



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	16 million (2007)
Estimated Population Living with HIV/AIDS**	320,000 [200,000-450,000] (end 2005)
Adult HIV Prevalence**	2.5% (2005)
HIV Prevalence in Most-At-Risk Populations***	Sex Workers (Luanda): 33% (2001)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	25% (end 2007)

*National Statistics Institute **UNAIDS 2005 ANC data ***WHO 2005 ****WHO/UNAIDS/UNICEF Towards Universal Access, December 2007

With an estimated 2.5 percent of the adult population HIV positive, Angola has the lowest rate of HIV prevalence in continental southern Africa. Angola's first case of HIV was diagnosed in 1985. According to UNAIDS, HIV prevalence among pregnant women remained fairly stable at 2.4 percent in 2004 and 2.5 percent in 2005. During the 1975–2002 Angolan civil war, cross-country travel was nearly impossible, thus impeding the spread of HIV/AIDS. In the six years since the war, movement has become less restricted, and the likelihood of HIV reaching once-isolated communities has increased. As of December 2005, UNAIDS estimated that 320,000 people living in Angola were HIV positive. However, according to the National Institute Against HIV/AIDS, 400,950 people were living with AIDS in 2006.

Because much of Angola's infrastructure was destroyed during the nearly three decades of fighting, monitoring trends of HIV prevalence among specific populations, although improving, remains difficult. Data collected from women attending antenatal clinics suggest that the intensity of the HIV epidemic varies among Angola's different provinces, with the highest rates of HIV infections occurring in the areas bordering Namibia and the Democratic Republic of the Congo and the lowest rates in the center of the country.

Nearly 70 percent of Angola's population is under age 24, and this large youth population, coupled with widespread high-risk sexual behaviors, puts Angola in danger of a 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, one in three young people had sex before they were 15 years old. Approximately 50 percent of this age group had sex with multiple partners; of these, 66 percent had unprotected sex. Knowledge of HIV is low, and only 23 percent of youth surveyed know two principal ways of preventing sexual transmission of HIV. Knowledge of mother-to-child HIV transmission is also minimal. Only 8 percent of mothers with children under 24 months knew that HIV could be transmitted to the baby during pregnancy, delivery, and breastfeeding. Other risk factors are the 4 million people who were internally displaced by the civil 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, according to UNAIDS, HIV prevalence rates are 19.6 percent and 17 percent, respectively.

Stigma and discrimination is a serious issue in Angola. A 2003 KAP study reported that 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 (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 health infrastructure is not adequate to address the TB epidemic, and TB incidence in 2006 was 127 cases per 100,000 population, according to the World Health Organization. Nineteen percent of newly diagnosed TB patients are also HIV positive.



National Response

Supported by international donors, churches, foundations, and nongovernmental organizations (NGOs), the Government of Angola is actively confronting the HIV/AIDS epidemic. Since its establishment in 1987, *Programa Nacional de Luta contra a Sida*, Angola's National AIDS Control Program, has coordinated the fight against the disease. HIV/AIDS prevention and control is also a high priority in Angola's National Poverty Strategy.

Since 1987, the Government of Angola has released several plans to confront the spread of HIV/AIDS. The most recent is the National Strategy Plan on HIV/AIDS 2007–2010. Updated in 2005, 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), including 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. Angola also has national guidelines for providing PLWHA with integrated care. Centers in Angola's 18 provincial capitals provide antiretroviral therapy (ART) for infection management and prevention of mother-to-child transmission (PMTCT). However, only 25 percent of HIV-infected people are currently receiving ART. NGOs also provide services primarily related to prevention, which are mainly centralized in Luanda and a few provincial capitals.

In recent years, the Government has tripled the budget allocated to the national response to HIV/AIDS with major grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank. In 2005, Angola received a two-year grant of \$27.7 million from the Global Fund to prevent HIV transmission and reduce the socioeconomic impact of the epidemic through the implementation of a multisectoral and integrated approach that reinforces and extends existing efforts in HIV prevention, treatment, and surveillance while increasing institutional capacity, mobilizing and supporting PLWHA, coordinating partners, and monitoring the distribution and use of resources. The U.S. Government provides one-third of the Global Fund's total contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), Angola in fiscal year 2008 received \$4.37 million for essential HIV/AIDS programs and services. USAID programs in Angola are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

In Angola, USAID conducts focused HIV/AIDS prevention and condom distribution activities among groups at risk of transmitting or contracting the disease; supports voluntary counseling and testing (VCT) in four health facilities; and promotes abstinence and delaying sexual debut among youth.

USAID launched its HIV/AIDS activities in Angola in 2001. The Agency's initial goal was to reduce transmission of HIV and other sexually transmitted infections (STIs) by encouraging condom use among vulnerable populations, particularly sex workers, truck drivers, and the military. Condom use with last client among commercial sex workers in Luanda increased from 83 percent in 2001 to 96 percent in 2005. USAID broadened its programming in 2004 to include such activities as behavior change communications, social marketing, and support for VCT and PMTCT. Programs to educate groups about the risk of STIs and HIV/AIDS through interpersonal communications are also in place. Other programs include condom promotion, which supports the Government's national strategy to combat STIs, including HIV/AIDS. The Agency's 2006–2009 Strategy Statement for Angola reaffirmed USAID's commitment to combating HIV/AIDS by improving health care services. In 2006, USAID, the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Department of Defense developed a joint strategy to respond to the epidemic under the auspices of PEPFAR.

USAID's recent successes in Angola include the launch in June 2006, with the National Institute to Fight AIDS and *Odebrecht*, of the Business Committee to Fight HIV/AIDS (CEC) to expand and improve private businesses' employee HIV/AIDS programs. CEC already has more than 30 member businesses. Another significant success is the *Jango Juvenil* (Youth Centers) Project, run jointly with *Banco de Fomento Angola*, which disseminates HIV/AIDS prevention messages to young people using interactive techniques. To date, the Project has reached about 160,000 youth. USAID recently opened a fifth *Jango Juvenil* center and plans to build more and integrate VCT services. In areas where *Jango Juvenil* is operating, the number of sexual partners decreased among youth aged 15 to 24 in one three-month period.

Important Links and Contacts

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USAID 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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