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Promoting Health Equity and Reproductive Rights in Angola

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This article examines Angola's progress in rebuilding its health system in the post conflict era, focusing on health equity and the promotion of Sexual and Reproductive Health and Rights (SRHR) in alignment with the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) and international human rights commitments.

Despite significant advances – such as the expansion of primary healthcare, municipalization of services, and youth-friendly centres – Angola continues to face challenges including geographic disparities, sociocultural barriers to contraception, insufficient funding, and limited data systems. Drawing from national initiatives and community based experiences, this article highlights best practices and strategic recommendations to accelerate Angola's implementation of the Maputo Protocol and achieve universal, gender-responsive health coverage.

Cet article examine les progrès réalisés par l'Angola dans la reconstruction de son système de santé après le conflit, en mettant l'accent sur l'équité en matière de santé et la promotion de la santé et droits en matière de sexualité et de procréation, conformément au Protocole à la Charte africaine des droits de l'homme et des peuples relatif aux droits des femmes en Afrique (Protocole de Maputo) et aux engagements internationaux en matière de droits humains.

Malgré des progrès significatifs, tels que l'expansion des soins de santé primaires, la municipalisation des services et la création de centres destinés aux jeunes, l'Angola continue de faire face à de nombreux défis, notamment les disparités géographiques, les barrières socioculturelles à la contraception, l'insuffisance des financements et le caractère limité des systèmes de données. S'appuyant sur des initiatives nationales et des expériences communautaires, cet article met en avant les meilleures pratiques et des recommandations stratégiques visant à accélérer la mise en œuvre du Protocole de Maputo en Angola et à réaliser une couverture sanitaire universelle et favorable à l'égalité des genres.

Este artículo examina los avances de Angola en la reconstrucción de su sistema sanitario en la era posterior al conflicto, centrándose en la equidad sanitaria y la promoción de la salud y los derechos sexuales y reproductivos (SDSR) en consonancia con el Protocolo de la Carta Africana de Derechos Humanos y de los Pueblos relativo a los Derechos de la Mujer en África (Protocolo de Maputo) y los compromisos internacionales en materia de derechos humanos.

A pesar de los importantes avances, como la ampliación de la atención primaria, la municipalización de los servicios y los centros adaptados a los jóvenes, Angola sigue enfrentándose a retos como las disparidades geográficas, las barreras socioculturales a la anticoncepción, la insuficiencia de fondos y sistemas de datos limitados. A partir de iniciativas nacionales y experiencias comunitarias, este artículo destaca las mejores prácticas y recomendaciones estratégicas para acelerar la aplicación del Protocolo de Maputo en Angola y lograr una cobertura sanitaria universal y con enfoque de género.

本文探讨安哥拉在冲突后时期重建卫生体系的进展，重点关注卫生公平性，并依据《非洲人权和人民权利宪章关于非洲妇女权利的议定书》（马普托议定书）及国际人权承诺，推进性与生殖健康及权利的保障工作。

尽管取得显著进展——如初级卫生保健覆盖面扩大、服务市政化管理、青少年友好中心建设等——安哥拉仍面临诸多挑战：地域差异显著、避孕措施受社会文化因素阻碍、资金投入不足、数据系统建设滞后。本文基于国家层面的举措和社区实践经验，提出加速落实《马普托议定书》的最佳实践方案与战略建议，以实现普惠性、性别响应型的全民健康覆盖。

Introduction

Health is recognized by Angola's Constitution as an inalienable human right. Following the end of the civil war, the country pursued a phased strategy to rebuild its public health system, prioritizing universal access, equity, and reproductive health care. However, structural and sociocultural barriers continue to hinder the full realization of this right.

Epidemiological Context and Indicators

Despite significant progress, health indicators still reflect complex challenges:

Indicator	Value
Life expectancy	62 years
Maternal mortality	170 per 100,000 newborns
Under-5 mortality	52 per 1,000 newborns
Contraceptive prevalence	18%
Unmet need for family planning	34%

Angola faces a high fertility rate (5.3 children per woman) and a large proportion of pregnant teenagers, while there is an insufficient provision of integrated sexual and reproductive health (SRH) services.

Structural and Community-Based Initiatives

Angola has invested in several areas to respond to the challenges of Sexual and Reproductive Health (SRH) and health equity. The country has expanded its primary care network with a focus on municipalities and implemented 218 "Friends of Adolescents and Youth" Centers offering services dedicated to SRH. Awareness campaigns have been launched focusing on early pregnancy, contraceptive use, and combating stigma. The government has ensured continuous training of health professionals with support from organizations such as the United Nations Population Fund (UNFPA) and the World Health Organization (WHO).

Challenges and Experiences

Despite well-targeted policies, several challenges limit their effectiveness and reveal the complexity of practical implementation. Geographic disparities create inequality in the distribution of services between urban

and rural areas. Cultural and religious barriers continue to affect contraception access and women's bodily autonomy. Stigmatization of pregnant adolescents persists alongside insufficient psychosocial support. Remote areas suffer from a lack of qualified human resources in SRH and of poor infrastructure, and limited logistics for the delivery of health supplies. Additionally, there is a lack of data disaggregated by age, sex, and location.

Nevertheless, positive experiences offer hope for progress. The municipalization of health has allowed for better coordination between local and national levels of management. Collaboration with non-governmental organizations (NGOs) and agencies has resulted in increased family planning coverage. Young people trained as community health agents act as multipliers of information on SRH, while the integration of SRH into health centers has improved adherence to services among adolescents. Pilot projects in provinces such as Huíla and Bié have demonstrated increased acceptance of contraceptive use.

These experiences demonstrate that, despite structural limitations, there are practices and partnerships that offer effective and scalable ways to promote sexual and reproductive rights in Angola.

Strategic Recommendations

The path forward requires several strategic priorities. First, Angola must strengthen the legal implementation of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) with a focus on reproductive rights. Second, the country needs to expand access to sexual and reproductive health services, especially in remote

areas. Third, ensuring a sustainable public budget for the health sector with a focus on SRH and youth is essential. Fourth, institutionalizing community accountability and social listening mechanisms will enhance responsiveness. Finally, developing robust systems for collecting and analysing data disaggregated by age, sex, and territory will enable evidence-based policymaking.

Final Remarks

Angola's commitment to human rights, equity, and social justice is reflected in its efforts to achieve universal health coverage and protect SRHR. Turning isolated gains into sustained progress requires integrated approaches, expanded civic participation, and strengthened South-South cooperation.

Despite the gains made, further progress is needed to increase access to health care for all, everywhere, and to achieve the national commitment to the people, Universal Health Coverage and the Sustainable Development Goals (SDGs). This commitment aims to achieve greater social cohesion, justice, and wealth creation for the sustainable development of Angola and the well-being of its population.

Sources: INE - Instituto Nacional de Estatística (Angola) 2022-2024, Angola: UNFPA Country Report 2023, Angola: Demographic and Health Surveys (DHS) 2022, WHO 2020-2025, Plano de Desenvolvimento Nacional - PDN (Angola) 2023-2027, Maputo Protocol (2003), PNDS - Plano Nacional de Desenvolvimento Sanitário (Angola) 2018-2024, UNFPA-United Nations Children's Fund (UNICEF) sobre programas de prevenção da gravidez precoce e violência baseada no género (2020-2023)

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