

Actions taken by the Republic of Angola to prevent the spread of COVID-19 as of October 4, 2021.

Our Organization

The UN Compliance Research Group is a global organization which specializes in monitoring the work of the United Nations (UN). Through our professional team of academics, scholars, researchers and students we aim to serve as the world's leading independent source of information on members' compliance to UN resolutions and guidelines. Our scope of activity is broad, including assessing the compliance of member states to UN resolutions and plan of actions, adherence to judgments of the International Court of Justice (ICJ), World Health Organization (WHO) guidelines and commitments made at UN pledging conferences. We're proud to present the international community and global governments with our native research findings on states' annual compliance with the commitments of the UN and its affiliated agencies. Our goal as world citizens is to foster a global change towards a sustainable future; one which starts with ensuring that the words of delegates are transformed into action and that UN initiatives don't remain ink on paper. Hence, we offer policy analysis and provide advice on fostering accountability and transparency in UN governance as well as tracing the connection between the UN policy-makers and Non-governmental organizations (NGOs). Yet, we aim to adopt a neutral path and do not engage in advocacy for issues or actions taken by the UN or member states. Acting as such, for the sake of transparency. The UN Compliance Research Group dedicates all its effort to inform the public and scholars about the issues and agenda of the UN and its affiliated agencies.



Purpose

The International Health Regulations (2005) are legally binding on 196 States Parties, Including all WHO Member States. The IHR aims to keep the world informed about public health risks, through committing all signatories to cooperate together in combating any future "illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans." Under IHR, countries agreed to strengthen their public health capacities and notify the WHO of any such illness in their populations. The WHO would be the centralized body for all countries facing a health threat, with the power to declare a "public health emergency of international concern," issue recommendations, and work with countries to tackle a crisis.

Although, with the sudden and rapid spread of COVID-19 in the world, many countries varied in implementing the WHO guidelines and health recommendations. While some countries followed the WHO guidelines, others imposed travel restrictions against the WHO's recommendations. Some refused to share their data with the organization. Others banned the export of medical equipment, even in the face of global shortages. The UN Compliance Research group will focus during the current cycle on analyzing the compliance of the WHO member states to the organizations guidelines during the COVID-19 pandemic.

WHO Guidelines and Recommendations

School/educational institutions:

measures.

authorities.

- Decision makers should consider the following if they decide to open or close schools: Current understanding about COVID-19 transmission and severity in children, Local situation and epidemiology of COVID-19 where the school(s) are located, School setting and ability to maintain COVID-19 prevention and control
- Recommended to promote: Hygiene and environmental cleaning to limit exposure, Screening and management of sick students, teachers and other school staff, Communication with parents and students, Physical distancing at school, Tele-schooling and distance learning.

Workplaces and institutions:

- Partial closure of workplaces as of early March.
- Hand hygiene: Regular and thorough handwashing, Hand hygiene stations.
 Respiratory hygiene: Promote respiratory etiquette, Develop a
- policy on wearing a mask or a face covering.
- Physical distancing: less people, implementing shifts.
- Reduce and manage work-related travels.
- Regular environmental cleaning and disinfection.
- Risk communication, training, and education: Provide posters,
- Risk communication, training, and education: Provideos, and electronic message boards.
 - Management of people with COVID-19 or their contacts: introduce thermal screening.
 - Take more measures when it comes to jobs at medium and high risk.

Public events:

Restriction to host gatherings or events that exceed a large number of individuals. ex) sport games, religious functions, restaurants, etc.
 Planning phase: Liaison with all relevant stakeholders.

Post-event phase: Liaison between event organizers and health

Development of a preparedness and response plan, Assessment of capacities and resources.

Operational phase: Modifications of the event, Risk communication, Surveillance of participants, aimed at detecting and managing individuals developing symptoms during the event.

Public Transport:

- Reduce crowding, limit access to, or close public spaces, restaurants, sporting events, 24 sports clubs, entertainment venues, places of worship, 25 or venues with limited ventilation.
- Encourage physical distancing in public places and transportation.
- Reduce mixing between individuals and households.
- Communicate to recommend wearing masks in public.

WHO Guidelines and Recommendations

Public Information Campaign:

- Communicate risk clearly with information on how to protect oneself and others.
- simplify messages, encourage sharing of information.
- Engage with communities in decision-making and to strengthen engagement for public health measures.
- Identify local networks and engage communities, businesses, religious leaders, and local influencers.

Domestic/International Travel:

- Reduction in Travel to prevent the spread of COVID-19.
- International travel should not occur unless in an emergency.
- Recommended to adhere to safety measures while travelling.
- Establish effective contingency plans and arrangements for responding a Public Health Emergency.

Testing Framework:

- Set up testing centers in large venues or in check points.
 - Require travellers to self-quarantine after being tested.
- Molecular (e.g. PCR) testing of respiratory tract samples is the recommended method for the identification and laboratory confirmation of COVID-19 cases.
- To inform WHO policy on the use of immunodiagnostic rapid tests for COVID-19.

Contact Tracing:

- Set up relational databases linking lists of contacts to line lists of cases.
- Allow for tailored case investigation forms, contact listing forms, and contact follow-up forms to be set up.
- Used for self-checking and self-reporting of signs and symptoms by people through mobile phone apps or SMS technology.

Lockdown/Curfew:

- Implementation of curfew hours.
- Require citizens to stay in home unless of an emergency.
- Monitor locations to abide by the curfew hours.

Methodology and Scoring System



♦ This report draws on the methodology developed by the G8 Research Group, which has been monitoring G7/8 compliance since 1996 (the International Organisations Research Institute at the Higher School of Economics (IORI HSE) joined this multi-year project in 2005, and Bond University participated in 2014). The use of this methodology builds cross-institutional and cross-member consistency and also allows compatibility with compliance assessments of other institutions. The methodology uses a scale from −1 to +1, where +1 indicates full compliance with the stated commitment, −1 indicates a failure to comply or action taken that is directly opposite to the stated instruments or goal of the commitment, and 0 indicates partial compliance or work in progress, such as initiatives that have been launched but are not yet near completion and whose full results can therefore not be assessed. Each member assessed receives a score of −1, 0 or +1 for each commitment. For convenience, the scores in the tables have been converted to percentages, where −1 equals 0 percent and +1 equals 100 percent.



Scoring Guidelines

-1	State does not comply with the International Health Regulations (IHR 2005), nor does it comply with any of the World Health Organization's
	guidelines and recommendations to curb the spread of the Coronavirus.

State complies with the IHR and partially complies with the WHO recommendations on combating the Coronavirus, through implementing policies and actions which adhere to at least two commitments of the WHO guidelines on curbing the pandemic.

+1 State fully complies with the IHR and the WHO guidelines on combating the Coronavirus, through implementing policies and actions which adhere to all nine areas of the WHO guidelines on curbing the pandemic.

Assessment

Country	No Compliance	Partial Compliance	Full Compliance
Angola			+1

*Angola complied with the International Health Regulations (IHR) and fully complied with the World Health Organization's guidelines and recommendations on curbing the Coronavirus (COVID-19), through implementing complying policies and actions in all nine commitment features. Thus, Angola receives a compliance score of +1.





Angola

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Curfew

- On 26 March 2020, the government of Angola announced a partial lockdown from 17:00-07:00.
- ❖ On 13 May 2020, Luanda suburb placed on lockdown.
- On 26 May 2020, state of emergency replaced with state of calamity meaning regulations to start to be eased.
- * As of 15 August 2020, the government of Angola extended the state of calamity ordering for residents to remain at home.
- On 9 October 2020, authorities extended the nationwide state of calamity and sanitary cordon in Luanda with all its measures until 7 November. In Luanda nonessential business allowed to operate from 07:00 to 20:00 at 75 percent capacity.

Lockdown/

- On 28 October 2020, authorities further extended the nationwide state of calamity until 22 November.
- On 22 November 2020, state of calamity extended until further notice, no change in regulations. Current regulations are: people recommended to stay indoors from 22:00-05:00, gatherings are limited, religious, social and business activities currently resume with certain limited hours and capacity limits mostly to 75 percent from 07:00-20:00.
- As of 27 January 2021, restaurants and cafes can function from 06:00-21:00 at 50 percent capacity. Other regulations remain. Restaurants and cafes continue to operate from 06:00-21:00 at 50 percent capacity in person and takeout until 22:00.
- As of 17 April 2021, regulations remain, supermarkets to close by 22:00. Restaurants and cafes regulations remain. Wearing of face masks remains mandatory even in private vehicle.
- On 2 May 2021, restaurants to function at 50 percent capacity from 06:00-20:00. Supermarkets to close by 20:00.
- On 10 May 2021, in Luanda commercial establishments to operate from 07:00-18:00 elsewhere it is 07:00-20:00. Restaurants to operate in Luanda 06:00-18:00 from Monday-Fridays and delivery to work until 22:00 all week long.
- On 9 July 2021, Luanda and nationwide commercial establishments to operate from 07:00 to 20:00. Restaurants and cafes from monday-Friday operate from 06;00 to 22:00 and services may be provided during the weekends at a maximum of four per table. Authorities continue to recommend for residents to return home from 00:00-05;00. Regulations remain until further notice.
- ♦ As of 1 September 2021, the government of Angola has lifted the curfew.

Public Transportation

- On 26 March 2020, public transport was banned.
- On 24 April 2020, public transport is in use with 05:00-18:00 with 50 percent capacity.
- From 9 to 25 May 2020, urban public transport was restricted to operation times of 05:00-18:00 with a 50 percent occupancy. All required to wear face masks.
- As of 9 September 2020, the government of Angola extended public transport hours.
- As of 28 October 2020, public transport is at 75 percent capacity. Face masks are mandatory.
- As of 1 September 2021, the government has continued to promote the requirement of face masks in public transport.



Angola

Domestic/ International Travel

- On 1 March 2020, temporarily banning citizens from China, South Korea, Italy, Iran, Nigeria, Egypt and Algeria from entering Angola.
- On 4 March 2020, Chinese special administrative regions added to residents who are banned of entry. Those entering the country must undergo a 14 day quarantine. African countries withdrawn from the list.
- On 20 March 2020, President João Lourenço banned all arrivals at airports and stopped passenger vessels docking at Angolan ports for 15 days. All these bans will last until 4 April.
- On 26 March 2020, inter-provincial travel is largely prohibited.
- On 24 April 2020, domestic travel regulations relaxed.
- On 30 June 2020, authorities in Angola announce resumption of international flights Easing of restrictions to continue through July 27 2020. Travellers going to Angola who tested negative for the coronavirus are required to quarantine for 14 days, while travellers who tested positive should go seek care immediately.
- As of 15 August 2020, the government has prohibited travelling out of Angola.
- As of 9 September 2020, the government announced the resumption of international and domestic travel. International flights are available for specific reasons such as diplomatic travel or repatriation of citizens. Those entering must quarantine for seven days and present a PCR test taken within 72 hours of prior to travel.
- On 9 October 2020, Luanda allows for travelers to enter and leave without official permits, they are required to present a negative COVID test. Land and seas borders remain closed.
- On 26 December 2020, borders close with South Africa, Nigeria, Australia and UK due to new variant strains of COVID. Domestic flights are open but require a negative COVID test taken 72 hours prior to travel.
- On 10 May 2021, travel to Luanda is limited to essential reasons. As of this date the regulations for entry into Luanda are: All land borders remain closed until further notice. Angolan nationals and residents who travel from Brazil and India are required to quarantine for a period of 14 days at a government-nominated facility. Air travel is permitted for citizens or residents of the country or other authorized reasons. Persons entering the country must complete a Travel Registration Form completed within 72 hours prior to travel. Individuals entering the country require a negative PCR COVID-19 test taken no more than 72 hours prior to travel. Air passengers must also undergo a COVID-19 test immediately upon arrival. Arrivals are to quarantine for 7-10 days. A COVID-19 test will be administered on the seventh day. All travelers leaving the country must present a negative COVID-19 test taken no longer than 72 hours prior to departure.
- ❖ On 1 September 2021, quarantine period removed for people vaccinated.



Angola

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	Public Events		Educational Institutions		Public Info Campaign		Workplace and Institutions
* * *	From 9 to 25 May 2020, the government announced that public gatherings were said to be avoided at all costs. As of 5 November 2020, the government of Angola announced that public areas are now open, however the use of face masks is required. On 18 January 2021, sports activities permitted with 10 percent of capacity. Religious services can be held four-times a week with 50 percent capacity. On 2 May 2021, meetings are limited to 15 people at a residence. Funerals are limited to 5 people but if it was a COVID related death it is limited to five people. Religious services are limited to 100 people. On 10 May 2021, in Luanda political gatherings are limited to 50 people and 100 elsewhere. Sporting events limited to 10 percent capacity for spectators except Luanada where spectators are prohibited. On 9 July 2021, private gatherings are limited to 20 people. Political gatherings in Luanada are limited to 50 people and 100 people elsewhere.	*	On 24 March 2020, the government of Angola decided to close all schools. On 9 September 2020, the government of Angola announced that schools will reopen on 19 October. On 10 February 2021, primary schools reopen. On 2 May 2021, masks become mandatory in schools.	*	On 6 April 2020, hand washing campaign begins trying to promote better hygiene. On 4 June 2020, campaign led by the government of Angola to mitigate false information about the virus. News was said to be posted on websites and televised. As of 13 January 2021, the government announced on their website that vaccine locations will now be open. As of 4 July 2021, the government announced new vaccination hubs to get vaccinated.	*	From 9 to 25 May 2020, essential public work was allowed to continue. The government didn't pose anything strict but advised social distancing. Public services are only permitted to have 50 percent of staff present and limited to 08:00-18:00. On 10 May 2021, in Luanda private and public companies are limited to 50 percent working capacity. Elsewhere it is 75 percent, some services allowed to operate 100 percent mostly essential services. On 9 July 2021, nationwide 75 percent capacity on private companies and public entities. Certain essential services function at 100 percent capacity.



Angola

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Testing Framework	Contact Tracing	Vaccine
 On 30 March 2020, the first recovery case from COVID-19 was recorded. The government since then has been conducting more and more tests. As of 11 September 2020, the government of Angola has increased its testing capacity. As of 21 November 2020, Angola has conducted 5,149 tests per 1 million people. As of 11 January 2021, the government of Angola has developed plans to enforce better testing habits. As of 17 September 2021, the government announced that Rapid testing recommended to do when travelling. As of 4 October 2021, Angola has conducted a total of 29,581 tests per 1 million people. 	 On February 2020, authorities implemented the "National Contingency Plan to Manage the Pandemic". On 21 March 2020, the second case had flown in from Porto and was also under observation in Luanda. On 15 April 2020, it was reported that the 2582 people detained in Luanda under the State of Emergency have now been returned to the Zaire Province. As of 24 June 2020, Angola has announced their cooperation with other partner countries in contact tracing individuals with COVID-19. As of May 2020, the government announced that contact tracing largely falls on authorities where once a case is detected they attempt to search for possible additional cases based on information given by original patient. 	 On 2 March 2021, 624 thousand Oxford vaccines received from COVAX. On 3 March 2021, Sputnik V vaccine approved. On 8 March 2021, first doses of COVID-19 vaccine administered to health workers. The elderly will be next, following them will be the individuals who have diseases then for the rest of the population. On 12 May 2021, Sputnik light vaccine approved. On 10 June 2021, One million doses administered in Angola. On 26 September 2021, Angola receives 464,090 doses of the Pfizer-BioNTech vaccine donated by the United States.



Angola

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Global Governmental Response to COVID-19 in accordance to the World Health Organization Guidelines: Angola.