

Making children the 'absolute priority' in Angola

ANGOLA has now seen six years of stability following a prolonged civil war that left much of the country's health infrastructure in need of rebuilding. To revitalize health and other basic services is the main goal of current Government-led efforts to address child survival. An investment plan, covering the period 2007–2013, has been developed by the Angolan Government, in partnership with UNICEF, the World Health Organization and the United Nations Population Fund, to put this strategy into effect.

A first priority is data collection in this large country of nearly 17 million people. Existing statistics on mother and child health date mostly from before the end of civil conflict in 2002, and they do not reflect the considerable effort made since then to target individual diseases. Even as new surveys are being carried out, new policies have been put in place to address needs and capacity challenges in child and maternal health.

Angola's under-five mortality rate is the second highest in the world, at 260 deaths for every 1,000 live births. Of all under-five deaths, 18 per cent are due to diarrhoea, and nearly 90 per cent of those deaths are attributable to a lack of water for hygiene, unsafe drinking water, and poor access to sanitary waste disposal. Nearly 9 million Angolans, more than half the population, do not have access to safe water, and 11.4 million have no access to adequate sanitation facilities. Only 30–40 per cent of the population has access to fixed health installations.

To ensure that Angola reaches the Millennium Development Goals, the deaths of children under five must be reduced by two thirds and maternal mortality by more than three quarters in the period between 1990 and 2015. Investment will be needed to add 6.7 million new water users and 8.1 million new sanitation users by 2015.

The newly established National Council of Children, engendered by the third National Forum on Children in June 2007, is one example of the Government of Angola's drive to address the challenges to child survival. Representation on the

council is at the level of vice-minister or national director, and members include 16 ministries, the National Institute for the Angolan Child and 18 civil society representatives. The National Council of Children is responsible for monitoring implementation of 11 commitments to children made at the 2007 national forum that address their survival, development, education, protection and participation – which the forum declared to be “the absolute priority.”

Building on this momentum for children, the Ministry of Health has identified an essential package of mother and child health care and services to be delivered through three main channels: the fixed network of public health services; outreach and mobile services; and community-based activities. The first phase (2007–2009) focuses on five provinces – Bie, Cunene, Huila, Luanda and Moxico – covering approximately a third of the population. The government is already using the experience of these provinces with a view to scaling up the plan to cover all of Angola's 18 provinces. Its UN-system partners have elaborated an Accelerated Child Survival and Development (ACSD) strategy that can be used to leverage government and donor funding for the national roll-out.

Data on current coverage of health interventions and projections of coverage levels that will be achieved in the intervention areas have been used to calculate the maternal, neonatal and under-five mortality reductions that may be expected over the five-year period. Results will be measured using baseline surveys in each of the five target provinces, and in three or four provinces where the integrated package is not being offered.

To address the fact that few Angolans have direct access to health posts, a cadre of community health workers is being developed. Their role is to motivate the population, to ensure that the package is known and adopted at the household level, and to provide families with basic medical assistance. Field visits to municipalities have shown there is a common agenda and understanding of the revitalization process at different levels of government, and that systems are in place and working well.

See References, page 52.