Country Situation

Background Statistics

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2009 Baseline [or last available data]</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number new paediatric HIV infections</td>
<td>5,300</td>
<td>–</td>
<td>5,300</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Number HIV-associated maternal deaths</td>
<td>480 (2005)</td>
<td>380</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Percentage of under-5 deaths due to HIV</td>
<td>2% (2008)</td>
<td>2%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>ART coverage among children (ages 0-14)</td>
<td>10%</td>
<td>11%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>HIV incidence in women (ages 15-49)</td>
<td>0.26%</td>
<td>–</td>
<td>0.24%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Percentage of married women with unmet need for family planning (ages 15-49)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Mother-to-child transmission rate</td>
<td>34%</td>
<td>–</td>
<td>33%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)</td>
<td>19% a</td>
<td>–</td>
<td>16%</td>
<td>–</td>
<td>–</td>
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</tr>
<tr>
<td>Breastfeeding ARV Coverage</td>
<td>1%</td>
<td>–</td>
<td>0%</td>
<td>–</td>
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<tr>
<td>ART coverage among HIV+ pregnant women in need of treatment</td>
<td>0%</td>
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Reaching High Level Targets

Global 2015 Targets
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%
- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 6,500 children were newly infected with HIV in 2009. Modeling data from UNAIDS indicates that if all interventions are scaled up and Global Plan targets achieved (see Figure 1), there would be 1,300 new child infections in 2015 — an 80% decline in the number of new child infections from 2009.

Global Plan Targets, Baseline and Current Status

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</tbody>
</table>
**Program Status According to PMTCT Prongs**

**PRONGS 1 & 2**

- **Primary prevention of HIV among women of childbearing age**
- Preventing unintended pregnancies among women living with HIV

---

**Global 2015 Targets**

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

---

**Background Statistics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Female: 1.6% [1.1-2.2%]</th>
<th>Male: 0.6% [0.4-0.9%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months</td>
<td>Female: – –</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male: – –</td>
<td></td>
</tr>
<tr>
<td>Male partners of pregnant women attending ANC tested in last 12 months[^2]</td>
<td>Male: – –</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintended pregnancies (ages 15-49)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Key Points**

Angola has seen a slight decline in HIV incidence in women (ages 15-49) between 2009 and 2010—from 0.3% in 2009 to 0.2% in 2010. Among young people (15-24 years), HIV prevalence was nearly three times higher among young women (1.6%) than young men (0.6%) in 2009. Data are not available for condom utilization at last sex among young people reporting multiple partners in the past year, HIV testing coverage among male partners of pregnant women attending ANC, unmet need for family planning or unintended pregnancies.

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**Primary prevention of HIV among women of childbearing age**

- **Preventing unintended pregnancies among women living with HIV**

---

**Global 2015 Targets**

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

---

**Background Statistics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total: 31.5%</th>
<th>Urban: –</th>
<th>Rural: –</th>
</tr>
</thead>
</table>

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**Key Points**

Slightly more than half of pregnant women in Angola attend at least one ANC visit and 32% attend at least four visits, as recommended by the WHO. Less than half of pregnant women in Angola (47%) deliver with a skilled birth attendant[^11] and the maternal mortality ratio [450/100,000] is high[^9]. In 2010, only about a third of these women (32%) were tested for HIV. Using population-based estimates of need, only 16% of pregnant women living with HIV received the most effective ARV regimens for PMTCT and only 17% of their infants received the recommended infant prophylaxis.

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**Figure 2: Coverage of selected PMTCT interventions (2010)**

- % of PW who have at least one ANC visit[^14]†
- % of PW tested for HIV[^14]
- % of PWLHIV who received more efficacious ARVs for PMTCT[^14]
- % of children born to PWLHIV who received ARVs for PMTCT[^14]

---

[^1]: Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

[^14]: Indicator calculated from ANC health facility data for numerators and estimates of need for denominators.
Global 2015 Target

- 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

| Percentage of HIV-infected pregnant women assessed with CD4 testing* | – | – |
| Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth* | 17% [12-23%] | 2010 |
| Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth* | 3% [2.4%] | 2010 |

Key Points

Angola does not report the percentage of pregnant women with HIV who are assessed with CD4 testing or who receive ART. Coverage of early infant diagnosis is low in Angola. In 2010 only 3% of HIV-exposed infants received a virological test within two months of birth and 17% received co-trimoxazole prophylaxis—an antibiotic that significantly reduces morbidity and mortality. Paediatric ART coverage also remains low, with 11% of HIV-infected children receiving ART in 2011, a slight increase from 10% in 2009.

Key Challenges & The Bottom Line

Key Challenges

- Nationwide access to PMTCT services still limited with 68% of districts offering PMTCT
- Low performing MNCH service delivery system with weak linkages within the PMTCT cascade and retention across the antenatal and postnatal continuum of care resulting in limited access to ARVs for PMTCT, EID, CTX prophylaxis and maternal and paediatric ART.
- Weak national and subnational M&E systems hinder programme performance assessment and tracking of progress towards eMTCT with non-availability of some key PMTCT indicators.

The Bottom Line

If national EMTCT targets for Angola are to be met by 2015, the following actions should be considered:

- Adopt necessary programme strategies to rapidly expand PMTCT services to all ANC facilities. This could include empowering health districts as units of management, coordination, planning, financing, implementation and monitoring.
- Develop and scale up facility- and community-based innovative service delivery approaches that would improve linkages between HIV testing and access to ARVs for PMTCT including ART, and retention of pregnant women, mothers and their children in care. Simplification of regimens and innovation through adoption of option B/B+ could be considered in addressing these issues.
- Strengthen monitoring systems at national and subnational levels to improve data collection, analysis and use, including reporting on Global Plan indicators with specific attention to ART coverage among HIV+ pregnant women in need of treatment and ARV coverage among breastfeeding women.
References:
2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
3 Joint United Nations Programme on HIV/AIDS, Together We Will End AIDS, 2012
9 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
11 Angola Multiple Indicator Cluster Survey 1996, Final Report
13 Angola Multiple Indicator Cluster Survey 2001, Final Report
14 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

Notes:
* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.
a 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:
ANC: Antenatal care
ART: Antiretroviral therapy
ARVs: Antiretroviral prophylaxis
CTX: Co-trimoxazole prophylaxis
EID: Early infant diagnosis
EMTCT: Elimination of mother-to-child transmission of HIV
FP: Family planning
L&D: Labour and delivery
MMR: Maternal mortality ratio
MNC: Maternal, newborn and child health
PMTCT: Prevention of mother-to-child transmission of HIV
PWHLHIV: Pregnant women living with HIV
SRH: Sexual and reproductive health
WHO: World Health Organization