

# Angola: PMTCT



UNITE FOR CHILDREN  
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## Statistics, 2010

Estimated # of children (0-14) living with HIV	22,000 [12,000- 35,000] (2007)[1]
Population	18,498,000 (2009)[3]
Annual births	784,000 (2009)[3]
Neonatal mortality rate	54/1,000 (2004)[15]
Infant mortality rate	98/1,000 (2009)[4]
Under 5 mortality rate	161/1,000 (2009)[4]
Maternal mortality ratio	610/100,000 (2008)[13]
Adult HIV prevalence (15-49)	2.0% [1.6% - 2.4%] (2009)[1]
HIV prevalence young people (15-24)	female: 1.6% [1.1% -2.2%] male: 0.6% [0.4% - 0.9%] (2009)[1]
Estimated # of pregnant women living with HIV	16,000 [8,400-25,000] (2009)[2]
Exclusive breast-feeding of infants <6 months	11% (2001)[10]
Comprehensive knowledge about HIV (15-24 yrs)	female: -- male: --
Condom use at last higher-risk sex (15-24)	female: -- male: --
Unmet need for family planning:	--
% ANC facilities that provide PMTCT services	23% (2009)[2]
Timing of first ANC visit (months)	--
% of women attending at least 4 ANC visits during pregnancy	32% **this data is from MICS 1996

### National targets by 2015 [9]

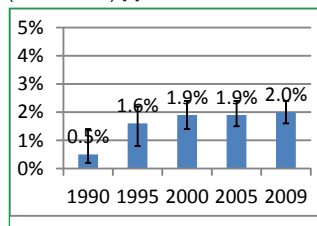
- HIV prevalence among HIV-tested pregnant women remains below 3%.
- 80% of HIV-positive pregnant women receive PMTCT services [15]

### Strategic Focus of National Plan [9]

- Scale-up PMTCT in a phased manner
- Integrate PMTCT services into all antenatal care sites

### The prevalence of HIV among adults appears to have stabilized

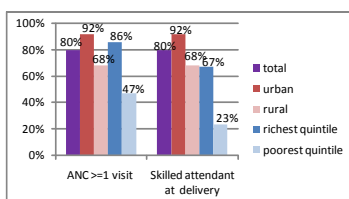
Adult HIV (15-49) prevalence (%) (1990-2009) [1]



Overall adult (15-49) HIV prevalence in 2009 was 2.0%, while HIV prevalence among pregnant women aged 15-24 attending ANC was 2.4%. [11] Estimated HIV prevalence among young women (15-24) is higher than among young men, at 1.6% versus 0.6%. [1]

### Overall, antenatal care coverage is high, but the poorest & rural women still lag behind

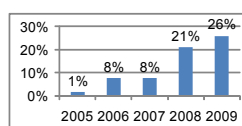
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2006/2007) [14]



Overall, 80% of women in 2006-2007 accessed antenatal care and 80% received the support of skilled health personnel during delivery. Large disparities in ANC care exist by wealth status and residence. Less than half (47%) of the poorest women received antenatal care, and just over one-fifth (23%) of births to poor women were attended by skilled health personnel. The rural-urban gap is also notable. With a maternal mortality ratio of 610/100,000, the need for equitable access to care is evident.

### HIV testing among pregnant women remains low despite high ANC coverage

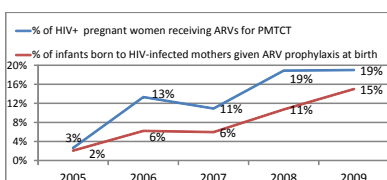
Trends in percentage of pregnant women tested for HIV (2005-2009) [2]



Overall, only 26% of pregnant women were tested for HIV in 2009, though this is a sign of progress from previous years. Given that there are overall high levels of ANC coverage, low availability of testing services within ANC (at 23% in 2009) may explain this phenomenon. This may also suggest that when it is available, pregnant women make use of PMTCT services.

### Coverage of ARVs for PMTCT has increased, but at a slow pace

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT, (2005-2009) [2]



Only 19% of pregnant women received antiretrovirals (ARVs) to prevent transmission of HIV to their child in 2009; only 15% of HIV-exposed infants received ARVs for PMTCT. In order to meet the national target of 80% coverage for women, robust efforts to scale up PMTCT services within ANC will need to be made.

## POLICY ENVIRONMENT

- Costed PMTCT scale up plan was included in GFATM R10 proposal.

## BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R4 - grant finished. [5];
- PEPFAR Programme Country [8]

### Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 5.3% [6]
- Total health financing:  
Out of pocket: 13%; Public: 80%;  
Aid: 7%; Private (pooled risk): 0% [7]

## THE BOTTOM LINE

If progress is to be made in reaching national targets for PMTCT:

- ✓ **better data** on coverage and utilization of services must be collected systematically
- ✓ **availability of PMTCT services** within ANC must be increased. The high reach of ANC services is an opportunity to reach HIV-positive pregnant women that should not be missed.
- ✓ **investments in health** must be prioritized. Government spending on health is below Abuja Declaration Commitments of 15%, and the poorest women have low access to maternal and child health services.

# References



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