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BRIEFING NOTE

ON HIV AND LABOUR MIGRATION IN ANGOLA



Partnership on HIV and Mobility in southern Africa
(PHAMSA)

Because of the often undocumented nature of many migrants and mobile workers there has been a lack of research into these groups. However, the larger sectors of employment in any country are likely to employ both internal mobile workers i.e. those from other areas within the country, as well as cross border migrants. Sectors or types of work that include significant numbers of mobile and migrant workers in southern Africa are: Mining, Commercial Agriculture, Transport, Construction, Domestic Work, Military and Uniformed Services (such as military personnel and immigration officials), Informal Cross-Border Trade, Fishing, and Commercial Sex.

MIGRATION AND HIV IN ANGOLA

The three decades of civil war which ended in 2002 displaced approximately 4 million people both within and across Angola's borders.⁴ The post conflict period has witnessed repatriation of millions of Angolan refugees and the resettlement of internally displaced populations. Political stability and economic growth in Angola - based primarily on its natural resources - has presented a favourable environment for increased cross border trade and migration between Angola and its neighbouring countries. The substantial increase in flows of undocumented migrants has led to deportations of DRC nationals, mainly from the diamond mining areas.

Angola's civil war inhibited the spread of HIV by making large portions of the country inaccessible. With the end of the war however, transportation routes and communication are reopening, thereby enabling the spread of HIV. According to UNAIDS, the border provinces in Angola, especially those bordering Namibia and the DRC have higher prevalence rates than the rest of the country.⁵

The Government of Angola has acknowledged the role of population mobility by according HIV and AIDS high priority in the national agenda.⁶ Similarly, the National Strategic Plan on HIV/AIDS (NSP) (2003-2008) identifies mobile populations as being particularly vulnerable to HIV. Mobile populations identified by the plan include displaced populations, repatriated refugees, truck drivers, miners, sex workers, the military and paramilitary.

While Angola has a relatively low HIV prevalence rate estimated at 3.7% within the adult population (15-49 years) antenatal surveillance data taken in 2002 has already begun to show increasing trends in some of the provinces since 1996.⁷ For instance, in Luanda, which is the major urban area, HIV infection among women attending antenatal services increased from 0.3% in 1986 to 4.6% in 2002.⁸

Several of the relevant sectors employing migrant workers in Angola, and the particular HIV vulnerabilities faced by these workers are presented below.

4 www.indexmundi.com/angola/

5 UNAIDS

6 2006 UNAIDS Global Report available at <http://www.unaidsrsts.org/countries/angola/angola.html>

7 *ibid*

8 *ibid*

Mining, along with oil production, is the most significant sector in terms of contribution to the Gross Domestic Product (GDP) of Angola. With the stabilization of the political climate, large scale diamond mining has expanded. Angola has extensive diamond reserves (estimated at 180 million carats), principally in the provinces of Lunda Norte and Lunda Sul in the central and north-eastern parts of the country.⁹ Diamond production generates over US\$650 million annually, although exact numbers are uncertain due to the amount of illegal diamond mining and smuggling. The diamond mining industry is a significant source of foreign revenue for the country.

While many of the mines employ Angolans from other areas of the country, foreign migrants, often undocumented, are also working in mining. The Government, while “welcoming all foreign citizens who wish to settle and carry out useful activities”, has taken a hard line against undocumented migrants.¹⁰

Factors that increase HIV vulnerability of mine workers in general include:

- *Dangerous working conditions:* Faced daily with difficult and dangerous working conditions and the risk of physical injury, mine workers tend to be preoccupied with other immediate challenges and may regard HIV as a distant threat.
- *Accommodation and limited home-leave:* Mine workers often have no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.
- *Boredom and loneliness:* There is limited availability of recreational activities such as sports or entertainment at or around mines. Workers are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial sex may fill the workers’ (temporary) emotional and sexual needs.
- *Lack of social cohesion:* The social exclusion that migrants often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviour among workers and members of the surrounding communities. The social structures and norms in these environments may create feelings of anonymity, which could result in workers feeling less accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.

9 Available at <http://www.mbendi.co.za/indy/ming/dmnd/af/an/p0005.htm>

10 Pearce, J. Institute for Security Studies, Africa Watch (2004) War, Peace and Diamonds in Angola: Popular Perceptions of the diamond industry in the Luandas. Available at: <http://www.arts.ualberta.ca/~courses/PoliticalScience/474A1/documents/JustinPearceWarPeaceDiamondsinAngola.pdf>

COMMERCIAL AGRICULTURE

The agricultural sector in Angola which was highly productive and efficient in the pre-independence era was devastated by the civil war. Currently, subsistence agriculture dominates agricultural production and the agricultural sector accounts for only 8.8% of Angola's GDP.¹¹ Nevertheless, agriculture is a fundamental economic activity in the country and the main source of food supply. The agricultural sector also employs two-thirds of the working population.¹²

Angolans also take up wage employment as agricultural workers on border farms in neighbouring Namibia. One study conducted by the Southern African Migration Project (SAMP) on cross border movement between Angola and Namibia found that one relatively common reason for movement of Angolans from Angola to Namibia was to work on Namibian farms.¹³ The study found that, while the numbers involved are unknown, the young ages of the migrants was significant. The study found that most migrants appear to work either full time or seasonally looking after cattle, milking, and assisting with cultivation during summer. Most of the farm workers live at their employer's residence; a few stay on their own or with relatives.¹⁴

The agricultural workers stay in Namibia for varying lengths of time. The longest period recorded in the research was eight years. Others were new entrants and had only worked for one to three months.¹⁵

Factors that increase HIV vulnerability of commercial agriculture workers in general include:

- *Poor living conditions and seasonal mobility:* The poor living and working conditions on farms including the lack of adequate accommodation preclude workers from bringing their families to the farm sites. These circumstances may lead some workers to seek other (multiple) relationships.
- *Lack of access to health care facilities:* In general, farm workers lack access to health care and HIV and AIDS services in commercial farming areas. This is exacerbated by the few rights and legal protection accorded to agricultural workers – with limited protection, especially if they are undocumented, farm workers may be unable or unwilling to access existing clinics for health related matters. In other words, the need to remain far from any type of “officialdom” may result in less access to health care facilities, impacting on health information and access to condoms, treatment for STIs etc.
- *Boredom and loneliness:* There is limited availability of recreational activities such as sports or entertainment at commercial farming sites. Workers are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial and/or casual sex may fill the workers' (temporary) emotional and sexual needs.

11 Agriculture in Angola available at <http://www.us-angola.org/Documents/Business%20Symposium/MITC%20Presentation%5B3%5D.doc>

12 Ibid <http://www.us-angola.org/Documents/Business%20Symposium/MITC%20Presentation%5B3%5D.doc>

13 Southern African Migration Project (SAMP) 2005, Northern Gateway: Cross-Border Migration between Namibia and Angola.

14 Southern African Migration Project (SAMP) (2005) Northern Gateway: Cross-Border Migration between Namibia and Angola. p. 23

15 Ibid.

Angola has been busy rebuilding the country after the civil war. In 2005 the Angolan Government started using a US\$2 billion credit line from China to rebuild the country's public infrastructure and several large-scale projects were completed in 2006. The post-war reconstruction boom has led to high rates of growth in the construction industry.¹⁶

Furthermore, oil production and offshore oil exploration have provided opportunities for the growth of the construction industry. The state-owned oil firm SONANGOL and Chevron Texaco in partnership with Total, ExxonMobile¹⁷ and BP are planning a major liquefied natural gas (LNG) project in Soyo (Zaire Province) aimed at preventing the flaring of gas associated with oil production. The Soyo municipality is located near the mouth of the Congo River in the far Northwest of Angola with a population of 55,000 persons (predicted to increase up to 60,600 inhabitants by the year 2020). The project is situated outside of Soyo in the Kwanda Base, a hub for offshore oil production that currently employs around 2,000 persons. Construction of this project started early 2007, and it is estimated that during the construction period, more than 7,000 workers will be employed; 50% of these workers will be Angolans of which half will come from Zaire province.

The factors that may increase HIV vulnerability of construction workers in general include:

- *Isolated work sites for short periods:* Short term work on sites often located around isolated and impoverished communities may lead to members of the local community, especially poor women, to engage in transactional and commercial sex with construction workers who have disposable income. Further, the isolated work sites do not engender strong communities with strong social cohesion and social norms governing behaviour of members of community as well as the workers, which may lead to increased risky sexual behaviour.
- *Accommodation and limited home-leave:* Construction workers often have no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.
- *Boredom and loneliness:* There is limited availability of recreational activities such as sports or entertainment at or around construction sites. Workers are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial sex may fill the workers' (temporary) emotional and sexual needs.
- *Dangerous working conditions:* Faced daily with difficult and dangerous working conditions and risk of physical injury, construction workers tend to be preoccupied with other immediate challenges and may regard HIV as a distant threat.

¹⁶ www.indexmundi.com/angola/

¹⁷ ExxonMobile sold its LNG share to Sonangol, March 2007.

UNIFORMED PERSONNEL

Uniformed personnel include those serving in the military services, as well as those working at cross border sites, such as customs officials, immigration officials and customs clearing agents. The nature of work for these uniformed personnel results in the mobility of its workers who are away from their homes for varying time periods.

The Angolan Armed Forces is comprised of an Army, Navy (Marinha de Guerra) and Air Defense Force, and totals approximately 110 000 military personnel.¹⁸ All Angolans can be conscripted for a period of two years (plus time for training) when they reach the age of 17. In 2005, the manpower fit for military service totalled 1,174,000 people, and it was estimated that military expenditures constituted 8.8% of the country's GDP.¹⁹

The factors that increase HIV vulnerability for military and other uniformed personnel in general, include:

- *Accommodation and limited home-leave:* Military personnel often have no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.
- *Boredom and loneliness:* There is limited availability of recreational activities such as sports or entertainment at military bases or at borders. Personnel are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial sex may fill the workers' (temporary) emotional and sexual needs.
- *Dangerous working conditions:* Faced daily with the prospect of danger and death, military personnel may be preoccupied with other immediate challenges and may regard HIV as a distant threat.
- *Lack of social cohesion:* The social exclusion that migrants often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviour among workers and members of the surrounding community. The social structures and norms in these environments may create feelings of anonymity, which could result in workers feeling less accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.
- *Duration of time spent away from home:* Soldiers and other uniformed personnel may be away from their homes for days or months. Lengthy periods away from home can create isolation from families, social structures, and traditional and cultural norms. Isolation may create a sense of boredom and loneliness and a feeling of anonymity with a limited sense of accountability. This may induce a person to behave in a way that she or he otherwise would not under normal circumstances such as engaging in risky sexual interactions.

¹⁸ The Strategy Page, Armed Forces from around the World. Available at: <http://www.strategypage.com/fyeo/howtomakewar/databases/armies/default.asp>. This was valid as of 2002-2003. The active military manpower is the total uniformed, paid manpower organized into combat and support units. Because of the widely varying systems of organizing military manpower, this figure is at best a good indicator of the personnel devoted to the military. The use of reserve troops varies considerably.

¹⁹ www.indexmundi.com/angola/

INFORMAL CROSS BORDER TRADE

There is evidence of informal cross border trade between Angola and Namibia, where Angolans enter Namibia in greater numbers than the other way around.²⁰ Furthermore, communities in border areas frequently share deep cultural roots, and therefore share cultural practices, languages and families in different countries.²¹ This obviously contributes to cross border travel and trade.

A 2003 study on cross border migration between Namibia and Angola (that focused on the Oshikango border) found that 55% of people crossed the border on foot, 43% travelled by car, bus or truck, and approximately 2% crossed the border with bicycles. This suggests a local point of origin and implies that most people were engaged in local, circular movements within the border vicinity. Shopping was reported as the greatest reason for crossing the border, followed by business interests (23%), and visiting family and friends (21%).²²

The factors that increase HIV vulnerability of informal cross border traders in general include:

- *Extended periods of time spent in high HIV transmission areas:* Informal cross border traders pass through and often spend extended periods of time in cross border areas that increase HIV vulnerability for mobile populations as well as the local population.²³ ICBT often experience delays because of inadequate infrastructure and/or staff at border posts to handle the volumes of traffic, or “early” closure of border posts, particularly busy ones.²⁴ There is limited affordable accommodation, food, transport and recreational facilities at border posts. This environment contributes to the existence of an intricate web of sexual relationships among informal cross border traders, uniformed personnel (customs officials, immigration officials and customs clearing agents), sex workers, truck drivers, money-changers (‘touts’), local border-town residents and deportees, which could potentially increase HIV vulnerability for all involved. Firstly, those who command authority (such as border officials) or who possess economic resources may sexually exploit those in weaker positions. Female informal cross border traders who find themselves in situations of unexpected delays at border posts may engage in transactional sex or may be coerced into sex by customs officials to facilitate passage. Secondly, in some cases the sexual liaisons are in response to the loneliness arising from being away from families and supportive social support networks or boredom. Such may be the case for truckers who spend long hours on the road and long periods away from their families. Lastly, in many cases the sexual relationships are for economic reasons, such as female informal cross border traders sleeping with truck drivers in exchange for transport or even just for the opportunity to sleep overnight in the trucks.²⁵
- *Limited access to healthcare services:* Because of their meagre resources, most informal cross border traders do not seek treatment in foreign countries; rather they wait until they get home where they can access subsidized treatment.²⁶ As STIs are a major contributory factor for HIV, such delays in treatment could contribute to increased HIV vulnerability.²⁷

20 Labour Resource and Research Institute (LaRRI) Joint Consultative Committee (2002) *The Small and Micro Enterprise (SME) Sector in Namibia: Conditions of Employment and Income* Windhoek: Namibia

21 Southern African Migration Project (SAMP) (2005) *Northern Gateway: Cross-Border Migration between Namibia and Angola*.

22 J. Crush (Ed.), *Northern Gateway: cross border migration between Namibia and Angola*, Migration Policy Series no. 38, Southern African Migration Project.

23 IOM (2003), *Mobile Populations and HIV/AIDS in the Southern African Region: Desk Review and Bibliography on HIV/AIDS and Mobile Populations* Pretoria: South Africa.

24 For example, the busiest border post between Namibia and Angola is Oshikango. Oshikango operates from 8h00 to 18h00 each day and 11 immigration officials process about 500 people a day

- *Lack of HIV and AIDS interventions:* In general, there are few HIV and AIDS interventions that target informal cross border traders. For example, informal cross border traders have difficulties in accessing condoms as, in most public areas of customs or immigration buildings at border posts, there are no condoms available; rather, condoms are available at clinics, shops or AIDS service organizations, which are usually far from the border post.²⁸ Further, difficulties in actually targeting informal cross border traders, who are constantly on the move, preoccupied with survival needs, and who may not be receptive to HIV and AIDS education and prevention messages, are experienced by some AIDS service organizations even when they do target the traders.²⁹

LEGAL AND POLICY INTERVENTIONS IN ANGOLA

The importance of migration in SADC, as well as the impact of migration on HIV vulnerability, requires that States examine HIV and migration in an attempt to make meaningful and relevant legal and policy interventions to mitigate the impact of HIV. There are various international and regional treaties and declarations in place that, once signed and ratified/acceded, illustrate a country's commitment to adhering to the spirit and provisions of the treaty, whether they are legally binding or not.³⁰ These international and regional treaties and declarations seek to reduce the impact of the AIDS epidemic on vulnerable groups and to address socio-legal and structural factors that render certain population groups vulnerable to HIV. Most States follow a dualist approach to treaty ratification, whereby an international or regional treaty must be officially domesticated in order to be legally binding,

This section will briefly examine selected relevant international and regional treaties that impact on HIV and migration.

INTERNATIONAL AND REGIONAL TREATIES

There are various international and regional treaties and declarations in place relating to HIV, that are applicable to all persons, including mobile workers and migrants, refugees and other non-nationals within a Member State. Some of the relevant treaties include:³¹

- The *UN International Convention on the Protection of the Rights of all Migrant Workers and Members and their Families*, which has not been signed yet by the Government of Angola. Article 23 of the Convention states that "migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health".
- The *UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*, which the Government of Angola acceded to on 17 September 1986, calls for the elimination of both intentional

25 IOM (2005) Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe Pretoria: South Africa.

26 IOM (2005) Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe Pretoria: South Africa.

27 Grosskurth H, Moshafir F, Todd J, et al. (1995), "Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomized control trial". *Lancet* 1995;346:530-536

28 IOM (2005) Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe Pretoria: South Africa.

29 Op cit.

discrimination against women and acts that have a discriminatory effect on women including in employment and health care.

- The *UN International Covenant on Economic, Social and Cultural Rights (ICESCR)* was acceded to by the Government of Angola on 10 January 1992. Article 12 recognizes the right of everyone to the enjoyment of the highest attainable standard of mental and physical health, which includes prevention, treatment and control of epidemic, endemic, occupational and other diseases, as well as the creation of conditions which would ensure access to all medical service and medical attention in the event of sickness.
- The *AU Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*, which has not been signed yet by the Government of Angola, recognizes the equal rights of African women, including the right to health care, sexual and reproductive health and the right to be protected against sexually transmitted infections including HIV.

Other declarations (not legally binding) have specific provisions relating to migrants and HIV such as the UN Millennium Declaration (2000), the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001), the SADC Protocol on Health (1999), the Maseru Declaration & Commitment to AIDS in the SADC region (2003) and the Brazzaville Declaration on Commitment on Scaling up Towards Universal Access to AIDS Prevention, Treatment, Care and Support in Africa by 2010 (2006) among others. Angola is a signatory to all of these declarations which illustrates a willingness to engage with the issues relating to HIV and AIDS

NATIONAL POLICIES AND COMMITMENTS

The National Strategic Plan for Sexually Transmitted Infections and HIV/AIDS (NSP) 2003-2008

The National Strategic Plan for Sexually Transmitted Infections and HIV/AIDS (NSP) 2003-2008 provides a guiding framework for Government intervention on HIV, AIDS and STIs. The key objectives of the NSP are to strengthen national capacity to respond to the AIDS epidemic, to reduce the spread and incidence of HIV infection and STIs, and to mitigate the socio-economic impact of the epidemic.

The NSP recognises that most national programmes on HIV and AIDS pay little attention to vulnerable populations. For this reason, one of the guiding principles of the NSP is to ensure special targeting of priority social groups that are most vulnerable to HIV infection and the impact of AIDS. These include **high mobility populations**, such as **truck drivers** and the **military**. The NSP also recognises other vulnerable groups to include sex workers, truck drivers, miners, crew members, the military and paramilitary as well as dislocated refugees. However, the NSP makes no mention of agricultural workers, cross border traders and contract workers.

For sex workers, truck drivers, miners and military personnel, the following characteristics are highlighted in the NSP as important to HIV vulnerability:³²

30 The Constitution of Angola, Article 21 states: "...2. Constitution and legal norms related to fundamental rights shall be interpreted and incorporated in keeping with the Universal Declaration of Human Rights, the African Charter on Human and Peoples' Rights and other international instruments to which Angola has adhered. 3. In the assessment of disputes by Angolan courts, those international instruments shall apply even where not invoked by the parties".

| GROUP | DETERMINANTS |
|------------------------------------|---|
| Sex Workers | <ul style="list-style-type: none"> • Illiteracy • Lack of information on the risks of contraction of HIV • They usually are in a poverty situation - weak financial resources make them more likely to adopt risky sexual behaviour • They can use sex as modality to obtain money, food or protection • Stigmatized group and marginalized. • Difficulty in negotiating safe sex • Difficulties in accessing health services • They are at risk of being exposed to the virus and subsequent transmission |
| Truck driver, miners, crew members | <ul style="list-style-type: none"> • Profession allows for great mobility • Matrimonial instability and absence from homes with opportunities for many partners • Little knowledge about the risk of contracting HIV infection • Practices sex without protection • Difficulties accessing condoms • Promiscuous lifestyle and not conscience of real risks faced • Financial power capable to pay for sex • They can facilitate the transmission of the infection from one region of the country to another |
| Military and Paramilitary | <ul style="list-style-type: none"> • Matrimonial instability and absence from homes with opportunities for many partners • Profession allows for great mobility • Difficulties accessing condoms • They show "power" by taking advantage of their situation as military or agents thereof using that authority to induce or force sexual relationships • Little knowledge on the risk of contracting the HIV infection • The majority are young, with enthusiasm and adventurous spirits • They can carry the infection from one area or region to another and unknowingly facilitate its spread |

The following strategy outlined in the NSP relates to vulnerable populations;

- promotion of STI/HIV/AIDS prevention programmes in vulnerable groups at national level

The following activities outlined under STI reduction that relate to vulnerable populations include the following;

- Expansion of family planning and reproductive health services in general, especially for women, youth and truck drivers; and
- Creation of mobile clinics for sex workers and youth in rural areas.

Other Policies for Vulnerable Groups

There are a number of policies and legislative frameworks that have been developed to protect vulnerable groups in Angola. These include the Comprehensive HIV/AIDS law (2004) that protects the rights of those living with HIV, including the right to employment, free public health care and confidentiality in the health care system; Strategic Plan for the Accelerated Reduction of Infant and Mother Mortality (2004-2008)

31 From the United Nations Office of the High Commissioner for Human Rights, valid as of 09 March 2006. Available at: <http://www.ohchr.org/english/bodies/docs/status.pdf>. From The United Nations Children's Fund (UNICEF) (undated). Introduction to the Convention on the Rights of the Child: Definition of Terms. Available at: <http://www.unicef.org/crc/files/Definitions.pdf>.

32 Department of Health, Republic of Angola, National Strategic Plan 2003-2008, p. 36.

SECTOR POLICIES, PLANS AND PROGRAMMES

The Business Committee against AIDS

USAID supports the Business Committee against AIDS (Comite Empresarial de Combate ao HIV/AIDS) also known as the CEC.³³ The CEC was officially launched in Angola in 2006 to mobilise the business community in curbing the spread of HIV and impact of AIDS. Some of the key objectives of the CEC include channelling of private sector resources and capabilities toward HIV prevention for both private sector employees, their families and communities and providing a forum for companies to share their HIV and AIDS related experiences and materials, such as workplace policies, insurance plans, and awareness and prevention programmes.

Some of the member companies of the CEC include Odebrecht, Refriango, SDM - Mining Development Society Sistec, Catoca Mining Society, Barloworld, Coca-Cola, BP Angola, Cosal.

Public Service

The Ministry of Public Administration, Job and Social Security drafted a law for HIV/AIDS and the Workplace which was passed by the Government in 2003.³⁴ According to the UNGASS Progress Report, the NSP has been translated into the operational plans of all 18 provinces and in some ministries such as Education; Youth and Sport; Public Administration, Labour and Social Security; Family and the Promotion of Women.³⁵

Uniformed Services

The United States government assisted the Angola military in the design and implementation of an HIV/AIDS strategy. The strategy focuses on prevention, testing and treatment for military personnel. The prevention component of the strategy includes voluntary, counselling and testing. Since 2001 when the US Department of Defense began to provide assistance, military health providers in Angola have been trained in HIV treatment and public health.³⁶

THE UNGASS PROGRESS REPORT

The Government has a very good understanding of the need to include mobile workers and migrants in any interventions addressing HIV. The Government, in its UNGASS Progress Report, recognizes that the movement of people in Angola will contribute to a faster spread of HIV. The UNGASS Progress Report further highlighted the findings of a study conducted in 2004 that revealed that “the border areas are the most affected, probably due to the fact that the movement of the population through the borders and principal road corridors exacerbates the spread of the HI virus”.³⁷ This movement within the country and across borders has been seen as key to the spread of HIV and is seen as an issue that needs to be addressed.

The Government has also recognized that the reopening of roads after the end of the civil war has led to increased trucking activities, with men leaving their homes and wives for long periods of time, and this is seen as one of the reasons for the spread of HIV; other reasons identified for the spread of the epidemic include the demobilization of soldiers and the movement of refugees and internally displaced persons.³⁸

33 Available at http://www.usaid.gov/ao/business_hiv.html

34 The Angola National Strategic Plan for HIV/AIDS and Sexually Transmitted Diseases 2003-2008

35 The UNGASS Progress Report, pp. 13-14. There is no National Composite Policy Index forming part of the report.

36 PlusNews Angola (2004) available at <http://uniformservices.unaids.org/%5Ccountry%5CAfrica%20and%20the%20Middle%20East>

37 The UNGASS Progress Report, p.3. A study conducted in Luanda in 2001 estimated a prevalence rate of 32.8% for commercial sex workers (p. 9).

Further, provinces that have better road networks with neighbouring countries with higher prevalence rates were seen to have higher HIV prevalence rates,³⁹ and female sex workers were seen as a crucial target group for HIV programmes.

Finally, the UNGASS Progress Report highlights that a major weakness in the NSP is that, while migrants are mentioned, they are not adequately addressed in light of the country context. In addition, a specific strategy is recommended for the border areas, possibly jointly with neighbouring countries.⁴⁰

RECOMMENDATIONS FOR FUTURE POLICIES/INTERVENTIONS

The Government of Angola is aware and self-critical of its activities and NSP, as is illustrated in the UNGASS Progress Report. The Government has identified several areas that it believes are crucial for addressing HIV in the country, including:

- Incorporating vulnerable groups in the HIV law.
- Drafting a specific strategy for border areas, possibly jointly with neighbouring countries.
- Development of sector-specific plans for vulnerable groups.

Importantly, the Government should be supported in addressing these challenges especially related to vulnerable groups. The need to be supportive rather than punitive against various vulnerable groups such as sex workers and truck drivers and other mobile workers is stressed.

It is suggested that the Government of Angola also consider the following:

- Sign and ratify the UN International Covenant on the Protection of Migrant Workers and their Families as well as other relevant international and regional treaties. This would afford migrant and mobile workers with increased legal protection, such as better living and working conditions and access to health.
- Include mobile and migrant workers in any national and sectoral plans, programmes and strategies that address HIV and AIDS including in treatment, care and support and prevention.
- Expand prevention and care strategies to include all migrant and mobile populations in existing care and support policies such as access to antiretroviral drug treatment; treatment of opportunistic infections; home and community based care; and psychosocial support.
- Recognize agricultural workers, cross border traders and contract workers such as in the construction industry as vulnerable populations.
- Work closely with other SADC countries to address issues related to migrants and mobile workers.

38 Ibid, p. 9

29 Ibid, p. 7.

40 Ibid, p. 14.

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