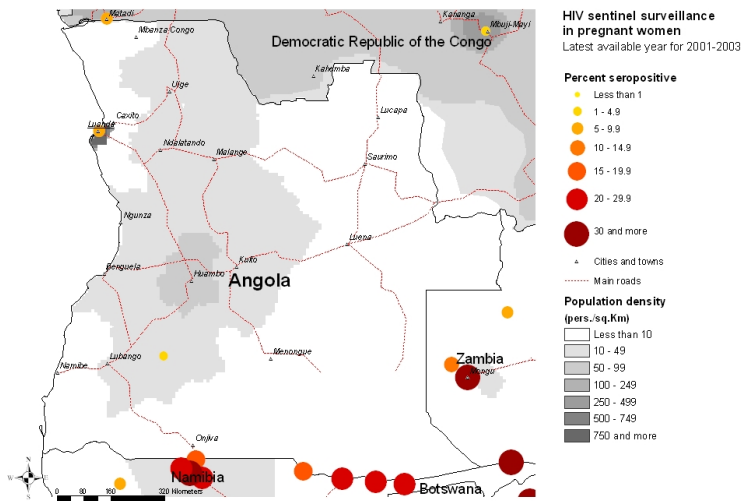


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: **52 000**
 Antiretroviral therapy target declared by country: **5 500 by the end of 2005**



Map Data Source:
 WHO/UNAIDS Epidemiological Fact Sheets
 and the United States Census Bureau
 Map Mapping:
 Public Health Mapping & GIS
 Communicable Diseases (CDS)
 World Health Organization



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	14.1	United Nations
Population in urban areas (%)	2005	37.2	United Nations
Life expectancy at birth (years)	2003	40	WHO
Gross domestic product per capita (US\$)	2002	755	IMF
Government budget spent on health care (%)	2002	4.1	WHO
Per capita expenditure on health (US\$)	2002	38	WHO
Human Development Index	2003	0.445	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* In 2005, national estimates indicated that adult prevalence of HIV/AIDS was between 0.7% and 9.1%. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	1.6 - 9.4%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	97 000 - 600 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Sep 2005	2 700	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	52 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	31	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

3. Situation analysis

Epidemic level and trend and gender data
 The first case of AIDS in Angola was diagnosed in 1985. By the end of 2004, an estimated 400 000 adults and children were living with HIV/AIDS in Angola, and the adult prevalence was estimated to be about 2.6%. Until recently, national efforts to conduct sentinel surveillance had been hindered by the internal conflict that has ravaged the country since its independence in 1975. As a result, information about HIV prevalence is scarce. The distribution of people living with HIV/AIDS (cumulative) demonstrates that about 60% are 20-39 years old, the age group with the highest contribution to economic productivity in Angola. Men and women are equally affected. Women 15-39 years old have a high prevalence and women 40-59 years old a lower prevalence. This disparity may be due to the advent of early and frequent sexual activity among women, to the imbalance in gender power and to the increase in sex work among young women because of high levels of poverty. In Luanda, where about 25% of the inhabitants live, the estimated prevalence rate in 2004 was 3.1%. HIV infection rates among women attending antenatal care clinics in Luanda are estimated to have increased from 0.3% in 1986 to 0.7% in 1992. According to government sources, 12 576 AIDS cases had been reported by the end of 2003, corresponding to only about 10% of the total estimated number of AIDS cases. The high proportion of displaced and mobile populations, the limited access to health care, the lack of perception about risk and inadequate knowledge about HIV/AIDS and its prevention have contributed to the high magnitude of the epidemic.

Major vulnerable and affected groups
 Based on data collected between 1985 and 2004 and AIDS case reporting, the primary route of HIV transmission is heterosexual, with a male-female ratio of 1:1. In addition, an estimated 15% of AIDS cases are caused by mother-to-child transmission of HIV, 16% by needles and other medical devices and 18% by blood transfusions. Angola's National HIV/AIDS Strategic Plan for 2003-2008 defines vulnerable groups as the population groups that are potentially exposed, individually and collectively, because of structural, institutional, political and cultural variation that makes them susceptible to infection with HIV/AIDS. Using these criteria, the following vulnerable groups were identified: sex workers, truck drivers, mineworkers, military personnel, youth, street children, pregnant women, displaced people, refugees and resettled populations, prisoners, drug users, blood transfusion recipients, traditional healers and traditional birth attendants, health workers and children infected and affected by HIV, including orphans. According to studies conducted by WHO and other partners, the prevalence among sex workers in Luanda increased from 30% in 1999 to 33% in 2001.

Policy on HIV testing and treatment
 Voluntary counselling and testing services in Angola provide pretest and post-test counselling, testing, prevention and treatment of sexually transmitted infections and reproductive health services. Most facilities are located in the capital. National guidelines for antiretroviral therapy were developed in 2003 and are being revised in accordance with international standards. The National HIV/AIDS Strategic Plan for 2003-2008 includes strategies for providing antiretroviral therapy free of charge in the public sector.

Antiretroviral therapy: first-line drug regimen, cost per person per year
 The first-line drug regimen is zidovudine + lamivudine + nevirapine. The average annual cost of the first-line regimen in the private sector is about US\$ 1200 per person per year.

Assessment of overall health sector response and capacity



The National AIDS Control Programme was established in 1987 to coordinate national HIV/AIDS control activities. A National HIV/AIDS Strategic Plan for 2000-2002 was developed and implemented, to prevent the transmission of sexually transmitted infections and HIV/AIDS and provide assistance and care to people living with HIV/AIDS. In November 2002, the President of Angola instituted the National Commission to Fight AIDS and Endemic Diseases to coordinate multisectoral programmes and policies. In 2003, the government launched the National HIV/AIDS Strategic Plan for 2003-2008, outlining goals and strategies for the country's response to the epidemic - a multisectoral approach focusing on strengthening national capacity to implement HIV/AIDS interventions; strengthening the national system of blood safety; strengthening the national network of HIV/AIDS laboratories; strengthening surveillance; promoting changes in behaviour, attitudes and risk practices; scaling up voluntary counselling and testing; and promoting an integrated treatment approach for people living with HIV/AIDS. Angola has a lack of professional resources within the health system, mainly at the primary health care level. The proportions of staff posts in government health services are: physicians: 10-15%; registered nurses: about 40%; and others: 50%. Only 30% of the population has access to health services.

Critical issues and major challenges

The government's response to HIV/AIDS has been severely hampered by years of conflict and a lack of resources. Angola emerged from 27 years of war in 2002 with its health system badly damaged and an estimated 65% of its primary health care centres out of service. In the post-war context, Angola is facing various challenges in combating poverty and famine, reconstructing economic and social infrastructure, socially reintegrating demobilized military personnel and promoting national economic development. The institutional capacity of the National AIDS Control Programme and human resource capacity across the health sector as a whole urgently need to be strengthened. Scaling up voluntary counselling and testing services is crucial. Additional support is needed in management, human resource planning, procurement and national supply chain management, surveillance and community preparedness and understanding. Services need to be expanded outside the capital city, especially to the provinces of Kunene and Uíge, where HIV prevalence is high, and to Huambo and Huíla, where the population has higher density. Stigma and discrimination remain barriers to scaling up access to HIV/AIDS services.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 33.3 million and US\$ 40.7 million was required to support scaling up antiretroviral therapy in Angola over 2004-2005 to meet the WHO "3 by 5" treatment target of 16 000 people.
- The government is allocating increasing resources to fight HIV/AIDS: US\$ 7.3 million in 2002 and US\$ 23.5 million in 2003. The government is funding the purchase of antiretroviral drugs.
- Angola submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 4, with a focus on enhancing HIV prevention (educational campaigns, voluntary counselling and testing and preventing mother-to-child transmission), care (antiretroviral therapy and treating opportunistic infections), surveillance and psychosocial support for people living with HIV/AIDS. The proposal made a total funding request of US\$ 91.9 million for five years. US\$ 27.7 million has been approved for the first two years. As of November 2005, US\$ 7.6 million had been disbursed for implementation of activities.
- In December 2004, the World Bank approved a grant of US\$ 21 million to assist the government in implementing a project for controlling HIV/AIDS, malaria and tuberculosis. Funds available from the World Bank are being used for expanding voluntary counselling and testing services and services for preventing mother-to-child transmission as well as training doctors, nurses and midwives.
- Angola receives support from various bilateral partners, including the United States Agency for International Development, the Italian Cooperation and the United Kingdom Department for International Development. In 2003, nearly US\$ 4.0 million was allocated for providing voluntary counselling and testing services with support from partners.

5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated Angola's total antiretroviral therapy need to be about 32 000 people, and the WHO "3 by 5" treatment target for 2005 was calculated as 16 000 people (based on 50% of estimated need). In 2005, WHO estimated that Angola's treatment need was 52 000 people.
- The government declared a national treatment target of 5500 people receiving antiretroviral therapy by the end of 2005. The Global Fund Round 4 proposal plans to provide treatment to 13 750 people by 2009.
- In September 2005, 2700 people were receiving antiretroviral therapy in Angola through the public sector. An additional 300 people were estimated to be receiving antiretroviral therapy through the private sector. Access to treatment is mostly limited to the capital city Luanda and is gradually expanding to the provinces of Cabinda and Cunene. In Luanda, treatment is being provided through a successful programme run by the government's Hospital Esperança, which provides day care and treatment to people living with HIV/AIDS through an outpatient clinic. The government plans to use this model to expand the provision of antiretroviral therapy at the regional level. As of September 2005, at least six centres were providing antiretroviral therapy, of which at least three were in the public sector.
- Access to services for voluntary counselling and testing and preventing mother-to-child transmission are being gradually scaled up. As of September 2005, at least 31 facilities were providing voluntary counselling and testing services, covering 14 of 18 districts in Angola; and at least five centres providing services for preventing mother-to-child transmission, covering at least 2 of the 18 districts.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of Health provides leadership in national planning, implementation, coordination and programme evaluation, together with the Ministry of Planning. The Ministry of Health also provides leadership in national human resource planning. WHO provides support to the Ministry of Health in planning and management. UNDP and the United States Centers for Disease Control and Prevention contribute to financial management activities.

Service delivery

The Ministry of Health and the National AIDS Control Programme provide leadership in delivering services for HIV/AIDS prevention, care and treatment with assistance from WHO in developing normative guidelines, procurement and supply chain management of drugs and diagnostics, capacity-building, training, and testing and counselling. Other partner organizations supporting the implementation of voluntary counselling and testing centres include: the Portuguese Institute for Preventive Medicine; Population Services International; the United States Centers for Disease Control and Prevention; GOAL (a nongovernmental organization based in Ireland); CAJ-JIRO (Centro de Apoio aos Jovens, or youth support centre); Marie Stopes International; Divine Providence Hospital; the Sisters of Teresa; and national nongovernmental organizations. The National Institute of Public Health is the primary provider of laboratory services for diagnosis of HIV/AIDS infection. UNICEF contributes to capacity-building activities. Médecins Sans Frontières supports prevention activities. Additional partners involved in HIV/AIDS prevention and care activities include the Italian Cooperation, the Spanish Agency for International Cooperation (AECI), British Petroleum, Esso and the Rufford Foundation. The United States Agency for International Development has been assisting Angola's military in designing and implementing an HIV/AIDS strategy that focuses on prevention, testing and treatment in border regions of the country. The United States Agency for International Development has also provided support for training military physicians in delivering antiretroviral therapy.

Community mobilization

The Ministry of Health leads activities related to adherence and psychosocial support as well as material support, including nutrition for people living with HIV/AIDS. Angola has a network of nongovernmental organizations involved in various aspects of HIV prevention and care, such as the Angolan Association of People Living with HIV/AIDS. The United States Agency for International Development provides support for behaviour change communication. Additional assistance is needed in building capacity among people living with HIV/AIDS and in programme communication.

Strategic information

The Ministry of Health provides leadership in all areas related to strategic information, including monitoring and evaluation, antiretroviral drug resistance and operational research, supported by the United States Centers for Disease Control and Prevention. WHO and the United States Centers for Disease Control and Prevention also provide support to the Ministry of Health in surveillance.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Providing technical assistance to support "3 by 5" efforts in planning, care and treatment, voluntary counselling and testing and advocating for increased involvement of partners in scaling up access to antiretroviral therapy
- Supporting the development of a plan for drug procurement and supply management
- Supporting the development of the Global Fund Round 4 proposal in collaboration with key partners, including UNDP and UNAIDS, and supporting implementation of activities
- Through the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, supporting the strengthening of the capacity of health systems in establishing a sentinel surveillance system for HIV/AIDS, improving case management of sexually transmitted infections, improving voluntary counselling and testing services and improving laboratory capability in testing for HIV and sexually transmitted infections
- Establishing an HIV/AIDS country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Supporting the development of a national operational plan for scaling up antiretroviral therapy
- Assisting in procuring and managing the supply of antiretroviral drugs and HIV/AIDS diagnostics
- Assisting in training physicians, nurses and community health leaders in providing care and support by adapting and implementing the WHO Integrated Management of Adult and Adolescent Illness (IMA) modules
- Providing technical support for provincial supervision in capacity-building for scaling up antiretroviral therapy
- Assisting in implementing the national HIV laboratory services plan to strengthen laboratory capacity in provinces and districts
- Supporting the implementation of the WHO/OPEC Fund Project on Integrating "3 by 5" in Health Systems in Africa, including support for developing national guidelines for antiretroviral therapy, strengthening laboratory services, strengthening drug resistance monitoring, and reinforcing programme monitoring and evaluation

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one international HIV/AIDS Country Officer, one National Programme Officer and one Medical Officer for HIV/AIDS.
- Additional staffing needs identified include international medical officers with background in antiretroviral therapy and HIV to assist the Ministry of Health in training physicians, nurses and community health leaders; and an international logistician to work on procuring, distributing and monitoring antiretroviral drugs and other supplies related to scaling up antiretroviral therapy, working with the Ministry of Health to strengthen the supply subsystem.