



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	18.5 million (mid-2010)
Estimated Population Living with HIV/AIDS**	200,000 [160,000–250,000] (end 2009)
Adult HIV Prevalence**	2.0% [1.6–2.4%] (2009)
HIV Prevalence in Most-at-Risk Populations**	Sex Workers (Luanda): 23.1% (2007)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	35% (end 2009)

*National Statistics Institute **UNAIDS ***WHO/UNAIDS/UNICEF *Towards Universal Access*, 2010

With an estimated 2 percent of the adult population living with HIV, Angola has one of the lower HIV prevalence rates in sub-Saharan Africa. Angola’s first case of HIV was diagnosed in 1985; according to the Joint United Nations Program on HIV/AIDS (UNAIDS), the country’s prevalence is considered stable, having changed only marginally over the past decade. During the 1975–2002 Angolan civil war, cross-country travel was nearly impossible, impeding the spread of HIV/AIDS. Since the war, however, movement has become less restricted, and the likelihood of HIV reaching once-isolated communities has increased. In 2009, UNAIDS estimated that 200,000 people in Angola were HIV positive.

Because much of Angola’s infrastructure was destroyed throughout nearly three decades of fighting during the civil war, monitoring trends of HIV prevalence among specific populations remains difficult, although it is improving. Data collected from women attending antenatal clinics suggest the intensity of the HIV epidemic varies among Angola’s different provinces, with the highest rates of infection occurring in the areas bordering Namibia, along the transport route to Luanda, and along the border of the Democratic Republic of the Congo; the lowest rates are found in the center of the country. The provinces with the highest rates are Cunene and Benguela, with a prevalence of 4.4 percent, closely followed by Lunda Norte, Cuando Cubango, and Huambo, each at 4.2 percent, according to the 2010–2014 National Strategic Plan.

The U.S. Census Bureau estimates nearly 63 percent of Angola’s population is under age 25. The relatively young population, coupled with widespread high-risk sexual behaviors, puts Angola in danger of a more severe HIV/AIDS epidemic. As of 2006, 60 percent of all reported HIV/AIDS cases occurred among people aged 20 to 39. According to the 2005–2006 Knowledge, Attitudes and Practices (KAP) study among young people (15 to 24 years old) in six provinces, knowledge of HIV continues to be low and misconceptions are common. Of the respondents, 26 percent did not know that a healthy-looking person could be HIV positive. In addition, 59 percent believed at least one of three common myths about HIV transmission: HIV is transmitted by mosquitoes, by sharing a meal with an HIV-positive individual, or by using the same bathroom as an HIV-positive person.

The KAP study also found 68 percent of youth did not know that using two condoms simultaneously increases the risk of breakage, although 94 percent of the same respondents identified condoms as a method of prevention of HIV transmission. The study also found younger and more educated youth were more likely to use condoms than older and less educated youth. Other conditions that increase the risk of continuing the spread of the virus include mobility among the 4 million people currently internally displaced by the war; high levels of civilian contact with military personnel; low levels of education; extreme poverty; limited female autonomy; weak social networks and public services; and cross-border interaction with Namibia and Zambia, where HIV prevalence rates are 13.1 percent and 13.5 percent, respectively, according to UNAIDS.

Stigma and discrimination are serious issues in Angola. A 2003 KAP study reported nearly half of all young people (and more than two-thirds of those with no education) said they would refuse to buy food from a local shopkeeper whom they knew to be HIV positive. Similarly, more than one-third of all young people (and nearly two-thirds of those with no education) would refuse to share a meal with an HIV-positive person. According to the 2005–2006 KAP study, 80 percent of youth interviewed showed some discriminatory tendencies toward HIV-positive individuals.



In Angola, tuberculosis (TB) co-infection with HIV is a major concern. TB is the leading cause of death among people who are HIV positive. After decades of civil war, the country's health infrastructure is not adequate to address the TB epidemic. In 2008, TB incidence was 290 cases per 100,000 population, according to the World Health Organization (WHO). Nineteen percent of newly diagnosed TB patients are also HIV positive.

National Response

Since its establishment in 1987, Angola's national AIDS control program – Programa Nacional de Luta contra a SIDA – has coordinated the fight against the disease. The country's national poverty strategy also prioritizes HIV/AIDS prevention and control as a means to reduce poverty. With its own budgetary line item for HIV programming in the health sector operational plan, the Government of Angola's (GRA's) commitment is clear. The GRA financed 82 percent of total expenditures for HIV, including 50 percent of expenditures on targeted prevention programs, according to the U.S.

Government's (USG's) 2009 Partnership Framework. The National Commission to Fight HIV/AIDS and Large Endemics, led by Angola's President and comprising ministers from all sectors of government, was established in 2002 to coordinate the national, multisectoral response to HIV/AIDS; however, civil society is not represented in the Commission.

Since 1987, the GRA has released several plans to combat HIV/AIDS; the most recent is the 2011–2014 National Strategic Plan on HIV/AIDS. The Plan's objectives include providing HIV/AIDS education and teaching safe sex practices. It targets vulnerable populations, particularly sex workers, truck drivers, miners, military personnel, youth, pregnant women, dislocated people, prisoners, injecting drug users, blood transfusion recipients, traditional healers and birth attendants, and health workers.

In 2004, the Angolan National Assembly passed a comprehensive HIV/AIDS law to protect the rights of people living with HIV/AIDS (PLWHA), which includes the right to employment, free public health care, and confidentiality in the health care system. Angola still faces challenges in implementing and enforcing the law through the judicial system, however. Angola also has national guidelines for providing PLWHA with integrated care. For example, centers in Angola's 18 provincial capitals provide antiretroviral therapy (ART) for infection management and prevention of mother-to-child transmission (PMTCT).

According to WHO/UNAIDS/UNICEF, 35 percent of PLWHA were receiving ART at the end of 2009, up from 25 percent in 2007, in accordance with the 2006 WHO recommendations on when to initiate treatment. The 2010 United Nations General Assembly Special Session report indicates ART coverage may actually be lower, at 24.5 percent, with only 19 percent of pregnant women receiving antiretroviral drugs for PMTCT. Reasons for low levels of treatment coverage include the devastation to the health infrastructure through years of civil war and the lack of qualified personnel to perform essential tasks to keep the health sector functioning.

The Angola Business Alliance against HIV/AIDS (*Comite Empresarial de Combate ao VIH/SIDA* in Portuguese) was created in 2006 to represent and coordinate HIV/AIDS activities in the private sector. The Alliance has a membership of approximately 150 private companies and corporations. It also coordinates with national and international companies that promote the prevention and mitigation of HIV in both workplace programs and the community, though few of these programs are active at the moment. Nongovernmental organizations also provide prevention services; however, as these services are centralized primarily in Luanda and a few provincial capitals, they are difficult for rural populations to access.

In 2005, Angola received a five-year grant of \$86.1 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria to prevent HIV transmission and reduce the socioeconomic impact of the HIV/AIDS epidemic through a multisectoral, integrated approach that reinforces and extends existing efforts while increasing institutional capacity, mobilizing and supporting PLWHA, coordinating partners, and monitoring the distribution and use of resources. A proposal for Round 10 funding has been submitted. The USG provides nearly 30 percent of the Global Fund's total contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Angola received \$5.45 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Angola are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG

initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which supports partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

Following the reauthorization of PEPFAR Phase II in 2008, PEPFAR/Angola's financial capacity and work priorities began to shift. The 2009–2013 Partnership Framework for HIV/AIDS, signed in August 2009 by Secretary of State Hillary Clinton and Angolan Foreign Minister Assunção dos Anjos, provides a five-year strategic plan for cooperation between the GRA and the USG. The Framework will also help other stakeholders contribute to the achievement of Angola's national strategic plan and PEPFAR goals for prevention, care, and treatment. With the Partnership Framework, important steps have been taken to increase alignment of the PEPFAR program with GRA priorities and create a sustainable, long-term response to the HIV epidemic in Angola.

USAID launched its HIV/AIDS activities in Angola in 2001. Its program supports HIV/AIDS prevention in high-prevalence areas, targeting most-at-risk populations (MARPs) and youth. USAID works in close collaboration with the GRA and civil society, focusing its efforts on prevention as well as health systems strengthening, which includes capacity building of staff in PMTCT services and voluntary counseling and testing (VCT). In cooperation with the GRA and civil society, PEPFAR is implementing behavior change communication programs for youth and MARPs.

In 2009, the Essential Health Services Program worked closely with provincial directorates of health to support the establishment of 49 new PMTCT units in antenatal clinics and 38 new VCT centers. PMTCT interventions also helped reach more than 27,000 pregnant women with testing and counseling and test results. Overall, nearly 42,000 individuals, including TB patients, received testing and counseling services as well as test results.

Behavior change communications in prevention activities reached more than 100,000 individuals in 2009. Approximately 62 local organizations were provided with technical assistance for capacity building, and 547 individuals received technical assistance in strategic information. Additionally, 387 individuals were trained in institutional capacity building, and nearly 1,200 received training in how to reduce stigma and discrimination. Furthermore, 166 health workers received training in PMTCT and 162 in VCT. With regard to community mobilization efforts, 949 individuals received training in prevention and care.

Important Links and Contacts

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USAID's HIV/AIDS Web site for Angola:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/angola.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids/.

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