

Republic of Angola

Ministry of Health

National Office of Public Health

STRATEGIC PLAN FOR THE NATIONAL PROGRAM IN THE FIGHT AGAINST  
AIDS

1999 – 2002

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## ACRONYMS

<b>AALSIDA</b>	Angolan Association for the Fight against AIDS
<b>ADDP</b>	People to People Development Aid
<b>AIA</b>	Angolan Church Action
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AMSA</b>	Association for Compassion and Solidarity in Angola
<b>APV</b>	Association for Life
<b>ARV</b>	Anti-retroviral
<b>CIRPS</b>	Inter University Research Center on Developing Countries
<b>CNLS</b>	National Commission for the fight against AIDS
<b>CNS</b>	National Blood Center
<b>CPS</b>	Primary Health Care
<b>CTNS</b>	National Technical Commission on AIDS
<b>CVA</b>	Angolan Red Cross
<b>EISIDA</b>	AIDS Education and Information
<b>FNUAP</b>	UN Fund for Population Support
<b>GAASIDA</b>	Anti-AIDS Activists Group
<b>GURN</b>	National Unity and Reconciliation Government
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, Education and Communication
<b>IERA</b>	Angolan Reformed Evangelical Church
<b>INE</b>	National Statistics Institute
<b>MAPES</b>	Ministry for Public Administration, Employment and Social Security
<b>MINFAMU</b>	Ministry for the Family and Protection of Women
<b>MINARS</b>	Ministry for Assistance and Social Reinsertion
<b>MINSÁ</b>	Ministry of Health
<b>MSI</b>	Marie Stopes International
<b>NGOs</b>	Non Governmental Organizations
<b>OCB</b>	Grassroots Organizations
<b>OGE</b>	National State Budget
<b>UNAIDS</b>	UN Joint Program against HIV/AIDS
<b>PLWA</b>	People living with HIV/AIDS
<b>PNLS</b>	National Program against AIDS
<b>PSI</b>	Population Services International
<b>STD</b>	Sexually Transmitted Diseases
<b>TB</b>	Tuberculosis
<b>UCHA</b>	UN Coordination for Humanitarian Assistance
<b>UNHCR</b>	UN High Commissariat for Refugees
<b>UNICEF</b>	UN Children's Fund
<b>WB</b>	World Bank
<b>WFP</b>	World Food Program
<b>WHO</b>	World Health Organization

## **Acknowledgments**

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Luanda, 15 July 1999

Ducélia Serrano, MD  
PNLS Director

## **I. Introduction**

1. Sexually Transmitted Diseases (STD), including HIV and AIDS are not only an important public health problem, but also an obstacle to social and economic development.
2. By the end of 1998, there were approximately 33.4 million people living with HIV/AIDS in the world, according to UNAIDS/WHO. 90% of whom live in developing countries that possess 10% of the world resources
3. Approximately 13.9 million people have died because of HIV/AIDS infections in the world. 70% of all AIDS infected people, 83% of deaths related with the disease and 95% of AIDS orphans are in Africa.
4. A total of 1,830,000 deaths caused by AIDS have been registered in Sub-Saharan Africa. This is twice the number of deaths caused by malaria.
5. The epidemic attacks the young and most productive, between 15 to 45 years of age. This has a very significant impact on social, demographic and economic conditions.
6. HIV/AIDS infections represent a serious threat to the development efforts that governments, donors, citizens, NGOs and international agencies have been making for many decades.
7. The current estimates on HIV/AIDS in Africa, and specifically in Angola, indicate an exponential growth in HIV infections, and AIDS cases, which in a short period of time will have profound consequences in all areas of society.
8. The HIV/AIDS epidemic will deepen poverty and increase the inequity associated to low income families affected by the infection and the diseases associated to HIV/AIDS. The epidemic will also exacerbate poverty and inequality because of the increased number of children who lose their parents to the disease.
9. The silence and stigma associated to the disease only accelerate the propagation of the virus and stimulate a lethal intolerance against which we must fight with all our available strength and resources.
10. In general, only when a large number of the population has been infected and many have acquired AIDS, or associated diseases such as tuberculosis, do countries attain a national consensus on the urgency of the matter. For it is only then that the voices of those responsible for public health, of political leaders, infected people and their families begin to be heard.
11. HIV/AIDS must be considered within the global context of development. The vulnerability of populations, societies and systems, i.e. the socio-political and economic context must be taken into account in the formulation of a National Strategic Plan.
12. It is important to carry out focused activities to fight against STIs/HIV/AIDS, however they in themselves do not have an impact in the reduction of the incidence and prevalence of the disease. Not only the health sector must be involved in the fight against the epidemic, we must

count on the participation of other sectors of society, civilians and military alike, to face the current epidemic. We must promote and integrate a multi-sectorial and participative action by all public and private sectors, as well as churches, NGOs and the international community.

## **II. Process for the Formulation of the Strategic Plan**

The process for the formulation of this Strategic Plan against STIs/HIV/AIDS for 2000 – 2002 began in July 1998 with a seminar that involved ministerial representatives, NGOs, churches and private and public corporations. This first seminar dealt with the steps to be taken in the formulation of the plan.

Having identified points of contact in the different sectors mentioned above, three other meetings were conducted separately by the representatives of the Ministries, NGOs, churches and private sectors so that they could come up with their respective plans for a national response based on the current assessment of the epidemic.

This meeting was the last step in this multi-sectorial and multi-disciplinary involvement. Its objective was to reach a consensus on what needs to be done at the national level given the current situation and what responses should be implemented by society given the spread of the epidemic.

The meeting lasted 10 days. The participants were: representatives from 17 ministries, 16 provinces, from the National Assembly, national and international NGOs, churches, UN agencies, the Agostinho Neto University and the Angolan Red Cross, among others. The average number of participants in the daily meetings was 59 (see Annex I), divided into 8 different working groups (Annex II). The agenda of the workshops was based on oral presentations and especially group work.

The formal opening and closing sessions were attended by the Minister and Vice Minister of Health, the Chairman of the Medical Association, the Chairman of the Congressional Health Committee, the Chairman of the Group of Parliamentary Women, representatives from the Ministers of Youth and Sports, Transportation, UN representatives and several other guests.

### III. Angolan Geopolitical and Socio-economic statistical data.

• Estimated population (1999)	12,630.000	UNDP Hum. Dev. Rep 1997
• Urban population (1996)	42.4%	UNDP Hum. Dev. Rep 1997
• % of the pop <20 years of age	63.6%	UNDP
• Pop. with access to health services	30%	UN ACC Task Force, 1997
• Annual population growth rate	3.0%	UNDP Hum. Dev. Rep 1997
• Infant mortality rate	195/1000	INE/UNICEF
• Maternal mortality rate	1854/100,000	INE/UNICEF
• Life expectancy at birth (1995)	42.4	UN ACC Task Force, 1997
• Illiteracy rate >15 years of age	42%	INE/UNICEF
• Pop. with access to drinking water(1994)	37.9%	UN ACC Task Force, 1997
• Pop. with access to sanitation (1994)	16%	UN ACC Task Force, 1997
• PIB per capita (US\$)	700	UNICEF, 1997
• People living in poverty	61%	INE, 1995
• % of the budget allotted to health(1996)	6%	EIU 1997
• Urban population in extreme poverty	12%	UNDP, Human Dev. Rep. 1998
• UNDP ranking in human development	157	UNDP, Human Dev. Rep. 1997
• Territorial extension	12,276,700km <sup>2</sup>	INE/UNICEF

**Geographical situation:** Angola lies on Africa's western coast, it borders on the north with the Democratic Republic of Congo, on the northeast with the Republic of Congo, on the East with Zambia, to the south lies Namibia and to the west the Atlantic Ocean.

**Administrative divisions:** There are 18 provinces, 163 municipalities and 532 communes.

**Government:** The current administration is the Government of National Unity and Reconciliation (GURN). The National Assembly has 220 representatives.

**Specific factors:**

- . Angola's GDP is dominated by the oil sector (73% of the moneys generated by the Government in 1998); it represented 94% of exports in 1996.
- . The lives of approximately 3.7 million people are affected by war.
- . The unemployment rate is estimated at 45%
- . The percentage of the state budget allocated to the health sector decreased from 3.1% in 1995 to 1.5% in 1996.
- . GINI coefficient: 0.40, this means that the 10% richest people in the country have 32.2% of the resources while the 66.8% remaining are distributed among 90% of the population.
- . There are approximately 12 million landmines disseminated on the territory.
- . Approximately 70% of the sanitation network has been destroyed.
- . An estimated 34% of the health care workers are in Luanda and 14% in Benguela due to the war.
- . Only 48% of the population is economically active, of which only 12% work for the public sector.
- . Inflation rate: 135% in 1998
- . Prices of products and services increased more than 500 times between 1994 and 1998 (PNUD, 1999).

## IV. STIs/HIV/AIDS in Angola: current situation

### A. Epidemiological situation.

The first case of AIDS was diagnosed in Angola in 1985. On June 30, 1999 a total of 5,112 cases had been reported to the Ministry of Health. This corresponded to 12% of the total number of AIDS cases estimated at the national level (43,748 cases - UNAIDS/OMS). Chart 1 shows the cumulative distribution of AIDS cases in the country. This low level of reporting is probably linked to the limited capacity to perform diagnostics based on laboratory tests when the clinical data indicate it could be a case of AIDS.

**Fig 1. Cumulative number of AIDS cases in Angola**  
Source: National Program to fight against AIDS

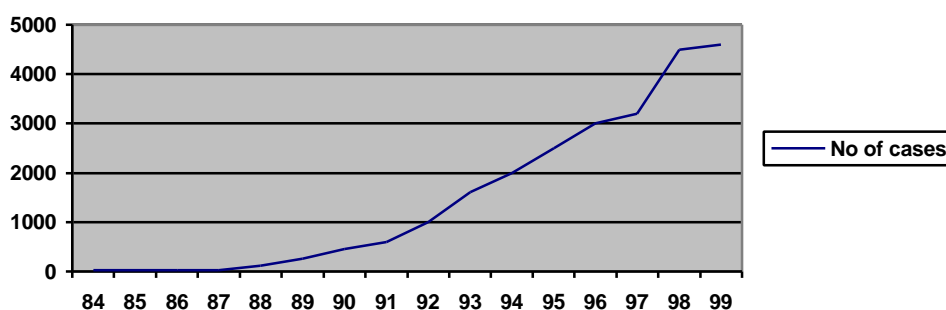


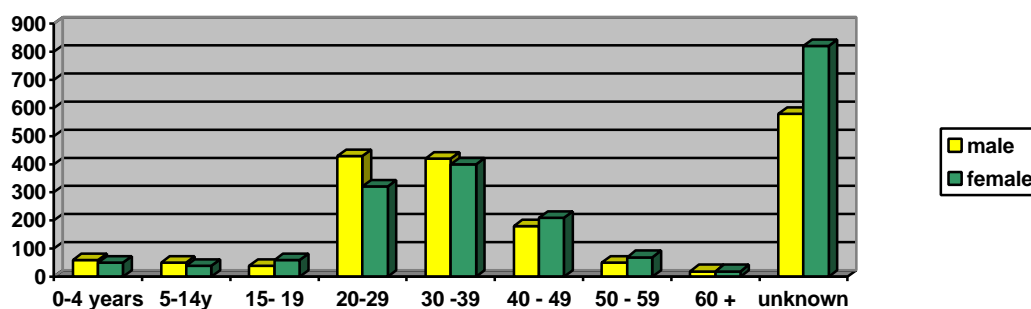
Fig. 2 represents the distribution of AIDS cases reported to the Ministry of Health by age and sex. Approximately 84% of the cases are in the age bracket 20- 49, the most productive age. There are more girls than boys infected with AIDS in the age brackets 15- 9 and 20-29. Males predominate after 30-39. This situation can be due to the fact that girls are having sexual relations at an earlier age, and to the increase of commercial sex among the young as a result from the high levels of poverty in the country.

The ratio between men and women is similar, which underscores that transmission is heterosexual. However we should stress that the first signs and symptoms occurs 3-10 years after infection has taken place, thus the infection probably occurred in ages 5-14 and 15-19. This emphasizes the need for a broader educational intervention in these age groups.

There are also a high number of unknown cases, resulting from poor compliance in filling the AIDS report forms.

**Fig. 2. Distribution of AIDS cases by age and sex**





**Source:** National Program to fight against AIDS

Fig. 3 represents AIDS transmission modes. The data was collected from clinical records and reports. Of the 5112 cases it was only possible to obtain information from 2414. Most have a history of heterosexual transmission. However in 14% of the cases transmission was peri-natal and in 9% through blood transfusions.

The screening for HIV and other STIs such as syphilis and hepatitis B in blood and blood products must become a priority to avoid the transmission of these diseases through blood banks. In spite of the efforts developed by the National Blood Center to ensure that provinces are equipped with the capability to screen for HIV, there are still several units that are unequipped to perform the screening. This is especially dangerous in view of the many blood transfusions performed in these centers on a daily basis, especially in children due to parasite infections and related diseases.

**Fig 3.** Forms of HIV transmission

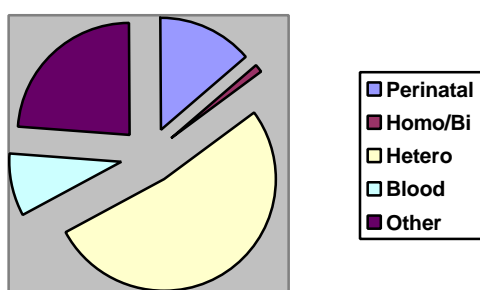


Fig. 4 represents the distribution of AIDS cases reported to the Ministry of Health per province. Most of the cases were diagnosed in the province of Cabinda (45%). Luanda (25%) and Benguela (8%) are the provinces that have the best capabilities in terms of diagnostic labs as well as the highest concentration of physicians. This distribution does not necessarily mean that they are the most affected by the epidemic. Epidemiological surveillance studies are being conducted to determine the prevalence in population groups under surveillance:

blood donors, patients with STIs, tuberculosis, pregnant women, sex workers and populations displaced by war.

**Fig. 4.** Distribution of AIDS by province

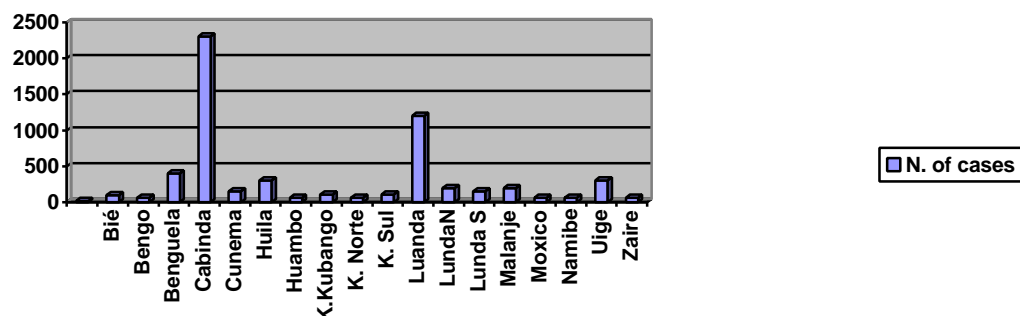


Table 1 summarizes HIV presence in some sentinel groups that are undergoing monitoring, as well as the total number of AIDS cases according to the existing national estimates.

**Table 1:** HIV/AIDS estimates in Angola

	Data	Date
• Total number of diagnosed AIDS cases	5,112	06.30.1999
• Estimated number of AIDS cases	43,748	12.31.1998
• Estimated number of adults with HIV/AIDS	157,935	End of 1998
• Estimated number of deaths attributable to AIDS	30,889	End 1998
• Number of orphans associated to AIDS	19.000	End 1997
• Estimated HIV infected children > 5years of age	9,942	June, 1999
• HIV prevalence in the population	3.4%	January, 1999
• HIV prevalence in pregnant women (Luanda/Cabinda)	3.4 – 8%	January, 1999
• HIV prevalence in TB patients	22%	March, 1999

**Source:** UNAIDS and PNLS

There was an increase in the annual prevalence rate of HIV positives from 0.9% in 1989, to 1.06% in 1993, 2.2% in 1997 and 3.4% in 1999. Based on these rates of prevalence the estimate is that there are 189,002 adults living with HIV/AIDS in Angola.

## B. Determining factors for the dissemination of the HIV in Angola

The following are among the major factors that contribute to the dissemination of the virus in Angola:

### **Political, financial and governance**

1. Absence of political sensitivity vis-a-vis STIs/HIV/AIDS in the country.
2. The war that still prevails in the country, especially in the rural areas.
3. The movement of military and police personnel throughout the country and possible increase in STIs in these groups.
4. Absence of multi-sectorial coordination mechanisms in the actions against AIDS.
5. Lack of funding for activities to fight against STIs/HIV/AIDS, except for the payment of salaries. Most of the funding comes from abroad.
6. No resources to buy condoms, dependence on donations and foreign projects.

### **Socio-economic**

1. Increased levels of poverty (around 12% live in extreme poverty)
2. Migration from rural to urban areas to escape war.
3. Marked increase in unemployment rates.
4. Increased level of crime and number of arrests. Overpopulation of prisons and consequent increase in high-risk STD practices among inmates.
5. Increased illiteracy rates due to destruction of rural schools. Urban schools have a limited capacity to absorb the excess; consequently the number of children excluded from formal schooling has risen.
6. Increased levels of child and adolescent prostitution due to the high cost of living.
7. Increased number of AIDS orphans. The institutions lack the capability to face the problem, since they already have to deal with war orphans. Families have very scarce resources.

### **Ethical, legal and human rights**

1. Absence of national legislation protecting HIV positive and AIDS patients at the workplace, schools, health care centers, drug programs, no access to counseling and information among others.
2. Social stigma attached to HIV positives and AIDS patients in the workplace, within the family and in society as a whole.
3. Social violence
4. Absence of privacy and professional secret vis a vis HIV and AIDS patients in health care units, workplace, family, among others.
5. Lack of a legislation to protect sex workers, recognizing it as a social problem, derived from the level of poverty in which most of the population lives.

### **Cultural**

1. Low level of condom acceptance;
2. Traditional rites and ancestral practices (circumcision, female genital mutilation, dry sex)
3. Sexual initiation rites
4. Defloration of girls by fathers
5. Open polygamy

### **Health Problems**

1. Not enough awareness of the seriousness and importance of AIDS as a public health problem.
2. Restricted access to primary health care (health care units destroyed, high costs, low quality of care)
3. The provinces lack the capability to screen for HIV, syphilis and other STDs in their hospitals;
4. Increased number of transfusions associated to mutilations caused by land mines and other explosive material, as well as parasitic diseases especially in children;
5. Increased number of STIs especially among teenagers and young people.
6. Laboratories lack the capability to diagnose HIV infections;
7. The results of tests conducted at the National Hemotherapy Center in Luanda take too long to arrive.
8. Few resources to offer support and assistance to HIV positive and AIDS patients in hospitals.
9. Not enough awareness of the problem among healthcare workers.
10. Integration among health programs very limited, thus leading to the verticalization of the programs.
11. Medical practices pose risks to the users of the health care units (re-use of injection needles)
12. Lack of standards for the follow up of AIDS patients.
13. Lack of standards for counseling of patients.
14. Increased incidence of tuberculosis.

### **Information and Communication**

1. Very little information provided by the mass media and other sectors about HIV/AIDS/STIs.
2. Very little involvement of mass media.
3. Communication problems (technical, linguistic, reception, etc.)
4. The most vulnerable groups do not have access to information on means to prevent STIs/HIV/AIDS.

### **Research and case reporting**

1. Very little research on STIs/HIV/AIDS
2. Lack of resources for research in the provinces.
3. Very little multi-sectorial integration in research projects.
4. Deficient case reporting system (large information gaps in the report forms)

### **Training and education**

1. Very limited access to training and refresher courses on STIs/HIV/AIDS.
2. Not enough sustainability in the post-training period for trainers in central levels.
3. Not enough training undertaken in other sectors such as work place, Ministries, etc in HIV/AIDS and other STD prevention.

## **V. HIV/AIDS impact in Angola**

The data below were calculated using the programs SPECTRUM, AIM and DEMPROJ. Indicators used as a basis for calculation of estimates are based on the current HIV prevalence rates, derived from data obtained from the sentinel posts for HIV and based on UNAIDS/Geneva projections.

These data were collected in a study of the socio economic and demographic impacts of AIDS (1999-2009) in Angola, performed in June of this year, by a consulting firm recruited by UNAIDS, financed by the embassy of Norway.

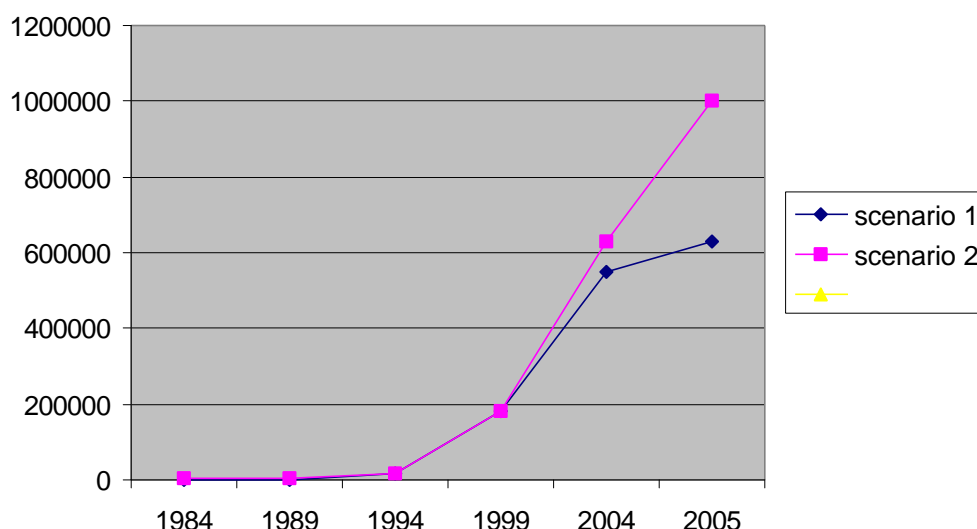
Two types of scenarios were considered for the projections:

**Scenario 1:** The government is ready to offer full support to control STIs/HIV and AIDS in the country, implementing large-scale prevention programs with the support of civil society and the international community. The scenario also assumes that war will be over in 1999 and the epidemic will peak in 2004 with a 6.39% prevalence rate among the general population.

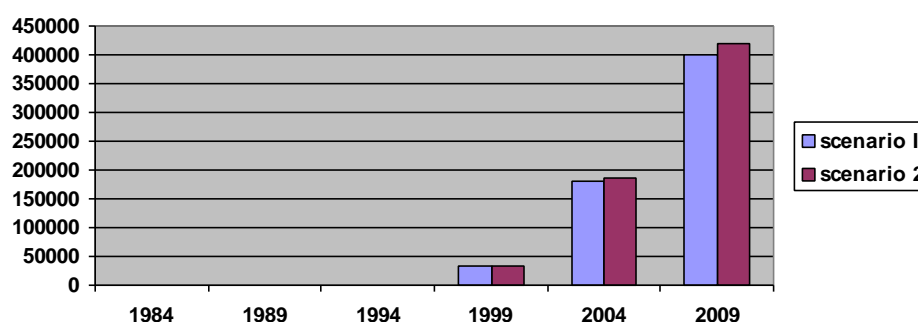
**Scenario 2:** The government's effort in the fight against STIs/HIV/AIDS is not enough, the war continues and consequently the epidemic will peak in 2009 with 10.05 % prevalence among the general population.

### **Demographic impact:**

In Scenario 1, by the end of 2009 there will be approximately 620,380 people infected in Angola. The projection of scenario 2 is for 970,150. These values are shown in Fig 5.

**Fig. 5 Projection of HIV/AIDS infected people in Angola**

Relatively to the number of deaths associated to HIV/AIDS and based on the two scenarios, fig. 6 represents the total number of projected deaths in Angola caused by AIDS until the year 2009. The cumulative number of deaths associated to AIDS will increase from 34,800 in 1999 to 426,370 in 2009 in scenario 2. This population includes people in the 15-45-age bracket, economically active, which will have serious implications for the economy of the country. Some will be highly skilled workers, trained by the state and occupying key positions in the economy of the country.

**Fig. 6: Total number of deaths associated to HIV/AIDS in Angola**

**Source: Socio economic and demographic impact of AIDS in Angola (1999-2009)**

Fig. 7 represents the demographic impact of AIDS in the Angolan population. If it were not for AIDS, the Angolan population would increase from 12.7 million today to approximately 17.5 million on 2009, with an average population growth rate of 2.95. Because of AIDS the population will be only 16.8 million in 2009 (in scenario 2), that is to say around 680,000 fewer people. This will also have terribly negative effect on the age structure of the population. There will a

reduction in the number of young adults and a consequent increase in the number of children and elderly people.

**Fig. 7: AIDS demographic impact**

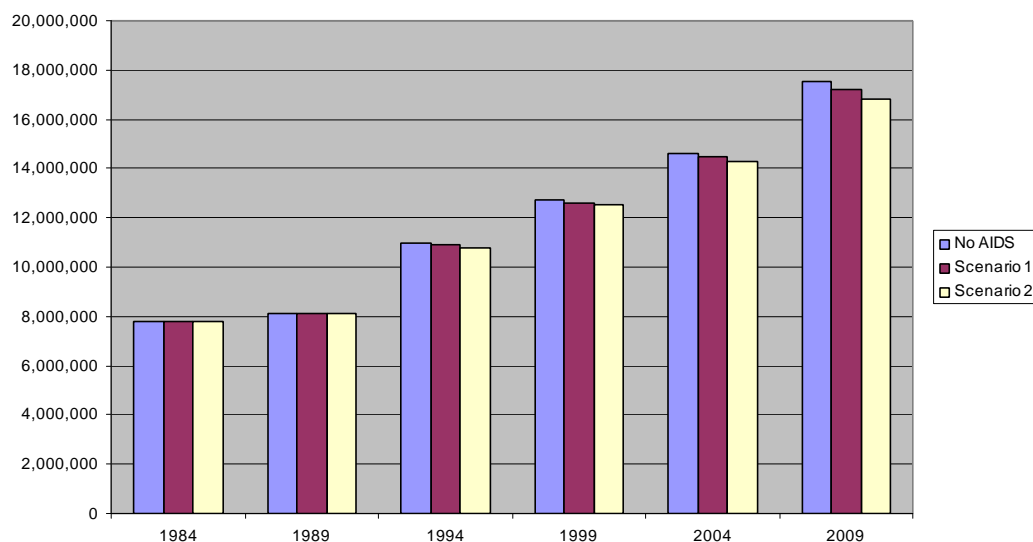
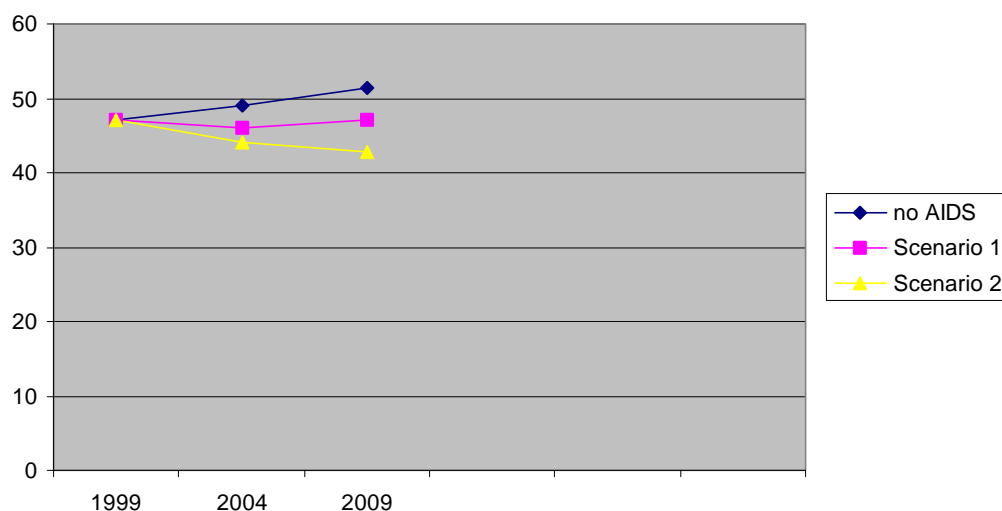


Fig. 8 represents the impact of AIDS on life expectancy at birth. The impact in Angola may represent the loss of 6.3 years in scenario 1 and 8.6 years in scenario 2, thus decreasing life expectancy from 51.5 years to 45.2 in the year 2009 in scenario 1 and to 42.9 in scenario 2.

**Fig 8: Impact of AIDS on life expectancy at birth**



**Source:** Socio-economic and demographic impact of AIDS in Angola (1999-2009)

## Social impact of AIDS in Angola

To better define the impact of AIDS among the population a survey was carried out covering 16 families living with AIDS in the city of Luanda, in the municipalities and neighborhoods of Cazenga, Mabor, Cacuaco, Petrangol, Boa-vista and Ngangula.

**Table 2:** Characteristics of the population surveyed

Characteristics of the family groups	Nº	Observations
With children	13	Average 3 children per family
Only one member infected with HIV/AIDS	4	2 are students, 22 and 23 years of age
More than one person infected	12	18 people infected, of which one is a child. 20 had already died
One family member died of AIDS	12	
Both parents died of AIDS	2	Total 7 orphans, living with their grandparents
Cases of AIDS in per age bracket		89% of the cases in the 20-45 age bracket
0 – 2	1	
20-35	11	
35-45	5	
<45	1	
Total	18	
Deaths by age group:		Of 38 known cases, 20 had already died
0 – 2	6	
20-35	9	
35-45	5	
<45	0	
Total	20	
The sick person is family head	11	
More than one wife	3	
Families headed by women	8	7/8 received financial support from older brothers
Income brackets:		
0-100 US\$	6	
100-300	3	
300-500	5	
500-1000	2	
<1000	0	

**Source:** Socio-economic impacts of AIDS in Angola, 1999-2009

Table 2 shows the characteristics of the population surveyed and table 3 the immediate impact of AIDS in the surveyed population.



**Table 3:** AIDS impact on the surveyed population

Decrease in income		Decrease 3-1 or 4-1 occurs in the terminal phase of the disease or after the death of an adult.
Category 1-0	1	
Category 3-0	1	
Category 2-0	3	
Category 3-2	2	
Category 3-1	4	
Category 4-3	2	
Category 4-1	1	
No decrease	2	A student
Increase in medical expenses	15	One of the family groups decided to suspend spending money on drugs. 9/16 spend and average U\$ 70 for 3 consultations or hospital stays.
Problems to meet basic needs	11/16	Lack food, clothing, drugs
Sale of personal items	9	Sold TV sets, car, radio receivers
Depend on other family members	9/16	56%
Change in the family structure:		7 orphans
Loss of wife	9	
Loss of children	7	
Loss of parents	2	
Separation from wife	3	
Return to parents' house	6	
Children leaving school	5	Cannot afford it
Migration	5	Including 3 women who returned to their family home in another neighborhood
Concern about children's future	8	
Need support to educate children	10	
Would like to continue working	7	7 continue to work: teacher (1), administrative job (2), salesperson (4)
In search of credit to initiate activity	4	4 salespeople

**Source:** Socio-economic and demographic impacts of AIDS in Angola, 1999-2009

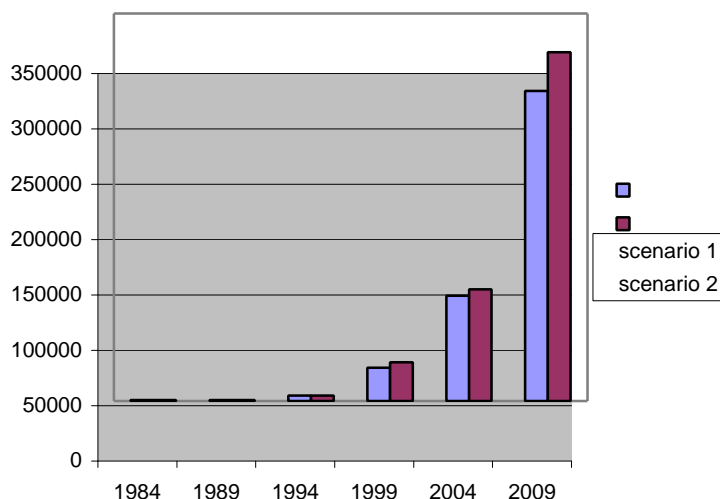
The following are the main conclusions derived from the survey:

- Of the 16 surveyed families living with HIV/AIDS, 38 people were already infected by HIV and 20 had died of AIDS.
- In each of the family groups interviewed there was an average of 2.4 people infected by HIV/AIDS. However the number could be higher given the cases of polygamy and polyandry;
- The families that provided information on their financial situation (8 families), said they spend an average of U\$70 for 3 medical consultations or hospital stays;
- The costs related to hospital stays were in average U\$50, not including the cost of medication, tests and transportation, which corresponded to about half the income of the surveyed families;
- Funeral costs for poorer families ranged in average from U\$ 200 to U\$300, with no ceremony. For those with higher income, costs ranged from U\$500 to U\$1000;

- Approximately 14 families of the 16 felt a significant decline in their income, of around U\$100 a month. Approximately 69% (16 families) had difficulties in meeting the family's basic needs;
- 8 out of 11 families have income levels below the poverty line, and 2 have income levels below extreme poverty lines (U\$14 a month);
- Approximately 54% of the families had taken their children out from school because they could not afford it.
- 75% of the families suffered changes in their structure, due to separations and consequent economic impact.

Fig. 9 shows a projection of AIDS orphan in Angola until 2009 based on two scenarios. It is estimated that should scenario 2 prevail there will be 315,110 orphans by the end of 2009.

**Fig. 9:** Projection of AIDS orphans



**Source:** Socio-economic and demographic impacts of AIDS in Angola, 1999-2009

This fact will have a negative impact on the social and family reintegration of these children, further deteriorating an already precarious situation due to the number of war orphans. This will adversely affect the financial situation of the extended families that will have to deal with the added burden. If the families do not take up the responsibility we will see an increase in the numbers of street children and consequently an increase in sexual promiscuity and new infections may come to occur in this young age group.

### Economic impact

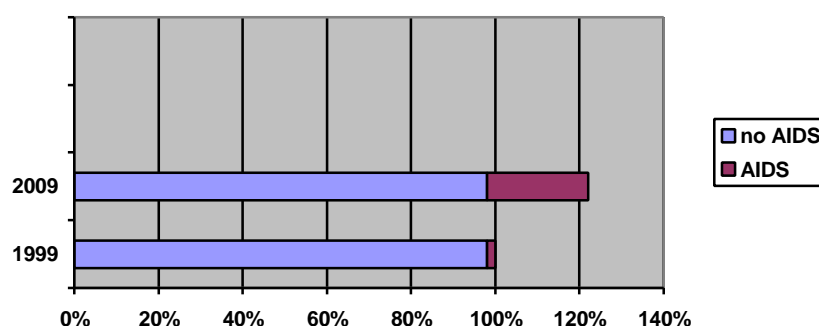
One of the consequences of the spread of AIDS will be the increase in the occupation rate of hospital beds and the consequent increase in hospitalization costs. Currently, based on hospital data, the average length of stay of an AIDS patient is around 29 days. It is estimated that 2.1% of hospital beds are being occupied by AIDS patients at present. By the end of the year 2009, according to

scenario 2, that number will rise to approximately 24% if the number of beds is not increased.

Another associated factor is the increased of TB associated to HIV which will extend the length of stay. If we consider that 8% of the HIV cases with latent TB develop clinic TB, there will be an additional increase of 35,740 cases of TB in scenario 2.

**Fig 10:** AIDS impact in Hospitals

**Rate of hospital bed usage**



Source: Socio-economic and demographic impact of AIDS in Angola

Table 4 shows the loss in productivity at all ages as a consequence of AIDS. It is estimated that around US\$8,649 are loss for each death related to AIDS. In 2009, in scenario 2, that will amount to 3.08 billion US dollars. This represents a huge negative impact on the economy of the country.

**Table 4:** Value of productive years lost to HIV/AIDS in Angola (1999-2009)  
(Values in millions of US dollars)

Year	Number of AIDS related deaths (Scenario 1)	Number of AIDS related deaths (Scenario 2)	Value of lost productive years (Scenario 1)	Value of lost productive years (Scenario 2)
1999	9,960	9,960	86.05	86.05
2000	12,810	12,810	110.68	110.68
2001	16,160	16,160	139.62	139.62
2002	20,080	20,140	173.49	174.01
2003	24,830	25,210	214.53	217.81
2004	30,610	31,210	264.47	269.65
2005	36,790	38,240	317.86	330.39
2006	43,030	47,020	371.78	406.25
2007	49,160	56,900	424.74	491.60
2008	54,580	66,980	471.57	578.70
2009	54,830	76,870	508.29	664.16
<b>Total</b>	<b>356,841</b>	<b>401,510</b>	<b>3083.11</b>	<b>3468.98</b>

Source: Socio economic and demographic impacts of AIDS in Angola, 1999-2009

Table 5 shows direct and indirect partial costs associated to HIV/AIDS in Angola. They are considered partial because they do not include the costs related to orphans and other social programs in support of street children, families affected by HIV/AIDS and other action programs.

The estimated costs associated to HIV/AIDS in 2009 in scenario 2 are approximately 3.5 billion US dollars, which correspond to 4.2% of the GDP for 2009.

**Table 5:** Direct and indirect costs associated to HIV/AIDS in Angola (1999-2009)  
(in millions of US dollars)

Year	Direct hospital costs	Years of life lost	Direct and indirect costs	GDP	Direct and indirect costs as a % of GDP
1999	.66	86.05	86.71	9021.38	1.0%
2000	.88	110.68	111.56	9562.67	1.2%
2001	1.17	139.62	140.79	10136.43	1.4%
2002	1.52	174.01	175.53	10744.61	1.6%
2003	2.01	217.81	219.82	11389.29	1.9%
2004	2.57	269.65	272.22	12072.65	2.2%
2005	3.3	330.39	333.69	12797.01	2.6%
2006	4.23	406.25	410.48	13564.83	3.0%
2007	5.26	491.60	496.86	14378.72	3.4%
2008	6.35	578.70	585.05	15241.44	3.4%
2009	7.48	664.15	671.63	16155.93	4.2%
<b>Total</b>	<b>35.43</b>	<b>3,468.98</b>	<b>3,504.41</b>		

**Source:** Socio-economic and demographic impact of AIDS in Angola, 199-2009

## VI. National response to HIV/AIDS in Angola

### National response

In order to face the epidemic, the National Program against AIDS has set the following objectives:

- Promote advocacy at the different levels of society to promote actions to fight against STIs/HIV/AIDS;
- Monitor the evolution of STIs/HIV/AIDS in the country and the clinical and socio-cultural aspects associated to the epidemic;
- Prevent HIV transmission through blood;
- Reduce HIV transmission at birth;
- Create capabilities to treat STIs and the opportunistic infections associated to the HIV;
- Promote counseling and social support for AIDS patients, HIV positives and patients with STIs;

- Promote social support to AIDS orphans;
- Promote a multi-sectorial involvement of society to broaden national support.

The following activities are being conducted in support of the National Strategic Plan:

#### **I. Advocacy:**

- First Lady's involvement in the promotion of a broader national response
- Involvement of the National Assembly in support of activities with a national scope;
- Mass media involvement;
- Awareness meetings with donors;
- Meetings with churches and NGOs (national and international);
- Meetings with the private sector to support the formulation of sectorial programs;
- Awareness campaigns with HIV positives and AIDS patients to foster the creation of an association.

#### **II. Promotion of safe sex and the use of condoms**

- Educational campaigns using the media to involve vulnerable groups (sex workers, the military, police, among others)
- Design and reproduction of educational material
- Creation of peer groups among vulnerable groups such as the police, sex worker (with NGO involvement);
- Information campaign in AFRO Basket 99;
- Involvement of local personalities in educational campaigns (Miss Angola, basketball players, etc);
- Promotion of the use of condoms among vulnerable groups (NGO support)

#### **III. Epidemiological vigilance and research**

- Ongoing vigilance programs in two provinces (Luanda and Cabinda) from a total of 7 to be integrated (Benguela, Lunda Norte, Huila, Namibe, Moxico) involving pregnant women, blood donors and STD and TB patients;
- Socio-cultural studies on HIV/AIDS (support from UNESCO)
- Studies on socio-economic impact (support from Norway);
- Prevalence of HIV positives among sex workers.

#### **IV. Safe blood transfusions**

- Formulation of norms for the transfusion of blood and blood products;

- Training of personnel in provincial blood therapy centers;
- Creation of six new blood transfusion centers in the provinces (support National Health Center/WHO);

## **V. Diagnosis and treatment of STIs**

- Training in focal points in the provinces for the syndrome based diagnosis of STIs and their treatment.
- Preparation of a manual for syndrome based diagnosis of STIs;
- Training of nurses in Provincial Health Centers for the syndrome based diagnosis of STIs.

## **Major problems in the planning and management process of the activities included in the program**

### Planning and management process

- Socio-political and economical instability in the country;
- Limited technical capability in the provinces
- Lack of institutional and inter institutional coordination mechanisms for the activities
- Parallel programs with no sustainability as a consequence of the lack of coordination
- Absence of definition of the role of the different sectors in the struggle against STIs/HIV/AIDS
- Limited planning and monitoring capability in the provinces
- Practically no community involvement

### Financing process

- State intervention limited to the payment of salaries;
- 100% external financing
- Dependence on donor priorities
- Dependence on t provincial interventions where donors have funded projects
- Heavy administrative burden for fund management
- Long delays for project approval and disbursement of funds
- Not enough awareness for the funding of AIDS actions by donors and international organizations (not seen either as an emergency or a development problem)

### Training process

- Training often undertaken without prior assessment of needs and priorities in the different health care levels;

- Not enough involvement and integration of the trainees in the activities for which they were trained with consequent loss of resources
- Trainer's training often interrupted at the provincial level due to lack of continuity in the local training actions
- Course participants often selected with no consideration for the requirements of the training to be undertaken.

#### Implementation process

- Low level of motivation of the personnel (low salaries and delays in payment, lack of basic resources, lack of professional careers, etc.)
- No capability to undertake supervisory visits in the provinces due to lack of resources
- Communication and feedback problems with the provinces
- Several priorities emerge daily, thus scheduled and routine activities are left in the back burner
- Technicians must work elsewhere to survive, thus not having enough availability to execute the activities planned and funded.

#### Monitoring and assessment

- Absence of institutionalized monitoring mechanisms to assess the impact of interventions;
- Weak technical capabilities to monitor and assess the impact of interventions due to scarce financial resources
- Limited capabilities to conduct critical analyses of the epidemiological information received and use the consequent feedback, leading to a loss of motivation among those working at local level.

### **UN response to the epidemic**

#### **UNICEF**

UNICEF has been involved in Angola in the struggle against AIDS through its participation in the UN thematic and technical groups. It has also supported social mobilization using the Julu drama group and in advocacy activities.

During the next five years it will support the activities planned within the framework of the National Strategic Plan for STIs/HIV/AIDS following its programs especially in the following areas:

- (1) **Advocacy:** Support to the development of policies, strategic plans and legal initiatives that respect, protect, facilitate and comply with the rights of children affected and infected with HIV/AIDS;
- (2) **Prevention campaigns targeted for the young,** promoting youth friendly health care services, support for the purchase and distribution of

- condoms, STD treatment, information and counseling; promotion of life skills learning for children in and out of school, intensify communication campaigns and social mobilization to prevent HIV infection;
- (3) **Reduction of peri-natal HIV transmission:** ensure access to a minimum package of services to pregnant women (pre-natal care, safe deliveries, post-natal care, and access to counseling and voluntary testing). Community awareness to reduce the stigma attached to HIV positive pregnant women and support strategies to reduce peri-natal HIV transmission.
  - (4) **Assistance to orphans and children affected by HIV/AIDS:** strengthen families and communities to offer protection and assistance to orphans and children affected or infected by HIV/AIDS; ensure access to basic services such as education and health; develop strategies to offer special protection to vulnerable children.
  - (5) **Support UNICEF staff** as they conduct prevention activities, and in case of staff infected by HIV/AIDS, provide assistance to allow for a positive attitude in dealing with the virus.

## WHO

The World Health Organization has supported institutional strengthening in the fight against AIDS through:

- (1) Support in the training of Angolan health care technicians for labs, hemotherapy centers, for dealing with STD cases and syndrome based diagnostics, as well as in providing assistance and counseling for HIV positives and AIDS patients.
- (2) Recruiting national technicians and preparing national standards for blood transfusions and the use of blood products, with financial support from UNAIDS;
- (3) Support to the dissemination of information on subjects related to HIV/AIDS through the mass media and in the celebration of the AIDS World Day;
- (4) Active participation in the UN HIV/AIDS technical and thematic groups for Angola;
- (5) Strengthening the intervention capabilities of the National Blood Center, supporting safe blood transfusions through the project Health Transition as well as the recent implementation of 6 additional blood banks in the Hospitals of Kuito, Huambo, Menogue, Lwena, Saurimo and Malange as well as of a unit for the National Health Center. It also assisted in the acquisition of reagents for testing HIV, hepatitis and blood typing.

For the years 2000-2001 the support activities will be concentrated in the monitoring of STIs/HIV/AIDS trends, reinforcing epidemiological surveillance, standardization of the treatment of AIDS cases and opportunistic diseases, social



mobilization to counsel the families of AIDS patients, special participation in the creation of mechanisms to actively involve the community and women in the assistance to AIDS patients and the promotion of advocacy and collection of funds to support the activities proposed by the government.

## **UNDP**

The UN Development Program has been concentrating its activities in the support to advocacy activities with donors and the international community to promote support for the fight against HIV/AIDS. Its representatives participate in the local UNAIDS technical and thematic groups. The UNDP manages the UNAIDS funds for Angola.

## **UNFPA**

The UN Fund for Population Assistance has a US\$10.5 million program to support activities related to reproductive health. It also cooperates with the government in areas related to population and development and advocacy for reproductive health and gender policies. It supports population and family life education programs in schools through the Ministry of Education –INIDE, as well as an educational project of family, gender and reproductive health for teenagers and youth (JIRO) in the province of Luanda. This is a multi-sectorial project implemented by the Ministries of Youth and Sports, Health, Education and the Ministry for Assistance and Social Reinsercion.

The UNFPA cooperates in sub-programs in the provinces of Benguela, Huambo and Huila. It supports programs developed by National Radio and provincial radios on reproductive health, including STIs and gender issues, training journalists to produce material linked to population and development. The UNFPA has cooperated in the production of educational and training material.

With the direct involvement of the Ministries of Planning, Women and Health it supported the launching of the program FEMIDOM on the annual population day after testing and surveys conducted in the provinces where they support projects.

## **UNESCO**

UNESCO has recently initiated programs of direct support to activities in the fight against AIDS in Angola. It has financed studies on the socio-cultural factors associated to the transmission of HIV in Angola which were submitted to the UNESCO Forum held in Harare last May, attended by the Director and Consultant of the National Plan to fight against AIDS (PNLS). UNESCO also participates in UNAIDS thematic and technical groups in Angola.

## **World Bank**

Although the World Bank Mission has closed its offices in Angola, it participated in the funding of activities related to institutional strengthening, education, information, communication, epidemiological surveillance and the purchase of condoms. While its offices were open, it also actively participated UNAIDS activities.

### **UNHCR/FAO**

The UN organization that supports refugees as well as the FAO have participated actively in the work conducted by UNAIDS locally. The UNHCR participated in the joint project for STI/VIH and AIDS prevention among the displaced and refugees to be financed by UNAIDS and implemented by the PLNS together with the Angolan Red Cross and the Angolan Reformed Evangelical Church.

### **Other organizations**

#### **European Union**

The objectives of the European Union in the fight against STIs/HIV/AIDS in developing countries are the following: (1) Reduce the number of new HIV infections; (2) Strengthen the health care sector as well as other social sectors to be able to address the burden created by the expansion of the epidemic; (3) Support the government and communities in the assessment of the social and economic impact of the epidemic; (4) Develop a scientific expertise on the epidemic and the results of the projects; (5) Fight against discrimination and social and economic exclusion of those affected by HIV/AIDS or of associated risk groups.

During the last 9 years the European Union has supported the fight against STIs/HIV/AIDS in Angola by assisting provincial blood transfusion centers and the National Blood Center. Currently this support is integrated in the post-emergency health project that also included support for two educational interventions involving sex workers and law enforcement personnel.

#### **Italian Cooperation**

The Italian Cooperation has been participating for a year in the epidemiological surveillance system for HIV, syphilis and HBs through a joint program with the PNLS, the National Blood Center and the National Health Institute for personnel training, laboratory testing and quality control of test results and in the implementation of microbiology labs in some provinces.

## **VII. Strategies for STI/HIV/AIDS control in Angola**

The strategies described below express the consensus of the participants at the workshop that was held from 5 to 15 July 1999, with participants from 14 Ministries, the National Assembly, NGOs, Churches, UN Agencies, people living with HIV/AIDS, donors and international organizations among others.

This plan will be implemented between 2002 and 2002. It will be however dynamic in character, thus if the socio political situation changes during this period it may be reviewed and modified if necessary, prior consultation with the points of contact that participated in the workshop.

The plan is based on the premise that the Government will assume the responsibility of ensuring through its institutions, the operationalization and implementation of the plan, based on the strategies defined here and on the operational plan included and involving all sectors of civil society, the military as well as support from the international community. This is the only way to ease the negative impact of this epidemic, now and in the future, for the Angolan population as was demonstrated on the initial chapters of this document.

### **General objectives priorities for intervention**

Based on the problems identified, the objectives and priorities for intervention in the control of the STIs/HIV/AIDS epidemic in Angola, were defined as follows:

<b>Objectives</b>	<b>Priorities</b>
1. Prevent STIs/HIV/AIDS transmission in the population in general and specifically among the most vulnerable groups	<ul style="list-style-type: none"> <li>• Promotion of safe sex among risk groups and the population in general to reduce vulnerability to STIs/HIV/AIDS;</li> <li>• Promote the social marketing of condoms</li> <li>• Prevention and control of STIs/HIV/AIDS</li> <li>• Promotion of safe blood;</li> <li>• Promotion of bio-safety to prevent hospital transmission of HIV/AIDS</li> </ul>
2. Reduce the negative impact of the epidemic in the family, community, country	<ul style="list-style-type: none"> <li>• Promotion of advocacy, ethical, legal and human rights supports vis a vis STIs/HIV/AIDS;</li> <li>• Mitigation of the impact among those infected and affected by STIs/HIV/AIDS;</li> <li>• Assistance to STI and AIDS patients and HIV positives</li> </ul>

For each objective and priority identified the following strategies were defined:

#### **Objective 1: Prevent STIs/HIV/AIDS transmission in the population in general and specifically among the most vulnerable groups**

**1.1 - Promotion of safe sex among risk groups and the population in general to reduce vulnerability to STIs/VIH/AIDS;**

**Objectives:**

1. Improve the level of knowledge about STIs/HIV/AIDS in the population in general and within the most vulnerable groups to reduce vulnerability to the infections.
2. Promote safe sex and impart knowledge on reproductive health to youth in and out of schools.
3. Ensure that school children are given the opportunity to make correct choices in their sexual lives.
4. Promote safe sex among workers

**Results expected:**

- The population in general and the risk groups in particular will have had more access to information on how to prevent STIs/HIV/AIDS;
- Social communication and mobilization will have been intensified for the prevention of STIs/HIV/AIDS;
- Counseling, promotion of the use of condoms, STIs treatment, information on sexuality and reproductive health will have been offered in the provinces through youth centers.

**Target groups:** Youth, military personnel, police, workers in private and public companies, inmates, sex workers, children outside the school system, including street children, school children, the unemployed, war displaced populations and refugees.

**Strategies:**

1. Integration of education, information and communication strategies to reduce the risk of HIV infection and other STIs in the population in general and among risk groups in particular by:
  - (a) Involving the mass media in the broadcasting of programs in the national languages;
  - (b) Public information campaigns involving music groups, theater, dance, poster competitions, etc.;
  - (c) Promotion of multi-sectorial activities for the celebration of the World AIDS Day;
  - (d) Production of posters, leaflets, stickers, tee-shirts, caps promoting the fight against AIDS;
  - (e) Dissemination of educational material in public places and places where sex is practiced.

2. Implementation of school policies to introduce sex education and STIs/HIV/AIDS prevention in the curricula and training programs for youth and teenagers by:
  - (a) Promoting the creation of parents, teachers and students associations to discuss sexuality and STIs;
  - (b) Promoting activities that enhance knowledge on STIs/HIV/AIDS among teachers in public and private schools, at all levels;
  - (c) Revision and adoption of teaching techniques to promote critical thinking among students on the problem of STIs, to develop appropriate attitudes and improve the standard of living and decision making on sexuality;
  - (d) Revision of the school curriculum, at the different levels, to introduce subjects related to STIs/HIV/AIDS, including not only the biological aspects, but also socio-cultural, values, moral virtues, among others;
  - (e) Involve religious institutions in the promotion of ethical issues and human rights as related to sexuality, respect and sympathy for AIDS patients, and awareness of fidelity in marriage.
3. Promotion of specific programs for children outside the school system and street children.
4. Integrate educational and training activities in the work place, both in the public and private sectors, with direct participation from unions and management, formulating integrated programs within the framework of worker social assistance.
5. Promote the involvement of community and religious leaders in STIs/HIV/AIDS educational programs, creating peer support groups with the support of national NGOs, scouts, church groups and HIV positive and patients living with AIDS associations .

## **1.2 - Promote the social marketing of condoms**

### **Objectives:**

1. Enhance the knowledge on the benefit of the use of condoms for the prevention of STIs/HIV/AIDS;
2. Promote the correct and consistent use of condoms among people at risk of contracting the infection or of infecting others;
3. Promote social acceptance of condoms (masculine and feminine) especially among the most vulnerable groups and create a demand;

4. Eliminate social, cultural and political obstacles for the use of condoms.

**Expected results:**

- Greater social and cultural acceptance of condoms will have been created. Consistent and correct usage of condoms will have been attained through their social promotion, especially among the most vulnerable groups.

**Target population:**

Teenagers and youth, sex workers, taxi and truck drivers, military and police personnel, displaced populations, refugees, family planning clinic users.

**Strategies:**

1. Produce educational material in the different national languages to create awareness among potential users and incorporate the promotion of masculine and feminine condoms in Information, Communication and Education activities;
2. Promote national condom weeks;
3. Involve the mass media, using national languages, to promote the use of condoms;
4. Promote operational studies on the use of condoms and socio cultural barriers, acceptance, costs, accessible supply sources for potential users;
5. Promote inter personal communication through community programs, involving community leaders and youth groups for condom use promotion;
6. Integrate condom use education in military and police basic training;
7. Promote the distribution of condoms in public places such as hotels, pensions, discos, meeting places for sex workers, brothels, markets, street vendors, police check points in provincial borders for truck driver access, and airports.

**1.3 Prevention and control of STIs/HIV/AIDS**

**Objectives:**

1. Reduce the incidence and prevalence of sexually transmitted infections, especially among the most vulnerable groups;
2. Reduce peri-natal transmission of STIs, especially HIV/AIDS;
3. Promote safe sex to avoid STIs.

### **Expected Results:**

- An operational integrated, national program to fight against STIs at the level of primary health care, based on a syndrome-based approach and a horizontal educational program.
- An operational epidemiological surveillance program to monitor STI trends, especially HIV among pregnant women, STI patients, TB patients and blood donors.

**Target population:** Youth, sex workers, inmates, taxi and truck drivers, military and police personnel, health care workers and population in general.

### **Strategies:**

1. Promote correct diagnostic, treatment and counseling for STIs by:
  - (a) Revise STIs diagnostic and treatment standards;
  - (b) Promote regular purchase of drugs to treat STIs and create mechanisms for treatment at primary health care level for STIs and referral for cases that resist first line treatment;
  - (c) Promote operational research to analyze risk factors associated to sero-positivity in STIs, especially in HIV and AIDS;
  - (d) Enhance health care workers technical capabilities to ensure correct diagnostic and treatment for STIs;
  - (e) Promote integrated counseling for safe sex, STIs, birth control, after and abortion and after giving birth;
  - (f) Promote counseling for STI patients and their sexual partners through family planning consultation, mother-child health care, obstetrics, urology, etc.
  - (g) Promote screening for syphilis in all pregnant women and ensure adequate treatment through primary health care centers;
  - (h) Study the possibility of initiating pilot centers to introduce a program for HIV peri-natal transmission prevention use low cost anti-retroviral drugs;
2. Maintain, expand and optimize the HIV and HB epidemiological surveillance program integrated into the National Epidemiological Surveillance Program.
  - (a) Maintain operational the STI epidemiological surveillance program, especially for HIV, syphilis and HB, through sentinel posts;

- (b) Monitor antibiotic resistance in the most frequent STIs;
- 3. Promote integrated information and educational services for the public in general and vulnerable groups in particular.
  - (a) Promote the production of educational material on STI prevention and attitudes;
  - (b) Promote the creation of youth friendly centers for STI counseling, treatment, education on reproductive health for the more vulnerable groups, namely youth, teenagers, sex workers, among others;
  - (c) Promote educational actions to create peer groups in high schools and in the communities with the participation of grass roots organizations, churches and community leaders;
  - (d) Ensure the promotion of condoms for men and women in the youth centers, clinics, drug stores, hotels, military and training centers, recreation centers and others where sex may be practiced.

#### **1.4 Promotion of safe blood**

##### **Objectives:**

1. Promote the formulation of a national blood policy;
2. Promote blood donation and the screening of donors;
3. Ensure the efficient management of blood and blood products;
4. Promote the rational use of blood.

##### **Expected results:**

- Count on a national blood policy
- An efficient blood transfusion service in keeping with the national blood policy.
- Count on a regular group of blood donors
- Screening capabilities in all blood collection units.
- Greater and better use of blood and blood products.

**Target group:** Population in general (children, pregnant women, war wounded); blood donors, health care workers.

##### **Strategies:**

1. Creation of a National Blood Commission that will support the Ministry of Health in the formulation of a National Blood Policy;



2. Promotion of awareness campaigns to recruit voluntary, unpaid donors, involving the mass media, churches, the Angolan Red Cross, grass roots organizations, religious and community leaders;
3. Strengthen strategies to limit the use of blood (preventions of anemia, transfusion indications) and alternative methods (auto-transfusion, hemodilution, colloid and crystalloid solutions).

### **1.5 Promotion of bio-safety to prevent hospital transmission of HIV/AIDS and other STIs.**

#### **Objectives:**

1. Ensure there is no HIV or other infection through blood transfusion in health care units.
2. Promote dissemination of knowledge among the population and especially certain sub-groups on HIV transmission through surgical procedures, scarification and other similar procedures;
3. Promote safe practices to avoid HIV transmission during traditional births, and other traditional practices such as circumcision, scarification, tattoos and sexual initiation rites.

#### **Expected results:**

- The population will be better informed on HIV infection risks through traditional practices or using non sterilized material;
- There will be a decrease in the probability of HIV and HB infections in health care units.

**Target population:** traditional midwives, shamans, health care personnel, community and religious leaders, barbers, inmates, military personnel, youth and teenagers.

#### **Strategies:**

1. Formulate standards and promote bio-safety practices and conditions in health care units.
  - (a) Ensure the dissemination of bio-safety standards for the handling of potentially HIV infected material, as well as for the handling of AIDS inpatients and those in the terminal phase of the disease.
  - (b) Guarantee the acquisition of disposable medical and surgical material or heat sterilizers for medical equipment;
  - (c) Afford education and retraining programs for health care personnel on bio-safety hazards.

- (d) Create reference centers for prophylaxis in case of work related accidents in health care units.
  - (e) Promote the production of information messages in the national languages in health care units warning of the danger of re-utilizing medical/surgical equipment.
2. Promote community involvement on awareness of safe practices for handling potentially HIV infected material.
- (a) Promote safe practices involving traditional midwives who perform at home deliveries, offering training and delivery kits.
  - (b) Promote safe practices with traditional healers involving community leaders, churches, in the practice of sexual initiation rites and male and female circumcision in the communities.
  - (c) Promote educational campaigns in prisons on the risk of re-using cutting or perforating material, such as blades, needles, syringes and others.

**Objective 2. Reduce the negative impact of the epidemic in the family, community, and country.**

**2.1 Promotion of advocacy, ethical, legal and human rights supports vis a vis STIs/HIV/AIDS**

**Objectives:**

- 1. Promote awareness in the society as a whole and particularly among the leaders, on the magnitude of the social, demographic and economic impact of HIV/AIDS in society and for the need for a broad national response;
- 2. Promote actions targeting the acceptance and understanding of the population of people living with HIV/AIDS and their families as members of the society enjoying full rights, avoiding discrimination and human rights violations;
- 3. Promote legislation to protect people infected and affected by HIV and their families, so as to ensure their access to employment, recreation and health care as every other citizen.

**Expected results:**

- The population will be better informed on the need to actively participate in the fight against STIs/HIV/AIDS, seeing them not only as a health care problem, but as a social, demographic and economic problem;

- The population will be more aware of the need to defend the rights of HIV positives and AIDS patients as full members of the society, with a right to life.
- The government will have enacted laws to protect HIV positives and AIDS patients in different areas.

**Target population:** HIV positives, AIDS patients, politicians, community leaders, legislators, entrepreneurs and the community in general.

**Strategies:**

1. Promote the involvement of the highest political leaders as well as that of religious, community and traditional leaders in advocacy campaigns for the problem of STIs/HIV/AIDS in the country through:
  - (a) Promotion of debates in parliament and the administration on the support for actions to fight STIs/HIV/AIDS integrated through the National Commission to fight against AIDS in Angola (to be created);
  - (b) Encourage the creation of associations of people living with VIH/AIDS to promote actions mitigating the impact of AIDS at the personal and family level.
  - (c) Promotion of integrated programs in public and private companies for education, assistance to workers, especially those affected and infected by HIV/AIDS and their families.
  - (d) Promote micro credit support policies for HIV positives and AIDS patients and their families.
2. Strengthen human rights protection mechanisms for HIV positives and AIDS patients, enacting specific legislation for those target groups.
  - (a) Promote the formulation and enactment of legislation to ensure privacy on HIV test results in health care units, the work place and within the family to prevent discrimination of HIV positives and AIDS patients and their families.
  - (b) Promote laws banning private and public companies from requesting HIV testing as a pre-requisite for employment, enrollment in educational institutions Testing should always be voluntary and include pre and post-test counseling.
  - (c) Promote laws to defend the right of HIV positives and AIDS patients
  - (d) Promote and enact laws banning HIV testing requirements for visas to enter the country;
  - (e) Promote and enact laws to protect AIDS orphans from abuse by family members or members of the community;

- (f) Create psico-social support and counseling centers with participation by discrimination and stigmatization victims in the workplace, schools, penitentiary establishments, among others.
- (g) Promote and enact laws to protect sex workers.

## **2.2 Mitigation of the impact among those infected and affected by STIs/HIV/AIDS**

### **Objective:**

1. Ensure access to health care and counseling to people living with HIV/AIDS and their families to maintain their quality of life.
2. Ensure comprehensive care for HIV positives and AIDS patients, while conducting preventive activities in the community.
3. Reduce the impact of HIV/AIDS on those affected and infected by the disease.

### **Expected results:**

- HIV positives and AIDS patients will have access to health care as well as psycho-social, medical and drug support;
- Health care services will be redirected to support HIV positives and AIDS patients through greater involvement by staff and communities.

**Target population:** HIV positives and AIDS patients, their families and the general public receiving health services.

### **Strategies:**

1. Improve health care and prevention for people living with HIV/AIDS by:
  - Improving health care workers' understanding of social and psychological support, as well as medical and drug treatment needed for HIV/AIDS, while developing positive attitudes vis a vis infected and affected people.
  - Promoting continuous education for health care workers on the handling of HIV positives and AIDS patients and their respective families
  - Curricular integration on all health care courses of universal precautions, counseling, care for HIV positives and AIDS patients;
  - Formulate diagnostic and treatment standards for the opportunistic diseases related to HIV/AIDS;
  - Promote actions to prevent peri-natal transmission, pre-nuptial counseling in community centers, churches, access to family

planning, especially for those affected and infected by HIV/AIDS and counseling for HIV positive mothers who gave birth.

- Promotion of a referential support network in hospitals and private clinics to support terminal cases, with community and family involvement and the participation of the NGOs that work specifically in this area.
- Guarantee assistance to HIV positives and TB patients offering access to drugs and clinical follow up in primary health care.
- Promote close cooperation among the STIs/HIV/AIDS programs and TB programs in all provinces to ensure early TB detection in HIV positives and AIDS patients, as well as their adequate treatment and counseling.
- Promote counseling services in health care units integrated to other sectors (family planning consultation, outpatient treatment for TB patients and STI consultations) and youth centers where anonymity can be guaranteed, as well as referrals to specialized centers.
- Encourage and support HIV and other STIs confidential testing to those interested through counseling centers.
- Promote clinical action support, care and counseling in public and public companies for workers infected and affected by HIV/AIDS, maintaining levels of confidentiality and respect.

2. Support for families and communities offering care to people infected and affected by HIV/AIDS :

- Support from community leaders, grass roots organizations and churches. Promotion of support actions for AIDS patients as part of the community support offered to the sick by the community, including spiritual support.
- Support from church members, scouts and grass roots organizations to promote the creation of peer groups to offer support to AIDS patients in the family and psychological assistance to their respective families.
- Encourage communities, with the support of grass root organizations and churches to create day care centers for chronic patients, the elderly and AIDS patients so as to allow their respective families to continue working so as to obtain the necessary means to support their families.
- Involve HIV positives and AIDS patients in planning actions that promote better access to the care they need;

## VIII. ACTIVITIES

1. Promotion of safe sex among vulnerable groups and the population in general to reduce the risk of STIs/HIV/AIDS.

Activities	Responsibilities	Target Pop.	Cost (US\$)	Timetable			Progress Indicator
1. Conduct monthly programs on sex education, STIs/HIV/AIDS through the radio, TV and other social communications organs, in Portuguese and other national languages	Min. of Soc. Communication Min. of Health (MINSA)	Journalists	60,000	X	X	X	# of programs executed/total forecast
2. Involve theatre groups to stage plays in schools, military training centers, on STIs/HIV/AIDS prevention	Min. of Educ. Min. of Defense	Youth, Military and Police Personnel	300,000	X	X	X	# of plays performed/total forecast
3. Promote national educational sessions on the AIDS World Day	MINSA Min. of Youth, Educ, Soc. Comm.	General Pop.	300,000	X	X	X	# of sessions executed/total forecast
4. Conceive and produce 100.000 posters a year on subjects related to the STIs/HIV/AIDS transmission and prevention and HIV positives and AIDS patients' human rights	MINSA Min. of Soc. Comm.	General Pop.	150,000	X	X	X	# of posters produced/total forecast
5. Create in parent, teacher, student association networks in high schools: 3 in Luanda, 3 in Cabinda, 2 in Huila and 2 in Benguela, to work jointly on the approach to subjects related to sexuality and STIs prevention	Min of Educ. MINSA	Parents, teachers, students	50,000	X	X	X	# of networks created/total forecast
6. Promote one annual teacher training course in secondary schools on sex education and STIs/HIV/AIDS in provinces to be defined jointly with the Ministry of Education	Min of Educ. MINSA	Teachers	90,000	X	X	X	# of courses held/total forecast

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7. Promote the discussion of issues such as sexuality and marital fidelity, involving religious institutions and grass roots	Churches MINFAMU	Religious and Community Leaders	60,000	X	X	X	# of sessions held nationally/total forecast
8. Design programs targeting children outside the school system and street children	Min of Educ MINSA	Children	50,000	X	X	X	# of programs designed/total forecast
9. Implement the programs formulated in item 8, in 3 provinces to be defined	Min of Educ MINSA INAC	Children	60,000	X	X	X	# of provinces with programs implemented/total forecast
10. Hold STIs/HIV/AIDS educational and training activities in 4 public companies (Sonangol, Endiama, TAAG, Railways and Ports) in the provinces of Luanda, Cabinda, Benguela, Namibe and Lunda Norte	MAPES MINSA	Workers	150,000	X	X	X	# of companies with activities held/total forecast
11. Create peer groups in youth associations, scouts and other community organizations to be defined	Min. of Youth and Sports MINARS	Youth	90,000	X	X	X	# of peer groups formed/total forecast
Total.....			<b>1,360.000</b>				

## 2. Promotion and social marketing of condoms

Activities	Responsibilities	Target Pop.	Costs (US\$)	Timetable			Progress Indicator
1. Conceive and produce 2 posters a year in the national languages (10,000 copies) on condoms (male and female)	MINSA Min. Information	General Pop.	80,000	X	X	X	# of posters produced/total expected
2. Produce 50.000 stickers dealing with the subject of condoms	MINSA Min. Information	General Pop.	150,000	X	X	X	# of stickers produced/total forecast
3. Promote the national condom week	Min. Youth/Educ/Comm.	General Pop.	60,000	X	X	X	Week promoted
4. Broadcast and televise programs on sexuality, reproductive health and the use of condoms, in the national languages	Min. Social Communication MINSA	Journalists	30,000	X	X	X	# of programs produced/total forecast
5. Undertake a CAP study per year on the use of male and female condoms	MINSA	General Pop.	80,000	X	X	X	# of studies undertaken/total forecast
6. Include in basic training programs subjects related to sexuality and the use of condoms	Min. Defense, Min. Interior	Military and police personnel	6,000	X	X	X	Subjects integrated into training
7. Introduce a condom sale system in the cities of Luanda, Cabinda and Benguela in hotels, pensions, sex worker areas, border checkpoints, airports, markets and street vendors	Min. Commerce Min. Tourism Min. Transportation	General Pop.	90,000	X	X	X	System introduced and operation/Total # of provinces
8. Purchase 12.000 condoms*	MINSA	MINSA, Ministry of Commerce	720,000	X	X	X	
Total.....			<b>1,216.000</b>				

\* Social Marketing of condoms does not include the project designed by PSI with possible USAID financing



### 3. Prevention and control of STIs

Activities	Responsibilities	Target Pop.	Costs (US\$)	Timetable			Progress Indicator
1. Review and publish standards for the diagnosis and treatment of STIs	MINSA	Health Care Workers	20,000	X	X	X	Published standards
2. Regularly acquire drugs to fight STIs (provincial hospitals)	MINSA	Procurement	600,000	X	X	X	# of health care units with STI drugs/total provincial hospitals
3. Elaborate standards to integrate STIs in primary health care consultations	MINSA	Health Care Workers	10,000	X	X	X	Standards prepared
4. Conduct 3 studies (1 per year) on risk factors associated to STIs in sex workers, and women in family planning consultations with STIs	MINSA	Sex workers, pregnant women, STI and TB patients General Pop.	90,000	X	X	X	#of studies undertaken/total forecast
5. Elaborate norms to integrate STI counseling and post partum and post abortion birth control to family planning, gynecological and obstetric consultations	MINSA	Women	10,000	X	X	X	# of provinces with integrated consultations/total provinces
6. Test all pregnant women for syphilis (at least in provincial hospitals) and ensure adequate treatment through Health Care Centers	MINSA	Pregnant Women	200,000	X	X	X	# of health care units testing/Total units (prov. Hosp)
7. Monitor HIV and syphilis trends through sentinel posts in pregnant women, STI patients, TB patients and blood donors in the provinces of Cabinda, Luanda, Benguela, Lunda Norte, Moxico, Huila and Namibe	MINSA	Sentinel Groups	250,000	X	X	X	Epidemiological data from sentinel posts/total posts created
8. Monitor antibiotic resistance in the most frequent STIs in Luanda	MINSA	STI patients	10,000	X	X	X	Assessed resistance
9. Produce 50.000 brochures on STI diagnosis and steps to be taken	MINSA	General Pop.	100,000	X	X	X	# of brochures produced/total forecast

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10. Create a youth club in Luanda, 1 in Benguela, 1 in Huila and 1 Cabinda offering counseling, reproductive health education, STI prevention, integrated into the high school system	Min of Educ, Youth, MINFAMU	Youth	80,000	X	X	X	# of centers created/total forecast
11. Create peer groups in high schools in the cities of Luanda, Cabinda, Benguela and Huila, with the agreement of the Ministry of Education	Min of Educ, Youth MINSA	Students	80,000	X	X	X	# of peer groups created/total forecast
12. Create mechanisms to assess the possibility of creating a mother/foetus transmission prevention program using low cost drugs (Nevirapina) in a maternity ward in Luanda	MINSA	Pregnant women	50,000	X	X	X	Assessment undertaken
13. Train/retrain abroad two technical people for STIs/HIV/AIDS	MINSA	Health care workers	60,000	X	X	X	# of technical people retrained/total forecast
14. Conduct three training courses for mid level technicians on syndrome based diagnosis for STIs and counselling	MINSA	Health care workers	90,000	X	X	X	# of courses held/total forecast
<b>Total.....</b>			<b>1,650.000</b>				

## 4. Promotion of safe blood

Activities	Responsibilities	Target Pop.	Costs (US\$)	Timetable			Progress Indicator
1. Create and implement the National Blood Commission	MINSA	Commission members	3,000	X	X		Commission created
2. Rehabilitate the National Blood Center (CNS)	MINSA		250,000	X	X		Rehabilitation concluded
3. Formulated a National Blood Policy (meeting of technical groups, consensus meeting)	MINSA	CNS, MINSA	28,500	X	X	X	Policy formulated
4. Conduct campaigns to promote blood donation, create awareness of blood donation and promote mobile units for blood collection	MINSA Angolan Red Cross (CVA) ADA	General Pop.	87,000	X	X	X	# of campaigns conducted/total forecast
5. Equip the CNS with laboratory equipment, computers and supplies	MINSA	CNS	93,000	X	X	X	Material acquired/total forecast
6. Equip the 5 blood therapy centers in the provinces that do not yet screen for HIV	MINSA	Provincial blood centers	250,000	X	X		Total new centers installed/total forecast
7. Formulate and disseminated standards for the rational use of blood and alternatives	MINSA	Health Care workers	11,500	X	X	X	Standards created and approved
8. Hold a seminar per year to retrain workers in blood centers nationally	MINSA	Health Care workers	75,000	X	X		# of seminars held/total forecast
9. Purchase reagents and other supplies for provincial blood centers	MINSA	Blood Banks	350,000	X	X	X	Total supplies acquired/total forecast
10. Conduct supervision in provinces	MINSA	Provinces	25,000	X	X	X	# of visits/supervisions conducted/total forecast
<b>Total.....</b>			<b>1,173,000</b>				

## 5.Promotion of bio-safety to prevent intra-hospital HIV transmission

Activities	Responsibilities	Target Pop.	Costs (US\$)	Timetable			Progress Indicator
1. Formulate and disseminate bio safety standards for the handling of potentially infected material and the care of AIDS patients	MINSA	Health Care workers	20,000	X	X	X	Standards formulated and disseminated nationally
2. Hold an annual bio safety seminar for healthcare workers	MINSA	Health Care workers	60,000	X	X	X	# of seminars held/total forecast
3. Create in a national hospital a reference center for HIV prophylaxis, workplace accidents, rape, and others	MINSA	Hospital	60,000	X	X	X	Unit created
4. Produce and disseminate educational material in national languages on the danger of re-utilizing medical/surgical material in health care units	MINSA	General Pop.	40,000	X	X	X	Educational material produced/expected
5. Hold in each province a training course for traditional midwives on health safety during deliveries	MINSA MINFAMU	Traditional midwives	80,000	X	X	X	# of courses held/expected
6. Purchase 600 kits for traditional deliveries	MINSA MINFAMU	Traditional midwives	60,000	X	X	X	Total kits purchased/expected
7. Hold a seminar per province for traditional healers on safety in their practices to prevent HIV infection.	Min. Educ. culture	Traditional Healers	90,000	X	X	X	Total expected
8. Promote educational campaigns involving traditional leaders and churches on precautions needed for the practice of traditional acts (circumcision, traditional rights).	Min. Educ. Culture, Min. Youth sports	Community leaders	60,000	X	X	X	Total campaigns conducted/expected
Total.....			<b>470.000</b>				

## 6. Promotion of advocacy, legal, ethical and human rights support for STIs/HIV/AIDS

Activities	Responsibilities	Target Pop.	Costs (US\$)	Timetable			Progress Indicator
1. Lobby the government for the creation of the national AIDS commission and a technical commission	MINSA Congress Women	Government	10,000	X	X	X	National AIDS commission created
2. Promote meetings in parliament and the administration to discuss the AIDS problem.	MINSA Congress Women	Parliament Government	5,000	X	X	X	Meetings held
3. Hold two meetings a year with donors and the international community to publicize the AIDS situation in the country.	MINSA UNAIDS	International community	5,000	X		X	Number of meetings held/ expected
4. Create and association of HIV positives and AIDS patients and implement the action plan proposed	AIDS patients, HIV positives and PLNS	HIV positive, and AIDS patients	30,000	xxx	xx	xx	Association created
5. Create STIs/HIV/AIDS programs within major public/private corporations (Sonangol, Endiama, TAAG, ports and railways).	PNLS/MAPEs	Public and private companies	20,000	xxx	xx	xx	Total companies with companies created/ expected
6. Create mechanisms to offer micro credits to HIV positives and AIDS patients	Min. Finance, Min. Health	HIV positive, and AIDS patients	10,000	xxx	xx	xx	Funds for micro credit created
7. Formulate privacy laws for HIV tests in health care units and workplaces	Min. Justice, MAPEs	HIV positive workers	5,000	xxx	xx	xx	Privacy law enacted
8. Formulate and enact laws to defend the rights of HIV positives and AIDS patients to ban HIV testing as a requirement for employment or entry visas.	Min. Justice Min. Health	HIV positive, and AIDS patients, tourists	10,000	x	X	X	Laws enacted

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9. Create a community center in Luanda and Cabinda to offer psychosocial and counseling to HIV positives and AIDS patients stigmatized by society	MINARS, CVA, AIA	HIV positive, and AIDS patients	60,000	Xx	Xx	Xx	# Centers created/ total expected
10. Enact laws to protect sex workers.	Min. Justice MINFAMU, Congress Women	Sex workers	10,000	X	X	X	Laws enacted
11. Hold three public debates a year through the media on the rights of HIV positives and AIDS patients	Min. Com. Social AIA ANASO	General Pop.	5,500	X	X	X	# Debates held/ forecast
12. Hold public activities on AIDS world day to promote joint actions to fight against AIDS and support HIV positive and AIDS patients.	MINSA ANASO	HIV positive, and AIDS patients	60,000	X	X	X	# Activities held/ expected
13. Create produce and disseminate a poster for penitentiary establishments on the risk of reusing cutting/perforating material.	Min. Justice MINSA AIA	Inmates, General Pop.	15,000	X	X	X	Posters distributed and produced
Total.....			<b>245,500</b>				

## 7: Mitigation of the impact of people infected and affected by HIV/AIDS

Activities	Responsibilities	Target Pop.	Costs (US\$)	Timetable			Progress Indicator
1. Train ten community leaders and ten religious leaders in each province (Luanda and Cabinda) to offer assistance to HIV positives and AIDS terminal patients.	MINARS MINSA AIA	Community leaders	63,000	X	X	X	Leaders trained/total expected
2. Promote the integration in schools of AIDS orphans and professional training in three provinces.	Min Educ MINFAMU MAPES	Orphans	60,000	X	X	X	#of orphans integrated into schools/total # of children identified
3. Promote three courses on counseling and care of AIDS orphans courses for community women with the support of churches and NGOs (Luanda, Benguela, Cabinda).	MINARS MINFAMU MINSA	Community women	60,000	X	X	X	# of courses held/total forecast
4. Collect food and clothing for families that foster AIDS orphans. Distribution by community and religious leaders.	Min of Commerce MINARS	Families caring for AIDS orphans	150,000	X	X	X	# of families receiving support/total # of families identified
5. Promote the creation of credits to support micro enterprises organized by HIV positives and AIDS patients.	MAPES Min of Fin.	Private/Public Companies		X	X	X	# of credits supplied/total # of proposals received for the creation of micro-enterprises
Total.....			<b>330,000</b>				

## 8. Care for STI, AIDS patients and HIV positives

Activities	Responsibilities	Target Pop.	Costs (US\$)	Timetable			Progress Indicator
1. Introduce in health curriculums universal precautions, counseling and handling of HIV positives and AIDS patients.	MINSA	Students	5,000	X	X	X	Curricula with AIDS subjects
2. Formulate and disseminate diagnostic and treatment standards for the opportunistic diseases associated with AIDS.	MINSA	Health care workers	30,000	X			Diagnostic standards formulated and approved
3. Formulate standards to promote close cooperation between TB and STIs/HIV/AIDS consultation.	MINSA	TB patients	30,000	X	X		Integrated TB/HIV consultations operational
4. Promote a reference support network in the provinces of Cabinda (Pilot) and Luanda among hospital units (A. Boavida) and private clinics to offer support to terminal patients.	MINSA Church	AIDS patients	100,000	X	X	X	Reference support network created in Cabinda and Luanda
5. Create counseling centers in provincial hospitals for STIs/HIV/AIDS integrated in consultations family planning, TB and voluntary HIV testing.	MINSA	Youth	80,000	X	X	X	Number of provincial hospitals with HIV/AIDS integrated consultations
6. Create support units to counsel HIV positives and AIDS patients in large corporations.	MAPES	HIV positive, and AIDS patients	80,000	X	X	X	# of companies with assistance programs/total #of selected companies
7. Create a day-care center for patients that depend on family support in Cabinda and Luanda.	Chush Scouts CVA	HIV positive, and AIDS patients	200,000	X	X	X	# of centers created/total forecast
<b>Total.....</b>			<b>525,000</b>				

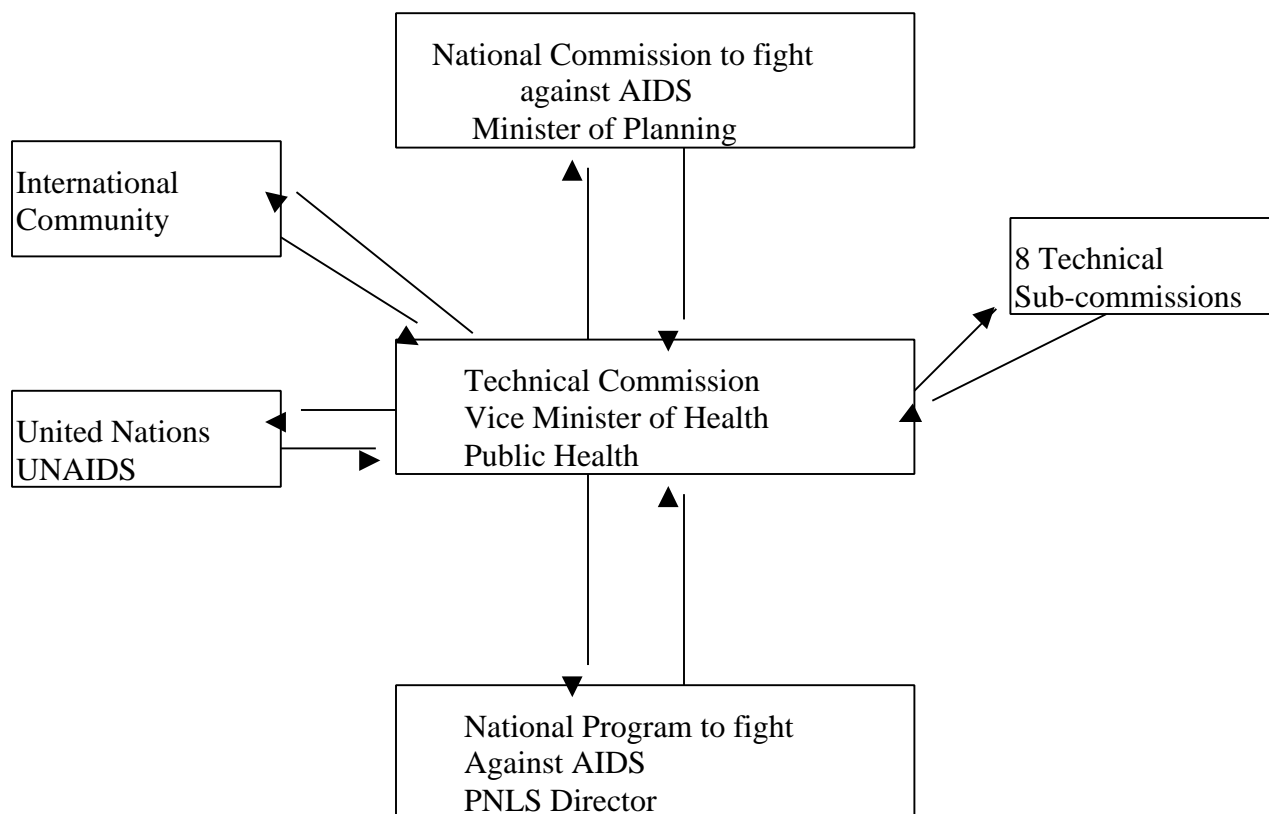


## **IX. Budget Summary 2000-2002**

<b>Area</b>	<b>Cost ( US\$ )</b>	<b>%</b>
Promotion of safe sex	1,360,000	19
Promotion and social marketing of condoms	1,216,000	17
Prevention and control of STIs	1,650,000	23
Promotion of safe blood	1,173,000	16
Promotion of bio-safety to prevent intra-hospital HIV transmission	470,000	7
Promotion of advocacy, legal, ethical and human rights support for STIs/HIV/AIDS	245,000	4
Mitigation of the impact of people infected and affected by HIV/AIDS	330,000	5
Care for STI, AIDS patients and HIV positives	525,000	7
Program management and supervision	150,000	2
Total	7,119,000	100

## IX. Coordination Mechanisms

In order to coordinate the implementation of this strategic and operational plan during its life span, the following coordination mechanisms are proposed in order to ensure a national, multi-sectorial and multi- disciplinary approach:



### National Commission to fight against AIDS

To be made up by representatives of :

- All Ministries
- Churches
- Chairman of the Angolan Red Cross
- NGOs that work with AIDS
- HIV positives and AIDS patients
- UNAIDS
- Public corporations

- Community
- Mass media
- National Congress

**Meetings:** twice a year and special sessions when requested by members

**Tasks:** approve national policies to fight against STIs/HIV/AIDS, recommend strategies and actions to fight against the epidemic and analyze the activities conducted by the technical commission and the PNLS

### **Technical Commission**

To be made up by:

- Coordinators of each specialized technical sub-committee
- PNLS director
- UNAIDS advisor

**Chairman:** Vice-minister of Health for Public Health

**Meetings:** 4 times a year

**Tasks:** prepare the documents for the National Commission to fight against AIDS and propose the action plan for the following fiscal year; analyze the work of the specialized sub-committees; analyze PNLS activities.

### **Working sub committees**

The following work committees will be created and made up by the following ministries and organizations:

- Promotion of advocacy, ethical, legal and human rights support for STIs/HIV/AIDS:
  1. Minister of Justice – Coordinator
  2. Congress representative
  3. Ministry of Planning
  4. Ministry of the Interior
  5. Ministry of Public Administration, Employment and Social Security;
  6. Representative of HIV positives and AIDS patients
  7. Representative from the Angolan Red Cross
  8. ICRC representative
  9. UNPD representative
  10. UNCHR representative
- Promotion of safe sex among risk groups and the general population to reduce vulnerability to STIs/HIV/AIDS
  - a. Ministry of Education and Culture
  - b. Ministry of Youth and Sports

- c. EU representative
- d. WHO representative
- Mitigation of the impact on people infected and affected by HIV/AIDS
  - a. Ministry of Finance – coordinator
  - b. Ministry of Employment and Social Security
  - c. Ministry of Justice
  - d. Ministry of Social Assistance and Reinsertion
  - e. Ministry of Health
  - f. UNICEF representative
  - g. Angolan Red Cross representative
  - h. ICRC representative
- Promotion of bio safety to prevent intra hospital HIV/AIDS transmission
  - 1. Ministry of Health – coordinator
  - 2. Ministry of Education and Culture
  - 3. Ministry of the Family and the Promotion of Women
  - 4. Ministry of Employment and Social Security
  - 5. Ministry of the interior
  - 6. WHO representative
  - 7. Association of traditional healers
  - 8. Representative of the program for traditional midwives (MINSa)
  - 9. UNFPA representative

**Annex I: List of participants**

1. João António Cassanda	DPSP Lunda Norte
2. Alves da Silva	DPSP Namibe
3. Pedro de Almeida	Maternity Lucrecia Paím
4. Isabel Lemos Gomes	SMI Departament
5. Nanikutonda Manuel	Ministry of Defense – Armed Forces
6. José Tchiyoka	DPSP Huambo
7. Severina N. S. Fernandes	Ministry of Transportation
8. Alexandre Luciano	Ministry of the Interior
9. António João	Ministry for Social Reinsertion and Assistance
10. Sebastião Dambi	DPSP Cabinda
11. Eduarda Santana	Parliament
12. Nelson António	EISIDA
13. Alcina Cunha	Ministry for Promotion of Women and the Family
14. Adelina Nobre Maurício	DPSP Kuanza Sul
15. Joaquim Tayengo	Advance Nursing Institute
16. Aníbal Delgado	Ministry for Promotion of Women and the Family
17. José Chinguineca	Ministry for Promotion of Women and the Family
18. Ambrósio Casal	Angolan Red Cross
19. Domingos Samba	DPSP Kuando Kubango
20. Maria Medina	Ministry of Youth and Sports
21. Joana Mateus António	Ministry of Finance
22. Francisca D. Carvalho	DPSP Huila
23. Luís Santos Kyame	AALSIDA
24. Regina António	DPSP Luanda
25. Maria Helena Eiala	Ministry of Health – AIDS Program
26. Carlos Germano Paulo	DPSP Zaire
27. Paula Carvalho	DPSP Benguela
28. Bernabé Lemos	DPSP Huila
29. Leonildes Chacomba	Ministry for Territorial Administration
30. Filipe da Conceição	Ministry of Education
31. Mbala Kunsunga	DPSP Bengo
32. Maria Madalena Diego	DPSP Moxico
33. José Nascimento	Ministry for Territorial Administration
34. António Pinto	Ministry for Public Admin., Employment and Social Security
35. Pedro Pereira	DPSP Kuanza Norte
36. Felisberto Queta	Daily: Comércio Actualidade
37. Marques Gomes	Ministry of Health – AIDS Program
38. Joaquin Faria	German Embassy

39. Abel da Silva	DPSP Malange
40. António Costa	Ministry of Education
41. Miguel António	Ministry of Health – School Health
42. Maria Alicerces	Ministry of Transportation
44. Mbuanga Soki	AMSA
45. Domingos da Silva	DPSP Zaire
46. Filomena Leite	National Institute for Public Health
47. Júlio Borges	DPSP Malange
48. Madalena Silva	National Blood Center
49. Hortência Miguel	DPSP Lunda Sul
50. António Coelho	ANASO
51. José Mateus	Ministry of Health – Education for Health
52. Lourença Francisco	Association “Alvorecer com Saúde”
53. Florindo Raúl Pedro	Ministry of Youth and Sports
54. António Ngola	Ministry for Social Reinsertion and Assistance
55. João Kiala	DPSP Cunene
56. David José	DPSP Moxico
57. Anneli Bergerson	ADPP
58. Luisa Brumana	UNICEF
59. Balbina Félix	OMS
60. António Castelo	UNESCO
61. Adelaide de Carvalho	National Public Health Director
62. Lutunádio Maria	Angolan Churches
63. Maria Helena Pereira	Hospital Américo Boavida
66. Kastitis Kaleda	PSI
67. Natália Conestá	UN voluntary
68. Maria Gabriela Silva	Maria Stopes International
69. Daniel Zua	DPSP Bengo
70. Pedro Kuila	DPSP Kuanza Norte
71. Andrade Santos	ASAP
72. Luzia Fernandes	National Blood Center
73. Moisés Francisco	School of Medicina
74. Ana Paula Cardoso	Ministry of Planning
75. Edaltina Mónica	Ministry for Public Admin., Employment and Social Security

## **XII. Facilitators**

1. Ducelina Serrano	PNLS Director
2. Rui Gama Vaz	UNAIDS advisor
3. Marcela Silva	PNLS
4. Alexandre Saúl	Angolan Churches
5. Julieta Simões	PNLS

**Secretariat**

1. Avelino Fortunato	
2. José Amaro	
3. Natália	
4. Cristina Pax	

**XIII. Annex II. Working Groups**

- **Promotion of advocacy, ethical, legal and human rights support for STIs/HIV/AIDS;**

1. José Martins – Ministry for Territorial Administration
2. António Pinto – Ministry for Public Admin., Employment and Social Security
3. Domingos Silva – DPSP Zaire
4. Leonildes Chacomba – Ministry for Territorial Administration
5. Felisberto Queta – Daily: Jornal Comércio da Actualidade
6. Maria Madalena – DPSP Moxico
7. Mbala Kusunga – DPSP Bengo
8. Pedro Jacinto – DPSP K. Norte
9. Filomena Maxwell – USAID

- **Promotion of safe sex among risk groups and the general population to reduce vulnerability to STIs/HIV/AIDS**

1. José Chinguinheca – Ministry for Promotion of Women and the Family;
2. Regina António – DPSP Luanda
3. António João – Ministry for Social Reinsertion and Assistance
4. Florindo Raúl – Ministry of Youth and Sports
5. Sebastião Dambi – DPSP Cabinda
6. Aníbal Delgado – Ministry for Promotion of Women and the Family
7. Luisa Brumana – UNICEF
8. Eduarda Santana – Parliament
9. Severina Fernandes – Ministry of Transportation
10. Alexandre Luciano – Ministry of the Interior
11. Antónia Castelo – UNESCO

- **Assistance to HIV positives and AIDS patients;**

1. Alexandre Saúl – Angolan Churches
2. Abel Moisés – DPSP Malange
3. Miguel António – DPSP Luanda
4. Mbuanga Soki – AMSA
5. Marques Gomes – Ministry of Health
6. Pedro Kuila – DPSP – Kwanza Norte

7. Maria Isabel Alicerces – Ministry of Transportation
8. Joaquin Faria – German Embassy

- **Promotion and social marketing of condoms;**

1. Kastitis Kaleda – PSI
2. Maria Gabriela Simas – Maries Stopes International
3. Alcina Cunha – Ministry for Promotion of Women and the Family
4. Adelina Nobre – DPSP Kuanza Sul
5. Joaquim Yayengo – Higher Education Institute
6. Nelson António – EISIDA
7. Marcela Silva – Ministry of Health – PNLS
8. Lourença Francisca – Alvorecer Movimento
9. Anneli Bergerson – ADPP

- **STI prevention and control;**

1. Julieta Cunha – Ministério da Saúde – PNLS
2. Nanicutonda Manuel – Ministry of Defense – Armed Forces
3. João António – DPSP Lunda Norte
4. Isabel Lemos – Ministério da Saúde – SMI
5. Miguel António – Ministry of Health – School Health
6. Andrade dos Santos – ASAP
7. Pedro de Almeida – Maternity Lucrecia Paím
8. Adelaide de Carvalho – Ministry of Health – SMI
9. Alves Silva – DPSP Namibe
10. Balbina Félix – WHO

- **Promotion of safe blood;**

1. Júlio Borges – DPSP Malange
2. Carlos Alberto – DPSP Uige
3. Domingos Silva – DPSP Zaire
4. Madalena Fragoso – National Blood Center
5. Filomena Leite – Nacional Public Health Institute
6. David José – DPSP Moxico
7. Hortência Miguel – DPSP LundaSul

- **Mitigation of the impact on people affected and infected by HIV/AIDS**

1. Francisca de Carvalho – DPSP Huila
2. António Coelho – ANASO (Rede ONGs SIDA)
3. Luís Santos Kyame – ALSIDA
4. Joana António – Ministry of Youth and Sports
5. Ambrósio Casal – Angolan Red Cross
6. Maria Medina – Ministry of Youth and Sports



- 7.
8. Antónia Castelo – UNESCO
9. Domingos Samba João – DPSP K. Kubango
10. Ana Paula Cardoso – Ministry of Planning
11. Edaltina Mónica – Ministry for Public Admin., Employment and Social Security

- **Promotion of bio safety for the prevention of intra hospital HIV/AIDS transmission**

1. Marília Afonso – Hospital Josina Machel
2. Carlos Germano Paulo – DPSP Zaire
3. Natália Conestá – UN voluntary
4. Daniel Zua – DPSP Bengo
5. Bernabé Lemos – DPSP Huila
6. Helena Vitória Pereira – Hospital Américo Boavida
7. Paula de Carvalho – DPSP Benguela
8. João Kiala – DPSP Cunene
9. Maria Helena – Ministry of Health – PNLS
10. Moisés Francisco – School of Medicine

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