Angola Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

### Angola and the world

1. **Maternal mortality ratio: global, regional and country data, 2005**

   A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100,000 live births per year. The ratio in Angola is 1400 per 100,000 live births versus an average of 900 per 100,000 live births in sub-Saharan Africa and an average of 400 per 100,000 live births globally.

2. **Lifetime risk of maternal death (1 in N), 2005**

   The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in Angola is 1 in 12, higher than the average of 1 in 22 for sub-Saharan Africa, and the global figure of 1 in 92.

### Demographic and health data

3. **Total population (in thousands)**

   - Sub-Saharan Africa: 1,162
   - World: 1,000

   **Lifetime risk of maternal death (1 in N)**

   - Angola (2005): 11,000
   - Sub-Saharan Africa: 12
   - World: 1

4. **Causes of maternal deaths, 1997–2002**

   A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of deaths in Africa (for 1997–2002) were haemorrhage (uncontrolled bleeding), infection (including HIV), hypertensive disorders (high blood pressure) and other causes. There are no country-specific data for Angola.

5. **Total fertility**

   The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate).

### Other causes

- Anaemia
- Obstructed labour
- Hypertensive disorders
- Abortion
- Sepsis or infections, including HIV
- Other causes

### Sources


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**Lead the fight for MDG 5**
6. Proportions of births by urban versus rural location

In 2006, there were about 792,000 births, an increase from the 2005 estimates.1

The total number of births (in thousands): 774 (2005)2

<table>
<thead>
<tr>
<th>Year</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>767</td>
<td>787</td>
</tr>
<tr>
<td>2006</td>
<td>792</td>
<td>792</td>
</tr>
</tbody>
</table>


7. Perinatal and neonatal mortality rates, 2000

Perinatal mortality refers to deaths of fetuses in the womb and of newborn babies early after delivery. It includes (1) the death of a fetus in the womb after 22 weeks of gestation and during childbirth and (2) the death of a live-born child within the first seven days of life. The perinatal mortality rate reflects the availability and quality of both maternal and newborn health care.

8. Adolescent pregnancy 2006

Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year.

According to a survey conducted in 2006, the percentage of girls who get pregnant increases with increasing age.

<table>
<thead>
<tr>
<th>Age (15–19 years old)</th>
<th>Number of children (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>2.9</td>
</tr>
<tr>
<td>16</td>
<td>12.9</td>
</tr>
<tr>
<td>17</td>
<td>27.6</td>
</tr>
<tr>
<td>18</td>
<td>46.1</td>
</tr>
<tr>
<td>19</td>
<td>51.5</td>
</tr>
</tbody>
</table>


9. Adolescent pregnancy rate by urban versus rural location 2006

The proportion of adolescent pregnancy is significantly greater in rural areas. Adolescent pregnancy rates can vary for many reasons, including cultural norms, socioeconomic deprivation, education, access to sexual health information and to contraceptive services and supplies.

According to a survey conducted in 2006, 72% of adolescent pregnancies occurred among adolescents living in rural areas.

10. Adolescent pregnancy by subregion

Adolescent pregnancy rates tend to vary between different parts within countries. The rates can vary for many reasons including cultural norms, socioeconomic deprivation, education, access to sexual health information and contraceptive services and supplies. There are no country-specific data for Angola.
11. Unmet need for family planning 2003  No data

The unmet need for family planning is the proportion of all women that are at risk of pregnancy and who want to space or limit their childbearing, but are not using contraceptives.


12. Family planning: prevalence of modern contraceptive use among women 15–49 years old, 2001

According to a survey conducted in 2001, the oral contraceptive pill was the most common modern method used, followed by the intrauterine contraceptive device (IUD).

Contraceptive use also tends to vary between different parts within countries. The rates can vary for many reasons including cultural norms, socioeconomic deprivation, and education, access to sexual health information and contraceptive services and supplies. There are no country-specific data for Angola.

13. Contraceptive use by urban versus rural location

Contraceptive use also tends to vary between urban and rural areas within countries. The rates can vary for many reasons including cultural norms, socioeconomic deprivation, and education, access to sexual health information and contraceptive services and supplies. There are no country-specific data for Angola.

14. Contraceptive use by subregion

Contraceptive use also tends to vary between different parts within countries. The rates can vary for many reasons including cultural norms, socioeconomic deprivation, and education, access to sexual health information and contraceptive services and supplies. There are no country-specific data for Angola.

15. Antenatal care

Antenatal care (ANC) visits include all visits made by pregnant women for reasons relating to pregnancy. According to a Multiple Indicator Cluster Survey (MICS) conducted in 2001, about 66% of women received ANC for that pregnancy from a skilled health provider.

16. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. Many women continue to deliver without skilled attendants. For example, a Multiple Cluster Indicator Survey (MICS) conducted in 2001 showed that only 45% of live births were attended by a skilled attendant at delivery.

17. Utilization of skilled birth attendants by wealth quintile

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. In many developing countries, more women in the highest wealth quintile have a skilled attendant present at birth compared with women in the lowest wealth quintile. There are no country-specific data on skilled birth attendants by wealth quintile in Angola.

18. Utilization of skilled birth attendants by subregion

The percentage of women giving birth with the assistance of a skilled attendant also varies by subregions within countries. There are no country-specific data on skilled birth attendants by subregion for Angola.

19. Place of delivery 2006

Delivery in a health facility can reduce maternal and neonatal death and morbidity. According to a survey conducted in 2006 in Angola, 77.9% of women residing in rural areas who were pregnant gave birth at home. Most women who reside in urban areas gave birth in a health facility.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. Low caesarean section rates could indicate an unmet need for access to adequate health system infrastructure, which needs to be met if maternal deaths are to be reduced. In developing countries the unmet need tends to be higher in rural than in urban areas. There are no country-specific data on C-sections in Angola.

21. Caesarean section by subregion

Caesarean section rates vary in subregions within countries, depending on the availability of adequate health system infrastructure and human resources. There are no country-specific data for Angola.

22. Low birth weight, 1999–2006

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to data available for 1999–2006, of those babies who were weighed at birth, 12% were reported to weigh less than 2500 g (2.5 kg). Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity.
23. Anaemia in pregnancy by urban/rural location

Anaemia refers to abnormally low levels of haemoglobin (iron-containing oxygen proteins) in the blood. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth. The percentage of women of reproductive age (15–49 years) with low haemoglobin levels (below 110 g/l) is higher in urban areas (56%) compared with rural areas.

24. Prevention of mother-to-child transmission of HIV

The percentage of pregnant mothers living with HIV and receiving antiretroviral drugs to prevent the transmission of HIV to their child increased by more than 10 percentage points between 2005 and 2006.

25. Equity – gap in coverage of four major interventions by wealth quintile

This graph illustrates the gap in coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) by wealth. The coverage gap reflects the difference between the goal of universal coverage of everyone in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. The graph indicates that, in the 2001 Multiple Cluster Indicator Survey (MICS), the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). The gap in the survey in 2001 was 55%. Achieving equity requires improving coverage levels in the poorest quintiles.

26. Reproductive health

Maternal health

27. Financial flow

(per capita expenditure on health, in US dollars) 2007 38

28. Human resources

The work of at least 23 health workers (doctors, nurses or midwives) per 10,000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. Angola, with about 14 health workers (as defined above) per 10,000 population, is one of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health information and services, including skilled birth attendants.

The shortage is exacerbated by staff losses due to migration (in search of a better life) of skilled staff to high-income countries, leaving behind already impoverished health services and systems.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.
29. Ratification of treaties and support of international consensus

Convention on the Elimination of All Forms of Discrimination against Women  Yes
Convention on the Rights of the Child  Yes
International Covenant on Economic, Social and Cultural Rights  Yes
International Conference on Population and Development  Yes
Fourth World Conference on Women  Yes


30. Other determinants of health: water, sanitation, communication and road networks

Fixed-line and mobile phone subscribers (per 100 population)  14 (2006)
Internet users (per 100 population)  0.6 (2006)
Roads paved (% of total roads)  10 (2000)
Improved water source (% of population with access)  51 (2006)
Improved sanitation facilities (% of urban population with access)  79 (2006)


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