



REPÚBLICA DE ANGOLA
MINISTÉRIO DA SAÚDE



Organização
Mundial da Saúde
Angola

Country Cooperation Strategy 2023–2027, Angola



REPÚBLICA DE ANGOLA
MINISTÉRIO DA SAÚDE



**Organização
Mundial da Saúde**
Angola

Country Cooperation Strategy 2023–2027, Angola

Table of contents

Foreword	vi
Acronyms and abbreviations.....	vii
Executive summary.....	x
1. Introduction	1
2. Country context.....	2
2.1 Characteristics of the population	2
2.2 Political context.....	2
2.3 Macroeconomic ontext.....	2
2.4 Social context.....	3
2.5 Climate.....	3
2.6 Food security and nutrition.....	4
2.7 Poverty.....	4
3. Health situation and development.....	6
3.1 Universal health coverage	6
3.1.1 Organization of the health system	6
3.1.2 Human resources for health	7
3.1.3 Health financing.....	7
3.2 Maternal and child health.....	8
3.2.1 Maternal health.....	8
3.2.2 Child health.....	9
3.3 Disease control.....	11
3.3.1 Communicable and noncommunicable disease control	11
3.4 Protection against public health emergencies	13
3.4.1 Preparedness and prevention against public health emergencies (health surveillance)	13
3.4.2 Response to public health emergencies (epidemics and humanitarian crises).....	13
3.5 Promotion of health and well-being of the population	14
4. Development partners.....	17
4.1 Main health and development partners in Angola.....	17
4.2 Collaboration with the United Nations system at country level.....	17
5. Collaboration between WHO and the country	19
5.1 WHO’s work in Angola.....	19

5.1.1	WHO presence.....	19
5.1.2	Country Cooperation Strategy 2014–2019.....	19
5.1.3	Lessons learnt and opportunities.....	21
5.2	Angola’s contribution to the regional and global health agenda	21
6.	Strategic priorities	23
6.1	Strategic Priority 1: Strengthening health systems to enhance primary health care approach	23
6.1.1	Focus Area 1.1 National policies and strategies.....	23
6.1.2	Focus Area 1.2 Integrated people-centred health services	24
6.1.3	Focus Area 1.3 Health information and research system	24
6.2	Strategic Priority 2: Equitable, integrated health service across the life course.....	24
6.2.1	Focus Area 2.1 Maternal, newborn, child and adolescent health	25
6.2.2	Focus area 2.2: Improving population immunity (through vaccination) throughout the life course	25
6.3	Strategic Priority 3: Communicable and noncommunicable disease prevention and control	26
6.3.1	Focus area 3.1: Well-coordinated, comprehensive communicable and noncommunicable disease prevention and control service delivery	26
6.4	Strategic Priority 4: Enhancing health security and disaster preparedness and response	26
6.4.1	Focus area 4.1: Preparedness and prevention against public health emergencies.....	27
6.4.2	Focus area 4.2: Responding to public health emergencies.....	27
6.5	Strategic Priority 5: Multisectoral approaches for healthier populations	27
6.5.1	Focus area 5.1: Social determinants of health.....	28
6.5.2	Focus area 5.2: Reducing risk factors for noncommunicable diseases	28
6.6	Financing strategic priorities	29
7.	Implementation	31
8.	Monitoring and evaluation.....	33
9.	Results-based framework for the 2023-27 CCS	35
10.	References	40
	Annexes	45



Organisation
mondiale de la Santé

Foreword

The World Health Organization's Country Cooperation Strategy (CCS) crystallizes the World Health Assembly's major reform agenda to strengthen WHO's capacities and ensure that its delivery better meets the needs of countries. It provides a country-specific medium-term strategic vision for World Health Organization cooperation with member states and guides the collaborative agenda between the Government and the Organization.

Over the past 16 years, Angola and WHO have implemented three cooperation strategies that have led to remarkable progress in the health sector, in particular on polio eradication interventions that culminated in the country's polio-free certification in 2015.

I salute the Government of Angola for its strong leadership and progress in improving health and well-being, including the sustained increase in public health investments in the State Budget expansion of health services, increased availability of health workforce at the national level, and prioritizing their deployment at the peripheral level. I would also like to highlight the efforts of the Government of Angola in responding to COVID-19 pandemic and in implementing the COVID-19 vaccination plan.

High maternal and child mortality, the increase in noncommunicable diseases and the protracted COVID-19 pandemic that has shaken the health system and threatens to reverse health and development gains

coupled with the impact of climate change are some examples of how the face of public health is changing in the African Region. Moreover, universal health coverage requires quality care at an affordable cost for all, leaving no one behind. Thus, Angola has a challenge to improve the health status of the population as highlighted in the National Development Plan 2018–2022, the United Nations 2030 Agenda for sustainable development, and the African Union Agenda 2063.

The Country Cooperation Strategy 2023–2027 is therefore timely. It outlines WHO's work for the next five years in the areas that matter most to Angola, while being rooted in regional and global priorities. This strategy also aligns WHO's collaboration with other United Nations agencies and development partners in Angola.

I would like to thank the Ministry of Health and WHO team in Angola for undertaking a rigorous consultation exercise with key health stakeholders to identify how WHO can best contribute to a healthier Angola. I am encouraged that the priorities that the CCS chooses - Health system strengthening, maternal and child health, disease control, preparedness and prevention against public health emergencies, response to public health emergencies and risk factors and health determinants - are well aligned and reflect the regional and the Global Transformation Agenda. The WHO Regional Office is fully committed to provide strategic and technical support to advance these priorities so that the related goals can be achieved.

Acronyms and abbreviations

CCS	Country Cooperation Strategy
COVID-19	coronavirus disease 2019
cPVDV2	circulating vaccine-derived poliomyelitis type 2
DHIS2	District Health Information Software, version 2
DHS	Demographic and Health Survey
DHS	Directorate of Health Services
EMA	endouterine manual aspiration
EmONC	emergency obstetric and neonatal care
FAO	Food and Agriculture Organization of the United Nations
GAVI	The Vaccine Alliance
GDP	gross domestic product
GPW	General Programme of Work
GSB	General State Budget
HDI	Human development index
HIS	Health Information System
HIV	human immunodeficiency virus
HTS	soil transmitted helminthiasis
ICC	Interagency Coordination Committee
IDR	Survey on Expenses and Revenues
IDREA	Survey on Expenditure and Revenue and Employment in Angola
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IIMS	Multiple Indicators and Health Survey
IMCI	Integrated Management of Childhood Illness
INE	National Institute of Statistics
IPV	inactivated pPolio vVaccine
LF	lymphatic fIlariasis

LLIN	long-lasting insecticide-treated mosquito nets
MCATS	Multicountry assignment teams
MINSAs	Ministry of Health Angola
NAPHS	National Action Plan for Health Security
NCDs	noncommunicable diseases
NDP	National Development Plan
NGO	nongovernmental organization
NHDP	National Health Development Plan
NMCP	National Malaria Control Programme
NSP	National Strategic Plan
NTCP	National Tuberculosis Control Programme
NTDs	neglected tropical diseases
OIM	International Organization for Migration
ONCO	onchocerciasis
PC	preventive chemoprophylaxis
PHC	primary health care
SCH	schistosomiasis
SCORE	Survey, Count, Optimize, Review, Enable
SDGs	Sustainable Development Goals
SNU	Special Nutrition Units
SOPs	standard operating procedures
UHC	universal health coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-Habitat	United Nations Human Settlements Programme
UNHCR	The UN Refugee Agency
UNICEF	United Nations Children’s Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WSW	women sex workers
WHO DATA	WHO Database

Executive summary

The fourth World Health Organization Country Cooperation Strategy (CCS) 2023–2027 (CCS) for Angola sets out how WHO will work with the government over the next five years – in accordance with the National Health Development Plan 2012–2025. The CCS 2023–2027 is guided by and is aligned with the United Nations 2030 Agenda for Sustainable Development, the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020–2022 and the WHO Thirteenth General Programme of Work (GPW13) 2019–2025.

Angola has made significant progress in health outcomes and health services coverage over the years. Life expectancy has increased to 62.5 years, slightly higher in women (63.9) when compared to men (61.1). The maternal mortality ratio fell from 827 per 100 000 live births in 2000 to 222 in 2021, while child survival improved, with the under-five mortality rate falling from 145 deaths per 1000 live births in 2004 to 68 per 1000 in 2016.

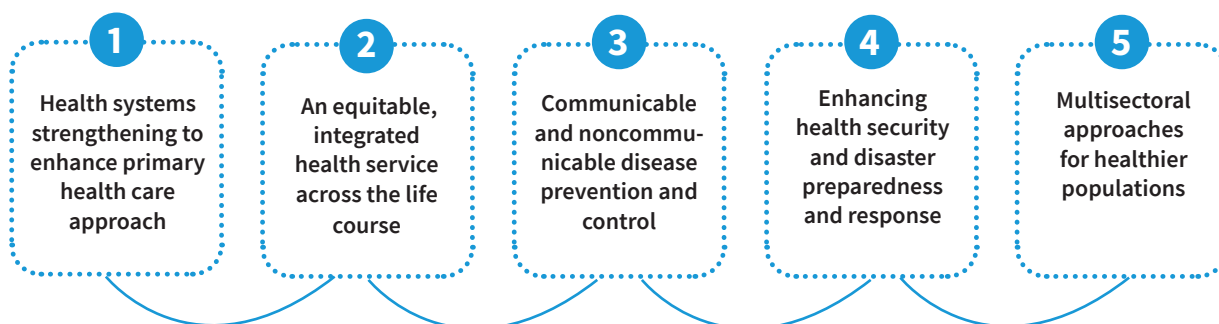
Despite this progress, achievements in health have not been uniform and challenges persist, with inequities between population groups in urban or rural areas as well as between provinces. The disparity in household expenditure on health is alarming, with 35.3% of households spending more than 10.% and 12.2% spending more than 25.% of their household budget on health. There are also some challenges

in the health sector relating to low coverage of quality health services for the population, weak referral system between the three levels of care and inadequate workforce - in terms of numbers and skills -, coupled with unequal distribution between rural and urban areas.

The fourth WHO Country Cooperation Strategy with Angola for 2023–2027 was envisioned to contribute to the delivery of the best possible health outcomes to the population under the banner “leave no one behind”. The CCS sets out WHO’s strategic agenda for addressing country-specific bottlenecks to health and development, while leveraging resources and partnerships for health in Angola. It provides a high-level overview of WHO’s role and outlines WHO’s commitment to achieving impact at the country level.

The strategic priorities specified in the CCS are the outcome of a series of consultations with the Ministry of Health and other stakeholders and are based on a critical analysis of the country’s needs and WHO’s comparative advantage in addressing those needs. The Ministry of Health and WHO are both involved in the development and implementation of this CCS and are accountable for its results. The identified strategic priorities are anchored on the global triple billion target covering three pillars: Universal health coverage, protection against health emergencies and healthier populations

The five strategic priorities include:



The strategic priorities by pillar and focus areas are summarized below

Pillar	Strategic Priority	Focus area
1. Universal Health Coverage	1. Strengthening health system to enhance PHC approach	1.1. National policies and strategies 1.2. Integrated people-centred health services 1.3. Health information and research system
	2. An equitable, integrated health service across the life course	2.1. Maternal, new-born, child and adolescent health 2.2. Improving population immunity (through vaccination) throughout the life course
	3. Communicable and noncommunicable disease prevention and control	3.1 Well-coordinated comprehensive communicable and noncommunicable disease prevention and control services delivery
2. Health Emergencies	4. Enhancing health security and disaster preparedness and response	4.1. Preparedness and prevention against public health emergencies 4.2. Responding to public health emergencies
3. Health and Well-being	5. Multisectoral approaches for healthier populations	5.1. Social determinants of health 5.2. Reducing risk factors for noncommunicable diseases

The CCS 2023–2027 will be operationalized through biennial results-based planning and programming processes with a clear results framework focusing on achieving impact and based on the funding required to implement each of the strategic priorities.

WHO country office will take advantage of the other levels to provide its technical and normative guidance and harness global knowledge to help deliver evidence-informed, context-specific, and innovative solutions that will benefit all Angolans and

working closely with development partners and other stakeholders.

Under the leadership of the WHO Country Representative, the CCS will be monitored and evaluated jointly with the Ministry of Health and partners. The CCS will be monitored annually using the available tools of SAM I and SAM 2 and a mid-term review of the CCS will be conducted in 2025 before a final evaluation in 2027.



1 Introduction

The fourth Country Cooperation Strategy 2023–2027 (CCS) aims to guide WHO’s work in Angola through its expertise, comparative advantage and global strategic priorities as set out in the WHO GPW13.

The CCS was developed in line with development priorities and goals determined by the Government of Angola as defined in the National Health Development Plan 2012–2025, the United Nations Agenda 2030 - Sustainable Development Goal three (SDG3), the African Union Agenda (2063) as well as the United Nations Sustainable Development Cooperation Framework (UNSDCF 2020–2022) extended to 2023.

The CCS sets out a strategic framework for working with the Government of Angola to improve stewardship of the health sector, reduce morbidity and mortality due to high disease burden, and improve the responsiveness of WHO to country needs. It is the key instrument for guiding the work of WHO in Angola, and the main instrument for harmonizing WHO’s cooperation with other United Nations agencies and development partners.

The development of this fourth Country Cooperation Strategy was informed by the evaluation of the third CCS 2014–2019 implemented by WHO in consultation with Government departments, United Nations agencies, bilateral and multilateral partners, NGOs and academic institutions that contribute to health development in the country. It also took into

consideration the recent progress and challenges in the health sector.

The CCS 2023–2027 aims to contribute to consolidating the gains in health acquired in the previous period and improve the performance of the health system with a view to achieving the triple billion goals, focusing on the following five strategic priority areas:

- 1) Strengthening health systems to enhance Primary health care approach

- 2) An equitable, integrated health service across the life course

- 3) Communicable and noncommunicable disease prevention and control

- 4) Enhancing health security and disaster preparedness and response

- 5) Multisectoral approaches for healthier populations

The implementation of the Country Cooperation Strategy will be anchored on multisectoral cooperation involving the Government of Angola, United Nations agencies, bilateral and multilateral partners, NGOs and academic institutions that contribute to health development in the country.

2 Country context

2.1 Characteristics of the population

Angola is an extensive country located in the southwest of Africa with an area of 1247 million square km, subdivided into 18 provinces, 164 municipalities and 559 communes. It is bordered by Namibia, Botswana, Zambia and the Democratic Republic of Congo and is bathed by the Atlantic Ocean. By 2022, the population was estimated at 33 086 278 inhabitants, of which 51% female and 63.4% living in urban areas. Luanda, the capital, is the most populous province where 27.4% of the population resides, with the highest population density of 482 inhabitants per km². Most of the population is young, with 46% aged below 15 years, while the median age is 17.1 years and almost two thirds (66%) are under 25 years (INE, 2017).

The population pyramid of Angola has a wide base resulting from the high crude birth rate, the sides are concave, reflecting the high mortality throughout the life cycle, making the apex pointed due to the low life expectancy at birth.

The total dependency ratio¹ and the youth dependency ratio² are 90.1 and 85.4, respectively. The masculinity index is 95.0, which corresponds to 95 men per 100 women. The fertility rate is 6.2 children per woman and the population growth rate is 3.2%. The average life expectancy is 62.5 years, slightly higher in women (63.9) when compared to men (61.1) (INE, 2016).

2.2 Political context

Angola is experiencing a period of political stability with the regular holding of national legislative elections in 2008, 2012 and 2017 and those for

2022, which took place in August. This stability has led to the consolidation of the democratic process and peaceful political transition. It maintains the commitment to guarantee human rights, translated into greater openness of democratic spaces, freedom of expression and demonstration, participation of the civil society and private sector in matters of national interest, including measures against corruption (PDN, 2018).

2.3 Macroeconomic context

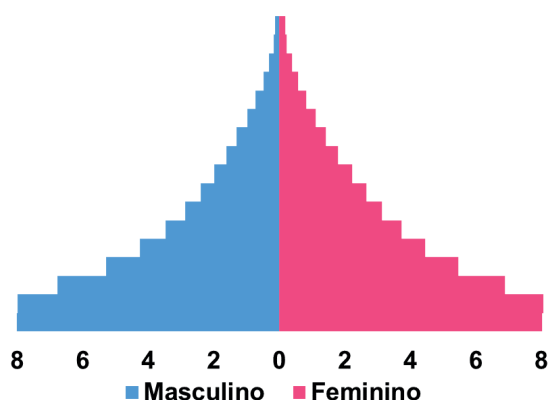
The country's economy depends fundamentally on oil exploitation and is influenced by price variations on the international market. Between 2000 and 2015, the economic growth remained stable with an average annual rate of 3.3%, dropping to 2.3% in recent years. The decrease is due to the slump in the price of a barrel of oil from 2014 onwards (PDN, 2018), although the average growth rate of the non-oil sector tripled between 2017 and 2020. The decline in economic growth led to budget deficits of around 6% and an increase in public debt to 67% of gross domestic product (GDP) in 2017, with a direct negative impact on the lives of the population (PDN, 2018).

The Human Development Index (HDI)³ grew from 0.394 in 2000 to 0.574 in 2018, which represents a 46% increase and allowed Angola to move into the group of lower middle-income countries. Gender disparities are telling, as evidenced in 2018: the HDI for females was 0.546 and 0.605 for males. In the analysis of the HDI Adjusted for Inequality (HDIAD) the value obtained is 0.392 (IDR, 2020). The Gross National Income per capita of US\$ 5555, which increased by about 34.2% from 1990 to 2018 (HDI, 2019).

1 Taxa de Dependência Total: relação entre a população jovem (0 -14 anos) e idosa (≥65 anos) e a população em idade activa (15-64 anos).

2 Taxa de Dependência de Jovens: relação entre a população jovem e a população em idade activa. Valores elevados indicam que a população em idade activa deve sustentar uma grande proporção de dependentes.

3 IDH: Índice composto que mede as realizações médias em três dimensões básicas do desenvolvimento humano: vida longa e saudável, conhecimento e um padrão de vida digno.

Gráfico 1: Pirâmide Populacional, Angola

2.4 Social context

In 2015, Angola signed the 2030 Agenda for Sustainable Development which highlights the importance of social aspects for human development. According to the 2015-2016 IIMS, 53% of households had access to clean drinking water, of which 67% in urban areas and 33% in rural areas. Access to electricity was higher in urban areas (65%) compared to rural areas (7%). Of the total number of households with access to electricity, 42% came from the public grid. Only 32% of households had access to non-shared appropriate⁴ sanitation facilities, which was higher in urban areas (45.6%) than in rural areas (11%).

About 73% of the population aged between 15 and 34 can read and write, of which 54.3% are men and 45.7% women. The unemployment rate is worrying, as 28.8% of the population over 15 years old (26.6% and 30.9% for men and women, respectively) is unemployed. This rate is higher in the population aged 15 to 24 years with 54.4%. It is higher in urban areas (36.5%) than in rural areas (16.2%) (INE, 2019). Access to justice to resolve disputes needs to be improved, especially for women, as 53.5%, tend to keep silent. As to birth registration, while almost 60% of the population have been registered at the civil registry services, there remains a great disparity in the rural areas with only 30.0%.

2.5 Climate

In the country, climate change results in recurring cycles of droughts and floods, with greater frequency in the southern regions, associated with erosion that influences the sedimentation of hydrographic basins. Consequently, this affects agricultural performance, especially in rural areas, with the progressive loss of seed and food supplies, reduced access to potable water and perpetuation of the poverty cycle. The increase in average temperature is another phenomenon that is occurring and may lead to changes in the Benguela cold current and water temperature with implications for coastal fishing and the fishing industry (ENAC Angola, 2017).

The National Climate Change Programme aims to implement the strategy “protect, restore and promote the sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, halt and reverse land degradation and halt biodiversity loss”. Short- and medium-term interventions are underway to combat drought, which require a multi-sectoral approach. Likewise, the preservation and enhancement of biodiversity is a key component of the Environmental Sustainability Policy, focusing on the sustainability of natural resources (UNSDCF, 2020).

⁴ Instalações sanitárias adequadas: qualquer sanita não partilhada que esteja ligada a uma rede pública de esgotos, a uma fossa séptica ou a uma fossa aberta.

2.6 Food security and nutrition

The implementation of programmes to reduce hunger and balance food security was threatened by drought and weak economic growth. From 2014 to 2016 through 2019 to 2022, food insecurity increased from 66.5% to 77.7% and anaemia affected 44.5% of women of reproductive age in 2019 (FAO, IFAD, UNICEF, WFP, & WHO, 2022). The prevalence of chronic malnutrition increased from 32.4% in 2012 to 37.7% in 2020. Each year, malnutrition is linked to the death of 42 000 to 76 000 children under the age of five. Those who survive have a high risk of reduced physical and mental capacity for the rest of their lives.

Sustainable agriculture is one of the sectors to boost the local economy as defined in NDP 2018–2022. Since 2018, the partnership with FAO focuses on the implementation of projects for the improvement of agricultural and livestock production to achieve government’s commitment of zero hunger (Angola & FAO, 2018).

2.7 Poverty

The incidence of poverty⁵ in Angola is 41% (INE, 2020). It is high in the rural areas, where about two-thirds of the population is poor, with a depth ⁶index twice as high as in the urban area (Angola DHS, 2015; IDR, 2020). The level of poverty is highest in households

with three or more children or those with more than seven members, representing 48% of the country’s total poor population (World Bank Brief on Angola, 2021). It is concentrated in the Central, Southern and Eastern regions. In Cunene it affects 62% of the population (Washington, INE, & World Bank, 2020). The highest income population (20% of the population) holds 63% of revenues, while 80% of the lowest stratum holds only about 2.0% of revenues (Angola DHS, 2015).

Angola’s Multidimensional Poverty Index (IPM-A)⁷ is estimated at 54%, the average intensity rate is 48.9%. The population is most deprived in housing with 44.2%, followed by electricity (43.7%), civil registration (43.3%), sanitation (39.5%) and water (35.9%). About 9 out of 10 inhabitants living in rural areas (87.8%) are multidimensionally poor, more than double those living in urban areas (35.0%). Municipal estimates from the MPI, report that 39.6% of the 164 municipalities suffer deprivation above 90%. The provinces with the 10 poorest municipalities are Cunene, Namibe, Malange, Moxico, Cuando Cubango and Lunda Norte. The five least poor municipalities are in Luanda (INE, 2020; IDR, 2020).

5 Corresponde aos indivíduos que têm o consumo mensal abaixo da linha de pobreza estimada em 12.181,00 kwanzas.

6 Índice de profundidade da pobreza mede a relação entre a soma da pontuação das famílias pobres e o total de famílias.

7 Índice de Pobreza Multidimensional identifica as múltiplas privações sofridas pelos indivíduos com a utilização de indicadores em três dimensões: saúde, educação e qualidade de vida. Os indicadores são ponderados e com a soma das privações ponderadas nas três dimensões é criada a Pontuação de Privação (PP). Medido em percentagem agrupa as famílias em: multidimensionalmente pobres se a PP for $\geq 33,3\%$; vulneráveis a pobreza multidimensional se a PP for $\geq 20,0\%$ e $< 33,3\%$; em pobreza multidimensional severa se PP for $\geq 50,0\%$.



World Health Organization



World Health Organization

World Health Organization



3 Health situation and development

The 13th WHO General Programme of Work (GPW13) aims to contribute to more people having access to quality health services, benefiting from improved health and well-being and protection in health emergencies, referred to as the “triple billion”. Achieving this goal depends on improving Universal Health Coverage (UHC), health emergency planning and implementation, and the promotion of a healthier population.

3.1 Universal health coverage

For the achievement of UHC it is essential to improve access to health services with financial protection of families from excessive health expenditure.

3.1.1 Organization of the health system

The right to health is enshrined in the Constitution of the Republic of Angola (CONSTITUTION) in Article 21(f) as one of the fundamental duties of the State: “To promote policies that ensure the delivery of universal and free primary health care located as close as possible to where the population lives and works.” This expectation is expressed in the Basic Law of the National Health System (SNS), stratified into three levels of care provision, based on the primary health care (PHC) strategy.

The first level is made up of health posts and centres, nursing posts and medical practices, as well as municipal hospitals, which are the entry point for users

to the NHS. The secondary level is made up of general or provincial hospitals, which provide differentiated care in various medical specialties in the areas of nursing care, diagnosis and treatment, and which serve as reference for the first level. The third level of care is provided by single or polyvalent hospitals, which are differentiated and specialized and serve as a reference for the secondary level (Law No. 21-B/92 - SNS Framework Law) (Presidential Decree No. 261/10 of 23 November) (Diário da República, 2010).

The health network encompasses 3164 public facilities in operation, including 13 national hospitals, 32 specialized hospitals, 18 provincial hospitals, 166 municipal hospitals, 10 not-for-profit private hospitals, 105 mother and child centres, 640 health facilities and 2,180 health posts. The National Institute for Health Research was established to provide support in research and laboratory diagnosis. The distribution of medicines is guaranteed by 203 medicine warehouses and 1551 pharmacies. This network is complemented by the private sector as shown in table 1 (MINSa, 2020).

Table 1: Health network in Angola, 2020 (Statistical Yearbook, MINSA 2020)

National Health Service	No.	Private Sector	No.
National hospitals	13	Clinics	139
Specialised hospitals	32	Laboratories	155
Provincial hospitals	18	Specialized Medical Care units	180
Municipal hospitals	166	Medical practices	420
Private Not-for-profit hospitals	10	Medical centres	1272
Mother and child centres	105	Nursing stations	1111
Health facilities	640	-	-
Health posts	2180	-	-
Total	3164	Total	3277
Pharmacies	1551	Pharmacies	356
medicine warehouses	203	Other pharmaceutical entities	92

There is an increasing trend in service delivery coverage such that the number of municipalities with primary care units and the capacity of mobile and outreach teams increased from 30% (50 municipalities) to 51% (83 municipalities) from 2018 to 2021. The number of municipal teams that conducted the municipal health situation analysis and resources for vaccination has also increased (DNSP, 2022).

3.1.2 Human resources for health

Between 2018 and 2019 the health workforce grew by about 25% (65,294 to 87,161), all professional groups considered. The health workforce comprises 77 631 employees, including 4165 doctors, 33 043 nursing professionals and 7650 diagnostic and therapeutic technicians. These figures yield a ratio of 1.38 doctors, 10.95 nurses and 2.54 diagnostic and therapeutic technicians per 10 000 inhabitants (DNSP, 2022).

3.1.3 Health financing

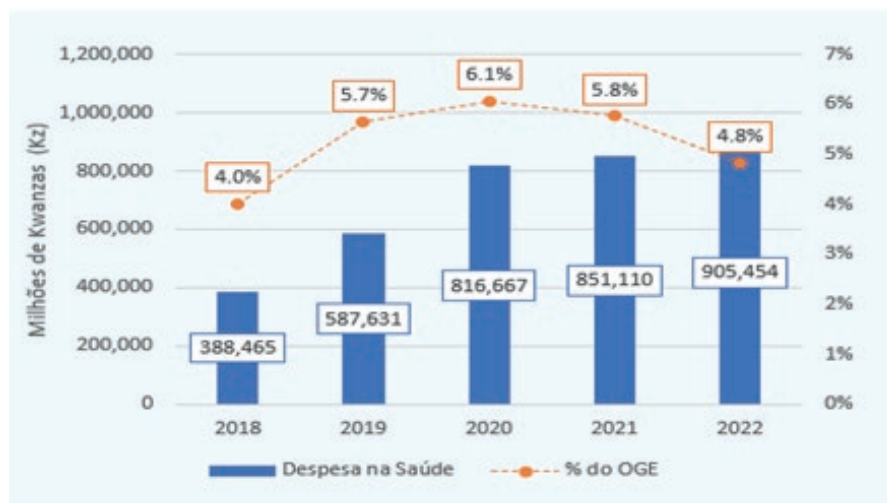
The Government of Angola is the main funder of the health sector in Angola and signed the Abuja Declaration to allocate 15% of the national budget to the health sector. This commitment aims to improve

access to health care as close to the communities as possible by protecting families from excessive health expenditures. The share of the national budget allocated to health has been below the Abuja target of 15%, having reached 6.1% in 2020 as shown in figure 1 below. There was a slight increase from 4.1% in 2018 to 5.69% in 2021, after a peak of 6.1% in 2020.

Between 2017 and 2022, budget allocations for health snowballed by 101.0% (over 605.9 billion Kwanzas), as shown in the graph below. Of the amount earmarked for health in 2022, 58% went to public health services, despite shortfalls in commitments in previous years. About 31% was earmarked for general hospital services and 17.5% for improving medical and medicinal assistance. The procurement of all vaccines and supplies for routine immunization is covered by the State budget since 2018 (State budget, 2022) (ORÇAM.CIDADÃO_2022).

However, household expenditure on health remains excessive. Between 2012 and 2020, 35.3% of households spent more than 10% of their household budget on health and 12.2% spent more than 25% (IAHO 2022).

Figura 1: Despesa total orçamentada do sector da Saúde (2018-2022).



Fontes: OGE 2018-2022

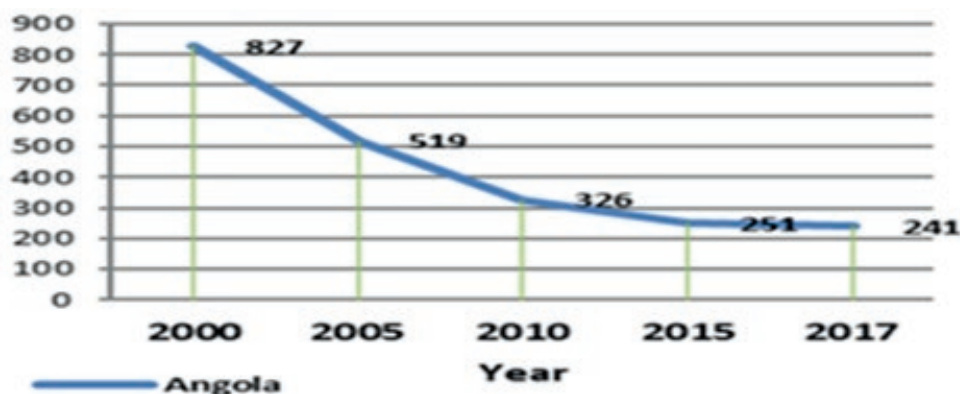
The contribution of partners such as the United Nations, World Bank, USAID, GAVI and the Global Fund supplements about 30% of the total health-specific budget that is designed to complement the implementation of programmes of the National Directorate of Public Health (DNSP, 2022).

3.2 Maternal and child health

3.2.1 Maternal health

Maternal health is one of the development indicators of a country and reflects the quality of a health system. In Angola, maternal mortality has been gradually decreasing since 1990, from 1400 deaths per 100 000 live births, to 239 per 100 000 live births in 2016 (MICS, 2015–2016). The 2017 WHO Report on Maternal Deaths estimates Angola’s at 241 per 100 000 live births, as shown in the figure 2 below.

Figure 2: Maternal Mortality 2000–2017



Fonte: Sintese RMM CA, 2000-2017, WHO

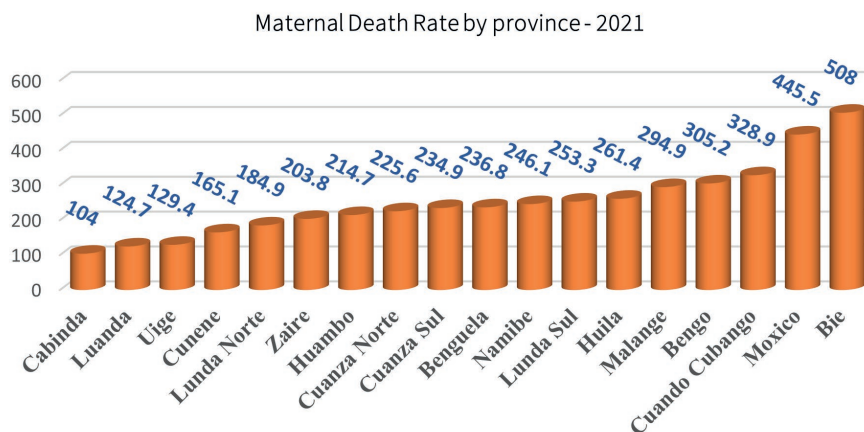
Angola records a huge difference in assisted delivery between urban and rural areas ranging between 65% and 17%, respectively (IIMS, 2015-2016). However, the institutional delivery is at 47%.

According to data from iAHO report (2021), Angola's adolescent birth rate per 1000 live births is 163, while maternal deaths due to abortion represent 19%. The unmet need for family planning (contraception) is 38%, demand satisfied for modern contraception is 24%, proportion of deliveries assisted by skilled

birth attendant 49.6, contraceptive prevalence rate of modern methods (mCPR) is 13%.

According to the most recent UN statistics in 2023, Angola's maternal mortality rate stands at 222 per 100 000 live births. Figure 3 below shows maternal deaths by province. The province with the lowest maternal mortality rates in the country is Cabinda with 104 per 100 000 live births, while Bie province ranked highest with 508 per 100 000 live births.

Figure 3: Maternal Death rate by province - 2021



Source: DNSP Report, 2021.

3.2.2 Child health

In Angola, under-five mortality reduced from 157 per 1000 live births (LB) in 2000 to 68 per 1000 LB in 2015 and infant mortality from 81/1000 to 44/1000 LB for the same period. There was also reduction in the neonatal mortality rate, from 35/1000 LB in 2000 to 24/1000 LB in 2015 (IIMS, 2015–2016), as shown in the figure 4.

The main causes of child mortality are preventable and treatable diseases such as malaria, respiratory diseases, diarrhoea and AIDS-related illnesses, stillbirths, among others (IIMS 2015–2016).

Between 2007 and 2015, chronic malnutrition among children under five years of age increased from 29% to 38%, placing Angola above the average prevalence in the African region, which is 29.1% (MINSa Report, 2020). Severe acute malnutrition affects 5% of children under five and the trend is growing.

In terms of immunization, between 2017 and 2021, there was a slight increase in vaccine coverage for children under one. Measles coverage increased from 59% to 65% and Penta 3 from 61% to 66%, which remain below the targets of 85% and 80% for measles and Penta 3, respectively, as shown in figure 5.

Figure 4: Neonatal and Under-five mortality rate 2006-2016

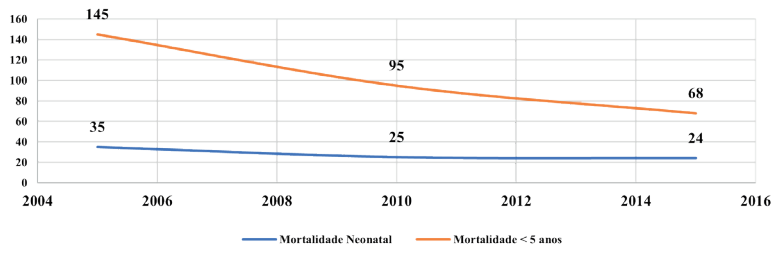


Figure 5: Vaccine coverage for children aged below one year in Angola

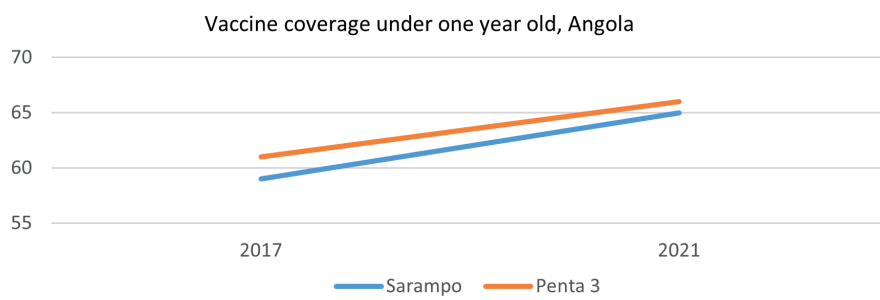
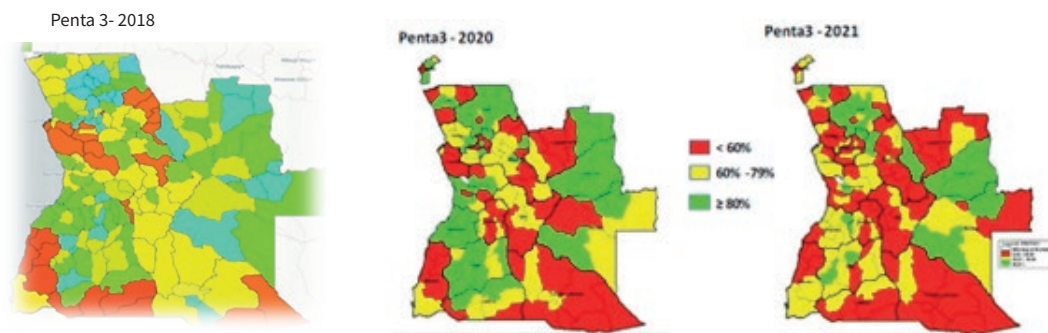


Figure 6 below shows Penta -3 coverage at municipal level from 2018–2021

Figure 6: Penta-3 coverage at municipal level, Angola 2018–2021



Fonte: Relatórios Provinciais, DHIS-2

In the area of polio eradication, Angola received certification as a wild polio-free country in 2015 following the complete submission for polio eradication to the Regional Certification Committee (DNSP, 2022). However, on 13 June 2019, an outbreak of cVDPV2 was confirmed in the country, which quickly spread to all provinces, with a total of 124 cases reported. In response, vaccination campaigns were conducted in all municipalities, with two rounds in 78 municipalities, three rounds in 74 municipalities and four rounds in 14 municipalities, culminating in the successful interruption of transmission within

a year. The last case was reported in February 2020 (DNSP, 2022).

AFP surveillance indicators as of December 2021 show a downward trend, most notably for the non-Polio AFP rate, which decreased from 3.5 per 100 000 in 2017 to 2.6 per 100 000 children under 15 years in 2021 as per table 1 below. For the percentage of adequate stool samples, an instability is noted, with a large variation in the 2020–2021 biennium, as shown in table 4 (PAV/DNSP/MINSA, 2021; DNSP, 2022).

Table 1: AFP surveillance indicators, 2017–2021, Angola

Indicators	Target	2017	2018	2019	2020	2021
Non-polio AFP rate	≥ 2	3.5	3.3	3.2	2.9	2.6
% Samples received in the laboratory in good condition	≥ 90%	100%	100%	100%	88%	100%
% Adequate stool samples	≥ 80%	95%	94%	97%	75%	80%
% Of cases investigated within ≤ 2 days of notification	≥ 80%	96%	97%	97%	93%	94%
% non-polio enteroviruses isolated	≥ 10%	27%	20%	18%	22%	21%

Fonte: PAV/DNSP/MINSA, 2021

Despite Government’s investment in the procurement of all programme vaccines and the contribution of partners in planning, logistics, campaign implementation and surveillance, the following challenges persist: (i) Increasing vaccination coverage; (ii) Reducing the number of children with “zero dose” and incomplete schedules; (iii) Strengthening the advanced and mobile vaccination strategy; (iv) Maintaining epidemiological surveillance, especially for polio to maintain current eradication indicators; (v) Improving the information system (registration and transmission of information); (vi) improving the vaccine management system to avoid stock-outs (PAV/DNSP/MINSA, 2021).

3.3 Disease control

3.3.1 Communicable and noncommunicable disease control

The epidemiological profile is characterized by the predominance of communicable diseases, with an increase in chronic noncommunicable diseases (NCDs)

and health problems, especially road accidents. Neglected tropical diseases (NTDs) are also a public health problem in Angola. Out of the 20 priority NTDs listed by WHO, 16 are prevalent in Angola.

The main cause of morbidity has been malaria, which prevails in the epidemic zone, followed in descending order by influenza, typhoid fever, severe pneumonia and severe upper respiratory infections (URI) in persons over the age of five. These diseases constitute 89.4% of the total cases reported. The main causes of death are malaria, road traffic injuries, tuberculosis, Acquired Immune Deficiency Syndrome (AIDS) and severe malnutrition in under-fives, accounting for 76.2% of the total number of deaths. The diseases with the highest lethality rate in 2019 were meningitis-tetanus (41.6), meningitis (26.3), vaccine-preventable diseases and road traffic injuries (18.9) (Epidemiological Bulletin 2019) (DNSP, 2022).

Figure 7 below shows that in 2019 the 10 leading causes of death per 100 000 people, of all ages and both sexes, were, in descending order: neonatal conditions (97.6), lower respiratory diseases (78.3), tuberculosis (53.4), diarrhoeal disease (47.9), malaria (42.8) and HIV/AIDS (40.3). An assessment of the top 10 causes of disability-adjusted for life years (DALY) for all ages found conditions affecting children under five years contributed the highest DALY. Neonatal

conditions and lower respiratory infection were the leading causes of death, followed by diarrhoeal disease, malaria, tuberculosis and HIV/AIDS. Stroke, which is the seventh leading cause of death, ranks last in relation to DALYs since it affects adults (WHO, 2020). Table 2 below shows that health indicators have been improving with a slight decrease between 2017 and 2019.

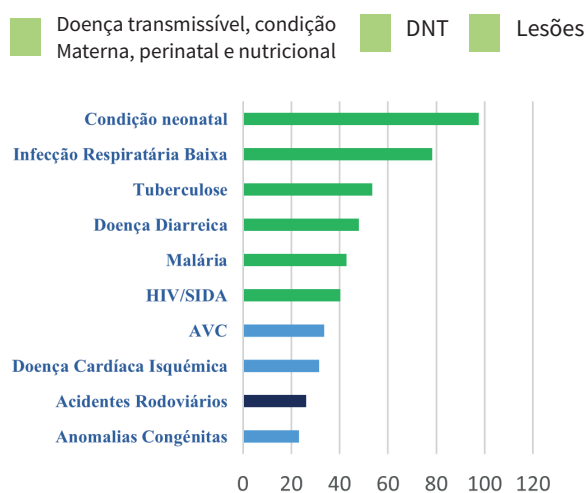
Table 2: Monitoring mortality indicators in Angola, 2017–2019

Indicator	2017	2019
Neonatal mortality rate per 1000 live births	29.3	27.9
Infant mortality rate per one thousand live births	53.5	49.9
Under-five mortality rate per 1000 live births	88.6	74.2
Institutional maternal mortality (MM) rate per 100 000 live births	377	187
Adult mortality rate: women – 220 per1000 inhabitants; men – 327 per1000 inhabitants		
Age-standardized mortality rate attributed to noncommunicable diseases: women - 511.8 per100 000 inhabitants; men - 572.2 per 100 000 inhabitants		

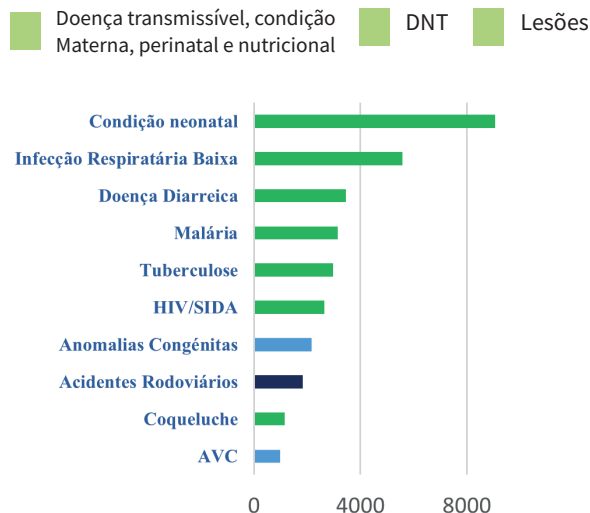
Fonte: (UNDP, 2020; WHO, 2020).

Figure 7: Burden of disease in Angola, 2019

The 10 causes of death in all ages and both sexes (2019)
Deaths by 100 000 inhabitants



Top 10 causes of DALYs at all ages (2019)
DALY by 100 000 inhabitants



Fonte: Global Health estimates 2020: Deaths and Daly by Cause, 2019. Geneva, World Health Organization, 2020 <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/gh-leading-causes-of-death>

3.4 Protection against public health emergencies

3.4.1 Preparedness and prevention against public health emergencies (health surveillance)

The Ministry of Health of Angola (MINSA) adopted the management of public health emergencies more than 10 years ago and followed the World Health Organization African Region (AFRO) Technical Guidelines for Integrated Disease Surveillance and Response (IDSR). It is implementing the third edition, which incorporates Indicator Based Surveillance (IBV) and Event Based Surveillance (EBSV) as integral parts of an Early Warning and Response (EWAR) system. It also includes technical guidance on the use of IDSR in sustaining basic capacities for implementing the International Health Regulations (IHR) in the country. Other aspects included in the new guidelines are the “One Health” approach and the link between disaster risk management (DRM) and VIDR (WHO, 2019).

In monitoring and evaluating the implementation of the International Health Regulations (IHR 2005), the Joint External Evaluation (JEE), “After Action Review” of the Yellow Fever outbreak and “Intra-Action Review” of the Covid-19 outbreak were conducted in 2019. To review the national situation and progress of the basic capacities of the IHR, 49 indicators from 19 technical areas were assessed, corresponding to the three main pillars: Prevent (16 Indicators), Detect (13 Indicators) and Response (20 Indicators). Out of this number, 39 (73.0%) scored below 3, meaning that the country is lacking capacity or has limited capacity to apply IHR (DNSP, 2016; WHO, 2019)

3.4.2 Response to public health emergencies (epidemics and humanitarian crises)

Between 2017 and 2021 there were several epidemics as well as drought in the south of the country. There was a widespread urban yellow fever epidemic from 30 December 2015 to 20 October 2016. It started in Luanda province and rapidly spilled over to 16 of the country’s 18 provinces. A total of 4618 suspected cases were notified, of which 884 were laboratory confirmed. Out of the confirmed cases, 394 deaths occurred, representing a lethality rate of 44.6%. As a precautionary measure, around 24 million people were vaccinated, achieving an administrative vaccination coverage of 91.4%.

Recurrent cholera outbreaks led to the establishment of the Multisectoral Cholera Control Committee. In 2019, there were 1549 cases with 24 deaths. From 2019 to 2021, simultaneous epidemic outbreaks of human rabies, measles, poliovirus derived from type 2 vaccine, meningitis, scabies and the COVID-19 pandemic were recorded (DNSP & MINSA, 2020).

In 2018, an Ebola outbreak occurred in the Democratic Republic of Congo with the risk of the virus spreading to Angola. As a contingency measure, the training of rapid response teams, epidemiological surveillance, virological surveillance (laboratory) and data management was carried out. In addition, the Ebola Virus Contingency Plan (WHO Angola, 2018–2019) was revised, updated and disseminated.

The COVID-19 pandemic started in 2019 with 103 000 cases and 1917 deaths by 30 September 2022, with a case fatality rate of 1.9%⁸ as shown in figure 8 below. So far, four outbreaks have occurred, each with a higher number of cases compared to the previous one. Vaccination against Covid-19 was one of the strategies adopted. By the end of September 2022, 43.3% had been vaccinated with the first dose and 23.8% with both doses⁹.

8 COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU) <https://www.arcgis.com/apps/dashboards/bda7594740fd40299423467b48e9ecf6>

9 Coronavirus (COVID-19) Vaccinations <https://ourworldindata.org/covid-vaccinations?country=AGO>

Figure 8: Cases and deaths reported by epidemiological week, epidemic waves and first dose coverage: Angola March 2020–February 2022



In 2019, the provinces of Cunene, Huila and Namibe recorded the highest temperatures in the last 50 years with rainfall below 50% of average. Consequently, the number of people in need of humanitarian assistance due to food insecurity increased by 2.3 million. Acute malnutrition in under-fives in this region has more than doubled to between 10% and 12% of the population. Actions have been taken to ensure

access to specialized care for the treatment of severe acute malnutrition in special nutrition units with the strengthening of the technical capacities of health personnel, purchase of medical kits and therapeutic milk. However, there is a need to increase protection and prevention through the application of a CSP package (WHO Angola, 2018-2019).

3.5 Promotion of health and well-being of the population

The GPW 13 envisions achieving the target of one billion healthier people through multisectoral actions, legislation and policies that influence the social determinants of health. The common noncommunicable diseases in Angola are cardiovascular diseases, diabetes, cancer, and sickle cell and injuries. NCDs, account for 27% of all deaths distributed as follows: 10% for cardiovascular diseases, 4% for malignant neoplasms, 2% for chronic respiratory diseases and 1% for diabetes. These four conditions are primarily responsible for the premature mortality of individuals aged 70 years and above (WHO, 2022; DNSP, 2022). WHO estimates that 5.6% of the population suffers from diabetes and 15 000 new

cases of different types of cancers occur annually.

The factors contributing to this trend are multiple, most of which are reversible, as they are related to the lifestyle of individuals and families. It has been observed that excessive consumption of alcohol increased from 7.5% in 2010 to 9.4% in 2019, obesity in the population aged 18 years or older increased from 6.4% in 2008 and 8.2% in 2016 (WHO, 2019) and smoking 6.1% in 2014 (WHO, 2014; Pedro, Brito, & Barros, 2017). Table 3 below provides some of the healthier population indicators for 2016 and 2019 (IAHO.2022).

Indicator	2016	2019
Prevalence of obesity among 5–19-year-old	2.4%	-
Prevalence of obesity aged ≥18 years	8.2%	-
Mortality ratio attributed to household and environmental pollution	118.5/100 000	-
Mortality rate attributed to consumption of unsafe water	48.8/100 000	-
* Proportion of women aged 15–49 who have experienced physical or sexual violence in the last 24 hours	-	25%
*Proportion of women aged 15–49 who have experienced physical or sexual violence at some point in their life	-	38%
Total alcohol consumption in the population ≥ 15 years	-	7.8 per capita
Suicide mortality ratio	-	6.1/100 000
Road traffic accident fatality rate	-	26.1/100 000
Unintentional poisoning mortality rate	-	2/100 000
Probability of dying from CVD between the ages of 30 -70	-	22,2%
Prevalence of hypertension between 30-70 years	-	38,7%

*2018 Data

This calls for multisectoral and multidisciplinary interventions. It is fundamental to implement health promotion measures to empower and engage people and communities in healthy behavior, encouraging a change in habits to reduce the risk of developing diseases. Changes of habit and adoption of positive attitudes to decrease the risk of diseases, such as eating healthily, practice physical exercises, reduce tobacco and alcohol consumption, associated with access to early diagnosis and immediate treatment are fundamental preventive actions for control (PNCDTN, 2021).

Na escola aprende-se
a respeitar, a preservar
e a conservar a natureza



World Health
Organization

unicef 



4 Development partners

4.1 Main health and development partners in Angola

The key health development partners providing technical and financial support in Angola include *inter alia* United Nations agencies, bilateral and multilateral agencies, global health partnerships and initiatives, development banks and international financial institutions, civil society and non-governmental organizations, community groups, academic institutions and collaborating centres.

The development partners in health include United Nations agencies, the African Development Bank, the Global Fund, the European Union, USAID, CDC, Portuguese Cooperation, Japan, China, European Investment Bank, World Bank, GAVI, PEPFAR, Cuba, Russia, and civil society organizations (Annex 1).

4.2 Collaboration with the United Nations system at country level

The United Nations Sustainable Development Cooperation Framework with the Government of Angola is aligned with the National Development Plan 2018–2022 and strategic documents of the Government. It presents opportunities for joint and synergistic action between the agencies and is centered on four pillars: 1. Economic and social transformation; 2. Adolescents, youth and women empowerment; 3. Environment and resilience of the vulnerable population; 4. Democracy and stability.

The United Nations is represented by FAO, IAEA, IFAD, ILO, IOM, OCHA, OHCHR, UNAIDS, UNCTAD, UNDP, UNDSS, UNEP, UNESCO, UNFPA, UN-Habitat, UNHCR, UNICEF, UNIDO, UNODC, WFP, and WHO.

WHO is co-lead for the outcome 1 (Economic and Social transformation) of the UNSDCF and participates

in the technical working groups for the two outcomes of adolescent youth and women empowerment; and environment and resilience of the vulnerable population. WHO also participates in the UN Operation Management Team (OMT), Communication Working Group and Monitoring, Evaluation group.

The coordination platforms for partner interventions in technical support to MINSA are the Inter-Agency Coordination Committee (ICC) to advise on strategic immunization program interventions and the Country Coordinating Mechanism (CCM) in response to the HIV/AIDS, Tuberculosis and Malaria. WHO coordinates monthly meetings with partners working in the health sector since 2021 and will continue to undertake advocacy to elevate this forum to a platform for dialogue on health and development priorities led by Ministry of Health.



5 Collaboration between WHO and the country

5.1 WHO's Work in Angola

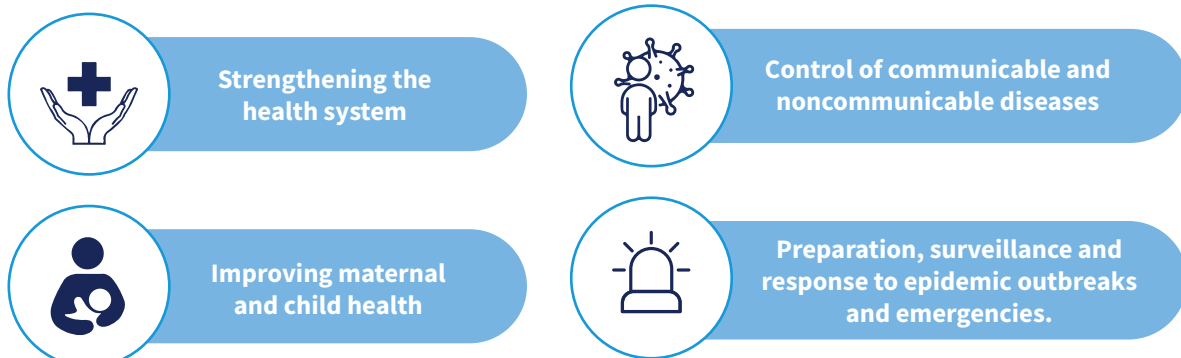
5.1.1 WHO Presence

Angola is one of the 194 Member States of WHO, with the office opened in 1976. Its main functions are to provide technical support for the formulation of policies and standards, knowledge strengthening, management and monitoring of the health situation. The basis of cooperation is aligned with the Thirteenth General Programme of Work (GPW13) and the Country Cooperation Strategy (CCS). The office is located in the capital, is headed by a Representative and consists of a technical and an administrative team. The latest functional review of the office was conducted in 2018 with the aim of ensuring better alignment of WHO workers and operations with the country's health situation, needs and priorities.

Currently WHO is permanently present in six provinces (one surveillance focal person and one driver) who collaborate with health and administrative authorities, NGOs and local associations active in health. However, WHO is also responds in all other provinces, when the need arises. In addition to MINSA, WHO collaborates with other ministries, academia, NGOs, associations, and international institutions. Collaboration with academia and NGOs has been tenuous and needs to be strengthened.

5.1.2 Country Cooperation Strategy 2014-2019

During the previous Country Cooperation Strategy 2014–2019, WHO supported Angola in the following four strategic priority areas:



The implementation of the 2014–2019 CCS was considered by the Government and United Nations and other development partners as fundamental to the progress of the country in the achievement of national and international commitments, mainly for the achievement of the Sustainable Development Goals (SDGs) and the adoption of the highest standard and quality of health. The most prominent aspects included public health emergencies, immunization,

epidemiological surveillance, and implementation of the International Health Regulations (IHR (2005)). Table 4 below highlights key achievements of previous CCS implementation. It should be noted that implementation of the third CCS was extended to 2022 due to a delayed evaluation process for circumstances beyond the control of the country office.

Table 4: Key achievements of 2014–2019 CCS implementation

Strategic priority Area	Achievement
Strengthening the health system	<ul style="list-style-type: none"> Human Resources Observatories were created, a central level and extended to two provinces (Benguela and Huambo) Laid the groundwork for review of national health accounts Supported the development of the laboratory policy Technicians for the management of the Blue Libraries in the National School of Public Health and in six provinces were selected and trained Collaborative activities with academic institutions for generation of evidence on country approach to deliver health services in context of COVID-19 were implemented Collaborative activity with Statistics Office to compile national data for Global UHC monitoring report was conducted
Improving maternal and child health	<ul style="list-style-type: none"> Supported the development of the Strategic Plan for Food and Nutrition Supported the updating of the curriculum of midwives and the integrated strategy for Reproductive, Maternal, Neonatal, Child, Adolescent and Nutrition Updated IMCI manuals in the components of malaria, HIV, tuberculosis and nutrition. Supported continuity of services assessments and adoption of RMNCH services protocols in the context of COVID-19.
Control of communicable and noncommunicable diseases	<ul style="list-style-type: none"> Supported mapping of Neglected Tropical Diseases Supported the development of Global Fund concept notes on Malaria, Tuberculosis and HIV Supported the development of the National Strategic Plan for malaria 2021–2025 Supported the update of norms on severe malaria case management, development of malaria surveillance instruments, treatment protocol on the management of severe malaria cases and study of susceptibility of vectors to insecticides Supported the country in monitoring the criteria and requirements for certifying Angola as a polio-free country Supported the development of the 2019–2024 polio transition plan Supported the introduction of new vaccines in the routine immunization schedule.
Preparation, surveillance and response to epidemic outbreaks and emergencies.	<ul style="list-style-type: none"> Mobilized USD 444 882 for the diagnosis and treatment of severe acute malnutrition in the southern region of Angola, in response to the situation caused by drought Supported with more than 100 specialists in surveillance, immunization, and crisis management, Mobilized resources for yellow fever outbreak response to ensure 95% of the vaccination coverage Provided technical assistance for the review of the National Response Plan to a possible Ebola outbreak Provided training for National Rapid Response teams and six border provinces Procured biosafety materials. Collaborated in COVID-19 response and COVID-19 vaccination, including resource mobilization.

5.1.3 Lessons learnt and opportunities

- The ability of the WCO to draw expertise from other levels of the organization to cover human resources gap contributed greatly to the implementation of CCS.

- Leadership of MINSA and availability of human resources (quality and quantity) helped WHO to deliver results.

- Strong collaboration with development partners created a very favourable environment for WHO to deliver on its mandate.

- WHO's capacity to mobilize resources locally enabled the country to respond to emergencies such as, COVID-19, yellow fever and severe acute malnutrition the situation caused by drought

5.2 Angola's contribution to the regional and global health agenda

Angola has been a member of the United Nations and the World Health Organization since 1976. The country has actively participated in WHO governance bodies at both global and regional levels, such as World Health Assemblies and AFRO Regional Committees, where global health issues are discussed, and resolutions are approved for implementation in the Organization's member countries.

Angola is a signatory to WHO resolutions and agreements such as Framework Convention on Tobacco Control (WHO FCTC) and International Health Regulations (IHR 2005), Advisory on health research and development and Advisory group on health workforce of the African Region 2019–2021.



6 Strategic priorities

This section presents the strategic priorities for WHO’s cooperation with Angola for 2023–2027. The strategic priorities have been identified through a consultative process at country level with all stakeholders and informed by the evaluation of the implementation of the previous CCS. The process also relied on the National Health Development Agenda, the GPW 13 priorities and UNSDCF 2020–2022.

The main challenges for the health sector are related to the scarcity and insufficient coverage of quality health services for the population, the weak referral and counter-referral system between the three levels

of care in the national health service and inadequate number and quality of human resources, associated with the unequal distribution between rural and urban areas.

During the COVID-19 pandemic, there were disruptions in the provision of essential health services and little additional investments in infrastructure which impacted the adequacy of current policies and resources required to adjust health service delivery and achieve the global goals of the SDGs (2030) and the African Union Agenda (2063).

6.1 Strategic Priority 1: Strengthening health systems to enhance primary health care approach

This strategic priority focuses on improving coverage of quality, comprehensive, essential health services using a primary health care approach

6.1.1 Focus Area 1.1 National policies and strategies

A health system that has sound policies and strategies is expected to deliver quality health services to its population. According to the Constitution of the Republic of Angola, the right to health is one of the fundamental duties of the State: “To promote policies that ensure the delivery of universal and free primary health care located as close as possible to where the population lives and works.

WHO will:

- Support the development of programme-specific policies, strategies and guidelines
- Review policies and strategies aimed at the decentralization of health services.

- Support the development of the new National Health Sector Strategic Plan for 2025–2030

Deliverables:

- National strategic policies and strategies are developed
- National Health Sector strategic plan are revised and updated
- Human Resource for Health Strategy and Plan are updated
- Health Financing Strategy is developed

6.1.2 Focus Area 1.2 Integrated people-centred health services

In a people-centered approach, people are placed at the centre of the service and treated as a people first. The focus is on the person as a whole and what that person can do, not the person's condition or disability.

This implies the implementation of priority interventions focused on revising and updating strategic documents to incorporate the PHC approach as a strategy to achieve universal health coverage

WHO will:

- Support the updating of strategic documents to incorporate the PHC approach as a strategy to achieve universal health coverage

- Support strengthening capacities of NRA for medicines
- Support monitoring of antimicrobial resistance
- Support strengthening of the municipal health system
- Support strengthening of community health

Deliverables

- NRA Institutional Development Plan implemented
- Health managers at decentralized level trained
- Operational Plans at decentralized level developed

6.1.3 Focus Area 1.3 Health information and research system

Angola has, over the years, made remarkable investments in health information systems (HIS) as a critical component of its response to the rising demand for health care in its drive toward universal health coverage. Essential health information is generated from a range of data sources, and a wide array of stakeholders is involved in the health sector.

WHO will:

- Support strengthening of the health information system for generating regular, timely and reliable information to monitor the key performance indicators of the health sector.
- Promote local research for evidence-based programming.
- Strengthen local capacity for health research
- Strengthen data management in emergencies and develop a robust surveillance system in the context of IDSR.

Deliverables:

- Transition from International Classification of Diseases 10th Revision to 11th Revision (ICD 10 to ICD 11)
- Research Agenda supported
- An improved health information system, to provide quality, complete and timely information to support evidence-based decision making.
- A robust data management and surveillance system to monitor the control, elimination, and eradication of prioritized diseases.

6.2 Strategic Priority 2: An equitable, integrated health service across the life course

Evidence-based strategies are critical in improving health across the life course, from preconception, pregnancy and childbirth to infancy, childhood, adolescence, adulthood, and older age, as well as across generations.

6.2.1 Focus Area 2.1 Maternal, newborn, child and adolescent health

Maternal and child health, including attention to adolescents, continues to be a priority due to the high maternal and child mortality rate, reduced access to family planning services (27%), increase in teenage pregnancies and low coverage rate of complete child vaccination (57%). Hence, this area focuses on strengthening capacity to reduce risk, morbidity and mortality and improving, maternal, new-born, child and adolescent health (RMNCAH).

WHO will:

- Support the development of tools and guidelines for strengthening quality of essential obstetric care services.
- Support the surveillance of maternal deaths.
- Support the development of tools and guidelines for strengthening quality of essential obstetric care services;

- Support the surveillance of maternal deaths;
- Validate and implement the National Strategy for Accelerated Reduction of Maternal and Neonatal and Child Mortality;
- Support acceleration of Strategies for reproductive and women’s health;
- Support child health and nutrition – IMCI.

Deliverables:

- Tools and guidelines developed for strengthening quality of essential obstetric care services;
- National Strategy for Accelerated Reduction of Maternal and Neonatal and Child Mortality;
- Strengthened capacity for reducing risk, morbidity and mortality and improving reproductive health (RMNCAH).

6.2.2 Focus area 2.2: Improving population immunity (through vaccination) throughout the life course

There was a slight increase in vaccination coverage for children under one year between 2017 and 2021. Measles coverage increased from 59% to 65% and Penta 3 from 61% to 66%. However, these numbers remain below the targets of 85% and 80% for measles and Penta 3, respectively. Hence, increasing vaccination coverage is critical to prevent vaccine preventable diseases and improve population immunity throughout the life course

WHO will:

- Support monitoring and evaluation of the process of certification of poliomyelitis eradication; measles and tetanus elimination and yellow fever and meningitis control;
- Support the reduction of the number of children with “zero dose” and incomplete schedules;

- Support the strengthening of the advanced and mobile vaccination strategy;
- Support the maintenance of epidemiological surveillance, especially for polio, to maintain current eradication indicators;
- Support the improvement of the information system (registration and transmission of information);
- Support the improvement of the vaccine management system to avoid stock-outs.

Deliverables:

- Improved vaccine management and coverage;
- Strengthened epidemiological surveillance, especially for polio;
- Reduced number of children with zero dose.

6.3 Strategic Priority 3: Communicable and noncommunicable disease prevention and control

Providing quality, equitable, integrated and patient-centered communicable and noncommunicable disease prevention and control services at scale remains a priority in Angola.

6.3.1 Focus area 3.1: Well-coordinated comprehensive communicable and noncommunicable disease prevention and control services delivery

This focuses on strengthening health systems to ensure universal demand for and access to affordable quality services for communicable and noncommunicable disease prevention and control.

WHO will:

- Support strengthening capacities for communicable diseases, including neglected tropical diseases, immuno-preventable diseases and noncommunicable diseases control;
- Support the development of strategic plans, standards and guidelines;
- Support the mid-term and final review of strategic documents;
- Support human resource capacity building;
- Support operational research for malaria control;
- Support surveillance, monitoring and evaluation, including documentation of best practices;
- Support the development of national strategic plans;
- Conduct programme reviews to inform the development of evidence-based policies and plans;
- Provide technical support for programme reviews;
- Ensure availability, access and affordability of essential medicines and health technologies in primary health-care facilities.

Deliverables:

- Evidence-based policies and plans;
- National strategic plans developed;
- Strengthened capacity for disease control.

6.4 Strategic Priority 4: Enhancing health security and disaster preparedness and response

Public health emergencies are a constant challenge for the country, particularly for national managers and partners in the health sector. The management of the response to the COVID-19 pandemic, threats of epidemics by emerging and re-emerging diseases and/or other events require the refocusing of strategies with a view to achieving a high level of

epidemiological surveillance and implementation of timely, technically sound and precautionary measures with a wide dissemination of technical guidelines and standards. Therefore, strengthening national health security through implementation of the International Health Regulations (2005) is a priority.

6.4.1 Focus area 4.1: Preparedness and prevention against public health emergencies

Interventions will focus on the implementation of the priority activities of the National Health Security Plan and the strengthening of surveillance systems for continuous monitoring of epidemics and other public health emergencies guided by the International Health Regulations (IHR), including regular monitoring and evaluation of IHR implementation capacities and capacity building of health professionals in key competencies of this important instrument.

WHO will:

- Strengthen the public health emergency preparedness and response system;
- Strengthen the use and monitoring of risk profiles and multi-hazard early warning systems to

- anticipate and accelerate operational readiness activities;
- Support Integrated Disease Surveillance and Response (IDSR);
- Support National Health Regulations (NSR);
- Support the National Health Security Plan (NHSP) through one health approach.

Deliverables:

- Epidemic and pandemic alert system
- National risk profile.
- Multi-hazard National Preparedness Plan
- National Action Plan for Health Security (NAPHS)
- Public Health Emergency Operation Centres Network (COESP)

6.4.2 Focus area 4.2: Responding to public health emergencies

The country has increased its capacity to respond to public health emergencies thanks to investments made during the COVID-19 pandemic. These gains need to be consolidated to ensure timely and adequate response to outbreaks and other emergencies, as well as the uninterrupted functioning of the Emergency Operations Centre.

WHO will:

- Support the strengthening of the incident management system mapping of public health risks carried out in the municipalities;
- Support training in public health risk management;

- Support the strengthening of public health emergency operations centres (PHEOC);
- Support improved compliance with the International Health Regulations (2005) in the areas of detection, verification, assessment, and communication on the event information site (EIS) platform.

Deliverables:

- Functional Public Health Emergency Operation Centres (PHEOC) established at national level;
- National core capacities for emergency response improved;
- Rapid Risk Assessment;
- Public Health Severity Assessment (PHSA).

6.5 Strategic Priority 5: Multisectoral approaches for healthier populations

This pillar requires strengthening existing partnerships and mobilizing new ones, coupled with the creation of more assertive coordination mechanisms with other sectors that should contribute to achieving the Sustainable Development Goals (SDGs).

6.5.1 Focus area 5.1: Social determinants of health

The focus is on addressing the broad determinants of health and risk factors through a multisectoral approach towards improved health outcomes. The social determinants of health are responsible for most health inequalities within and between countries. These include alcohol abuse, smoking, obesity, excessive consumption of salt, sugar and lipids. All of them require attention and the establishment of medium- and long-term cross-cutting policies and strategies to protect the current population and future generations.

WHO will:

- Support health promotion - Intersectoral action: Healthy Lifestyle and Road Safety Campaigns;
- Facilitate strengthening of multisectoral partnership for NCDs.

Deliverables:

- Health promotion campaigns;
- Multisectoral forum for NCDs established.

6.5.2 Focus area 5.2: Reducing risk factors for noncommunicable diseases

WHO's work to prevent deaths from NCDs focuses on reducing the major risk factors for noncommunicable diseases (NCDs) – tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol.

WHO will:

- Support the promotion of healthy lifestyles;
- Support road safety campaigns;
- Support continued implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), building on the Presidential Decree of 2009, which falls under the MPOWER strategy;
- Support the development of multisectoral action plans to reduce health risk factors;
- Support control of the consumption of alcohol and other psychotropic substances.

Deliverables:

- Multisectoral action plans to reduce health risk factors developed;
- Promotion of healthy lifestyles and Road safety done, including the Global Status Report on Road Safety (GSRRS);
- The WHO Framework Convention on Tobacco Control (WHO FCTC) implemented;
- National inter-sectoral strategy established and under implementation - Health, Agriculture, Environment, Education and Territorial Administration sector team

6.6 Financing strategic priorities

Current budget availability may be affected by the fluctuation of the Organization’s funding, which is greatly influenced by the international economic and financial situation. According to information available on the WHO platform “Projections from PB allocation”, the projected funding for Angola is valued US\$ 17 377 823 (seventeen million, three hundred and seventy-seven thousand, eight hundred and twenty-three US dollars) and disaggregated as in the table below:

Table 5: Budget projections for 2023–2027

Pillar/Outcome No.	Pillar/ Outcome Description	Total Budget PB2022-23	Total Budget PB2024-25	Total Budget PB2026-27
1.1	Essential Health Services	4 132 718	4 545 990	5 000 589
1.2	Financial hardship	32 315	35 547	39 101
1.3	Essential medicines, vaccines, PHC diagnostics	493 768	543 145	597 459
Pillar 1	UHC universal health coverage	4 658 801	5 124 681	5 637 149
2.1	Preparedness	96 944	106 638	117 302
2.2	Epidemics and pandemics	1 971 192	2 168 311	2 385 142
2.3	Rapid response	3 901 345	4 291 480	4 720 627
Pillar 2	HEM health emergencies	5 969 481	6 566 429	7 223 072
3.1	Health determinants	0	0	0
3.2	Risk factors	435 601	479 161	527 077
3.3	Healthy settings	0	0	0
Pillar 3	HPO health promotion	435 601	479 161	527 077
4.1	Data and Innovation	675 053	742 558	816 814
4.2	Leadership, Governance, and Advocacy	1 434 569	1 578 026	1 735 828
4.3	Financial, Human, and Administration	1 188 332	1 307 165	1 437 882
Pillar 4	CSU country support	3 297 954	3 627 749	3 990 524
	Total WHO Base Programme	14 361 837	15 798 021	17 377 823



World Health
Organization



7 Implementation

This section sets out pathways that will be used in the implementation of the CCS strategic priorities at country level. It provides details about national-level agreements and coordination mechanism led by the Ministry of Health and between the three levels of WHO and various partners, such as non-state actors. The strength of WHO lies in its global reach; its reputation as an impartial convener of a range of partners; its stewardship of global standards, frameworks, and conventions; its role as a trusted and authoritative source of health information; and its technical and policy expertise.

The involvement of the three levels of the organization in the operationalization of the biennial plans will be based on available skills and in the spirit of “One WHO” complementarity, namely: Regional Office - Leadership on regional technical coordination, backstop technical assistance with support from MCAT teams, joint technical missions, regional monitoring, review and monitoring of implementation. WHO Headquarters - Overall technical coordination, intra- and inter-divisional collaboration and documentation of results.

The CCS 2023–2027 will be operationalized through biennial results-based planning and programming processes with a clear results framework focusing on achieving impact and based on the funding required to implement each of the strategic priorities. This will be consistent with the implementation of the results of the ongoing Transformation Agenda in the African Region. The Country Office team’s engagement will focus on the availability and productivity of human resources with necessary skills aligned with the five

selected priorities and will be complemented with regional office resources, including subregional teams (MCATS). In line with the Functional Review recommendations, staff positions will be filled during the implementation of CCS to deliver its mandate effectively and efficiently.

The WHO country office will also use the existing WHO and MINSA coordination and working groups to advance implementation of the CCS. UN health-related working groups, including development partners, will also be the instrument for implementing this fourth CCS.

More attention will be directed towards initiatives to mobilize resources at local level as well as consolidate existing partnerships and advocacy for engagement of new key actors in the operationalization of programme budgets that will be supported within the framework of WHO’s sustainable financing strategy and compliance with the principles of Non-State Actor Engagement (FENSA). Implementation will also be through partnerships outlined in the United Nations Sustainable Development Cooperation Framework (UNSDCF) and civil society organizations

The working group will have the opportunity to reflect on the effectiveness of CCS during implementation, provide inputs for the mid-term review and adjust needs prior to the final evaluation. The CCS results framework, as outlined in chapter 9 below, provides a matrix for validating the linkages between CCS strategic priorities and focus areas on the one hand, and the triple billion pillars.



8

Monitoring and evaluation

Progress in the implementation of the CCS 2022–2026 will be assessed annually and reviewed whenever significant changes occur in situations such as: (1) change of government or other major reforms that may affect national priorities and health sector development; (2) change in health situation and risks, such as humanitarian crises or major epidemics; (3) approval of a new UNSDCF; or (4) emergence of new evidence or information related to national public health needs or statistics.

Monitoring the implementation of CCS 2023–2027 is critical to ensure that its interventions are implemented in a timely and efficient manner. It provides an early warning system for identifying problems related to the implementation of the strategic priorities and related

activities; creates opportunity to reassess, update and adjust any aspects of the strategy; and monitors the implementation of the CCS using available tools at the regional level. These cumulative periodic reviews SAM 1 and SAM2 serve as the basis for the mid-term and final evaluation of the CCS.

The focus of the evaluation is to ascertain whether the targets identified in the country results framework have been achieved and to determine the extent to which the CCS has contributed to the achievement of the GPW13 “triple billion” targets.

Annual implementation progress monitoring, mid-term evaluation and final evaluation will be conducted as described in the table below:

Table 6: Timeline for monitoring progress of implementation

Description	Period	Objective
Annual	2023–2027	Reports on annual progress of the implementation of the CCS 2023–2027
Mid term	2025	<ul style="list-style-type: none"> It will serve as a management mechanism to alert WHO on the progress and challenges with strategic priorities or actions that may require remediation. The outcomes from the mid-term review will inform the actions needed to improve on progress during the second half of the CCS implementation.
Final	2027	<ul style="list-style-type: none"> Describe the interventions, shortcomings, challenges, lessons learnt, and make recommendations for future collaboration between WHO and the country. The assessment will additionally comprise an evaluation of how the CCS has contributed to the national SDGs targets. The country team may propose a final evaluation conducted by an independent team, depending on the availability of funding from the WHO Country Office in Angola.

The country “scorecard” is a tool to be used for the mid-term and final evaluation of the country cooperation strategy. Detailed guidelines were provided in 2020.



minsa.gov.ao
Ministério da Saúde
ANGOLA

Campanha Nacional de
Vacinação contra o Sarampo e Rubéola





Imunização do Sarampo e Rubéola
Março de 2018

9

Results-based framework for the CCS 2023–2027

Pillar	Strategic Priority	Focus area	Interventions/Action	Deliverables
UHC	1: Strengthening health system to enhance PHC approach	1.1. National Policies and strategies	<ul style="list-style-type: none"> Support the development of programme-specific policies, strategies and guidelines Review policies and strategies aimed at the decentralization of health services. Support the mid-term review of national health development plan 2012-2025 	<ul style="list-style-type: none"> National strategic policies and strategies are developed National Health Sector strategic plan revised and updated Human Resource for Health Strategy and Plan updated Health Financing Strategy developed
		1.2. Integrated people-centred health services	<ul style="list-style-type: none"> Support updating of strategic documents, aimed at incorporating the PHC approach, as a strategy to achieve universal health coverage Support strengthening capacities of NRA for Medicines Support monitoring of antimicrobial resistance Support strengthening of the Municipal Health System Support strengthening of Community Health 	<ul style="list-style-type: none"> NRA Institutional Development Plan implemented Health managers at decentralized level trained Operational Plans at decentralized level developed
		1.3. Health Information and research system	<ul style="list-style-type: none"> Support strengthening of the health information system for generating regular, timely and reliable information to monitor the key performance indicators of the health sector. Promote local research for evidence-based programming. Strengthen data management in emergencies and develop a robust surveillance system in the context of IDSR. Strengthen local capacity for health research 	<ul style="list-style-type: none"> Transition from International Classification of Diseases 10th Revision to 11th Revision (ICD 10 to ICD 11) Research Agenda supported An improved health information system, to provide quality, complete and timely information to support evidence-based decision making. A robust data management and surveillance system to monitor the control, elimination, and eradication of prioritized diseases.

Pillar	Strategic Priority	Focus area	Interventions/Action	Deliverables
	2: An equitable, integrated health service across the life course	2.1. Maternal, newborn, child and adolescent health	<ul style="list-style-type: none"> Support the development of tools and guidelines for strengthening quality of Essential Obstetric Care services Support the surveillance of maternal deaths Validation and implementation of the National Strategy for Accelerated Reduction of Maternal and Neonatal and Child Mortality. Support acceleration of Strategies for Reproductive and Women's Health Support Child Health and Nutrition - IMCI 	<ul style="list-style-type: none"> Tools and guidelines developed for strengthening quality of Essential Obstetric Care services Strategy for Accelerated Reduction of Maternal and Neonatal and Child Mortality. Strengthened capacity for reducing risk, morbidity and mortality and improving reproductive health (RMNCAH)
		2.2. Improving population immunity (through vaccination) throughout the life course	<ul style="list-style-type: none"> Support the monitoring and evaluation the process of Certification of Poliomyelitis Eradication; Measles and Tetanus Elimination and Yellow Fever and Meningitis Control Support in reducing the number of children with “zero dose “ and incomplete schedules Support strengthening of the advanced and mobile vaccination strategy Support in maintaining epidemiological surveillance, especially for polio, to maintain current eradication indicators Support to improve the information system (registration and transmission of information) Support to improve the vaccine management system to avoid stock-outs 	<ul style="list-style-type: none"> Improved vaccine management and coverage Strengthened epidemiological surveillance, especially for Polio Reduced number of children with zero dose

Pillar	Strategic Priority	Focus area	Interventions/Action	Deliverables	
	3	Communicable and non-communicable disease prevention and control	3.1. Well-coordinated comprehensive communicable and non-communicable disease prevention and control services delivery	<ul style="list-style-type: none"> Support in strengthening capacity for communicable diseases, including neglected tropical diseases, immuno-preventable diseases and noncommunicable diseases control Development of strategic plans, standards and guidelines Mid-term and final review of strategics documents. Human resource capacity building. Operational research for malaria control. Surveillance, monitoring and evaluation, including documentation of best practices. Support the development of national strategic plans Conduct programme reviews to inform development of evidence-based policies and plans Technical support for programme reviews Ensure availability, access and affordability of essential medicines and health technologies in primary health-care facilities 	<ul style="list-style-type: none"> Evidence-based policies and plans National strategic Plans developed Strengthened capacity for disease control
2 Health Emergencies	4	Enhancing health security and disaster preparedness and response	4.1. Preparedness and Prevention against Public Health Emergencies	<ul style="list-style-type: none"> Strengthen the public health emergency preparedness and response system Strengthen the use and monitoring of risk profiles and multi-hazard early warning systems to anticipate and accelerate operational readiness activities Support Integrated Disease Surveillance and Response (IDSR) Support National Health Regulations (NSR) Support National Health Security Plan (NHSP) through one health approach. 	<ul style="list-style-type: none"> Epidemic and Pandemic Alert System National Risk Profile. Multi-Hazard National Preparedness Plan National Action Plan for Health Security (NAPHS) Public Health Emergency Operation Centres Network (COESP)

Pillar	Strategic Priority	Focus area	Interventions/Action	Deliverables
		4.2. Responding to Public Health Emergencies	<ul style="list-style-type: none"> Support strengthening the incident management system mapping of public health risks carried out in the municipalities Support training in public health risk management. Support strengthening public health emergency operations centres (PHEOC) Support to improve compliance with the International Health Regulations (2005) in the areas of detection, verification, assessment, and communication on the event information site (EIS) platform. 	<ul style="list-style-type: none"> Functional Public Health Emergency Operation Centres (PHEOC) established at national level National core capacities for emergency response improved Rapid Risk Assessment Public Health Severity Assessment (PHSA)
3. Health and Well-being	5 Multisectoral approaches for healthier populations	5.1. Social determinants of Health	<ul style="list-style-type: none"> Support Health promotion - Intersectoral action: Healthy Lifestyle and Road Safety Campaigns Facilitate strengthening of multisectoral partnership for NCDs 	<ul style="list-style-type: none"> Health promotion campaigns Multisectoral forum for NCDs established
		5.2. Reducing risk factors for non-communicable diseases	<ul style="list-style-type: none"> Promotion of healthy lifestyles Road safety campaigns Support continued implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), building on the Presidential Decree of 2009, which falls under the MPOWER strategy. Support development of multisectoral action plans to reduce health risk factors Support control of the consumption of alcohol and other psychotropic substances 	<ul style="list-style-type: none"> Multisectoral action plans to reduce health risk factors developed Promotion of healthy lifestyles and road safety done, including the Global Status Report on Road Safety (GSRRS). The WHO Framework Convention on Tobacco Control (WHO FCTC) implemented National inter-sectoral strategy established and being implemented - Health, Agriculture, Environment, Education and Territorial Administration sector team



References

1. ADRA, & UNICEF. (2018). *Nutrição, Segurança Alimentar e Agricultura no Orçamento Geral do Estado 2018*. Angola. Obtido de <https://www.unicef.org/angola/relatorios/nutri%C3%A7%C3%A3o-seguran%C3%A7a-alimentar-e-agricultura-no-or%C3%A7amento-geral-do-estado-2018>
2. AGO. (2020). *Relatório narrativo do GAM*. Angola. Obtido de https://www.unaids.org/sites/default/files/country/documents/AGO_2020_countryreport.pdf
3. Angola, & FAO. (2018). *Parceria PARA A Resiliência e o Desenvolvimento Rural Sustentável*. Luanda-Angola: Organização das Nações Unidas para a Alimentação e a Agricultura. Obtido de <https://www.fao.org/3/ax749pt/AX749PT.pdf>
4. Angola DHS. (2015). *Health Inequality Country Profile*. Angola: World Health Organization. Obtido de <https://www.who.int/data/inequality-monitor/data/country-profiles-rmnch>
5. Brief Banco Mundial em Angola. (2021). *Pobreza e Equidade*. Angola.
6. Chan, M., Anthony, L., & Hansen, K. (2016). *The early years: silent emergency or unique opportunity?* World Health Organization, 1211 Geneva 27, Switzerland (MC); United Nations Children’s Fund, New York, NY, USA (AL); and The World Bank, Washington, DC, USA (KH). Obtido de [http://dx.doi.org/10.1016/S0140-6736\(16\)31701-9](http://dx.doi.org/10.1016/S0140-6736(16)31701-9)
7. DHIS-2. (2020-2021). *Relatórios Provinciais, DHIS Cobertura Penta-3 a nível municipal*. Angola.
8. Diário da República. (2010). *Órgão Oficial da República de Angola*. Angola: República de Angola. Obtido em 23 de Novembro de 2010, de <https://gazettes.africa/archive/ao/2010/ao-government-gazette-dated-2010-11-23-no-221.pdf>
9. DNSP. (2016). *Relatório sobre a Resposta à Epidemia de Febre-amarela em Angola, DNSP, 2016*. Angola: Ministério da Saúde.
10. DNSP. (2021). *Relatório do Departamento de Saúde Reprodutiva*. Luanda- Angola: Direcção Nacional de Saúde Pública.
11. DNSP. (2022). *Relatório das Actividades da Direcção Nacional de Saúde Pública. Legislatura 2017-2022*. Luanda-Angola: DNSP.
12. DNSP, & MINSA. (2020). *Relatório de actividades, Nonestre 2020, DNSP - MINSA*. Angola: Direcção Nacional da Saúde Públicas e Ministério da Saúde.
13. DNSP/MINSA Angola. (2022). *Relatório anual 2021, Programa Nacional de Controlo da Tuberculose*. Angola: Ministério da Saúde.
14. ENAC Angola. (2017). *Estratégia Nacional para as Alterações Climáticas, 2018-2030*. Angola: República de Angola. Obtido de info.undp.org/docs/pdc/Documents/AGO/ENAC%202018-2030_14082017.pdf
15. FAO, IFAD, UNICEF, WFP, & WHO. (2022). *The State of food security and nutrition in the world 2022. Repurposing food and Agricultural Policies to make Healthy Diets More Affordable*. Roma: FAO; IFAD; UNICEF; PMA; QUEM;. Obtido de <https://www.fao.org/documents/card/en/c/cc0639en/>

16. Filipe, P., & Andrade, F. (2021). *Relatório da Pesquisa sobre Políticas Inclusivas Numa Perspectiva de Género 2019-2021*. Luanda-Angola: Mosaico e FEC. Obtido de <https://mosaiko.op.org/wp-content/uploads/2019/05/PAPPIA-Relatorio-de-Pesquisa-Web.pdf>
17. IDH. (2019). *Inequalities in Human Development in the 21st Century Briefing note for countries on the 2019 Human Development Report*. Angola. Obtido de <https://hdr.undp.org/system/files/documents//hdr2019ptpdf.pdf>
18. IDR. (2020). *Relatório de Pobreza para Angola: Inquérito de Despesas e Receitas*. Angola: Instituto Nacional de Estatística. Obtido de www.ine.gov.ao/Arquivos/arquivosCarregados//Carregados/Publicacao_637494431350652835.pdf
19. IIMS. (2016). *Inquérito de Indicadores Múltiplos e de Saúde 2015-2016*. Instituto Nacional de Estatística. Luanda-Angola: Governo de Angola. Obtido de <https://dhsprogram.com/pubs/pdf/fr327/fr327.pdf>
20. INE. (2016). *Resultados definitivos do Recenseamento Geral da População e Habitação de Angola 2014*. Angola: Governo de Angola. Obtido de http://www.embajadadeangola.com/pdf/Publicacao%20Resultados%20Definitivos%20Censo%20Geral%202014_Versao%2022032016_DEFINITIVA%2018H17.pdf
21. INE. (2017). *Tendências do Crescimento Populacional em Angola*. Luanda-Angola: Instituto Nacional de Estatística Departamento de Informação e Difusão. Obtido de <https://angola.unfpa.org/sites/default/files/pub-pdf/TEND%C3%80NCIAS%20DO%20CRESCIMENTO%20POPULACIONAL%20EM%20ANGOLA.pdf>
22. INE. (2019). *Publicação de Indicadores sobre Emprego e Desemprego 2018/2019. Inquérito sobre Despesas, Receitas e Emprego em Angola*. Luanda Angola: Governo de Angola. Obtido de https://www.ine.gov.ao/Arquivos/arquivosCarregados//Carregados/Publicacao_637586740317767479.pdf
23. INE. (2020). *Pobreza Multidimensional em Angola*. Luanda-Angola: Governo de Angola. Obtido de <https://www.ine.gov.ao/publicacoes/detalhes/Ng%3D%3D>
24. INE, & MINSa. (2017). *Inquérito de Indicadores Múltiplos de Saúde (IIMS)*. Angola.
25. INLS, UNC, & FHI360. (2018). *Relatório Final: Mapeamento Programático e Prevalência de VIH e outras ITS entre Populações Chave de Angola: Estudo PLACE 2017*. Angola. Obtido de <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-portuguese-angola-report-june%202018.pdf>
26. MINSa. (2020). *Anuário de Estatística Sanitário*. Luanda-Angola: Ministério da Saúde.
27. MINSa. (2021). *Informação diária sobre evolução da Pandemia por COVID 19*. Angola: Ministério da Saúde.
28. MINSa. (2021-2025). *Plano Estratégico das Doenças Tropicais Negligenciadas (2021-2025)*. Angola.
29. OGE. (2022). *OC2022. Orçamento do Cidadão*. Ministério das Finanças. Angola: Governo de Angola. Obtido de www.ucm.minfin.gov.ao/cs/groups/public/documents/document/aw4z/mjcy/~edisp/minfin3272592.pdf
30. OMS. (2020). *Tuberculosis profile: Angola*. Angola. Obtido de https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22AO%22
31. OMS Angola. (2018-2019). *Contribuindo para a melhoria da Saúde em Angola Relatório Bianual 2018-2019*. Angola: Organização Mundial da Saúde. Obtido de <https://www.afro.who.int/sites/default/files/countries/Angola/Relat%C3%B3rio%20Bianual%20da%20OMS%20em%20Angola%202018-2019.pdf>
32. PAV/DNSP/MINSa. (2021). *Indicadores de Vigilância de PFA, de 2017 a 2021, Angola*. Luanda-Angola.

33. PDN. (2018). *Plano do Desenvolvimento Nacional 2018-2022*. Angola: Governo de Angola. Obtido de www.ucm.minfin.gov.ao/cs/groups/public/documents/document/zmlu/njax/~edisp/minfin601408.pdf
34. Pedro, J. M., Brito, M., & Barros, H. (2017). *Tobacco consumption and nicotine dependence in Bengo Province, Angola: A community-based survey*. Bengo-Angola: PLOS ONE | <https://doi.org/10.1371/journal.pone.0188586>. Obtido de https://scholar.google.com/scholar?q=Tobacco+consumption+and+nicotine+dependence+in+Bengo+Province,+Angola:+A+community-based+survey&hl=pt-PT&as_sdt=0&as_vis=1&oi=scholar
35. PEN. (2019-2022). *Plano de Estratégia Nacional 2019-2022*. Angola.
36. PNCDTN. (2021). *Relatório técnico: Disseminação de Resultados alcançados no no controlo de DTN 2013-2021*. Angola.
37. PNCM. (2020). *Plano Nacional de Controlo da Malária 2021-2025*. Luanda-Angola: Ministério da Saúde.
38. PNDS. (2014). *Plano Nacional de Desenvolvimento Sanitário 2012-2025*. Angola: Ministério da Saúde. Obtido de https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/angola/plano_nacional_de_desenvolvimento_sanitario_pnds_2012-2025.pdf
39. PNDS. (2015). *Plano Nacional de Desenvolvimento Sanitário 2012-2025*. Angola: Ministério da Saúde. Obtido de <https://minsa.gov.ao/ao/documentos/plano-nacional-de-desenvolvimento-sanitario-2012-2025-vol-1/>
40. RNV. (2021). *Relatório Nacional Voluntário 2021 sobre a implementação da agenda 2030 para o desenvolvimento sustentável*. Angola: Governo de Angola. Obtido de http://www.embajadadeangola.com/pdf/VNR-Angola-2021_PT.pdf
41. Sousa, A. I., Silva, D. F., Dillman, M., Guedes, M. S., & Leite, S. C. (2011). *Guerra Civil e o Desenvolvimento Económico em Angola*. Brasil: Revista Eletrônica de Economia da Universidade Estadual de Goiás - UEG. Obtido de www.revista.ueg.br/index.php/economia/article/view/8420
42. Starfield, B. (2002). *Atenção Primária: Equilíbrio entre necessidades de saúde, serviços e tecnologia*. Brasil: UNESCO; Ministério da Saúde; Governo Federal. Obtido de <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/0253.pdf>
43. UNAIDS. (2020). *UNAIDS DATA. STATE OF THE EPIDEMIC*. Obtido de <https://www.unaids.org/en/resources/documents/2020/unaids-data>
44. UNDP. (2020). *Bases de Dados, Indicadores de Saúde*. Angola: Programa das Nações Unidas para o Desenvolvimento.
45. UNFPA. (2020). *Relatório Anual Resumo das actividades e Resultados*. Luanda-Angola. Obtido de angola.unfpa.org/pt/publications/unfpa-angola-relatório-anual-2020
46. UNSDCF. (2020). *Quadro de Cooperação entre o Governo de Angola e as Nações Unidas para o Desenvolvimento Sustentável 2020-2022*. Angola: Nações Unidas Angola. Obtido de <https://angola.un.org/sites/default/files/2020-10/Doc-UNSDCF-Angola-PT-0804.pdf>
47. Washington, D. C., INE, & Banco Mundial. (2020). *Avaliação da Pobreza em Angola*. Angola.
48. WHO. (2014). *Noncommunicable Diseases Country Profiles*. WHO Library Cataloguing-in-Publication Data. Obtido de http://apps.who.int/iris/bitstream/handle/10665/128038/9789241507509_eng.pdf;jsessionid=B874AC04F7A092F96D9B4142A07A0303?sequence=1

49. WHO. (2019). *Report of the 2019 Global Survey: Assessing national capacity for the prevention and control of noncommunicable diseases*. World Health Organization. Obtido de <https://www.who.int/publications/item/9789240002319>
50. WHO. (2020). *GLOBAL HEALTH ESTIMATES 2019 SUMMARY TABLES: DEATHS BY CAUSE, AGE AND SEX, BY WORLD BANK INCOME GROUP, 2000-2019*. Geneva, Switzerland. Obtido de <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>
51. WHO. (2022). *World Health Statistics*. Geneva. Obtido de https://reliefweb.int/report/world/world-health-statistics-2022?gclid=EAlaIqobChMIup3Qya_E-gIVjdPtCh2p2AMQEAAAYAAEgJll_D_BwE



timSafe 5L NE
Safety Box
For used syringes, needles and sharps



BIOHAZARD

Smurfit Kappa

THIS BOX MEETS WHO CLASSIFICATION REQUIREMENTS & CAN BE USED IN ALL COUNTRIES

Annexes

1. Development partners in Angola

Partner
Angolan Network of AIDS Service Organizations
Angolan Red Cross
Camões Institute
Catholic University of Angola
Centers for Disease Control and Prevention (CDC)
Doctors Association of Angola
Embassy of China
Embassy of France
Embassy of Japan
Embassy of the United Kingdom
European Investment Bank
European Union
Global Fund
Global Polio Eradication Initiative
Japan International Cooperation Agency (JICA)
Jean Piaget University of Angola
Ministry of Finance
Ministry of Health
Portugal
President's Emergency Plan for AIDS Relief (PEPFAR)
Private University of Angola
Provincial Governments
United Nations Agencies
United States Agency for International Development (USAID)
University of Agostinho Neto
University of Rainha Njinga a Mbandi
World Bank

1. Agenda 2030:

- <http://ecam.org.br/blog/o-que-e-a-agenda-2030-e-quais-os-seus-objetivos/>
- <https://www.creditodelogisticareversa.com.br/post/t-agenda-2030-da-onu-tudo-o-que-voce-precisa-saber>
- [Agenda 2030 _ 286012021_VNR Report_Angola.pdf](#)

2. Agenda Global de Imunização 2030:

- <https://mcusercontent.com/123dcc3b178d8860a97ab603b/files/ddd560b7-7eb9-a8d6-657f-f811e33088d4>
- <https://www.afro.who.int/regional-director/speeches-messages/immunization-agenda-2030-global-strategy-leave-no-one-behind>

3. Observatório Global de Saúde:

- <https://www.who.int/data/gho/health-equity/country-profiles>

4. Cuidados Primários de Saúde:

- <https://mcusercontent.com/123dcc3b178d8860a97ab603b/files/4f905a7b-c9da-bb04-c4d-8-e0cc08688290>
- <https://www.who.int/publications/i/item/9789240026209>
- <https://apps.who.int/iris/handle/10665/329364>
- <https://www.who.int/emergencycare/en/>

5. Declaração de Astana:

- <https://apps.who.int/iris/bitstream/handle/10665/328123/WHO-HIS-SDS-2018.61-eng.pdf?sequence=1&isAllowed=y?>
- https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

6. Saúde Comunitária:

- <https://www.imtep.com.br/site/2018/06/08/o-que-e-e-qual-e-a-importancia-da-saude-comunitaria/>
- <https://www.ufg.br/n/82100-saiba-a-diferenca-entre-saude-coletiva-e-saude-publica>
- <https://www.afro.who.int/pt/news/participacao-comunitaria-e-fundamental-para-sucesso-das-estrategias-de-saude-realca>

7. Processo de reforma da OMS:

- <https://apps.who.int/iris/handle/10665/327584>
- <https://apps.who.int/iris/handle/10665/328918>

8. Financiamento de Sistema de Saúde:

- <file:///C:/Users/Hp/Downloads/Relat%C3%B3rio-Mundial-de-Saude-Financiamento-Sistemas-Saude.pdf;>
- [file:///C:/Users/Hp/Downloads/financiamento_publico_saude_eixo_1%20\(2\).pdf](file:///C:/Users/Hp/Downloads/financiamento_publico_saude_eixo_1%20(2).pdf)

9. 13º Programa Geral de Trabalho da OMS 2019 – 2023:

- [file:///C:/Users/Hp/Downloads/WHO-PRP-18.1-eng%20\(1\).pdf](file:///C:/Users/Hp/Downloads/WHO-PRP-18.1-eng%20(1).pdf)

10. RSI – Avaliação Externa Conjunta (JEE):

- [WHO-IHR_JEE-Tool_2ndEdition_Jan2018_POR.pdf](#)

