

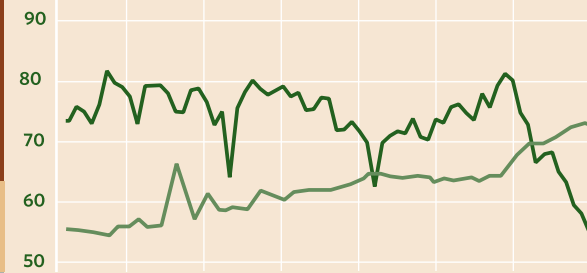


CESR

Center for Economic and Social Rights

FACT SHEET NO. 5

ANGOLA



Making Human Rights Accountability More Graphic

This fact sheet focuses on economic and social rights in Angola. In light of Angola's appearance before the UN Committee on Economic, Social and Cultural Rights in November 2008, this fact sheet aims to present key background information that could help to assess the Angolan government's compliance with the International Covenant on Economic, Social and Cultural Rights.

The fact sheet provides a graphic overview of selected elements of the human rights to education, health and water. In particular, it seeks to highlight areas where government efforts to realize these rights may be inadequate. It seeks to highlight disparities between the potential realization of economic and social rights among the Angolan people and the present low realization of these rights, especially in the context of Angola's significant resources due to its large oil reserves. Average Angolan life expectancy is 41 years and 69 percent of Angolans live below the poverty line. This is despite a GDP per capita that is one of the highest in Sub-Saharan Africa. While taking into account the heavy toll Angola's 27-year civil war took on the country, the data presented in this fact sheet suggests that given its resources, not enough progress has been made since the end of the war in 2002.

About This Fact Sheet Series

This series is intended to contribute to the ongoing monitoring work of UN and other intergovernmental human rights mechanisms to monitor governments' compliance with their economic, social and cultural rights obligations. It is also intended to contribute to strengthening the monitoring and advocacy capabilities of national and international NGOs. Drawing on the latest available socioeconomic data, the country fact sheets display, analyze and interpret selected human development indicators in light of three key dimensions of governments' economic and social rights obligations.

Firstly, indicators such as maternal mortality or primary completion rates are used to assess the extent to which the population is deprived of **minimum essential levels** of the right to health, education, food and other economic and social rights. Secondly, data tracking progress over time can help to assess whether a state is complying with its obligation to **realize rights progressively** according to maximum available resources. Comparisons within the same region provide a useful benchmark of what has been achieved in countries with similar resources. Finally, data disaggregated by gender, ethnicity, geographical location and socio-economic status is used to identify disparities and assess progress in **eliminating discrimination** and unequal enjoyment of these rights.

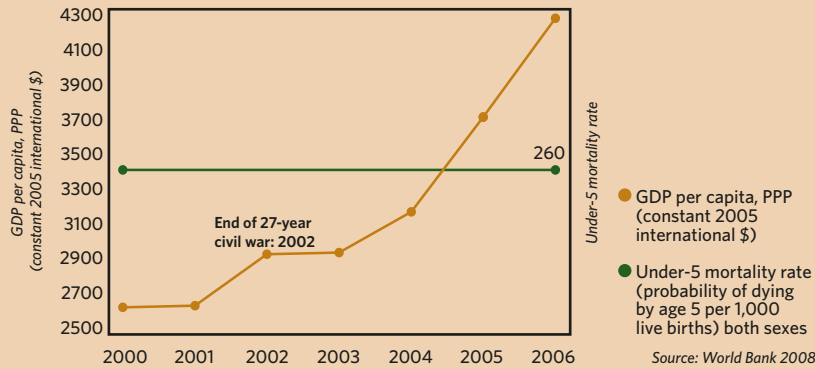
The fact sheets are not meant to give a comprehensive picture, nor provide conclusive evidence, of a country's compliance with these obligations. Rather, they flag some possible concerns which arise when development statistics are analyzed and visualized graphically in light of international human rights standards.

VISUALIZING RIGHTS

THE RIGHT TO HEALTH

"The Committee expresses its deep concern at the alarming levels of mortality among children...The Committee is also concerned about the fact that a majority of children do not have access to adequate health services." (CRC Concluding Observations 2004)

Figure 1 Child Mortality and GDP per capita



Child mortality remains very high, despite impressive economic growth

Child mortality rates in Angola are the second highest in the world: 260 out of 1,000 children in Angola die before they reach the age of five. This rate has remained the same since 1990, even though Angola's GDP has sharply increased in recent years—making it one of the richest countries in Africa—and Angola's 27-year long civil war ended in 2002.

The lack of progress in child mortality reduction despite significant economic growth suggests a failure to comply with Angola's obligation to progressively realize the right to health according to maximum available resources.

Low commitment to public spending on health despite very high child mortality rates

Despite having a staggering child mortality rate, Angola has one of the lowest levels of health spending relative to GDP in Sub-Saharan Africa. This suggests that Angola may be failing to use all resources at its disposition in an effort to satisfy, as a matter of priority, its minimum obligations regarding the right to health.

Figure 2 Under-five mortality rate (per 1,000 live births), Selected* Sub-Saharan African Countries, 2005

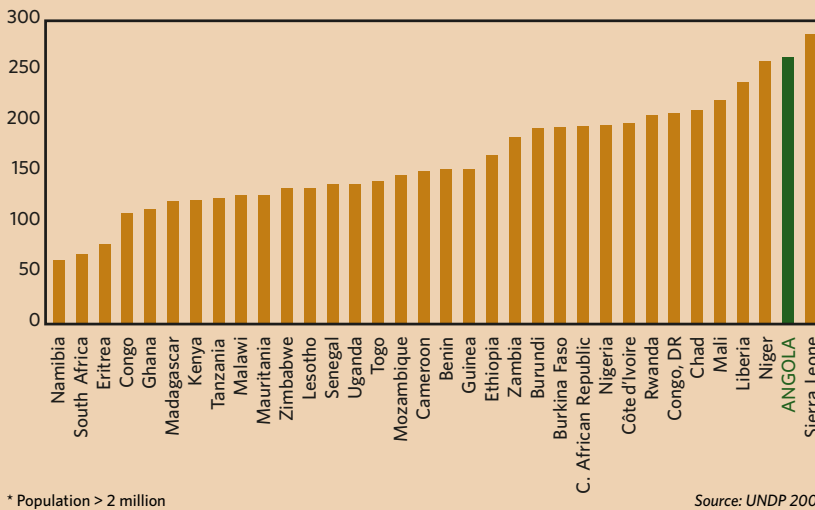
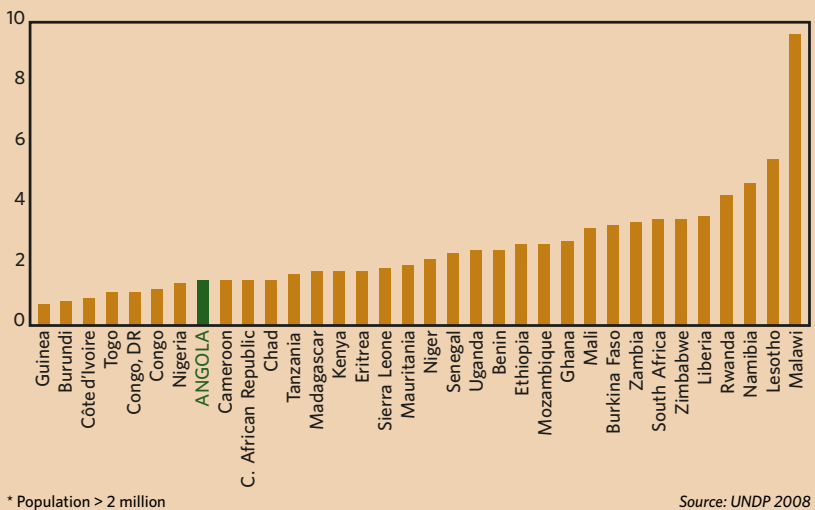


Figure 3 Public Expenditure on Health (% of GDP), Selected* Sub-Saharan African Countries, 2004



"The committee is concerned about the poor health infrastructure. . . . The Committee is especially concerned about . . . high maternal mortality." (CEDAW Concluding Observations 2004)

Angola's health expenditure per person is similar to that of other Sub-Saharan African countries with much lower incomes

Per capita government expenditure on health was only 34 us\$ (PPP) in 2005, less than that of Uganda, whose GDP per capita is around 20 percent that of Angola's. This raises further questions as to Angola's compliance with its minimum core obligations related to the right to health.

Inadequate access to reproductive health services

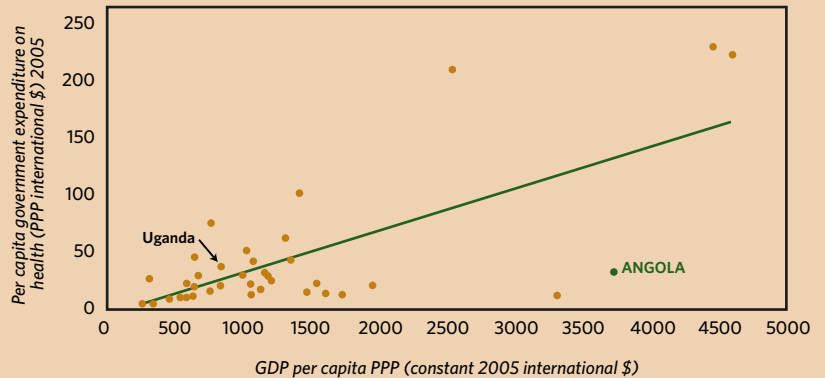
With 1,400 women dying out of 100,000 live births, Angola has the highest maternal mortality ratio in southern Africa. Yet Angola has one of the lowest rates of skilled birth attendance, raising questions about the government's commitment to ensure the enjoyment of the right to health for Angola's women.

Angolan children suffer from high chronic malnutrition

Half of Angola's children under the age of five are chronically malnourished. This rate is similar to other Sub-Saharan African countries with GDPs per capita less than half that of Angola's. This may reflect a failure of Angola's government to spend maximum available resources on the realization of the right to health.

Figure 4

Per Capita Government Expenditure on Health and GDP* Sub-Saharan Africa 2005

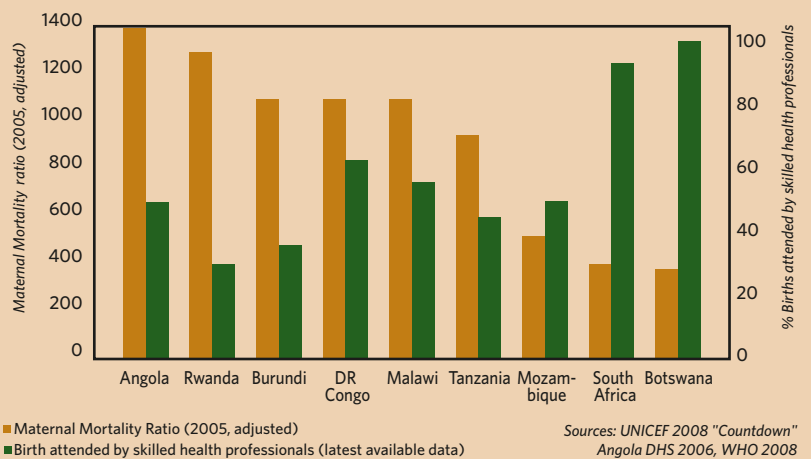


*Low and Lower-Middle Income Countries

Source: WHO, World Bank 2008

Figure 5

Maternal Mortality and Skilled Birth Attendance, Southern Africa

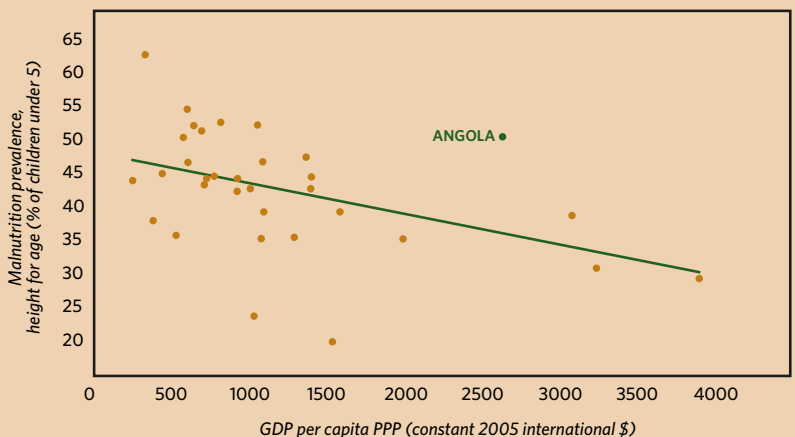


■ Maternal Mortality Ratio (2005, adjusted)
■ Birth attended by skilled health professionals (latest available data)

Sources: UNICEF 2008 "Countdown"
Angola DHS 2006, WHO 2008

Figure 6

Children Stunted for Age, Low and Lower-middle Income Countries in Sub-Saharan Africa



Source: World Bank 2008

THE RIGHT TO HEALTH

"The Committee expresses its deep concern at the alarming levels of mortality among children, with 25 per cent of children dying before they reach the age of 5. It notes that the main causes of child mortality are related to malaria, diarrheal diseases, acute respiratory diseases and vaccine-preventable diseases." (CRC Concluding Observations 2004)

Overall inadequate and wide disparities in malaria treatment

Malaria is the leading single cause of child mortality in Angola. Yet fewer than 30 percent of children showing signs of malaria actually get treated.

Angola also has the widest gap in treatment between the wealthiest and poorest quintile groups among neighboring countries. While just 46 percent of children in the wealthiest quintile get treated for malaria, a mere 17 percent of children in the lowest quintile are treated.

Angola has the lowest measles immunization rates in the region...

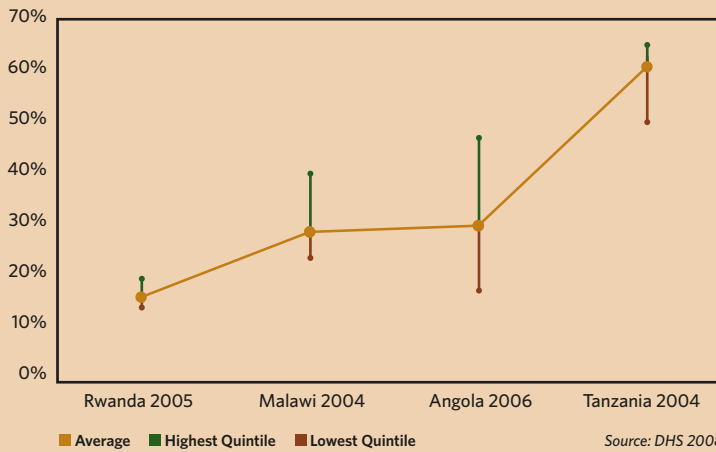
Although measles is a vaccine-preventable disease, almost five percent of Angolan children who die before age five die from measles. This is a higher rate than its neighboring countries. Angola's measles immunization rates are the lowest in southern Africa.

... And one of the widest disparities in immunization coverage within the country

The gap in immunization rates between the poorest and wealthiest quintiles is also one of the widest. Less than 40 percent of the poorest children immunized against measles, compared with almost 70 percent of Angola's wealthiest children. This raises concerns about Angola's efforts to ensure the right to health of the most disadvantaged groups in the population.

Figure 7

Percentage of Children under the Age of Five with Fever Who Took Antimalarial Drugs, Angola and Selected Neighbors



Source: DHS 2008

Figure 8

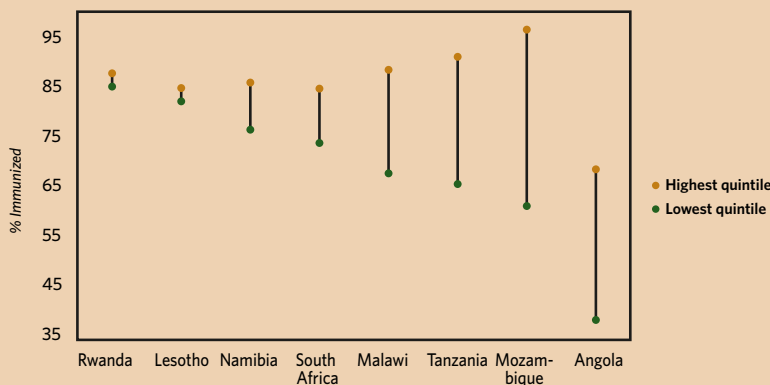
Under-5 Measles Death and Measles Immunization Rates

COUNTRY	MEASLES DEATHS, CHILDREN UNDER 5 (%)		MEASLES IMMUNIZED, 1-YEAR OLDS (%)	
	2000			
ANGOLA	4.8		90	Botswana
DR Congo	4.7		78	Tanzania
Burundi	3.0		77	South Africa
Rwanda	1.6		75	Burundi
Tanzania	1.3		74	Rwanda
Malawi	0.3		74	Lesotho
Mozambique	0.3		73	Malawi
Botswana	0.1		71	Mozambique
Lesotho	0.1		69	Namibia
Namibia	0.1		46	DR Congo
South Africa	0.0		41	ANGOLA

Source: WHO 2008, MICS 2004

Figure 9

One-year-olds Immunized against Measles by Wealth Quintile, Angola and its Neighbors



Source: WHO 2008, MICS 2004

"The Committee is also concerned about . . . the lack of access to safe drinking water and proper sanitation." (CRC Concluding Observations 2004)

Access to improved sanitation continues to fall as GDP rises

Both urban and rural access to improved sanitation facilities has decreased since 1995. This decline continued even after Angola's civil war ended in 2002 and continues despite the steep growth in GDP per capita.

The continued decline, even in light of greater resources, suggests a failure by the state to fulfil its obligations progressively according to maximum available resources.

THE RIGHT TO WATER AND SANITATION

Figure 10

Urban Sanitation Access and GDP Per Capita, Angola 1995–2004

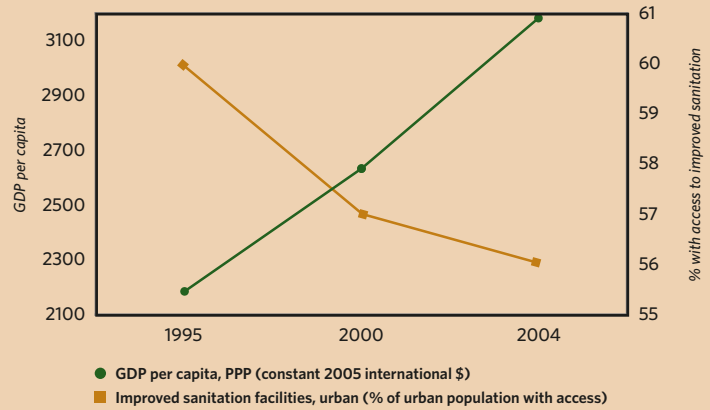
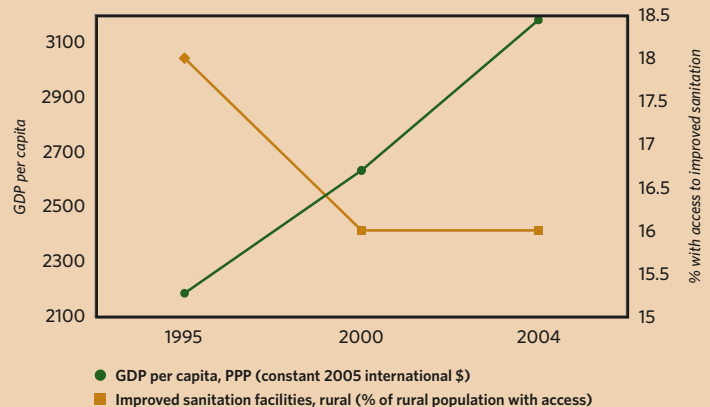


Figure 11

Rural Sanitation Access and GDP Per Capita, Angola 1995–2004



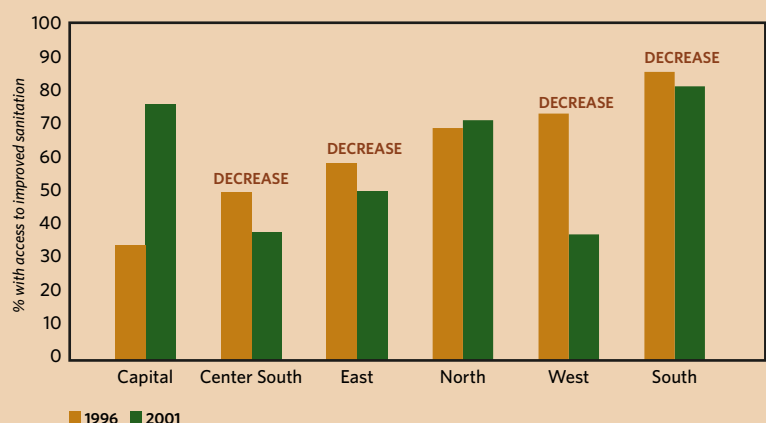
Unequal investment in sanitation

While there has been a great deal of investment in improving sanitation access in the capital region, four other regions have seen a decline in improved sanitation access.

The lack of updated disaggregated data is problematic and limits ability to measure whether further investment has been made in other regions.

Figure 12

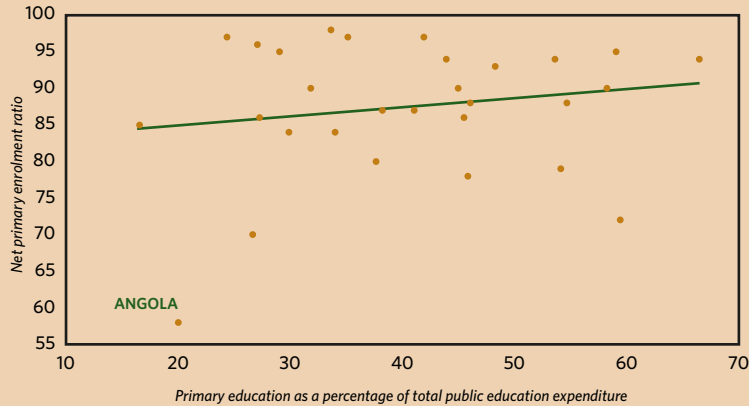
Regional Access to Improved Sanitation, 1996 and 2001



THE RIGHT TO EDUCATION

Figure 13

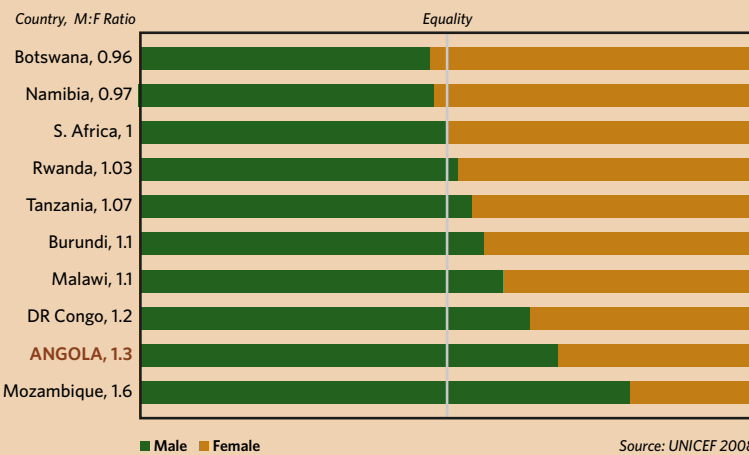
Primary Education Expenditure and Primary Enrolment Ratio, Lower-middle Income Countries, Latest Available Data



Source: UNESCO 2008 and UNICEF 2008

Figure 14

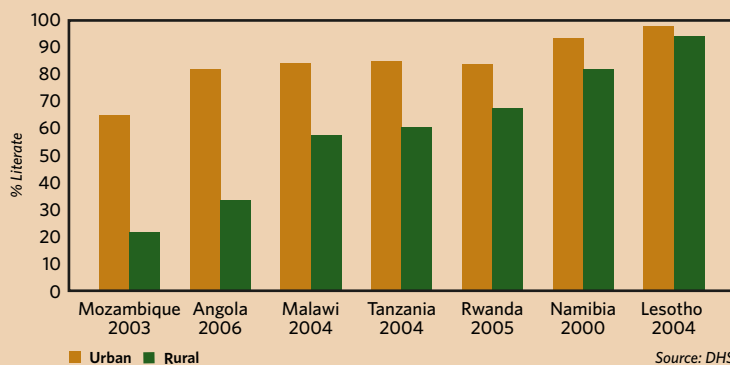
% Youth (15–24) Literacy Rates, Angola and Its Neighbors, Most Recent Data



Source: UNICEF 2008

Figure 15

Female Literacy, Angola and Its Neighbors, Urban-Rural Divide



Source: DHS

“The Committee is concerned at the poor educational infrastructure . . . a high rate of illiteracy among girls and women, their low enrollment rates in primary, secondary, vocational and higher education, in both urban and rural areas, and in their high drop out rates.” (CEDAW Concluding Remarks 2004)

Low investment in primary education despite very low levels of school enrolment

While only 58 percent of children of primary school age are enrolled in school — the lowest primary enrolment rate of all lower-middle-income countries in the world—Angola allocates only 20 percent of its education spending to primary education, much lower than the majority of the other countries at the same level of economic development.

The contrast between the high rate of children not enjoying the right to primary education and the low priority the state gives to primary education, points to a violation of a state’s minimum core obligations regarding the right to education. It also suggests a type of covert discrimination, as expenditure favors only a small, privileged group that advances to secondary education, instead of investing where the majority of Angolan children would benefit.

Wide gender disparities

Angola has one of the largest gaps in male and female literacy rates in southern Africa. Whereas 84 percent of male youths are literate, just 63 percent of female youths are. These disparities raise questions about Angola’s compliance with its obligation to ensure the equal right of men and women to the enjoyment of the right to education.

The right to education is not enjoyed equally by all Angolan women

Angola has the second highest gap between urban and rural rates of female literacy in southern Africa. While 82 percent of urban women are literate, only 33 percent of rural women are. This suggests the Angolan government is failing in its efforts to provide education to all its citizens.

"The Committee notes that the entire educational system is extremely under-financed, which endangers the implementation of the above-mentioned [low enrolment rates, high repetition rates, etc.] plans to rehabilitate and expand the educational system." (CRC Concluding Observations 2004)

Insufficient resource allocation

When compared with other lower-middle-income countries in Sub-Saharan Africa, the Angolan government spends the second lowest amount on education as a percentage of its GDP. This suggests a weak state commitment to providing education, as Angola is not willing to invest very much in the realization of this right.

Angolan government expenditure on primary education as a percentage of total education expenditure shows that Angola spends the lowest percentage out of all of its lower-middle income peers in Sub-Saharan Africa.

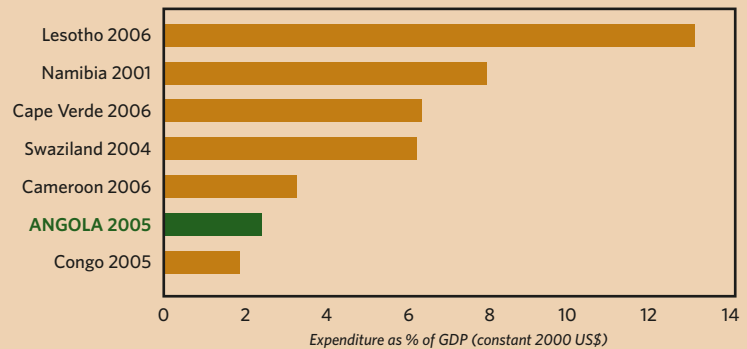
Angola also spends the lowest on primary education as a percentage of its GDP compared with other lower-middle-income countries in Sub-Saharan Africa. This low rate reflects the level of resources a state is willing to invest in its minimum core obligation to ensure the satisfaction of the most basic form of education.

A note on the data

Data is from the most recent and reliable sources available, including national household surveys and official statistics published by relevant ministries and government institutions, as well as academic studies. When making international comparisons, the latest available comparative data has been used from inter-governmental agencies such as the World Bank and the United Nations Development Program.

Figure 16

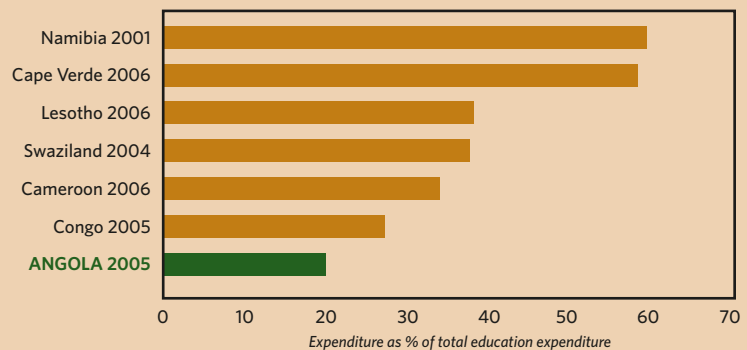
Public Expenditure on Education as % of GDP, Lower-middle Income Sub-Saharan African Countries, Latest Available Data



Source: UNESCO 2008

Figure 17

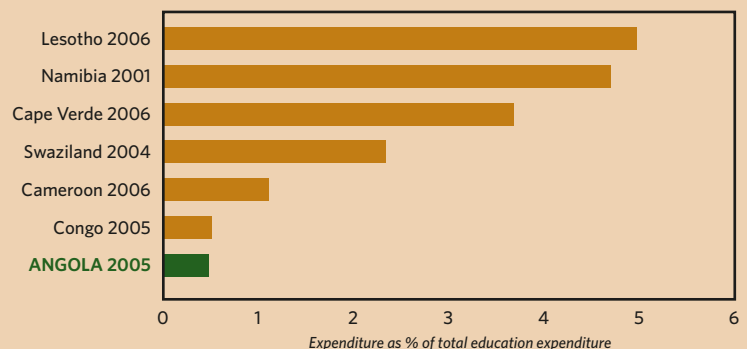
Public Expenditure on Primary Education as % of Total Education Expenditure, Lower-middle Income Sub-Saharan African Countries, Latest Available Data



Source: UNESCO 2008

Figure 18

Public Expenditure on Primary Education as % of GDP, Lower-middle Income Sub-Saharan African Countries, Latest Available Data



Sources: World Bank and UNESCO 2008



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ABOUT CESR

The Center for Economic and Social Rights (CESR) was established in 1993 with the mission to work for the recognition and enforcement of economic, social and cultural rights as a powerful tool for promoting social justice and human dignity. CESR exposes violations of economic, social and cultural rights through an interdisciplinary combination of legal and socio-economic analysis. CESR advocates for changes to economic and social policy at the international, national and local levels so as to ensure these comply with international human rights standards.

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REFERENCES

- Committee on the Rights of the Child (CRC)**. Concluding Observations: Angola 2004
- Committee on the Elimination of Discrimination against Women (CEDAW)**. Concluding Comments of the Committee on the Elimination of Discrimination against Women: Angola 2004
- Angola HDR 2005**. Relatório de Desenvolvimento Humano. hdr.undp.org/en/reports/nationalreports/africa/angola
- DHS 2006**. Angola: Malaria Indicator Survey. Macro International Inc. www.measuredhs.com/countries/
- DHS 2008**. Demographic and Health Survey STATcompiler. www.statcompiler.com
- MICS 2004**. Multiple Indicator Cluster Survey. www.childinfo.org
- UNDP 2007/2008**. United Nations Development Programme. Statistics of the Human Development Report 2007/2008. hdr.undp.org/en/statistics
- UNESCO 2008**. United Nations Educational, Scientific and Cultural Organization. Institute for Statistics, Data Centre. stats.uis.unesco.org
- UNICEF 2008**. Childinfo Statistics. www.childinfo.org
- UNICEF 2008**. "Countdown to 2015: Maternal, Newborn and Child Survival." 2008 Report, www.countdown2015mnch.org/documents/2008report/2008countdown2015fullreport.pdf
- World Bank 2008**. World Development Indicators 2008. www.worldbank.org
- World Health Organization (WHO)**. WHO Statistical Informational System (WHOSIS) 2008. www.who.int/whosis