# Background

## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population, 2022</td>
<td>35.6 million</td>
</tr>
<tr>
<td>Birth rate (per 1000 people), 2021</td>
<td>39</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births), 2021</td>
<td>47</td>
</tr>
<tr>
<td>Under-5 mortality rate (per 1000 live births), 2021</td>
<td>69</td>
</tr>
</tbody>
</table>

## FINANCIALS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Domestic Product (GDP), 2022</td>
<td>US$ 106.78 billion</td>
</tr>
<tr>
<td>GDP per capita, 2022</td>
<td>US$ 3000</td>
</tr>
<tr>
<td>Health expenditure per capita, 2020</td>
<td>US$ 50.74</td>
</tr>
<tr>
<td>Health expenditure (% of GDP), 2020</td>
<td>2.91%</td>
</tr>
<tr>
<td>External health expenditure (% of current health expenditure), 2020</td>
<td>4.16%</td>
</tr>
</tbody>
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## KEY RESOURCES

- Africa Regional Strategic Plan on Polio Transition

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Overview of polio eradication and transition planning in Angola

Angola recorded its last case of indigenous wild polio in 2001 but suffered subsequent outbreaks of imported wild poliovirus. The country has also experienced periodic outbreaks of circulating vaccine-derived polioviruses (cVDPVs). Angola is committed to strengthening surveillance and immunization efforts to protect against further outbreaks, supported by international partners, and work towards a sustainable transition of polio eradication assets and expertise.

Angola’s National Polio Transition Plan 2019 – 2024 was developed by a dedicated Polio Transition Technical Group, coordinated by the National Directorate of Public Health. The plan aims to maintain critical polio eradication functions, while developing the capacities of the national epidemiological surveillance system, the expanded programme of immunization, and health promotion efforts. Since the plan was developed, challenges in operationalization, funding transitioned functions and retaining staff have led to delays in implementation. Nonetheless, progress has been made to sustain polio activities in an integrated manner using a mix of Government-recruited and WHO staff. As of 2024, the Global Polio Eradication Initiative continues to provide support to Angola to maintain critical functions.

Journey to transition: polio transition plan 2019 - 2024

Overall objectives

The overall aim of polio transition is to safeguard the polio essential functions (poliovirus surveillance, immunization with appropriate polio vaccines, outbreak response and containment) that are needed to sustain a polio-free world, and use the polio investments – the tools, knowledge and infrastructure established through the eradication effort - to strengthen national health systems. A dedicated Regional Strategic Plan for the African Region sets out the aims of regional polio transition.

The central goal of Angola’s transition plan is “To contribute to the eradication of polio in Angola and the world, by guaranteeing the sustainability of the essential functions of the polio eradication initiative and strengthening the national health system through the transition of polio resources, activities and processes to the current structures and programmes of the Ministry of Health and its partners.”

This goal is broken down into four specific objectives:

1. Consolidating polio eradication functions, activities, and good practices as part of a functional health system.
2. Strengthening health system capacities at all levels to implement quality disease surveillance, essential immunization, and health promotion activities, including those for polio.
3. Strengthening the capacities of provincial and municipal public health teams to manage health programmes, with an emphasis on maternal and child health, surveillance, and response to epidemic outbreaks.
4. Establishing procedures to transfer responsibility for the polio essential functions to the Ministry of Health.

The transition plan was designed to complement the Strategic Plan of the National Epidemiological Surveillance System, the Multiannual Immunization Plan 2016 - 2020 and the National Health Promotion Strategy 2016 – 2020. Strategies to implement the plan outline roles and responsibilities, as well as planned timelines for the achievement of each activity.

Transition strategies

Objective 1: Consolidating polio eradication functions, activities and good practices as part of a functional health system.

Objective 1 is focused on ensuring that polio functions, activities and expertise are successfully integrated into the national health system and are maintained to both protect Angola as polio-free and strengthen other health priorities. As many of the functions are already fully integrated, the focus is on streamlining and ensuring sustainability. The key sub-activities to achieve the objective are:

a) The creation of a virtual library of technical documents related to disease surveillance, the Expanded Programme on Immunization and health promotion.

b) Preparation, validation, approval, and distribution of procedure manuals for surveillance, immunization and health promotion and logistic and financial activities.

c) Updating and validation of terms of reference for staff involved in polio activities.

3 See https://www.who.int/teams/polio-transition-programme for more details
Objective 2: Strengthening health system capacities at all levels to implement quality disease surveillance, essential immunization and health promotion activities, including those for polio.

Objective 2 is focused on strengthening the capabilities of the health system to implement the quality activities of epidemiological surveillance, the Expanded Programme for Immunization and health promotion, including polio functions. There is a particular focus on strengthening the capacities of teams at the provincial and municipal level, where WHO, UNICEF, and the CORE Group4 have historically supported the planning and implementation of surveillance activities, routine vaccinations, and campaigns. Activities to achieve this include:

a) Strengthening the implementation of integrated disease surveillance, essential immunization and health promotion.
b) Mapping of disease surveillance, essential immunization and health promotion capacities at the municipal level.
c) Preparation and implementation of provincial operational plans to strengthen the organization and functioning of disease surveillance, essential immunization and health promotion.
d) Increasing National Institute for Health Research support for case surveillance and environmental surveillance activities.
e) Reinforcing monitoring of polio eradication activities by national certification committees, experts and the laboratory containment technical group.
f) Planning for the replacement of communication and transport equipment, where required, at national, provincial and municipal levels.
g) Preparation of budgets for the operation and maintenance of equipment by the Ministry of Health in each province and municipality.
h) Reinforcement of the disease surveillance and health promotion departments with human resources.

Objective 3: Strengthening the capacities of provincial and municipal public health teams to manage health programmes, with an emphasis on maternal and child health, surveillance and response to epidemic outbreaks.

Angola’s “epidemiological antenna teams” supported by the Global Polio Eradication Initiative make extensive technical contributions to other health programmes. The contributions of polio personnel have strengthened the national health system over time, leading to increased resilience and ability to respond to outbreaks. It is therefore vital to sustain this capacity as GPEI support is withdrawn. Objective 3 aims to achieve this by strengthening the management capacity of provincial and municipal public health teams, bolstering the national health information system and performance monitoring system, and implementing a supervision model. In addition, regular working meetings of provincial public health teams will be encouraged to coordinate and implement responses to health events. The key sub-activities to achieve Objective 3 are:

a) Implementation of the National Management Capacity Strengthening programme.
b) Implementation of management plans to provide supervision and technical assistance to municipalities.
c) Implementation of provincial and municipal databases.
d) Implementation of programme performance monitoring tools.
e) Preparation and implementation of provincial and municipal Integrated Disease Surveillance and Response plans.
f) Development of quarterly programme evaluation reports with recommendations for provincial and municipal officials.

Objective 4: Transferring responsibility for the polio essential functions to the Ministry of Health.

The transfer of polio-funded resources and human resources to the Ministry of Health after polio eradication will ensure that they continue to contribute to future health objectives. Achieving this objective will require careful preparation and ensure that critical capacity is sustained. The key activities pertaining to this objective are:

a) Definition and approval of the plan for incorporating polio staff into Ministry of Health.
b) Incorporation of polio staff.
c) Development of an operation and maintenance plan for equipment.
d) Transfer of resources and materials from WHO to the Ministry of Health.

4 The CORE Group Polio Project is a multi-country, multi-partner initiative providing financial support and on-the-ground technical guidance and support to strengthen country efforts to eradicate polio.
Financial sustainability and resource mobilization

At the time of the plan’s publication, the estimated cost of implementing activities was US$ 28.9 million. Proposed costs to be progressively assumed by the Government of Angola have been identified. It will be critical for the Government to work with partners to secure alternative sources of financing to fill remaining funding gaps.

Monitoring and evaluation

Angola’s Polio Transition Technical Coordination and Monitoring Group developed 21 indicators to track transition plan implementation. These are divided into (a) transition plan implementation indicators; (b) budget financing and execution indicators and; (c) polio function performance indicators. Additionally, a calendar for the preparation of products and technical documents was drawn up.

Risks/challenges

- Risk of poliovirus importation, exacerbated by low immunity levels.
- High turnover of health staff in the national health system, causing capacity and knowledge gaps.

Next steps

- Implementation of transition plan objectives with the involvement of relevant partners, including resource mobilization to sustain polio functions in the long-term.