

# World Health Organization

## Annual Report

### Angola 2025



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# Acronyms

<b>ADECOS</b>	Community and Health Development Agents
<b>Africa CDC</b>	Africa Centres for Disease Control and Prevention
<b>AFP</b>	Acute Flaccid Paralysis
<b>ARMED</b>	Regulatory Agency for Medicines and Health Technologies
<b>AMR</b>	Antimicrobial Resistance
<b>DRC</b>	Democratic Republic of the Congo
<b>DNSP</b>	National Directorate of Public Health
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Operations
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>Gavi</b>	The Vaccine Alliance
<b>GOARN</b>	Global Outbreak Alert and Response Network
<b>GPEI</b>	Global Polio Eradication Initiative
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPV</b>	Human Papillomavirus
<b>IIMS</b>	Integrated Survey of Multiple and Health Indicators
<b>INIS</b>	National Institute for Health Research
<b>JUCARENTE</b>	Youth Association for the Support of Disadvantaged Young People
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>MCH RB</b>	Maternal and Child Health Record Booklet
<b>MINSA</b>	Ministry of Health
<b>Mpox</b>	Disease caused by the monkeypox virus
<b>NCDs</b>	Noncommunicable Diseases
<b>NIS</b>	National Immunization Strategy
<b>NTD</b>	Neglected Tropical Diseases

<b>nOPV2</b>	Novel Oral Poliovirus Vaccine type 2
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PHEOC</b>	Public Health Emergency Operations Centre
<b>WEN-WHO</b>	WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care
<b>SDGs</b>	Sustainable Development Goals
<b>SOPs</b>	Standard Operating Procedures
<b>STI</b>	Sexually Transmitted Infection
<b>SAFER</b>	WHO initiative to reduce alcohol-related harm, including road safety
<b>SBP-NL</b>	Biomedical Surveillance and Preparedness Network – Netherlands
<b>SRMNCAH+N</b>	Sexual, Reproductive, Maternal, Neonatal, Child, Adolescent and Nutritional Health
<b>UNICEF</b>	United Nations Children's Fund
<b>UPRA</b>	Private University of Angola
<b>US CDC</b>	United States Centers for Disease Control and Prevention
<b>VPDV2</b>	Vaccine-Derived Poliovirus type 2
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization

# Foreword



In 2025, upon assuming my functions as WHO Representative in Angola, I had the opportunity to witness first-hand the strength of national leadership, the commitment of health professionals, and the transformative impact of science when placed at the service of people.

This Annual Report reflects a year of complex challenges, marked by demanding public health emergencies, but also by structural advances that strengthened the health system and affirmed health as a central pillar of development. At critical moments, Angola demonstrated capacity to respond, resilience and strategic vision, supported by mobilised communities and strong partnerships.

Progress achieved in areas such as outbreak response, the expansion of immunisation, strengthened surveillance, and improvements in maternal and child health demonstrates the value of joint work between the Government, partners and WHO. These results are, above all, the result of the tireless commitment of health professionals and teams on the ground, to whom I express my deep appreciation.

This year also took place in a context of severe cuts in global health financing, with a direct impact on WHO operations, including a significant reduction in the workforce. These circumstances required difficult choices and continuous adaptation, and it is right to acknowledge the contribution of colleagues who retired or left the Organization.

Looking ahead, the challenges remain clear: to accelerate the reduction of avoidable mortality, strengthen primary health care, protect the most vulnerable populations and reinforce health security. With leadership, solidarity and continued commitment, Angola has all the conditions to move decisively towards Universal Health Coverage and the Sustainable Development Goals.

I invite all partners and national stakeholders to continue this journey with us. Together, we can ensure that every child, every woman and every family has access to quality health care, today and in the future.

**Dr Indrajit Hazarika**  
WHO Representative in Angola

# Executive Summary

In 2025, Angola faced significant public health challenges, including outbreaks of cholera, poliomyelitis and measles, in a context marked by structural vulnerabilities and high pressure on the health system. At the same time, important progress was recorded, reinforcing the country's trajectory towards Universal Health Coverage, with the continued technical support of WHO.

The response to public health emergencies was one of the pillars of the year. More than three million doses of oral cholera vaccine were administered, contributing to a reduction in the case fatality rate to 2.4%, supported by strong community mobilisation involving more than 1,175 religious and community leaders. In the area of poliomyelitis, 6.8 million children were vaccinated, achieving coverage levels above 95%. In parallel, the operationalisation of the National Public Health Emergency Operations Centre and six regional centres strengthened the capacity for rapid and coordinated response.

In maternal and child health, measurable progress was observed, with a reduction in neonatal mortality from 24 to 16 per 1,000 live births and in maternal mortality from 239 to 170 per 100,000 live births. These results reflect investments in antenatal care, skilled birth attendance, updated clinical protocols and workforce capacity-building, as well as inclusive initiatives such as the introduction of the Maternal and Child Health Record Booklet in braille.

HPV vaccination marked a historic milestone, protecting 1.26 million girls against cervical cancer and positioning Angola as a regional reference in the implementation of the Global Strategy for the Elimination of this disease. In parallel, in the area of neglected tropical diseases, Angola has remained free of human cases of dracunculiasis for almost six years, sustaining progress through active surveillance, access to safe drinking water and community mobilisation.

However, significant challenges persist. Malaria remains the leading cause of morbidity and mortality in Angola, placing constant pressure on the health system, particularly among the most vulnerable populations. Tuberculosis also continues to represent a high burden, requiring greater acceleration of diagnosis, patient-centred care and more effective integration into primary health care. Noncommunicable diseases are also assuming a growing burden, with WHO supporting the updating of clinical guidelines and the development of strategic plans in the areas of mental health, alcohol, tobacco and other drugs, with a focus on prevention and service integration.

At the institutional level, WHO supported the strengthening of the regulation of medicines and health technologies, with a view to achieving regulatory maturity level 3 by 2027, and initiated the update of the National Health Accounts for 2020–2023, reinforcing evidence-based planning. Strategic communication also played a central role, with high-reach digital campaigns and the creation of platforms that strengthened health literacy and public trust.

Despite progress, Angola continues to face structural challenges, including still high maternal and child mortality, gaps in vaccination coverage, particularly among zero-dose children, food insecurity and high exposure to health emergencies. Addressing these challenges requires sustained action, innovation and long-term investment.

Under the theme of World Health Day, “Healthy Beginnings, Hopeful Futures”, WHO reaffirms its commitment to supporting Angola to ensure that all children, women and families have access to quality health care from the start of life, accelerating progress towards Universal Health Coverage and the Sustainable Development Goals.



The President of the Republic of Angola, João Lourenço, in a meeting with the Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus, during the 78th World Health Assembly in Geneva.

# President of Angola Highlights African Leadership and Commitment to WHO at the 78th World Health Assembly



President of the Republic of Angola, João Lourenço, addresses the 78th World Health Assembly.

In 2025, Angola reaffirmed its commitment to global health and to strengthening the World Health Organization (WHO) through the participation of His Excellency President João Manuel Gonçalves Lourenço at the 78th World Health Assembly, held in Geneva.

In his capacity as Chairperson of the African Union, the Angolan Head of State delivered a high-level statement at the world's principal forum for global health governance, conveying Africa's common position on current and future global health challenges. His address highlighted the central role of WHO in coordinating responses to health emergencies, strengthening health systems and promoting equity in access to health care.

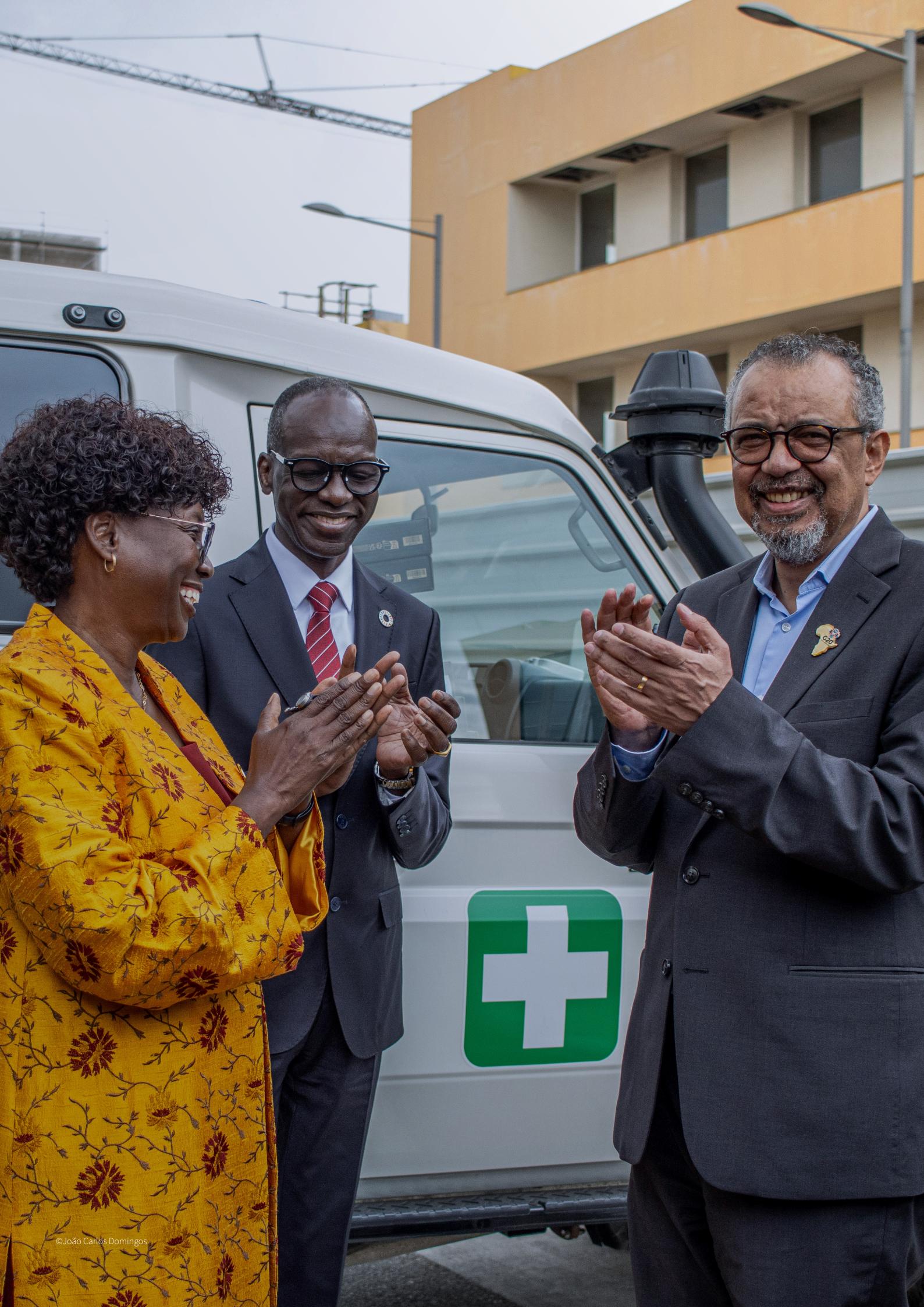
President Lourenço underscored the need to ensure more sustainable, predictable and adequate financing for WHO, in order to strengthen its institutional independence and its capacity to plan and respond effectively to health crises, pandemics and structural challenges. This position is aligned with ongoing efforts under the WHO Investment Round, which aims to secure stable resources for the implementation of the Organization's mandate.

Angola's participation in WHA78 at the highest political level reflects the country's strategic interest in the global health agenda, multilateralism and the strengthening of international cooperation. It also reaffirms Angola's role as an active partner of WHO and as an influential African voice in shaping global health priorities.

This engagement contributes to consolidating the partnership between Angola and WHO and to positioning health as a central pillar of sustainable development, social stability and cooperation among Member States.

**The World Health Assembly (WHA)** is the highest decision-making body of the World Health Organization. It is responsible for setting global health policies and approving the Organization's work program and budget.

The WHA meets annually in Geneva, Switzerland, bringing together delegations from all Member States, partners, and observers in a strategic decision-making space for the future of global public health.



# WHO Director-General and Regional Director for Africa Visit Angola



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The Director-General of the World Health Organization, Dr. Tedros Adhanom Ghebreyesus, and WHO Regional Director for Africa, Dr. Mohamed Yakub Janabi, meet with Angola's Ministry of Health.

Between 24 and 28 November 2025, Angola hosted a visit by the WHO Director-General, Tedros Adhanom Ghebreyesus, and the WHO Regional Director for Africa, Mohamed Yakub Janabi, in the context of the 7th African Union–European Union Summit. On the margins of the Summit, Dr Tedros also met with the President of the Republic of Angola, further strengthening high-level dialogue on health and international cooperation.

During the mission, the delegation met with the Minister of Health, Dr Sílvia Lutucuta, to discuss priorities including sustainable financing, the expansion of primary health care, the modernisation of information systems and human resources development. WHO also handed over one ambulance and 30 computers, financed by the European Union, aimed at strengthening primary health care services and the National Health Information System.

The visit included field visits to health facilities, with particular attention to HPV vaccination services, community health initiatives and the Vangulula Centre at Azancot de Menezes Maternity Hospital, a national reference centre for the treatment of obstetric fistula. The mission contributed to consolidating the strategic partnership between WHO and the Government of Angola in strengthening the national health system and preparing for future challenges.



The Director-General of the World Health Organization, Dr. Tedros Ghebreyesus, and the WHO Regional Director for Africa, Dr. Mohamed Yakub Janabi, visit the Dr. Manuel Pedro Azancot de Menezes Maternity and Children's Hospital.



The Director-General of the World Health Organization, Dr. Tedros Ghebreyesus, gives a press interview during his visit to the Dr. Manuel Pedro Azancot de Menezes Maternity and Children's Hospital.

# Introduction of Human Papillomavirus (HPV) Vaccination

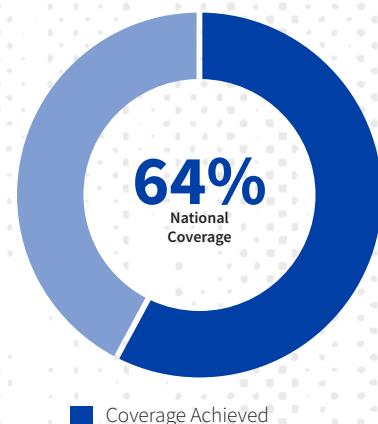


©João Carlos Domingos  
Girl being vaccinated during the launch of the cervical cancer vaccination campaign in Namibe.

In 2025, Angola launched one of the largest public health campaigns in its history with the introduction of vaccination against human papillomavirus (HPV), the leading cause of cervical cancer. The campaign, conducted between 27 October and 7 November, aimed to protect more than two million girls aged 9 to 12 years, aligning the country with the Global Strategy for the Elimination of Cervical Cancer, the Sustainable Development Goals and Universal Health Coverage.

To ensure a minimum coverage of 70%, 1,667 Expanded Programme on Immunization teams were mobilised and deployed in schools, health facilities and communities, ensuring free access to the single-dose vaccine in accordance with WHO guidelines. The strategy was based on microplanning, cold-chain logistics and risk communication and community engagement, with strong political support and the involvement of the United Nations system and partners, including WHO, UNICEF, UNDP, Gavi, the European Union and the European Investment Bank.

The campaign reached 1.26 million girls, corresponding to 64% national coverage, with provinces such as Moxico, Benguela and Lunda Sul recording coverage levels above 90%. Beyond immediate protection, the initiative strengthened the role of schools as public health platforms and established a solid foundation for future cancer prevention and women's health interventions.



# Angola Approves the National Immunization Strategy 2026–2030



Polio Vaccination Campaign in the province of Icolo and Bengo, municipality of Calumbo.

Angola formally adopted the new National Immunization Strategy (NIS) 2026–2030, a guiding instrument that reinforces the country's commitment to child health protection and to strengthening the Expanded Programme on Immunization.

Developed through a participatory and evidence-based process, the NIS places equity, sustainability and the integration of immunization services at the centre of Angola's public health agenda. WHO played a key role in its development, providing technical support throughout the process, from situational analysis, priority-setting and needs projections to the final review of the monitoring framework.

The Strategy establishes ambitious yet realistic national targets, including achieving 90% vaccination coverage by 2030, reducing the proportion of zero-dose children to below 5%, maintaining Angola free of wild poliovirus, eliminating neonatal tetanus and achieving measles elimination targets. To this end, it prioritises strengthening the cold chain, improving sustainable financing, continuous training of the health workforce, and reinforcing epidemiological surveillance and outbreak response.

# First National Hospitals Forum



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President of the Angolan Medical Association, Jovita André; Secretary of State for Hospitals, Leonardo Europeu; Minister of Health, Sílvia Lutucuta; Representative of the World Health Organization in Angola, Indrajit Hazarika; and National Director of Hospitals, Hernane Quintas, during the 1st National Hospital Forum.

In November 2025, Angola held the First National Hospitals Forum, marking a milestone in strengthening the quality and integration of the National Health System. The Forum, organised by the National Directorate of Hospitals under the supervision of the Minister of Health, involved WHO from the planning phase and brought together hospital managers, health professionals, academics and partners.

Under the theme “Providing Quality Care, Innovating and Leading with Evidence”, key strategic areas were discussed, including linkages with primary health care, patient safety, hospital information systems, and service certification and accreditation. WHO in Angola highlighted the role of hospitals in delivering safe care and responding to health emergencies, reaffirming its support for the implementation of the Forum’s recommendations.

Among the main agreed orientations were strengthening hospital monitoring, harmonising digital data recording, and the phased implementation of certification and accreditation processes, consolidating a joint commitment by the Government of Angola and WHO to citizen-centred, high-quality hospital services.



Dr. Tomás Valdez, WHO coordinator for health policies and systems, during the 1st National Hospital Forum.



The Executive Director of Gavi, the Vaccine Alliance, Sania Nishtar, during a visit to a health facility in the municipality of Viana, Luanda.

## Gavi Strengthens Strategic Cooperation with Angola

In November 2025, Angola hosted an official visit by Gavi, the Vaccine Alliance, led by its Chief Executive Officer, Dr Sania Nishtar, to strengthen strategic cooperation in immunization and align priorities for the 2026–2030 cycle. The mission included high-level meetings with the Minister of Health, United Nations partners including WHO and UNICEF, the World Bank, and a meeting with the President of the Republic, reaffirming political commitment to immunization.

The agenda included a field visit to health facilities in Luanda, allowing observation of vaccination service delivery and informing strategic decision-making. The visit underscored the importance of partner coordination and sustainable financing to strengthen the National Immunization Programme, with WHO reaffirming its role as a technical partner in supporting national efforts towards Universal Health Coverage.



The Executive Director of Gavi, the Vaccine Alliance, Sania Nishtar, during a meeting with the Municipal Administration of Viana, in Luanda.



Beneficiaries of the MICS Project in Bié Province.

# Ensuring Access to Health Care

In 2025, WHO supported Angola in strengthening access to essential health care through concrete interventions in maternal, neonatal and child health, immunization, neglected tropical diseases, hospital quality and management, and the regulation of medicines and health technologies (ARMED). This chapter presents the main results achieved in expanding coverage, improving service quality and strengthening the systems that ensure safe and effective care for the population.

## 1.1. Strengthening pharmaceutical regulatory capacity

In 2025, WHO strengthened its technical support to Angola's Agency for the Regulation of Medicines and Health Technologies (ARMED), within the framework of the implementation of its Institutional Development Plan (IDP), with a view to achieving regulatory maturity level 3 by 2027.

Throughout the year, WHO, with co-financing from the European Union, supported the systematic monitoring of ARMED's progress in implementing the recommendations resulting from the assessment conducted using the WHO Global Benchmarking Tool. By 2025, 112 of the 244 recommendations had been implemented, corresponding to an execution rate of 45.9%, with a substantial reduction in pending actions and greater clarity on priorities for the subsequent period.

A central milestone in 2025 was the international technical consultancy, which took place between August and December 2025 and included two three-week field missions conducted in September and December. The missions focused on the implementation of technical recommendations associated with priority regulatory functions, involving direct technical work with ARMED teams, capacity-building activities, and the definition and consolidation of an operational roadmap to accelerate progress throughout the year. The results were presented in feedback sessions led by ARMED's Directorate, with the participation of WHO.

In 2025, WHO support also focused on strengthening regulatory governance, consolidating internal processes, aligning with international quality standards, and the strategic planning of critical actions to be implemented between 2026 and 2027, particularly in regulatory functions with execution levels below 50%.

These actions contributed to strengthening the foundations of a functional, transparent and sustainable regulatory system, essential to ensuring the population's access to safe, effective and quality medicines and health technologies, as well as to creating favourable conditions for investment and local production. WHO will continue to support ARMED in 2026, ensuring regular technical follow-up and consistent progress towards regulatory maturity.



Dr. Tomás Valdez, during a meeting with ARMED.

## 1.2. National Health Accounts

National Health Accounts constitute a fundamental instrument for systematically and transparently monitoring financial flows within the health system. They enable the tracking of expenditure trends in the public and private sectors, the identification of costs by disease, population group and region, and support decision-making based on concrete data.

In Angola, the most recent National Health Accounts were produced in 2011, covering the period from 2006 to 2008. Under priority 18.5.2 of the National Development Plan 2023–2027, the Ministry of Health, with technical support from WHO and financing from WHO, the European Union and UNDP, initiated a structured process in 2025 to update the accounts.

Between June and July, three training activities were conducted for 14 members of the national technical team, composed of representatives from the Ministry of Health, the Ministry of Finance and the National Institute of Statistics. This was followed by a second phase of capacity-building involving 64 participants from 42 departments and 19 entities from the public and private sectors, academia, civil society and non-governmental organizations.

Following the training activities, the national-level data collection and cleaning phase began in October, involving hospitals, health centres, private companies, embassies, non-governmental organizations, strategic partners and households.

The final report of the National Health Accounts 2020–2023 is expected to be completed in June 2026, representing a decisive step towards strengthening transparency, efficiency and evidence-based planning in Angola's health sector.

## 1.3 Maternal, Neonatal and Reproductive Health

In 2025, Angola continued to face significant challenges in the area of sexual and reproductive health, maternal, neonatal, child and adolescent health, and nutrition. The most recent data from the Multiple Indicator and Health Survey (IIMS 2023/24) highlight a persistent burden of mortality and unmet needs, in a context characterised by high fertility and weaknesses in access to essential services.

Key health indicators show that:

- The fertility rate remains high, at **4.8 children per woman**;
- Maternal mortality stands at **170 deaths per 100,000 live births**;
- Neonatal mortality is **16 deaths per 1,000 live births**;
- Infant mortality remains high, at **32 deaths per 1,000 live births**; and
- Mortality among children under five years of age is **52 deaths per 1,000 live births**.

High adolescent fertility is also notable, estimated at 122 births per 1,000 girls aged 15 to 19 years, reflecting persistent limitations in access to information, sexual and reproductive health services and family planning methods. At the same time, 54.2% of births continue to take place at home, and 38% of women of reproductive age have unmet needs for family planning. Although a slight increase in the utilisation of these services has been observed, from 52% to 54%, progress remains insufficient given the scale of the challenges.

The nutritional situation also remains critical. An estimated 5.7 million people are affected by undernutrition, and 28.7% of the population live in conditions of severe food insecurity. Chronic malnutrition among children under five years of age has worsened, increasing from 38% to 40%, while only 33% of children aged zero to five months benefit from exclusive breastfeeding.

**Planning and governance:** In this context, WHO strengthened its strategic and technical support to the Government of Angola throughout 2025, beginning with sector planning and governance. The Organization provided technical and logistical support to the updating and validation of the Integrated Strategic Plan for Sexual and Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition (2025–2030), ensuring its alignment with national priorities and WHO global guidelines.

**Health workforce capacity-building:** Strengthening the competencies of health professionals was a central priority. In 2025, 35 health professionals from five provinces were trained in Integrated Management of Childhood Illness, contributing to improved clinical approaches at primary care level. In addition, 64 health workers were trained in Emergency Obstetric and Neonatal Care, with a focus on the prevention and management of complications that represent the main causes of maternal and neonatal morbidity and mortality, namely haemorrhage, hypertensive disorders of pregnancy, intrapartum asphyxia and obstructed labour. Furthermore, 25 professionals received training in service quality management, using the 5S Kaizen tool and WHO modules on humanised and woman-centred care.



**35**

health professionals from five provinces were trained in Integrated Management of Childhood Illnesses.

**64**

technicians trained in Emergency Obstetric and Neonatal Care.

**25**

technicians received training in service quality management.

**Improving service quality:** In the area of service quality, WHO supported the updating of the Maternal and Child Health Record Booklet, with the printing of 192,720 copies, including, for the first time, 2,361 copies in braille, promoting the inclusion of people with visual impairments. The new WHO guidelines for a positive antenatal, childbirth and postnatal experience were also implemented in 18 pilot facilities in the provinces of Huambo and Huíla, with the objective of increasing the national rate of institutional deliveries, currently estimated at 46%.

**Nutrition:** In the nutrition sector, WHO supported the review and updating of the protocol for the integrated management of severe acute malnutrition (2025–2030), with a view to improving the management of severe cases and containing the worsening of chronic malnutrition, particularly among children under five years of age.

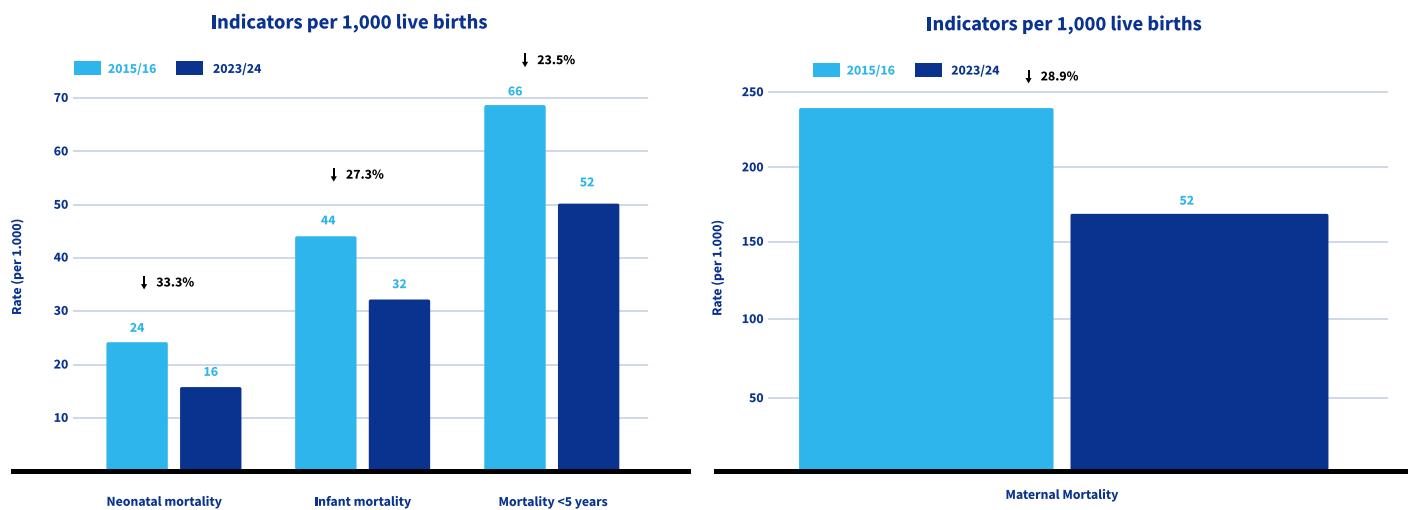
**Advocacy, surveillance and response:** WHO also supported the reactivation of maternal and neonatal death surveillance and response committees in Huíla Province, as well as their progressive expansion at national level. In parallel, WHO led a regional study on effective interventions for the prevention of avoidable maternal and child deaths, promoting the dissemination and institutionalisation of evidence-based guidelines and protocols.

**Strategic events:** As part of system-strengthening efforts, WHO provided technical support for the First National Hospitals Forum, held in November 2025, which brought together 880 health professionals and contributed to strengthening integration across the three levels of care.

The implementation of these initiatives contributed to strengthening the availability of updated tools and protocols, improving the competencies of key professionals for the response to obstetric and neonatal emergencies, promoting inclusion, and reinforcing governance, surveillance and response to maternal and neonatal deaths.

In the medium term, an accelerated reduction in maternal and neonatal mortality is expected, alongside increased coverage of institutional deliveries, improvements in the management of acute malnutrition, and a positive impact on child nutrition and uptake of family planning services, contributing to progress towards Universal Health Coverage and the Sustainable Development Goals.

## Progress in Child Health in Angola



Rossana Francisco's speech during the Roundtable Discussion held at UPRA.

### Human Impact Story

## Rossana: A Commitment to Life

At the age of nine, Rossana Francisco lost her mother, a dedicated nurse. This loss marked her life and ignited a promise: to care for others. Today, at 26 years old, Rossana is completing her nursing degree and undertaking an internship at Luanda General Hospital, where she helps newborns take their first steps towards a healthy future.

In 2025, she took part in Roda de Saúde, an initiative of WHO Angola that brought together health professionals and communities to discuss the theme “Patient safety from birth”. On that occasion, she learned that safety goes beyond protocols, also meaning listening to families, engaging parents and ensuring dignified and humanised care.

“Every child has the right to be born and to grow up in safety,” Rossana emphasised, inspired by the meeting. Her story symbolises the impact of the training and dialogue promoted by WHO, which prepare a generation of professionals who turn commitment into action, protecting lives from the very first day.

## 1.4 Strengthening the National Response to Antimicrobial Resistance

In 2025, Angola recorded progress in strengthening institutional capacity to prevent and control antimicrobial resistance, recognised as one of the ten greatest global health threats. With technical support from WHO, a joint mission with the Ministry of Health was conducted between 18 and 20 November, aligned with World Antimicrobial Awareness Week.

The mission made it possible to assess progress achieved, identify critical gaps and support the definition of a strategic plan aimed at strengthening integrated surveillance, the rational use of antimicrobials, and infection prevention and control. Under the “One Health” approach, field visits and a national workshop were carried out, bringing together more than 60 participants, including representatives of Government, academia, civil society and international partners.

Key results included:

- The establishment of a multisectoral platform for policy coordination and monitoring the implementation of the National Action Plan on Antimicrobial Resistance;
- The definition of technical priorities, including integrated surveillance, strengthening laboratory capacity, rationalising antimicrobial use and resource mobilisation; and
- Alignment with international commitments, notably the targets of the 2024 United Nations Political Declaration on Antimicrobial Resistance.

WHO will continue to support Angola through the provision of scientific evidence, training and technical guidance, with a view to strengthening a system capable of preventing, detecting and responding effectively to antimicrobial resistance.



Meeting on antimicrobial resistance with the participation of the three levels of the World Health Organization other partner organizations, and the Angolan Ministry of Health, within the framework of the “One Health” approach.



Dr Tedros Adhanom Ghebreyesus, visits the Vangulula Center at Azancot Hospital, a referral center for the treatment of women with obstetric fistula.

## Witnessing Efforts to Restore Lives Affected by Fistula

To the sound of patients singing in chorus, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, visited Azancot de Menezes Hospital and was deeply moved by the reality of women living with obstetric fistula, a serious condition resulting from prolonged labour without adequate assistance. In Angola, it is estimated that around 20,000 women live with this condition, facing incontinence, isolation and social stigma.

The Vangulula Centre, which in Kikongo means “to restore life”, represents a symbol of hope and resilience. Since 2014, it has treated 3,195 women, with a success rate of 98% in simple cases. Beyond reparative surgery, the centre provides rehabilitation services, social reintegration and prevention activities, promoting institutional delivery, which remains insufficient in the country, where 54% of births still occur at home, according to 2023/24 data.

However, significant challenges persist, including the absence of a dedicated operating theatre, resource constraints and a shortage of specialised professionals.

“The treatment of women with fistula restores their dignity and hope,” stated Dr Tedros. The Minister of Health, Dr Sílvia Lutucuta, emphasised that obstetric fistula is a national priority that requires an integrated approach based on prevention, treatment and social inclusion.

Each woman treated represents a life restored. The fight against obstetric fistula is a commitment to equity, human rights and the Sustainable Development Goals.

## 1.5 Immunization

In 2025, Angola took a decisive step towards strengthening immunization with the approval of the National Immunization Strategy (NIS) 2026–2030, consolidating vaccination as a central pillar of child health protection and health system strengthening. Developed through a participatory and evidence-based process, the Strategy places equity, financial sustainability and the integration of immunization into primary health care at the centre of the national agenda, in alignment with WHO recommendations and global and regional commitments.

WHO played an essential role throughout the development of the NIS, supporting situational analysis, priority-setting, needs projections and the review of the monitoring framework. The Strategy sets ambitious yet realistic national targets, including:

- Achieving 90% vaccination coverage by 2030;
- Reducing the proportion of zero-dose children to below 5%;
- Maintaining Angola free of wild poliovirus; and
- Eliminating neonatal tetanus and achieving measles elimination targets.

To achieve these objectives, the NIS prioritises strengthening the cold chain, improving sustainable financing, continuous capacity-building of human resources, and reinforcing epidemiological surveillance and outbreak response, with implementation supported by technical partners and donors.

The operationalisation of this strategic vision was reflected in large-scale interventions throughout 2025. Notably, the introduction of HPV vaccination constituted one of the largest public health campaigns in the country's history, aiming to protect more than two million girls against cervical cancer and aligning Angola with the WHO Global Strategy for the Elimination of this disease.



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Polio vaccination in action.

In the area of poliomyelitis, national campaigns were conducted to protect nearly seven million children under five years of age, in response to the detection of cases in the country, combining mass vaccination, strengthened surveillance and community mobilisation. In parallel, oral cholera vaccination was integrated into outbreak response in several provinces, with campaigns aiming to protect more than two million people in areas of active transmission.

Measles and rubella vaccination campaigns, notably in Lunda Norte, also made it possible to reach previously unvaccinated children and reduce the risk of new outbreaks, contributing to the elimination objectives set out in the NIS.

Taken together, the approval of the National Immunization Strategy 2026–2030, combined with the implementation of high-impact campaigns in 2025, demonstrates a strategic, integrated and results-oriented approach, with WHO acting as a central technical partner in supporting Angola to ensure that no child is left behind and to accelerate progress towards Universal Health Coverage.



Vaccination against Cervical Cancer.

## 1.6. Communicable and Noncommunicable Diseases

In 2025, WHO supported Angola in the prevention, control and integrated management of communicable and noncommunicable diseases, strengthening policies, services and national capacities, with a focus on improving access to primary health care and protecting the most vulnerable populations.

**Malaria:** Malaria remained a public health priority in 2025. WHO supported the Ministry of Health in the assessment and external validation of the National Malaria Control Strategic Plan (2021–2025), contributing to the analysis of progress achieved and the definition of future directions. Support was also provided for the updating of the national malaria diagnosis and treatment manual, ensuring alignment with WHO recommendations.

As part of capacity-strengthening efforts, more than 300 health professionals were trained in key areas, including diagnosis, case management, vector control, surveillance, monitoring and supply chain planning, contributing to improved service quality and response at national and subnational levels.

**HIV, Viral Hepatitis and Sexually Transmitted Infections:** In the area of HIV, viral hepatitis and sexually transmitted infections (STIs), WHO supported the monitoring of data quality for HIV/AIDS services in four priority provinces—Cabinda, Uíge, Zaire and Cuanza Norte—strengthening data reliability and evidence-based decision-making.

In 2025, WHO supported the development of the Second Plan for the Triple Elimination of mother-to-child transmission of HIV, hepatitis B and syphilis, reaffirming national commitment to the elimination of these preventable infections. Awareness-raising activities on human rights, stigma and discrimination were also promoted, including the training of more than 65 students, as well as the participation of WHO headquarters in the Second International Congress on the HIV Response, held in Luanda.

**Tuberculosis:** Tuberculosis continued to represent a significant public health challenge. On World Tuberculosis Day, commemorated on 24 March, WHO mobilised policymakers, health professionals and communities to reinforce the urgency of eliminating the disease by 2030.

In 2025, progress achieved in expanding service coverage between 2018 and 2023 was highlighted, supported by WHO through the implementation of the National Tuberculosis Control Strategic Plan (2018–2022) and the development of the new plan for 2023–2027, maintaining tuberculosis as a priority on the national health agenda. In the same year, WHO also supported the updating and validation of new treatment regimens for drug-susceptible TB, multidrug-resistant TB and latent tuberculosis infection.

**Neglected Tropical Diseases:** In the area of neglected tropical diseases, Angola conducted large-scale deworming campaigns in 2025, reaching more than 38 million people. Children accounted for approximately 74% of those treated, mainly through school-based campaigns, while adults were reached through community campaigns.

These interventions contributed to reducing disease risk, improving community well-being and strengthening the integration of prevention activities within the health system, in alignment with national and global NTD elimination objectives.

**Noncommunicable Diseases and Mental Health:** WHO strengthened its support for the prevention and management of non-communicable diseases (NCDs) and the promotion of mental health, providing technical and financial support to the National Directorate of Public Health. On World Mental Health Day, celebrated under the theme “Mental Health in Humanitarian Emergencies”, the “Tea of Ideas” initiative was held, promoting reflection on the impacts of humanitarian crises, epidemics and disasters on mental health.

Between June and December 2025, WHO supported the mapping of mental health services for children and adolescents, as part of a global initiative of the WHO Department of Mental Health, Brain Health and Substance Use, enabling the identification of gaps and the strengthening of the national response.

WHO also supported the updating of clinical manuals for hypertension, diabetes, cancer and healthy lifestyles under the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN), as well as the finalisation of the National Strategic Plan for Mental Health, Alcohol, Tobacco and Other Drugs, and the development of the Operational Plan for the Prevention of Suicide and Self-Harm, strengthening the integration of mental health into primary health care.



WHO in Angola visits Huambo Municipal Hospital.

## 1.7. Eradication of Guinea Worm Disease

In 2025, Angola continued to take decisive steps towards the elimination of dracunculiasis, a debilitating disease that perpetuates vulnerability and poverty. Under the leadership of the Ministry of Health and with the support of WHO and other partners, the country advanced the development of the National Strategic Plan for the Eradication of Dracunculiasis 2025–2030, aligned with WHO's global objective of eradicating the disease by 2030.

Between 2018 and 2025, a total of 207 cumulative cases were recorded, of which three were in humans and 204 in dogs, all in Cunene Province. No human cases have been reported since March 2020, representing five years and nine months without human-to-human transmission.

In 2025, however, 70 infections in dogs were confirmed following genetic analysis of 148 samples from 73 suspected cases, with a positivity rate of 95.9%. The containment rate was 44.3%, and of the 145 rumours reported, 86.9% were investigated and documented within 24 hours, demonstrating efficiency in surveillance and response. Compared to 2024, an increase of 20.8% in notifications and 79.5% in infections was recorded, reflecting strengthened surveillance and detection capacity.

Preventive actions included the distribution of 93,364 filters, benefiting 26,805 families, the treatment of 359 water sources with the larvicide Abate® in 57 villages, and the sensitisation of more than 137,641 community members through integrated activities. Currently, 145 villages are under community-based surveillance, supported by 458 volunteer agents.

Throughout 2025, WHO led efforts to consolidate interventions, strengthening integrated surveillance and the “One Health” approach, as well as assessing innovative measures, including dog sterilisation, accompanied by advocacy actions aimed at establishing an appropriate legal framework.

The national strategy under development is based on five pillars: active surveillance and rapid response; interruption of transmission through improvements in water supply and sanitation; cross-border collaboration; community mobilisation; and strengthened governance.

Angola remains one of the five countries that have not yet eradicated the disease, which is transmitted through the consumption of contaminated water. The consolidation of a multisectoral, evidence-based approach reaffirms the country's commitment to the Sustainable Development Goals and to WHO's Neglected Tropical Diseases strategy, with lasting benefits for public health and for the most vulnerable communities.

## Conclusion

The progress recorded in 2025 demonstrates that access to health care depends as much on effective service delivery as on robust regulatory, institutional and community systems. Consolidating these gains will be essential to sustain progress towards Universal Health Coverage and to respond to the growing needs of the Angolan population.



**26,805**  
families benefited



**137,641**  
community members  
reached



**359**  
treated water sources



**458**  
community agents  
trained

Se vir algo assim é **Doença do Verme da Guiné**  
comunique imediatamente as autoridades  
de saúde mais próximas



**Doença do  
Verme da Guiné  
ou  
DRACUNCULOSE**



Setup of a Cholera Treatment Center in the province of Bengo.

# Protecting Health

In 2025, protecting the health of the population was WHO's main priority in Angola, in response to multiple outbreaks, notably cholera, as well as poliomyelitis, measles and other public health threats. This chapter presents the results of strengthened epidemiological surveillance, emergency preparedness and response, operational coordination, and the prevention and control actions implemented to reduce transmission and save lives.

## 2.1. Response to the Cholera Outbreak

In 2025, Angola faced one of the largest cholera outbreaks in its recent history, affecting 19 of the country's 21 provinces, with 36,373 cases and 896 deaths recorded by 31 December. The scale of the emergency required a rapid, coordinated and multisectoral response, initiated in the early days of the outbreak under strong government leadership.

To ensure swift decision-making and a harmonised approach across sectors, interministerial meetings were held involving the Ministries of Health, Energy and Water, Environment, Social Communication and Territorial Administration, as well as the Public Water Utility (EPAL). These meetings ensured political alignment, systematic information-sharing in accordance with the International Health Regulations (IHR 2005), and integration across public health, water and sanitation, communication and territorial administration interventions.

To reinforce the response, WHO mobilised funding from multiple sources and deployed national, regional and international experts, including teams from Africa CDC, the CDC Atlanta, the Global Outbreak Alert and Response Network (GOARN), the Surge and Biomedical Preparedness Network–Netherlands (SBP NL), and Emergency Medical Teams from Portugal, Germany and the United Kingdom, while also facilitating the intervention of Médecins Sans Frontières.

This technical capacity was aligned with the efforts of the Ministry of Health and key partners, including UNICEF, the World Bank, the Red Cross, the European Union, and the Embassies of the Netherlands and France, enabling the development and implementation of the National Cholera Prevention and Control Plan and strengthening the multisectoral coordination required to address an outbreak of this magnitude.

As the epidemic evolved, epidemiological surveillance became a central pillar of the response and was strengthened through the use of Geographic Information System tools, Power BI dashboards and regular epidemiological bulletins, enabling near real-time monitoring. In parallel, more than 20 data management specialists were trained, improving case and death mapping and enabling more precise targeting of field missions.



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Strengthening the response to the cholera emergency in the municipality of Cacuaco.

Based on these data, rapid response teams were deployed for active case detection, epidemiological investigation and community mobilisation, contributing to reduced case fatality through early identification and timely referral.

Given the decisive role of contaminated water in disease transmission, the water, sanitation and hygiene (WASH) pillar was significantly strengthened. In coordination with the Ministry of Energy and Water and partners, more than 320 critical water sources were mapped nationwide. With support from the European Union and the Embassy of the Netherlands, WHO donated water quality testing kits to the National Institute for Health Research and ensured technical training for field analyses, accelerating the adoption of corrective measures, particularly in remote communities.

In parallel, laboratory capacity was strengthened through the training of 16 technicians by the German Epidemic Preparedness Team, who subsequently acted as national trainers, expanding local capacity for cholera diagnosis and environmental surveillance. In the clinical domain, WHO supported the revision of the national treatment protocol, including specific guidance for pregnant women and malnourished children. A total of 1,669 health professionals in 23 municipalities and more than 3,000 support staff were trained in infection prevention and control and WASH practices in Cholera Treatment Centres.

The strengthening of clinical capacity was accompanied by the expansion and decentralisation of access to treatment, through the establishment of oral rehydration points and technical support from high-level WHO missions focused on reducing case fatality and interrupting transmission.

To ensure operational continuity, supplies sufficient to treat approximately 30,000 cases were pre-positioned, including therapeutic kits, tents and mobile laboratories. Oral cholera vaccination enabled the administration of more than three million doses in three phases, in a context of global vaccine shortages, which required sustained advocacy with the International Coordinating Group on Vaccine Provision. In May, WHO and UNICEF secured funding from European Union Humanitarian Aid (ECHO) to accelerate integrated health and WASH interventions, rapidly reducing mortality in the most affected provinces.

Community engagement was also decisive, with the mobilisation of 1,175 religious and community leaders, community development agents (ADECOs) and local structures to promote hygiene practices, the consumption of safe water and the early seeking of health care. These actions were amplified by a multi-channel communication strategy implemented by World Health Organization throughout the year, which strengthened public trust and adherence to preventive measures. The response received extensive national and international media coverage, generating approximately 250 media and digital outputs and reaching more than 200,000 people.

The combination of these interventions made it possible to reduce transmission, decrease case fatality, improve access to treatment and sustainably strengthen Angola's capacity to manage future health emergencies, saving lives and reinforcing health system resilience.



**36.373**  
Reported Cases and  
**896** Deaths



**3 Million**  
People  
Vaccinated



**320**  
Water Sources  
Mapped



**1175**  
Religious and community  
leaders mobilized



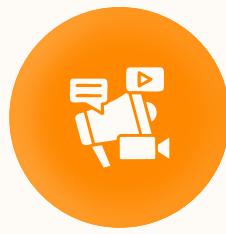
**1669**  
Trained Healthcare  
Professionals



**16**  
Trained Laboratory  
Technicians



**19**  
Provinces  
Affected



**250**  
Media and digital  
content



©João Carlos Domingos

Strengthening the response to the cholera emergency in Kwanza Sul province.

## Strengthening Active Detection of Cholera Cases in Angola

In January 2025, Júlia Armando experienced a dramatic moment when she found her mother collapsed, weakened by diarrhoea and vomiting. After receiving treatment at a cholera centre, her mother recovered, but the experience transformed Júlia into a health advocate in her community, raising awareness of symptoms and the importance of seeking medical care immediately. Her story reflects the reality in the provinces most affected by the outbreak, since the confirmation of the disease on 7 January.

To contain the disease, the Ministry of Health, with the support of WHO and other partners, intensified the response, deploying 20 rapid response teams for active case finding and community mobilisation. WHO trained more than 120 professionals in detection, rapid investigations and prevention. In Bengo Province, 13 additional teams operated daily within communities.

In addition to surveillance, a reactive vaccination campaign immunised more than 900,000 people in five days, achieving a coverage rate of 99.5%. As a result of these actions, the case fatality rate fell from 9% to 3.6%, although it remains above the WHO-recommended level of 1%.

"With active detection, vaccination and preventive measures, we expect to reduce cases and save lives," stated Dr Lelo Zola, WHO epidemiological surveillance officer.



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Child being vaccinated against polio at the launch of the campaign in Luanda.

## 2.2 Response to the Polio Outbreak

In 2025, Angola faced a polio outbreak, with 33 confirmed cases reported in eight of the country's 21 provinces. To contain transmission, two national vaccination campaigns were conducted using the novel oral polio vaccine (nOPV2), reaching approximately eight million children under five years of age.

Coverage rates above 95% demonstrated strong uptake and the effectiveness of the campaigns, reflecting a coordinated and successful effort. WHO led the entire process, from resource mobilisation to implementation, ensuring alignment with international standards and high technical and operational quality.

The campaign was carried out in three phases: the first, from 25 to 27 July, in Benguela Province; the second, from 15 to 17 August, covering the rest of the national territory; and the third, from 5 to 7 September, involving all municipalities in the country. The objective was to vaccinate all children under five years of age with two drops of the nOPV2 vaccine, ensuring that no child was left unprotected.

To achieve this objective, robust strategies were implemented, including door-to-door vaccination, fixed posts and mobile teams in high-traffic locations such as markets, churches and transport terminals. Hard-to-reach populations, including mi-

ning areas, refugee camps and remote locations, received special attention, ensuring equity in coverage. Social mobilisation was intensified before and during the campaign, while logistics ensured cold-chain maintenance and the advance distribution of required supplies.

At the same time, integrated surveillance was strengthened, with active case finding for acute flaccid paralysis (AFP), cholera, measles and other notifiable diseases. Campaign quality was rigorously monitored through the Lot Quality Assurance Sampling (LQAS) method, under independent supervision. Municipalities that did not achieve the 95% target were subject to immediate mop-up activities, further strengthening the effectiveness and equity of the response.

This national effort was financed by the Global Polio Eradication Initiative (GPEI), channelled through WHO. By aligning strategies, strengthening capacities and mobilising resources, Angola reaffirmed its commitment to polio eradication and to a polio-free future.

Polio is a serious disease that can cause paralysis, but it is entirely preventable through vaccination. With a coordinated approach, strategies adapted to local realities and the active involvement of communities, it is possible to protect all children and advance towards polio eradication in the country.



Community leaders after meeting with the GPL about the importance of polio vaccination.

## Fé, Confiança e Vacinas: Líderes Comunitários Protegem Crianças

With staff in hand, Reverend Manuel Miranda addresses parents who are sceptical about the polio vaccination campaign: “Vaccination is an act of love. Polio can paralyse a child forever.” His voice, like that of other community leaders, has been fundamental in addressing fears and misinformation.

In Angola, where access to medicines is limited, religious leaders, traditional healers and community agents are among the pillars of the public health system. These actors identify suspected cases, notify the competent authorities and mobilise families to protect children.

Thanks to this engagement, Angola was declared free of wild poliovirus in 2015. However, in 2025, the country faced an outbreak of type 2 poliovirus, with 14 confirmed cases in four provinces.

To contain the spread, the Government, with the support of the World Health Organization (WHO), UNICEF and other partners, launched a national vaccination campaign targeting 6.9 million children under five years of age. The strategy included continuous training, educational materials, communication in local languages and logistical support, ensuring that no child was left behind.

“Active community participation is essential to eradicate polio,” stated Dr José Chivale of WHO. With faith, trust and information, Angola continues to move towards a polio-free future.



Cascade training on laboratory diagnosis of cholera, initially provided by SEEG, Germany, and subsequently replicated by INIS for seven provinces in Angola.



Training sessions on epidemiological surveillance of cholera.

## 2.3 Strengthening Emergency Preparedness Capacities

With the objective of consolidating a functional health emergency management structure, WHO supported the establishment and full operationalisation of the national Public Health Emergency Operations Centre (PHEOC) and six regional PHEOCs, providing operational manuals, concepts of operations, standard operating procedures and terms of reference for permanent staff.

Training of national and provincial teams in the use of the electronic Public Health Emergency Management (ePHEM) platform enabled the rapid detection of events, their notification and real-time information-sharing, reducing the interval between alert and response and promoting coordination across institutions.

In parallel, national contingency plans for cholera, yellow fever, Ebola and Marburg were updated. By the end of 2025, mapping of priority areas had begun for the development of the National Cholera Plan, ensuring a multisectoral and risk-oriented approach. This combination of norms, tools and processes resulted in tangible gains in coordination, standardisation and reduced response times.

## 2.4 Preparedness for Viral Haemorrhagic Diseases – Lunda Norte

In 2025, following the declaration of an Ebola virus disease outbreak in the Democratic Republic of the Congo, Angola strengthened surveillance, prevention and preparedness measures, with particular focus on Lunda Norte Province due to cross-border risk. Actions were aligned with the International Health Regulations and aimed to increase readiness for high-severity events.

With technical support from WHO and in coordination with the Ministry of Health, the National Institute for Health Research (INIS) and UNICEF, assessments were conducted at the points of entry of Chissanda, Fortuna and Nachire, identifying gaps in bio-safety and operational flows. Corrective actions were implemented to improve screening, referral and notification of suspected cases.

Activities included technical training of 140 professionals, covering event-based surveillance, early detection, infection prevention and control, sample collection and transport, clinical management of suspected cases and risk communication. In parallel, more than 150 community, traditional and religious leaders, midwives and volunteers were trained in community engagement, with a focus on countering misinformation, strengthening public trust and promoting early care-seeking.

These actions strengthened early detection and rapid response capacity, consolidating Angola's preparedness for Ebola and other public health events with potential cross-border impact.

## Conclusion

The intensity of outbreaks in 2025 highlighted the importance of robust systems for early detection, rapid response and multisectoral coordination. The progress achieved strengthened Angola's capacity to respond to health emergencies, and consolidating these gains will be essential to reduce future risks and protect the health of the population.



Training dedicated to the Generation of Cholera Surveillance Maps.



Awareness-raising activities on cholera among communities.

## Promoting Health

In 2025, WHO supported Angola in health promotion and the prevention of avoidable risks, through interventions focused on tobacco control, reducing harm associated with alcohol consumption and road traffic injuries, community mobilisation, and strengthening health literacy, including in emergency contexts. This chapter presents the main actions undertaken to influence behaviours, strengthen communities and integrate global policies within the national context.

### 3.1 Tobacco Control

In 2025, Angola strengthened tobacco control actions, aligning with global public health commitments. The country participated in the Conference of the Parties (COP 11) and the Meeting of the Parties (MOP4), contributing to the advancement of fiscal policies and awareness-raising measures aimed at reducing tobacco consumption.

In the context of World No Tobacco Day, the national arts competition “A Tobacco-Free World” was promoted, engaging children and adolescents as agents of family and community mobilisation. The initiative strengthened awareness of the harmful effects of tobacco and contributed to the dissemination of prevention messages within communities.

### 3.2 Road Safety and Alcohol Consumption

In the area of road safety, the SAFER Plan 2025–2026 was developed, a World Health Organization initiative focused on reducing deaths and injuries associated with alcohol consumption. The plan предусматривает measures such as restrictions on alcohol availability, enforcement of drink-driving laws, control of advertising, awareness campaigns and preventive actions.

In addition, an application was submitted to the United Nations Road Safety Fund, with the objective of supporting the implementation of the SAFER Plan and strengthening interventions with a direct impact on reducing accidents and protecting lives.

### 3.3 Health Promotion and Community Mobilisation

Health promotion and community engagement played a central role in 2025, particularly in the context of the response to the cholera epidemic. More than 1,300 health technicians and auxiliaries, 1,117 community leaders and 7,960 individuals nationwide were trained and sensitised. In Luanda, a cascade training approach involved 16 provincial supervisors and 850 community leaders. WHO also supported the establishment of oral rehydration points in critical areas and launched a digital campaign that reached 3.3 million people with prevention messages.

Other initiatives included technical support to the National Directorate of Public Health for the global alcohol and health survey, the organisation of a food safety seminar in Icolo e Bengo with 85 participants, and the first local training under the Baby-Friendly Hospital Initiative, which trained 426 individuals in the promotion of exclusive breastfeeding up to six months. A draft National Suicide Prevention Plan was also developed.

In the area of emergency preparedness, more than 100 community leaders in Lunda Norte received training in Ebola prevention and early detection, in response to the outbreak in the Democratic Republic of the Congo.

These actions strengthened capacities, expanded the reach of health messages and integrated global policies into the national context. For 2026, priorities include finalising the National Strategic Plan for Health Promotion, implementing the Suicide Prevention Plan, operationalising the SAFER Plan and strengthening measures under the WHO Framework Convention on Tobacco Control.



Beneficiary of the cholera awareness campaign, displaying informational material about the disease.

### 3.4 School-Based Deworming

In 2025, Angola took a significant step in protecting child health through the National School-Based Deworming Campaign, implemented by the Ministries of Education and Health, with support from WHO and other partners, under the project "Empowering Girls and Learning for All" (PAT II).

Between November 2024 and June 2025, the campaign covered 12 provinces, protecting 3,294,513 children and adolescents (80% coverage) in 5,281 schools. The adopted strategy was based on a cascade training model, ensuring technical uniformity and safety in the administration of medicines.

At the same time, communication and social mobilisation activities reduced resistance and strengthened family trust, ensuring community uptake.

This intervention demonstrated that large-scale school-based deworming is cost-effective and sustainable, with complementary health and educational impacts. By reducing parasitic burden, it improves well-being and school attendance, with positive effects on absenteeism and academic performance, contributing to quality learning and to the achievement of national targets aligned with the 2030 Agenda for the elimination of schistosomiasis and helminthiases as public health problems.

#### School Deworming Campaign

2024 - 2025



**5.281** Schools Covered



**3.294.513** Children Protected



**12** Provinces Covered  
(80% Coverage)

### Conclusion

The initiatives implemented in 2025 demonstrate that health promotion requires multisectoral action, community engagement and effective communication, particularly in situations of health crisis. Consolidating these advances will be essential to reduce risk factors, protect population health and sustain long-term gains.



Art contest on smoking, on World No Tobacco Day.

# Angola Unites Voices to Protect Youth from Tobacco

In 2025, Angola reinforced its commitment to public health by marking World No Tobacco Day under the theme “Unmasking the Appeal”, through a national event in Luanda that brought together authorities, international partners, health professionals and children. The initiative highlighted the urgency of protecting young people from tobacco industry marketing strategies and of promoting a future free from this threat.

Tobacco remains one of the leading causes of preventable deaths worldwide, responsible for more than 8 million deaths each year, of which 1.3 million occur among non-smokers exposed to second-hand smoke. In Angola, data indicate that 14.3% of men and 1.8% of women consume tobacco, with a growing trend among young people aged 15 to 49 years. This reality calls for firm policies and coordinated action.

During the ceremony, winners of the 10th edition of the national essay and drawing competition were recognised, challenging children and adolescents to highlight the risks of tobacco and denounce deceptive industry practices.

WHO reinforced the following priority recommendations: banning flavours and advertising, regulating packaging, continuous education, increasing taxes, and improving access to cessation services.

The national mobilisation demonstrated that Angola is aligned with global targets for reducing tobacco consumption and protecting youth, integrating health, education and the media as pillars for a healthier future.



©Omotola Akindipe

ECHO mission to Namibe to strengthen the response to the cholera outbreak and support the nutrition program.

## Delivering for Health

### 4.1. Strategic Partnerships for Health

Partnerships were central to WHO's work in Angola in 2025. Through close collaboration with the Government, development partners, the United Nations system, civil society, academia and the private sector, WHO strengthened the reach and effectiveness of its interventions, consolidating its role as a technical authority of reference and a strategic partner for national health priorities.

The cholera outbreak clearly demonstrated the value of these partnerships in emergency contexts. In coordination with national authorities and partners, WHO supported the strengthening of surveillance, case management, water, sanitation and hygiene (WASH) interventions, and community engagement. Support from United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Central Emergency Response Fund (CERF), implemented in collaboration with United Nations Children's Fund (UNICEF) and coordinated with the Resident Coordinator's Office, enabled the rapid scale-up of life-saving activities and ensured a coherent response.

International cooperation also contributed to strengthening preparedness and outbreak response. Support from Germany, through the German Epidemic Preparedness Team, reinforced laboratory capacities, while funding from European Civil Protection and Humanitarian Aid Operations (ECHO) enabled the implementation of cascade training models, promoting local ownership and sustainability. The Government of the Netherlands also provided short-term technical support, improving WASH interventions and safe water monitoring.

In 2025, WHO further deepened engagement with the private sector. Contributions from Westaves, De Beers and Lewe supported the cholera response; the partnership with Banco de Fomento Angola strengthened procurement processes; and an agreement was signed with Roche to support cancer screening initiatives from 2026 onwards. Civil society organisations and academia also played an important role in community awareness-raising, infection prevention and the promotion of locally led research.

Taken together, these partnerships enabled WHO to strengthen national capacities, respond effectively to emergencies and advance long-term health priorities, demonstrating that strategic collaboration is essential to achieving sustainable health outcomes for the Angolan population.

## 4.2. Strategic Health Communication

In 2025, WHO's strategic communication in Angola was implemented in a context of significant funding constraints, requiring greater integration, a focus on results and efficient use of available resources. Nevertheless, communication remained a central pillar for disseminating reliable information, influencing behaviours, strengthening public trust and supporting national health priorities.

Throughout the year, WHO reinforced its technical and institutional positioning, supporting advocacy on priority policies and promoting disease prevention and healthy practices. Strategic content was produced to ensure a consistent presence across traditional media and digital platforms, resulting in wide national and international media coverage.

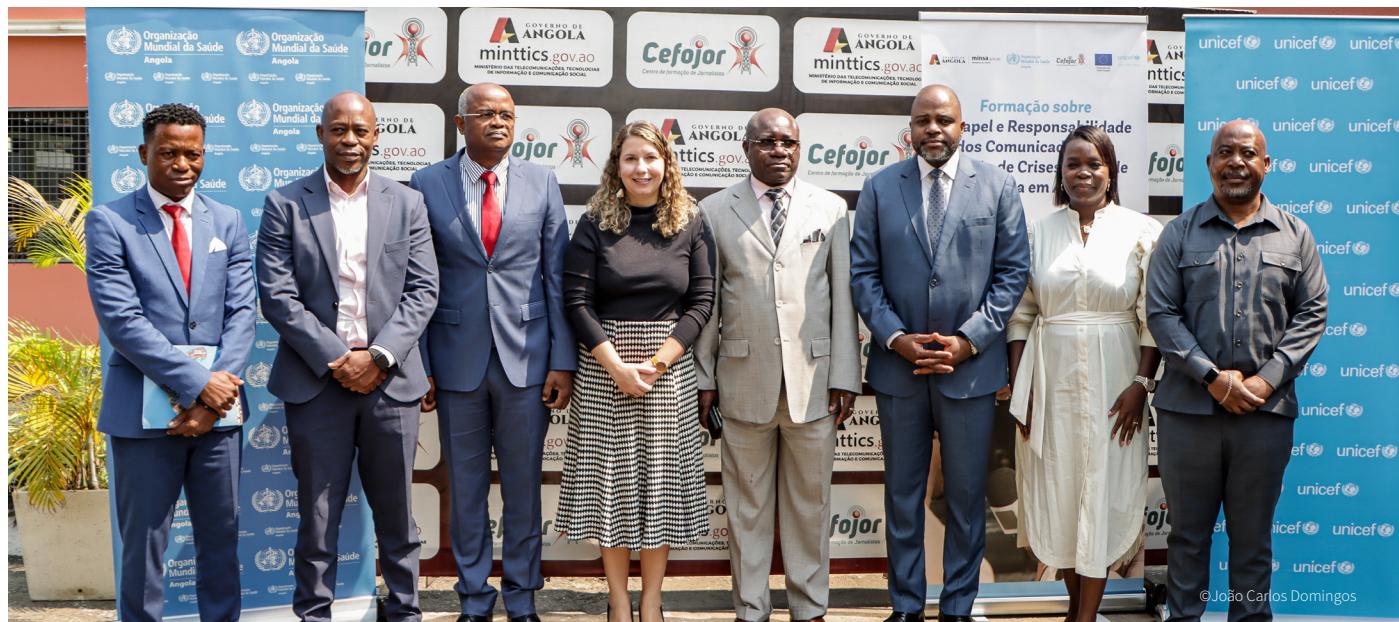
Communication proved decisive in the response to the cholera outbreak, notably through the digital campaign “Together Against Cholera”, which engaged national influencers and achieved more than 600,000 views and 20,000 interactions, contributing to the promotion of prevention, hygiene and sanitation messages. Field communication missions also strengthened the response to cholera and poliomyelitis, ensuring the delivery of appropriate information to affected communities.

WHO developed and implemented integrated communication plans for outbreaks and strategic events, including high-level visits, and published opinion pieces, institutional bulletins and technical content that reinforced the Organization's leadership on issues such as maternal and neonatal health, neglected tropical diseases, mental health, patient safety and Universal Health Coverage.

Among innovative initiatives, the Roda da Saúde stood out, resulting in a Memorandum of Understanding with The Carter Center, as well as the creation of the Health Communication Network, which trained more than 100 journalists from all 21 provinces, contributing to improved quality of health reporting nationwide. This initiative also led to the launch of the radio programme “Health in Focus”.

In the context of HPV vaccination, WHO supported the national communication and social mobilisation strategy, including the initiative “Tea of Ideas Against Cervical Cancer”, which engaged digital influencers and strengthened public acceptance of the vaccine.

WHO's digital presence consolidated these efforts, with significant growth in reach and engagement, particularly among younger audiences. These results demonstrate that, even in a context of financial constraints, strategic communication remained a critical investment for the effective implementation of public health priorities in Angola.



WHO, UN, UNICEF, MINSA, CEFOJOR, during the training of Journalists and Communicators for Public Health.

<b>Views</b>	9.379.600	<b>Views</b>	n/a.*	<b>Views</b>	1.062.000
<b>Interactions</b>	78.200	<b>Interactions</b>	n/a.*	<b>Interactions</b>	n/a.*
<b>Clicks on links</b>	21.000	<b>Clicks on links</b>	n/a.*	<b>Clicks on links</b>	+2.000
<b>Followers – beginning of the year</b>	20.000	<b>Followers – beginning of the year</b>	2.536	<b>Followers – beginning of the year</b>	1.200
<b>Followers – end of the year</b>	≈41.040 (+21.040)	<b>Followers – end of the year</b>	≈4.302 (+1.760)	<b>Followers – end of the year</b>	≈6.000 (+4800)

n/a.\* = Not available

# Establishment of the Health Communication Network in Angola



TPA journalist shares his insights during the training workshop for journalists and communicators.

In August 2025, Angola launched the Health Communication Network, a national platform designed to strengthen coordination between media organisations, health authorities and partners, with the aim of improving responses to health emergencies and public health communication. The Network was established through an initiative led by the Ministries of Health and of Telecommunications, Information Technologies and Social Communication, with technical support from WHO and UNICEF and funding from the European Union.

The Network was launched following a process that brought together journalists and communicators from all 21 provinces, convened in Luanda and Huambo, and aims to strengthen evidence-based information-sharing, combat misinformation and support coherent and coordinated messaging in emergency contexts and public health campaigns. This initiative reinforces the importance of communication as a central component of public health and population protection.



**+110 journalists and communicators**  
trained in risk communication, health emergencies, and public health.



**2 major national meetings held** (Luanda and Huambo) to align and share best practices.



**100% national coverage,**  
ensured by the participation of all 21 provinces in the country.



Proteja o futuro  
Vaccine-se contra o  
Cancro do Colo do Útero



WHO team during the Brainstorming Session with Digital Influencers on Cervical Cancer.

### DIÁLOGO COM INFLUENCIADORAS E INFLUENCIADORES DIGITAIS



Tea with Digital Influencers to Discuss Cervical Cancer.



## WHO Mobilises Digital Influencers to Curb Diseases



WHO in Angola adopted an innovative approach to combating preventable diseases by engaging digital influencers to disseminate prevention messages on social media.

Between 15 May and 22 July, WHO launched the campaign “Together Against Cholera”, working with six Angolan influencers: Dr Aurea de Carvalho, Carla Moraes, Xofela, Leocádia Tamara, Maria Correia and Stela de Carvalho. Educational videos were produced for Facebook, Instagram and TikTok, addressing topics such as hygiene, sanitation and public health.

The impact was significant: the content exceeded 600,000 views and generated more than 20,000 interactions. “Taking part in this campaign was a way to use my voice to save lives,” stated Stela de Carvalho. Xofela added: “Social media can be used for the common good.”

According to WHO, this strategy is essential to combating misinformation and reaching young people. With encouraging results, the Organization intends to expand the initiative to other health areas, including malaria, tuberculosis, measles and hepatitis.



Roda de Saúde on Guinea Worm Disease, with the participation of the Carter Center and IFAD.



Health Roundtable on Universal Health Coverage, with the participation of UNICEF, UNFPA, and UPRA.



World Health Organization team in Angola with WHO Regional Director for Africa, Dr. Mohamed Janabi.

## Health Governance

In 2025, WHO Angola implemented its workplan with a high level of financial discipline and strategic focus, achieving an overall execution rate of 94% of available funds. Of the total financing available for the workplan, 84% of planned costs were funded, demonstrating solid performance in resource mobilisation in a challenging global financing environment.

The financial structure of the workplan shows a balance between programme implementation and human resources. Activities accounted for approximately two thirds of total expenditure, while staff costs represented around one third, underscoring WHO Angola's emphasis on technical assistance, field operations and service delivery, supported by the workforce required to effectively implement these activities. Execution rates were high across both components, with staff costs reaching 93% execution and activities 95%, indicating strong implementation capacity.

From a programmatic perspective, expenditure patterns clearly reflect WHO Angola's strategic priorities in 2025. The largest share of resources was directed towards polio eradication, which represented the single largest proportion of expenditure, with an execution rate close to full absorption. This was followed by Universal Health Coverage and Health Emergencies, which together accounted for a substantial share of planned and executed resources, highlighting WHO's dual focus on strengthening health systems and maintaining preparedness and response capacity for public health emergencies.

Enabling functions also represented a significant component of expenditure, reflecting investments in coordination, administration, logistics and operational support essential for programme delivery nationwide. Health Promotion activities, while representing a smaller financial envelope, were fully planned and implemented, indicating targeted and focused interventions.



Human Resources conducts training on the BMS for all employees.

## 5.1. Human Resources

By the end of 2025, WHO Angola maintained a strong and diverse workforce, while simultaneously undergoing significant staffing adjustments resulting from a combination of organisational restructuring, evolving programmatic needs, financing realities and natural staff transitions. These adjustments involved more than 40 staff members.

The Country Office remained headquartered in Luanda, with a sustained operational presence in Luanda, Huambo, Uíge, Huíla, Bié, Cuanza Sul and Cunene, reinforcing WHO's position as the United Nations agency with the broadest geographic presence in Angola in terms of provincial representation. This decentralised presence has been critical for programme implementation, particularly in priority areas such as polio eradication, health emergencies and surveillance, enabling timely technical and operational support to provincial and municipal health authorities.

During the cholera outbreak, the Emergencies Programme temporarily reinforced its capacity with additional short-term personnel, ensuring the rapid scale-up of coordination, surveillance, logistics and response activities. Overall, the distribution and technical depth of WHO Angola's workforce demonstrate the Organization's strong human resource capacity and its ability to operate at scale across the country, even in complex emergency contexts and under resource constraints.

## 5.2. Staff Training and Development

In the context of the implementation of the Business Management System (BMS), and in close collaboration with the AFRO BMS Unit, the WHO Country Office in Angola carried out a series of capacity-building activities throughout 2025 aimed at strengthening staff readiness and operational efficiency. These initiati-

ves sought to ensure that personnel were adequately prepared for the transition to the new system and equipped with the skills required to support effective programme implementation.

Two key training activities were conducted during the year:

- **BMS Training: Operational Planning and SPM Implementation (Phase 1 of 2)**

Conducted on 14 October 2025, this training brought together programme managers and programme assistants, focusing on strengthening understanding of the SPM operational planning framework and building capacity to apply the tools and methodologies associated with Phase 1 implementation.

- **AF-BMS-HCM User Experience (UX) Lab – Angola**

Launched on 12 June 2025, this process involved all staff in a participatory exercise focused on improving user experience within the Human Capital Management (HCM) module of the BMS. The UX Lab enabled system functionalities to be tested, user feedback to be collected and platform improvements to be informed in line with operational needs.

These actions reflect WHO Angola's continued commitment to staff development, institutional capacity-strengthening and ensuring an effective and efficient transition to the new BMS environment, in support of the delivery of high-quality programmatic results.



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World Health Organization team in Angola with the Director-General of the World Health Organization, Dr. Tedros Adhanom Ghebreyesus.

## Acknowledgements

WHO in Angola expresses its profound appreciation to the Government of Angola, particularly the Ministry of Health, for its leadership, collaboration and trust throughout 2025. The progress achieved in emergency response and in strengthening health policies, capacities and services resulted from the continued commitment of national institutions, provincial and municipal authorities, and health professionals across the country.

WHO also acknowledges the support of technical and financial partners, the United Nations system, the private sector, civil society, academia, community leaders, the media and volunteers, whose contributions were essential to expanding the impact of interventions and bringing the response closer to communities.

Finally, WHO pays tribute to health professionals and extends its thanks to WHO Angola staff and collaborators for the dedication, professionalism and resilience demonstrated throughout the year. Together, these efforts contribute to advancing a stronger, more equitable and future-ready health system.



Her Excellency the Minister of Health of Angola, Dr. Sílvia Lutucuta, and the Director-General of the World Health Organization, Dr. Tedros Adhanom Ghebreyesus.

# Thank You!



Gates Foundation



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