



United States Department of State

Washington, D.C. 20520

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May 7, 2019

**ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE;
COORDINATOR OF THE UNITED STATES GOVERNMENT
ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL
REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY**

SUBJECT: Angola Country Operational Plan 2019 Approval

Recommendations

Approve the Angola Country Operational Plan (COP) 2019 with a total budget of \$10,000,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Angola	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	5,333,668	4,666,332	10,000,000
COP 19 Bilateral	5,333,668	4,666,332	10,000,000
Central TLS Funds	-	-	-

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019.

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$10,000,000. **Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add

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additional funding to mechanisms and partners for execution in FY 2020– must be submitted to and approved by S/GAC.

Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

Approve access for the Angola PEPFAR program of up to \$400,000 in central funding for the procurement of condoms and lubricants.

Angola must fully achieve approved COP 2018 (FY 2019) treatment current (TX_CURR) targets in order to execute the COP 2019 strategy. Suboptimal COP 2018 performance jeopardizes COP 2019 funding and may result in updates to this approval and a decrease to the COP 2019 funding.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders, and implementing partners in Johannesburg, South Africa during the March 11-15, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Angola’s virtual COP 2019 approval with Ambassador Birx on May 7, 2019.

Program Summary

Funding and targets for Angola’s Country Operational Plan 2019 support PEPFAR Angola’s vision to identify over 80% of pregnant women living with HIV in four focal provinces, initiate them on lifelong treatment to prevent transmission to their infants, and provide testing and treatment for their families and partners as part of the Angola “Born Free to Shine” initiative. Launched by First Lady Ana Afonso Dias Lourenço on World AIDS Day 2018, Angola’s “Born Free to Shine” initiative aims to reduce pediatric HIV infections by more than 60% and treat 100% of HIV-positive pregnant women by 2022.

The Government of the Republic of Angola (GRA) commenced this initiative as part of a broader movement by the Organization of African First Ladies Against HIV/AIDS (OAFLA) and the African Union (AU) to end childhood AIDS by 2030 while keeping mothers healthy and on lifelong treatment. The GRA has prioritized eight provinces for the first year of its initiative. In COP 2019, PEPFAR Angola

will provide technical assistance (TA) to develop plans for the prevention of mother-to-child transmission (PMTCT) of HIV in four of these eight provinces. This TA will include: the development of training curricula and job aids for healthcare workers; modernizing health information systems and supply chain planning; improving service delivery through targeted HIV testing and case-finding focusing on index and self-testing; updated antiretroviral therapy (ART) regimens; multi-month dispensing of antiretrovirals (ARVs); forecasting and quantification of tuberculosis preventative treatment (TPT); and improved monitoring of viral load (VL) of patients on ART.

Until recently, political will and the policy environment in Angola were two of the greatest barriers restricting potential acceleration toward epidemic control; many key policies were written but not implemented across the cascade of care in most clinical sites. However, the World AIDS Day 2018 launch of the First Lady's "Born Free to Shine" initiative has catalyzed GRA commitment to combatting HIV in Angola and to double government healthcare spending from 3.4% to nearly 7% of the GRA's budget. Building on this renewed commitment by the GRA and the PMTCT platform under the "Born Free to Shine" initiative, in PEPFAR's COP 2019 (FY 2020) strategy will transfer lessons learned from successful interventions executed over the past five years at nine sites in Luanda in addition to providing national-level, above-site TA on policy implementation.

The PEPFAR Angola strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, discussions with civil society and community organizations, and implementing partners. To meet PEPFAR minimum requirements, PEPFAR Angola will support the roll-out and widespread implementation of policies critical to achieving HIV epidemic control in Angola. PEPFAR Angola will work with the GRA to address barriers to nationwide implementation of Test and Start. Using the PMTCT program as a starting point, PEPFAR Angola will work with the GRA at the national level to develop robust index-testing policies and standard operating procedures. This will include the adaptation of best practices learned from index testing of female sex workers in Luanda in order to train healthcare workers to serve high-risk pregnant women and use the PMTCT platform to expand self-testing beyond key populations. For index testing, HIV-positive pregnant women will serve as the index clients, initiating testing of her biological children and sexual partners, allowing complete family units to be placed on treatment.

Modernized ARV regimens and the provision of multi-month scripting (MMS) for stable patients have been shown to improve treatment adherence and retention of

people living with HIV (PLHIV). Approval of tenofovir/lamivudine/dolutegravir (TLD) as the preferred first-line ART regimen, including for women of childbearing potential, remains the largest outstanding policy barrier in Angola. Starting in FY 2019 and continuing into FY 2020 with COP 2019 funding, PEPFAR Angola will provide TA to support optimization of ARV regimens, including registration, forecasting, rolling out TLD as the preferred first-line ART regimen; and immediate elimination of regimens containing nevirapine. TA from PEPFAR to improve supply chain security and forecasting will allow wider implementation of MMS in Angola. Transfer of lessons learned from the nine PEPFAR-supported facilities in Luanda to the PMTCT activities and the broader MoH platform will be leveraged for supporting expansion of MMS (3 months or longer) in Angola. PEPFAR will also provide TA to improve the implementation of the national TPT policy, as part of a comprehensive HIV clinical package and the forecasting and quantification of TPT commodities.

PEPFAR will also work with the GRA to improve their District Health Management System (DHIS2) platform for HIV and antenatal clinic reporting and to integrate archived data. This programming will strengthen the national health information system, allowing for closer monitoring of patients, evaluation of programs, and providing consistent surveillance data for program planning. As this capacity is built and expanded to include broader electronic health systems, the eventual application of unique patient identifiers will be discussed with the GRA for inclusion in COP 2020 for implementation in FY 2021.

VL suppression is critical to attaining epidemic control and for successful PMTCT; PEPFAR has thus prioritized VL testing in FY 2020. Currently there is poor patient access to laboratory testing and inadequate laboratory capacity to optimize VL coverage, leading the MoH to request TA from PEPFAR to build VL capacity within the national laboratory system. During COP 2019, PEPFAR Angola will support the GRA in integrating centralized and POC VL testing and assist the MoH to strategically place high-volume VL platforms in all 18 provinces and create a reliable dried blood spot specimen transport system from facilities to the provincial labs.

Beyond the policy environment, Angola has an inadequate number of skilled nurses, community health workers, and other skilled healthcare providers to deliver quality health services, leading to an incomplete coverage of HIV testing and treatment services in ANC facilities for pregnant women. In FY 2020, PEPFAR Angola will provide the MoH with TA to develop train-the-trainer programs, checklists, and other job aids to improve HIV service delivery and implement the

full HIV cascade of care (prevention, testing, and treatment) at service delivery points in the four focal provinces. Together, these activities will improve the implementation of key policies for HIV testing and treatment across all of Angola, while specifically reducing mother-to-child transmission of HIV in four provinces, keeping mothers and their families healthy.

PEPFAR Angola is expected to ensure that the following minimum program and policy requirements continue or are in place by the beginning of COP 2019 implementation (FY 2020) for funds to be disbursed. The minimum requirements for PEPFAR Angola include: nationwide rollout of Test and Start; approved GRA policy for TLD transition, including elimination of nevirapine-based regimens; scale up of index testing; immediate linkage of at least 95% of clients from testing to treatment across age, sex, and risk groups; and policies in place for TB preventive treatment for all PLHIV. By the beginning of COP19, PEPFAR Angola and the GRA must validate the number of people currently on ART in the four PEPFAR focal provinces and report validated data through the government and PEPFAR systems and to multilateral organizations.

Funding Summary

All COP 2019 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

Angola	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	149,587	-	-	149,587	1,343,519	1,493,106
HHS TOTAL	3,362,140	-	401,250	3,763,390	1,874,853	5,638,243
HHS/CDC	3,362,140	-	401,250	3,763,390	1,874,853	5,638,243
USAID TOTAL	1,420,691	-	-	1,420,691	1,447,960	2,868,651
USAID, non-WCF	1,050,435	-	-	1,050,435	1,129,712	2,180,147
USAID, WCF	370,256	-	-	370,256	318,248	688,504
TOTAL	4,932,418	-	401,250	5,333,668	4,666,332	10,000,000

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

GHP-State Funds: Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the

approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlayed without written approval from the Global AIDS Coordinator.

FY 2020 Target Summary

FY 2019 funds are released and COP 2019 applied pipeline is approved to achieve the following results in FY 2020.

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Angola		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15					289	306
	15+					20,425	21,488
	Total	-	-	-	-	20,714	21,794
HTS_TST	<15					289	516
	15+					226,087	237,385
	Total	-	-	-	-	226,376	237,901
HTS_TST_POS	<15					87	102
	15+					11,587	12,272
	Total	-	-	-	-	11,674	12,374
TX_NEW	<15					105	113
	15+					7,278	8,079
	Total	-	-	-	-	7,383	8,192
TX_CURR	<15					1,205	1,205
	15+					32,576	43,367
	Total	-	-	-	-	33,781	44,572
TX_PVLS	<15					313	394
	15+					8,125	10,743
	Total	-	-	-	-	8,438	11,137
CXCA_SCRN	Total (15+)					-	-
OVC_SERV	<18					-	-
	18+					-	-
	Total	-	-	-	-	-	-
OVC_HIVSTAT	Total (<18)					-	-
PMTCT_STAT	<15					-	-
	15+					208,311	208,311
	Total	-	-	-	-	208,311	208,311
PMTCT_STAT_POS	<15					-	-
	15+					8,110	8,110
	Total	-	-	-	-	8,110	8,110
PMTCT_ART	<15					-	-
	15+					7,705	7,705
	Total	-	-	-	-	7,705	7,705
PMTCT_EID	Total					-	-
PP_PREV	<15					-	215
	15+					-	21,262
	Total	-	-	-	-	-	21,477
KP_PREV	Total					-	-
KP_MAT	Total					-	-
VMMC_CIRC	<15					-	-
	15+					-	-
	Total	-	-	-	-	-	-
HTS_SELF	Total					-	-
PrEP_NEW	Total					-	-
PrEP_CURR	Total					-	-
TB_STAT (N)	<15					-	61
	15+					-	895
	Total	-	-	-	-	-	956
TB_ART (N)	<15					-	68
	15+					-	317
	Total	-	-	-	-	-	385
TB_PREV (N)	<15					1,082	1,101
	15+					29,478	29,739
	Total	-	-	-	-	30,560	30,840
TX_TB (N)	<15					1,271	1,489
	15+					34,678	41,768
	Total	-	-	-	-	35,949	43,257
GEND_GBV	Total					-	-

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Budgetary Requirements

Angola has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	1,244,070
HKID Requirement	-
Preventing and Responding to Gender-based Violence	-
Water	-

* Does not include central funds

Partner Management and Stakeholder Engagement

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner found not to be on track to achieve 80% of its approved targets or outcomes by the end of the second quarter must be placed on an improvement plan with clear benchmarks to measure improvement. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement. This continued engagement will ensure all parties' understanding of Angola's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.