

Angola

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Angola. For a category and indicator-level summary, please see the Country Profile for Angola.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

There is no evidence that Angola has a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens. Angola is not listed as a country with a national action plan in the World Health Organization's (WHO) library of national action plans. [1] The "Global Database for the Tripartite Antimicrobial Resistance (AMR) Country Self-assessment Survey (TrACSS)" reports that there are no AMR plan for Angola in 2018-2019. The more current 2019-2020 survey year has no information for Angola. [2] The website of Angola's Ministry of Health is not accessible as it requires special permissions and login/password to enter. [3] The Ministry of Agriculture's website was not accessible. [4] In the "WHO Country Cooperation Strategy 2015-2019: Angola" report, there are few mentions of AMR, such as multi-resistant tuberculosis in pages 13, 21 and 49, and resistance to anti-virus in page 49, but no mention of any plan. No newer version of the report is available. [5] There is one mention of multi-resistant tuberculosis in the Plan for National Development 2018-2022. The priority action for Programme 1.4.3 on combatting the great epidemics by addressing health determinants that the plan outlines is to acquire high quality drugs for the treatment of sensitive tuberculosis and multi-resistant tuberculosis. [6] No other mentions are made to anti-microbial resistance or a derivative of the term. The same document in Programme 1.4.4 calls for the creation of a National System for Epidemiological Surveillance, indicating that such system does not exist either. [6] There are no mentions of AMR in the National Plan for Sanitary Development 2012-2025. [7] The WHO conducted in November 2019 a Joint External Evaluation of IHR Core Capacities for Angola, which was published in 2021. The JEE states that at the time of research Angola was elaborating a national action plan for AMR, but it only involved the Ministry of Health, excluding other public and private entities that could contribute to the plan. According to the JEE, the creation of an AMR should be a priority for Angola. [8]

[1] World Health Organization. "Library of national action plans". [<https://www.who.int/drugresistance/action-plans/library/en/>]. Accessed 26 January 2021.

[2] World Health Organization. "Global Database for the Tripartite Antimicrobial Resistance (AMR) Country Self-assessment Survey (TrACSS)". [<https://amrcountryprogress.org/>]. Accessed 26 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 26 January 2021.

[4] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 26 January 2021.

[5] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola". [<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 26 January 2021.

[6] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 26 January 2021.

[7] Ministry of Health. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 26 January 2021.

[8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22

November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0

Current Year Score: 1

There is insufficient evidence that Angola's national laboratory has the capacity to test for all priority AMR pathogens; there is evidence that the country has the capacity to test for five priority AMR pathogens: K. Pneumoniae, S. Aureus, E. Coli, Shigella spp., and mycobacterium tuberculosis. Angola has the National Institute for Health Research (INIS). However, in its website, there are no mentions of capability to test for none of the priority AMR pathogens. It only mentions that it tests for Zika, Dengue, Malaria, Chikunguya, Yellow Fever, Leptospirosis, and West Nile. [1] In a webinar in 2020, Dr. Ricardo Cabral for Antimicrobial Resistance Diagnostics of INIS presents evidence that Angola has the capacity to test for K. Pneumoniae, S. Aureus, and E. Coli. [2] The same webinar and the INIS website indicate that tuberculosis is an issue in Angola and the data presented suggests that the country has the capacity for testing, but the INIS website does not explicitly mention testing for mycobacterium tuberculosis. [3] There is also evidence that Angola conducted testing for Shigella spp., when there was an outbreak of the disease in 2013. [4] Angola has the Centre for Health Research (CISA), which is under the Ministry of Health and it produces research on health-related topics in the country. There is evidence that CISA has a laboratory, but there is no evidence that it tests for priority AMR pathogens. [5] The Ministry of Health's website was not accessible. [6] The Ministry of Agriculture's website was not accessible. [7] Angola is not listed as a country with a national action plan in the World Health Organization's (WHO) library of national action plans. [8] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, Angola has some laboratory capacity to conduct some tests for AMR pathogens. It confirms that one of the capabilities is to test for mycobacterium tuberculosis, which is exclusively conducted via Xpert MIB/RIF test. [9]

[1] National Institute for Health Research. "Department of Public Health Laboratories (Departamento de Laboratórios de Saúde Pública)". [<http://www.inis.ao/index.php/areas-de-actuacao/clinicae-supervisao-laboratorial>]. Accessed 26 January 2021.

[2] National Institute for Health Research. 24 November 2020. "Webinar: Adequate use of antimicrobials and antimicrobial resistance in Angola (Webinar: Uso adequado de antimicrobianos e a resistência aos antimicrobianos em Angola)". [https://www.facebook.com/watch/live/?v=212723356921949&ref=watch_permalink]. Accessed 26 January 2021.

[3] National Institute for Health Research. "Pulmonary Tuberculosis (Tuberculose Pulmonar)". [<http://www.inis.ao/images/Tuberculose%20pulmonar.pdf>]. Accessed 26 January 2021.

[4] Otics. 31 January 2013. "Laboratory analysis confirm outbreak of Shigellosis in south Angola (Análises laboratoriais confirmam surto de Shigelose no sul da Angola)". [<http://www.otics.org.br/estacoes-de-observacao/rio-saude-presente/subpav/vigilancia-em-saude/CIEVS/clipping/31-01-2013-2013-analises-laboratoriais-confirmam-surto-de-shigelose-no-sul-da-angola>]. Accessed 26 January 2021.

[5] Centre for Health Research. "Research". [<http://www.cisacaxito.org/en/areas/research/>]. Accessed 26 January 2021.

[6] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 26 January 2021.

[7] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 26 January 2021.

[8] World Health Organization. "Library of national action plans". [<https://www.who.int/drugresistance/action-plans/library/en/>]. Accessed 26 January 2021.

[9] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão –

18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola conducts detection or surveillance activities for antimicrobial residues or AMR organisms in the environment. The National Institute for Health Research (INIS) has a section in its website dedicated to the Department of Environmental Health. It mentions that it conducts environmental detection and surveillance activities, but there is no mention of antimicrobial residues or AMR organisms. [1] Angola is not listed as a country with a national action plan in the World Health Organization's (WHO) library of national action plans. [2] Angola concluded an assessment for a joint external evaluation report in 17-22 November 2019 and Angola scored a zero (0) for every field. [3] Angola is not mentioned in the WHO report "Monitoring Global Progress on Addressing Antimicrobial Resistance: Analysis report of the second round of results of AMR country self-assessment survey 2018". [4] The website for the Ministry of the Environment is no longer accessible as it requires login information to enter. [5] The Ministry of Health's website was not accessible. [6] The Ministry of Agriculture's website was not accessible. [7] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, Angola does not conduct environmental detection or surveillance activities for antimicrobial residues or AMR organisms. On page 11, it states that the country does not collect or generate data related to surveillance for AMR. On page 12, it recommends as a priority for the country to operationalize its laboratories for AMR surveillance in the environment. [8]

[1] National Institute for Health Research. "Department of Environmental Health (Departamento de Saúde Ambiental)". [<http://www.inis.ao/index.php/areas-de-actuacao/saude-ambiental>]. Accessed 26 January 2021.

[2] World Health Organization. "Library of national action plans". [<https://www.who.int/drugresistance/action-plans/library/en/>]. Accessed 27 January 2021.

[3] World Health Organization. "Joint External Evaluation (JEE)". [<https://extranet.who.int/sph/jee?region=All&country=212>]. Accessed 27 January 2021.

[4] World Health Organization. "Monitoring Global Progress on Addressing Antimicrobial Resistance: Analysis report of the second round of results of AMR country self-assessment survey 2018".

[<https://apps.who.int/iris/bitstream/handle/10665/273128/9789241514422-eng.pdf?ua=1>]. Accessed 27 January 2021.

[5] Ministry of the Environment. [<https://sia.minamb.gov.ao/login>]. Accessed 27 January 2021.

[6] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 27 January 2021.

[7] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 27 January 2021.

[8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 1

There is evidence that Angola has regulation in place requiring prescriptions for antibiotic use for humans; however, there is evidence of gaps in enforcement. Angola has the National Pharmaceutical Policy (Presidential decree number 180 of 18 August 2010). The Policy regulates the pharmacies and pharmaceutical products in Angola and it specifies that there will be a National Form for Drugs, which will be revisited and updated regularly to control the use of drugs in its Article 28. The same policy gives the responsibility to regulate drugs and medications to the Regulatory Authority for the Pharmaceutical Sector, which would be under the Ministry of Health. [1] In addition, Angola has the presidential decree 191 of 1 September 2010, which regulates the exercise of pharmaceutical activities. Chapter 4 of the decree explicitly states that some medications require prescriptions. Article 81 of the decree clearly states that it is prohibited to supply antibiotics without a medical prescription. The regulation does not distinguish between antibiotics for human or animal use. [2] In an interview to media outlet VOA Portuguese, Dr. Nádia Camate asserts that patients in Angola can only legally access antibiotics with a medical prescription. At the same time, she also states that there is a black market for pharmaceuticals in Angola where patients can obtain antibiotics. [3] Angola is not listed as a country with a national action plan in the World Health Organization's (WHO) library. [4] The Ministry of Health's website was not accessible. [5] The Ministry of Agriculture's website was not accessible. [6] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any legislation, regulation or requirement in place for prescriptions for antibiotic use for humans. [7]

[1] Office of the President. Presidential decree number 180 of 18 August 2010 on the establishment of the National Pharmaceutical Policy. [<http://www.ordemfarmaceuticosangola.org/PDF/Politica%20Nacional%20do%20Medicamento.pdf>]. Accessed 27 January 2021.

[2] Office of the President. Presidential decree number 191 of 1 September 2010 on regulating the exercise of pharmaceutical activities. [<http://www.ordemfarmaceuticosangola.org/PDF/Regulamento%20do%20Exercicio%20Farmaceutico.pdf>]. Accessed 27 January 2021.

[3] VOA Portuguese. 13 November 2020. "Angola Health in Focus: "Antimicrobial resistance is a public health problem", Nádia Camate" (Angola Saúde em Foco: "Resistência antimicrobiana é um problema de saúde pública", Nádia Camate). [<https://www.voaportugues.com/a/angola-sa%C3%BAdede-em-foco-resist%C3%Aancia-antimicrobiana-%C3%A9-um-problema-de-sa%C3%BAdede-p%C3%BAblica-n%C3%A1dia-camate/5659832.html>]. Accessed 27 January 2021.

[4] World Health Organization. "Library of national action plans". [<https://www.who.int/drugresistance/action-plans/library/en/>]. Accessed 27 January 2021.

[5] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 27 January 2021.

[6] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 27 January 2021.

[7] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that there are any national legislation or regulation in place requiring prescriptions for antibiotic use for animals. Angola has the presidential decree 191 of 1 September 2010, which regulates the exercise of

pharmaceutical activities, but it does not explicitly mention medications for animal use or makes a distinction between human and animal use. Chapter 4 of the decree explicitly states that some medications require prescriptions. Article 81 of the decree clearly states that it is prohibited to supply antibiotics without a medical prescription. [1] In an interview to media outlet VOA Portugues, Dr. Nádía Camate asserts there is a black market for pharmaceuticals in Angola where antibiotics can be obtained without medical prescription. [2] The Ministry of Health's website was not accessible. [3] The Ministry of Agriculture's website was not accessible. [4] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any legislation, regulation or requirement in place for prescriptions for antibiotic use for animals. [5]

[1] Office of the President. Presidential decree number 191 of 1 September 2010 on regulating the exercise of pharmaceutical activities.

[http://www.ordemfarmaceuticosangola.org/PDF/Regulamento%20do%20Exercicio%20Farmaceutico.pdf]. Accessed 27 January 2021.

[2] VOA Portugues. 13 November 2020. "Angola Health in Focus: "Antimicrobial resistance is a public health problem", Nádía Camate" (Angola Saúde em Foco: "Resistência antimicrobiana é um problema de saúde pública", Nádía Camate).

[3] Ministry of Health. (Inaccessible). [http://www.minsa.gov.ao]. Accessed 27 January 2021.

[4] Ministry of Agriculture. (Inaccessible). [http://www.minagri.gov.ao]. Accessed 27 January 2021.

[5] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.2 ZOO NOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1, No = 0

Current Year Score: 1

There is some evidence that there is a plan to address zoonotic diseases in Angola. The Plan for National Development 2018-2022 in Programme 1.4.3 on combatting the great epidemics by addressing health determinants and Programme 2.3.3 on funding animal raising farms both have components that address zoonotic diseases. Objective 6 of the Programme 1.4.3 is to "reduce the incidence of neglected tropical diseases in affected communities, including other zoonotic diseases", as it is stated in page 103. The same programme also identifies as a priority action to effectively treat people who have been affected by zoonotic diseases (rabies, leptospirosis and brucellosis) in page 104. For programme 2.3.3, the objective is to eradicate diseases that affect animals and zoonoses, as it states in page 138. [1] There are no mentions of zoonotic diseases in the National Plan for Sanitary Development 2012-2025. [2] Angola also has the Law on Animal Health (Law number 4 of 13 August 2004), which aims to regulate animal products. It considers zoonotic diseases in the law; it discusses zoonotic diseases to the extent it may contaminate animal products to be consumed by humans. In its annex, it lists common types of zoonotic diseases, which include anthrax, brucellosis, and rabies. [3] The Ministry of Health's website was not accessible. [4] The Ministry of Agriculture's website was not accessible. [5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention the existence of any legislation, plan or strategy on zoonotic disease. It does mention that Angola has some actions on zoonotic diseases, but they are not systematic, such that they are not part

of any larger program. [6]

[1] Government of Angola. April 2018. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 27 January 2021.

[2] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 27 January 2021.

[3] Government of Angola. Law number 4 of 13 August 2004. Law on Animal Health (Lei de Sanidade Animal). [<http://extwprlegs1.fao.org/docs/pdf/ang49571.pdf>]. Accessed 27 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 27 January 2021.

[5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 27 January 2021.

[6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has documents which include measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. The Plan for National Development 2018-2022 considers zoonotic diseases and plans to combat it; however, there is no mention of measures for risk identification and reduction of spillover events to humans. [1] The Plano Nacional de Desenvolvimento Sanitário 2012-2025 does not mention zoonotic diseases. [2] Angola's Law on Animal Health (Law number 4 of 13 August 2004) covers some risk reduction measures of zoonotic infection to humans, but it does not include measures for risk identification. Risk reduction measures include inspection of animal product facilities. [3] The websites of the Ministry of Health and the Ministry of Agriculture were not accessible at the time of research. [4,5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any legislation, plan or strategy that includes measures for risk identification and reduction for zoonotic diseases spillover events from animals to humans. It does, however, mention some actions that reduce the spillover of zoonotic diseases from animals to humans, such as annual vaccination against rabies and anthrax, surveillance at borders to prevent entrance of exotic zoonotic diseases, and surveillance at slaughterhouses. [6]

[1] Government of Angola. April 2018. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 1 February 2021.

[2] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 1 February 2021.

[3] Government of Angola. Law number 4 of 13 August 2004. Law on Animal Health (Lei de Sanidade Animal). [<http://extwprlegs1.fao.org/docs/pdf/ang49571.pdf>]. Accessed 1 February 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

[5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 1 February 2021.

[6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf].

Accessed 14 May 2021.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has national plans, guidelines, or laws that account for the surveillance and control of multiple zoonotic pathogens of public health concern. Zoonoses surveillance is included in the Plan for National Development 2018-2022. A priority action for Programme 2.3.3 on funding animal raising farm is to reinforce animal vaccination, assure epidemiological surveillance and control the population of stray dogs. [1] Furthermore, the Plan for National Development 2018-2022 in Programme 1.4.3 on combatting the great epidemics by addressing health determinants and Programme 2.3.3 on funding animal raising farms both have components that address zoonotic diseases. Objective 6 of the Programme 1.4.3 is to "reduce the incidence of neglected tropical diseases in affected communities, including other zoonotic diseases", as it is stated in page 103. [1] The same programme also identifies as a priority action to effectively treat people who have been affected by zoonotic diseases (rabies, leptospirosis and brucellosis) in page 104. [1] For programme 2.3.3, the objective is to eradicate diseases that affect animals and zoonoses, as it states in page 138. [1] No other mentions are made to epidemiological surveillance in the context of zoonoses. The Ministry of Health's website was not accessible. [2] The Ministry of Agriculture's website was not accessible. [3] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any legislation, plan or guideline that account for the surveillance and control of multiple zoonotic pathogens of public health concern. [4]

[1] Government of Angola. April 2018. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 27 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 27 January 2021.

[3] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 27 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has an agency dedicated to zoonotic disease that functions across ministries. The Institute for Veterinarian Research (IIV) is under the Executive but housed in the Ministry of Agriculture. The objective of the IIV is to promote scientific and technological research in the area of veterinarian sciences. Among its responsibilities is the study of zoonotic diseases, participate in the elaboration of plans for veterinarian research in the country, articulate those plans across ministries, and cooperate with universities and other national and international institutions in the area of animal health. The IIV was created by presidential decree number 39 of 2014. [1] There is no official website for IIV and the Ministry of Agriculture was down at the time of research. [2] There is no evidence that the IIV receives funding from more than one ministry or if there are members from more than one ministry in the IIV. However, there is evidence of its existence through

news reports. Agência Angola Press, a local news agency, reported on 9 November 2015 that the IIV building was reinaugurated and it has laboratories for the investigation of zoonoses, including parasitology, bacteriology, serology, food science and molecular biology. The building was rehabilitated after the armed conflict in Angola. [3] The Ministry of Health's website was not accessible. [4] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any government entity dedicated to zoonotic disease that functions across ministries. Indeed, it specifically states that it lacks the capacity to coordinate multisectorial and interinstitutional collaboration in actions related to zoonotic diseases. [5]

[1] President of the Republic. Presidential decree number 39 of 20 February 2014.

[http://ciencia.ao/images/noticias/Docs/EO_IIV14.pdf]. Accessed 27 January 2021.

[2] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 27 January 2021.

[3] Agência Angola Press. 9 November 2015. "Reinauguration of the Institute for Veterinarian Research building (Reinaugurado edifício do Instituto de Investigação Veterinária de Angola)".

[http://m.portalangop.co.ao/angola/pt_pt/noticias/economia/2015/10/46/Reinaugurado-edificio-Instituto-Investigacao-Veterinaria-Angola,3542f4db-602a-4448-b727-5a10c0007b7d.html]. Accessed 27 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 27 January 2021.

[5] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has a national requirement for owners of livestock to conduct and report on disease surveillance to a central government agency. Angola has the Law on Animal Health of 2004, whose Article 6 states that owners are responsible and obliged to inform the appropriate authorities about any case of diseases. Owners must inform in writing about the outbreak and area of infection, follow instructions from authorities on how to deal with the outbreak, quarantine the infected or ill animals, and destroy by incineration within 24 hours the dead animals. While there is a national requirement, there are no hotlines or portals for owners to inform the authorities about any potential outbreak, which indicates that there are no national mechanisms for reporting. [1] Neither the websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [2,3] The Institute for Veterinarian Research (IIV), which should be responsible for zoonotic disease surveillance, does not have a website. [4,5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any mechanism for owners of livestock to conduct and report on disease surveillance to a central government agency. Indeed on page 14 it mentions that there is no formal mechanism to notify zoonotic disease between sectors of human health and animal health. [6]

[1] Government of Angola. Law number 4 of 13 August 2004. Law on Animal Health (Lei de Sanidade Animal).

[<http://extwprlegs1.fao.org/docs/pdf/ang49571.pdf>]. Accessed 27 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 27 January 2021.

[3] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 27 January 2021.

- [4] President of the Republic. Presidential decree number 39 of 20 February 2014. [http://ciencia.ao/images/noticias/Docs/EO_IIV14.pdf]. Accessed 27 January 2021.
- [5] Agência Angola Press. 9 November 2015. "Reinauguration of the Institute for Veterinarian Research building (Reinaugurado edifício do Instituto de Investigação Veterinária de Angola)". [http://m.portalangop.co.ao/angola/pt_pt/noticias/economia/2015/10/46/Reinaugurado-edificio-Instituto-Investigacao-Veterinaria-Angola,3542f4db-602a-4448-b727-5a10c0007b7d.html]. Accessed 27 January 2021.
- [6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has legislation or regulations that safeguard the confidentiality of information generated through surveillance activities for animals. There is the Law on the Protection of Personal Data of 29 December 2011, which protects the confidentiality of personal data. However, this law does not contain an explicit reference to surveillance data or animals. [1] Angola has the Data Protection Agency (APD), which is responsible for enforcing data protection legislation. Its website does not contain information on legislation or regulations that safeguard the confidentiality of information generated through surveillance activities for animals. [2] The Law on Animal Health of 2004 makes no mention of safeguarding the confidentiality of information generated through surveillance activities for animals. [3] Neither websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [4,5] The Institute for Veterinarian Research (IIV), which is responsible for zoonotic disease surveillance, does not have a website. [6,7] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any mechanism to report on zoonotic disease surveillance. Indeed on page 14 it mentions that there is no formal mechanism to notify zoonotic disease between sectors of human health and animal health. [6]

- [1] National Assembly. Law number 22 of 2011. [https://apd.ao/fotos/frontend_7/editor2/110617_lei_22-11_de_17_junho-proteccao_dados_pessoais.pdf]. Accessed 27 January 2021.
- [2] Data Protection Agency. [<https://apd.ao/ao/>]. Accessed 27 January 2021.
- [3] Government of Angola. Law number 4 of 13 August 2004. Law on Animal Health (Lei de Sanidade Animal). [<http://extwprlegs1.fao.org/docs/pdf/ang49571.pdf>]. Accessed 27 January 2021.
- [4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 27 January 2021.
- [5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 27 January 2021.
- [6] President of the Republic. Presidential decree number 39 of 20 February 2014. [http://ciencia.ao/images/noticias/Docs/EO_IIV14.pdf]. Accessed 27 January 2021.
- [7] Agência Angola Press. 9 November 2015. "Reinauguration of the Institute for Veterinarian Research building (Reinaugurado edifício do Instituto de Investigação Veterinária de Angola)". [http://m.portalangop.co.ao/angola/pt_pt/noticias/economia/2015/10/46/Reinaugurado-edificio-Instituto-Investigacao-Veterinaria-Angola,3542f4db-602a-4448-b727-5a10c0007b7d.html]. Accessed 27 January 2021.
- [8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf].

Accessed 14 May 2021.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola conducts surveillance of zoonotic diseases in wildlife. The National Institute for Health Research has a Department for Environmental Health; however, based on the description in the website, it does not conduct surveillance of zoonotic disease in wildlife. [1] The Law on Animal Health of 2004 does not mention surveillance of zoonotic diseases in wildlife. [2] The Institute for Veterinarian Research (IIV), which should be responsible for zoonotic disease surveillance including those in wildlife, does not have a website. [3,4] Neither websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [5,6] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, Angola has some surveillance measures for specific diseases, namely rabies, avian flu, trypanosomiasis and anthrax, but it does not publish the methodology for their surveillance and the surveillance of those diseases are not part of any joint surveillance program or scheme. There is no coordination between ministries or other institutions for the surveillance of those diseases. [7]

[1] National Institute for Health Research. "Department of Environmental Health (Departamento de Saúde Ambiental)". [http://www.inis.ao/index.php/areas-de-actuacao/saude-ambiental]. Accessed 28 January 2021.

[2] Government of Angola. Law number 4 of 13 August 2004. Law on Animal Health (Lei de Sanidade Animal). [http://extwprlegs1.fao.org/docs/pdf/ang49571.pdf]. Accessed 27 January 2021.

[3] President of the Republic (Angola). Presidential decree number 39 of 20 February 2014. [http://ciencia.ao/images/noticias/Docs/EO_IIV14.pdf]. Accessed 5 March 2019.

[4] Agência Angola Press. 9 November 2015. "Reinauguration of the Institute for Veterinarian Research building (Reinaugurado edifício do Instituto de Investigação Veterinária de Angola)".

[http://m.portalangop.co.ao/angola/pt_pt/noticias/economia/2015/10/46/Reinaugurado-edificio-Instituto-Investigacao-Veterinaria-Angola,3542f4db-602a-4448-b727-5a10c0007b7d.html]. Accessed 5 March 2019.

[5] Ministry of Health. (Inaccessible). [http://www.minsa.gov.ao]. Accessed 28 January 2021.

[6] Ministry of Agriculture. (Inaccessible). [http://www.minagri.gov.ao]. Accessed 28 January 2021.

[7] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1, No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: 1.19

2018

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: 0.95

2018

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

Current Year Score: 0

Although there is some evidence that there is a plan to address zoonotic diseases in Angola; none of the evidence includes working with the private sector in controlling or responding to zoonoses. The Plan for National Development 2018-2022 in Programme 1.4.3 on combatting the great epidemics by addressing health determinants and Programme 2.3.3 on funding animal raising farms both have components that address zoonotic diseases. Objective 6 of the Programme 1.4.3 is to "reduce the incidence of neglected tropical diseases in affected communities, including other zoonotic diseases", as it is stated in page 103. However, there is no mention of the private sector. [1] The same programme also identifies as a priority action to effectively treat people who have been affected by zoonotic diseases (rabies, leptospirosis and brucellosis) in page 104. [1] For programme 2.3.3, the objective is to eradicate diseases that affect animals and zoonoses, as it states in page 138. Nevertheless, there is no mention of the private sector in the programme. [1] There are no mentions of the private sector in the context of zoonotic diseases in the National Plan for Sanitary Development 2012-2025. [2] There are no mentions of the private sector in the context of zoonotic diseases in the Law on Animal Health of 2004. [3] Neither websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [4,5] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, Angola does not have any national plan on zoonotic disease or any other legislation, regulation or plan on the matter. There is no mention of the private sector in the

context of zoonotic diseases in the JEE. [6]

- [1] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 28 January 2021.
- [2] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 28 January 2021.
- [3] Government of Angola. Law number 4 of 13 August 2004. Law on Animal Health (Lei de Sanidade Animal). [<http://extwprlegs1.fao.org/docs/pdf/ang49571.pdf>]. Accessed 28 January 2021.
- [4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.
- [5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.
- [6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has in place a record of facilities in which especially dangerous pathogens and toxins are stored or processed. Although there is evidence that Angola has a laboratory system for conducting pathogen testing, there is no evidence regarding which of these store especially dangerous pathogens. [1] The websites of the Ministry of Health, the Ministry of Defense nor the Ministry of Agriculture were accessible at the time of research. [2][3][4] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [5] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to facilities with dangerous pathogens or toxins. [6] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention the existence of any record of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities. On page 21, the JEE explicitly recommends Angola to conduct an inventory of all facilities that have biological agents or toxins, as well as the respective registration of those pathogenic agents. [7]

- [1] Cuteta, Augusto. 6 November 2018. "Ministry of Health expands laboratories (Ministério da Saúde expande laboratórios)". *Jornal de Angola*. [<https://jornaldeangola.ao/ao/noticias/detalhes.php?id=416686>]. Accessed 28 January 2021.
- [2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.
- [3] Ministry of National Defense (Angola). (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.
- [4] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.
- [5] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc->

ecbm.unog.ch/state/angola]. Accessed 28 January 2021.

[6] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[7] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is some but insufficient evidence that Angola has regulations related to biosecurity. The Ministry of Health has published the Guide for Biosecurity for Sanitary Units of Angola of 2008; however, the document available in the website is only the cover page and the list of authors. No content was available or found. [1] There the Biosecurity Regulations which was implemented by Executive decree number 62 of 14 April 2011, but it only addresses biosafety issues, and not biosecurity issues. [2] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [3] The websites of the Ministry of Health, the Ministry of Defense nor the Ministry of Agriculture were accessible at the time of research. [4][5][6] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [7] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, Angola does not have any legislation, norms or operational procedure standards for biosecurity. [8]

[1] Ministry of Health. 8 June 2011. "Guide for biosecurity in health units in Angola (Guia de Bio Segurança Unidades Sanitárias de Angola)". [<http://biblioteca.unicv.edu.cv/site/3026273/4>]. Accessed 28 January 2021.

[2] Ministry of Health. Executive decree number 62 of 14 April 2011 on Biosecurity Regulations. [https://www.ilo.org/dyn/legosh/en/f?p=LEGPOL:503:29733043575141:::503:P503_REFERENCE_ID:167530]. Accessed 28 January 2021.

[3] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[5] Ministry of National Defense (Angola). (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.

[6] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.

[7] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is some but insufficient evidence that Angola has established an agency responsible for enforcement of biosecurity regulations. The Ministry of Health indicates that there is a Technical Committee for Biosecurity. [1][2] However, there is no other evidence for the functions and responsibilities of the Technical Committee for Biosecurity. As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [3] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [4] The websites of the Ministry of Health, the Ministry of Defense and the Ministry of Agriculture were not accessible at the time of research. [5,6,7] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 makes no mention of any established agency responsible for the enforcement of biosecurity legislation and regulations, because it explicitly states that Angola has no biosecurity legislation and regulations. [8]

[1] Ministry of Health. 8 June 2011. "Guide for biosecurity in health units in Angola (Guia de Bio Segurança Unidades Sanitárias de Angola)". [<http://biblioteca.unicv.edu.cv/site/3026273/4>]. Accessed 28 January 2021.

[2] Martins, Fula. 24 May 2012. "Course on biosecurity for health specialists (Curso sobre biossegurança para especialistas de saúde)". *Jornal de Angola*. [<https://www.pressreader.com/angola/jornal-de-angola/20120524/281925950058465>]. Accessed 28 January 2021.

[3] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[4] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[5] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 19 February 2021.

[6] Ministry of National Defense. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 19 February 2021.

[7] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 19 February 2021.

[8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

No evidence has been found that Angola has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. The websites of the Ministry of Health, the Ministry of Defense nor the Ministry of Agriculture were accessible at the time of research. [1][2][3] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to

date. [4] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. On page 21, the JEE explicitly recommends Angola to conduct an inventory of all facilities that have biological agents or toxins, as well as the respective registration of those pathogenic agents. [6]

[1] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[2] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.

[3] Ministry of National Defense (Angola). (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.

[4] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[5] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1, No = 0

Current Year Score: 0

Although there is evidence that Angola has in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing, there is insufficient evidence Angola has PCR-based diagnostic capability for anthrax or Ebola. The National Institute for Health Research states that it has the capacity to conduct real-time PCR (RT-PCR) testing, but it does not specify anthrax or Ebola. [1] In 2005, mobile units were used to conduct PCR-based diagnostic tests during the Marburg Outbreak, which tested for the Marburg virus. [2] In another study, it was noted that PCR-based diagnostic was conducted for Ebola virus samples collected in Angola; however, the samples were tested in the Center for Disease Control and Prevention (CDC-US) laboratory in Atlanta, Georgia. [3] A more recent study from 2015 mentions the Angola strain of Ebola virus; however, there is no evidence presented that the PCR-based testing were conducted in Angola. [4] There are other academic studies that show that PCR-based testing is available for other diseases, such as diarrhoea in infant humans, Canine leishmaniosis, Anaplasma bovis in cats, Ehrlichia canis in cats and Hepatozoon felis in cats, and Leptospira spp. in rodents. [5,6,7,8,9] The websites of the Ministry of Health, the Ministry of Defense nor the Ministry of Agriculture were accessible at the time of research. [10,11,12] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 mentions on page 21 that the National Institute for Health Research has the capacity to conduct PCR-based testing, but it does not specifically mention this capability in terms of anthrax or Ebola. [13]

[1] National Institute for Health Research. "Department of Public Health Laboratories (Departamento de Laboratórios de Saúde Pública)". [<http://www.inis.ao/index.php/areas-de-actuacao/clinicae-supervisao-laboratorial>]. Accessed 28 January 2021.

[2] Grolla, A., et al. "The use of a mobile laboratory unit in support of patient management and epidemiological surveillance during the 2005 Marburg Outbreak in Angola". PLOS Neglected Tropical Diseases, May 2011.

[<https://www.ncbi.nlm.nih.gov/pubmed/21629730/>]. Accessed 28 January 2021.

[3] Towner, J.S., et al. "Marburgvirus genomics and association with a large hemorrhagic fever outbreak in Angola". Journal of

- Virology, July 2006. [<https://www.ncbi.nlm.nih.gov/pubmed/16775337/>]. Accessed 28 January 2021.
- [4] Spengler, Jessica R., et al. "Relationship Between Ebola Virus Real-Time Quantitative Polymerase Chain Reaction-Based Threshold Cycle Value and Virus Isolation From Human Plasma". *Journal of Infectious Diseases*, October 2015. [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4675930/>]. Accessed 28 January 2021.
- [5] Pelkonen, Tuula, et al. "Multiplex Real-Time Polymerase Chain Reaction in the Diagnosis of Acute Diarrhea in Children in Luanda, Angola". *Open Forum Infectious Diseases*, December 2016. [https://academic.oup.com/ofid/article/3/suppl_1/216/2637377]. Accessed 28 January 2021.
- [6] Pelkonen, Tuula, et al. "Potential Diarrheal Pathogens Common Also in Healthy Children in Angola". *Pediatric Infectious Disease Journal*, May 2018. [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5916461/>]. Accessed 28 January 2021.
- [7] Vilhena, Hugo, et al. "Serological and molecular survey of Leishmania infection in dogs from Luanda, Angola". *Parasite & Vectors*, 2014. [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3972991/>]. Accessed 28 January 2021.
- [8] Oliveira, Ana Cristina, et al. "Molecular detection of Anaplasma bovis, Ehrlichia canis and Hepatozoon felis in cats from Luanda, Angola". *Parasite & Vectors*, 2018. [<https://parasitesandvectors.biomedcentral.com/articles/10.1186/s13071-018-2767-y>]. Accessed 28 January 2021.
- [9] Fortes-Gabriel, Elsa, Teresa Carreira & Maria Luísa Vieira. "First Isolates of Leptospira spp., from Rodents Captured in Angola". *The American Society of Tropical Medicine and Hygiene*, May 2016. [<https://www.ajtmh.org/content/journals/10.4269/ajtmh.15-0027?crawler=true>]. Accessed 28 January 2021.
- [10] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.
- [11] Ministry of National Defense (Angola). (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.
- [12] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.
- [13] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola requires biosecurity training for personnel working in facilities housing or working with especially dangerous pathogens. According to Article 10 on employer obligations of the Biosecurity Regulations (Executive decree number 62 of April 14th 2011), biosecurity training and instructions are required for all laboratory employees. However, the term "biosecurity" in this context refers to "biosafety", such as safety for personnel against accidents. [1] In a news article on the issue, Angola has conducted training courses on biosafety, but there is no evidence that the training programme is required or that it is regular. [2] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [3] The websites of the Ministry of Health, the Ministry of Defense nor the Ministry of Agriculture were accessible at the time of research. [4][5][6] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [7] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 states that an area for improvement is the training of professionals in terms of biosecurity. It

also mentions that Angola lacks any kind of standardized procedures in regards to biosecurity. [8]

- [1] Ministry of Health. Executive decree number 62 of 14 April 2011 on Biosecurity Regulations. [https://www.ilo.org/dyn/legosh/en/f?p=LEGPOL:503:29733043575141:::503:P503_REFERENCE_ID:167530]. Accessed 28 January 2021.
- [2] Portal de Angola. 8 June 2017. "Technicians in biosecurity are formed in Benguela (Técnicos em biossegurança são formados em Benguela)". Portal de Angola. [https://www.portaldeangola.com/2012/05/25/tecnicos-em-biosseguranca-sao-formados-em-benguela/]. Accessed 28 January 2021.
- [3] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [https://bwc-ecbm.unog.ch/state/angola]. Accessed 28 January 2021.
- [4] Ministry of Health. (Inaccessible). [http://www.minsa.gov.ao]. Accessed 28 January 2021.
- [5] Ministry of National Defence. (Inaccessible). [https://mindenvp.gov.ao/ao/]. Accessed 28 January 2021.
- [6] Ministry of Agriculture. (Inaccessible). [http://www.minagri.gov.ao]. Accessed 28 January 2021.
- [7] VERTIC. "National Implementation Measures". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 28 January 2021.
- [8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is insufficient evidence that security and other personnel with access to especially dangerous pathogens, toxins or biological materials with pandemic potential are subject to drug testing, background checks, and psychological or mental fitness checks. The Biosecurity (Biosafety) Regulations of 2011 mention medical exams and faeces and blood tests for kitchen personnel. [1] There are no mentions of any other exam for any other type of personnel. As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [2] The websites of the Ministry of Health, the Ministry of Defense nor the Ministry of Agriculture were accessible at the time of research. [3][4][5] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [6] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks. It also mentions that Angola lacks any kind of standardized procedures in regards to biosecurity. [7]

- [1] Ministry of Health. Executive decree number 62 of 14 April 2011 on Biosecurity Regulations. [https://www.ilo.org/dyn/legosh/en/f?p=LEGPOL:503:29733043575141:::503:P503_REFERENCE_ID:167530]. Accessed 28

January 2021.

[2] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[4] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.

[5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.

[6] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[7] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has regulations on the safe and secure transport of infectious substances. The "WHO Country Cooperation Strategy 2015-2019: Angola" report mentions that one strategic measure that needs to be implemented is the "Creation of norms for the retrieval, conditioning, and transportation of samples of biological substances" in page 47. [1] This indicates that Angola does not have any regulations on the transportation of biological substances. The websites of the Ministry of Transportation, the Ministry of National Defense or the Ministry of Health were accessible at the time of research. [2][3][4] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [5] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [6] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 mentions that Angola lacks any kind of standardized procedures in regards to biosecurity. In regards to transportation of infectious substance, the JEE states that Angola has certified technicians for their transportation, but they are very limited in numbers and they are limited to only operate in human health activities. [7]

[1] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 28 January 2021.

[2] Ministry of Transportation. (Inaccessible). [<https://mintrans.gov.ao/ao/>]. Accessed 28 January 2021.

[3] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[5] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[6] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[7] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão –

18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that there is a national legislation, regulation or other guidance in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential. No mention of biological substances were found in the country's Customs Code of 2006. [1] The National Shippers' Council is an agency of the Ministry of Transportation responsible for coordination and control of all commercial and international transportation in Angola. It publishes the Statistical Bulletin, which provides information on shipments. The latest available Statistical Bulletin is from the second quarter of 2020. In it, it has a category for biological products, which includes toxins and microorganisms. However, there is no reference to a legislation or regulation on the matter. [2] The websites of the Ministry of Transportation, the Ministry of National Defense or the Ministry of Health were accessible at the time of research. [3, 4, 5] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [6] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [7] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any legislation or regulation in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential. [8]

[1] Secretariat of the Council of Ministers. Executive decree number 5 of 4 October 2006.

[<https://wipolex.wipo.int/en/text/220700>]. Accessed 28 January 2021.

[2] National Shippers' Council. "Statistical Bulletin Quarter II of 2020 (Boletim Estatístico II Trimestre de 2020)".

[https://www.cnc-angola.gv.ao/documentos/boletins/CNC_BOLETIM_2020_Q2.pdf]. Accessed 28 January 2021.

[3] Ministry of Transportation. (Inaccessible). [<https://mintrans.gov.ao/ao/>]. Accessed 28 January 2021.

[4] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.

[5] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[6] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 128 January 2021.

[7] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has in place a national biosafety legislation. Executive decree number 62 of 14 April 2011 is listed as its biosecurity legislation. The Biosecurity Regulations (in Portuguese Biosecurity means Biosafety in the context of the question) includes norms and regulations for biosafety measures for different types of workers and personnel who deal with harmful biological substances. The document covers biosafety issues for personnel who work in laboratories and blood banks, in emergency services, in custodial services, and in kitchen services of facilities that may contain harmful biological substances. [1] For example, Article 2, subsection 4, states that employers must make available equipment for individual protection for all employees at all times. [1] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [2] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [3] On the other hand, the WHO's Joint External Evaluation of IHR Core Capacities for Angola states that the country does not have any legislation on biosafety on page 20. [4]

[1] Ministry of Health. Executive decree number 62 of 14 April 2011 on Biosecurity Regulations.

[https://www.ilo.org/dyn/legosh/en/f?p=LEGPOL:503:29733043575141:::503:P503_REFERENCE_ID:167530]. Accessed 28 January 2021.

[2] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[3] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has established an agency responsible for enforcement of biosafety regulations as there is insufficient evidence of the biosafety regulations. The Ministry of Health is responsible for oversight of Executive decree number 62 of April 14th 2011. The Biosecurity Regulations (in Portuguese Biosecurity means Biosafety in the context of the question) includes norms and regulations for biosafety measures for different types of workers and personnel who deal with harmful biological substances. The document covers biosafety issues for personnel who work in laboratories and blood banks, in emergency services, in custodial services, and in kitchen services of facilities that may contain harmful

biological substances. The law notes that there is also a Technical Committee for Biosecurity (which could be interpreted as biosafety given the ambiguity of the term in Portuguese). [1,2,3] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [4] Neither the websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [5,6] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [7] On the other hand, the WHO's Joint External Evaluation of IHR Core Capacities for Angola states that the country does not have any legislation on biosafety on page 20, nor is there an agency responsible for upholding the biosafety legislation. [8]

[1] Ministry of Health. Executive decree number 62 of 14 April 2011 on Biosecurity Regulations.

[https://www.ilo.org/dyn/legosh/en/f?p=LEGPOL:503:29733043575141:::503:P503_REFERENCE_ID:167530]. Accessed 28 January 2021.

[2] Ministry of Health. 8 June 2011. "Guide for biosecurity in health units in Angola (Guia de Bio Segurança Unidades Sanitárias de Angola)". [<http://biblioteca.unicv.edu.cv/site/3026273/4>]. Accessed 28 January 2021.

[3] Martins, Fula. 24 May 2012. "Course on biosecurity for health specialists (Curso sobre biossegurança para especialistas de saúde)". *Jornal de Angola*. [<https://www.pressreader.com/angola/jornal-de-angola/20120524/281925950058465>]. Accessed 28 January 2021.

[4] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[5] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[6] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.

[7] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola requires biosafety training for personnel working in facilities housing or working with especially dangerous pathogens that uses a standardised curriculum. According to Article 10 on employer obligations of the Biosecurity Regulations (Executive decree number 62 of 14 April 2011), biosafety training and instructions are required for all laboratory employees. The term "biosecurity" in this context refers to "biosafety". [1] In a news article on the issue, Angola has conducted training courses on biosafety, but there is no evidence that the training programme is required, regular, or that it follows a standardised curriculum. [2] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [3] Neither the websites

of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [4,5] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [6] The WHO's Joint External Evaluation of IHR Core Capacities for Angola states that the country does not have any legislation on biosafety on page 20, nor is there standards for training. Among the recommendations for priority actions, it notes "Establish a training program in Biosafety, bio protection and risk management for the training of health professionals". [7]

[1] Ministry of Health. Executive decree number 62 of 14 April 2011 on Biosecurity Regulations.

[https://www.ilo.org/dyn/legosh/en/f?p=LEGPOL:503:29733043575141:::503:P503_REFERENCE_ID:167530]. Accessed 28 January 2021.

[2] Portal de Angola. 8 June 2017. "Technicians in biosecurity are formed in Benguela (Técnicos em biossegurança são formados em Benguela)". Portal de Angola. [<https://www.portaldeangola.com/2012/05/25/tecnicos-em-biosseguranca-sao-formados-em-benguela/>]. Accessed 28 January 2021.

[3] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.

[6] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[7] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential or other dual-use research. Neither the websites of the Ministry of Health nor the Ministry of National Defense were accessible at the time of research. [1,2] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [3] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [4] The website of the Ministry of Agriculture was not accessible at the time of research. [5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola does not mention any assessment to determine whether ongoing research is occurring on dangerous substance or dual-use research. [6]

- [1] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.
- [2] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.
- [3] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.
- [4] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.
- [5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 19 February 2021.
- [6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has a national policy requiring oversight of dual-use research with especially dangerous pathogens, toxins, or pathogens with pandemic. Neither the websites of the Ministry of Health nor the Ministry of National Defense were accessible at the time of research. [1,2] As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [3] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [4] The website of the Ministry of Agriculture was not accessible at the time of research. [5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola does not mention any legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. [6]

- [1] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.
- [2] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.
- [3] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.
- [4] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.
- [5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 19 February 2021.
- [6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, or other dual use research. According to the Ministry of Health, there is a Technical Committee for Biosecurity, whose responsibility could potentially include the oversight of research of pathogens. [1][2] However, there is no other evidence for the functions and responsibilities of the Technical Committee for Biosecurity. As a state party to the Biological Weapons Convention, Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [3] Neither the websites of the Ministry of National Defense nor the Ministry of Agriculture were accessible at the time of research. [4,5] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [6] The website of the Ministry of Health was not accessible at the time of research. [7] The WHO's Joint External Evaluation of IHR Core Capacities for Angola does not mention any agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. [8]

[1] Ministry of Health. 8 June 2011. "Guide for biosecurity in health units in Angola (Guia de Bio Segurança Unidades Sanitárias de Angola)". [<http://biblioteca.unicv.edu.cv/site/3026273/4>]. Accessed 28 January 2021.

[2] Martins, Fula. 24 May 2012. "Course on biosecurity for health specialists (Curso sobre biossegurança para especialistas de saúde)". *Jornal de Angola*. [<https://www.pressreader.com/angola/jornal-de-angola/20120524/281925950058465>]. Accessed 28 January 2021.

[3] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[4] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.

[5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.

[6] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[7] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 19 February 2021.

[8] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has a national legislation, regulation, policy or other guidance requiring the screening of synthesized DNA before it is sold. The only legislation found on genetically modified organisms (GMOs) is Decree number 92 of December 14th 2004, which regulates the import of GMO grains. There are no mentions of synthesised DNA, and it is solely focused on grains, without including non-plant organisms. [1] The legislation, in practice, prohibits all GMO in Angola. [2] The websites of the Ministry of Health, the Ministry of Transportation, the Ministry of Defense and the Ministry of Agriculture were not accessible at the time of research. [3][4][5][6] As a state party to the Biological Weapons Convention,

Angola is required to submit annual reports on biological research to the United Nations Office at Geneva (UNOG) to comply with six Confidence-Building Measures (CBM). However, Angola has not submitted any CBM reports to date. [7] The VERTIC website lists key legislation for several countries, including Angola. None of the documents in the VERTIC website on Angola pertains to biosecurity. [8] The WHO's Joint External Evaluation of IHR Core Capacities for Angola does not mention any legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold. [9]

[1] Government of Angola. Decree number 92 of 14 December 2004. [<http://extwprlegs1.fao.org/docs/texts/ang88828.doc>]. Accessed 28 January 2021.

[2] Gomes, Miguel. 7 October 2016. "Biotechnology, agrotóxicos and the question of public health (A biotecnologia, os agrotóxicos e as questões de saúde pública)". Rede Angola. [<http://www.redeangola.info/especiais/biotecnologia-os-agrotoxicos-e-as-questoes-de-saude-publica/>]. Accessed 28 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[4] Ministry of Transportation. (Inaccessible). [<https://mintrans.gov.ao/ao/>]. Accessed 28 January 2021.

[5] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 28 January 2021.

[6] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.

[7] United Nations Office at Geneva (UNOG). "BWC Electronic Confidence Building Measures Portal: Angola". [<https://bwc-ecbm.unog.ch/state/angola>]. Accessed 28 January 2021.

[8] VERTIC. "National Implementation Measures". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/>]. Accessed 28 January 2021.

[9] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1, No = 0

Current Year Score: 1

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 0

There is insufficient evidence that the national laboratory system in Angola has the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests. Existing evidence suggests that Angola has capabilities to conduct only four of the WHO-defined core tests: PCR for influenza virus, serology for HIV, microscopy for mycobacterium tuberculosis, and rapid diagnostic testing for plasmodium spp. (malaria) [1,2,3,4]. There is no evidence that it has the capacity to conduct tests for neither the poliovirus nor for typhoid fever. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 24, Angola has the capacity to conduct diagnostic tests (serological and molecular laboratory diagnosis) for at least ten diseases which it considers to be priorities: yellow fever, Zika, dengue, chikungunya, malaria, tuberculosis, cholera, HIV/AIDS, measles and Rift Valley fever. [5] The website of the Ministry of Health was not accessible at the time of research. [6]

[1] Centers for Disease Control and Prevention (US). "The Influenza Division International Activities: Fiscal Year 2009 Annual Report". [https://www.cdc.gov/flu/pdf/international/international_influenza_book.pdf]. Accessed 28 January 2021.

[2] Cuteta, Augusto. 6 November 2018. "Ministry of Health expands laboratories (Ministério da Saúde expande laboratórios)". *Jornal de Angola*. [<https://jornaldeangola.ao/ao/noticias/detalhes.php?id=416686>]. Accessed 28 January 2021.

[3] DHS Program. "2015-16 Multiple Indicator and Health Survey (IHMS): Malaria". [<https://dhsprogram.com/pubs/pdf/MF19/MF19.pdf>]. Accessed 28 January 2021.

[4] All Africa. "Malaria Rapid Diagnosis Tests Now Available in Private Pharmacies in Angola". *All Africa*, March 28th 2014. [<https://www.pmi.gov/news/all/news-full-view/malaria-rapid-diagnosis-tests-now-available-in-private-pharmacies-in-angola>]. Accessed 28 January 2021.

[5] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

[6] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 0

There is no evidence that Angola has a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 does not consider scaling capacity nor are there goals for testing. [1] The National Plan for Sanitary Development 2012-2025 does not consider novel or unknown pathogens. [2] The websites of the Ministry of Health and the Ministry of Agriculture were not accessible at the time of research. [3,4] No further evidence was found in the website of the National Institute of Health Research. [5]

[1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 1 February 2021.

[2] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 1 February 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

[4] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 1 February 2021.

[5] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 1 February 2021.

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the national laboratory in Luanda reference facility is accredited. [1,2] The website of the National Institute of Health Research (INIS) does not mention any type of accreditation for its facilities. [3] There are news articles that notes that some food and beverage laboratories are accredited by foreign institutions; however, through extensive research, there is no evidence that epidemiological laboratories are accredited. [4] There is no evidence that the laboratory at the Centre for Health Research (CISA) is accredited. [5] Neither the websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [6,7] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention if the national laboratory that serves as a reference facility, the National Institute for Health Research (INIS), is accredited. [8]

[1] Centers for Disease Control and Prevention (US). "The Influenza Division International Activities: Fiscal Year 2009 Annual Report". [https://www.cdc.gov/flu/pdf/international/international_influenza_book.pdf]. Accessed 28 January 2021.

[2] Ministry of Health. "Report 2015: National Programme of Control of Tuberculosis - Angola (Relatório 2015: Programa Nacional de Controlo da Tuberculose - Angola)". [<http://gard->

cppl.ihmt.unl.pt/Documentos/Paises/Angola/Relatorio_Programa_Nacional_Controlo_TB_2015.pdf]. Accessed 28 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 28 January 2021.

[4] José, Madalena. 10 June 2017. "Laboratories are recognised abroad (Laboratórios são reconhecidos no exterior)". *Jornal de Angola*. [http://m.ja.sapo.ao/economia/laboratorios_sao_reconhecidos_no_exterior]. Accessed 28 January 2021.

[5] Centre for Health Research (Angola). "Investigation (Investigação)". [<http://www.cisacaxito.org/pt/areas/research/>]. Accessed 28 January 2021.

[6] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 19 February 2021.

[7] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 19 February 2021.

[5] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1 , No = 0

Current Year Score: 1

There is some evidence that the reference laboratory of the National Institute of Health Research (INIS) is subject to external quality assurance review. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 25, the INIS laboratories participate in some external quality review programs. The JEE does not specify further which programs they are. [1] The website of INIS states vaguely that it conducts external quality assurance review: "The institution also carries out external quality control through an Activity to evaluate the performance of analytical systems through proficiency tests, analysis of certified standards and inter-laboratory comparisons". [2] No further details on which external entity conducts the external quality assurance. Although, INIS notes that it cooperates internationally with the WHO, Oswaldo Cruz Foundation (Fiocruz) in Brazil, Ricardo Jorge Institute in Portugal, ANTEX S.A. Corporation/IPK, Centers for Disease Control and Prevention in the US, AFENET, and HMT. It does not identify if they provide the external quality assurance review. [3] In the "WHO Country Cooperation Strategy 2015-2019: Angola" report, external quality assurance is covered. The WHO mentions that external quality assurance is an area that must be developed further in Angola, with WHO providing technical support. [4] There is no evidence that the laboratory at the Centre for Health Research (CISA) is accredited. [5] There is no evidence that the National Laboratory in Luanda is accredited. [6,7] Neither the websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [8,9]

[1] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

[2] National Institute for Health Research. "Quality Control (Controlo de Qualidade)". [<http://www.inis.ao/index.php/institucional/controlo-de-qualidade>]. Accessed 28 January 2021.

[3] National Institute for Health Research. "Inter-Institutional Cooperation (Cooperação Inter-Institucional)". [<http://www.inis.ao/index.php/institucional/cooperacao-inter-institucional>]. Accessed 28 January 2021.

[4] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola". [<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 28 January 2021.

[5] Centre for Health Research (Angola). "Investigation (Investigação)". [<http://www.cisacaxito.org/pt/areas/research/>]. Accessed 28 January 2021.

[6] Centers for Disease Control and Prevention (US). "The Influenza Division International Activities: Fiscal Year 2009 Annual Report". [https://www.cdc.gov/flu/pdf/international/international_influenza_book.pdf]. Accessed 28 January 2021.

[7] Ministry of Health. "Report 2015: National Programme of Control of Tuberculosis - Angola (Relatório 2015: Programa Nacional de Controlo da Tuberculose - Angola)". [http://gard-cplp.ihmt.unl.pt/Documentos/Paises/Angola/Relatorio_Programa_Nacional_Controlo_TB_2015.pdf]. Accessed 28 January 2021.

[8] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 19 February 2021.

[9] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 19 February 2021.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has a specimen transport system. The "WHO Country Cooperation Strategy 2015-2019: Angola" report mentions that one strategic measure that needs to be implemented is the "Creation of norms for the retrieval, conditioning, and transportation of samples of biological substances" in page 47. [1] This indicates that Angola does not have a specimen transport system. The websites of the Ministry of Transportation, the Ministry of Health and the Ministry of Agriculture were not accessible at the time of research. [2,3,4] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 25, Angola does not have a national specimen transport system. It is a key recommendation of the document to develop an integrated national transport system for specimen. [5]

[1] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 28 January 2021.

[2] Ministry of Transportation. (Inaccessible). [<https://mintrans.gov.ao/ao/>]. Accessed 28 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 28 January 2021.

[4] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 28 January 2021.

[5] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no evidence of a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 makes no mention of a measure to expedite authorization or licenses for laboratories to supplement capacity during the COVID-19 pandemic. [1] The National Plan for Sanitary Development 2012-2025 does not include a measure to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. [2] The websites of the Ministry of Health and the Ministry of Agriculture were not accessible at the time of research. [3,4] No further evidence was found in the website of the National Institute of Health Research. [5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. [6]

[1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 1 February 2021.

[2] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 1 February 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

[4] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 1 February 2021.

[5] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 1 February 2021.

[6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,

Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis

= 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola is conducting ongoing event-based surveillance and analysis for infectious disease. The National Plan for Sanitary Development 2012-2025 mentions the development of a programme for the prevention and response to epidemics and public health emergencies; but there is no indication that the programme has materialised or if there is ongoing event-based surveillance and analysis for infectious disease in existence. [1] Neither the websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [2][3] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention ongoing event-based surveillance and analysis for infectious disease. [4]

[1] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 29 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years. The last report of a PHEIC was in 2018, over two years ago. A weekly bulletin from the World Health Organization's Regional Office for Africa states that "On 21 June 2018, the Ministry of Health in Angola reported a cholera outbreak in Luanda, the capital city." [1] The last update on the Disease Outbreak News website by the WHO was in June 2016 on cases of yellow fever; there is no evidence that Angola reported COVID-19 as a PHEIC to the WHO. There were indeed three other notifications in 2016 for yellow fever: in February, in March and in April. The first case was reported in December 2015 in Viana municipality, Luanda province. [2,3,4,5] Neither the websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [6,7]

[1] World Health Organization. 29 June 2018. "Weekly Bulletin on Outbreaks and Other Emergencies- Week 26: 23-29 June 2018". [<https://reliefweb.int/sites/reliefweb.int/files/resources/OEW26-2329062018.pdf>]. Accessed 29 January 2021.

[2] World Health Organization. 12 February 2016. Disease Outbreak News. "Emergencies preparedness, response: Yellow Fever – Angola". [<https://www.who.int/csr/don/12-february-2016-yellow-fever-angola/en/>]. Accessed 29 January 2021.

[3] World Health Organization. 22 March 2016. Disease Outbreak News. "Emergencies preparedness, response: Yellow Fever – Angola". [<https://www.who.int/csr/don/22-march-2016-yellow-fever-angola/en/>]. Accessed 29 January 2021.

[4] World Health Organization. 13 April 2016. Disease Outbreak News. "Emergencies preparedness, response: Yellow Fever – Angola". [<https://www.who.int/csr/don/13-april-2016-yellow-fever-angola/en/>]. Accessed 29 January 2021.

[5] World Health Organization. 14 June 2016. Disease Outbreak News. "Emergencies preparedness, response: Yellow Fever – Angola". [<https://www.who.int/csr/don/14-june-2016-yellow-fever-angola/en/>]. Accessed 29 January 2021.

[6] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[7] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 29 January 2021.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Angolan government operates an electronic reporting surveillance system. According to the "WHO Country Cooperation Strategy 2015-2019: Angola" report, one of the measures planned for the WHO's technical support is to develop an integrated system for health information, which includes an electronic platform. [1] The website of

the Ministry of Health was not accessible at the time of research. [2] There was no evidence of an electronic reporting surveillance system in the website of the National Institute for Health Research. [3] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 28, Angola does not have an electronic reporting surveillance system. [4]

[1] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 29 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Angolan government operates an electronic reporting surveillance system. According to the World Health Organization's (WHO) "Cooperation Strategy of the WHO: Angola" (2015-2019) report, one of the measures planned for the WHO's technical support is to develop an integrated system for health information, which includes an electronic platform. [1] The website of the Ministry of Health was not accessible at the time of research. [2] There was no evidence of an electronic reporting surveillance system in the website of the National Institute for Health Research. [3] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 28, Angola does not have an electronic reporting surveillance system. [4]

[1] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 29 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 0

There is no evidence that Angola has an electronic health records system nor that it is commonly in use. According to the "WHO Country Cooperation Strategy 2015-2019: Angola" report, one of the measures planned for the WHO's technical support is to develop an integrated system for health information, which includes an electronic platform. [1] The website of the Ministry of Health was not accessible at the time of research. [2] There was no evidence of electronic health records in the website of the National Institute for Health Research. [3] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 28, Angola does not have an electronic reporting surveillance system. [4]

[1] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 29 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Angola has an electronic health records system nor that the public health system has access to it. According to the "WHO Country Cooperation Strategy 2015-2019: Angola" report, one of the measures planned for the WHO's technical support is to develop an integrated system for health information, which includes an electronic platform. [1] The website of the Ministry of Health was not accessible at the time of research. [2] There was no evidence of electronic health records in the website of the National Institute for Health Research. [3] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 28, Angola does not have an electronic reporting surveillance system. [4] In 2018 the Official Gazette published "Law 20/2017 on rights and obligations of users and healthcare professionals and on the medical history (Llei 20/2017, del 27 d'octubre, de drets i deures dels usuaris i dels professionals del sistema sanitari i sobre la història clínica)". [6] According to that law all healthcare centres and professionals that are part of the public health system are obligated to report to the Electronic Health Record the actions carried out by patients and, in general, all the other annotations that must be made to the Electronic Health Record, Articles 34, 35 and 36. [6] There is however no clear evidence that such records are actually in place, not to what extent are they commonly in use, nor that the national public health system have access to electronic health records of individuals in Andorra.

[1] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 29 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf].

Accessed 14 May 2021.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola follows any data standards for its records, as there is insufficient evidence that Angola collects data for health records. According to the "WHO Country Cooperation Strategy 2015-2019: Angola" report, one of the measures planned for the WHO's technical support is to develop an integrated system for health information, which includes an electronic platform. [1] The website of the Ministry of Health was not accessible at the time of research. [2] There was no evidence of data standards in the website of the National Institute for Health Research. [3] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not have evidence on the existence of data standards to ensure data comparability. [4]

[1] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 29 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has established a mechanism at relevant ministries to share surveillance data on animal, human and wildlife health. The websites of the Ministry of Health, the Ministry of Environment and the Ministry of Agriculture were not accessible at the time of research. [1,2,3] No evidence of any mechanism to share data between ministries were found in the website of the National Institute for Health Research. [4] There is no evidence that there are any agencies or groups in Angola on One Health. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, there is a lack of interministerial coordination in regards to human, animal and environmental surveillance. [5]

[1] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[2] Ministry of Environment. (Inaccessible). [<https://sia.minamb.gov.ao/login>]. Accessed 29 January 2021.

[3] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 29 January 2021.

[4] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[5] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola makes de-identified health surveillance data publicly available. The website of the National Institute for Health Research (INIS) posts news on COVID-19, but there is no de-identified health surveillance data made available on a regular basis for other diseases. [1] An informative bulletin on the progress of the COVID-19 disease was found online, but it was a standalone document for 1 June 2020. It is numbered 132, suggesting that there are other bulletins, but no evidence of other reports were found online. [2] The website of the Ministry of Health was not accessible at the time of research. [3] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 27, epidemiological bulletins are published weekly and monthly, but no such examples were found. [4]

[1] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[2] Ministry of Health. 1 June 2020. "Informative Bulletin 132 (Boletim Informativo 132)".

[https://www.sadc.int/files/3015/9194/4147/Angola_COVID_19_Sitrep_1_June.pdf]. Accessed 29 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola makes de-identified COVID-19 surveillance data available via daily reports on government websites. An informative bulletin on the progress of the COVID-19 disease was found online through the Southern African Development Community website, but it was a standalone document for 1 June 2020. It is numbered 132, suggesting that there are other bulletins, but no evidence of other reports were found online. [1] The website of the National Institute for Health Research (INIS) posts news on COVID-19, but there is no de-identified health surveillance data made available on a regular basis. [2] The website of the Ministry of Health was not accessible at the time of research. [3] However, the Ministry of Health's Facebook page posts daily reports on COVID-19 surveillance data, including daily case count, deaths, those under care, and recuperated cases. [4]

- [1] Ministry of Health. 1 June 2020. "Informative Bulletin 132 (Boletim Informativo 132)". [https://www.sadc.int/files/3015/9194/4147/Angola_COVID_19_Sitrep_1_June.pdf]. Accessed 29 January 2021.
- [2] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.
- [3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.
- [4] Ministry of Health. Facebook. [<https://www.facebook.com/MINSA-983550461851066/>]. Accessed 30 January 2021.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1 , No = 0

Current Year Score: 1

There is a law in Angola that safeguards the confidentiality of identifiable health information for individuals. Law 22 on the Protection of Personal Data of 17 June 2011 protects the confidentiality of personal data, including individual health information. Article 14 of the Law specifically protects health data of individuals. Article 14 states that data on health, including genetic data, can only be released if there is unequivocal consent, clearly expressed in written form by the person in question or via authorization by the Agency of Data Protection. [1]

[1] National Assembly. Law number 22 of 17 June 2011. "Law of Protection of Personal Data (Lei da Protecção de Dados Pessoais)". [https://www.apd.ao/fotos/frontend_7/editor2/110617_lei_22-11_de_17_junho-proteccao_dados_pessoais.pdf]. Accessed 19 February 2021.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 0

Although Angola has a law that safeguards the confidentiality of identifiable health information for individuals, there is no mention of cyber attacks. Law 22 on the Protection of Personal Data of 17 June 2011, which includes protections for the confidentiality of personal data, including individual health information, does not mention cyber attacks. [1] The website of the Ministry of Health was not accessible at the time of research. [2] The website of the National Institute of Health Research did not have information on the matter. [3]

[1] National Assembly. Law number 22 of 17 June 2011. "Law of Protection of Personal Data (Lei da Protecção de Dados Pessoais)". [https://www.apd.ao/fotos/frontend_7/editor2/110617_lei_22-11_de_17_junho-proteccao_dados_pessoais.pdf]. Accessed 19 February 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease = 2, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 2

There is evidence that Angola has made commitments to share data during emergencies for more than one disease. Angola is a member-state of Africa CDC and part of its programme is to "Ensure effective public health emergency preparedness and response", which will be done by facilitating and promoting "sustained partnerships for multi-sectoral coordination and collaboration". [1] Angola is also a member of the Southern African Development Community (SADC), whose members are signatories of the 1999 Protocol on Health. Article 6 of the Protocol on Health clearly states that "Member States shall share information on health systems research and surveillance and co-operate and assist each other in its dissemination". [2] Furthermore, there is evidence that it has made commitments to share data routinely as well as during active emergencies: two memoranda of collaboration for instances of public health emergencies with the Democratic Republic of the Congo and Zambia. The memorandum with Zambia was created in February 2018 and it focuses on cholera and malaria. The memorandum seeks to ensure assistance between both countries during public health emergencies, the sharing of information regularly, promote health campaigns in neighbouring regions in both countries, and strengthen border control between both countries. [3] The memorandum with the Democratic Republic of the Congo was developed in March 2018, and it calls for collaboration in epidemiological surveillance, laboratory support, case treatments, vaccination, and the management of epidemics in the region. The document also calls for rapid transfer of data between both countries through the use of NGOs present in both countries. [4]

[1] Africa CDC. "Emergency Preparedness and Response". [<https://africacdc.org/programme/emergency-preparedness-and-response/>]. Accessed 29 January 2021.

[2] Southern African Development Community. 18 August 1999. Protocol on Health. [https://www.sadc.int/files/7413/5292/8365/Protocol_on_Health1999.pdf]. Accessed 29 January 2021.

[3] Sapo. 6 February 2018. "Angola and Zambia sign a memorandum to combat cholera and malaria (Angola e Zâmbia assinam memorado contra cólera e malária)". [<http://tpa.sapo.ao/noticias/sociedade/angola-e-zambia-assinam-memorado-contra-colera-e-malaria>]. Accessed 29 January 2021.

[4] Agência Angola Press. 1 March 2018. "Angola and Democratic Republic of the Congo sign memorandum of collaboration in the area of health (Angola e RDC assinam memorando de colaboração no domínio da saúde)". [http://www.angop.ao/angola/pt_pt/noticias/saude/2018/2/9/Angola-RDC-assinam-memorando-colaboracao-dominio-saude,9338992a-a437-4fc2-b165-a175e2064c3c.html]. Accessed 29 January 2021.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola has a national system in place to provide support at the sub-national level to conduct contact tracing in the event of an active or future public health emergency. There is no evidence that Angola has a contact tracing plan in the event of a public health emergency. The Ministry of Health has the National Plan for Sanitary Development 2012-2025, which includes a section for the prevention of and response to epidemics (Project 8; page 71). The section makes no mention of contact tracing. [1] The website of the Ministry of Health was not accessible at the time of research. [2] The website of the National Institute of Health Research did not have information on the matter. [3] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not include evidence on any measure regarding contact tracing during a public health emergency. [4]

[1] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 29 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is no evidence that Angola provides wraparound services to enable infected people and their contacts to self-isolate as recommended, including economic support and medical attention. The Ministry of Health has the National Plan for Sanitary Development 2012-2025, which includes a section for the prevention of and response to epidemics (Project 8; page 71). The section makes no mention of providing wraparound services in general. [1] The website of the Ministry of Health was not accessible at the time of research. [2] The website of the National Institute of Health Research did not have information on the matter. [3] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any wraparound services to enable infected people and their contacts to self-isolate as recommended, particularly economic support (paycheck, job security) and medical attention. [4]

[1] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 29 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 29 January 2021.

[3] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 29 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf].

Accessed 14 May 2021.

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Angola made de-identified data on contact tracing efforts for COVID-19 available via daily reports on government websites. First, there is insufficient evidence that Angola conducted contact tracing for COVID-19. A news report from 24 April 2020 stated that Angolan authorities could obtain tracing information on suspected cases of COVID-19 from telecom operators, such that they could monitor suspected cases and their location. However, there is no mention of getting in touch with the people with whom the suspected cases contacted. [1] Second, there is insufficient evidence that Angola published daily reports of COVID-19 in government websites. One report on COVID-19 was found for 1 June 2020; however, it was a standalone document and it was not hosted in a government website, rather the Southern African Development Community. [2] Third, the report on COVID-19 for 1 June 2020 did not include data on contact tracing. [2] Nevertheless, de-identified data on COVID-19 cases, deaths, recuperated and under care are posted in the Facebook page of the Ministry of Health. [3] The website of the Ministry of Health was not accessible at the time of research. [4] The website of the National Institute of Health Research did not have information on the matter. [5]

[1] Lusa. EuroNews. 24 April 2020. "Covid-19: From now on, Angolan authorities can track calls from people with symptoms (Covid-19: A partir de agora, autoridades angolanas podem rastrear chamadas de pessoas com sintomas)".

[<https://pt.euronews.com/2020/04/24/covid-19-a-partir-de-agora-autoridades-angolanas-podem-rastrear-chamadas-de-pessoas-com-si>]. Accessed 30 January 2021.

[2] Ministry of Health. 1 June 2020. "Informative Bulletin 132 (Boletim Informativo 132)".

[https://www.sadc.int/files/3015/9194/4147/Angola_COVID_19_Sitrep_1_June.pdf]. Accessed 30 January 2021.

[3] Ministry of Health. Facebook. [<https://www.facebook.com/MINSA-983550461851066/>]. Accessed 30 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[5] National Institute for Health Research. [<http://www.inis.ao/index.php/home>]. Accessed 30 January 2021.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence that there is a joint plan or cooperative agreement between the public health system and the Border Guard Police to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of an active or for a future public health emergency. The Border Guard Police of Angola does not have an official website, but it has a Facebook page, which did not have any evidence of such a joint plan or cooperative agreement. [1]

There is a news article from 1 January 2021 that states that the Border Guard Police has been strengthening border security on travellers owing to the COVID-19 pandemic. However, there is no indication that there is a joint plan or cooperative agreement with public health authorities on the matter. [2] The website of the Ministry of Health was not accessible at the time of research. [3] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 explicitly states on page 48 that there are no agreements between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency. [4]

[1] Border Guard Police of Angola. Facebook. [<https://www.facebook.com/policiadeguaradafronteirasdeangola/>]. Accessed 1 February 2021.

[2] Agência Angola Press. 1 January 2021. "Police reinforces security on the Angola/Namibia border (Polícia reforça segurança na fronteira Angola/Namíbia)". [<https://www.angop.ao/noticias/politica/policia-reforca-seguranca-na-fronteira-na-fronteira-angola-namibia/>]. Accessed 1 February 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021..

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is evidence that applied epidemiology training programmes are available in Angola; however, there is no evidence that resources are provided by the government to send citizens to another country to participate in applied epidemiology training programmes. Angola is a member state of the African Field Epidemiology Network (AFENET). According to AFENET, "Angola Field Epidemiology and Laboratory Training Program (A-FELTP) was established in 2010 as collaboration between the Angola Ministry of Health, Agostinho University (UAN) and Army Health Services. In 2014 the program enrolled two cohorts of 20 residents, 12 of whom are in the epidemiology track and 8 in the laboratory track." [1] Angola is also supported by the US Centers for Disease Control and Prevention (CDC) in field epidemiology training. According to CDC, "CDC continues to support the MOH in implementing the Field Epidemiology Laboratory Training Program (FELTP) and complementary, shorter applied epidemiology courses." [2] No evidence of resources provided by the government to send citizens to another country to participate in applied epidemiology training programmes were found in the websites of the CDC or AFENET. [1][2] The website of the Ministry of Health was not accessible at the time of research. [3] The website of the National Institute of Health Research mentions that there is international cooperation with AFENET and CDC; however, there is no mention of

resources provided for citizens to participate in training programmes in other countries. [4]

[1] African Field Epidemiology Network. "Angola Field Epidemiology and Laboratory Training Program".

[<http://www.afenet.net/index.php/countries/angola>]. Accessed 30 January 2021.

[2] Centers for Disease Control and Prevention (US). "CDC in Angola". 2016.

[https://www.cdc.gov/globalhealth/countries/angola/pdf/angola_factsheet.pdf]. Accessed 30 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[4] National Institute for Health Research. "Inter-Institutional Cooperation (Cooperação Inter-Institucional)".

[<http://www.inis.ao/index.php/institucional/cooperacao-inter-institucional>]. Accessed 30 January 2021.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the available field epidemiology training is available for animal health professionals as well. Angola is a member state of the African Field Epidemiology Network (AFENET). According to AFENET, "Angola Field Epidemiology and Laboratory Training Program (A-FELTP) was established in 2010 as collaboration between the Angola Ministry of Health, Agostinho University (UAN) and Army Health Services. In 2014 the program enrolled two cohorts of 20 residents, 12 of whom are in the epidemiology track and 8 in the laboratory track." [1] Angola is also supported by the US Centers for Disease Control and Prevention (CDC) in field epidemiology training. According to CDC, "CDC continues to support the MOH in implementing the Field Epidemiology Laboratory Training Program (FELTP) and complementary, shorter applied epidemiology courses." [2] In neither the AFENET programme or the CDC programme are animal health professional explicitly included. [1][2] The website of the Ministry of Health was not accessible at the time of research. [3] The website of the National Institute of Health Research mentions that there is international cooperation with AFENET and CDC; however, there is no mention of animal health professionals in the programmes. [4]

[1] African Field Epidemiology Network. "Angola Field Epidemiology and Laboratory Training Program".

[<http://www.afenet.net/index.php/countries/angola>]. Accessed 30 January 2021.

[2] Centers for Disease Control and Prevention (US). "CDC in Angola". 2016.

[https://www.cdc.gov/globalhealth/countries/angola/pdf/angola_factsheet.pdf]. Accessed 30 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[4] National Institute for Health Research. "Inter-Institutional Cooperation (Cooperação Inter-Institucional)".

[<http://www.inis.ao/index.php/institucional/cooperacao-inter-institucional>]. Accessed 30 January 2021.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1, No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 0

There is insufficient evidence that Angola has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential. Angola has the National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019, published in 2014. A newer version of the plan is not available. The National Plan briefly mentions epidemics twice in the document, in terms of preparatory measures for health. It states that there should be surveillance for epidemics, but it does not mention any specific disease. [1] Angola also has the Strategic Plan for Disaster Risk Management, which was established by presidential decree number 103 of 23 May 2011. The Plan covers many types of disasters, including the HIV/AIDS crisis; however, it does not specify that the plan can be used for other public health emergencies. Furthermore, the plan does not outline a response when a public health emergency breaks out. The plan frames the gravity of the HIV/AIDS crisis in the country and outlines some key actionable measures to improve response to that particular public health issue. [2] The Service of Civil Protection, under the Ministry of Interior, is responsible for addressing issues related to all kinds of disasters, including public health emergencies, according to the "WHO Country Cooperation Strategy 2015-2019: Angola" report in page 23. However, no evidence of any plan to respond to public health emergency was found. [3] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 34, Angola does not have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential. [6]

[1] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 30 January 2021.

[2] President of the Republic (Angola). Presidential decree number 103 of 23 May 2011 establishing the Strategic Plan for Disaster Risk Management. [<http://extwprlegs1.fao.org/docs/pdf/ang119719.pdf>]. Accessed 30 January 2021.

[3] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 30 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

[6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is insufficient evidence that Angola has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential in the last three years. The National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 was published in 2014 and there is no evidence of an update. [1] There is a news article from 9 January 2020 that states that the Ministry of Interior was preparing a new approach to address calamities and disasters. No details were provided on the new approaches or of a date of release of those new approaches. [2] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [3,4] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 34, Angola does not have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential. [5]

[1] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 30 January 2021.

[2] Agência Angola Press. 9 January 2020. "Civil Protection Prepares New Approach Against Calamities (Protecção Civil Prepara Nova Abordagem Contra Calamidades)". [https://www.angop.ao/noticias-o/?v_link=https://www.angop.ao/angola/pt_pt/noticias/politica/2020/0/2/Proteccao-civil-prepara-nova-abordagem-contra-calamidades,f5f9d1db-1e7d-4d49-9410-8cd23a6bd685.html]. Accessed 30 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[4] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

[5] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is insufficient evidence that Angola has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential. Therefore, there cannot be inclusion of

considerations for paediatric or other vulnerable populations. The National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 mentions "the most vulnerable communities" in the context of epidemics; however, it does not provide any further information or definitions on what it considers to be a vulnerable community. [1] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [2,3] According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 34, Angola does not have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential. [4]

[1] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 30 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[3] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. The National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 mentions engagement with the private sector for consultation during the development of process to address calamities and disasters, for establishing protocols for actions to acquire equipment necessary in emergencies, and create plans to activate warning or evacuation procedures. [1] However, there is no evidence of any memorandum, established agreement or plan to engage with the private sector. The National Plan, while it mentions those actions, does not provide detail on how they will be achieved. The websites of the Ministry of Health and the Ministry

of Interior were not accessible at the time of research. [2,3]

[1] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 30 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[3] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease = 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 1

There is sufficient evidence that Angola has a plan that implements non-pharmaceutical interventions (NPIs) for one disease. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) was published in February 2020 and it includes NPIs with specific criteria for their implementation. Chapter V of the Plan outlines the phases for its implementation. In phase 0 (pre-epidemic), the main focus is on surveillance and storing up on equipment and other medical inputs. In phase 1 (first confirmed case), surveillance increases and all suspected cases are maintained isolated until tested. In phase 2 (after second confirmed case), crowded areas are to be avoided, personal protection equipment for all is encouraged, and isolate suspected cases and their contacts. In phase 3 (post-epidemic), maintain surveillance, evaluate impact on health, society and economy while maintaining the plan active. [1] While Angola has a plan for COVID-19, there is no evidence that it has a plan for public health crises in general. The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [2,3]

[1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 30 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[3] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is evidence that Angola activated a national emergency response plan for an infectious disease outbreak in the past year, but there is no evidence that it completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year. Angola activated a response plan for COVID-19. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) was published in February 2020 and it was activated to combat the pandemic. [1] The WHO extranet reports that there were no biological exercises conducted in Angola. [2] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [3,4]

[1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 30 January 2021.

[2] World Health Organization. "Simulation Exercise". [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 30 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[4] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

Although Angola has conducted an after-action review, it occurred over one year ago in November 2017. The after-action review was on yellow fever and it occurred 21-23 November 2017. [1] No further evidence that Angola has undergone an exercise to identify a list of gaps and best practices in the past were found in the WHO country page or in the WHO regional page. [2,3] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5]

[1] World Health Organization. "After action review". [<https://extranet.who.int/sph/after-action-review>]. Accessed 30 January 2021.

[2] World Health Organization. "Angola". [<https://www.who.int/countries/ago/en/>]. Accessed 30 January 2021.

[3] World Health Organization. "Africa". [<https://www.afro.who.int/>]. Accessed 30 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has undergone a national-level biological threat-focused exercise that has included private sector representatives in the past year. Angola has not conducted a national-level biological threat-focused exercise in the past year, according to the WHO website. There are no actions listed under Angola. [1] There is no further evidence in the Angola's or the region's WHO webpage. [2,3] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5] The WHO extranet reports that there were no biological exercises conducted in Angola. [6]

[1] World Health Organization. "After action review". [<https://extranet.who.int/sph/after-action-review>]. Accessed 30 January 2021.

[2] World Health Organization. "Angola". [<https://www.who.int/countries/ago/en/>]. Accessed 30 January 2021.

[3] World Health Organization. "Africa". [<https://www.afro.who.int/>]. Accessed 30 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

[6] World Health Organization. "Simulation Exercise". [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 19 February 2021.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has an emergency operations center in place. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, The National Service for Civil Protection serves as the country's coordinating agency for emergencies. There is also an Interministerial Commission to prepare and respond to emergencies. Further details on those entities is not provided and not found online. [1] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) published in February 2020 mentions once the existence of an Public Health Emergency Operations Center (COESP) in page 21. There are no other mentions in the document. [2] A news article from 25 March 2020 states that the UN offered help to Angola to create an emergency operations center. [3] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5]

[1] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf].

Accessed 14 May 2021.

[2] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))".

[http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf].

Accessed 30 January 2021.

[3] Observador. 25 March 2020. "UN offers support to create Emergency Operations Center in Angola (ONU oferece apoio para criar Centro de Operações de Emergência em Angola)". [<https://observador.pt/2020/03/25/onu-oferece-apoio-para-criar-centro-de-operacoes-de-emergencia-em-angola/>]. Accessed 30 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 0

There is evidence that Angola has an emergency operations center in place, but there is no evidence that it is required to conduct drills for a public health emergency scenario at least once per year or evidence that they conduct a drill at least once per year. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, The National Service for Civil Protection serves as the country's coordinating agency for emergencies. There is also an Interministerial Commission to prepare and respond to emergencies. Further details on those entities is not provided and not found online. The JEE does not mention if any of those entities are required or have conducted drills at least once per year.

[1] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) published in February 2020 mentions once the existence of a Public Health Emergency Operations Center (COESP) in page 21. There are no other mentions in the document. [2] A news article from 25 March 2020 states that the UN offered help to Angola to create an emergency operations center. [3] There are no other evidence of the existence of such an entity in Angola. The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5]

[1] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

[2] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))".

[http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf].

Accessed 30 January 2021.

[3] Observador. 25 March 2020. "UN offers support to create Emergency Operations Center in Angola (ONU oferece apoio para criar Centro de Operações de Emergência em Angola)". [<https://observador.pt/2020/03/25/onu-oferece-apoio-para-criar-centro-de-operacoes-de-emergencia-em-angola/>]. Accessed 30 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is evidence that Angola has an emergency operations center in place, but no evidence of any coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, The National Service for Civil Protection serves as the country's coordinating agency for emergencies. There is also an Interministerial Commission to prepare and respond to emergencies. Further details on those entities is not provided and not found online. The JEE does not mention if any of those entities conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. [1] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) published in February 2020 mentions once the existence of an Public Health Emergency Operations Center (COESP) in page 21. There are no other mentions in the document. There are mentions in the document about carrying a simulation exercise on a regular basis (page 20), but there is no evidence that such exercise was indeed conducted. [2] A news article from 25 March 2020 states that the UN offered help to Angola to create an emergency operations center. [3] There are no other evidence of the existence of such an entity in Angola. The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5]

[1] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

[2] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 30 January 2021.

[3] Observador. 25 March 2020. "UN offers support to create Emergency Operations Center in Angola (ONU oferece apoio para criar Centro de Operações de Emergência em Angola)". [<https://observador.pt/2020/03/25/onu-oferece-apoio-para-criar-centro-de-operacoes-de-emergencia-em-angola/>]. Accessed 30 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other

agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence that Angolan public health or national security authorities have carried out an exercise to respond to a potential deliberate biological event nor is there any publicly available standard operating procedures, guidelines, MOUs or other agreement between the public health and security authorities to respond to a potential deliberate biological event. The Service of Civil Protection, under the Ministry of Interior, is responsible for addressing issues related to all kinds of disasters, including public health emergencies, according to the "Cooperation Strategy of the WHO: Angola" report in page 23. However, no evidence has been found in this document about any procedures or agreements across different authorities to address public health emergencies. [1] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [2,3] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any exercise to respond to a potential deliberate biological event or any standard procedures for such event. [4]

[1] World Health Organization. "WHO Country Cooperation Strategy 2015-2019: Angola".

[<https://www.afro.who.int/sites/default/files/2017-06/ccs-angola-2015-2019-en.pdf>]. Accessed 30 January 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[3] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

[4] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that there is a strategy that outlines how messages will reach populations and sectors with different communications needs. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) published in February 2020 has a section dedicated to communication and social mobilization. The section considers different languages, location within the country, and a variety of media for outreach. [1] The National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 does not outline how messages will reach populations and sectors with different communication needs. There is no mention of a communication risk plan in the document. [2] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [3,4]

- [1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 30 January 2021.
- [2] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 30 January 2021.
- [3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.
- [4] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

There is sufficient evidence that Angola has in place, either in the national public health emergency response plan or in other legislation, regulation or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) published in February 2020 has a section dedicated to communication and social mobilization. The section has the objective of informing the population to promote prevention measures, home care of suspected cases and contain transmission. Some of its measures include the creation of a team dedicated to communication and social mobilisation, rapid evaluation of communication needs to prevent contamination, production of an information, education and advocacy packet including messages to radio, television and other communication media, and organisation of events to with local and provincial authorities for advocacy activities. [1] The National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 does not include a risk communication plan or strategy. [2] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [3,4] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 confirms the existence of those plans. [5]

- [1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 30 January 2021.
- [2] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 30 January 2021.
- [3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.
- [4] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.
- [5] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão –

18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that Angola has in a risk communication plan the designation of a specific position within the government to serve as a primary spokesperson to the public during a public health emergency. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 44, the Ministry of Health has an office specific for risk communication, which serves as a qualified spokesperson during emergencies. [1] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) published in February 2020 has a section dedicated to communication and social mobilization, which states that a spokesperson will be designated, but it does not specify the position of the person within the government (page 23). [2] The National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 does not include a risk communication plan or strategy. [3] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5]

[1] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

[2] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoSacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 30 January 2021.

[3] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 30 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 30 January 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 30 January 2021.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 1

There is some evidence that the Angolan government utilises media platforms, such as social media and websites updates, to dispel rumours, misinformation or disinformation. However, there is insufficient evidence that it uses social media to inform on ongoing public health concerns on a regular basis outside of active emergencies. On 19 August 2020, the Ministry of Health, through its Facebook page, dispelled another rumor that the country was lacking tests for COVID-19. [1] On 15 July 2020, it dispelled a rumor that members of parliament tested positive for COVID-19. [2] On 20 March 2020, it dispelled rumors that there was a case of COVID-19 in the country. [3] On 6 March 2020, it dispelled a rumor that travellers entering Angola would be redirected to another facility to be tested, and if positive, would be deported. [4] The Ministry of Health's Facebook page informs daily on the cases of COVID-19; however, there is no evidence that it provides other health information besides the public health emergency. It does provide information on events where the minister participated. [5]

[1] Ministry of Health. Facebook. 19 August 2020.

[https://www.facebook.com/permalink.php?story_fbid=1405347539671354&id=983550461851066]. Accessed 30 January 2021.

[2] Ministry of Health. Facebook. 15 July 2020.

[https://www.facebook.com/permalink.php?story_fbid=1376464832559625&id=983550461851066]. Accessed 30 January 2021.

[3] Ministry of Health. Facebook. 20 March 2020.

[https://www.facebook.com/permalink.php?story_fbid=1283324261873683&id=983550461851066]. Accessed 30 January 2021.

[4] Ministry of Health. Facebook. 6 March 2020.

[https://www.facebook.com/permalink.php?story_fbid=1272693139603462&id=983550461851066]. Accessed 30 January 2021.

[5] Ministry of Health. Facebook. [<https://www.facebook.com/MINSA-983550461851066/>]. Accessed 30 January 2021.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is no evidence that senior leaders have shared misinformation or disinformation on infectious diseases in the past two years. There is no evidence of any misinformation or disinformation on infectious from the president of Angola, João Lourenço (2017 to present), or from the minister of health, Sílvia Lutucuta (2017 to present), in the past two years. The media sources checked include Agência Angola Press, DW Angola, and Observador (Portugal). [1,2,3]

[1] Agência Angola Press. [<https://www.angop.ao/>]. Accessed 31 January 2021.

[2] DW. Angola. [<https://www.dw.com/pt-002/not%C3%ADcias/angola/s-30381>]. Accessed 31 January 2021.

[3] Observador (Portugal). [<https://observador.pt/>]. Accessed 31 January 2021.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 14.34

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 46.6

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 10.18

2018-2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 9.62

2018-2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no evidence that in the past year Angola has issued a restriction on the movement of medical goods from another country, stating that was due to the risk posed by an infectious disease outbreak. The websites of the Ministry of Health and the Ministry of Agriculture were not accessible at the time of research. [1,2] The website of the Ministry of Foreign Relations did not have any evidence of a restriction on medical goods. [3] The media sources checked include Agência Angola Press, DW Angola, and Observador (Portugal). [4,5,6]

[1] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.

[2] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 31 January 2021.

[3] Ministry of Foreign Relations. [<https://mirex.gov.ao/PortalMIREX/>]. Accessed 31 January 2021.

[4] Agência Angola Press. [<https://www.angop.ao/>]. Accessed 31 January 2021.

[5] DW. Angola. [<https://www.dw.com/pt-002/not%C3%ADcias/angola/s-30381>]. Accessed 31 January 2021.

[6] Observador (Portugal). [<https://observador.pt/>]. Accessed 31 January 2021.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no evidence that in the past year Angola has issued a restriction on the movement of non-medical goods from another country, stating that was due to the risk posed by an infectious disease outbreak. On 24 August 2020, Angola imposed import restrictions on 11 products during the COVID-19 pandemic; however, the reason for the import restrictions were not related to the infectious disease outbreak. Rather, it was a protectionist action to promote domestic production. The products were food products, such as sweet potatoes, garlic, onions, carrots, beans, peanuts, tomatoes and bottled water. [1] There was a case of import restriction owing to an infectious disease outbreak, but it happened more than one year ago in March 2018. On 10 March 2018, Angola recalls sausages and chicken meat imported from South Africa to prevent the outbreak of listeria. The commercialization of those products was suspended in fifteen countries (including Angola) after an outbreak of listeria in South Africa at the end of 2017, causing at least 180 casualties as of 10 March 2018 (the date of publication of the news article). [2,3] The websites of the Ministry of Health and the Ministry of Agriculture were not accessible at the time of research. [4,5] The website of the Ministry of Foreign Relations did not have any evidence of a restriction on medical goods. [6] The media sources checked include Agência Angola Press, DW Angola, and Observador (Portugal). [7,8,9]

- [1] Agência Angola Press. 24 August 2020. "Government approves import restrictions on 11 products (Governo aprova restrições de importação de 11 produtos)". [https://www.angop.ao/noticias-o/?v_link=https://www.angop.ao/angola/pt_pt/noticias/economia/2020/7/35/Governo-aprova-restricoes-importacao-produtos,c51a50c9-521c-4f0e-a498-71c57b3854b4.html]. Accessed 31 January 2021.
- [2] Agência Lusa, AFP, Reuters. DW. 10 March 2018. "Angola removes products from markets after epidemic in South Africa (Angola retira produtos dos mercados após epidemia na África do Sul)". [<https://www.dw.com/pt-002/angola-retira-produtos-dos-mercados-ap%C3%B3s-epidemia-na-%C3%A1frica-do-sul/a-42919802>]. Accessed 31 January 2021.
- [3] World Health Organization. 28 March 2018. "Listeriosis – South Africa". [<https://www.who.int/csr/don/28-march-2018-listeriosis-south-africa/en/>]. Accessed 31 January 2021.
- [4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.
- [5] Ministry of Agriculture. (Inaccessible). [<http://www.minagri.gov.ao>]. Accessed 31 January 2021.
- [6] Ministry of Foreign Relations. [<https://mirex.gov.ao/PortalMIREX/>]. Accessed 31 January 2021.
- [7] Agência Angola Press. [<https://www.angop.ao/>]. Accessed 31 January 2021.
- [8] DW. Angola. [<https://www.dw.com/pt-002/not%C3%ADcias/angola/s-30381>]. Accessed 31 January 2021.
- [9] Observador (Portugal). [<https://observador.pt/>]. Accessed 31 January 2021.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 0

There is evidence that Angola has implemented a ban, without international or bilateral support, on travelers due to an infectious disease outbreak. On 3 March 2020, Angola restricted entry of travelers from countries that were experiencing an outbreak of the COVID-19 epidemic, which at the time included China, Italy, South Korea and Iran. [1] On 18 March 2020, Angola expanded the travel restriction from all travelers that were in countries affected by the disease outbreak, which included China, South Korea, Iran, Italy, Portugal, Spain and France. The travel ban included anyone who had contact with anyone who had COVID-19. [2] In a post from 29 February 2020, the WHO recommended against imposing travel or trade restrictions to countries experiencing COVID-19 outbreaks. [3]

- [1] Ndomba, Borralho. DW. 3 March 2020. "Angola bans entry of travelers from countries with coronavirus (Angola proibe entrada de viajantes de países com coronavírus)". [<https://www.dw.com/pt-002/angola-pro%C3%ADbe-entrada-de-viajantes-de-pa%C3%ADses-com-coronav%C3%ADrus/a-52618835>]. Accessed 31 January 2021.
- [2] Lusa. Cofina Media. 17 March 2020. "Covid-19: Angola extends restrictions to Portugal, Spain and France (Covid-19: Angola alarga restrições a Portugal, Espanha e França)". [<https://www.jornaldenegocios.pt/economia/coronavirus/detalhe/20200317-1556-covid-19-angola-alarga-restricoes-a-portugal-espanha-e-franca>]. Accessed 31 January 2021.
- [3] World Health Organization. 29 February 2020. "Updated WHO recommendations for international traffic in relation to COVID-19 outbreak". [<https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>]. Accessed 31 January 2021.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 21.46

2017

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 40.75

2018

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has a public workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings. Angola has a public workforce strategy in place, but it has not been updated in the past five years and it does identify Labor shortages in specific areas. The National Plan on Employee Formation (PNFQ) was created in 2012 and spans from 2013 through 2020. The PNFQ calls for programmes and studies on the Labor market for workers in the public sector, including in the public health care sector, but actual studies have not been found. [1] The websites of the Ministry of Health or Ministry of Education were not accessible at the time of research. [2][3] The website Ministry of Public Administration, Labor and Social Security did not have any additional evidence on the matter. [4]

- [1] Government of Angola. 2012. "National Plan on Employee Formation (Plano Nacional de Formação de Quadros)". [https://docplayer.com.br/15791582-Plano-nacional-de-formacao-de-quadros.html]. Accessed 31 January 2021.
- [2] Ministry of Health. (Inaccessible). [http://www.minsa.gov.ao]. Accessed 31 January 2021.
- [3] Ministry of Education. (Inaccessible). [https://med.gov.ao/ao/]. Accessed 31 January 2021.
- [3] Ministry of Public Administration, Labor and Social Security. [http://www.maptss.gov.ao/]. Accessed 31 January 2021.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 80

2005

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has the capacity to isolate patients with highly communicable diseases. In preparation for the COVID-19 pandemic, the government created isolated areas in hospitals as soon as January 2020. [1] However, there is no evidence that these areas are advanced isolation facilities. By July 2020, Angola had set health infrastructure in major cities to manage the cases of COVID-19. In the Special Economic Zone (ZEE) in the municipality of Viana, the largest center was built with capacity for 1,000 hospital beds (500 of which were installed by July 2020). The hospital had more than 30 ventilators and 140 intensive care beds. Also in the municipality of Viana, the government created the center of Girassol, with capacity for 90 beds and 25 ventilators. The government also created other health support centers and treatment centers in Luanda, Quiçama, Viana, Talatona, Cuando Cubango, Benguela, Cabinda, and Zaire. Angolan President João Lourenço claims that, "With the construction of these and other health facilities [infrastructures], the country will have the conditions to face any epidemic, which, unfortunately, could at any moment rise". He also states that he "aims to create capacity for the country never to be caught by surprise, in case other epidemics or pandemic appear". [2] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention isolation units or biocontainment units in Angola. [3]

- [1] Jornal de Angola. 28 January 2020. "Government creates isolation areas in hospitals (Governo cria áreas de isolamento em hospitais)". [https://jornaldeangola.ao/ao/noticias/detalhes.php?id=443274]. Accessed 31 January 2021.
- [2] Agência Angola Press. 19 July 2020. "COVID-19: "High-quality" temporary hospitals (COVID-19: Hospitais de campanha de "alto nível)". [https://www.angop.ao/noticias-o/?v_link=https://www.angop.ao/angola/pt_pt/noticias/saude/2020/6/29/Covid-Hospitais-campanha-alto-nivel,fafb6d26-d4fa-4829-ab9a-54f38e105019.html]. Accessed 31 January 2021.
- [3] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão –

18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

4.1.2c

Does the country meet one of the following criteria?

- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?

- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 1

There is sufficient evidence that Angola has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak. There is also evidence that Angola has developed a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years. In preparation for the COVID-19 pandemic, the government created isolated areas in hospitals as soon as January 2020. [1] By July 2020, Angola had set health infrastructure in major cities to manage the cases of COVID-19. In the Special Economic Zone (ZEE) in the municipality of Viana, the largest center was built with capacity for 1,000 hospital beds (500 of which were installed by July 2020). The hospital had more than 30 ventilators and 140 intensive care beds. Also in the municipality of Viana, the government created the center of Girassol, with capacity for 90 beds and 25 ventilators. The government also created other health support centers and treatment centers in Luanda, Quiçama, Viana, Talatona, Cuando Cubango, Benguela, Cabinda, and Zaire. Angolan President João Lourenço claims that, "With the construction of these and other health facilities [infrastructures], the country will have the conditions to face any epidemic, which, unfortunately, could at any moment rise". He also states that he "aims to create capacity for the country never to be caught by surprise, in case other epidemics or pandemic appear". [2] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 includes considerations to expand its isolation capacity. It includes measures to identify areas in hospitals, clinics and any other health units that can be used as areas for isolated care. It also includes considerations for negative pressure rooms and special procedures for medical personnel to maintain safety and the patient isolated. [3]

[1] Jornal de Angola. 28 January 2020. "Government creates isolation areas in hospitals (Governo cria áreas de isolamento em hospitais)". [<https://jornaldeangola.ao/ao/noticias/detalhes.php?id=443274>]. Accessed 31 January 2021.

[2] Agência Angola Press. 19 July 2020. "COVID-19: "High-quality" temporary hospitals (COVID-19: Hospitais de campanha de "alto nível)". [https://www.angop.ao/noticias-o/?v_link=https://www.angop.ao/angola/pt_pt/noticias/saude/2020/6/29/Covid-Hospitais-campanha-alto-nivel,fafb6d26-d4fa-4829-ab9a-54f38e105019.html]. Accessed 31 January 2021.

[3] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 14 May 2021.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 2

Angola has a national procurement protocol in place, which can be utilised by the Ministry of Health and the Ministry of Agriculture for the acquisition of medical and laboratory needs. The Ministry of Finance is responsible for managing the public contract system, and it does so through National Service of Public Contracts (SNCP). [1] The SNCP created the webportal, Public Purchases, to centralize public procurement process for all government entities with all the necessary information, documents and forms, including a manual on the protocol and statistical data on government contracts. All government entities use the Public Purchases portal, including hospitals, the Ministry of Health and the Ministry of Agriculture for the acquisition of all goods and services they would need. At the time of research, there was one procurement announcement by the Ministry of Health, which opened on 2 February 2021 and was set to close on 2 March 2021. The procurement was for the acquisition of medication and equipment for Luanda province. The announcement page does not have a dedicated link, but it has the code 01_02_Minsa_2021 associated with it. Further details on the procurement was not publicly available. [2] However, there were announcement of purchases from several hospitals. The Provincial Hospital of Benguela, for example, posted its annual procurement plan for 2021, which included medical supplies, medications, laboratory supplies, reagent, diagnostic tests and hospital equipment. [3]

[1] Ministry of Finance. "Attributions and Competencies (Atribuições e Competências)".

[<https://compraspublicas.minfin.gov.ao/ComprasPublicas/#!/sobre/atribuicoes-e-competencias>]. Accessed 31 January 2021.

[2] Ministry of Finance. "Public Purchases (Compras Públicas)".

[<https://compraspublicas.minfin.gov.ao/ComprasPublicas/#!//>]. Accessed 31 January 2021.

[3] Provincial Hospital of Benguela. Public Procurement Unit. "Annual Procurement Plan 2021 (Plano Anual de Contratação 2021)".

[<https://compraspublicas.minfin.gov.ao/ComprasPublicas/#!//documentacao/institucional/documentacao/institucional/plano-anual-de-contratacao>]. Accessed 31 January 2021.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 2

There is some evidence that Angola maintains a stockpile of medical supplies, including MCMs, medicines, vaccines, medical equipment, and PPE, for national use during a public health emergency. The Plan for National Development 2018-2022 states

in page 99 that a priority action is to supply health units with essential medications, medical supplies and other health goods. A priority action it has identified is to create a stockpile of medical countermeasures and supplies for emergencies, as it is stated in page 104. [1] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 mentions the need to create a stockpile of medical supplies (page 24), but there was no indication that the country already has such stockpile in place. [2] However, in December 2020, it was announced that Angola reinforced its reserve of the BCG vaccine (against tuberculosis), as it purchased a lot with 536,000 doses. Besides the BCG vaccine, Angola also reportedly also has in stock vaccines against measles and polio. [3] The websites of the Ministry of Health, the Ministry of National Defence, and the Ministry of Interior were not accessible at the time of research. [4,5,6] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 states on page 42 that Angola does not have a stockpile of medical supplies. [7]

[1] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 31 January 2021.

[2] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 31 January 2021.

[3] Agência Angola Press. 6 December 2020. "Angola reinforces reserves of BCG vaccine with 536,000 doses (Angola reforça reserva de vacina BCG com 536 mil doses)". [<https://www.angop.ao/noticias/saude/angola-reforca-reserva-de-vacina-bcg-com-536-mil-doses/>]. Accessed 31 January 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.

[5] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 31 January 2021.

[6] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 31 January 2021.

[7] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is no evidence that Angola maintains a stockpile of laboratory supplies for national use during a public health emergency. The Plan for National Development 2018-2022 states in page 99 that a priority action is to supply health units with essential medications, medical supplies and other health goods. A priority action it has identified is to create a stockpile of medical countermeasures for emergencies, as it is stated in page 104. However, there is no mention of laboratory supplies. [1] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 mentions the need to create a stockpile of medical supplies (page 24), but there is no indication that the country already has such stockpile in place. Furthermore, there is no specific and explicit mention of laboratory supplies, although it is implied when it mentions other medical goods. [2] The websites of the Ministry of Health, the Ministry of National Defence, and the Ministry of Interior were not accessible at the time of research. [3,4,5]

[1] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 31 January 2021.

[2] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))".

[http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 31 January 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.

[4] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 31 January 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 31 January 2021.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola conducts an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. The Center for the Purchase of Medical Means (CECOMA) is responsible for purchasing all medical supplies in the Angolan public health system. It conducts an annual survey of all hospitals on the stockpile of medication and medical supplies and makes the required purchases. [1] However, the purchases are not made with a public health emergency in mind. Indeed, the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 explicitly states on page 42 that Angola does not have enough medical supplies and medications for a public health emergency. [2]

[1] Umba, Avelino. 10 August 2017. "Medications are acquired from credible institutions (Medicamentos são adquiridos em instituições credíveis)". [<https://www.jornaldeangola.ao/ao/noticias/detalhes.php?id=386432>]. Accessed 14 May 2021.

[2] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is some evidence that Angola has an agreement to procure medical supplies for national use during a public health emergency. There is, however, no evidence of an agreement to leverage domestic manufacturing capacity to produce medical supplies for national use during a public health emergency. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 42, Angola does not have a stockpile of medical supplies for a public health emergency, but it has made agreements with producers and distributors and it has reserved sufficient

funds to buy, send and distribute medical supplies and personnel to respond to a public health emergency. The JEE also notes that this is mechanism has proven to work when Angola sent medical supplies and personnel to Mozambique when cyclone IDAI hit the country in March 2019. [1] Furthermore, there is a news report that BP Angola, an oil company, has financed the local production and distribution of face masks for personal protection during the COVID-19 pandemic. However, there is no indication that it was part of an agreement with the government. [2] In another news report from March 2020, a domestic producer of face masks stated that the demand for masks has not reached them. They claim to have enough inputs to produce masks and given the low demand for it, there is no preoccupation that there will be shortage. [3] For the COVID-19 pandemic, there are reports that Angola government is unable to ensure the procurement of the vaccines without the support from the WHO. Angola will be a beneficiary of the COVAX program, which will purchase 2 billion vaccines to be distributed to 92 countries. [4] No further evidence was found in the Plan for National Development 2018-2022 or in the National Contingency Plan to Control the Epidemic of the Disease of COVID-19. [5,6] The websites of the Ministry of Health, the Ministry of National Defence, and the Ministry of Interior were not accessible at the time of research. [7,8,9]

[1] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

[2] BP Angola. 11 May 2020. "BP Angola launches campaign to produce face masks for prevention against COVID-19 (BP Angola lança campanha de produção de máscaras faciais para prevenção contra a COVID-19)". [

[3] Sapó. 20 March 2020. "Covid-19: Angolan mask producer says it has "enough raw material" for demand (Covid-19: Produtora angolana de máscaras diz ter "matéria-prima suficiente" para a procura)".

[<https://visao.sapo.pt/atualidade/economia/2020-03-20-covid-19-produtora-angolana-de-mascaras-diz-ter-materia-prima-suficiente-para-a-procura/>]. Accessed 31 January 2021.

[4] Observador. 2 December 2020. "Covid-19. Angola prepares vaccination plan with WHO support (Covid-19. Angola prepara plano de vacinação com apoio da OMS)". [<https://observador.pt/2020/12/02/covid-19-angola-prepara-plano-de-vacinacao-com-apoio-da-oms/>]. Accessed 31 January 2021.

[5] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 19 February 2021.

[6] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 19 February 2021.

[7] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.

[8] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 31 January 2021.

[9] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 31 January 2021.

4.2.3b

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence that Angola has an agreement with domestic manufacturers to produce laboratory supplies for national use during a public health emergency or that there is a mechanism to procure laboratory supplies for national use during a public health emergency. In a news article from May 2020, it was reported that Angola increased its capacity for testing for COVID-19 to 400 tests per day. The Minister of Health Sílvia Lutucuta stated that obtaining the laboratory supplies, including reagents, is very complex takes a lot of effort, thus suggesting that there is no plan to procure or leverage domestic manufacturing to obtain laboratory supplies during a public health emergency. [1] No evidence for any plan or mechanism to leverage domestic production or to procure laboratory supplies during a public health emergency was found in the Plan for National Development 2018-2022 or in the National Contingency Plan to Control the Epidemic of the Disease of COVID-19. [2,3] The websites of the Ministry of Health, the Ministry of National Defence, and the Ministry of Interior were not accessible at the time of research. [4,5,6]

[1] Angola 24 Horas. 26 May 2020. "Covid-19: Angola increased capacity to 400 tests per day (Covid-19: Angola aumentou capacidade para 400 testes por dia)". [<https://angola24horas.com/index.php/sociedade/item/17325-covid-19-angola-aumentou-capacidade-para-400-testes-por-dia>]. Accessed 31 January 2021.

[2] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 19 February 2021.

[3] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 19 February 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.

[5] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 31 January 2021.

[6] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 31 January 2021.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has a plan for dispensing medical countermeasures (MCMs) during a public health emergency. The Angola government published a preliminary version of the vaccination plan against COVID-19 in January 2021, which is a plan for dispensing MCMs, but it is focused on COVID-19 and there is no indication that it can be used for other epidemics. The full plan has not been published, but some details has been made available to the public. According to the report, the first phase will take place in the first half of 2021 and will cover 6.4 million people 40 years or older with health risks as well as the population with continuous exposure to risk (e.g., medical professionals). [1] No further evidence was found in the Plan for National Development 2018-2022 or in the National Contingency Plan to Control the Epidemic of the Disease of COVID-19. [2,3]The websites of the Ministry of Health, the Ministry of National Defence, and the Ministry of Interior were not accessible at the time of research. [4,5,6] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any such plan. [7]

- [1] Mundo ao Minuto. 28 January 2021. "Vaccination plan in Angola has an estimated cost of 217 million euros (Plano de vacinação em Angola tem custo estimado de 217 milhões de euros)". [<https://www.noticiasaminuto.com/mundo/1676750/plano-de-vacinacao-em-angola-tem-custo-estimado-de-217-milhoes-de-euros>]. Accessed 31 January 2021.
- [2] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 19 February 2021.
- [3] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 19 February 2021.
- [4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.
- [5] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 31 January 2021.
- [6] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 31 January 2021.
- [7] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has a public plan in place to receive health personnel from other countries to respond to a public health emergency. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 does not mention a mechanism to receive health personnel from other countries to respond to a public health emergency. [1] Angola's National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 does not make any reference to receiving health personnel from other countries to respond to a public health emergency. [2] The Plan for National Development 2018-2022 and the National Plan for Sanitary Development 2012-2025 do not make a reference either to receive medical personnel from other countries. [3,4] There is a memorandum of understanding between Portugal and Angola in the area of health, which includes several measures including further cooperation between the two countries during times of public health emergencies. However, it does not include a plan on how to receive or send health personnel during emergencies. [5] The websites of the Ministry of Health, the Ministry of National Defence, and the Ministry of Interior were not accessible at the time of research. [6,7,8] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 explicitly states on page 41 that Angola does not have a plan to receive health personnel from other countries to respond to a public health emergency. [9]

- [1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 31 January 2021.
- [2] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e

- Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 31 January 2021.
- [3] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 31 January 2021.
- [4] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 31 January 2021.
- [5] Government of Portugal; Government of Angola. 1 August 2013. "Memorandum of Understanding between the Ministry of Health of the Republic of Portugal and the Ministry of Health of the Republic of Angola (Memorando de Entendimento entre o Ministério da Saúde da República de Portugal e o Ministério da Saúde da República de Angola)". [<https://www.dgs.pt/relacoes-internacionais1/acordos/memorando-de-entendimento-entre-portugal-e-angola-pdf.aspx>]. Accessed 31 January 2021.
- [6] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.
- [7] Ministry of National Defence. (Inaccessible). [<https://mindenvp.gov.ao/ao/>]. Accessed 31 January 2021.
- [8] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 31 January 2021.
- [9] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 3

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 49.6

2016

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international \$)

Input number

Current Year Score: 63.42

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Angola's government issued legislation, a policy or a public statement committing to provide prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 does not mention the prioritization of healthcare workers for healthcare services in case they become sick as a result of responding to the public health emergency. [1] Angola's National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 does not make any reference to prioritizing healthcare services to healthcare workers who become sick as a result of responding to a public health emergency. [2] The Plan for National Development 2018-2022 and the National Plan for Sanitary Development 2012-2025 do not make a reference either to prioritising healthcare services to healthcare workers who become sick as a result of responding to a public health emergency. [3,4] The website of the Ministry of Health was not accessible at the time of research. [5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 does not mention any legislation, policy or statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency. [6]

[1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 31 January 2021.

[2] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and

Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 31 January 2021.

[3] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 31 January 2021.

[4] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 31 January 2021.

[5] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 31 January 2021.

[6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Angola has a system in place for public health officials and healthcare workers to communicate during a public health emergency. According to the WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019, on page 45, Angola has reference terms on a mechanism for the coordination of internal communication between all health agents and officials. However, the JEE does not qualify the reference terms as a communication system. [1] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 states on page 11 that the Department of Hygiene and Epidemiological Surveillance should be in permanent communication with veterinary authorities. There is no specific mention of communication between healthcare workers and public health officials. [2] The National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 and the Plan for National Development 2018-2022 do not mention communication between healthcare workers and public health officials. [3,4] The National Plan for Sanitary Development 2012-2025 states on page 299 that Angola has difficulties with communication between different levels (central, provincial and municipal). There are no other mentions of communication between public health officials and healthcare workers. [5] The website of the Ministry of Health was not accessible at the time of research. [6]

[1] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

[2] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 1 February 2021.

- [3] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 1 February 2021.
- [4] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 1 February 2021.
- [5] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 1 February 2021.
- [6] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Angola has a system in place for public health officials and healthcare workers, from both the private and the public sector, to communicate during a public health emergency. The National Plan for Sanitary Development 2012-2025 on page 84 states that a priority action is to create infrastructure to support IT and communication between the country's health facilities. [1] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 does not mention any communication system for both the public and the private sector. [2] There is no information on the matter in the Plan for National Development 2018-2022 or in the National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019. [3,4] The website of the Ministry of Health was not accessible at the time of research. [5] The WHO's Joint External Evaluation of IHR Core Capacities for Angola conducted in November 2019 mentions on page 45 the existence of reference terms for internal communication, not a system. Furthermore, there is no indication that it would include private sector workers. Indeed, the JEE only mentions national entities and other agencies, with no mention of the private sector. [6]

- [1] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 1 February 2021.
- [2] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavírus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 1 February 2021.
- [3] Government of Angola. "Plan for National Development 2018-2022 (Plano de Desenvolvimento Nacional 2018-2022)". [https://prodesi.ao/uploads/PDN_Angola_2018_2022_Low.pdf]. Accessed 1 February 2021.
- [4] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 1 February 2021.
- [5] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.
- [6] World Health Organization. "Joint External Evaluation of IHR Core Capacities - Republic of Angola - Mission Report – 18-22 November 2019 (Avaliação Externa Conjunta das Principais Capacidades do RSI - República de Angola - Relatório de missão – 18-22 Novembro 2019)". [https://extranet.who.int/sph/sites/default/files/jeeta/Angola-%20JEE%20-%20report_0.pdf]. Accessed 14 May 2021.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola monitors for or tracks the number of healthcare associated infections (HCAI) that take place in healthcare facilities. In a news article published on 31 May 2019, the State Secretary of Health for Hospitals, Leonardo Inocêncio, recognized that HCAI were an important issue that the government was tackling. The article mentioned that HCAI were rising, but actual figures were not provided. [1] Another news article published on 12 August 2020 also states that HCAI increased owing to the lack of personal protection equipment. However, again, the article does not provide figures and data to support the claim. [2] There is an academic document that recommends the creation of internal committees within hospitals to monitor HCAI; however, there are no indication of a government-run committee on the issue. [3] The website of the Ministry of Health was not accessible at the time of research. [4]

[1] Jornal de Angola. 31 May 2019. "Hospital infections have caused thousands of deaths annually (Infecções hospitalares têm causado milhares de mortes anualmente)". [<https://www.jornaldeangola.ao/ao/noticias/detalhes.php?id=429225>]. Accessed 1 February 2021.

[2] Novo Jornal. 12 August 2020. "COVID-19: Angolan syndicate forum denounces lack of protection equipment in hospitals (Covid-19: Fórum indical angolano denuncia falta de material de protecção nos hospitais)".

[<http://www.novojornal.co.ao/sociedade/interior/covid-19-forum-sindical-angolano-denuncia-falta-de-material-de-proteccao-nos-hospitais-91155.html>]. Accessed 1 February 2021.

[3] Agostinho, Maria Helena V. Pereira. 25-26 September 2014. "Round table 5 "IACS-international experiences" Angola - Sagrada Esperança Clinic (Mesa-Redonda 5 "IACS- experiências internacionais" Angola - Clínica Sagrada Esperança)". International Congress on Preventing and Combatting Healthcare Associated Infections; Coimbra, Portugal.

[https://www.apih.pt/congresso_2014/18_iacs_angola.pdf]. Accessed 1 February 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola has a national requirement for ethical review before beginning a clinical trial. The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 states on page 69 that non-licensed treatments can only be administered in the context of clinical trials approved by authorized ethics committees, which suggests the existence of an ethics committee. [1] An academic paper published in 2019 states that Angola has a National Ethics Committee under the coordination of the National Institute of Public Health. It was established in 2000 to work in the approval of the first clinical trial in the country for a pharmaceutical product for the treatment of African Human Trypanosomiasis. [2] A website was not found neither for the National Ethics Committee nor the National Institute of Public Health. However, the National Institute of Health Research (INIS) has an Ethics Committee that monitors scientific research. Its website states that the INIS Ethics Committee is governed with the participation of the National Ethics Committee. [3] Other than the Ethics Committee, Presidential decree number 21 of 30 January 2018 gives the responsibility of overseeing approval for clinical trials to the National Directory of Drugs and Equipment. According to Section V, Article 21, the Directory of Drugs and Equipment monitors clinical trials and makes sure they are aligned with the applicable norms. [4] However, information on what are the norms for clinical trials are not publicly available and there is no mention of ethical review. The National Pharmaceutical Policy of 2010 establishes through Article 8 on the registration of medicines that all medications should receive approval from the competent authority, but no norms on the clinical trials are mentioned. [5] There is the proposal for the creation of the African Medicines Agency (AMA), which Angola could prospectively be a member. The AMA would harmonise the medicines and drugs standards in the African continent, including regulations on clinical trials. However, the AMA is still being developed and not enforced. [6] The website of the Ministry of Health was not accessible at the time of research. [7]

[1] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))". [http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 1 February 2021.

[2] Alfredo, Edson Joaquim Mayer. 2019. "Bioethics in the Medical Education in Angola (A Bioética no Ensino Médico de Angola)". [https://repositorio.unb.br/bitstream/10482/38986/1/2020_EdsonJoaquimMayerAlfredo.pdf]. Accessed 1 February 2021.

[3] National Institute of Health Research. "Ethics Committee of INIS (Comité de Ética do INIS)". [<http://www.inis.ao/index.php/institucional/comite-de-etica>]. Accessed 1 February 2021.

[4] Government of Angola. Presidential decree number 21 of 30 January 2018. [<http://extwprlegs1.fao.org/docs/pdf/ang173869.pdf>]. Accessed 1 February 2021.

[5] Office of the President. Presidential decree number 180 of 18 August 2010 on the establishment of the National Pharmaceutical Policy. [<http://www.ordemfarmaceuticosangola.org/PDF/Politica%20Nacional%20do%20Medicamento.pdf>]. Accessed 1 February 2021.

[6] African Union. 26 January 2017. "African Medicines Agency: Institutional Framework". [https://au.int/sites/default/files/newsevents/workingdocuments/32060-wd-ama_institutional_framework_rev_26_jan_2017_-_final.pdf]. Accessed 1 February 2021.

[7] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that there is an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. While there is legislation that puts the Directory of Drugs and Equipment responsible for clinical trials, norms or other documentation that regulate clinical trials were not found. [1][2] The Directory of Drugs and Equipment does not have a website. The website for the Pharmaceutical Order of Angola lists out the documents and legislation regarding their profession, but there are no norms on clinical trials published. [2] The website of the Ministry of Health was not accessible at the time of research. [3]

[1] Government of Angola. Presidential decree number 21 of 30 January 2018.

[<http://extwprlegs1.fao.org/docs/pdf/ang173869.pdf>]. Accessed 1 February 2021.

[2] Pharmaceutical Order of Angola. "Legislation and Documentation (Legislação e Documentação)".

[<http://www.ordemfarmaceuticosangola.org/legislacaodocumentacao.html>]. Accessed 1 February 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Angola has a government agency responsible for approving new medical countermeasures for humans. Presidential decree number 21 of 30 January 2018 gives the responsibility of overseeing approval for new medical countermeasures to the National Directory of Drugs and Equipment. According to Section V, Article 21, the Directory of Drugs and Equipment monitors clinical trials and new medical countermeasures and makes sure they are aligned with the applicable norms. [1] However, information on what are the norms for new medical countermeasures are not publicly available. The National Pharmaceutical Policy of 2010 establishes through Article 8 on the registration of medicines that all medications should receive approval from the competent authority, but no norms on the approving the new medical countermeasures are mentioned. [2] There is the proposal for the creation of the African Medicines Agency (AMA), which Angola could prospectively be a member. The AMA would harmonise the medicines and drugs standards in the African continent, including new medical countermeasures. However, the AMA is still being developed and not enforced. [3]

[1] Government of Angola. Presidential decree number 21 of 30 January 2018.

[<http://extwprlegs1.fao.org/docs/pdf/ang173869.pdf>]. Accessed 1 February 2021.

[2] Office of the President. Presidential decree number 180 of 18 August 2010 on the establishment of the National Pharmaceutical Policy. [<http://www.ordemfarmaceuticosangola.org/PDF/Politica%20Nacional%20do%20Medicamento.pdf>]. Accessed 1 February 2021.

[3] African Union. 26 January 2017. "African Medicines Agency: Institutional Framework".

[https://au.int/sites/default/files/newsevents/workingdocuments/32060-wd-ama_institutional_framework_rev_26_jan_2017_-_final.pdf]. Accessed 1 February 2021.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that there is an expedited process for approving new medical countermeasures during public health emergencies. While there is legislation that puts the Directory of Drugs and Equipment responsible for new medical countermeasures, norms or other documentation that regulate them were not found. [1, 2] The Directory of Drugs and Equipment does not have a website. The website for the Pharmaceutical Order of Angola lists out the documents and legislation regarding their profession, but there are no norms on new medical countermeasures published. [2] The National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 does not mention any expedited process for approving medical countermeasures for COVID-19. [3] A news article from 21 December 2020 informs that the vaccine against COVID-19 was approved and it was to be used in Angola. However, the article does not mention which vaccine was approved, nor does it mention the entity that approved the vaccine. It does not mention either if it was approved through an expedited process. [4] The website of the Ministry of Health was not accessible at the time of research. [5]

[1] Government of Angola. Presidential decree number 21 of 30 January 2018.

[<http://extwprlegs1.fao.org/docs/pdf/ang173869.pdf>]. Accessed 7 March 2019.

[2] Pharmaceutical Order of Angola. "Legislation and Documentation (Legislação e Documentação)".

[<http://www.ordemfarmaceuticosangola.org/legislacaodocumentacao.html>]. Accessed 1 February 2021.

[3] Ministry of Health. February 2020. "National Contingency Plan to Control the Epidemic of the Disease of Coronavirus 2019 (COVID-19) (Plano Nacional de Contingência para o controlo da epidemia de doença por Coronavirus 2019 (COVID-19))".

[http://alimentacplp.com/wp-content/uploads/2020/05/Angola_PlanoNacionaldeContingenciaeEmergenciaCOVID-19.pdf]. Accessed 1 February 2021.

[4] Agência Lusa. DW. 21 December 2020. "Covid-19: Angola approves vaccination that prioritizes people over 40 (Covid-19: Angola aprova vacinação que prioriza pessoas acima dos 40 anos)". [<https://www.dw.com/pt-002/covid-19-angola-aprova-vacina%C3%A7%C3%A3o-que-prioriza-pessoas-acima-dos-40-anos/a-56011293#:~:text=Angola-,Covid%2D19%3A%20Angola%20aprova%20vacina%C3%A7%C3%A3o%20que%20prioriza%20pessoas%20acima%20dos,anos%2C%20disse%20o%20Governo%20angolano.>]. Accessed 1 February 2021.

[5] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that pandemics are integrated into the national risk reduction strategy or that there is a standalone national disaster risk reduction strategy for pandemics in Angola. Angola's National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 mentions epidemics briefly, as it states the need for epidemiological surveillance. There is no strategy or plan outlined in the document dedicated for epidemics. [1] There only exists evidence that Angola has a section on prevention and emergency response to epidemics in the National Plan for Sanitary Development (PNDS) for 2012-2025. On page 75 of the PNDS 2012-2025 document, Angola lists the key operational strategies to prevent and respond to public health emergencies involving pandemics. Such strategies include the reinforcement of provincial and municipal multi-sector teams to address prevention and response to emergencies, improve the capacity to provide early alerts and response to disasters, and maintain regular bulletins to monitor issues related to public health emergencies. [2] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [3][4]

[1] National Commission for Civil Protection. 2014. "National Plan for the Preparation, Contingency, Response and Recuperation from Calamities and Disasters 2014-2019 (Plano Nacional de Preparação, Contingência, Resposta e Recuperação de Calamidades e Desastres 2014-2019)". [http://www.dw.angonet.org/sites/default/files/20140714_-_plano_nacional_preparacao_c_calamidades_e_desastres_-_2014-2019_versao_final.pdf]. Accessed 1 February 2021.

[2] Ministry of Health. August 2012. "National Plan for Sanitary Development 2012-2025 (Plano Nacional de Desenvolvimento Sanitário 2012-2025)". [<https://www.mindbank.info/item/3460>]. Accessed 1 February 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

[4] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 1 February 2021.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

There is sufficient evidence that Angola has made two memoranda of collaboration for instances of public health emergencies with the Democratic Republic of the Congo and Zambia. In addition, Angola is a signatory of the Protocol on Health of 1999 of the Southern African Development Community (SADC). There is no evidence of gaps in their implementation. The memorandum with Zambia was created in February 2018 and it focuses on cholera and malaria. The memorandum seeks to ensure assistance between both countries during public health emergencies, promote health campaigns in neighbouring regions in both countries, and strengthen border control between both countries. [1] The memorandum with the Democratic Republic of the Congo was developed in March 2018, and it calls for collaboration in epidemiological surveillance, laboratory support, case treatments, vaccination, and the management of epidemics in the region. The document also calls for rapid transfer of data between both countries through the use of NGOs present in both countries. [2] Angola is also a member of the Southern African Development Community (SADC), whose members are signatories of the 1999 Protocol on Health. Article 25 of the Protocol on Health clearly states that "State Parties shall co-operate and assist each other in the co-ordination and management of disaster and emergency situations; collaborate and facilitate regional efforts in developing awareness, risk reduction, preparedness and management plans for natural and man-made disasters; and develop mechanisms for co-operation and assistance with emergency services". [3] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5]

[1] Sapó. 6 February 2018. "Angola and Zambia sign a memorandum to combat cholera and malaria (Angola e Zâmbia assinam memorado contra cólera e malária)". [<http://tpa.sapo.ao/noticias/sociedade/angola-e-zambia-assinam-memorado-contra-colera-e-malaria>]. Accessed 1 February 2021.

[2] Agência Angola Press. 1 March 2018. "Angola and Democratic Republic of the Congo sign memorandum of collaboration in the area of health (Angola e RDC assinam memorando de colaboração no domínio da saúde)". [http://www.angop.ao/angola/pt_pt/noticias/saude/2018/2/9/Angola-RDC-assinam-memorando-colaboracao-dominio-saude,9338992a-a437-4fc2-b165-a175e2064c3c.html]. Accessed 1 February 2021.

[3] Southern African Development Community. 18 August 1999. Protocol on Health. [https://www.sadc.int/files/7413/5292/8365/Protocol_on_Health1999.pdf]. Accessed 1 February 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 1 February 2021.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Angola has cross-border agreements, protocols or MOUs with neighbouring countries, or as part of a regional group, with regards to animal health emergencies. Angola is part of the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs) for Africa, an initiative of the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization (FAO); however, there is no evidence that this initiative focuses on emergencies. [1] "GF-TADs is a joint initiative of FAO and OIE, with the expected participation of WHO for the zoonoses, to achieve the prevention, detection and control of transboundary animal diseases (TADs) and in particular to address their original and global dimensions." [2] Angola is also a member of the Southern African Development Community (SADC), whose members are signatories of the 1999 Protocol on Health. However, the Protocol on Health does not cover animal health. [3] The websites of the Ministry of Health and the Ministry of Interior were not accessible at the time of research. [4,5]

[1] Food and Agriculture Organization, World Organisation for Animal Health. "GF-TADs for AFRICA". [<http://www.gf-tads.org/regional/africa/en/>]. Accessed 1 February 2021.

[2] Food and Agriculture Organization, World Organisation for Animal Health. "GF-TADs". [<http://www.gf-tads.org/about/en/>]. Accessed 1 February 2021.

[3] Southern African Development Community. 18 August 1999. Protocol on Health. [https://www.sadc.int/files/7413/5292/8365/Protocol_on_Health1999.pdf]. Accessed 1 February 2021.

[4] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

[5] Ministry of Interior. (Inaccessible). [<https://minint.gov.ao/ao/>]. Accessed 1 February 2021.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1, No = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1, No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1, No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1, No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that Angola has allocated national funds to improve capacity to address epidemic threats within the past three years. In the Budget for 2021, the government has allocated AOA 162.8 billion (about USD 250 million; about 1.1% of

entire budget) to combat epidemics. The budget does not specify measures or actions detailing what encompasses combatting epidemics. [1] For 2020, the same item received AOA 15.6 billion (about USD 24 million; about 0.12% of budget). [2] For 2019, the same item received AOA 129.4 billion (about USD 200 million; about 1.24% of budget). [3]

[1] Ministry of Finance. "Summary of Expenditure by Program: 2021 (Resumo da Despesa por Programa: 2021)". [<https://www.ucm.minfin.gov.ao/cs/groups/public/documents/document/aw4x/mjq3/~edisp/minfin1247575.pdf>]. Accessed 1 February 2021.

[2] Ministry of Finance. "Summary of Expenditure by Program: 2020 (Resumo da Despesa por Programa: 2020)". [<http://www.ucm.minfin.gov.ao/cs/groups/public/documents/document/aw4x/mjcw/~edisp/minfin1270878.pdf>]. Accessed 1 February 2021.

[3] Ministry of Finance. "Summary of Expenditure by Program: 2019 (Resumo da Despesa por Programa: 2019)". [<https://www.ucm.minfin.gov.ao/cs/groups/public/documents/document/aw4x/mtqy/~edisp/minfin1142299.pdf>]. Accessed 1 February 2021.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the

World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1, No = 0

Current Year Score: 1

Angola is eligible to access the African Public Health Emergency Fund (APHEF), which was established in 2012 by the World Health Organization's Regional Committee. The APHEF has "the aim of providing catalytic resources for initiating timely responses to public health emergencies", in page 1 of the report "The African Public Health Emergency Fund: The Way Forward" of 2016. [1] It was reported that Angola received US\$300,000 from APHEF to support its yellow fever vaccination programme. [2] Angola is not eligible to receive IDA resources as of fiscal year 2014; therefore, it is not eligible to receive funds through the World Bank's Pandemic Financing Facility. [3][4][5]

[1] World Health Organization, Regional Committee for Africa. 2016. "The African Public Health Emergency Fund: The Way Forward". [https://afro.who.int/sites/default/files/2017-07/afr-rc66-15-en-0710_0.pdf]. Accessed 1 February 2021.

[2] Agência Angola Press. 6 April 2016. "Angola: Country benefits of 300,000 dollars from African Public Health Emergency Fund (Angola: País beneficia de 300 mil dólares do Fundo Africano para Emergências)".

[http://www.angop.ao/angola/pt_pt/noticias/saude/2016/3/14/Angola-Pais-beneficia-300-mil-dolares-Fundo-Africano-para-Emergencias,6dd014ed-73f6-47ef-a659-146400424dda.html]. Accessed 1 February 2021.

[3] International Development Association. "Borrowing countries". [<http://ida.worldbank.org/about/borrowing-countries>]. Accessed 1 February 2021.

[4] International Development Association. "IDA Graduates". [<http://ida.worldbank.org/about/ida-graduates>]. Accessed 1 February 2021.

[5] Pandemic Emergency Financing Facility. December 2017. "Pandemic Emergency Financing Facility (PEF): Operational Brief for Eligible Countries". [<http://pubdocs.worldbank.org/en/119961516647620597/PEF-Operational-Brief-Dec-2017.pdf>]. Accessed 1 February 2021.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that Angola's senior officials have made a public commitment to improve its own domestic capacity to address epidemic threats by providing financing or support in the past three years. Similarly, there is no evidence that Angola's senior officials have committed to support other countries to improve their own capacity. Although there is no evidence of senior leadership statements of support, there is evidence of commitments to support general public health or institutional commitments to improve epidemic preparedness. For example, Angola's Minister of Health Sílvia Lutucuta, on 27 November 2018, announced that for the first time there would be a line in the general budget dedicated to vaccines. The commitment is for 9m Angolan kwanzas to be used in the 2019 budget only for vaccines. The Minister notes in the same press release that the objective of the vaccines to combat the "great epidemics," but the only diseases mentioned in the

document were cancer, hypertension and diabetes, with no mention of communicable diseases. [1] The COVID-19 pandemic has restrained Angola's finances, with budget cuts announced across several items. [2] The website of the Ministry of Health was inaccessible at the time of research. [3] No further evidence was found in the websites of the Ministry of Foreign Relations or the WHO. [4,5]

[1] Diário de Notícias. 26 November 2018. "Angola for the first time will buy vaccines with money from the Budget (Angola está pela primeira vez desde este ano a comprar vacinas com dinheiro do OGE)". [<https://www.dn.pt/lusa/angola-esta-pela-primeira-vez-desde-este-ano-a-comprar-vacinas-com-dinheiro-do-oge-10239918.html>]. Accessed 1 February 2021.

[2] Agência Lusa. DW. 3 July 2020. "Angola: Revised budget foresees cuts due to the Covid-19 crisis (Angola: Orçamento revisto prevê cortes devido à crise da Covid-19)". [<https://www.dw.com/pt-002/angola-or%C3%A7amento-revisto-prev%C3%AA-cortes-devido-%C3%A0-crise-da-covid-19/a-54044109>]. Accessed 1 February 2021.

[3] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 1 February 2021.

[4] Ministry of Foreign Relations. [<https://mirex.gov.ao/PortalMIREX/>]. Accessed 1 February 2021.

[5] World Health Organization. "Angola". [<https://www.who.int/countries/ago/>]. Accessed 1 February 2021.

5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence that Angola has invested finances from donors to improve its own domestic capacity to address epidemic threats to improve capacity in the past three years. There is no evidence that it has supported other countries to improve capacity to address epidemic threats in the past three years. According to the Global Health Security Tracking Dashboard, Angola is a net receiver of funding from other countries and between 2014 and 2020 US\$627.7m has been committed by donors for Angola. Of that amount, US\$572.5m has been disbursed. Of those US\$572.5m, US\$297.3m for real-time surveillance, US\$240.4m was disbursed for immunization, US\$234.9m for reporting, US\$150.5m for workforce development, and US\$83.9m for national laboratory system. The remaining amounts were distributed for other relevant areas, such as the development of emergency reponse, zoonotic diseases, medical countermeasures, etc. The largest donor was the United States, with US\$124.7m disbursed. [1] There is no evidence that Angola provided other countries with financing or technical support to improve capacity to address epidemic threats. In the Global Health Security Tracking Dashboard, Angola is a receiver and not a donor; there is no evidence otherwise in the source. [1] The website of the Ministry of Health was not accessible at the time of research. [2] No evidence was found in the websites of the Ministry of Foreign Relations and of the WHO. [3,4]

[1] Global Health Security Funding Tracking Dashboard. "Angola". [<https://tracking.ghscosting.org/details/877/recipient>]. Accessed 1 February 2021.

[2] Ministry of Health. (Inaccessible). [<http://www.minsa.gov.ao>]. Accessed 19 February 2021.

[3] Ministry of Foreign Relations. [<https://mirex.gov.ao/PortalMIREX/>]. Accessed 19 February 2021.

[4] World Health Organization. "Angola: Country Profile". [<https://www.who.int/hac/crises/ago/background/profile/en/>]. Accessed 19 February 2021.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza. There is evidence that Angola has made two memoranda of collaboration to share data during public health emergencies with the Democratic Republic of the Congo and Zambia. The memorandum with Zambia was created in February 2018 and it focuses on cholera and malaria. The memorandum seeks to facilitate data and information transfer between both countries, especially during public health emergencies, promote health campaigns in neighbouring regions in both countries, and strengthen border control between both countries. The data the memorandum refers to is explicitly mentioned to be about epidemics and other public health concerns. [1] The memorandum with the Democratic Republic of the Congo was developed in March 2018, and it calls for collaboration in epidemiological surveillance, laboratory support, case treatments, vaccination, and the management of epidemics in the region. The document also calls for rapid transfer of data between both countries through the use of NGOs present in both countries. [2] Angola is a member of the Southern African Development Community, which requires the adoption of the Protocol on Health of 1999. Article 6 of the Protocol on Health considers health surveillance and requires members to share data; however, there is no specific language that requires the sharing of genetic data, clinical specimens, or isolated specimens. [3] Neither the websites of the Ministry of Health nor the Ministry of Agriculture were accessible at the time of research. [4,5]

[1] Sapo. 6 February 2018. "Angola and Zambia sign a memorandum to combat cholera and malaria (Angola e Zâmbia assinam memorado contra cólera e malária)". [<http://tpa.sapo.ao/noticias/sociedade/angola-e-zambia-assinam-memorado-contra-colera-e-malaria>]. Accessed 1 February 2021.

[2] Agência Angola Press. 1 March 2018. "Angola and Democratic Republic of the Congo sign memorandum of collaboration in the area of health (Angola e RDC assinam memorando de colaboração no domínio da saúde)".

[http://www.angop.ao/angola/pt_pt/noticias/saude/2018/2/9/Angola-RDC-assinam-memorando-colaboracao-dominio-

saude,9338992a-a437-4fc2-b165-a175e2064c3c.html]. Accessed 1 February 2021.

[3] Southern African Development Community. 18 August 1999. Protocol on Health.

[https://www.sadc.int/files/7413/5292/8365/Protocol_on_Health1999.pdf]. Accessed 1 February 2021.

[4] Ministry of Health. (Inaccessible). [http://www.minsa.gov.ao]. Accessed 19 February 2021.

[5] Ministry of Agriculture. (Inaccessible). [http://www.minagri.gov.ao]. Accessed 19 February 2021.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no evidence that Angola has not shared samples in accordance with the PIP framework. There are no mentions of Angola not having shared samples in the 2014-2017 report "Pandemic Influenza Preparedness Framework: Partnership Contribution High-Level Implementation Plan I" by the World Health Organization. [1][2] No other evidence was found in any local or international media sources.

[1] World Health Organization. "Pandemic Influenza Preparedness Framework: Partnership Contribution High Level Implementation Plan I: Final Report 2014-2017". [https://extranet.who.int/sph/sites/default/files/document-library/document/WHO-WHE-IHM-PIP-2018.3-eng.pdf]. Accessed 1 February 2021.

[2] World Health Organization. "Influenza: Virus sharing". [https://www.who.int/influenza/pip/virus_sharing/en/]. Accessed 1 February 2021.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Angola has not shared pandemic pathogen samples during an outbreak in the past two years. No evidence was found that it did not share COVID-19 samples in the WHO website or media outlets. [1] There is an article from the World Health Organization from February 2017 that confirms that the World Health Organization (WHO) sent technical teams to Angola to assist in areas affected by cholera and Zika virus with the objective of aiding in the control of the epidemic and collecting samples. However, it was over two years ago. [2]

[1] World Health Organization. "Angola: Country Profile". [https://www.who.int/hac/crises/ago/background/profile/en/]. Accessed 19 February 2021.

[2] World Health Organization. 13 February 2017. "Angola: Epidemics overweighs health services and risks citizen's health, says Minister of Health (Angola: Epidemias criam sobrecarga nos serviços de saúde e comprometem a saúde dos cidadãos; diz o Ministro da Saúde)". [https://afro.who.int/pt/news/angola-epidemias-criam-sobrecarga-nos-servicos-de-saude-e-comprometem-saude-dos-cidadaos-diz-o]. Accessed 1 February 2021.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 27

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 0

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 66.03

2014

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO);
The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.42

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 23.9

2018

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 2

According to the ILOSTAT, in 2011, the share of informal employment in Angola was 84.3%. [1] No other sources were found with more recent data on informal employment.

[1] International Labour Organization. "Statistics on the informal economy". [<https://ilostat.ilo.org/topics/informality/>].

Accessed 1 February 2021.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 1

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: 0.51

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 66.18

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: -4.45

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 60.78

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 621.2

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 2.2

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 14.04

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 8.2

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 55.84

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 49.88

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international \$)

Input number

Current Year Score: 69.06

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018