new strategy that will strengthen child survival and other health-related activities. In 1999 USAID will:

- Assist war-affected Angolans through support for resettlement, reconstruction, and local self-reliance.

- Increase employment and other economic opportunities in rural areas.
- Help build a more open society and responsive political institution.

Also, because virtually all Angolan regions face shortages of potable water, health infrastructure, medicines and medical staff, USAID and other donors are working to address these constraints.

UNAIDS has had a coordinating Theme Group based in Angola, since 1996. It includes representatives from UNDP, UNICEF, UNESCO, WHO, World Bank, UNFPA, UNHCR, MONUA (UN peacekeeping forces), FAO, WFP, and the National AIDS Control Programme, and chaired by WHO. Support from the UNAIDS cosponsors and other agencies in 1996-1999 included the following (some of the numbers are not available):

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
WHO	5,000	50,000
UNDP	N/A	N/A
UNFPA	729,000 (including reproductive health activities)	1,654,000 (including reproductive health activities)
UNESCO	N/A	8,000
UNICEF	300,000	25,000
World Bank	56,077	230,632
UNAIDS	165,000	550,000
<b>Total</b>	<b>1,255,077</b>	<b>2,517,632</b>

### *UNAIDS cosponsor support 1996-1999*

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According to UNAIDS, the Theme Group has been most successful in the areas of promotion of policy decisions, joint programming with the national authorities, advocacy issues, and technical coordination and resource mobilization within the UN system.

UNAIDS is assisting the NACP in developing a National Strategic Plan and implementing several varied activities. It is also discussing the need to formulate a joint/integrated UN Plan on HIV/AIDS for 1999-2000. In April 1999, as part of the International Partnership Initiative Against HIV/AIDS in Angola, UNAIDS, in collaboration with the Swedish Embassy, sponsored a meeting on Advocacy and HIV in Luanda. This meeting was attended by more than a dozen foreign ambassadors and the Angolan ministers of Foreign Affairs and Health.

UNAIDS also coordinates a Technical Working Group, chaired by the UNFPA, which is currently reviewing the technical components of proposals submitted by national NGOs. These projects will be funded by the Swedish government through an

agreement with UNAIDS. A portion of these funds (\$150,000) was made available in 1999 to national NGOs to implement a variety of activities.

**The World Bank** supports HIV/AIDS prevention efforts through a \$19.9 million *First Health* project; \$900,000 of this funding is dedicated specifically to HIV/AIDS activities. The project objectives are to strengthen the Ministry of Health's capabilities in the essential areas of health policy, health sector management, and public health program development, and to improve health care in selected regions through the rehabilitation of training and health facilities.

**The Swedish Embassy** has supported several activities including a January 1998 workshop focusing on coordination strategies between the PNLs, NGOs, churches, and foundations. Recently, joint strategies were agreed upon between the Swedish Embassy and the UN Theme Group for future financial support of interventions to be developed by NGOs, churches and foundations. For 1999 the Swedish Embassy has allocated \$150,000 for HIV/AIDS activities.

### ***Private Voluntary Organizations (PVOs), Nongovernmental Organizations (NGOs) and Research Institutions***

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A number of PVOs implement activities funded by multilateral, bilateral, and private donors. NGOs also receive funding from a variety of sources. Some of the major PVOs include Population Services International, CARE, Save the Children, and Catholic Relief Services. *See attached preliminary chart for PVO, USAID cooperating agencies, and NGO target areas of HIV/AIDS activities. This list is evolving and changes periodically.*

NGOs and religious institutions are currently active in the areas of mitigation, care and counseling of people living with HIV/AIDS (PLWHA) and their families. Churches have also been involved in medical assistance programs. Although these institutions have been providing the bulk of services, according to UNAIDS and the NACP they need logistical support and training, particularly in administration.

## Challenges

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Major constraints to HIV/AIDS control in Angola include:

- The ongoing civil strife, which makes it difficult to make HIV/AIDS a priority.
- Due to the civil war, funds from donors have been frozen and some international donors and NGOs have exited from areas in need of

humanitarian relief and HIV prevention activities.

- Lack of reliable information and unstable socioeconomic conditions impede the collection of reliable, timely, and complete HIV/AIDS data.
- Government bureaucracy and weak post-civil war infrastructure.

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- A low literacy rate, which makes it more difficult to mount effective education campaigns.
  - Lack of government leadership and empowerment of communities in responding to the epidemic.
  - Limited coordination of the PNLS, NGO, and international donor activities at central and provincial levels.
  - Shortages of potable water, health infrastructure, medicines and medical staff due to the civil war.
  - Failure of health centers to educate the population about HIV/AIDS.
  - High turnover of decision makers and AIDS program managers within the national institutions.
- The following gaps in programming must be filled in order to mount an effective response to HIV/AIDS in Angola:
- A multisectoral government agency with financial resources and direct presidential or national committee support to lead and coordinate the response to the epidemic.
  - Long-term rehabilitation programs which address the lack of access to health care, sanitation, and nutrition.
  - Effective surveillance and reporting systems.
  - Implementation of programs that train and value PLWHA and reduce discrimination in the larger community.
  - Integration of HIV/AIDS/STI management into existing public health centers.
  - Cost-effective condom social marketing programs that include information, education and communication (IEC) and general health education components.
  - Community-based programs to provide follow-up and continuance of care for PLWHA.

### The Future

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The civil war has devastated Angola's infrastructure and severely weakened the country's ability to respond effectively to the HIV/AIDS epidemic, which threatens to further erode the country's stability and development. The Angolan government, in collaboration with UNAIDS, has

initiated a multisectoral, comprehensive response to slow the spread of the rapidly growing HIV/AIDS epidemic. However, Angola's political leaders must act now to ensure that this plan will be carried out.

### Important Links

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1. The National AIDS Control Program
2. UNAIDS Country Program Advisor: Rui Gama Vaz, UNAIDS, c/o President Groupe Thematique des Nations Unies, sur le VIH/SIDA, OMS, CP 3243 Luanda; Tel: (244) 2 33 23 98; Fax: (244) 33 23 14; e-mail: sida@ebonet.net
3. USAID: Filomena Maxwell



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June 1999

# Angola

Organization	Intervention																
	Advoc.	BCI		Training	Cond.		Eval.	HR		MTCT	Research		STD	VCT		TB	Other
<b>Cooperating Agencies</b>																	
PSI						X											
<b>PVOs/NGOs</b>																	
Civil/Military Alliance to Combat HIV/AIDS	X			X				X					X				
CARE		X							X								
Save the Children		X							X								

<b>KEY:</b>	<b>Advoc.</b> Advocacy	<b>MTCT</b> Mother to Child Transmission activities
	<b>BCI</b> Behavior Change Intervention	<b>Research</b> HIV/AIDS research activities
	<b>Care/S</b> Care & Support Activities	<b>Policy</b> Policy monitoring or development
	<b>Training</b> HIV/AIDS training programs	<b>STD</b> STD services or drug distribution
	<b>Cond.</b> Condom Distribution	<b>VCT</b> Voluntary counseling and testing
	<b>SM</b> Social Marketing	<b>Orphan</b> AIDS orphan activities
	<b>Eval.</b> Evaluation of several projects	<b>TB</b> TB control
	<b>HR</b> Human Rights activities	<b>Other</b> (i.e. blood supply, etc.).
	<b>IEC</b> Information, education, communication activities	