

National Strategy Plan on HIV/AIDS

INTRODUCTION

In the present postwar period, Angola faces many challenges to fight poverty and hunger, reconstruction of economics and social infrastructures social reinsertion of demobilized military and of development of the national economy.

The HIV/AIDS epidemic, for its scale and devastating impact constitutes a world emergency and one of the largest challenges to the life and human dignity, not just for the compromising the social-economic development but also the community, family and individual.

Most of the people infected by HIV live in the developing countries, with a tendency that appears for deep repercussions in the life expectation and in the economic growth of those countries. In 2002 five million were infected for a estimated total of 42 million people living now with HIV/AIDS worldwide of the which 19, 2 million are adult women and 3, 2 million are smaller children with less then 15 years old¹.

Concerning the African continent, STI (Sexually Transmitted Infections) and in matter the HIV Infection are responsible diseases for high morbidity and mortality rates and with very negative impact in the health of the population in matter in youths and adolescents. In Sub-Saharan Africa, the estimated prevalence in the adult population is of 8,8%, and 29,4 million people live with HIV, being 3,5 million newly infected¹. The heterosexual transmission and through blood and its derived are the more important transmission ways.

The HIV/AIDS epidemic has different epidemiological characteristics in each area of the world that depend on biological risk factors and specific behavior associated to the epidemic growth and the feedback capacity of the countries to fight it^{2,3}. Therefore it is fundamental to study and to characterize the epidemic well in relation to the context to establish answer mechanisms that allow to reduce the number of new infections and to mitigate the suffering imposed by the disease to the families and society, using for this the knowledge and the techniques discovered by the science.

The Infection by HIV, ignored two decades ago, untreatable one decade ago and with unalterable vertical transmission rates at only 5 years; it is now diagnosable, controllable with effectiveness every time larger and preventable in the vertical transmission in a high proportion cases⁴. However, the reduction of the morbi-mortality by means of therapies antiretroviral (ARV) it's only possible in rich countries and some developing countries. The associated costs for the implementation of systems with capacity of administration of the therapies ARV constitute the most important obstacle for the implementation of these strategies⁵. In these countries, to increase the quality and accessibility of health services, intensify the prevention programs and to establish programs of prevention of the vertical transmission by sub

¹ ONUSIDA, OMS: La Epidemia de SIDA: situação em Dezembro de 2001.

² Gayle HD, Hill GL: Global impact of human immunodeficiency virus and AIDS. Clin Microbiol Ver 2001 Apr; 14(2):327-35.

³ Lagarde E, et al: Concurrent sexual partnerships and HIV prevalence in five urban communities of sub-Saharan Africa. AIDS 2001 May 4; 15 (7):877-84.

⁴ Minkoff HL: Human immunodeficiency virus in pregnancy. Semin Perinatol 1998 Aug; 22(4):293-308.

⁵ Morison L: The global epidemiology of HIV/AIDS. Br Med Bull 2001;58:7-18

ministration of prophylaxis anti-retroviral to pregnant women are crucial strategic elements in the fight against the epidemic⁶.

In the continuation of the National Seminar on HIV/AIDS happened on February 5, 2003, the Government from Angola began the process of elaboration of the National Strategic Plan (NSP) Sexually Transmissible Infections and HIV/AIDS (NSP) seeking the creation of conditions to face the great challenges that the epidemic imposes. NSP goal is to define the picture and the general strategic lines that will guide the approach of the Government from Angola in the fight against the epidemic in the period 2003-2008, with a revision foreseen in 2005 in the extent of the revision of the Interim Strategy of Reduction of the Poverty.

Considering the socioeconomics characteristics of the Angolan population and the intense movement of people, it's considered a fort spreading of the epidemic in the country for next years. In that sense, the politics and fight strategies to HIV/AIDS should be framed in the Government development plans and in co-ordination with the Interim Strategy of Reduction of the Poverty (ISRP) for the period 2003-2005 and with the Intermediate Plan of Development for 2004-2005. On the other hand, these actions should harmonize with the objectives of the Global Strategy of Development of the Millennium that foresees the detention of the expansion of HIV/AIDS and the reversion of the present tendency in Angola up to 2015.

Formulation Process of the Strategic Plan

The process of formulation of the present strategic plan for STI/HIV/AIDS for the period 2003-2008 began during a technical meeting on HIV/AIDS accomplished on February 5, 2003 involving representatives of the Ministries, NGOs (Non Governmental Organizations), Churches and the business sector on which was established work Groups that delineated the process of elaboration of NEP and it accomplished an inquiry to analyze the answer capacity to HIV/AIDS of the provinces and of the different national institutions.

Based in this document, one Group constituted by the National Program of fight Against AIDS, UNAIDS, PNUD, UNICEF, OMS, USAID, Groups of No Government Organizations (ANASO), NGO Fight for Life and a media representative accomplished a first sketch of NEP following a methodology based in the guides of UNAIDS and in techniques participative strategic plans. The revision exercise of the Strategic Plan 2000-2002 were centered in the analysis of the situation and of the national answer inside of the present context, in the identification of vulnerable group's intervention objectives opportunities and obstacles.

It was accomplished a national workshop later with the objective of analyze and to enrich the first sketch and to obtain a consensual and representative final document of the different sectors of the national life. Participated in the 5 days encounter, representatives of 9 Ministries, of the National Assembly, of 15 provinces, United Nations Agencies, No Government Organizations (national and international), people living with HIV/AIDS Churches representatives, Angolan Armed forces and UNAIDS among others, in an average of 60 participants' daily presences (enclose I), which were along the workshop divided in 4 different groups. The workshops had a work program based on oral presentations and mainly work groups (enclosure II). The opening and closing sessions had the presence of The Excellency the Vice minister of the Health.

⁶ Van de Perre P: HIV and AIDS in Africa: impact on mother and child health. Eur J Med Res 1999 Aug 25;4(8):341-4.

After approval of PEN in Council of Ministers, the elaboration of Plans of Provincial Action is foreseen for the decentralized implementation of the activities, harmonizing the planning efforts at provincial level with the level Central/national.

Geopolitics Characteristics and socioeconomics of Angola

Estimated Population (1999)	12.630.000	UNDP/ NSI
Urban Population (1996)	42,4%	UNDP/INSI
% Population with 20 years of age (1998)	63.6%	UNDP/ NSI
Annual growth rate of the population (1997)	3.0%	UNDP/ NSI
Mortality rate maternal/childbirth (1990)	1.854/100.000	NSI-UNICEF
1. Attended childbirths (1996) numb:		
a. Health System	2.5%	
b. Urban areas	35.3%	NSI. ...
c. Rural areas	13.4%	
Infant mortality rate been born alive in (1996)	264/1.000	NSI. ...
People's estimate living with HIV/AIDS (2002)	450.000	UNAIDS
% Population with access to health services (1997))	30%	UN ACC Task Force
Life hope when being born	42, 4 years	(1997) UN ACC T. Force
Numbers of cases of tuberculosis/100.000 inhabit. (1997) (2001) (2002)	123.8 142.8	DNSP/MH
GNP 1999	8.5 millions	UNDP/2000
Per capita GNP	39,3 USD	(1999) PNUD 2000
Population in areas recently accessible * *	1.000.000	OCHA
Numbers of dislocates from (1992) * *	4,1 millions	OCHA
Urban population below the poverty line (2000)	450.000	OCHA NSI 2001
Superficial area	1.276.700 Km ²	

History of the fight against HIV/AIDS in Angola

In 1986, one year after the first case of AIDS that was diagnosed in Angola, The Health Ministry created a work group entrusted of taking combat measures to HIV / AIDS. Like this, in 1987 was created the National Program of Fight against AIDS, an organ that depends structural and organically of the National Department of Public Health - Health Ministry, and the National Technical Commission represented by Ministries of Health, Education, Armed forces and University.

In 1989 it was elaborated in collaboration with OMS (World Health Organization) a three years action Plan. Based in the difficulties found in the implementation of the activities, a new two years Plan was drawn in October of 1990, with the support of OMS, of **EEC (MSF/SPAIN)**, **ASDI**, **FNUAP**, UNDP and the French Cooperation. However, the deficiency of resources didn't allow reaching a higher level.

In December of 1991, took place a second meeting for financing and reformulation of the Operational Plan for the biennale 1992 - 1993 that counted with the technical and financial support of World Health Organization. It was followed to this medium term plan for the period of 1993 - 1997.

Starting from 1998 a new start to the national answer was given with the opening of the offices of the united Program of the United Nations for HIV/AIDS (UNAIDS) in Angola. In the same year it was

elaborated the profile of the country and the first analysis of the national answer with the technical support of UNAIDS and financing of World Health Organization.

Face to the new intervention context, in July of 1999 the first National Strategic Plan was elaborated for the period of 2000 - 2002 with representatives' of 17 Ministries involvement, 17 provinces, national Assembly, national and international NGOs (Non Governmental Organizations), churches, Agostinho Neto University, Red cross of Angola and the United Nations' Agencies, counting with the financial support of the World Bank and technical support of UNAIDS.

The Government, in June of 2001, approved at Council of Ministers' level the Program of Prevention of the Vertical Transmission.

In November of 2002, was constituted the National Commission of Fight against AIDS, and big epidemics, coordinated by Your Excellency The President of the Republic that seeks to endow the country of an organ capable to coordinate the fight actions against HIV/AIDS in all national territory. Presently, the National Government, with support of the United Nations is elaborating a project to regulate and technical structuring of NCFA

At partners' level it is counted with an auscultation Forum and discussion inter-agencies congregated in the Thematic Group of UNAIDS that renders support to the Government in the drawing and implementation of politics on HIV/AIDS and in the mobilization of resources. This group has been congregating other sectors constituting a multi sectorial forum.

The Government from Angola signed in New York in September of 2000 the Objectives Declaration of the Millennium's Development, the Declaration of Commitment on HIV/AIDS in the Extraordinary Session of the General Assembly of the United Nations in June of 2001 and the Declaration of Abuja on the commitment of the African countries in the fight against the epidemic in April of 2001. In such declarations, the adherent countries, committed to do of the fight against HIV/AIDS a priority and to demonstrate respect and solidarity to the people that live with HIV/AIDS.

Only by the ends of 2002, the Government created a reference unit in Luanda, for the treatment to people infected by HIV with a quite limited covering. The hospitals and health units still don't manage to provide specialized sanitary attendance to PLHIV.

1. ANALYSIS OF THE SITUATION

1.1 Magnitude and Tendencies of the HIV/AIDS Epidemic

1.1.1 Situation of HIV/AIDS/DTS in Angola

The actual prevalence of HIV:

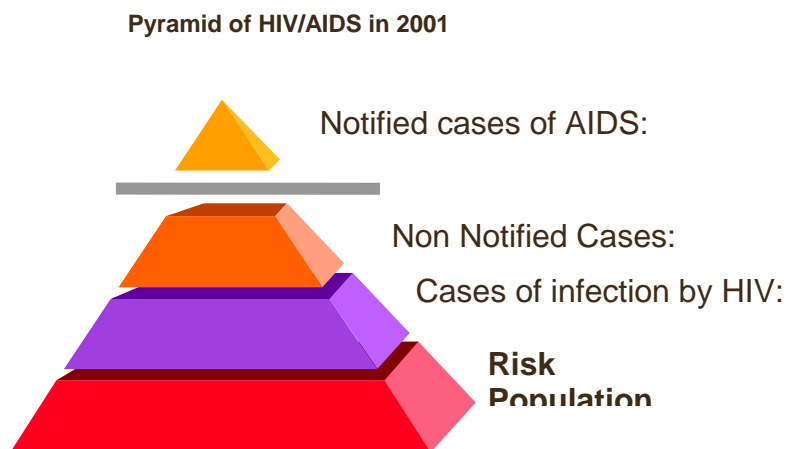
The first case of AIDS in Angola was diagnosed in 1985. The war situation hindered the efforts of proceeding to a population census as well as sentinel studies on HIV: With this, the information on the sero prevalence of HIV in Angola is scarce. However, traverse studies in pregnant women in prenatal consultation in the maternities of Luanda reveal a fast expansion of the epidemic, with an increase of the prevalence of 3.4% in 1999 to 8.6% in 2001. In the study accomplished in 2001, Huila presented prevalence of 4.2% and in Cabinda the prevalence HIV increased to 6.8% in 1992 to 7.4% in 1994 and 8.5% in 1996.

1. ANALYSIS OF THE SITUATION

Was resisted a cumulative total of 9.441 cases of AIDS up to December of 2002 which corresponds about 10% of the total of the estimated infection cases. According to the UNAIDS estimative, in 2001 about

350,000 Angolan adults (with ages understood among 15-49 years of age) live with HIV/AIDS. This translates in a prevalence rate of HIV in adults of 5.5%. According to studies realized in workers in Luanda the prevalence in this group specify of population increased to 20% in 1999 and 33% in 2001.

Figure 1



Source: PNLS-PNUD/UNICEF: Study of the HIV/AIDS socioeconomic Impact 2003

Table: 1

Prevalence of HIV/AIDS, hepatitis B and syphilis in pregnant women

in prenatal consultation October 2001 - January 2003

Province	STI					
	Syphilis		Hepatitis B		HIV/AIDS	
Huíla	37/520	7.1%	46/520	8.8%	7/520	1.3%
Benguela	25/525	4.7%	52/525	10%	17/525	3.2%
Malange	25/502	5%	45/502	9%	4/502	0.7%
Cabinda	13/520	2.5%	60/520	11.5%	17/520	3.2%
Lunda-Sul	70/530	13.2%	40/530	7.5%	8/530	1.5%
Luanda	136/2477	5.4%	203/2467	8.1%	114/2492	4.5%

Source: MoH-Angola / WHO-Angola

Table: 2

HIV Prevalence, hepatitis B e syphilis by Population Group

Population Group	Province	Prevalence (%)		
		HIV/AIDS	Syphilis	Hepatitis B
Pregnant women in Prenatal consultations	Luanda	8.6	19.0	6.4
	Huíla	4.4	18.5	3.4
	Benguela	2.6	13.9	6.2
Hard-working women of Sex	Luanda	32.8	34.1	18.0
Sick with TB (Divina Providencia Hospital)	Luanda	10.4	3.4	14.2

Source: NPFS-NIPH-UNICEF/WHO/PSI/UNAIDS

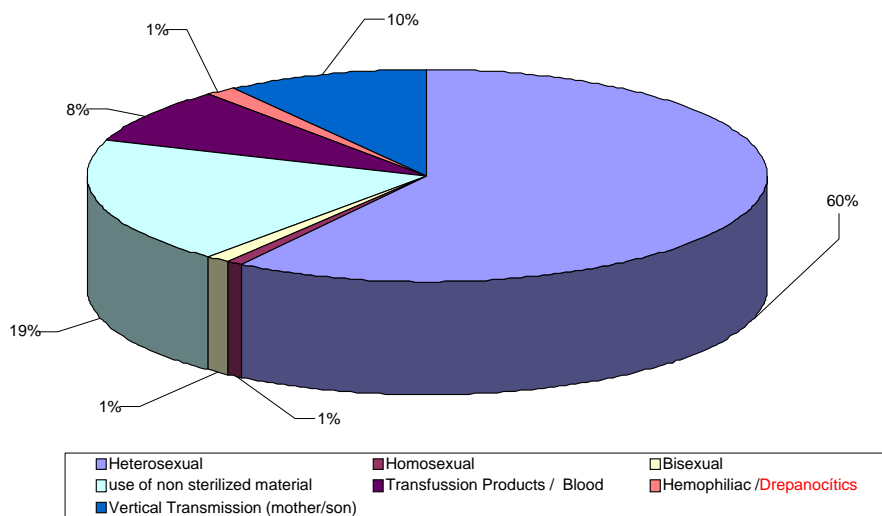
Transmission Modes

Based in the picked data and the histories and records of notification of the cases, the heterosexual relationships are the main road of transmission of HIV in Angola existing approximately in the globosity an equal reason between men and women. Considering the results of the traverse studies in pregnant women that demonstrate a infection prevalence between 4 and 8.6% is assumed that mother's vertical transmission for son is an important road once the probability of pre-natal transmission, according to the literature, oscillates between 35 and 45%.

However it is of pointing out that about 10% have recounts of prenatal transmission 19% by the use of cutting objects (sheets, needles, etc.) it is 9% for blood transfusion.

Figure 2

Distribution of HIV/AIDS cases notified up to 30/11/02, by transmission modes.



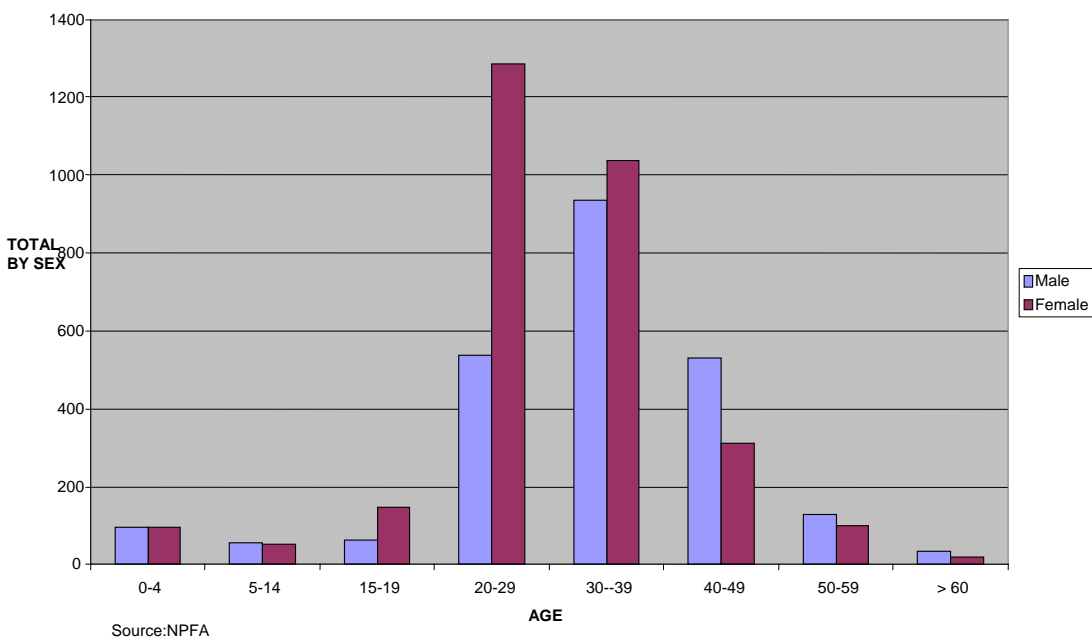
Source: PNLS

1.1.3. Social characteristics of the affected population

The distribution of cases by ages and sex demonstrates that about 60% of the cases are ages between 20 - 39 years, higher economic productivity age, with a larger attack in young female among the ages of 15 - 39 years and smaller in the ages of the 40 - 59 years.

This situation can be due to the increase of sexual relationships more and more precocious of the girls, to the in of the disequilibrium of the gender and to the increase of the practice of commercial sex among the youths as a consequence of the high poverty levels in the country (Graph. 1).Figure 3

DISTRIBUTION OF HIV/AIDS CASES NOTIFIED BY SEX AND AGE GROUPS, OF 1985 UP TO 31/10/02



However, Globally there is a quite similar reason among men and women which reinforces the information found from the data picked based in recount them and records of notification of the cases, where most of the cases presents records of infection through heterosexual relationships.

In terms of knowledge on the prevention ways of HIV/AIDS, the study MICS revealed that it is higher the knowledge in the urban areas than in the rural areas. In spite of 75.1% of the population in the urban areas already heard about HIV/AIDS, only 24.7% know three transmission forms. The case is still more serious at rural areas level, where only 10.4% of the population know how to identify three forms of HIV/AIDS transmission. **Table 3**

Percentage of the population with more than 15 years that demonstrate Enough knowledge concerning HIV/AIDS

	Already heard to speak of HIV/AIDS (%)	Knows 3 forms of transmission prevention (%)	Can identify 3 incorrect information (%)	Has enough knowledge (%)
Region				
Capital	90.5	37.6	39.1	22.8
North	72.0	13.1	14.1	7.0
East	60.7	18.2	13.0	8.4
West	65.9	22.0	15.6	10.3
South	71.7	19.5	16.2	8.8
South Center	51.0	11.1	6.8	3.9
Urban/Rural				
Urban	75.1	24.7	21.4	12.6
Rural	54.2	10.4	8.8	5.1
Sex				
Male	75.3	25.9	23.0	13.9
Female	63.0	15.7	12.9	7.2
Total	68.7	20.4	17.5	10.3

1.1.4 Relationship between poverty and HIV/AIDS

The epidemic analysis in the area of Sub-Saharan Africa demonstrates that there is a relationship between the poverty and the HIV propagation. Certainly, the epidemic reaches every time more incisive the poorest sectors of the society. As a consequence of the less access to the education, the poor sectors of the population don't have enough information on HIV/AIDS and protection ways. The lack situation can determine the adoption of risk behaviors such as the prostitution as sustentation way, increasing considerably the people's vulnerability. At the same way the gender differences, characterized by the lack of woman's power in taking decisions and administrating the own sexual and reproductive life, it has been determining a larger vulnerability of the woman that, in many cases are the economic and social support of the family group.

The war that devastated Angola during almost three decades is one of the fundamental causes of the high poverty indexes in the population with deep consequences in the society (destruction of basic infrastructures for the development, people and goods circulation, people's of the rural areas displacement, exhaustion of the social systems of health, education, sanitation, water and energy supply, etc.).

The war had implications in the political and military stability of the country and it generated a considerable number of dislocates and refugees, estimated in 4 million people. On the other hand the expenses in the internal security limited considerably the availability of resources for public investments with the consequent deterioration of the infrastructures and the public services. The destruction caused by military actions and the difficulty to assure conservation and maintenance services had a devastating impact in the sectors of the education, health and basic sanitation, with serious consequences in the human development.

There isn't a general consensus about poverty definition. Some authors define the poverty as inadequacy of resources related with deficient material conditions of existence. For "Mingione" the poverty, is related with the fact of "a part of the population not to have access to financial resources that allows them to survive in minimum life conditions with very important consequences in the social behavior."

Formerly the poverty was seen as a consequence of the income lack, measure through the number of people living under a defined absolute or relative line of poverty. Today, the poverty is analyzed as a multi-dimensional phenomenon that includes a series of interrelated aspects, of material order (food, income, lodging, etc.) and social (participation in the decisions and social groups of support) that determine the well-being and they influence the quality and the people's standard of living.

On the other hand the infection for HIV has serious implications in the family economy, determining a considerable increase of the pantries for taken assistances care, decrease of the working power, absenteeism and job less, intensifying the poverty level. In this case, considering that a high percentage of the Angolan population lives in poverty conditions, the development programs and reduction of the poverty should integrate the combat obliquely into HIV/AIDS and the gender subjects, as fundamental strategic elements.

The following picture summarizes the consequences of the poverty at the individual's level, of the Family and of the community in relationship with the infection for HIV.

Table 4

1.1.5 Consequences of the poverty in the propagation of HIV/AIDS

	INDIVIDUAL	Household	COMMUNITY
Not Infected People	<ul style="list-style-type: none"> ✓ ✓ Low perception of the infection risk by HIV ✓ No access protection means (preservatives) ✓ Commercial sex as manner of survival ✓ Lack of power to negotiate safe sex. ✓ Need of immediate survival (the social maladjustment takes the people the adopt risk behaviors). ✓ Migratory movements in search of better life conditions. 	<ul style="list-style-type: none"> ✓ Low perception of the infection risk by HIV ✓ No access protection means (preservatives) ✓ Commercial sex as manner of survival ✓ Lack of power to negotiate safe sex. ✓ Need of immediate survival (the social maladjustment takes the people the adopt risk behaviors). ✓ Migratory movements in search of better life conditions. 	<ul style="list-style-type: none"> ✓ " Lack of educational and information services ✓ " Lack of appropriate health services ✓ " No readiness of preservatives ✓ " Lack of water and sanitation ✓ " Precarious accommodation conditions ✓
asymptomatic sero positives People	<ul style="list-style-type: none"> ✓ Knowledge lack on transmission, prevention, cares and human rights ✓ lack of access to planning and voluntary testing services ✓ Financial difficulties to access the specialized treatment ✓ insufficient feed Consumption and badly nutrition 	<ul style="list-style-type: none"> ✓ Lack of knowledge on HIV/AIDS ✓ Financial difficulties for access specialized treatment ✓ Insufficient resources for support of PLWH ✓ Stigma and discrimination ✓ Rupture of the family bows ✓ Fear of living together with PLWH 	<ul style="list-style-type: none"> ✓ Low covering of the health services ✓ Lack of specialized services of support to affected families ✓ Lack of anti-retroviral treatment in the public services of health ✓ Lack of legislative instruments of protection ✓
People infected with symptomatic clinical picture	<ul style="list-style-type: none"> ✓ Knowledge lack on transmission, prevention, cares and human rights ✓ lack of access to planning and voluntary testing services ✓ Financial difficulties to access the specialized treatment ✓ insufficient feed Consumption and badly nutrition 	<ul style="list-style-type: none"> ✓ Lack of knowledge on HIV/AIDS ✓ Financial difficulties for access specialized treatment ✓ Insufficient resources for support of PLWH ✓ Stigma and discrimination ✓ Rupture of the family bows ✓ Fear of living together with PLWH 	<ul style="list-style-type: none"> ✓ Low covering of the health services ✓ Lack of specialized services of support to affected families ✓ Lack of anti-retroviral treatment in the public services of health ✓ Lack of legislative instruments of protection ✓
Death related with AIDS		<ul style="list-style-type: none"> ✓ Incapacity of financing the expenses linked to funeral (coffin, transport, food, mortuaries rites) ✓ Psychological marks associated to the mourning and the loss ✓ Rupture of the structure and family dynamics 	<ul style="list-style-type: none"> ✓ Leaders' loss ✓ Psychological marks associated to the mourning and the loss ✓ Rupture of the structures and social dynamics

1.2 Impact of the HIV/AIDS Epidemic.

The impact analysis of the epidemic was based on the studies existent in the country in the several areas. The document presents projections at long term of the possible impact of the epidemic based in a study still not published of the NPFA-UNDP/UNICEF on Socioeconomic of HIV/AIDS in Angola.

Based to the existent data, two sceneries were delineated illustrating the possible impact of HIV/AIDS in the demographic structure of the Angolan population.

1.2.1 Demographic impact of HIV/AIDS

The following table displays the HIV/AIDS impact in the different demographic indicators.

Table 5 The Demographic Impact of HIV/AIDS

A. Scenery 1: Low Impact

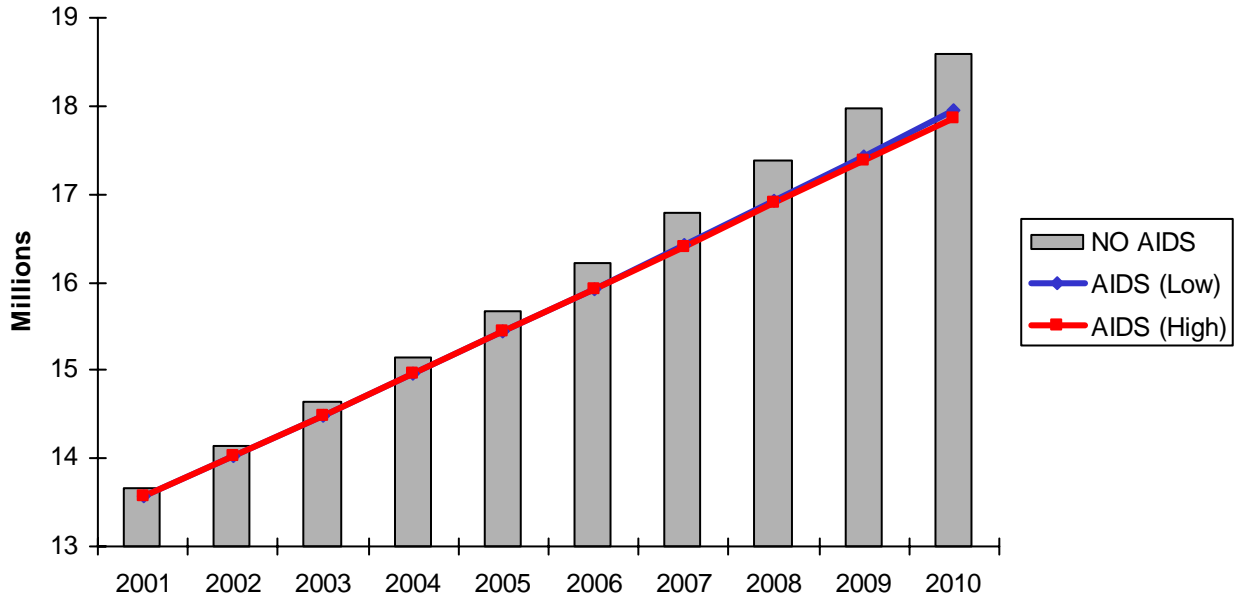
Indicators	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
PLWH/AIDS										
Total	348,576	413,701	485,589	563,220	645,305	731,160	819,366	909,677	1,000,377	1,090,455
Male	159,988	189,984	223,163	259,090	297,190	337,145	378,308	420,542	463,044	505,282
Female	188,588	223,716	262,426	304,129	348,115	394,015	441,058	489,136	537,333	585,173
Prevalence	5.17	5.94	6.75	7.58	8.41	9.23	10.02	10.78	11.49	12.15
Annual deaths by AIDS										
Total	18,294	22,734	27,835	33,632	40,158	47,306	55,093	63,432	72,202	81,305
Male	9,499	11,698	14,210	17,036	20,216	23,684	27,465	31,488	35,727	40,127
Female	8,795	11,036	13,625	16,596	19,942	23,622	27,629	31,944	36,475	41,178
Rate (x1000)	1.35	1.62	1.92	2.25	2.6	2.97	3.35	3.75	4.14	4.53
New AIDS Cases										
Total	21,844	26,844	32,562	39,043	46,139	53,869	62,175	70,968	80,127	89,491
Male	11,262	13,725	16,514	19,673	23,117	26,871	30,879	35,132	39,562	44,082
Female	10,582	13,119	16,048	19,370	23,022	26,998	31,295	35,836	40,565	45,410
Births										
Total	11,985	14,199	16,640	19,216	21,825	24,499	27,238	29,968	32,560	34,964
Percentage	1.73	1.98	2.26	2.54	2.81	3.09	3.36	3.63	3.88	4.1

B. Scenery 2: High Impact

Indicators	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
PLWH/AIDS										
Total	350,012	428,264	521,057	630,851	757,512	902,907	1,066,951	1,249,882	1,449,434	1,662,841
Male	160,621	196,646	239,399	290,030	348,510	415,721	491,684	576,528	669,247	768,598
Female	189,391	231,618	281,657	340,821	409,002	487,186	575,266	673,354	780,186	894,243
Prevalence	5.2	6.17	7.27	8.54	9.95	11.51	13.2	15.01	16.9	18.83
Annual deaths by AIDS										
Total	18,229	22,734	28,150	34,652	42,367	51,470	62,116	74,454	88,548	104,377
Male	9,427	11,677	14,388	17,627	21,484	26,037	31,374	37,521	44,545	52,411
Female	8,802	11,058	13,761	17,024	20,883	25,434	30,742	36,933	44,003	51,966
Rate (x1000)	1.34	1.62	1.94	2.32	2.75	3.23	3.79	4.41	5.09	5.84
New AIDS Cases										
Total	21,661	26,868	33,139	40,643	49,501	59,872	71,951	85,852	101,560	119,032
Male	11,147	13,756	16,881	20,634	25,066	30,268	36,288	43,219	51,028	59,686
Female	10,513	13,112	16,258	20,009	24,434	29,604	35,663	42,633	50,532	59,347
Births										
Total	12,050	14,741	17,936	21,658	25,822	30,538	35,847	41,659	47,781	54,038
Percentage	1.74	2.06	2.43	2.86	3.33	3.85	4.42	5.05	5.71	6.37

Figure 4

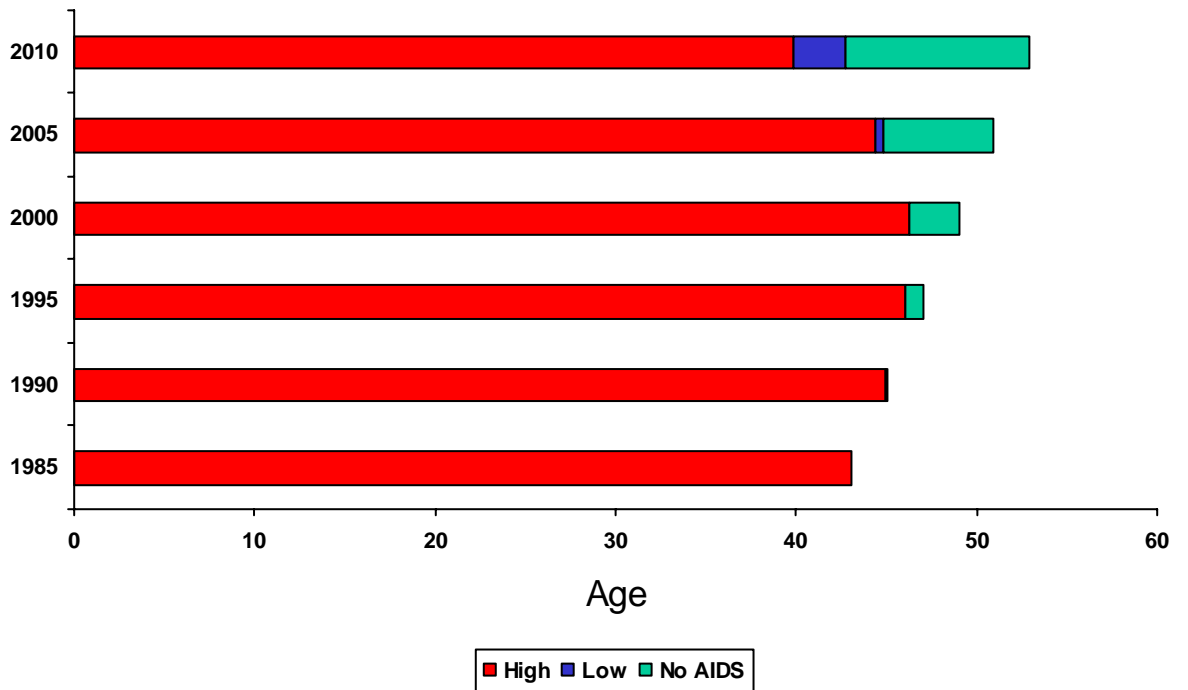
HIV/AIDS Impact in the growth of the Angolan population



Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003

Figure 5

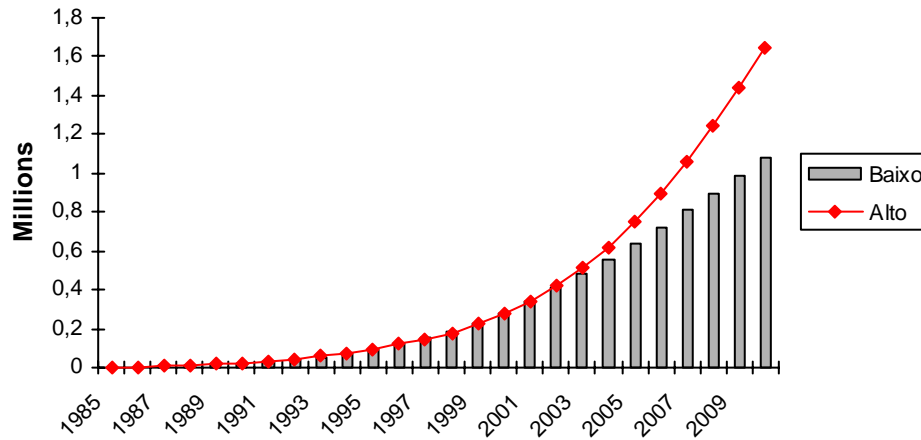
HIV/AIDS Impact in the life expectation of the Angolan population



Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003.

Figure 6

Projection on the number of people living with HIV/AIDS in Angola



Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003.

1.2.2. Impact at level of the People Living with HIV/AIDS

According to the Fight For Life and the PLWHAIDS associations, there is a strong rejection and discrimination attitude to the people living with HIV in Angola.

A study accomplished in 2001 by the NPFA-UNESCO/UNDP about the Angolans perceptions on the HIV/AIDS, demonstrates that 48.4% of the interviewee people manifest a high discrimination level in relationship the people living with AIDS, mainly in the male group. In general a wide majority refuses to share spaces and atmospheres of social interface with PLWHAIDS, besides of the opposing that these are treated in the same centers of health than the rest of the population. The disinformation on the manners of transmission of the virus has result in abandonment of patients with AIDS or rejection for the Family, with psychological consequences that you/they determine the loss of the self-esteem in the PLWHAIDS.

1.2.3. Impact in the Family

The impact of the HIV/AIDS in the Family depends on the knowledge levels on the natural history of the infection, of the family structure, the age, and of the social paper of the members and of the number of people living with HIV/AIDS. The deaths for AIDS, or for other causes, they disintegrate the family structure with deep emotional implications and in the distribution of the resources, incomes, consumptions, saving, and in the survivors' well-being.

Nowadays, there aren't records on the impact of the HIV/AIDS at level of the families in Angola.

The poor households tend to be more extensive and usually have a larger number of members without working power, in matter children. The reduced number of adults of these nuclei determines low levels per capita consumption and consequently larger poverty indexes. On the other hand, the children demand special cares that request time, limiting like this the adults' readiness, particularly of the women, for the productive activity.

The chronic character of the infection increases the impact in the Family increasing the necessary time for the cares of patient with AIDS and reducing the useful time for the domestic activity and lucrative ends (to cook, to take care of the children, take water, to collect the firewood; to go to the plowing, to sell at the market, etc.). Besides, there is an exhaustion of the savings of the Family before the patient die and loss of the incomes, because of the assistances expenses to the patient or by the absenteeism that this situation determines.

Finally, besides the reduction of the householder income, the survivors, being woman and children, they can lose the access to their lands, house, pastures and other goods, due to the expropriation for the died husband's Family. This will worsen their survival condition, increasing the woman's vulnerability and of the children.

1.2.4 Impact on the Child and Orphans

There are no data in Angola on the impact of the HIV/AIDS in child and orphans and their life conditions and on the dynamics of operation of the families with members infected by the HIV/AIDS. THE following table summarizes the estimate of the impact that of the HIV/AIDS in children with less than 15 years in the two possible considered sceneries.

Impact of the HIV/AIDS in children

A. Scenery 1: Low impact

Infected Children	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	23,063	28,322	34,323	41,034	48,358	56,257	64,686	73,546	82,667	91,888
Male	11,633	14,286	17,314	20,700	24,396	28,383	32,640	37,117	41,726	46,389
Female	11,430	14,036	17,010	20,334	23,962	27,873	32,046	36,430	40,940	45,499
New Infections										
Total	11,985	14,199	16,640	19,216	21,825	24,499	27,238	29,968	32,560	34,964
Male	6,138	7,273	8,523	9,843	11,179	12,548	13,951	15,349	16,677	17,909
Female	5,846	6,926	8,117	9,374	10,646	11,951	13,287	14,619	15,883	17,056
News Cases of AIDS										
Total	6,392	7,703	9,178	10,797	12,526	14,370	16,334	18,389	20,474	22,548
Male	3,257	3,924	4,675	5,500	6,380	7,319	8,318	9,364	10,426	11,481
Female	3,136	3,779	4,502	5,297	6,146	7,051	8,015	9,024	10,048	11,067
Annual deaths by AIDS										
Total	6,032	7,283	8,694	10,248	11,913	13,694	15,595	17,591	19,623	21,652
Male	3,058	3,693	4,409	5,198	6,043	6,947	7,913	8,927	9,959	10,991
Female	2,974	3,590	4,285	5,050	5,870	6,746	7,682	8,664	9,664	10,661

Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003.

B. Scenery 2: High impact

Infected Children	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	22,956	28,602	35,404	43,518	53,013	64,050	76,788	91,286	107,463	125,165
Male	11,580	14,431	17,866	21,966	26,764	32,343	38,784	46,117	54,301	63,258
Female	11,376	14,171	17,537	21,552	26,249	31,707	38,004	45,169	53,162	61,907
New Infections										
Total	12,050	14,741	17,936	21,658	25,822	30,538	35,847	41,659	47,781	54,038
Male	6,172	7,550	9,187	11,093	13,226	15,641	18,361	21,338	24,473	27,678
Female	5,878	7,191	8,749	10,565	12,596	14,897	17,487	20,322	23,308	26,360
New AIDS cases										
Total	6,416	7,925	9,727	11,857	14,303	17,112	20,323	23,929	27,866	32,059
Male	3,269	4,038	4,956	6,041	7,288	8,719	10,356	12,193	14,200	16,336
Female	3,147	3,887	4,771	5,815	7,015	8,393	9,968	11,736	13,666	15,723
Annual Deaths by AIDS										
Total	6,054	7,490	9,206	11,239	13,580	16,273	19,356	22,826	26,625	30,683
Male	3,069	3,798	4,669	5,702	6,890	8,258	9,825	11,588	13,519	15,582
Female	2,985	3,692	4,537	5,538	6,690	8,015	9,531	11,238	13,106	15,101

Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003.

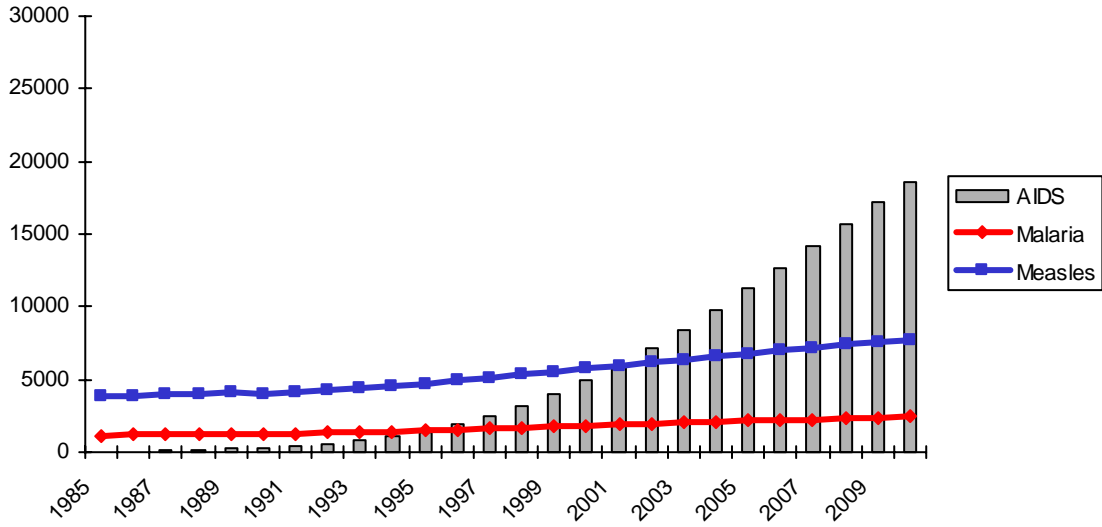
The orphans are defined as being children with less than 15 years of age and that lost the mother or both parents, because of AIDS.

As a study accomplished by FFL (Fight For the Life) financed by Save the Children, in Luanda on the Child's problem, Family and the HIV/AIDS, in a demonstration of 152 children smaller than 18 years old, it was demonstrated that a quite high number lives in vulnerability and need situation, being 89.4% orphans as a consequence of the war, accidents, or by diseases in peculiar the HIV/AIDS. In this group, it was observed that in majority the orphan children of AIDS live in their enlarged families, frequently under the care of people without job (50.7%) and without capacity to offer them the necessary cares including the access of education. In fact, 64.5% of the children considered in the study didn't frequent the school last year and only 21.1% receive some kind of support from families and religious institutions. On the other hand, probably fruit of the lack of information, 61% of the inquired children referred of not accepting to live with people infected by the HIV.

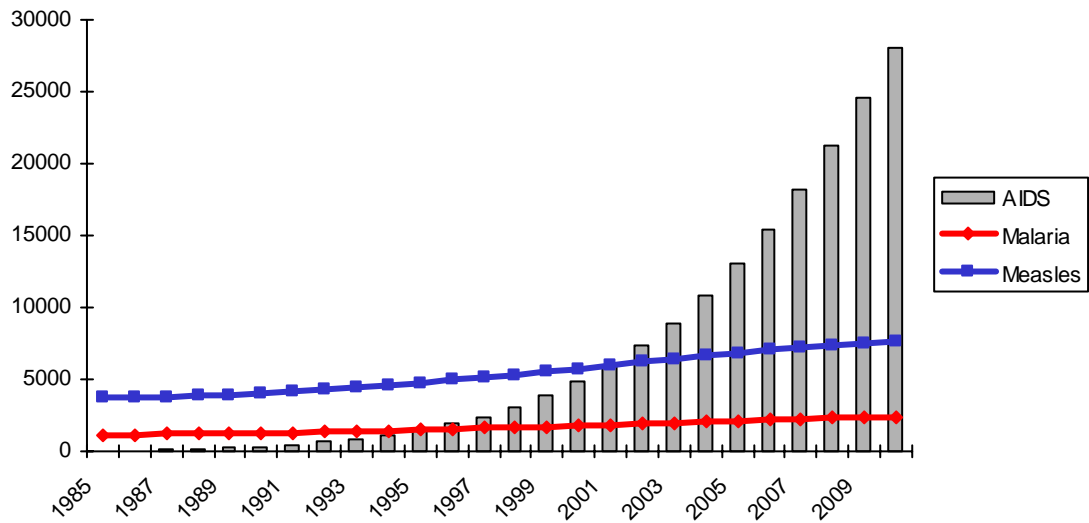
On the other hand, always in agreement with the projections of the study on the impact socioeconomic of the HIV/AIDS in Angola, the HIV/AIDS will be the more important reason of death in children, overcoming the measles and the malaria that constitute one of the morbi-mortality causes more important transmissible diseases in minors of 15 year-old in nowadays.

Figure 7

A. Projection of death causes in children Scenery 1



B. Projection of death causes in children Scenery 2



Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003.

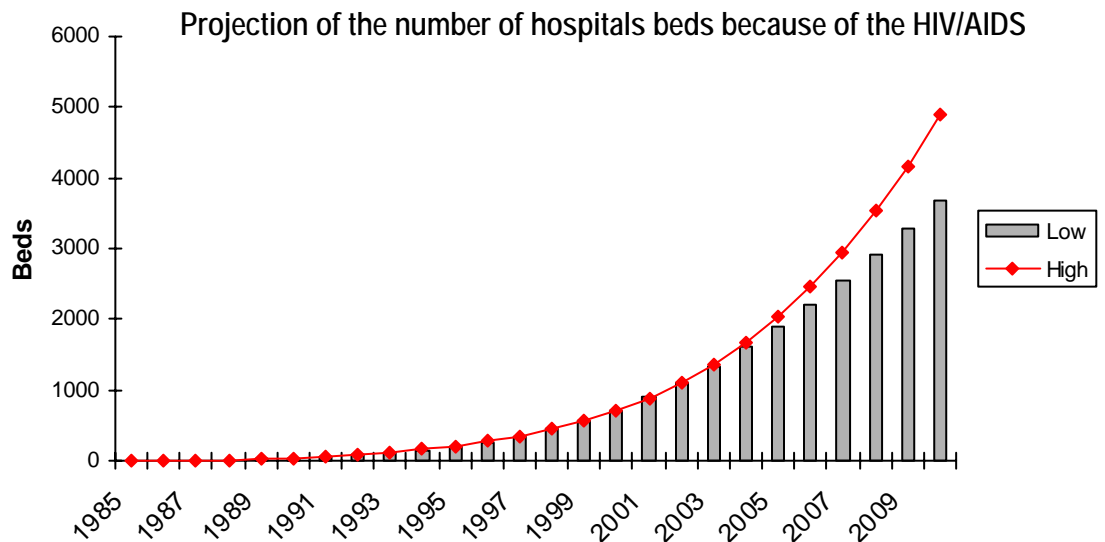
1.2.5 Impact of the HIV/AIDS at Level of the Community

See poverty and HIV/AIDS section in the table of page 9.

1.2.6 Impact at Level of the Health

According to the Study of the Social and economic Impact of the HIV/AIDS in Angola, a significant increase of the rate of occupation of hospital's bed by patients with AIDS, from 219 necessary hospital beds in 2002 to 319 in 2005 and 718 in 2010. Considering the chronic of the disease and the multiple complications and infections opportunists that follow the clinical picture, the hospital resources can result insufficient, which could be reflected in the insufficient covering or in the low quality of the attention services. On the other hand the work volume would have important repercussions in the workers' of health motivation.

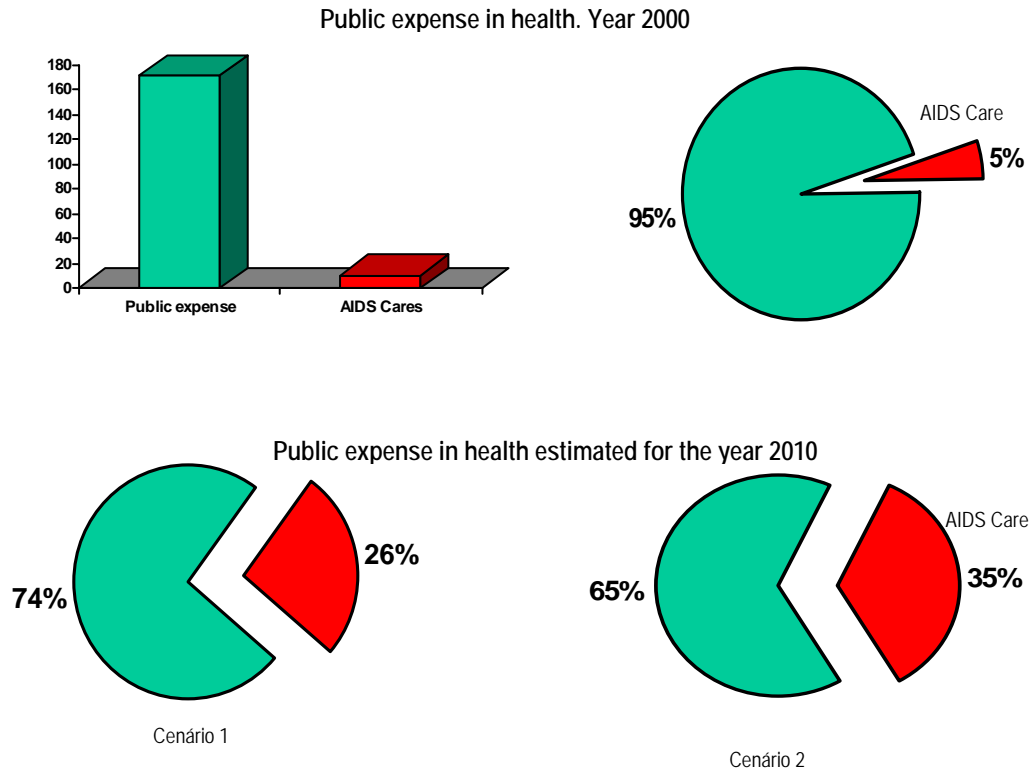
Figure 8



Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003

Assuming that the medium level of a person's monthly expenses living with AIDS in Angola, without including the therapy costs ARV, it is of 500 American Dollars (equivalent to 100% of per capita GDP, estimated by the World Bank), the annual expense in people's cares with AIDS was estimated in about \$13,4 million in 2002 and it will reach among \$22,95 and \$24,64 million in 2005 and among \$43,67 and \$59,43 million in 2010. Nowadays, in agreement with available information, the cost of the treatment ARV in the MultiPerfil Clinic, National Center of Reference for HIV/AIDS, it oscillates among 2.500 to 3.000 American dollars a year.

Figura 9



Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003.

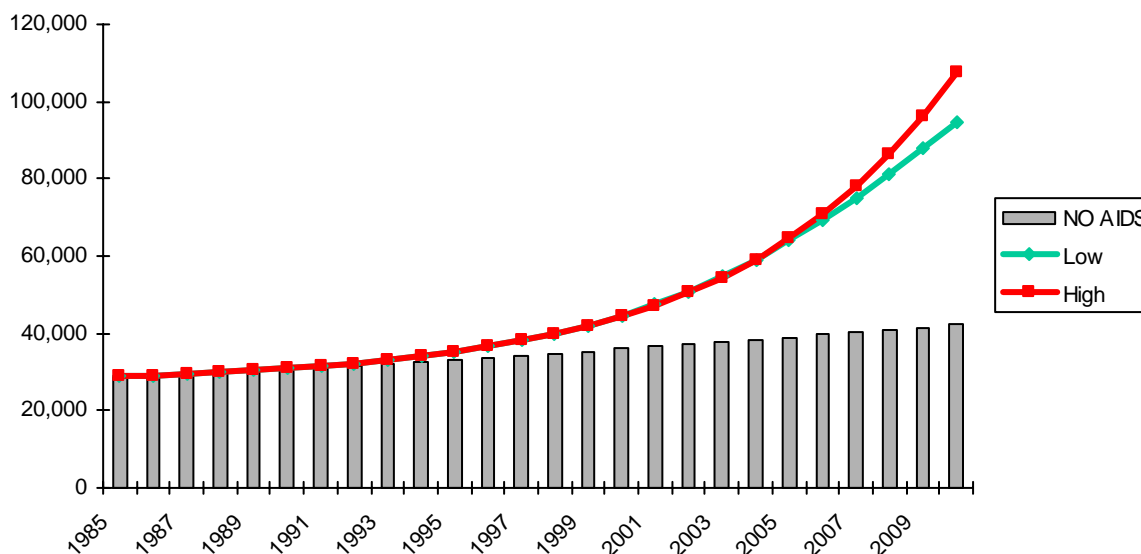
In the period 1997-2000 the expenses in the health area represented 3.3% of the Angolan public expense, significantly inferior the average of the countries of SADC corresponding to 7.2%. THE volume of the financial needs for the health sector will increase considerably because of the HIV/AIDS if the prevalence reaches the estimated levels between 12.12% and 18.79% for 2010.

On the other hand, as a consequence of the epidemic by the HIV infection, a substantial increase of cases of TB is waited. If we assume that 89% of the cases of infection for the HIV with latent tubercular infection it develops TB every year, it can be considered that the number of cases of TB will increase from 32,800 in 2002 to 61.700 - 83.100 in 2010, which will mean an increase on the number of cases 3.5 and half times with the consequent redistribution of the expenses to the detriment of other services of health and social safety.

AIDS will have a big impact in the adult youths' mortality (15-49). Without AIDS, the total number of deaths a year in adults between 15 and 49 years, can increase of 44.500 in 2002 to 46.800 in 2005 and 50.700 in 2010. With AIDS, the estimated number of deaths in 2002 is considered in 58.000 and it will to increase for 71.300 - 71.900 in 2005 and 101.200 and 115.200 in 2010.

Figure 10

Projection of the temporary course of the number of deaths by HIV/AIDS



Source: NPFH/AIDS-UNDP/UNICEF socioeconomic Impact Study of HIV/AIDS 2003

1.2.7 impact at Level of the Education

The epidemic of the HIV/AIDS has deep repercussions in the educational sector, affecting in a substantial way the search and offer of education services. The search decreases even as direct consequence of the increase in the mortality in children and young because of AIDS, as for the fact of some children, especially girls, be impeded of frequenting the school to take care of sick relatives, or to support in the domestic and productive tasks, or for the difficulties of the family to finance the school expenses. On the other hand, the lacks of financial support, material and psycho-affective commit the possibility of the orphan children's school success significantly.

The offer decreases as a consequence of the teachers' absenteeism to the cause of AIDS, on the participation in funerals or of the need to attend sick people in the own family groups. The impact of the epidemic in the society will determine a redistribution of the public resources with important consequences for the educational sector. On the other hand, the need to meet again educational personnel to substitute the teachers died of AIDS will go to determine an increase in the formation costs.

According to the UNDP (Vinhals), in Angola the number of enrolled students in all of the levels, mainly the first and second years, showed an increase among 1997 and 1998 following by an important decline in the biennium 1999-2000, probably due to the armed conflict, and of a further increase in 2001. In this context, characterized by the complex interrelation of socioeconomics variables, mainly during the conflict, becomes difficult to evaluate the specific impact of AIDS accurately in the educational sector.

1.2.4 Economic impact

Considering the multiple factors that determine the impact that the epidemic has in the society, results difficult to study the macroeconomic consequences and the relationship between HIV/AIDS and economic growth. Several mechanisms including the AIDS affect the macroeconomic efficiency/performance.

The reduction on the number of workers for the HIV/AIDS cause determines a decrease of the working power and the need of investing in the formation of new people. This situation implicates an increase in the production costs that results in the loss of international competitiveness. On the other hand, the growing expenses in cares of health and the loss of the sick workers' income takes to a considerable fall in the savings and in the capital accumulation.

At the same way, at level of the Family the HIV/AIDS determines an increase of the expenses for the sick people's cares, and a reduction of the working power when reducing the adults' possibilities to engage in generating activities of incomes. An adult's death results in the permanent loss of incomes for lack of wages or for decrease in the labor offer for the agriculture. On the other hand, families have to support the costs of the funerals and of the mourning that in some contexts get to be substantial.

In scenery without AIDS and assuming a participation of the 56% of the population in the productive process, the potential of the laborer force estimated in 2002 is of 3.9 million people, increasing for 4.33 million in 2005 and for 5.12 million in 2010. With the impact of AIDS, causing an increase of the number of deaths in the population group in productive age, it's considered that the workforce is of 3.89 million people in 2002, 4.26 million in 2005 and between 4.90 million and 4.92 million in 2010, which means to a reduction of the working power of 195,000 people.

1.2.5 Impact at Level of the Agriculture

The agriculture represents the more important employer sector in Angola, (74% of the population in 1970), still including today, close to the manufacture sector, most of the population economically active. However considering the long period of the civil conflict and the progressive increase in the Oil production the agriculture just contributes with 8% of the gross domestic product (GDP), while the Oil production competes with the 60%.

Several studies demonstrate that the HIV/AIDS will have extremely negative effects in the sector of the agriculture because of the labor loss and the consequent decrease of the destined cultivations mainly the production in big scales and the export, with prevalence of the subsistence agriculture, that will also be able to try an important decline due to the impact of the HIV/AIDS in the families, already described in precedent paragraphs.

1.2.6 Impact at the Industry and Trade Level

The absenteeism related with the morbi-mortality for HIV/AIDS affects considerably the business and commercial sectors. As already described previously, the decrease of the working power and the increase of the expenses in assistance care and social safety contribute for a substantial decrease of the production levels, with deep implications at level of the market in the balance search-offer.

1.3. Vulnerable groups to the epidemic of the HIV/AIDS and its impact

Is considered vulnerable groups the ones that are potentially exposed, individual and collectively the structural, institutional, politics, and cultural variants that turns them susceptible to the infection risk and transmission of the HIV/AIDS. It's considered structural variants the poverty conditions, education, gender situation and the woman's power. The institutional and political variants of larger significance in the problem of the HIV/AIDS they are the level of political and institutional engagement, capacity of

institutional answer to PLWHAIDS, the existence of services of health among others. The main cultural variants are the values and faiths concerning the sexuality, taboos, stereotypes, attitudes and practices, stigmatization certain sexual orientations, etc.

Table 7 VULNERABLE GROUPS AND INTERVENTION GOALS

GROUPS	DETERMINANTS
Workers of Sex	<ul style="list-style-type: none"> ▪ Illiteracy ▪ Lack of information on the risks of contraction of the HIV ▪ They usually are in poverty situation - weak financial resources makes them more vulnerable to adopt risk behaviors for their own survival ▪ They can use the sex as modality to obtain money, food or protection ▪ Stigmatized group and marginalized. ▪ Difficulty in negotiating safe sex ▪ Difficulties of continuation of their health through services ▪ They are exposed even to infection risk as of transmission of the HIV
Truck driver, Miners, Crew members	<ul style="list-style-type: none"> ▪ Profession type, implicating great mobility ▪ Matrimonial instability and lingering absence at homes with opportunity of having a lot of partners ▪ Little knowledge on the risk of contracting the infection for the HIV ▪ Sex practice without protection ▪ Access difficulties to the preservative ▪ Promiscuous life and low risk conscience ▪ Financial power capable to pay or to buy services and sexual practices ▪ They can be a pole of transmission of the infection of an area or region of the country to other ▪
Military and Paramilitary	<ul style="list-style-type: none"> ▪ Matrimonial instability and lingering absence at homes with opportunity of having a lot of partners ▪ Profession type, implicating great mobility ▪ Access difficulties to the preservative ▪ They show "power" taking advantage of their situation of military or agents of the order and they can use that to induce or to force sexual practices without safety ▪ Little knowledge on the risk of contracting the infection for the HIV ▪ They are in majority youths, with enthusiasm and adventure spirit ▪ They can be a pole of transmission of the infection of an area or region to other

VULNERABLE GROUPS AND INTERVENTION GOALS

GROUPS	DETERMINANTS
Adolescents and youth (12-24 years),	<ul style="list-style-type: none"> ▪ " They constitute most of the Angolan population ▪ "They live in social and economic difficult. Poor family nucleus. House lack, education and feeding ▪ " Low levels of information and knowledge lack concerning the forms of transmission of the HIV/AIDS ▪ " They begin the sexual activities in precocious age, assuming sex with adventure spirit and irresponsibility ▪ " Few recreation opportunities and occupation of the free times ▪ " They can practice sex as modality to exchange for money, food or protection ▪ " They have needs of immediate survival ▪ " Lack of institutions to assist their needs ▪ " They can fall back upon the consumption of drugs, alcohol, etc ▪ " Many live out of the family nucleus ▪ " Lack of the youths' power and to negotiate safe sex ▪ " Lack of resources to obtain protection against the HIV (example to buy the preservative) or to prevent the mother's transmission for son (the cost of the powdered milk)
Children of and in the Street	<ul style="list-style-type: none"> ▪ " They live in economic and social difficult. Without a family Nucleus of support. House lack, education and feeding ▪ " Low levels of information and knowledge lack concerning the forms of transmission of the HIV/AIDS ▪ " Few recreation opportunities and occupation of the free times ▪ " They can practice sex as modality to exchange for money, food or protection ▪ " They have needs of immediate survival ▪ " Lack of institutions to assist their needs ▪ " They can fall back upon the consumption of drugs, alcohol, etc.

Adolescents and youth in the school (12-24 years)	<ul style="list-style-type: none"> ▪ " Weak programs of sexual education at all levels ▪ " Weak knowledge on the risks of the precocious sexuality ▪ "precocious start of the sexual relationships and without protection ▪ " Age with change of behaviors ▪ " Weak family attendance ▪ " Poverty and difficult social conditions ▪ " " Time of adventures" and of great change of partners ▪ " Larger vulnerability of the Girls ▪ " Girls with capacity lack of convince the sexual partners concerning the safe sex
Pregnant women	<ul style="list-style-type: none"> ▪ " Lack of power of decision and of negotiation ▪ " The partner's polygamy ▪ " Larger biological vulnerability ▪ " Defenses of the organism decreased ▪ " Polyandry no declared ▪ " Little access to the services of I control and testing ▪ " Deficient sewerage system ▪ " Stress during the pregnancy ▪ " Hemorrhages during the pregnancy ▪ " Alimentary deficit that can take to the anemia appearance for the mother and the baby

VULNERABLE GROUPS AND INTERVENTION GOALS	
GROUPS	DETERMINANTS
Dislocate, Refugees and Repatriated ⁷	<ul style="list-style-type: none"> ▪ " Population without stable family nucleus ▪ " Nature of their weak economic and social situation can take to risk behaviors ▪ " Low levels of information and knowledge lack concerning the forms of transmission of the HIV/AIDS ▪ " Great movement in the territory ▪ " They live in insecure reception areas, population excess, temporary and informal lodging many times in a context of the family household disintegration, what turns the women and youths more vulnerable to risk situations ▪ " Provenience of areas or countries of high prevalence of the HIV ▪ " Lack of access to preservative ▪ "Opened Polygamy culturally accepts
Prisoners	<ul style="list-style-type: none"> ▪ " Lack of access to preservatives ▪ " Lack of information on safe sexual practice ▪ " Isolation, deprived freedom ▪ " Lack of occupation of the free times ▪ " Affect lack
Toxic Dependent	<ul style="list-style-type: none"> ▪ " Unemployment ▪ " Lack of occupation of the free times ▪ " Low levels of information and knowledge lack concerning the forms of transmission of the HIV/AIDS ▪ " Lack of information on the bio-safety
Individuals that make blood transfusions frequently (drepanocitics, hemophiliac)	<ul style="list-style-type: none"> ▪ " Lack of safe blood ▪ " Test availability
Healers, traditional midwives	<ul style="list-style-type: none"> ▪ " Ignorance and weak execution of bio safety's norms ▪ " Low levels of information and knowledge lack concerning the forms of transmission of the HIV/AIDS
People living with HIV/AIDS	<ul style="list-style-type: none"> ▪ " They suffer directly the consequences of the HIV/AIDS. ▪ " They know the reality and the dimension of living infected by the HIV ▪ " They are usually stigmatized and discriminated by the family and by society ▪ " They live most of the times in situation of survival critical and economic insecure ▪ "Many times they ignore sero positively situation and they can transmit the infection to third ▪ " They don't have knowledge and/or possibilities to finance the linked expenses to their treatment ▪ " Lack of resources to front the infections opportunists and access to Antiretroviral ▪ " Weak access to psychosocial support services and doctor ▪ " Weak attendance of the family ▪ " They can be safe allied for the prevention programs and education for the change of behaviors
Workers of the health (technicians)	<ul style="list-style-type: none"> ▪ " Work conditions with little bio safety ▪ " Lack of means for their protection ▪ " Fear ▪ " Few knowledge on the how to work with the HIV/AIDS"
Infected children and affected by HIV/AIDS (including orphans)	<ul style="list-style-type: none"> ▪ "Family abandon, losses or separations because of his/her condition ▪ " Countless difficulties of material survival and economic ▪ " Absence of social services of support (including health, education, access to anti retroviral etc) ▪ " Stigma and discrimination

1.3.1 Decisive Factors of the HIV/AIDS Epidemic

The propagation of the HIV/AIDS epidemic is determined by multiple factors that can be contained in three categories:

⁷ Um estudo realizado pelo ACNUR mostra que refugiados em países vizinhos têm tido acesso a programas de informação e educação sobre VIH/SIDA. Com base nestes dados, o ACNUR estima uma prevalência de infecção pelo VIH neste grupo de população entre 5% e 15%.

I. Decisive of macroeconomic nature. They are those that will only be able to be outdated at long term, whose answer should be contemplated in the picture of the plan of development socioeconomic of the country. These are the determinant related with the poverty, unemployment, illiteracy, migration, etc.

II. Decisive of socio community nature. They are those that will only be able to be resolved at medium term, whose answer should be contemplated at local and community level, in the schools, in the work places, events and social assemblies. These are: taboos and sexual traditions, the woman's status with weak abilities for negotiation in the sexual relationship, economic dependence, resource to the commercial sex, and resource to the sex against advantages, social resistance to the use of the preservative, low access to the education, low quality of the services of health.

III. Decisive of individual nature. They are those that depend fundamentally of the knowledge, of the attitudes and the person's practices. Their answer should be contemplated at micro social level or family and mainly at individual level or intimate, through formal education, education for the pairs and individual process of reading. The determinant of individual nature are: the non use of the preservative, multiple partners, the access lack to the services of health, vulnerability to STD, lack of personal information.

1.4 analysis of the implementation of NSP 2000-2002

The Angolan answer to the HIV/AIDS it has been the result of the Government's collective effort, national and international NGOs, groups and religious associations, churches, agencies of bilateral cooperation, United Nations and agencies of multi-lateral cooperation.

In this chapter they are described the actions developed by the actors of the different sectors of the national life and their impact is analyzed in the extent of the implementation of the Strategic Plan 2000-2002. The analysis concentrates on the answer related with the areas that are decisive important in the transmission or in the impact of the HIV in the country, having as starting point the analysis of the present situation.

The degree of implementation of NSP was analyzed with emphasis in the inclusion of the activities developed by the Programs and Projects and the human resources and financiers made available for that effect.

1.4.1. Implementation of NSP for Areas of Intervention

The National Strategic Plan 2000-2002 identified two general objectives that include eight intervention areas:

Objective 1 to prevent the transmission of STI/HIV/AIDS in the general population and in more groups
Vulnerable to the infection

Priority areas:

- "Promotion of safe sexual behaviors
- "Promotion and Social Marketing of preservatives
- "Promotion of safe blood
- "Promotion of the Bio-safety

Objective 2 to reduce the negative impact of the epidemic to the level of the families and communities

Priority areas:

- " Promoção de advocacia, apoio ético e direitos humanos, fase às STI/HIV/AIDS
- "Mitigation of the impact in the infected people and affected by the HIV/AIDS
- "Care assistances to people living with HIV/AIDS

The disposed data allow an analysis to the first semester of 2003, moment in that it began the new process of strategic planning.

Objective 1 to prevent the transmission of STI/HIVAIDS in the general population and in the groups
More vulnerable to the infection

Intervention Area 1.1: Promotion of the Sexual Safety Behavior

1.1.1. Information, Education and Communication

They were implemented the following activities:

- " Educational campaigns through the mass media involving vulnerable groups (population reallocated, repatriated refugee, Sex workers, demobilized of the National Army, military, police, etc);
- "Production and distribution of material educative/informative / propaganda in answer the needs;
- "Educators' of pairs formation in the vulnerable groups (population relocated, repatriated refugees, sex Workers, demobilized of the National Army, military, police, etc) with involvement of NGOs;
- "Demonstration of Community Theater
- "Involvement in the Carnival 2003 and in several activities of circuit of massive cultural.
- "Involvement of the local authorities (political leaders, religious persons and traditional) in campaigns educative / informative.

In the biennium 2000-2002, they were planned out for this area, US\$ 2,396,384.00 having been absorbed US\$ 1,636,741.00 (68%), being the main backers: UNICEF, United Nations Foundation, UNFPA, USAID, ASDI, USACC, AECI, CRS, Chevron and UNAIDS through PAF. (See table)

In 2003, they were planned out activities for an amount of US\$ 3,298,673.13 and absorbed during the first semester US\$ 621,500.00 (27.9%). The activities were implemented by MINSA (Ministry of Health (NPFA)), international and national NGOs, Ministry of Youth and Sports, Caritas, Red Cross of Angola, Spanish Red cross, ANASO.

On the other hand activities were implemented with the massive communication means and other allusive to the World HIV/AIDS Day, for an amount of US\$477,000.00 financed by MINSA, USAID, USACC, UNFPA and UNICEF.

1.1.2. Education on HIV/AIDS in the National Teaching system

With technical support and financing of US\$3,423,000.00 of PNUD, Ministry of Education (MED) in collaboration with the Ministry of the Communication Social, Angolan Forks, Catholic Church, and ICRA, it began in 2002 the implementation of a project that seeks to Fight against the epidemic and the causes of it expansion through the construction of a strategy of social politics that reduces the impact of the HIV/AIDS in the Angolan educational system (SEA). The project points to the curricular reform with

introduction of the HIV/AIDS through to invigoration of the capacity of elaboration of education materials that include cultural references of the different communities to be used at the schools and by the means of social communication. The project foresees the formation of social actors including Armed forces, Church and Social Communication; creation and invigoration of social community nets where support will be given to services to adolescent mothers, orphans and women and men that live with HIV/AIDS among others.

On the other hand, UNICEF with UE Funds is financing a project about prevention of HIV/AIDS in the education system \$360,000.00 and UNFPA renders technical support to MED in the process of curricular reform.

1.1.3. HIV/AIDS in the work atmospheres

In May 2003 the Law was passed on HIV/AIDS work environment, elaborated by the Ministry of Public Administration Job and Social Security (MAPESS) that at this time meets to prepare the projects for its implementation. PSI, implemented a formation project on HIV/AIDS in companies of Luanda and Cabinda.

Area of Intervention 1.2: Social Marketing of Preservatives

In 2001-2002, the National Government, through MINSA and in partnership with PSI, implemented a program of distribution of preservatives and transmission of generic spots by US\$190,914.03.

In 2003, from a planned total of US\$ 1,098,914.03, they were spent in the first semester US\$ 598,914.03 (54.5%) financed by MINSA, USAID and UNICEF. The projects are to be implemented by NPFA, PSI and national NGOs.

Area of Intervention 1.3: Prevention and control of STI and HIV/AIDS

1.3.1 Voluntary Advice and Testing (ATV) / Prevention and control of STI.

In the years 2001-2002 they were planned out for this area US\$1, 425,992.00 and expenses US\$1,023,215.00 (71%) being the main backers: USAID, PSI, Italian Cooperation, OMS, UNICEF, RHRC, UNFPA, Ireland AID, DFID UK, Tunner Foundation and CRS.

The main implementers of this activity were IPMP, MINSA, PSI, GOAL, CAJ-JIRO, Marie Stops International, Divine Providence Hospital and the Teresianas Sisters. The projects were mainly facing the pre and post test advising, prevention and syndrome treatment of STI, reproductive health. These projects were facing the service the population in general and vulnerable groups, such as sex workers, young people, prisoner population and women of low income.

In 2003, was register an increase of the resources planned out for this area, totaling \$3,996,164, from which already were made available \$1,892,414 (47.4%). Besides the backers already mentioned, they are counting from this year with BP Amoco, ESSO, Rufford Foundation, AECI. It was also verified a larger interest and participation of national NGOs.

In agreement with the available information the largest number of activities is developed in Luanda, but small projects exist in Luena, Saurimo, Lubango, Benguela, Lobito, Catumbela, Cubal and in Kuito.

1.3.2.. Epidemic surveillance and Investigation

It is being Implemented the Program of epidemic surveillance in 6 provinces of the country (Luanda, Cabinda Benguela, Lunda - South, Huíla and Benguela), of MINSA in collaboration with WHO and CDC/Atlanta, being the main backers MINSA, THE Italian Government and CDC/Atlanta.

In the period 2000-2003, several traverse studies of prevalence and inquiries were implemented CAP, by MINSA, ONUSIDA, PSI, GOAL, OMS, UNICEF, INSP, FAAs, UNDP, INE and LPV.

During the referred period were used about \$1,000,000 for this area. Among other activities, they were considered the laboratory technicians' formation and of Statistics, activities of Diagnosis of the Hepatitis B were accomplished, Syphilis and HIV in the pregnant and sick with TB and it was distributed equipment, expendable material and reagents for some laboratories.

Intervention Area 1.4: Promotion of safe blood

In the period 2000-2003, the European Commission financed a project of Bio-safety transfusion to guarantee safe blood in the provincial capitals for an amount of US\$2,378,869.00 being MINSA the main implementer. In the referred project form included the following activities:

- "Formulation and distribution of blood transfusion norms substitutes' use and its rationalization
- "Distribution of equipments for HIV tracking, Syphilis and Hbs for the centers and posts of Chemotherapy at national level with the priority of the provincial capitals
- "Benevolent promotion of the gift of blood
- "Distribution of tests to all provinces

Intervention Area 1.5: Promotion of the Bio-safety for the prevention of the nosocomial transmission

In 2003 seminars were accomplished in the province of Luanda for health technicians on bio-safety for the prevention of the **nosocomial** transmission, financed and implemented by MINSA.

Objective 2: To reduce the negative impact of the epidemic at the family's level communities

Intervention Area 2.1: legal profession Promotion, ethical support and human rights, face the STI/HIVAIDS

This has been an intervention area in which few resources and attention have been paid. In fact, just US\$150,000 of the almost US\$20,000,000 made available in the triennium 2001-2003 were destined to the promotion of the advocacy and legal ethical support to people living with HIV/AIDS.

In 1999, it was initiate the discussion of the Ante-Project of Law on HIV/AIDS in Angola, led by the Seventh Commission and for the Group of the Parliamentary Women. Until the present dates, referred project of Law was not approved.

In spite of being very few interventions in this area, it is notable the involvement of the medium in the popularization of messages on the STI-HIV/AIDS offering the society a discussion forum more enlarged on the theme of the rights of the people living with HIV/AIDS.

Intervention Area 2.2: Mitigation of the impact in the infected people and affected for the HIV/AIDS

This is another area on which has not been having an investment. In spite of the importance of this strategic area in the combat the epidemic, just US\$228,000 was allocated of a total of US\$20,000,000 invested in the combat to the HIV.

The main implementers in this area have been NGOs, with prominence for the Association Fight For Life, Human Action and AJPD. The main backers have been USAID, through PSI and to World Learning. The UNDP has funds for the mitigation of the Impact to be used in the second semester of 2003.

It is also noticed the progressive involvement of the churches (Protestants and Catholic) in collaboration with to an organization of people living with HIV/AIDS in the promotion of psico-social activities and of emotional support to infected people and affected, including family and orphan children.

Recently also the Coalition of Defense of Sero positives Rights was created composed by NGOs that develop advocacy campaigns (vigils, marches, lectures) on the rights of the sero-positives.

Intervention Area 2.3: Assistance Care to people living with HIV/AIDS

A great gap exists concerning the assisted cares to infected people and affected by the HIV/AIDS. THE national Government only created in order to 2002, a unit of reference in Luanda (Multi-Perfil Hospital), for the treatment to people infected by the HIV with a quite limited covering. The hospitals and units of health doesn't get to provide appropriate sanitary attendance to the people infected, by lack of medicines, laboratories and specialized personnel.

The costs of the medical aid to infected people have been covered partially by the National Committee of Health (organ of MINSA), through the patients' evacuation initially for the exterior and starting from 2002, to the Multi-Perfil Clinic. This mechanism guarantees the access to specialized services, just benefiting a quite reduced number of people.

At the moment doesn't exist a national politics on treatment for the HIV infection for the (therapy Antiretroviral). The treatment costs in the Multi-Perfil Clinic oscillate among \$2,500 to \$3,000 a year.

Prevention of the HIV in the Vertical Transmission

The Government financed in 2002, a pilot project of prevention of the vertical transmission of the HIV, with two year-old duration, with an amount of US\$3,800,000 in the provinces of Luanda, Benguela, Cabinda and Huila.

At the moment, the project is in the initial phase. It is expected that the project is capable to offer advising services and testing of HIV to all the pregnant women independently of her risk situation for the HIV in the prenatal consultation, to do the evaluation of the infection for the HIV in pregnant women that doesn't make the prenatal consultation, through the fast test for diagnosis of the infection for the HIV in the maternities during the labor and or in expel period , to distribute medicines antiretroviral gratuitously for pregnant women infected by the HIV and their respective newly born, prophylaxis with antiretroviral of unique dose in pregnant women that have leaves out of the maternity and for the respective newly - been born

1.4.2 Analysis of the Relevance of the Programs and Projects in relation to the Vulnerable Groups

The analysis of the relevance of the programs, tries to identify in that measured the implemented activities were driven to the main vulnerable groups, up to where the actions were implemented concerning the determinant for the transmission or for the reduction of the impact of HIV in the country. This analysis was made by the managers of 58 projects and programs, during the process of strategic planning.

The activities of IEC and of ATV and syndrome treatment of STI, promotion and marketing of preservatives were focused for the general population with matter emphases in the following vulnerable groups: young, women, sex workers and military, police and convicts. These activities were limited to Luanda and some provincial capitals.

Significant interventions have not been verified with the following vulnerable groups: drivers, boys of and in the street, informal salespersons, single mothers, workers of the mining areas and truck drivers. In what respects people living with HIV/AIDS, the interventions were limited the activities of psycho-social attention guided by national NGOs and the very limited medical attention in covering terms and impact.

2. ANALYSIS OF THE ANSWER

ANALYSIS OF THE NATIONAL ANSWER

- The analysis of the answer was accomplished based in the norms and guides of UNAIDS. Three large intervention areas were analyzed:
- § Institutional Development and Administration (institutionalization, legislation and normatization, Development of partnerships, administration of resources, logistics of inputs, systems of information, behavior and biological surveillance, formation, safe blood, scientific and technological development)
- § Promotion, Prevention and Protection (IEC, promotion of safe sexual practices, reduction of the damages of the use of drugs, reduction of the maternal-infantile transmission, prevention services, promotion of the human rights)
- § Diagnosis, Attendance and Treatment (attention to the pregnant woman HIV+ and to the exposed children, attention to the bearers of STI, attention to the bearers of HIV/AIDS, diagnosis and labor attendance)

-
- In each one of the areas the following aspects were analyzed:

-
- §What is working and should be maintained
- §What is working and can be expanded and/or improved
- §What is working and needs a new answer
- §What was not even considered, but its relevant
- § What is not relevant and it should be abandoned

-
-

• 2.1. ANALYSIS OF THE OPERATION BY THEMATIC AREAS

-

• 2.1.1. INSTITUTIONAL DEVELOPMENT AND ADMINISTRATION

-

• i - Institucionalization

-

- What is working and it can be expanded and/or improved
- · THE National Program of Fight against AIDS works while organ of national coordination since 1989.
- · The provincial programs of fight against AIDS while coordination organs work in few provinces and they should be reinforced.
- · THE National Institute of Public Health is the only public institution of the Ministry of Health with capacity for the counting of CD4+ and CD+.
- · There is a group of national No Government Organizations linked to the combat of the HIV/AIDS (ANASO composed by 43 NGOs)

-

- What is not working and does need a new answer?
- · the Coordination at the national and provincial level & articulation of the different actors and public and private sectors

- · The National Commission of Fight Against the HIV/AIDS, recently created, is not an operational organ yet. Needs to be regulated and structured.
- · NPFA and provincial Nuclei with insufficient number of specialized technical personnel
- · Lack of incentives to the national pictures
- · Insufficient formation of the technical people in administration of human resources, administrative, financial, in monitor and evaluation, in strategic planning in the area of HIV/AIDS in a poverty perspective and development
- · Lack of Involvement of most of the Ministries and of private companies
- · Lack of engagement of the Ministry of Planning and of the Ministry of the Finances
- · Lack of connection and articulation with other programs like Tuberculosis and STI
- · Lacks of access to financial and human resources for the operation of the institutions
-
- What was not even considered but its relevant?
- · Formulation of operational strategic plans at the level of the provinces and of the municipal districts.
-
- ii - Legislation and Establishments
-
- What is working and can be expanded and/or improved
- · The application of the regulation on HIV/AIDS in the job places
- · Regulation of key organs: CNLA, CPLS, PNLS, PPLS
-
- What is not working and does need a new answer?
- · Approval of the Anti-project of Law on HIV/AIDS (pendant two years ago)
- · Norms for use of the therapy ARV
- · Norms for the standardization of the service in ATV
- · Norms of surveillance of STI and Blood banks
-
- What was not even considered but it's relevant?
- · General Law on HIV/AIDS.
- · Mechanisms of the infected child's protection / affected by the HIV/AIDS
- · Political of incentive and the youth's promotion
- · Need of legal profession interventions in the area of human rights of infected people's and affected by the HIV/AIDS
-
- iii - Development of Partnerships
-
- What is working and it should be maintained
- · Involvement of the Average, NGOs, religious institutions, Angolan Armed forces
-
- What is working and can be expanded and/or Improved

- .Deepen the character of collaboration among the actors (to maximize the government synergies and no government, public and private)
- Partnerships with organized civil society and with international organizations
-
- What was not even considered but it's relevant?
- . Internal Partnerships (inter ministry and inter programs)
- . to Assure that the partnership protocols between government and NGOs are cattle **peitados**

"Need of periodic meetings between the government and no government actors to consolidate the partnerships

"Need to make available financial resources through public contest, for NGOs projects.

"Need to make possible the knowledge of experiences of the civil society, success in other countries, to NGOs of Angola

"To involve the private companies as the companies Oil and Diamond companies

iv - Administration and Logistics of material and financial Resources

What is working and can be expanded and/or improved

"Human resources and technical capacity of the NPFA

"To qualify NGOs (leaders and of technicians)

What is not working and does need a new answer?

"Lacks of guides and norms of administration of the resources and of accounts rendered mechanisms with transparency (weak)

"Allocation of financial resources at the national and provincial level

"Allocation and definition of resources for the purchase of medicines ARV, kits of CD4

"Allocation and definition of resources for purchase of medicines of STI, preservatives, educational material and of campaigns

"Lack of technical capacity in the transparent administration of resources and respect for the accounting norms.

"Enlargement of the net labor

"Availability of fast tests in the sanitary units of the municipal districts

"The beneficiaries' participation in the programs and his/her administration

"The logistics of the National and Provincial Program of the HIV/AIDS to all levels with work means

What was not event considered but is relevant?

"Inexistence of sources of solemnity-financing of NGOs

V-. Human resources

What is working and can be expanded and/or improved

"Insufficient number of technicians in the main institutions (NPFA, PPFA)

What is not working and does need a new answer?

"Formation at all of the levels (central & provincial, municipal)

"Planning Actions, monitor and evaluation of the interventions

What wasn't considered but is it relevant?

"Lack of incentives to the public office workers

2.1.2. PROMOTION, PREVENTION, PROTECTION

I - IEC

What is working and can be expanded and/or improved

"Campaigns and involvement of the media (Programs TV/radio/Newspaper)

"Production and material distribution

"Buys, promotion and distribution of preservatives

"Formation and expansion of an activist net

"Involvement of the churches

"Creation and popularization of messages in national languages

"Programs IEC***** should be more coordinated and expanded to all the provinces, municipal districts and communes

"Formation of educators of pairs for the work with adolescents, sexual workers, workers of companies, etc.

What is not working and does need a new answer?

"Coordination and informing of methodologies for the elaboration of messages

"Evaluation of the impact of the actions of IEC

"Material production for the promotion of safe sexual behaviors

"Involvement of the traditional authorities in the approach of the HIV at the communities' level.

What was not considered but it's relevant?

"Adaptation of the messages to the specific groups (in matter for (PLWHAIDS)

ii - Serologic and Behavioral Surveillance

What is working and can be expanded and/or improved

"Reference laboratories for diagnosis actions, surveillance - need of expansion of the net

"The system of collects and flow of Inter-provincial and National information

"Surveillance sentry in national level - new ranches sentry in pregnant and other vulnerable groups

lii - Promotion of Safe Practices

What is working and can be expanded and/or improved

"Promotion and marketing of the preservative

"Inter personal Communication, advising and education of pairs

"Community Theater

"Integration of activities of sexual and reproductive health and HIV/AIDS

"Engagement of the Ministry of the Family and Promotion of the Woman

What is not working and does need a new answer?

"Integration of contents of sexual education and STI/HIV in the curriculum school Programs of the woman's training for administration of the own sexual and reproductive life

"Readiness and promotion of feminine preservative

iv - Reduction of the Vertical Transmission of the HIV/AIDS

What is working and can be expanded and/or improved

"Implementation and expansion of the project of the prevention of the vertical transmission of the HIV

"Involvement of people living with HIV/AIDS

v - Promotion of the Human rights

What is working and can be expanded and/or improved

"Need of more campaigns on human rights in relation to the HIV/AIDS with national inclusion and in a systematic way

What is not working and does need a new answer?

"Recognition of the prevention in STI/VIH/AIDS as subject of human rights

"Creation of services of ethical and legal support

"Need of activists formation in HIV/AIDS & Human rights

2.1.3. ASSISTANCE, DIAGNOSIS AND TREATMENT

I - Attention to the pregnant woman HIV+ and the exposed child

What is not working and does need a new answer?

"Advisement services for the pregnant woman

"The pregnant woman's attendance HIV+

"Availability of ARV and of fast tests in the maternities and reference hospitals

"The health technicians training in advisement pre and post test

"Equipment of the sanitary units for implementation of the programs of PTV****

"Programs of psychological and social support

"Substitutes' of the maternal breast feeding readiness

"Protocols and treatment norms

ii - I Control and Treatment of STI

iii- Integral attention the PLWHAIDS

In general services don't exist in this area. In Luanda, There is an organization of People Living with the HIV/AIDS (Fight For Life). The Government created an unit of reference for treatment in the MultiPerfil Hospital, where the patients are referred with subsidy of the National Medical Committee which doesn't cover the whole population that needs this type of cares.

What is working and it can be expanded and/or improved

"Control and treatment of the opportunists' infections.

"Support to people living with HIV/AIDS

"Capacity of monitories of immunological indicators (CD4+ and CD8+)

"Public services of reference for specialized continuation of PLWHAIDS

What is not working and needs a new answer

"Medical attention for PLWHAIDS, including access to ARV.

What wasn't even considered but it is relevant

"Home and community attention of PLWHAIDS

"Psychological formation and support of technicians' of health

iv - Diagnosis and Laboratory follow up

What is working and can be expanded and/or improved

"Diagnosis means (specific equipment, reagents, expendable material, etc)

"Blood banks

What is not working and does need a new answer?

"Control of quality

"Inter-connection between testing and pre and post-test Advising

"Protocols, norms and manuals for labor diagnosis

v - Services of Testing and Voluntary Advise

Few services exist in this area. Luanda is the province with larger number of centers of ATV, lacking however of work conditions adapted and qualified technical personnel.

2.2. Analysis of the Adaptation of Human resources

In spite of it not being made a detailed analysis of the human resources involved in the implementation of the projects and programs, their motivations, problems, etc, it is possible to thick the way to refer that, the number of people involved in the answer to the combat the epidemic is not still proportional to the intervention needs.

Most of the involved people works for national NGOs and develops mainly prevention activities, being many as volunteers.

In general, considering the givens that exist in Angola more than 500,000 people infected by the HIV, the covering of attendance of them are quite reduced. For instance, looking at the number of activists involved in the Coalition for the Rights of Sero positives that is inferior to 100, including in this the number of workers of the services of health that already work and receive infected people, we are before a picture in that each activist on average should cover 5,000 people living with HIV/AIDS. Or means to say in way a lot optimist that, if on average each activist is to proceed about 20 infected people, then, only 2 000 people living with the HIV are being covered.

On the other hand, the level of the personnel's education involved in the implementation of the programs is mainly basic.

Due to problems linked to the organization of the services and to the low wages, the personnel involved in the combat to the HIV/AIDS, is quite unfounded. The psychological implications of the HIV and all linked subjects to the lack of a clear politics of intervention, lack of resources, low formation among other, they make the covering and the quality of the services extremely low or almost insignificant.

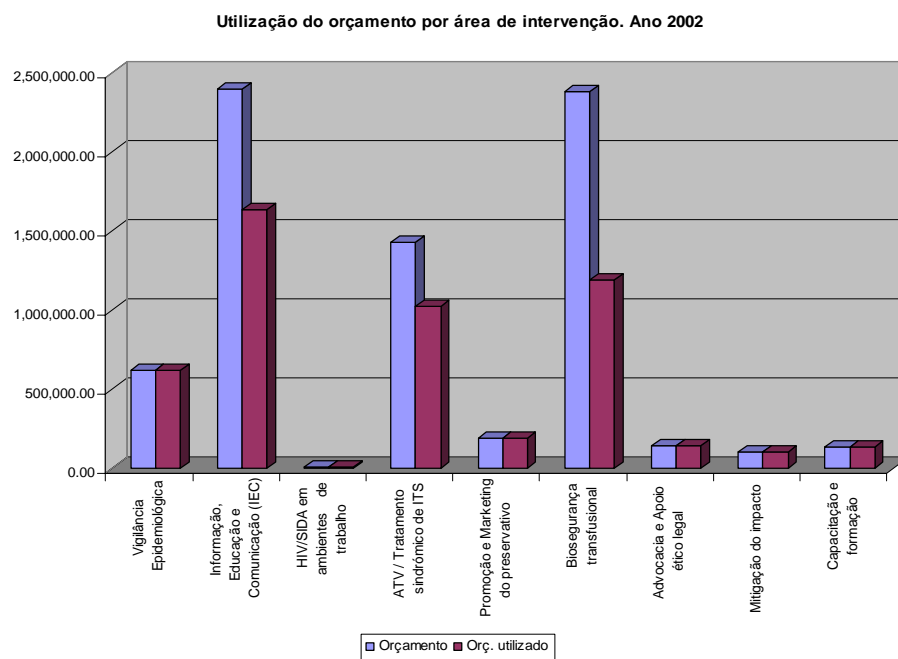
2.3. Analysis of the Adaptation of the Financial Resources

The following tables show an increase in the budget planning destined to the combat of the HIV/AIDS of US\$7, 393063.53 in 2002 for US\$23,558,358.16 in the year 2003, staying the capacity of superior absorption of financial resources to the 60% (68.2% equivalent to 5,041,209.03 in 2002, and 60.5% equivalent to 14,254,910.00 in the first semester of 2003). The cultured course for these figures constitutes an important indicator of the interest and engagement growing of the National Government and of the different partners in the problem linked to the epidemic. It is of pointing out that the budget made available in 2003 until June (US\$ 14,254,910.03) it is almost the triple of the worn-out total in the

year 2002 (US\$5,041,209.03). To growing readiness of financial resources and the presence more and more solid of actors of different sectors of the national life they need coordination mechanisms to facilitate the partnerships inside of a mark strategic multi sectorial.

Table 8

Figure



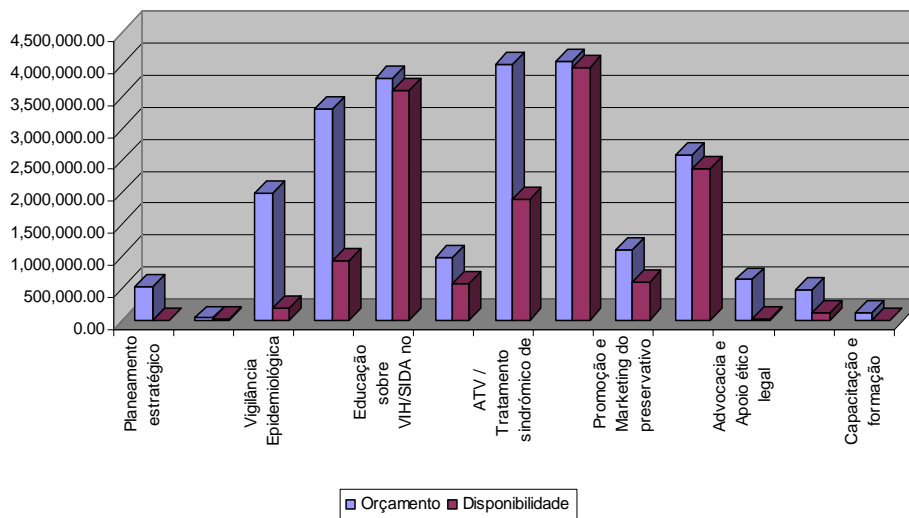
BUDGET FOR AREA OF INTERVENTION. YEAR 2003

Table 9

Intervention area	Budget	Budget available	%
Strategic Planning	530,000.00	0.00	0.0
Elaboration of Guidelines	30,000.00	15,000.00	50.0
Epidemic surveillance	1,980,370.00	195,370.00	9.9
Information, Education and Communication (IEC)	3,298,673.13	921,500.00	27.9
Education on HIV/AIDS in Educational System	3,783,000.00	3,603,000.00	95.2
Means of Communication and events	986,843.00	571,843.00	57.9
ATV / Treatment syndromic of ITS	3,996,164.00	1,892,414.00	47.4
Prevention o vertical transmission of VIH	4,054,000.00	3,950,000.00	97.4
Promotion and Marketing of preservative	1,098,914.03	598,914.03	54.5
Biosefety transfusional	2,578,869.00	2,378,869.00	92.2
Advocacy and Legal ethical support	630,000.00	10,000.00	1.6
Mitigation of the impact	476,525.00	118,000.00	24.8
Capacitation and formation	115,000.00	0.00	0.0
TOTAL	23,558,358.16	14,254,910.03	60.5

Figure 12

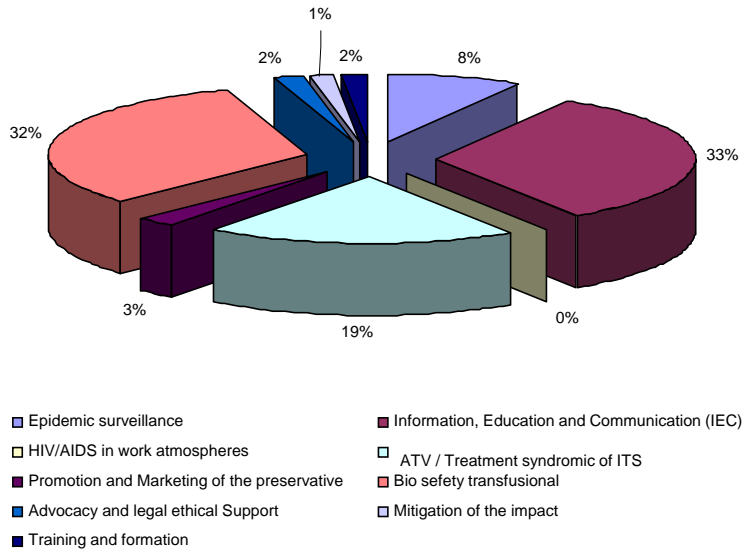
Disponibilidade de recursos. Ano 2003



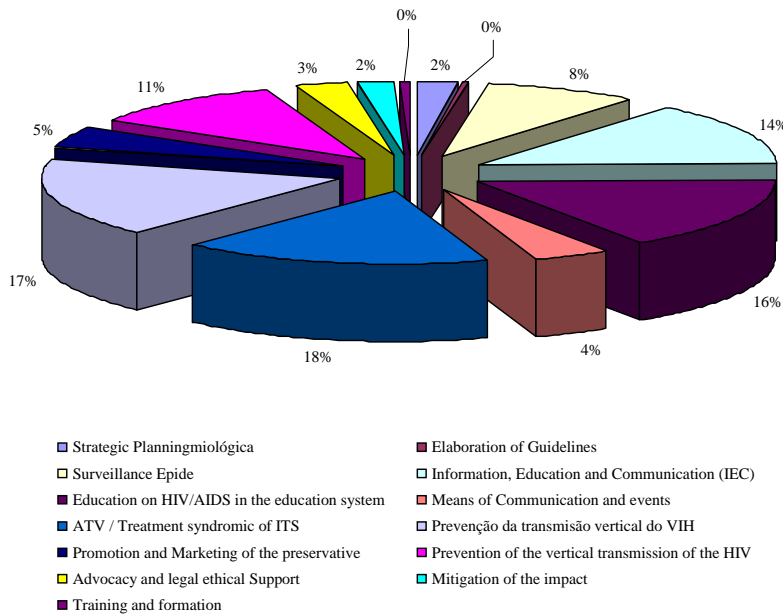
In what it respects the distribution of budgeting resources for intervention area, we can see in the graphs below presented a larger attribution of resources to the areas related with primary prevention, namely Information Education and Communication (33% 2002 14% in 2003), Testing volunteer and advising (19% in 2002, 18% in 2003) and bio safety trans fusion (32% in 2002, 11% in 2003). The apparent percentile decrease is consequence of the increase in the readiness with a redistribution of resources that also considers other intervention areas.

Figure13

Budget Distribution by Intervention Areas. Year 2002



Distribution of the budget by intervention area Year 2003



It is of pointing out that the intervention areas driven to the people's integrated attention living with HIV, Advocacy and ethical-legal support has enjoyed of a small amount of resources (inferior to 10%) with exception of the programs of cut of the vertical transmission in which in 2003 a solid amount of resources was allocated. To increase the quality and accessibility of the services of health, to intensify the prevention programs and VCT, to establish programs of prevention of the vertical transmission by administration of prophylaxis anti-retroviral and the access to treatment anti-retroviral is crucial elements in the fight against the epidemic that configure important actions opportunities in the new strategic picture.

The following table, the main implementers and backers are represented in the different intervention areas during the biennium 2001-2002.

Table 10

Implementers and backers by intervention area

Intervention area	Implementer	Backers
Epidemic surveillance	MINSA, USAID, OMS UNICEF	Nat. Gov, OMS, PSI UNICEF, UNAIDS
Information, Education and Communication (IEC)	MINSA, OMS, PSI UNICEF, ONUSIDA Médicos del Mundo	Gov. Nac, UNICEF Fund. das NU, USAID USACC, CRS, CHEVRON, ONUSIDA, Agencia Espanhola Coop Int
Education on HIV/AIDS in the system of Education on HIV/AIDS in the and teaching	Min. Educação Min. Com. Soc. PNUD, FAA, Igreja, ICRAI	PNUD, NORAD
HIV/AIDS and Means of Comuni HIV/AIDS and Means of Social shark	MINSA, PSI ANASO, Gov. Provs.	Gov.Nac, USAID USACC, UNICEF
HIV/AIDS in Work Atmospheres of	MAPESS Dir. Provinc. PNLS, IGT, INEFOP	Gov.Nac
ATV / Treatment syndromic of ITS	MINSA, IPMP, PSI, GOAL, CAJ-JIRO, MED, MSIA, H.D. N.S.da Paz (Cubal)	Gov.Nac, PSI, Coop. Italiana, OMS, CDC, UNICEF, RHCR, Ireland Aid, FNUAP DFID UK, Tunner F. CRS
Prevention of the Tranmission Vertical of HIV	MINSA e Parceiros	Gov. Nac. UNICEF EGPAF
Promotion and Marketing of preservative	MINSA (PNLS), PSI	MINSA USAID
Biosefety transfusional	MINS A	EU
Advocacy and Legal ethical support	DP MAPESS MINSA UNICEF ONUSIDA PNLS PNUD PSI-Rede AJPD	Gov. Nac. UNICEF PNUD ONUSIDA
Mitigation of the impact in the infected people and affected for the HIV	LPV, ONUSIDA	USAID

.The analysis of the activities developed in the biennium shows the difficulties clearly in the decentralization of the defined strategies in NSP. More of the 70% of the financial resources were invested in activities developed in Luanda. Few projects were implemented at level of the provinces and municipal districts.

Concerning the financing source, more of the 80% of the projects were financed through donations with a participation of the inferior state to the 20%.

3. STRATEGIC GOALS

3. GOALS AND STRATEGIES FOR THE PERIOD 2003 -2008 (Revision 2005)

The goals and strategies for the period 2003 - 2008, were defined basing in the Analysis of the Situation and in the Analysis of the capacity of National Answer to the epidemic of the HIV/AIDS, accomplished during the Process of Strategic Planning.

Considering the narrow relationship between the poverty and the HIV/AIDS, it is fundamental that the Strategic Plan is in touch with the Plan of Reduction of the Poverty (PERP). For this effect, will be necessary a first revision in 2004 for the connection of the two strategic plans.

NSP, was elaborated to allow the future interventions to answer the needs and to the detected problems, in way to favor synergies and effective changes the all of the levels (political, social, economic and institutional).

NEP seeks to assure interventions to guarantee that the rendered services are of quality, that the vulnerable groups are intervention targets, that the projects be viable in technical terms, economics and administrative and that are framed inside of the political ,cultural and social context.

3.1 hypotheses of the Program strategic Vision

The strategies are in consonance with the guidelines ratified by the Government from Angola, contained in the following instruments:

"Declaration of the Millennium Objectives New York, September of 2000

"Declaration of Abuja on the commitment of the African countries in the fight against the epidemic in April of 2001.

"Declaration of Commitment on HIV/AIDS, Extraordinary Session of the General Assembly of the United Nations in June of 2001

"Strategic Plan of Reduction of the Poverty (PERP) in approval phase

"National Plan of Health

3.1.1 Ideal hypothesis for the combat to the HIV/AIDS in Angola

If the national answer makes arrangements during the next five years, prevention interventions and attention essentials and of good quality in the whole national territory, country will be able to:

"To reduce the infection taxes for the HIV/AIDS

"To lessen the socio economic impact associated to the infection by the HIV/AIDS

3.1.2 Real hypothesis of NSP

If the national answer be strengthened of the institutional point of view and if it is capable to guarantee the quality of the interventions and the covering of the vulnerable groups, of the provincial capitals to the communes, in the end of 2008, the country will be able to:

"To maintain the prevalence of the infection for the HIV/AIDS

" To reduce the social impact and economic of the HIV/AIDS in the infected population and affected providing health cares, support, protection in the base of the respect for the human rights.

3.2. Guiding beginnings of NSP 2003-2005 & 2005-2008

i -Fights to the HIV/AIDS integrated in the Plan of Reduction of the Poverty

The interconnection among poverty and HIV/AIDS it was demonstrated in the first part of the document. The analysis of the epidemic in the area of Africa Sub-Saharan it demonstrates that a direct relationship exists between the poverty and the propagation of the HIV. Common variants exist among poverty and HIV/AIDS that are influenced mutually in a negative way, increasing the poverty and resulting in the increase of the transmission of the virus.

ii - Interventions focused for the priority vulnerable Groups

The strategies will be guided for the priority social groups identified in the process of strategic planning that you/they are the most vulnerable to the infection and the impact of the HIV/AIDS. The main white groups of intervention will be the youths in matter the girls and the adults with high mobility, including truck drivers and military, people living with the HIV/AIDS, the orphans and his/her relatives, among others.

iii - Covering of interventions in the rural areas

In geographical terms it will be necessary to invest in the rural areas because these have been less considered in terms of programs and projects of HIV/AIDS. The high ignorance levels and disinformation concerning the resisted epidemic in rural populations demand a private attention. Once identified the areas of economic development of the country next years (highways to be rebuilt and priority areas of development) it can be bet in the same ones focusing on the identified vulnerable groups.

IV - Revision of NEP in 2005

Being NSP framed in the Interim Strategy of Reduction of the Government's poverty, it will be essential to do a revision in the year 2005. In that time will be made the evaluation of the implementation of the defined strategies and they will be eventually maintained or drawn new intervention strategies.

v - Multi sectorial approach and multi-discipline

After the analysis of the situation, it was verified that several factors that determine the vulnerability to the infection and the impact of the HIV/AIDS. Some of these healthy factors of macro economic nature, as poverty, others happen at the community and cultural level, as the resource to the commercial sex, and the faiths and relative habits to the sexuality, others happen at the individual and family level, as the behavior and the personal attitudes.

To give a true answer to the epidemic it is needed to have an approach multi sectorial and to multi-discipline that it involves all of the partners and that it facilitates the synergies. The different actors, especially the Ministries, while members of NCFAA (National Committee of fight Against Aids) should contribute to the prevention of the HIV/AIDS and for the reduction of the impact of the epidemic on the population.

The Government should in an effective way guarantee initials of the General Budget of the State (OGE), that seek to give priority to the reduction of the poverty and the combat to the HIV/AIDS. An official declaration of "engagement" and nomination of focal points for the HIV/AIDS responsible for the execution of the mandate of their Ministry it will constitute the starting point for the cooperation multi sectorial and multi-discipline.

