

Approved



**Angola**  
**Country Operational Plan**  
**FY 2014**

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.



## Operating Unit Overview

### OU Executive Summary

#### COUNTRY CONTEXT

In the twelve years since the end of its three decade long civil war, Angola has made impressive development gains. One of the fastest growing economies in the world, the country is focused on reducing social disparities and on improving access to health care and education. In pursuing these objectives, the Government of Angola has developed a National Development Plan, one which it is implementing across all sectors, including the health sector. The 2012-2025 National Health Development Plan is the country's first comprehensive long term strategy to assure access to basic health care for all Angolans.

The Government of Angola is fully funding its development strategies without significant investment from international development partners. More than one-third of the Government's \$66 billion budget in 2013 was dedicated to social programs. In the health sector alone, the Government doubled its resource commitment from 2012 to 2013 reaching \$3.6 billion in 2013, an increase of 289 percent since 2009. Much of this funding is intended to double the number of health facilities and technical staff in the provinces.

Angola believes so much in these plans that it ran a fiscal deficit for the first time in 2013. To ensure adequate funding was available to scale up these programs, including its HIV/AIDS program, the National AIDS Institute (INLS) and the Ministry of Health (MINSa) issued a new Acceleration Plan in 2014 to speed up progress towards its 2015 Millennium Development Goals for HIV/AIDS.

Angola's government is committed to reversing the epidemic in Angola. After a meeting with UNAIDS Executive Director Michael Sidibe in October 2013, President dos Santos issued a public commitment for the Government's HIV/AIDS program to ensure that 'no baby is born with HIV and every Angolan living with HIV has access to treatment by 2015.' As a result, the Acceleration Plan makes bold commitments to ensure that 90 percent of pregnant women who are HIV+ have access to treatment, and that 90 percent of all HIV+ persons eligible for treatment have access to Anti-Retroviral Therapy (ART). Angola's new HIV/AIDS strategy (PEN V) is also in the final stages of development. It is expected that the PEN V will move beyond the clinical approach employed historically by INLS to expand focus on strategic information (SI) and key populations (KPs, ie commercial sex workers or CSWs, men who have sex with men or MSM, and transgender individuals or TI).



While the Acceleration Plan and other HIV-related targets may not be met by 2015, the INLS and MINSA are taking significant actions to rapidly increase their HIV/AIDS response. INLS rolled out Option B+ in early 2014 to enroll all HIV+ mothers on lifelong ART regardless of CD4 count. Authorities also changed testing policy for pregnant mothers, implementing an 'opt out' protocol which has substantially increased testing. In recent years, MINSA is increasing the number of anti-retroviral treatment (ART) sites through integrating them with ante-natal care (ANC) facilities. PEPFAR has been a key advisor to these policy changes. According to the South African Centre for Epidemiological Modeling and Analysis, universal treatment is contingent upon all persons living with HIV (PLHIV) being enrolled and retained on ART which, if implemented correctly, should eliminate HIV transmission and AIDS related deaths by 2022.

The Government of Angola recognizes that human resource capacity development is a key challenge to implementation of its ambitious development plans. Yet human capacity cannot simply be procured like buildings or medicines; it must be developed over time and through partnership. At present Angola's HIV/AIDS services are of varied quality, as most health facility workers are inexperienced and lack proper training. As a result of Angola's prolonged civil war (1975 – 2002), numeracy and literacy challenges abound in the provinces, complicating data collection, reporting, and decision-making at the central level. Of the Government's sizable health sector budget, 60 percent is directly allocated to municipal administrations, where financial and administrative capacity challenges are most profound. Consequently, health expenditure rates range only between 70 to 80 percent, which indicates continued administrative challenges in the overall health system and the country's HIV/AIDS program. Inefficient planning and poor execution of procurement processes also lead to prolonged periods of HIV/AIDS-related commodity stock-outs.

HIV/AIDS awareness is still limited in Angola. Stigma and discrimination remain serious problems and deter Angolans from accessing HIV/AIDS services. The early post-war response to the HIV/AIDS epidemic was largely built on a medical model, and priority was given to rebuilding health infrastructure. Because the HIV prevalence rate was low, many community-oriented, demand creation and de-stigmatization programs that were commonplace in most Sub-Saharan African countries over the past fifteen years were not implemented in Angola. Hence KP studies and programs were not implemented because they were considered to be too sensitive, despite the support of INLS.

## EPIDEMIOLOGY

Angola's demographic and epidemiological profile is not well understood. Current population estimates for Angola's 18 provinces and 167 municipalities are based on a 1976 census. Angola recognized the importance of obtaining accurate data on its population and their needs, and in a positive step forward they conducted a national census in May 2014. Preliminary data from this census should be released in



late 2014. The census data will confirm Angola's population, which is currently estimated to be 21 million with 30 percent of the population living in the capital, Luanda. It will also constitute baseline data for population sampling, necessary to conduct population-based surveys, including those needed for HIV/AIDS. Currently, national level HIV-related data in Angola is limited to surveillance in pregnant women and to modeled Spectrum data. HIV prevalence for adults (15-49 years old) is estimated at 2.35 percent in Angola. Approximately 223,350 adults and 29,103 children are living with HIV/AIDS. Estimates indicate that 53 percent (118,476) of people living with HIV/AIDS are in need of ART.

HIV prevalence in pregnant women has remained stable between 2.4 percent in 2002 to 3 percent in 2011. Despite having a policy that guarantees that all pregnant women are treated during pregnancy, only half of pregnant women are tested for HIV, and half of those who test positive are treated. Thus, of the estimated 1,181,156 pregnant women in 2013, 41.6 percent were tested for HIV, and of those 11,372 HIV+ pregnant women, 52 percent or 5,942 initiated ART.

Angola mapped ANC coverage, ART coverage, HIV testing, and HIV prevalence to determine priority geographic areas for the Acceleration Plan. The Government prioritized provinces based on those with the highest HIV prevalence rates. The Government's priority provinces include: Bie (5.8 percent), Kwando Kubango (5.6 percent), Lunda Norte (5.1 percent), Cunene (4.7 percent) and Benguela (4.2 percent).

HIV testing has doubled over the past three years, from 500,000 in 2011 to nearly 1 million in 2013. Consequently, reported cases of HIV have increased from approximately 24,000 in 2011 to over 45,000 in 2013, which is likely attributable to increased HIV testing and improved case reporting. The majority of newly reported cases are transmitted heterosexually (79 percent). Vertical transmission (MTCT) accounts for approximately 6 percent of new cases. Blood transfusions account for 0.5 percent of all reported cases.

The main KPs in Angola are sex workers (SWs) and men who have sex with men (MSM). Very little data is available on MSM and SWs in Angola. A 2011 behavioral & serological survey conducted among men who have sex with men in Luanda estimated the MSM population size for Luanda at 6,236 with an adjusted HIV prevalence at 3.8 percent. Fifty percent of participants identified themselves as bisexual, 25 percent as MSM, and 18 percent homosexual/gay. Additionally 37 percent reported having participated in commercial sex with men, women, or transvestites (often concurrently). Based on the information above, it is easy to see how HIV could be transmitted from MSMs to the general population. The study also reported that only 38 percent of this high-risk group had ever tested for HIV. Nearly half the participants (46 percent) reported experiencing homophobia (physically attacked, offended or discriminated against) and 25 percent reported being physically forced to have sex against their will.



In reference to SWs, a biological/behavioral surveillance survey (BBSS) conducted in 2009 examined transactional sex among 500 women (aged 15-25 years old) living in a town bordering Namibia in Angola. It found that 8.5 percent of the participants were positive for HIV while 3.4 percent tested positive for syphilis. Nearly half (46 percent) reported never having an HIV test, half reported having at least one partner in the last year who was more than 10 years older, and 76.5 percent reported having concurrent relationships in their last partnership. A third of the young women reported being forced to have sex against their will at some point in their lives, and 16 percent reported being beaten by a sexual partner in the last year.

## REVISED STRATEGY

Given Angola's rising leadership in managing its HIV/AIDS program, its challenges on the ground with capacity, and PEPFAR's finite resources in country, PEPFAR Angola has realigned its program to more effectively support Angolan efforts to save lives and avert new infections. PEPFAR Angola will follow a technical assistance 'co-financing' model, and as such, no PEPFAR resources are used for direct service delivery. Instead, PEPFAR Angola will provide training, mentoring, and technical assistance to improve all areas for the continuum of care in select, high impact sites of Luanda, Bie and Benguela. This revised approach was the result of negotiations with the Office of the Global AIDS Coordinator (OGAC) in August 2014.

The USG realizes that it cannot engage in all areas of need. In order to better support a continuum of care in the highest priority sites of Luanda, Bie and Benguela, PEPFAR Angola will phase out the following programs. The blood safety program and the Field Epidemiology and Lab Training Program (FELTP) will be transitioned over the next year from CDC to the Government of Angola, who will take full ownership of the programs in 2016. For social marketing of condoms, the USG has determined that a market for condoms now exists and USG support is no longer needed. For sustainable finance, PEPFAR Angola is choosing not to engage in this area, as other USG programs provide support to finance counterparts to strengthen budgetary decision making and oversight protocols.

## STRATEGIC INFORMATION

Under this realigned approach, PEPFAR Angola will focus COP 14 resources on SI because having reliable and objective data is key to understanding HIV/AIDS trends in Angola, and is required to strengthen evidence-based decision making and resource allocation. The USG will work with Angolan counterparts to: obtain baseline information at clinical sites; monitor clinical quality and surveillance through the new Strategic Information Management System (SIMS); conduct special surveys among key



populations; and plan for a Demographic Health Survey with serological data (DHS+). Obtaining accurate baseline information will demonstrate the degree to which INLS and PEPFAR interventions have been effective, and will strengthen Angolan institutional capacity to conduct baseline analysis on its own. The new SIMS protocol will allow PEPFAR to work alongside the Angolan government to improve the quality of clinical services at the point of care. KP estimation and integrated behavioral/biological surveys (IBBSS) will provide INLS and MINSA with information on the impact of KPs to the overall epidemic, which will better inform INLS programming. Because the Angolan government conducted a population census in May 2014 (the country's first census since 1976) the government now has the proper survey framework in place to execute a much-needed DHS+. Additional COP 14 resources will be used to plan a DHS+ with the Angolan Government and the UN agencies to be executed in FY 2016.

## KEY POPULATIONS

KPs in Angola must be better linked throughout the continuum of care if Angola is to reach universal ART coverage. The Government has only recently recognized the important of KP programming, and as such there is substantial need to build the capacity of civil society organizations (CSOs) and health care workers to ensure KPs are targeted, supported and monitored appropriately. The USG will train, supervise and monitor KP activities in the target high yield sites of Luanda, Bie and Benguela to more effectively link KPs throughout the clinical cascade. As trust and confidence in a known network of health providers develops, more KPs will get tested, enroll in care, and adhere to treatment. PEPFAR Angola will also work with INLS to develop guidelines and a SI framework to standardize work with KPs. PEPFAR Angola will also help CSOs to address stigma and discrimination at the clinic and community level. The USG will conduct at least two (biological and behavioral surveillance surveys (BBSS) with size estimations among key populations in priority provinces.

## DIAGNOSTICS & LAB

As more women are put on lifelong treatment under Option B+, laboratory diagnostics and quality on testing must be go beyond rapid testing to ensure that those infected with HIV are properly identified before they go on treatment. Angola currently does not conduct PCR (polymerase chain reaction) diagnostics for HIV confirmatory testing. Therefore, the USG will assist the Angolan government in strengthening laboratories in Angola to ensure quality systems are in place to for accuracy of HIV testing. Poor performing laboratories and/or those doing little HIV work will no longer be part of PEPFAR's lab strengthening efforts. A new cohort of HIV labs will be enrolled in CDC's laboratory quality improvement initiative and training will be conducted in viral load testing, CD4 testing, and PCR diagnostics.

## PMTCT & EID



While Angola has made good progress on PMTCT in recent years, far more is needed if Acceleration Plan targets for pregnant women and children are to be achieved. PEPFAR Angola will scale-up its successful Patient Assistant Facilitator (PAF) model in the high-impact sites of Luanda, Bie and Benguela to improve uptake and retention of HIV/AIDS services and ART throughout the continuum of care. With the roll-out of Option B+ in 2014, PEPFAR Angola will train trainers in task shifting, and will support the adoption of these skills and techniques in practice through routine site supervision. PEPFAR Angola will improve clinical performance through the scale-up of training, supervision, and monitoring of quality standards and tools in Bie, Benguela and Luanda. PEPFAR Angola will continue to expand facility-level HIV data collection, analysis, and reporting.

Meanwhile, early diagnosis of HIV infection in infants is essential to reduce morbidity and mortality in HIV+ children. The MTCT rate in Angola is one of the highest in Africa and was estimated at 30 percent in 2012, and few HIV exposed infants were tested (7 percent). Without testing, it is not possible to initiate early treatment of ART and save lives of HIV+ infants and children. PEPFAR Angola will expand on its PMTCT protocol by providing training in EID. The USG will assist the Government in training nurses in EID at high-yield PMTCT sites to include dried blood spot collection, storage, and transportation of specimens. PEPFAR Angola will also work with Angolan counterparts to strengthen facility capacity to identify HIV exposed infants and to increase early HIV testing in communities.

#### DONOR COORDINATION

The USG, through PEPFAR, is the only bilateral donor significantly active in HIV/AIDS programming in Angola. The UN agencies (WHO, UNICEF, UNAIDS) program approximately \$1 million annually in HIV/AIDS, largely for policy advice and reporting. The European Union and the World Bank provide health system strengthening programs at provincial and central levels with the objective to improve the quality of and access to health services at large.

Many large international and domestic corporations run HIV programs for their workforce and for general awareness building, but their efforts are largely vertical, and are not well coordinated. Many but not all of these companies are part of a HIV/AIDS forum of 23 corporations (CEC), assembled to better coordinate HIV/AIDS workforce programs, but until now, such efforts have not been integrated into the national HIV/AIDS program. PEPFAR will strengthen coordination of CEC by playing a leading role in operationalizing CEC's terms of reference through a public-private partnership approved by OGAC.

The Global Fund is the other primary HIV/AIDS partner in Angola. However, its current grant (AGO-405-G03-H) expires in September 2014. Total Global Fund disbursements for Angola have





approached \$80 million since 2005 and have focused on technical areas throughout the clinical cascade, with an emphasis on supply chain and treatment. However, Angola will not receive a 2015 Global Fund grant due to delays in submitting a concept note for the new funding mechanism. Angola is preparing to submit concept notes in January 2015 for all three Global Fund program areas (malaria, TB, and HIV/AIDS), but an anticipated gap in commodities and technical assistance is envisioned until at least July 2015. To keep pace with the Acceleration Plan, the Government will have to procure all of its ART program in the interim, and most likely indefinitely as the Global Fund's 'New Funding Model' for Angola will unlikely support ART procurement in the future.

## CONCLUSION

The U.S. is Angola's primary partner in HIV/AIDS, and as such, Angolans rely heavily on the training, mentoring and advising provided by PEPFAR. With a refocused program in target geographic areas (Luanda, Bie and Benguela), PEPFAR Angola will better support Angolan counterparts to: implement the country's Acceleration Plan; deliver high-quality services without stigma and discrimination; and use data more effectively to monitor the epidemic and guide decision making. By making this pivot, PEPFAR's finite resources will have a catalytic impact on the Angolan Government's HIV/AIDS program, and will thus improve the entire continuum of HIV/AIDS care. As a result, PEPFAR Angola's results will help counterparts to demonstrably save more lives, avert new infections, and contribute to an AIDS-free generation

## COUNTRY CONTEXT

In the twelve years since the end of its three decade long civil war, Angola has made impressive development gains. One of the fastest growing economies in the world, the country is focused on reducing social disparities and on improving access to health care and education. In pursuing these objectives, the Government of Angola has developed a National Development Plan, one which it is implementing across all sectors, including the health sector. The 2012-2025 National Health Development Plan is the country's first comprehensive long term strategy to assure access to basic health care for all Angolans.

The Government of Angola is fully funding its development strategies without significant investment from international development partners. More than one-third of the Government's \$66 billion budget in 2013 was dedicated to social programs. In the health sector alone, the Government doubled its resource commitment from 2012 to 2013 reaching \$3.6 billion in 2013, an increase of 289 percent since 2009. Much of this funding is intended to double the number of health facilities and technical staff in the provinces.

Angola believes so much in these plans that it ran a fiscal deficit for the first time in 2013. To ensure





adequate funding was available to scale up these programs, including its HIV/AIDS program, the National AIDS Institute (INLS) and the Ministry of Health (MINSA) issued a new Acceleration Plan in 2014 to speed up progress towards its 2015 Millennium Development Goals for HIV/AIDS.

Angola's government is committed to reversing the epidemic in Angola. After a meeting with UNAIDS Executive Director Michael Sidibe in October 2013, President dos Santos issued a public commitment for the Government's HIV/AIDS program to ensure that 'no baby is born with HIV and every Angolan living with HIV has access to treatment by 2015.' As a result, the Acceleration Plan makes bold commitments to ensure that 90 percent of pregnant women who are HIV+ have access to treatment, and that 90 percent of all HIV+ persons eligible for treatment have access to Anti-Retroviral Therapy (ART). Angola's new HIV/AIDS strategy (PEN V) is also in the final stages of development. It is expected that the PEN V will move beyond the clinical approach employed historically by INLS to expand focus on strategic information (SI) and key populations (KPs, ie commercial sex workers or CSWs, men who have sex with men or MSM, and transgender individuals or TI).

While the Acceleration Plan and other HIV-related targets may not be met by 2015, the INLS and MINSA are taking significant actions to rapidly increase their HIV/AIDS response. INLS rolled out Option B+ in early 2014 to enroll all HIV+ mothers on lifelong ART regardless of CD4 count. Authorities also changed testing policy for pregnant mothers, implementing an 'opt out' protocol which has substantially increased testing. In recent years, MINSA is increasing the number of anti-retroviral treatment (ART) sites through integrating them with ante-natal care (ANC) facilities. PEPFAR has been a key advisor to these policy changes. According to the South African Centre for Epidemiological Modeling and Analysis, universal treatment is contingent upon all persons living with HIV (PLHIV) being enrolled and retained on ART which, if implemented correctly, should eliminate HIV transmission and AIDS related deaths by 2022.

The Government of Angola recognizes that human resource capacity development is a key challenge to implementation of its ambitious development plans. Yet human capacity cannot simply be procured like buildings or medicines; it must be developed over time and through partnership. At present Angola's HIV/AIDS services are of varied quality, as most health facility workers are inexperienced and lack proper training. As a result of Angola's prolonged civil war (1975 – 2002), numeracy and literacy challenges abound in the provinces, complicating data collection, reporting, and decision-making at the central level. Of the Government's sizable health sector budget, 60 percent is directly allocated to municipal administrations, where financial and administrative capacity challenges are most profound. Consequently, health expenditure rates range only between 70 to 80 percent, which indicates continued administrative challenges in the overall health system and the country's HIV/AIDS program. Inefficient planning and poor execution of procurement processes also lead to prolonged periods of HIV/AIDS-related commodity stock-outs.



HIV/AIDS awareness is still limited in Angola. Stigma and discrimination remain serious problems and deter Angolans from accessing HIV/AIDS services. The early post-war response to the HIV/AIDS epidemic was largely built on a medical model, and priority was given to rebuilding health infrastructure. Because the HIV prevalence rate was low, many community-oriented, demand creation and de-stigmatization programs that were commonplace in most Sub-Saharan African countries over the past fifteen years were not implemented in Angola. Hence KP studies and programs were not implemented because they were considered to be too sensitive, despite the support of INLS.

## EPIDEMIOLOGY

Angola's demographic and epidemiological profile is not well understood. Current population estimates for Angola's 18 provinces and 167 municipalities are based on a 1976 census. Angola recognized the importance of obtaining accurate data on its population and their needs, and in a positive step forward they conducted a national census in May 2014. Preliminary data from this census should be released in late 2014. The census data will confirm Angola's population, which is currently estimated to be 21 million with 30 percent of the population living in the capital, Luanda. It will also constitute baseline data for population sampling, necessary to conduct population-based surveys, including those needed for HIV/AIDS. Currently, national level HIV-related data in Angola is limited to surveillance in pregnant women and to modeled Spectrum data. HIV prevalence for adults (15-49 years old) is estimated at 2.35 percent in Angola. Approximately 223,350 adults and 29,103 children are living with HIV/AIDS. Estimates indicate that 53 percent (118,476) of people living with HIV/AIDS are in need of ART.

HIV prevalence in pregnant women has remained stable between 2.4 percent in 2002 to 3 percent in 2011. Despite having a policy that guarantees that all pregnant women are treated during pregnancy, only half of pregnant women are tested for HIV, and half of those who test positive are treated. Thus, of the estimated 1,181,156 pregnant women in 2013, 41.6 percent were tested for HIV, and of those 11,372 HIV+ pregnant women, 52 percent or 5,942 initiated ART.

Angola mapped ANC coverage, ART coverage, HIV testing, and HIV prevalence to determine priority geographic areas for the Acceleration Plan. The Government prioritized provinces based on those with the highest HIV prevalence rates. The Government's priority provinces include: Bie (5.8 percent), Kwando Kubango (5.6 percent), Lunda Norte (5.1 percent), Cunene (4.7 percent) and Benguela (4.2 percent).

HIV testing has doubled over the past three years, from 500,000 in 2011 to nearly 1 million in 2013. Consequently, reported cases of HIV have increased from approximately 24,000 in 2011 to over 45,000 in



2013, which is likely attributable to increased HIV testing and improved case reporting. The majority of newly reported cases are transmitted heterosexually (79 percent). Vertical transmission (MTCT) accounts for approximately 6 percent of new cases. Blood transfusions account for 0.5 percent of all reported cases.

The main KPs in Angola are sex workers (SWs) and men who have sex with men (MSM). Very little data is available on MSM and SWs in Angola. A 2011 behavioral & serological survey conducted among men who have sex with men in Luanda estimated the MSM population size for Luanda at 6,236 with an adjusted HIV prevalence at 3.8 percent. Fifty percent of participants identified themselves as bisexual, 25 percent as MSM, and 18 percent homosexual/gay. Additionally 37 percent reported having participated in commercial sex with men, women, or transvestites (often concurrently). Based on the information above, it is easy to see how HIV could be transmitted from MSMs to the general population. The study also reported that only 38 percent of this high-risk group had ever tested for HIV. Nearly half the participants (46 percent) reported experiencing homophobia (physically attacked, offended or discriminated against) and 25 percent reported being physically forced to have sex against their will.

In reference to SWs, a biological/behavioral surveillance survey (BBSS) conducted in 2009 examined transactional sex among 500 women (aged 15-25 years old) living in a town bordering Namibia in Angola. It found that 8.5 percent of the participants were positive for HIV while 3.4 percent tested positive for syphilis. Nearly half (46 percent) reported never having an HIV test, half reported having at least one partner in the last year who was more than 10 years older, and 76.5 percent reported having concurrent relationships in their last partnership. A third of the young women reported being forced to have sex against their will at some point in their lives, and 16 percent reported being beaten by a sexual partner in the last year.

## REVISED STRATEGY

Given Angola's rising leadership in managing its HIV/AIDS program, its challenges on the ground with capacity, and PEPFAR's finite resources in country, PEPFAR Angola has realigned its program to more effectively support Angolan efforts to save lives and avert new infections. PEPFAR Angola will follow a technical assistance 'co-financing' model, and as such, no PEPFAR resources are used for direct service delivery. Instead, PEPFAR Angola will provide training, mentoring, and technical assistance to improve all areas for the continuum of care in select, high impact sites of Luanda, Bie and Benguela. This revised approach was the result of negotiations with the Office of the Global AIDS Coordinator (OGAC) in August 2014.

The USG realizes that it cannot engage in all areas of need. In order to better support a continuum of



care in the highest priority sites of Luanda, Bie and Benguela, PEPFAR Angola will phase out the following programs. The blood safety program and the Field Epidemiology and Lab Training Program (FELTP) will be transitioned over the next year from CDC to the Government of Angola, who will take full ownership of the programs in 2016. For social marketing of condoms, the USG has determined that a market for condoms now exists and USG support is no longer needed. For sustainable finance, PEPFAR Angola is choosing not to engage in this area, as other USG programs provide support to finance counterparts to strengthen budgetary decision making and oversight protocols.

## STRATEGIC INFORMATION

Under this realigned approach, PEPFAR Angola will focus COP 14 resources on SI because having reliable and objective data is key to understanding HIV/AIDS trends in Angola, and is required to strengthen evidence-based decision making and resource allocation. The USG will work with Angolan counterparts to: obtain baseline information at clinical sites; monitor clinical quality and surveillance through the new Strategic Information Management System (SIMS); conduct special surveys among key populations; and plan for a Demographic Health Survey with serological data (DHS+). Obtaining accurate baseline information will demonstrate the degree to which INLS and PEPFAR interventions have been effective, and will strengthen Angolan institutional capacity to conduct baseline analysis on its own. The new SIMS protocol will allow PEPFAR to work alongside the Angolan government to improve the quality of clinical services at the point of care. KP estimation and integrated behavioral/biological surveys (IBBSS) will provide INLS and MINSA with information on the impact of KPs to the overall epidemic, which will better inform INLS programming. Because the Angolan government conducted a population census in May 2014 (the country's first census since 1976) the government now has the proper survey framework in place to execute a much-needed DHS+. Additional COP 14 resources will be used to plan a DHS+ with the Angolan Government and the UN agencies to be executed in FY 2016.

## KEY POPULATIONS

KPs in Angola must be better linked throughout the continuum of care if Angola is to reach universal ART coverage. The Government has only recently recognized the important of KP programming, and as such there is substantial need to build the capacity of civil society organizations (CSOs) and health care workers to ensure KPs are targeted, supported and monitored appropriately. The USG will train, supervise and monitor KP activities in the target high yield sites of Luanda, Bie and Benguela to more effectively link KPs throughout the clinical cascade. As trust and confidence in a known network of health providers develops, more KPs will get tested, enroll in care, and adhere to treatment. PEPFAR Angola will also work with INLS to develop guidelines and a SI framework to standardize work with KPs. PEPFAR Angola will also help CSOs to address stigma and discrimination at the clinic and community



level. The USG will conduct at least two (biological and behavioral surveillance surveys (BBSS) with size estimations among key populations in priority provinces.

#### DIAGNOSTICS & LAB

As more women are put on lifelong treatment under Option B+, laboratory diagnostics and quality on testing must be go beyond rapid testing to ensure that those infected with HIV are properly identified before they go on treatment. Angola currently does not conduct PCR (polymerase chain reaction) diagnostics for HIV confirmatory testing. Therefore, the USG will assist the Angolan government in strengthening laboratories in Angola to ensure quality systems are in place to for accuracy of HIV testing. Poor performing laboratories and/or those doing little HIV work will no longer be part of PEPFAR's lab strengthening efforts. A new cohort of HIV labs will be enrolled in CDC's laboratory quality improvement initiative and training will be conducted in viral load testing, CD4 testing, and PCR diagnostics.

#### PMTCT & EID

While Angola has made good progress on PMTCT in recent years, far more is needed if Acceleration Plan targets for pregnant women and children are to be achieved. PEPFAR Angola will scale-up its successful Patient Assistant Facilitator (PAF) model in the high-impact sites of Luanda, Bie and Benguela to improve uptake and retention of HIV/AIDS services and ART throughout the continuum of care. With the roll-out of Option B+ in 2014, PEPFAR Angola will train trainers in task shifting, and will support the adoption of these skills and techniques in practice through routine site supervision. PEPFAR Angola will improve clinical performance through the scale-up of training, supervision, and monitoring of quality standards and tools in Bie, Benguela and Luanda. PEPFAR Angola will continue to expand facility-level HIV data collection, analysis, and reporting.

Meanwhile, early diagnosis of HIV infection in infants is essential to reduce morbidity and mortality in HIV+ children. The MTCT rate in Angola is one of the highest in Africa and was estimated at 30 percent in 2012, and few HIV exposed infants were tested (7 percent). Without testing, it is not possible to initiate early treatment of ART and save lives of HIV+ infants and children. PEPFAR Angola will expand on its PMTCT protocol by providing training in EID. The USG will assist the Government in training nurses in EID at high-yield PMTCT sites to include dried blood spot collection, storage, and transportation of specimens. PEPFAR Angola will also work with Angolan counterparts to strengthen facility capacity to identify HIV exposed infants and to increase early HIV testing in communities.

#### DONOR COORDINATION



The USG, through PEPFAR, is the only bilateral donor significantly active in HIV/AIDS programming in Angola. The UN agencies (WHO, UNICEF, UNAIDS) program approximately \$1 million annually in HIV/AIDS, largely for policy advice and reporting. The European Union and the World Bank provide health system strengthening programs at provincial and central levels with the objective to improve the quality of and access to health services at large.

Many large international and domestic corporations run HIV programs for their workforce and for general awareness building, but their efforts are largely vertical, and are not well coordinated. Many but not all of these companies are part of a HIV/AIDS forum of 23 corporations (CEC), assembled to better coordinate HIV/AIDS workforce programs, but until now, such efforts have not been integrated into the national HIV/AIDS program. PEPFAR will strengthen coordination of CEC by playing a leading role in operationalizing CEC's terms of reference through a public-private partnership approved by OGAC.

The Global Fund is the other primary HIV/AIDS partner in Angola. However, its current grant (AGO-405-G03-H) expires in September 2014. Total Global Fund disbursements for Angola have approached \$80 million since 2005 and have focused on technical areas throughout the clinical cascade, with an emphasis on supply chain and treatment. However, Angola will not receive a 2015 Global Fund grant due to delays in submitting a concept note for the new funding mechanism. Angola is preparing to submit concept notes in January 2015 for all three Global Fund program areas (malaria, TB, and HIV/AIDS), but an anticipated gap in commodities and technical assistance is envisioned until at least July 2015. To keep pace with the Acceleration Plan, the Government will have to procure all of its ART program in the interim, and most likely indefinitely as the Global Fund's 'New Funding Model' for Angola will unlikely support ART procurement in the future.

## CONCLUSION

The U.S. is Angola's primary partner in HIV/AIDS, and as such, Angolans rely heavily on the training, mentoring and advising provided by PEPFAR. With a refocused program in target geographic areas (Luanda, Bie and Benguela), PEPFAR Angola will better support Angolan counterparts to: implement the country's Acceleration Plan; deliver high-quality services without stigma and discrimination; and use data more effectively to monitor the epidemic and guide decision making. By making this pivot, PEPFAR's finite resources will have a catalytic impact on the Angolan Government's HIV/AIDS program, and will thus improve the entire continuum of HIV/AIDS care. As a result, PEPFAR Angola's results will help counterparts to demonstrably save more lives, avert new infections, and contribute to an AIDS-free generation

Approved

