

Angola



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (IIMS 2015-2016) (DHS 2015-2016)	38%
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	31%
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (Censo 2014)	52.7 (Both sexes) 51.2 (Male) 54.2 (Female)
Population (Projection 2017 Censo 2014)	28'359,634
% Population under 15 (2016)	47.2%
% Population over 60 (Censo 2014)	3.9%
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (WB 2009)	43.37
Literacy rate among adults aged >= 15 years (%) (Censo 2014)	65,6
Gender Inequality Index rank (2014)	...
Human Development Index rank (2015)	150
Health system	
Total expenditure on health as a percentage of gross domestic product (2014)	3.31
Private expenditure on health as a percentage of total expenditure on health (2014)	35.74
Total expenditure on health per capita (2014)	239
Physicians density (per 1000 population) (2009)	0.17
Nursing and midwifery personnel density (per 1000 population) (2009)	1.66
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	24
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	68
Maternal mortality ratio (per 100 000 live births) (2015)	239
Births attended by skilled health personnel (%) (IIMS 2015-2016) (DHS 2015-2016)	49.6
Public health and environment	
Population using improved drinking water sources (%) (Censo 2014)	13 (Rural) 51.4 (Urban) 36.1 (Total)
Population using improved sanitation facilities (%) (2015)	81 (Urban) 60 (Total) 25.9 (Rural)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.coc>

HEALTH SITUATION

Angola is a country vulnerable to outbreaks, like Yellow fever, malaria, cholera, Zika; registering events that overload the health services and compromise the life and health of their citizens. Communicable diseases account for more than 50% of deaths recorded within the population. Despite the progress achieved in the past 15 years in neonatal, child, and maternal mortality (see statistic table), the challenges remain important.

Malaria in Angola remains a major public health concern, being the leading cause of death, disease and absenteeism. It accounts for approximately 35% of curative care, 20% of hospital admissions, 40% of perinatal deaths and 25% of maternal mortality (DNSP, 2013 Annual Report and PNCM- DNSP, IIMA Report 2011).

Tuberculosis has suffered frequent out of stock in TB drugs during the last 2 years decreasing the diagnosis and treatment coverage. The reported annual incidence of pulmonary tuberculosis is 182.7 cases/100,000 inhabitants, tuberculosis prevalence (all forms) is 204.1 cases/100,000 inhabitants in 2017 with a total of 367 new cases of multidrug-resistant tuberculosis (MDRTB) and 3,613 TB/HIV cases.

In Non communicable diseases (NCD) advances have been done in the legal framework and in the enforcement to restrict the consumption of tobacco as well as in the increase of the taxation.

HIV/Aids prevalence rate is 2,1%, the data varies within the country, with some provinces more affected than others, such as Cunene with 6.6, Cuando Cubango 5.5, Luanda 1.9, Cabinda 0.6.

HEALTH POLICIES AND SYSTEMS

The health system in Angola is based on the Primary Health Care and Hospital Assistance Programme, which covers health services from the community level right up to a more complex level. It comprises 5 sub-programmes, namely: (1) promotion of healthy habits and lifestyles; (2) operationalization of health care services; (3) safe blood transfusion; (4) management and development of the national laboratory network; and (5) pre-hospital assistance. The health needs and problems currently encountered by the NHS relate mainly to: (i) insufficient coverage and poor maintenance of health centers; (ii) poor referral and counter-referral system between the three levels of the NHS; (iii) limited human resources and health technicians, in quality and quantity, and poor distribution of personnel in rural and peri-urban areas; (iv) weaknesses in the health management system, including the information, logistics and communications systems; (v) scarcity of financial resources and poor financing model; and (vi) limited access to safe drinking water, sanitation and energy. One ongoing governmental strategy to address the low coverage of health facilities and health promotion is the implementation of ADECOS (Community Development Agents) to support health promotion and the promotion of others sectors community programmes.

The National Health System covers the National Health Service, which operates under the supervision and methodological guidance of the Ministry of Health and is managed by provincial governors and municipal administrators. The five following subsystems and supplementary services are part of the national system:

- The Health Service of the Angolan Armed Forces (DSS/EMG/FAA), which is the biggest national partner of the Ministry of Health with respect to assistance to communities services of major public companies (SONANGOL, ENDIAMA and others).
- The National Civil Protection Service (SNPC) of the Ministry of Interior, which takes the lead in organizing a response to natural disasters and emergencies, including public health emergencies. It is also responsible for health surveillance interventions organized by the National Police Force in areas relating to oversight, economic activities and border control.
- Profit-making in hard-to-reach areas, logistical support for large-scale campaign activities and response to health emergency situations;
- The health education sub-system, which covers technical and professional institutions as well as public and private medical schools.
- Health

and non-profit making private health services (essentially run by religious institutions and NGOs). However in last years the presence of international NGO is being reduced.

COOPERATION FOR HEALTH

Development of multi-sectoral health partnerships in Angola remains a key strategy since facilitates and speeds up critical interventions aimed at improving the health status of the Angolan population.

Among major health sector partners there are the Cuban cooperation, the World Bank, the European Union, the Global Fund, USAID, PMI, JICA, and United Nations agencies. In addition, there are active partnerships with NGOs (National, Red Cross World Vision, MSF, MENTOR, ADPP and others); civil associations; local and foreign companies including oil companies; and regional organizations (SADC, CPLP, AU). The European Union, World Bank and Global Fund support the programs of the Ministry of Health to strengthen the National Health System and implement the NHDP.

These partners are providing a relevant technical and financial support to the Angolan health sector, in consistency with the national priorities defined in the 2013 – 2017 National Development Plan and the 2012–2025 National Health Development Plan (NHDP), that are the country's main public policy implementation tools.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2015–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Health system strengthening	<ul style="list-style-type: none"> • Development of a better structured health system that is more efficient and equitable, with an expanded network of care and essential services that is functional and structured into referral levels. In that regard, the WHO will focus its interventions on the following areas: <ul style="list-style-type: none"> ➢ Organization and management of health systems ➢ Development of human resources ➢ Health System strengthening and health research ➢ Medicines, medical supplies and equipment ➢ Network of health laboratories ➢ Support the implementation of the strategy of ADECO's (Community Development Agents)
STRATEGIC PRIORITY 2: Improving maternal, adolescent and child health	<ul style="list-style-type: none"> • Revision and updating of the National Reproductive Health Policy; strategies, norms and standards • Support to improve quality of care for women, newborn, children and youth/ adolescents; • Development of comprehensive communication and advocacy plans on women's, children's health and adolescents with emphasis on repositioning of family planning (FP);
STRATEGIC PRIORITY 3: Control of both Communicable, Non Communicable and Neglected Diseases	<ul style="list-style-type: none"> • Drafting/updating of national policies, strategic plans and standards on HIV/AIDS, tuberculosis, malaria, vaccine preventable diseases, neglected tropical diseases and others; • Dissemination of innovative strategies and methodologies for the prevention and control of priority, emerging and re-emerging communicable diseases; • Support elaboration of strategic plans for the procurement, quality control, distribution and proper use of medicines, vaccines, and other biological products used in the prevention, diagnosis and control of priority diseases; • National capacity-building for operational research, supervision and evaluation for decision-making; • Technical assistance to attain and maintain levels of excellence for vaccine-preventable disease surveillance, with emphasis on sentinel surveillance for bacterial meningitis, rotavirus diarrhea and side-effects of immunization; • Implementation of capacity-building for communicable diseases control at community level; • Development, monitoring and evaluation of the National strategic plan for the control and prevention of non-communicable diseases (NCD) under the 2012 -2025 NHDP.
STRATEGIC PRIORITY 4: Preparation, surveillance and response to epidemic outbreaks and emergencies	<ul style="list-style-type: none"> • To update the National Strategic plan for integrated disease surveillance and response (IDSR) and to expand the national strategy to all municipalities, integrating information from vertical programmes and community participation (community-based surveillance); • Implementation of the IDSR human resource plan, particularly the creation of a critical mass of employees trained in epidemiological surveillance and data management at the municipal level, and who are able to use new technologies; • Development of an epidemic and disaster risk management policy and strategy, and national capacity-building for appropriate risk management; • Evaluation of national capacity for risk management, risk mapping, strengthening of early warning mechanisms, preparation and appropriate response to emergencies and disasters at the provincial level and in areas on the border with neighboring countries.

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