



General Country Information:

The Republic of Angola is located in south-western Africa, and borders Namibia, the Democratic Republic of Congo and Zambia with a west coast along the Atlantic Ocean. Angola is divided in 18 provinces and 158 municipalities. Luanda, the capital, is the largest city of Angola.

Angola became a Portuguese colony in 1951. In November 1975, it gained its independence after a 14 years long war. Shortly after, an internal armed conflict broke out between the different movements for independence. A peace agreement was signed in 2002.

Long years of war left the country with huge social and economic problems. There has been a high disruption of basic health, water and sanitation infrastructure. Almost four million people were internally displaced and 350 000 took refuge in the neighbouring countries.

Like many sub-Saharan countries, Angola is subject to periodic outbreaks of infectious diseases. Between October 2004 and July 2005 an outbreak of Marburg haemorrhagic fever unfolded in the northern province of the country (in Uige) accounting for 374 cases and 329 deaths (case fatality rate, CFR of 88%). Angola is highly endemic to malaria, but no cases of polio and yellow fever have been reported in the last four years.

Cholera Background History:

In 1987, an outbreak accounting for 16 222 cases and 1 460 deaths was reported. It started on 8 April 1987 in Zaire province and spread to many other areas including Luanda province. After a decline in the number of cases between July and October, an upsurge occurred from November onwards and cholera was considered to have become endemic with outbreaks continuing in numerous provinces in 1988.

In 1988, two thirds of the cholera cases in Africa were notified by Angola (15 500 cases compared to 23 223 in all of Africa).

For unknown reasons, no cholera case was reported from Angola between 1997 and 2005.

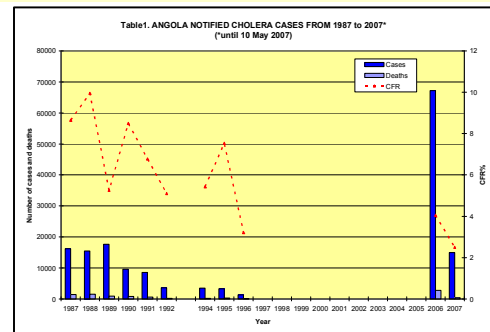
Cholera Outbreak in 2006/2007:

Between 13 February 2006 and 9 May 2007, Angola reported 82 204 cases with 3092 related deaths and an overall CFR of 3.75%. The peak of the outbreak was reached at the end of April 2006 with a daily incidence of 950 cases (see epicurve).

The outbreak started in Luanda and quickly reached 16 out of the 18 provinces. It's evolution suggests that it might have spread by both road and sea. The underlying cause are the cramped living and sanitation conditions together with inappropriate hygiene practices.

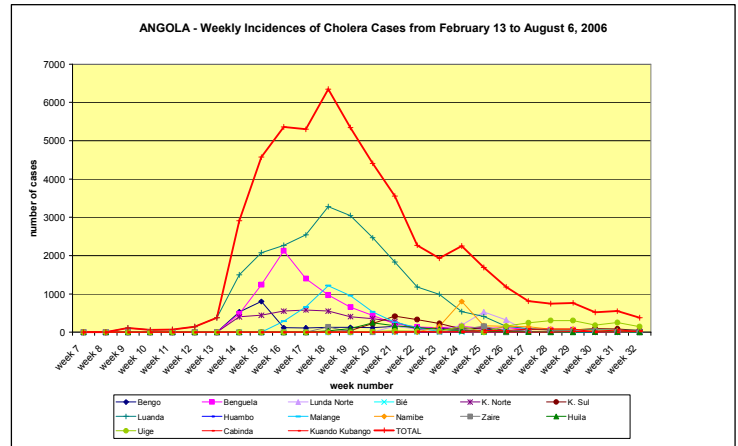
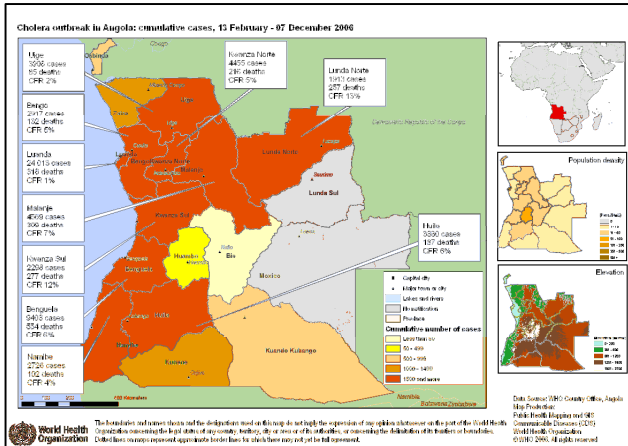
Even though Luanda reported most of the cases (around 50%), other provinces such as Bié, Huambo, Kwanza Sul, and Lunda Norte had the highest CFR. This is due to difficulties in accessing health care facilities, with provinces located far from Luanda being particularly underserved.

The outbreak is currently still ongoing. The weekly incidence has diminished to around 40 cases nationwide and cases are mainly occurring in the provinces of Benguela, Luanda and Malange. (see WHO support actions)



Year	No of cases	No of deaths	CFR%
1987	16222	1403	8.6
1988	15500	1542	9.9
1989	17601	925	5.2
1990	9527	809	8.5
1991	8590	582	6.8
1992	3608	184	5.1
1993	N/A	N/A	N/A
1994	3443	187	5.4
1995	3295	248	7.5
1996	1306	42	3.2
2006	67275	2722	4
2007	14929	370	2.5

N/A: not available



WHO Support Actions in 2006/2007:

- Technical and logistics support provided to MoH (Ministry of Health) during early phase of outbreak
- The delivery of seven tons of drugs and protection equipment, early April
- The shipping of 8 Interagency Diarrhoeal Disease Kits to the most affected provinces during the outbreak
- The translation, printing and dissemination of cholera documents control in Portuguese
- CERF-funded multidisciplinary cholera control activities started in March 2007 to conduct assessment of the response capacity building and training of trainers in affected provinces

Demographic and Socio-Economic Data:

Geography	Total surface Capital Provinces Official Language	1 246 700 km ² (coastline of 1,600km) Luanda (population in Luanda: 4 799 432) 18 Portuguese
Environment	Climate Rainy season Floods and droughts Desertification Natural resources	Tropical with marked dry season October to May Floods in Dec. 2002 and March 2005, drought in Sept. 2004 1990: First national forum on drought and desertification petroleum, diamonds, iron, phosphates, copper, feldspar, gold, bauxite, uranium
Demographics	Population Religions Ethnic groups Migrants	15 941 000 (annual population growth rate: 2.15%) 38% Christian, 15% Protestant and 47% indigenous religions Total 90 with 3 main ones: Ovimbundu (37%), Mbundu (25%), Bakongo (13%) 61 700 Internally displaced people (IDP) as of December 2005 (in Cabinda, Luanda, Moxicoila, Kuando Kubango)
Economy	Industry Farming	Oil, diamond Cultivated fields constitute only 2.8% of Angola total area, incl. cassava, manioc, sugarcane, bananas, corn
Health Indicators	Per capita total expenditure on health Life expectancy birth (yrs) Child mortality (per 1000)	49\$ Males: 38 Females: 42 Males 276 Females 243 70% of doctors concentrated in Luanda
Communicable Diseases	Malaria, tuberculosis, sleeping sickness, onchocerciasis, leprosy HIV prevalence (2003): 3.9%	
Risk Factors for Cholera	Population with access to improved water source Population with access to proper sanitation facilities Chronic Malnutrition	53% 31% 40-50%

Sources for Document: WHO, UN (MDG), UNHCR, UNICEF, UNDP



The Cholera Task Force country profiles are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or areas or its authorities, or concerning the delineation of its frontiers or boundaries.