PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Angola

Country Operational Plan

COP 2020

Strategic Direction Summary

8 June 2020

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Acronym List

AGYW	Adolescent Girls and Young Women
ANASO	Angolan Network of AIDS Services Organization
ANC	Antenatal Clinic
ART	Antiretroviral Treatment
ARVs	Antiretroviral
ASCAM	Associação Solidariedade Cristã e Ajuda Mutua
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CLHIV	Children Living with HIV
CODB	Cost of Doing the U.S. government's PEPFAR Business
COP	Country Operational Plan
COVID-19	2019 novel Coronavirus
CSO	Civil Society Organizations
DBS	Dried blood spots
DHIS2	District Health Information System
DOD	Department of Defense
DoS	Department of State
DQA	Data Quality Assessment
DSD	Direct Service Delivery
ECD	Early Childhood Development
EHR	Electronic Health Records
EID	Early Infant Diagnosis
EMR	Electronic Medical Record System
eMTCT	Elimination of Mother to Child Transmission
FAST	Funding Allocation to Strategy Tool
FP	Family Planning
FSW	Female Sex Workers
FOJASSIDA	Fórum Juvenil de Apoio a Saúde e prevenção da SIDA
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GRA	Government of the Republic of Angola
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HMIS	Health Management Information System
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HSS	Health Systems Strengthening
INLS	Instituto Nacional de Luta Contra o SIDA (National AIDS Institute)
ICTT	Index Case Testing and Tracing
IP	Implementing Partner
IRIS	Associação Iris (not an acronym)
KP	Key Population
LMIS	Lab Management Information System
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex

LTFU	Lost to Follow-Up
M&E	Monitoring and Evaluation
MC	Male Circumcision
MCH	Maternal and Child Health
MMM	Mothers-to-Mothers Model
MMD	Multi-Month Dispensing
MoD	Ministry of Defense
MoH	Ministry of Health
MSM	Men who have Sex with Men
NVP	Nevirapine
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PITC	Provider-initiated Testing and Counseling
PLHIV	People Living with HIV
PMI	U.S. President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
POART	PEPFAR Oversight and Accountability Response
POC	Point of Care
QA	Quality Assurance
RTK	Rapid Test Kit
SABERS	Seroprevalence and Behavioral Epidemiological Risk Survey
SCMS	Supply Chain Management System
SDS	Strategic Direction Summary
SDV	Stigma, Discrimination, and Violence
SI	Strategic Information
SID	Sustainability Index and Dashboard
SIMS	Site Improvement through Monitoring System
SNU	Sub National Unit
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TBD	To Be Determined
TG	Transgender people
TLD	Tenofovir Lamivudine Dolutegravir
ToT	Training of Trainers
TPT	TB Preventive Therapy
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USG	U.S. Government
USDH	United States Direct Hire
VCT	Voluntary Counseling and Testing
VL	Viral Load
VLSM	Viral Load Sample Management
WHO	World Health Organization

1.0 Goal Statement

In COP20, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Angola program will continue implementing the family-focused prevention of mother-to-child transmission (PMTCT) approach developed in COP19. Historically, the Government of the Republic of Angola (GRA) has struggled to implement policies to improve the HIV cascade of care for people living with HIV (PLHIV). The country's First Lady, Ana Dias Lourenço, signed on to the African-Union-sponsored Born Free to Shine Initiative and has since become a vocal advocate for improving HIV care – particularly prevention of mother to child transmission (PMTCT) – in Angola. Her advocacy increased the Instituto Nacional de Luta Contra o SIDA's (INLS) (U.S. National AIDS Institute equivalent) focus on PMTCT, a binding site at which PEPFAR Angola has found increased political will to affect change and implement international norms throughout the cascade of care for PLHIV. PEPFAR Angola will continue to support INLS's increased efforts to identify HIV-positive women through an amplified focus on PMTCT at antenatal care (ANC) facilities across the country.

Angola has persistent challenges with linkage to care, poor retention, low viral load (VL) suppression rates, and a lack of VL testing availability outside of Luanda. There are significant policy barriers which prevent progress toward national epidemic control, including limited implementation of test and start and an outdated antiretroviral treatment (ART) regimen. In COP20, PEPFAR Angola will continue to use a layered and integrated approach to Technical Assistance (TA), with an increased focus on system sustainability and national policy implementation building on the political will galvanized through the Born Free to Shine initiative.

We will measure success by increased functionality and sub-national level use of the already-existing data collection platforms of District Health Information Software 2 (DHIS2) and the recently updated national monitoring and evaluation (M&E) tool. Implementation of national policies at all sub-national levels in the four PEPFAR priority provinces of Benguela, Cunene, Huambo, and Lunda Sul will act as a measure of our successful TA at the national and provincial levels. The GRA recently announced that the necessary policy update for a modernized ART regimen will be in place by the middle of fiscal year (FY) 2020 and PEPFAR Angola will provide TA for implementation of the new regimen at all levels throughout FY2021. We will also support expanded use of index case testing into the standard HIV cascade of care, and implementation of multi-month dispensing (MMD). Working toward viral load suppression (VLS) for PLHIV outside of Luanda requires more than implementation of the necessary policies. It also requires building capacity for viral load (VL) testing by creating a specimen transport system and maximizing the national HIV laboratory's use of existing testing platforms.

To be effective, new HIV policies also require availability of HIV-related commodities. In COP20, PEPFAR Angola will assist INLS with quantification, forecasting, supply chain planning, and distribution of key commodities from the national to the sub-national levels. We will provide TA to the GRA to assist with the goal of reducing stock outs of ART and testing supplies to 15% or less in our priority provinces (currently estimated at 34%). In facilities receiving TA from PEPFAR Angola, we expect to see at least 100% HIV testing coverage of pregnant women. We will expand targeted HIV testing through index case testing in all PEPFAR supported facilities. For each identified HIV-positive pregnant woman, we expect to test at least three additional individuals via index testing of her family. From there, we will continue index testing the sexual partners and children, as appropriate, of the original HIV-positive pregnant woman's contacts. We aim to link

all PLHIV we diagnose to ART and estimate that this could double the number of ART patients in some facilities.

As part of our strategy for sustainability and to ensure a holistic approach, PEPFAR Angola will engage with community organizations in the catchment areas of PEPFAR-supported facilities in order to target the unmet needs of women who do not access clinical services or are in need of support once they leave the clinic. This includes training individuals in the community to become Mentor Mothers, who will then mentor and assist patients through the cascade of care, thereby increasing linkage and retention. Working within the communities strengthens the family-focus nature of PMTCT prevention. With a nationwide average of more than 50% of women giving birth at home, it is critical to engage pregnant women at the community level, test and link them to the facility for further treatment.

As testing and treatment are expanded, PEPFAR Angola will continue to support INLS to improve the supply chain and management system through technical assistance in quantification, forecasting, supply chain planning, and distribution of commodities. We will also work to maximize facility-community integration by creatively implementing evidence-based interventions.

To reach these goals, PEPFAR Angola will continue to closely monitor implementing partner (IP) performance and cost to most efficiently deploy resources and maximize stakeholder input, including community and civil society engagement to ensure strategic and synergistic placement of resources.

2.0 Epidemic, Response, and Updates to Program Context

2.1 Summary Statistics, Disease Burden, and Country Profile

The Angolan Ministry of Health (MoH) is a hierarchical system consisting of three levels of health administration: national, provincial, and municipal. The national level includes Cabinets of the Minister and Secretaries of State, Support Boards, and Central Executive Boards. The provincial level is made up of Provincial Health Offices that depend administratively on provincial governments and receives technical guidance from the national level. Financial support for implementation comes from both national and provincial budgets. At the municipal level, the Municipal Health Directorates depend on the Municipal Administration for administration issues and implementation guidance comes from the provincial and national levels. INLS is the national governing body for HIV programming; INLS is under presidential supervision but functions within the MoH system.

Angola has an estimated population of 31,873,908 inhabitants (2020 Angolan National Institute of Statistics (INE) population projection data). Life expectancy at birth in Angola is 62.5 years (2020 INE population projection), far below the global average of 72.6 years. Angola has one of the highest birth rates in the world at 43.7/1,000 people and the infant mortality rate is 65.89 deaths/1,000 live births, 10th highest globally [Center for Intelligence Agency (CIA), 2018]. The Angolan population increases by approximately one million people each year.

Findings from the three most recent population-based HIV sero-surveillance studies, the Demographic and Health Survey (DHS), Integrated Bio-behavioral Surveillance Survey (IBBS), and the Seroprevalence and Behavioral Epidemiological Risk Survey (SABERS) confirm that the

HIV/AIDS epidemic in Angola is a low-level generalized, primarily heterosexually-driven epidemic (DHS+ in 2015/2016, IBBS in 2016, and SABERS in 2015). In 2015, PEPFAR Angola partnered with the GRA to conduct the first-ever nationwide DHS+ which captured nationally representative information on health behaviors and biomarkers, including HIV testing. DHS (2016) reported an overall HIV prevalence of 2.0% among adults aged 15 to 49 years in Angola; this translates to approximately 276,000 Angolans living with HIV. Prevalence among adult females aged 15-49 years is higher than among adult males (2.6% vs. 1.2%). HIV prevalence is not evenly distributed throughout the country; HIV prevalence is 1.9% in Luanda and is equal to or exceeds four percent in three provinces: Cunene (6.1%), Cuando Cubango (5.5%) and Moxico (4.0%). Of all adults living with HIV, 23% are on ART; of all children living with HIV, less than 12% are on ART, according to 2019 UNAIDS Spectrum estimates.

The 2016 IBBS obtained HIV and STI prevalence and size estimates for key populations (KP), and mapped hotspots among FSW, MSM, and transgender women in selected cities. Results for Luanda indicated that HIV prevalence is 7.8% among adult FSWs and 2.4% among MSM and TG. Results from this study also include Luanda KP size estimates of 35,064 for FSWs and 26,112 for MSM.

[REDACTED]

ANC seroprevalence surveys were conducted semi-annually from 2005 through 2013 and HIV prevalence among pregnant women was stable at 2-3% throughout the survey period. The 2013 ANC seroprevalence survey showed an overall HIV prevalence of 2.2% among women 15-49 years of age; 1.7% among women 15-24 years old. HIV prevalence is not evenly distributed throughout the country and 2013 ANC HIV prevalence among pregnant women exceeded four percent in five of 18 provinces (Benguela, Bie, Cunene, Cuando Cubango, and Lunda Norte). HIV prevalence among pregnant women living in urban areas was higher (2.6%) compared with those living in rural areas (2%). According to DHS data, only 37% of women with a live birth in the 2 years preceding the survey were counseled and tested for HIV and received their test results. DHS 2016 also revealed that less than half of all pregnant women needing HIV treatment to prevent mother-to-child transmission (MTCT) receive ART. Angola's MTCT rate is 21%, the second highest in the world according to the UNAIDS 2017 estimate; in 2018 INLS estimated MTCT at over 26%.

Angola is among the 22 highest TB burden countries in the world, and one of the highest TB burden African countries. In 2018, 70,362 cases of TB were registered in Angola and 44,998 TB patients were tested for HIV, for a testing rate of 64% of TB patients. Of those tested, 4,327 were HIV positive, for a positivity rate of 9.6%. Coinfection rates ranged from 3% in Kuanza Norte, Huila, and Malange to 36% in Cunene.

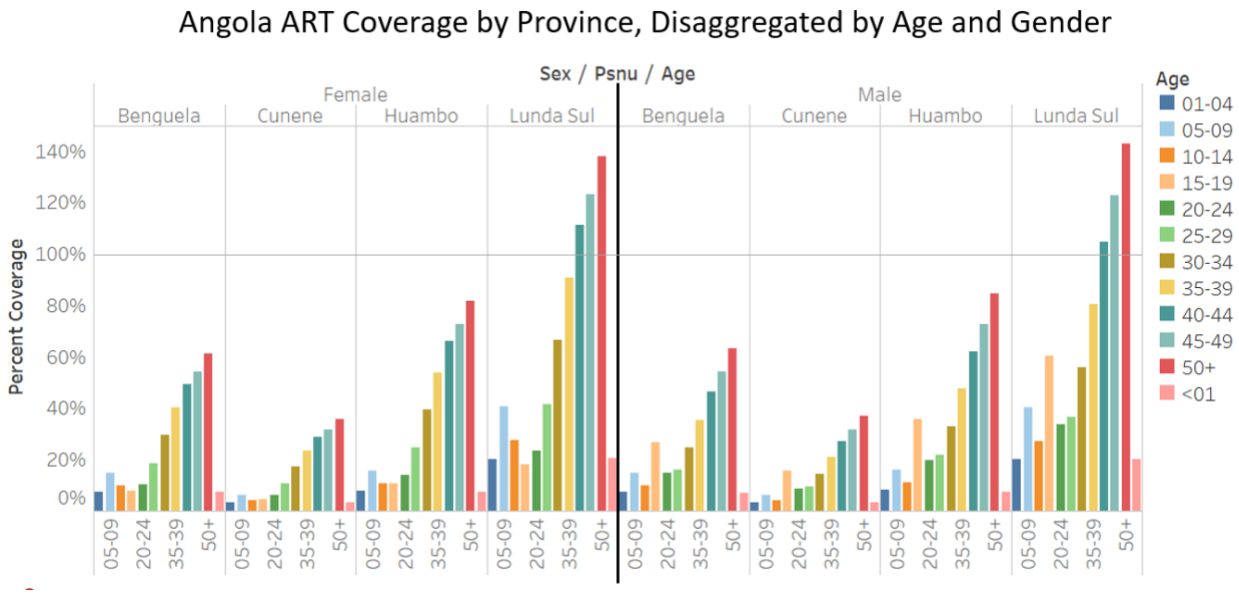
According to 2019 Spectrum estimates for Angola, 27,043 people were newly infected with HIV and 15,472 deaths were attributable to HIV. The AIDS-related mortality figure is likely largely underreported, due to constraints with mortality reporting across all causes. Table 2.1.2 (below) shows the cascade of HIV diagnosis, care, and treatment in Angola with an estimated total population ART coverage of 31%. In their most recent annual report (2018) INLS reported performing a total of 1,319,176 HIV tests, of which 3.5% were positive. Positive test yield was highest in children (5%) followed by adults (4.5%), and lowest among pregnant women (1.7%). Of those identified as HIV-positive, 22,830 initiated ART, of which 20,678 (91%) were adults and 2,152 (9%) were children.

Table 2.1.1 Host Country Government Results															
	Total		<15				15-24				25+				Source, Year
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%		%	N	%	N	%	
Total Population	31,873,908	100	7,381,769	23	7,442,517	23	3,129,689	10	3,063,917	10	5,601,730	17	5,254,283	16	Spectrum, 2019
HIV Prevalence (%)		2		-		-		1.1		0.7		3.78		1.6	DHS, 2016
AIDS Deaths (per year)	15,472		1,283		1,313		513		293		6,581		5,487		Spectrum, 2019
# PLHIV	293,677		11,925		12,121		33,814		15,839		127,571		92,406		Spectrum, 2019
Incidence Rate (Yr)		0.88		.23		.23		2.1		1.2		.96		.70	Spectrum, 2019
New Infections (Yr)	27,043														Spectrum, 2019
Annual births	1,267,542	100													Spectrum, 2019
% of Pregnant Women with at least one ANC visit	698,755	82	--	--			--	--			--	--			ANC program data, 2019 Spectrum, 2019
Pregnant women needing ARVs	19,734	--													Spectrum, 2019
Orphans (maternal, paternal, double)	214,989														Spectrum, 2019
Notified TB cases (Yr)	70,362		--		-		-		-		-		-		TB program data, 2018
% of TB cases that are HIV infected		9.6													TB program data, 2018
% of Males Circumcised		96			--	--			2,489	95			--	--	DHS, 2016
Estimated Population Size of MSM*	29,400	61													Place Study, 2016 (5 provinces)
MSM HIV Prevalence	1016	1.9													Place Study, 2016 (5 provinces)
Estimated Population Size of FSW	54,000	62													Place Study, 2016 (5 provinces)
FSW HIV Prevalence	1,879	7.8					---	---			---	---			Place Study, 2016 (5 provinces)
Estimated Population Size of PWID	Unknown	--													
PWID HIV Prevalence	Unknown	--													
Estimated Size of Priority Populations (military)	141,960	3.9	NA	-	NA	-	1,704	3.4	37,179	2.7	2,555	6.6	100,522	7.3	MoD Health Division 2017 Census; PEPFAR 2018 Program Data

Table 2.1.2 95-95-95 Cascade: HIV Diagnosis, Treatment, and Viral Suppression*										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	31,879,464**	2 (15-49)*	293,677**	--	91,318**	23.47**	--	153544~	9389~	6365~
Population <15 years	14,826,062**	0,95*	24,047**	--	5,112**	21**	--	16,320~	758~	500~
Men 15-24 years	3,064,391**	0,70*	15,839**	--	990**	8**	--	11,020~	214~	128~
Men 25+ years	6,635,584**	1,63*	92,406**	--	7156**	10**	--	35,702~	2829~	2082~
Women 15-24 years	3,130,184**	1,15*	33,814**	--	3355**	10**	--	34,511~	908~	579~
Women 25+ years	5,603,289**	3,78*	127,571**	--	19563**	18*	--	55,733~	4,659~	3076~
MSM	29,400 *** (5 provinces)	1.9***	462 *** (Luanda) ***	288***	--	--	--	--	--	--
FSW	54,000***	7.8***	2,542***	1,632***	--	--	--	--	--	--
PWID					--	--	--	--	--	--
Priority Pop (military)	141,960***	3.9%***	5,537***	4,259~~	3,593~~	84%~~	69%~~	-9,213~~*	899~~*	789~~*

Sources: *DHS 2015-2016 survey | ** Spectrum, 2019 | *** Surveys (PLACE study 2016 in 5 provinces of Angola SABERS 2016)
~ PEPFAR data as of Q3FY19 to Q1FY20 of 9 sites in Luanda in FY19 and 18 sites in four provinces | ~~ PEPFAR military data as of Q1FY20 of all 15 military sites across 6 provinces | ~~* PEPFAR military data from Q3FY19 to Q1FY20

Figure 2.1.3 Angola ART Coverage by Province, Disaggregated by Age and Gender*



*Note these are notional data. More precise data are forthcoming as the PEPFAR program is further implemented and more data are collected.

Figure 2.1.4 National and PEPFAR Trends for Individuals Currently on Treatment (Spectrum 2019 Estimate)

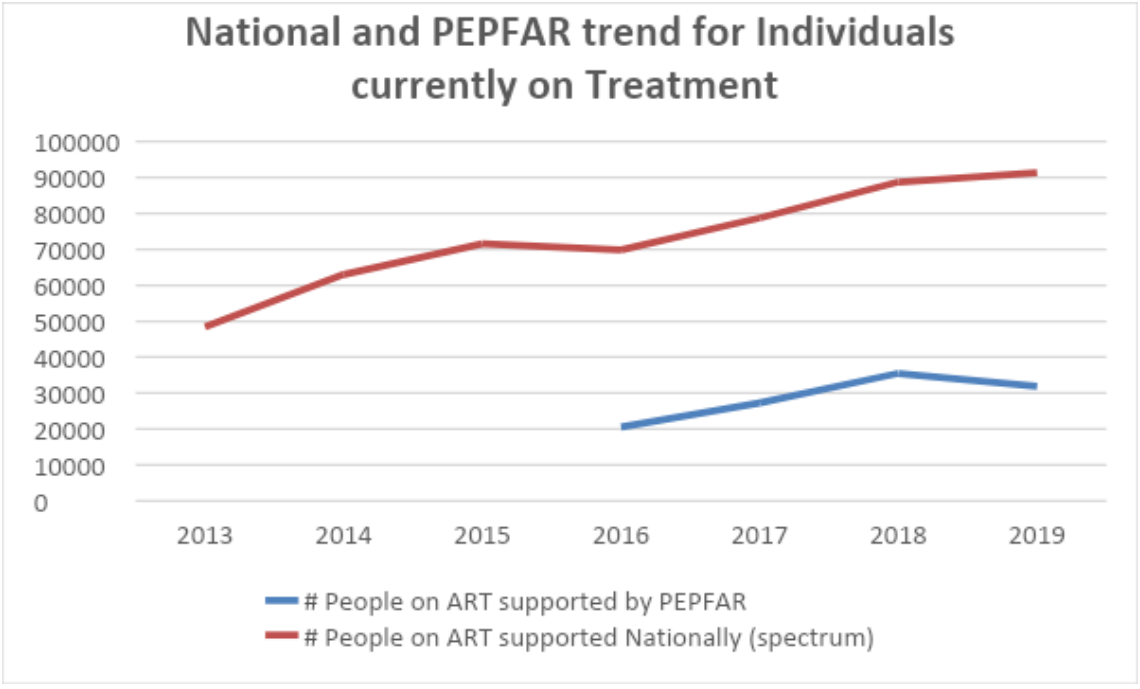
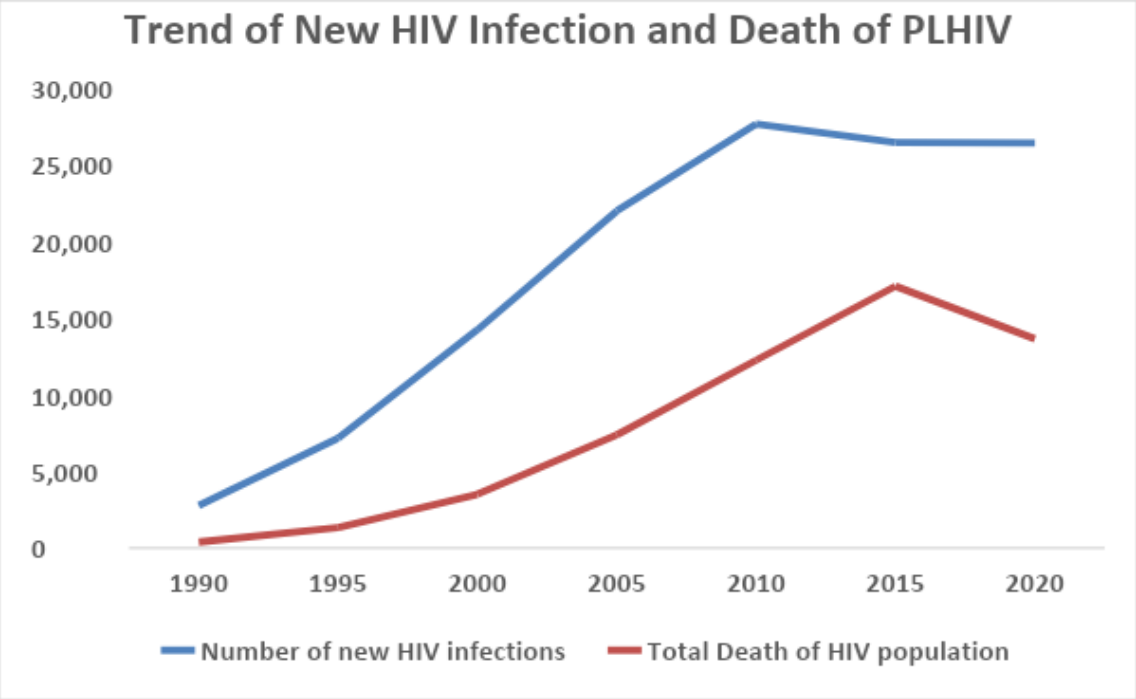


Figure 2.1.5 New Infections and All-Cause Mortality Among PLHIV (Spectrum 2019 Estimate)



2.2 New Activities and Areas of Focus for COP20, Including Focus on Client Retention

In COP20 PEPFAR Angola will increase efforts to identify all HIV-positive persons who failed to successfully link from testing to ART and those who missed appointments or are LTFU using HIV testing and counseling services (HTS) registers, appointment registers, missed appointment lists, and tracking logs. We will implement additional strategies for tracking and tracing including phone calls from facility and provincial levels and home visits. We will implement a tracking log/missed appointment register at all facilities where ART is initiated. The log will capture information needed to track clients/patients, the methods of attempting to contact them, and the outcomes of each attempted contact. The tracking log will allow for easy tabulation of outcomes so that monitoring and reporting is facilitated. We will also provide TA to 4 additional facilities that are referral facilities for current COP19 PEPFAR-supported facilities which will enable us to follow patients diagnosed at COP19 facilities to where they receive ART. These increased interventions will allow PEPFAR Angola to increase linkage and retention and thereby grow our TX_CURR over time.

Starting February 2020, the Government of Angola, under the First Lady's Born Free to Shine Initiative and in collaboration with UNICEF, has committed to support EID testing in seven provinces, including three of four PEPFAR-supported provinces (Benguela, Cunene, Huambo). Healthcare providers and laboratorians are naïve to EID testing and services. Some laboratory infrastructure for EID testing exists, but the existing infrastructure must be expanded in order to implement EID on a large scale within the PEPFAR supported provinces. PEPFAR Angola will support INLS and its partners to enhance the EID testing program in all four PEPFAR-supported

provinces using available VL platforms and increasing capacity with strategically located POC platforms. We will also assist with updating the national EID policy to meet international norms and training provincial-, municipal-, and facility-level healthcare staff in the PEPFAR supported provinces to ensure appropriate EID testing and follow up.

With a nation-wide average of 53% of Angolan women giving birth at-home, it is critical to reach pregnant women with an enhanced facility/community integrated approach. This began in COP19 at Benguela and Lunda Sul with expansion of this approach to Cunene in COP20. The Mothers-2-Mothers (m2m) program, trains HIV positive women as peer or mentor mothers (MMs) to engage other women in their communities, especially pregnant women. MMs provide health information and counseling to these pregnant women and link them to the facilities for HIV testing and treatment along with their children and partners. PEPFAR Angola will collaborate with community-based CSOs and traditional birth attendants to identify and link pregnant women that have never attended ANC, as well as children born at home of mothers with unknown HIV status, to the health facilities for HIV/TB diagnostic testing. These clients will continue to be followed-up with at the community level by mentor mothers in line with the ICT cascade. The Intimate Partner Violence (IPV) screening tool and linkage to services will be used also to improve and facilitate uptake of HIV testing at the community level.

To ensure community-led monitoring (CLM) becomes the norm, PEPFAR will facilitate measures to enhance CSO capacity for independently monitoring quality of HIV services and improve capacity to independently and routinely monitor and report on program quality in COP20. At the most basic, activities here will include but not be limited to the following: routine PLHIV consumer surveys at the community level and patient exit interviews at facility sites and collated data systematically analyzed, shared with relevant stakeholders to support continued quality improvement (CQI) and guide corrective actions as necessary. PEPFAR will also support community knowledge and awareness towards improved preparedness to uptake of VL monitoring services where and when available across PEPFAR provinces, and also increase coverage of existing VLSM to decrease turnaround times and increase availability of results at the facility level.

PEPFAR will support implementation of Stigma Index 2.0 as well as PLHIV-led stigma, discrimination and intimate partner violence reduction interventions in four PEPFAR provinces through community partner collaboration with GRA, INLS and other multilateral organizations in COP20. Successful implementation of Stigma Index 2.0 will at the very least ensure a baseline stigma index is in place for measuring progress of stigma and discrimination reduction going forward.

Furthermore, PEPFAR Angola will intensify case finding for HIV/TB services for PMTCT and index clients at both the facility and community level. Health facility staff will receive technical assistance to provide Index Case Testing and Tracing (ICTT) with fidelity for all clients that choose to bring their partners to test at facilities. The clinical implementing partner will share relevant HTS data with m2m's mentor mothers for targeted ICTT at the community level. This will also include testing of male partners of PBFW and other high-risk youth; young men between the ages of 15-29, at-risk adolescent girls, and young women who will not traditionally present at health facilities as couples. This approach complements PEPFAR Angola's family-focused model that will include quality treatment and adherence education, interpersonal communication and counseling with PLHIV, assisted disclosure, and facilitate formation of functional community-based ARV distribution groups (or CAGs) focusing on PBFW, their male partners and at-risk

youth. The model will bring health services closer to the communities and to places where men congregate. It will also target gatekeepers and other opinion leaders and influencers to act as male champions and role models for HIV treatment services. These activities will enhance community-based support, improve uptake of HTS, improve retention, ensure defaulters and those that are LTFU return for treatment and promote viral load suppression (VLS) of PLHIV on ART.

To enhance hand-off to clinical programs of pregnant women and other people with HIV (newly diagnosed or known positive) who are not receiving ART, tracking will continue until all patients are successfully linked and initiated on ART and then followed up with continued adherence and relevant psychosocial support services, if required. Follow up of all HIV-exposed infants will continue for 18-24 months until the final status outcome is determined.

In order to achieve a locally owned and led epidemic response, the Angola technical assistance model will ensure skills transfer of knowledge and roll-out of best practices from current facility work, clinical, laboratory, job aids, M&E and supervision tools into daily clinical practice as well as with the community-based actors and collaborating CSOs. Technical assistance will also be provided to strengthen quality of facility-based laboratory and pharmacy services.

Another critical component of the PEPFAR Angola program is providing technical assistance to strengthen the supply and logistics chain management. Through the Supply Chain Program-Procurement Management (PSM) partner, INLS will receive technical support in improving logistics management of HIV and TB commodities including quantification of drugs for informed procurement and supply planning. In COP20, PSM will assist INLS in the transition and quantification of TLD and in improving coordination among partners supporting HIV/AIDS activities, commodity order fulfillment and tracking of consumption data to expand access to treatment. PSM will also quantify national needs for equipment, reagents, and commodities to enable improved decision-making for rapid HIV testing and viral-load testing, as well as other laboratory consumables in support of 95/95/95 goals. Provincial and site-level support will focus on inventory management, pharmacy management and reporting, fulfillment, supply availability and effective ART dispensing and monitoring for a PMTCT program. In COP20, PEPFAR Angola will have a limited procurement of EID kits and RTKs. The GRA will remain responsible for the procurement and distribution of drugs and commodities. PSM will work with INLS to ensure stocks are available in PEPFAR supported facilities and for community-based activities. However, we may have delays in procuring and distributing commodities due to 2019 novel coronavirus COVID-19. In order to maximize the supply chain network in Angola, PEPFAR Angola is supporting finalization of a COP19 agreement between the Ministry of Defense (MoD) and the Ministry of Health (MoH) to use MoD logistics to transport civilian laboratory specimens, ART, and other relevant commodities.

2.3 Investment Profile

Angola is the second largest oil producer in sub-Saharan Africa. Angola's estimated GDP was $193.6 billion in 2017, which ranks 160 of 228 countries in gross domestic product per capita (CIA, 2020). Its economy is driven by the oil industry (90% of Angola's exports), accounting for more than 70% of government revenue (CIA, 2020). Therefore, the country's once-booming economy was significantly adversely affected by the worldwide drop in oil prices over the past few years. The global reduction in oil prices since 2014 forced the Angolan government to revise its national budget downwards in previous years. The budget for 2019 showed increased investments in

health, education, and the social sector but the government is expecting significant budget cuts this year.

In 2020, the rapid decrease in both oil price and Angolan production during the COVID-19 pandemic threatened Angola's middle-income status. A lack of foreign exchange in the local market has contributed to business closures, lack of medical supplies, and a sharp drop in overall imports. This financial environment led the previous GRA administration to prioritize government operational and defense spending over social spending.

The current presidential administration is increasing funding for health. President João Lourenço increased the health portion of the national budget from 3.5% to just over 7% in the 2019 budget, which translates to $400 million being allocated to the MoH, but the amount disbursed to MoH will likely be significantly less. During 2018, the INLS had an approved budget of $7,707,677 (at the 20 March 2020 exchange rate) to carry out its programmed activities. The Ministry of Finance execution of the approved budget resulted in $4,847,943 available to INLS for program use which corresponded to 63% of the approved budget. Ninety percent of the executed budget went to goods and services; 10% paid INLS personnel. Despite current investments, the deficits created by decades without government support for the health sector will persist into the foreseeable future and will continue to contribute to periodic health crises. The historically limited national health budget restricted development of administrators and health professionals, leading to a critical lack of human capacity across the MoH. That lack of human capacity at all MoH levels complicates the process of transferring current PEPFAR programs and knowledge to the GRA. As the price of oil continues to decline due to COVID-19 and the oil war between Russia and Saudi Arabia, the Angolan economy will decline even further, which may affect the government's ability to support the health sector at the same level.

Since 2007, PEPFAR has invested $140,966,144 million to support the GRA's fight against HIV. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) committed $87 million toward HIV-related commodities and programming from 2016 to 2018 and $58 million from 2018 to 2021. In 2018, the Global Fund reduced its total HIV investment in Angola and shifted its focus toward PMTCT programming, though they will continue to supply 40% of the forecasted ART and HIV rapid-test kit (RTK) needs in Angola. The GRA committed to funding the remaining 60% of ART and RTKs needed, but it appears that the GRA will not be able to meet that commitment in FY19. Similar to PEPFAR, the Global Fund saw the First Lady's Born Free to Shine initiative as a promising step toward changing HIV care and treatment in Angola. UNAIDS also sees Born Free to Shine as a proof of the GRA moving toward a more active role in decreasing the impact of HIV in their country; both organizations are actively supporting the First Lady's initiative. During COP20, GF will refocus their implementation philosophy toward provincial level engagement in lab strengthening, PMTCT, treatment, care, and support for the general HIV-positive population; health information and laboratory systems strengthening; and TB/HIV co-infection.

Table 2.3.1 Annual Investment Profile by Program Area			
Program Area	**$ PEPFAR***	**$ GF (period July 2020- June 2021)****	**% Host† Country**
HMIS, Surveillance, and Research	939,800	261,404 (1)	--
Human Resources for Health	170,041		--
Laboratory Systems Strengthening	320,022		--
Policy Planning, Coordination, and Management	556,377		--
Procurement and supply chain management	709,101	4,680,828(2)	--
Public financial management strengthening	20,000		--
HIV Clinical Services	4,397,833		--
HIV Laboratory Services	775,231		--
Community-based testing	1,367,681		--
Facility-based testing	476,137		--
Testing	225,015	246,680	--
Program Management	2,137,625	1,905,089	--
Prevention	140,000	149,151 (3)	--
PMTCT	Included in other program areas	967,253	--
Total	$12,234,863	$8,210,411	--

*PEPFAR new funding only

**Global Fund cost clarification.

1. Includes payment for some HR services around supervision and monitoring.
2. Includes all treatment activities, procurement of ARVs for 33k, procurement and supply cost and associated freight.
3. Includes activities on: Prevention on MSM, younger girls and adolescence, and sex workers.

† Updated Government of the Republic of Angola health data not released for 2020.

Table 2.3.2 Annual Procurement Profile for Key Commodities					
Commodity Category	**Total Expenditure**	**% PEPFAR**	**% GF**	**% Host Country**	**% Other***
ARVs	$59,003,392	--	9%	16%	74%
Rapid test kits	$11,737,597	2%	9%	16%	72%
Other drugs	--	--	--	--	--
Lab reagents	$16,887,450	--	36%	64%	--
Condoms	$2,494,232	17%	36%	47%	--
Viral Load commodities	$7,934,325	3%	35%	63%	--
Total	$98,056,996	$849,298	$16,376,369	$28,532,272	$52,300,996

*Other = Not funded by PEPFAR, GF, Host Country, or any other entity

Table 2.3.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	**Total USG Non-PEPFAR Resources**	**Non-PEPFAR Resources Co-Funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
USAID MCH	n/a	n/a	n/a	n/a	n/a
USAID TB	n/a	n/a	n/a	n/a	n/a
USAID Malaria	$20,000,000	n/a	n/a	n/a	n/a
Family Planning	$2,000,000	n/a	n/a	n/a	n/a
NIH	n/a	n/a	n/a	n/a	n/a
CDC (Global Health Security)	n/a	n/a	n/a	n/a	n/a
Peace Corps	n/a	n/a	n/a	n/a	n/a
DOD Ebola	n/a	n/a	n/a	n/a	n/a
MCC	n/a	n/a	n/a	n/a	n/a
Other (specify)	n/a	n/a	n/a	n/a	n/a
Total	$22,000,000	n/a	n/a	n/a	n/a

2.4 National Sustainability Profile Update

Angola achieved a peaceful transition of government in 2017 when João Lourenço was elected President, ending the 38-year term of the previous president. Although the current administration is quickly moving away from the governing methods of the former regime, Angola has a lot of progress to make after 27 years of civil war followed by 15 postwar years of the government investing relatively little of its oil sector wealth into health, education, and social services for its citizens.

The 2018 Angola Sustainability and Index Dashboard (SID) exercise resulted in a slight downgrade (7.8 to 7.4 points) for policies and governance. The 2019 SID has been delayed until 2020 because the GRA is making significant reforms under President Lourenço between 2019-2020 that will be included in the 2020 SID. Some of Angola's existing policies that enable sustainability include the National Child Protection Commitment, the Law for HIV/AIDS 8/04, the HIV Treatment Protocol for Stable Patients, and the National Council for Social Action, and the Ministerial Decree (11/8 of 2011) on task-shifting of doctors/nurses that allowed nurses to dispense ARVs at small healthcare facilities that lack physicians. Licensed clinical nurses may dispense ARVs at all sites except national hospitals; unfortunately, however, there are very few licensed nurses in the public health facilities. Angola would need a threefold increase in nursing staff just to reach the global average nurse density (currently at 1.03 nurses/1,000 Angola citizens vs. 3.14 nurses/1,000 people globally); the physician workforce in Angola (0.1 physician/1,000 people) is also extremely small compared to the global average physician density (1.03 physicians/1,000 people) (MoH 2018 data compared to WHO global averages). Currently, there is no policy permitting ARV dispensing at the community level. There is also a new penal code prohibiting discrimination based on sexual orientation however there are no specific policies for the protection of orphans and vulnerable children. Even though financial audits are regularly conducted, results are not publicly available without obtaining government approval via a written request.

Policy barriers continue to prevent progress towards reaching HIV epidemic control at the national level. As of March 2020, a policy to modernize the first-line ART regimens was approved and included TLD; self-testing was approved for a highly regulated pilot project in KPs, but there

is no consideration for implementing self-testing in the general population in the near future; and MMD of ART is acceptable at the policy level but not currently implemented due to commodities concerns from INLS. Though the policy environment in Angola currently complicates acceleration towards epidemic control, we anticipate that the combination of political will from the First Lady and better focused and more efficiently implemented TA from PEPFAR Angola will create an environment more conducive to national efforts toward achieving epidemic control.

The current environment for local partnerships with civil society and the private sector is limited. The 2018 Angola SID scored a low "yellow" (emerging sustainability and needs some investment) for civil society engagement. The SID noted that while formal channels for civil society organization (CSO) engagement exist, including annual planning and program reviews, policy development and involvement in surveys, CSOs do not have substantial impact on financial decisions related to HIV. Furthermore, while civil society members occupy strategic positions such as Vice President of the Global Fund Subvention Mechanism (MCN) and Coordinator of the MCN Strategic Supervisory Committee, impact of these roles are not significant due to limited resources.

While Angola's SID score for private sector engagement increased from 1.6 in 2015 to 3.6 in 2017, it is still within the "red" (unsustainable and requires significant investment) range. The increase in score is mainly due to having a legal framework for the private health sector and having a standardized process for developing public-private partnerships with regulations for private providers to adhere to the national ART guidelines. The private sector (represented by Chevron) is part of the GF's Country Coordinating Mechanism Executive Committee. The red SID score shows that there is still limited private public partnership engagement.

2.5 Alignment of PEPFAR Investments Geographically to Disease Burden

In order to align PEPFAR investments with Angola's disease burden, we overlaid population density with HIV burden at the provincial level. Based on that analysis, PEPFAR Angola will continue to focus on four provinces, Benguela, Cunene, Huambo, and Lunda Sul plus the military population in COP20. PEPFAR Angola used data from our data quality assessment (DQA) to further prioritize facilities in those provinces based on antenatal care (ANC) testing volume and HIV positivity rate at and considering referral relationships between facilities.

[REDACTED]

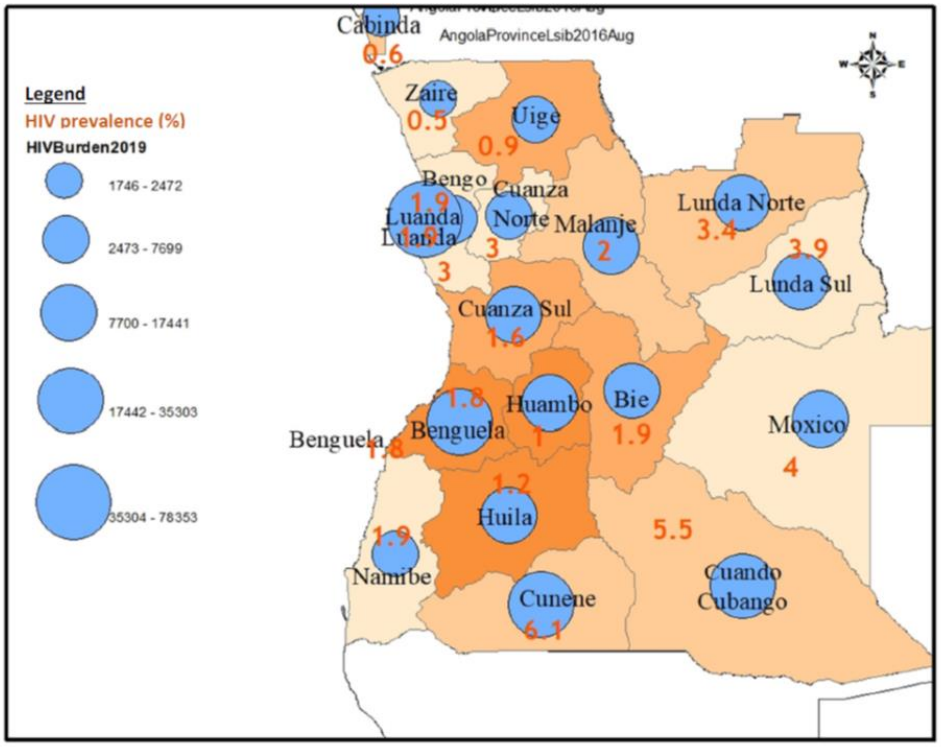
PEPFAR Angola will continue to support military-focused HIV programming in the regions shown in figure 2.5.1 below.

In COP 19, PEPFAR Angola moved its focus from key and priority populations at nine facilities in Luanda to four provinces plus the military population. In COP 19, PEPFAR Angola is providing TA to Benguela, Cunene, Huambo, and Lunda Sul. In COP20, the integrated community Index Case Testing and Tracing implemented in Benguela and Lunda Sul will be expanded to Cunene province. This strategy will help to improve client adherence, retention and viral suppression. Figure 2.5.2 below shows data supporting our geographic investments.

Figure 2.5.1 Prevalence by Military Region or Province with Burden of PLHIV

[REDACTED]

Figures 2.5.2 HIV Prevalence by Burden of PLHIV per Province (2019)



2.6 Stakeholder Engagement

PEPFAR Angola held a Stakeholders' Engagement meeting on January 28th, 2020. Representatives from INLS, UNDP, Global Fund, UNAIDS, UNICEF, and multiple CSOs participated in the meeting. We presented our proposed COP20 strategy and requirements of the planning level letter (PLL).

Host country government: The Director of INLS, the National Director of Public Health, and the Team Lead for the First Lady's Initiative were highly engaged in planning for COP20 during our in-person COP20 meeting in February 2020. The Minister of Health had a private meeting with Ambassador Birx to discuss a change in TLD policy to allow all women of reproductive age to be eligible and obtain access to TLD. As a result, a circular or *Nota Tecnica* (in Portuguese) was in development post the February 2020 COP20 Johannesburg meeting. After the meeting in Johannesburg, the PEPFAR Angola team continued close engagement with the INLS via email and in-person conversations. The Minister of Health provided a signed TLD Nota Tecnica in March 2020 compliant with the provision of TLD to all populations in Angola.

Global Fund and other multilateral donors: The Global Fund Portfolio Manager for Angola, a regional WHO representative from the WHO Afro Regional Office HIV/AIDS, TB and Hepatitis Program, and the Angola Country Representative from UNAIDS participated in the COP20 meeting in Johannesburg. Meetings, communication, collaboration with these and other

multilateral organizations have continued in country to ensure coordination, transparency and inclusion. Many of these discussions have, included Ambassador Nina Fite.

Civil Society: Angola Network for AIDS Services (ANASO), the Angolan HIV/AIDS CSO umbrella organization, represented the Angolan CSOs at the PEPFAR Angola Stakeholders Engagement meeting on January 22, 2020. ANASO and Humana People to People, Angola (ADPP) were present for the entire COP20 planning meeting in Johannesburg. They provided critical comments that enabled the PEPFAR Angola team to strategically include CSOs in our COP20 plans. They also presented and discussed their needs during a special session in the Johannesburg meeting.

Private Sector: PEPFAR Angola is discussing possible collaborations with ExxonMobil to support PMTCT programming and expand testing of pregnant women, their children and partners in support of the First Lady's PMTCT initiative. This public-private partnership will also allow USAID to integrate malaria prevention messaging into the PMTCT program.

There is still limited public-private partnership engagement in Angola. There is no active participation from the private sector on policy and budget planning for HIV. Historically, the GRA relied on a consortium of approximately six businesses (CEC) as its main interlocutors. Unfortunately, CEC has become inactive due to most of its member companies downsizing in the wake of the economic downturn and eliminating many Corporate Social Responsibility (CSR) departments. PEPFAR Angola is prioritizing efforts to create new approaches to private-sector engagement with companies that have shown a strong commitment to social responsibility, like UNITEL.

3.0 Geographic and Population Prioritization

The Angola's First Lady's Born Free to Shine initiative continues to gain momentum across Angola. Born Free to Shine is focused on eliminating mother to child transmission of HIV and increasing child and maternal health. PEPFAR Angola will continue to use the First Lady's initiative as a binding site to affect change to the entire HIV cascade of care. We will continue our family-focused PMTCT approach that relies on finding and treating pregnant women living with HIV, testing and treating all their children and sexual partners, and then testing the partners' sexual partners. We estimate that this TA model will support the MoH reach nearly all PLHIV - PBFW in the 4 Angolan provinces PEPFAR supports, and in the process assist the MoH with updating the entire HIV cascade of care. In COP20, we expect to test 95% of all women seen for an ANC visit tested for HIV in the facilities where we provide TA. Community ICTT began in FY19 in Benguela and Lunda Sul, and will be expanded in Cunene in COP20. Also, in COP20 we will aim to reach saturation of ANC facilities, strengthen the link between facility and community testing and treatment, and ensure technical capacity for M&E at provincial and facility levels.

In order to align PEPFAR investments with Angola's disease burden and political will from the First Lady's Born Free to Shine initiative, after we overlaid population density with HIV burden at the provincial level, we considered ANC coverage and total fertility rates. Based on these data-driven selection criteria and considering GRA desires, we prioritized provinces to receive focused TA from PEPFAR. After we determined the provinces to focus on, we conducted a DQA to understand the provincial level baseline for TX_CURR, HTS, and PMTCT_STAT. We used those results to refine facility selection to 18 PEPFAR supported facilities between the four provinces. In COP20 we will continue to support those 18 facilities and add four more for a total of 22 facilities.

Analyses of SABERS 2015 and Site Improvement through Monitoring System (SIMS) 2019 data supports PEPFAR Angola's continued work with the Ministry of Defense (MoD) on HIV strategies, policies, and activity planning. We will use that work to strengthen improvements made on the HIV service delivery models in the 15 priority sites PEPFAR is currently supporting in the four highest-prevalence military regions, spanning eight provinces. Our work with the MoD will continue to reduce the number of new HIV infections and other sexually transmitted infections among members of the Angolan military, their families, and surrounding civilian communities served by the military health directorate.

Table 3.1 Current Status of ART Saturation

Prioritization Area	Total PLHIV/% of all PLHIV for COP20	# Current on ART (FY19)	# of SNU COP19 (FY20)	# of SNU COP20 (FY21)
Attained	n/a	n/a	n/a	n/a
Scale-up Saturation	n/a	n/a	n/a	n/a
Scale-up Aggressive	5,536/3.9%	7,223*	4 military regions	4 military regions
Sustained	n/a	n/a	n/a	n/a
Central Support	86,523/26%**	24,693*	4	4

*PEPFAR program data
**Spectrum 2019 data

PEPFAR Angola will use the First Lady's initiative as a platform to effect change to the entire HIV cascade of care. That programmatic emphasis necessitates a family-focused PMTCT approach to find and treat pregnant women living with HIV, testing and treating all their children and sexual partners. In COP20, we expect to see at least a 50% increase in HIV testing of pregnant women in the ANC facilities where we provide TA. Index case testing will be a part of routine HIV program implementation in all four PEPFAR supported provinces and facilities will be well equipped to care for a potential doubling of HIV- positive patients at the smaller facilities.

4.0 Client-Centered Program Activities for Epidemic Control

4.1 – 4.4 COP20 Programmatic Priorities for Epidemic Control

4.1 Finding the Missing and Getting Them on Treatment

According to DHS data, less than half of the women who report for at least 1 ANC visit are tested for HIV and know their status. We will ensure that all pregnant women seen in PEPFAR priority facilities know their HIV status. In order to make 100% testing of pregnant women a reality, our TA will be aimed at improving supply chain quantification and procurement to increase the availability of HIV tests, quality assurance (QA) for testing in the form of training testers and performing regular QA checks, and human resources for heath (HRH) training to increase testing capacity and simplify patient flows in facilities. We will also incorporate trainings, SOPs, and job aids as part of the standard clinical care package at each facility.

PEPFAR Angola will provide TA for implementing family-based facility-based ICTT for all HIV-positive pregnant women identified. In three provinces Benguela, Cunene, and Lunda Sul, we will

also provide community-based TA for index case testing with a community-based counselor tracing partner(s) and children of HIV-positive pregnant women identified at the facility. The community counselors will offer community-based counseling and testing and will link PLHIV to treatment in a facility. In Huambo, index case testing TA will be initiated out of the facilities and carried into the community whenever necessary and will leverage the toolkit and ToT curricula developed from PEPFAR best practices in Luanda. In all four provinces, PEPFAR Angola will focus on testing children and sexual partners of pregnant women who test HIV positive. As we identify additional PLHIV, we will implement another round of index case testing with all sexual partners of the PLHIV found through the first index testing. We will use international best practices and iterative revisions of current messaging about index case testing for high-risk pregnant women.

For COP20 the Huambo facility-based healthcare workers responsible for index case testing will also track and follow up with patients who initiate ART to ensure retention in care and ultimately viral suppression. While in the Benguela, Cunene, and Lunda Sul communities, we will implement the Mentor Mothers Model (MM) to provide comprehensive and integrated services along the continuum of care, including one-on-one interpersonal communication and education, psychosocial support, support groups, adherence assessments, and retention support. By implementing index case testing with fidelity, we will reach all ages and genders and truly provide family-focused PMTCT.

Test and Start is being implemented in all the PEPFAR supported provinces. PEPFAR Angola will continue to provide TA in the form of HRH training and mentoring to increase implementation of that policy, so that all PLHIV in these provinces can begin ART as soon as they are diagnosed. Both our community- and facility-based TA will include lessons learned in Luanda, such as patient contact forms and patient navigators, to improve retention in care, so that PLHIV remain on ART for life.

Table 4.1.1: Profile of the Angolan Woman

Low level of institutional birth in Angola	❖ 53% of births take place outside of a health facility (Predominately at home) ➢ By province : Benguela – 53%, Cunene – 74%, Lunda Sul – 56%, Huambo – 63% ❖ In rural communities and the poorest households less than 17% and 12% respectively deliver at facilities
ANC Visits	❖ Only 40% of pregnant women made their first visit during their first trimester
Fertility Rates and HIV Prevalence among women of childbearing age	❖ Second highest fertility rate in the world ❖ Angolan women have an average of 6.2 children: 8.2 TFR in rural areas, 5.3 TFR in urban, 25-29 has the highest TFR ❖ 4% HIV prevalence among females ages 20-29 in the four PEPFAR supported provinces
Low HIV testing rates	❖ Only 37% of pregnant women currently receive HIV counselling and testing during an antenatal care visit

With a low level of institutional births and low ANC (as shown on Table 4.1), there is an increased risk of HIV positive pregnant women delivering in the community, with either an unknown HIV status or not on ART, potentially transmitting the virus to their babies. Therefore, in COP20, PEPFAR Angola will ensure that all pregnant women know their HIV status. We will provide TA for implementing family-based ICTT for all HIV-positive pregnant women identified in the PEPFAR supported facilities and community catchment areas. This approach will allow PEPFAR Angola to engage pregnant women outside the facility ensuring testing, treatment and referrals to facilities in order to reach viral suppression. Engaging community-based organizations and local leadership in program implementation and monitoring will expand PEPFAR Angola's outreach and sustain the program in the long-run.

As index case testing TA is carried into the community whenever necessary, the toolkit and ToT curricula developed from PEPFAR best practices in Luanda will be leveraged in COP20. In all four provinces, PEPFAR Angola will focus on testing children and sexual partners of pregnant women who test HIV positive. As we identify additional PLHIV, we will implement another round of index case testing with all sexual partners of the PLHIV found through the first index testing. We will use best practices and lessons learned from our previous FSW-focused work in Luanda to craft appropriate messaging about index case testing for high-risk pregnant women.

In the Benguela, Cunene and Lunda Sul provinces, we will implement a peer-led model to provide integrated services along the continuum of care, including one-on-one education, psychosocial support, support groups, adherence assessments, and retention support. By implementing index case testing with fidelity, we will reach all ages and genders and truly provide family-focused PMTCT.

In COP20, PEPFAR will also procure a limited number of RTKs dedicated to community HIV testing and EID kits for health facilities in anticipation of increased testing rate. PSM will continue TA in supply chain forecasting, planning, quantification and procurement to ensure that the GRA purchases adequate ART (including TLD) and diagnostic kits. Additional measures will be put in place to minimize impact of COVID-19 on supply chain and logistics.

4.2 Retaining Clients on Treatment and Ensuring Viral Suppression

Retention is less than optimal for all populations in Angola. Therefore, we will focus on strengthening the entire HIV cascade of care. We will advocate with national and provincial health authorities to modify health facility service hours to make access easier for working people. As supply chain constraints allow, we will assist national, provincial, and facility-level staff in planning for and providing multi-month dispensing (MMD) to stable patients. By increasing access to ART viral suppression should also increase; in order to measure that we will expand access to viral load (VL) testing with the goal of VL testing for all eligible patients on ART. Nationwide implementation of TLD for everyone over 30kg will also contribute to increased ART adherence and viral suppression, PEPFAR Angola will provide extensive TA for that transition at all levels.

In COP 20, PEPFAR will strengthen partner collaboration between community and facility-based partners including MoH staff in the supported health facilities to improve patient adherence, retention and follow up at household level. With the end goal to reduce treatment attrition rate and achieve viral suppression, the proposed interventions will include regular and timely data sharing through a memorandum of understanding between the partners and the use of paper and

electronic referral tools (such as m2m's mobile tracking application) to strengthen bi-directional referral, active linkage, tracking and tracing between health facilities and community cadres. Ongoing adherence support at community level for newly diagnosed and initiated on ART will be prioritized.

4. 3 Prevention, Specifically Detailing Programs for Priority Programming

Stigma continues to be a major barrier to access to health services, and Angola remains behind in addressing this challenge. The current PEPFAR program model provides an opportunity for engaging all relevant stakeholders in developing a contextually appropriate, measurable stigma reduction strategy and a baseline quantitative and qualitative survey is essential. To this effect, in COP20, PEPFAR Angola will fund the Stigma Index 2.0, to collect baseline data for evaluating the future impact of interventions on reducing stigma and inform future HIV program planning. Angola's current scenario provides a promising and ideal platform for a true baseline analysis that can be used in future to quantitatively measure impact and progress of stigma reduction interventions over time. Adoption of successful models from across the region can be rapidly used to begin addressing stigma, discrimination, and violence (SDV) in-country.

In Sub-Saharan Africa, evidence shows that a woman's HIV risk is heightened and sustained because of gender-based violence, and adolescent women and girls are significantly more vulnerable. In Angola, 35% of women have experienced physical and/or sexual intimate partner violence. GBV affects women's and girls' ability to access HIV testing, prevention, and treatment services. Testing in antenatal and disclosure of a HIV-positive diagnosis can result in blame, abuse, or even eviction from the home. In response, we will implement targeted activities to increase identification of IPV in women and adolescents seeking routine services in high-volume district health facilities in COP 20. The intervention will continue to be informed by rigorous formative research activities, including descriptive mapping and formalization of linkages to high-quality IPV-related services where available. By introducing the Mentor Mothers model at the community level, PEPFAR Angola aims to create an enabling environment for HIV positive pregnant women to disclose their HIV status to their partners and for their children and partners to get tested and get treated.

4.4 Additional Country-Specific Priorities Listed in the Planning Level Letter

ART regimen optimization is a priority for PEPFAR Angola and the INLS. Angola is moving toward implementation of TLD as the first-line ART of choice for all persons over 30kg. PEPFAR Angola is currently assisting INLS with updating the national ART guidelines to include TLD, developing an ART regimen transition plan, quantifying and forecasting for TLD. After the completion of the aforementioned updates, the PEPFAR Angola team will train and mentor clinicians who will prescribe the new regimen (see 4.4 for additional information). During the Johannesburg COP20 meeting, the INLS transition plan for TLD implementation was with the Minister of Health for approval. The PEPFAR Angola office received a signed copy of the TLD Implementation Plan on March 31, 2020.

In addition to providing TA at facilities and in communities around family-focused PMTCT, PEPFAR Angola will provide national and provincial level TA to assist INLS with implementation of key policies to modernize Angola's HIV cascade of care. As indicated in section 2.1, Angola is among the 22 highest TB burden countries in the world, and one of the highest TB burden African

countries. PEPFAR Angola TA around comprehensive HIV clinical care will include promoting TB diagnostic testing and increased implementation of national TPT guidelines. TB testing and TPT algorithms and experience from the One Stop Shop for HIV/TB co-infected patients are included in the toolkit of job aids and SOPs PEPFAR Angola is currently developing based on best practices in Luanda. PEPFAR Angola will use the toolkit and ToT curriculum, inclusive of TB and TPT elements, in the 22 COP20 facilities implementing family-focused PMTCT.

PEPFAR Angola will provide health information system TA and financial support for training and supervision for test and start expansion, especially in the four PEPFAR priority provinces. Full implementation of test and start is necessary for PEPFAR Angola to meet its targets and fulfill the minimum program requirements.

Implementation of the MMD policy is stalled due to ART stock constraints secondary to a lack of domestic funding and decreased funding for ART from the Global Fund. Procuring ART is beyond the scope of PEPFAR Angola's TA mandate. PEPFAR Angola will assist the GRA with monthly ART pipeline analysis to inform procurement plans; provide TA to selected sub-national levels to improve warehouse management, consumption reporting, order fulfillment, pharmacy management; and ART dispensing.

PEPFAR Angola will continue to assist the GRA with implementing an index case testing policy as part of the appropriate strategic testing mix. The lack of HRH makes facility- and community-level implementation of index case testing difficult, so PEPFAR Angola will train and mentor healthcare workers as part of its facility- and community-level TA to ensure index case testing is scaled up with fidelity in at least the four PEPFAR priority provinces.

The community-based partner is providing routine education on HIV testing, PMTCT and ICTT in the waiting areas; actively providing one-on-one interpersonal communication (IPC) sessions on PMTCT among pregnant and breastfeeding women; eliciting for index contacts including IPV screening experiences for sexual partner; and linking consenting clients to community-based testing using m2m's electronic DHIS2 tracker. Community index tracing efforts include both phone calls and home-visiting upon securing an appointment. In cases of biological children, dialogue with the index clients to provide an appropriate day for follow up before they leave the clinic. M2m conducts rapid HIV testing using the nationally approved algorithms for Determine and UniGold based HIV testing. These interventions will be scaled up and optimized for Benguela and Lunda Sul in COP 20 and implemented additionally in the Cunene province, to close gaps in the clinical cascade of care.

In COP19, PEPFAR Angola shifted its program in support of the First Lady's Born Free to Shine initiative to ensure pregnant women know their HIV status and have immediate access to treatment along with their children and partners. Although the program is in its early stages, OGAC has recognized the two-pronged approach of community and facility programming as a model for other countries to follow. During the COP20 meeting in Johannesburg, PEPFAR Angola was provided with additional funding to expand its community-based program in Cunene and supply chain activities and provide EID at the facility level. PEPFAR Angola will also purchase a limited number of RTKs dedicated to community HIV testing and EID kits for health facilities in anticipation of increased testing. Furthermore, PSM is assisting INLS in the quantification and procurement planning of TLD. We will not pursue PrEP as a policy in Angola has yet to be developed. This particular activity appeared in the planning level letter for COP20 and was removed after discussions with OGAC at the COP20 meeting in Johannesburg.

Under COP19, PEPFAR Angola eliminated several implementing partners due to a shift in programming and a reduction in funding. For those partners that continued implementing COP19 activities, they are working to course correct deficiencies that were identified in COP18 POART findings. Also, a new implementing partner was introduced to oversee community-based activities aimed to increase the outreach of pregnant women and to ensure they get tested and treated along with their children and partners. This new partner ramped up nascent activities in the first quarter of FY2020 and is ensuring activities are optimized to scale and reaching required targets.

PEPFAR Angola is ramping up high frequency reporting for enhanced partner management for early detection and course correction. PEPFAR Angola will continue to conduct quarterly financial reviews to ensure PEPFAR funds are spent timely and appropriately. Also, frequent site visits along with Ministry staff and CSOs will enable the PEPFAR team to observe and monitor implementation at the community and facility level.

Community index tracing efforts include both phone calls and home-visiting upon securing an appointment. In cases of biological children, dialogue with the index clients will take place to provide an appropriate day for follow up before they leave the clinic. m2m conducts rapid HIV testing using the nationally approved algorithms for Determine and Unigold based HIV testing. These interventions will be scaled up and optimized for Benguela and Lunda Sul in COP 20 and implemented additionally in the Cunene province, to close gaps in the clinical cascade of care. To reach epidemic control CSOs will take a leading role in monitoring activities at the community level which enable the PEPFAR Angola program to improve implementation and reach intended targets.

HIV testing is the first step to prevention, treatment and care. Whether it is initiated at the facility or community level, the PEPFAR program will perform index testing and tracing with fidelity in accordance with the WHO Five C's of HIV testing services. Therefore, PEPFAR Angola strives to counsel and test pregnant women, their children and their partners with their consent, and link them to treatment, care and support services. We will ensure that beneficiaries receive the correct diagnosis before initiation of HIV care or treatment. It is critical that medical providers and community health workers are properly trained on HIV counseling and testing guidelines including the WHO Five C's. Moreover, stigma and discrimination along with gender-based or intimate partner violence are key barriers for women seeking HIV testing and treatment. The Mother Mentors model reaches out to pregnant women to get tested while facilitating disclosure of their HIV status with their partners which increases the likelihood of their partners and children getting tested and treated.

4.5 Commodities

The Angolan public health supply chain system has a weak infrastructure including insufficient information systems and management to effectively plan and improve supply chain operations. Commodity availability underpins the inability of the public sector to fulfill the supply plans, even when quantification (forecasting and supply planning) is completed. In COP20, the national program through GHSC-PSM will continue its quarterly ARVs supply plan review using available logistics data on ARVs, test kits and lab supplies to keep track of what is in the pipeline in-country and what is to come into the country, commodity-wise. The supply plan provides information for decision making at the various levels of program implementation within the supply chain to ensure uninterrupted commodity availability.

The two major sources of commodity funding for Angola HIV/AIDS commodities are the INLS and the Global Fund. Recent support has been received from UNICEF and the World Bank. In the current supply plan, the government commits to funding the needs of 54,000 patients while expectations from the Global Fund when fulfilled should cover 31,000 patients including 6-months' worth of TLD supplies. These will include ARVs and RTKs. There is a gap of 245,000 for ARVs and RTKs which the INLS is currently advocating to be met through other health donors as this gap is currently unaccounted for by both the government and its partners.

If no further shipments can be confirmed, by mid-2020 there will begin to be widespread stock outs of ARVs and test kits in Angola. Even with the proposed commitment of the government, several factors currently make it challenging for the government to fulfill their supply plans to ensure consistent supply of these limited quantities to the last mile. One critical factor is the delays in funding release by the Ministry of Finance to facilitate commodity procurement – the commodity budget has often been released in small portions unable to procure sufficient quantities and many times, the full amount is never disbursed at the end of the year. Another critical factor closely tied to the availability of funds is the challenge with distribution of commodities to ensure consistent supply to the last mile. In COP20, Angola may experience delays in shipment of HIV drugs and commodities and an increase in logistics cost of around 20% due to COVID 19, which will impact treatment and viral suppression in the country. The recent drop by half in oil prices will have a devastating impact on the Angola economy as oil is the country's major source of revenue. Angola's current government budget is based on oil revenue at $55 per barrel, over double the current price of about $20 per barrel (March 2020). Angola's lack of economic diversification, and over-reliance on oil revenue will result in unprecedented government revenue shortfalls that will impact all aspects of Angolan life. If oil prices hold around $20 per barrel Angola would easily see its tax revenue slashed by more than half. The Angolan government has moved fast to cut costs and recently abolished seven ministries as a cost savings measure (March 2020).

With the TLD transition plan being approved for all PLHIV, there will be a need for the TLD products which are currently not available in-country and not yet registered in-country. The INLS and partners have projected a 9-month lead time to allow for in-country product registration and the procurement process. However, the question remains for funding for commodities to adequately support the transition to TLD. With TLD being closely linked to viral load suppression, the need to ensure consistent supplies of VL and EID products cannot also be over-emphasized. Currently, it is unclear if there are any VL or EID procurement plans by the government.

4.6 Collaboration, Integration, and Monitoring

PEPFAR Angola is coordinating closely with the Global Fund to maximize programmatic and financial resources while avoiding a duplication of efforts. The Angola team has regular meetings with INLS leadership to ensure programmatic implementation and to reach proposed targets. PEPFAR Angola will also continue to further expand its work with community-based organizations (CBOs) and foster strong collaborative partnerships with these stakeholders for monitoring and evaluation purposes. Quarterly meetings with CSOs will allow PEPFAR Angola observe program progress and propose changes of course as needed. As PEPFAR Angola supports community-led monitoring in COP20, it will further enhance its engagement with CSOs for programmatic and evaluation purposes.

In COP20, PEPFAR Angola will strengthen data sharing among facility and community partners using a mobile tracking application to reduce treatment attrition rate and achieve viral suppression. Also, PEPFAR Angola will use monthly supervision visits to monitor implementing partner activities in collaboration with the Ministry of Health, local leaders, and CSOs.

PEPFAR Angola's community- and facility-based approach enables the program to have a comprehensive approach to HIV testing. In a country where there is low ANC and 53% of home deliveries, it is important to expand the community outreach so pregnant women, their children and partners are counseled, tested and linked to care and treatment at the facility. This approach responds to the health needs of Angolan women who face many barriers including stigma, discrimination, and violence when seeking HIV services.

As previously mentioned, in COP20, PEPFAR Angola will continue to further expand its work with community-based organizations (CBOs) and foster strong collaborative partnerships with these stakeholders for monitoring and evaluation purposes. Quarterly meetings with CBOs will allow PEPFAR Angola observe program progress and propose change of course as needed.

As mentioned above, the community-based approach responds to key barriers Angolan women face when seeking HIV testing, care and treatment. By providing needed information, timely and correct testing, and referrals, adherence increases and, thus, achieving viral load suppression. PEPFAR Angola has developed targets that will support epidemic control in the long run.

4.7. Targets for Scale-Up Locations and Populations

Table 4.7.1 ART Targets by Prioritization for Epidemic Control

Prioritization Area	Total PLHIV	Expected current on ART (APR FY20)	Additional patients required for 80% ART coverage	Target current on ART (APR FY21) *TX_CURR*	Newly initiated (APR FY21) *TX_NEW*	ART Coverage (APR 21)
Attained	n/a	n/a	n/a	n/a	n/a	n/a
Scale-Up Saturation	n/a	n/a	n/a	n/a	n/a	n/a
Scale-Up Aggressive	n/a	n/a	n/a	n/a	n/a	n/a
Sustained	n/a	n/a	n/a	n/a	n/a	n/a
Central Support	293,677	23,363	270,314	28,017	5,332	9.5%
Commodities (if not included in previous categories)	n/a	n/a	n/a	n/a	n/a	n/a
Total	293,677	23,363	270,314	28,017	5,332	9.5%

Table 4.7.2 Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Districts

Entry Streams for ART Enrollment	Tested for HIV (COP20) *HTS_TST*	Newly Identified Positive (COP20) *HTS_TST_POS*	Newly Initiated on ART (COP20) *TX_NEW*

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate (scale-up SNUs)**	**Coverage Goal (in FY20)**	**FY20 Target**
Military Population	141,960	905	21,477
TOTAL	**141,960**	**905**	**21,477**

4.8 Viral Load and Early Infant Diagnosis Optimization

PEPFAR will continue to support the national and regional laboratories for increasing routine VL testing among all PLHIV as well as specifically increasing coverage among pregnant and breastfeeding women (PBFW), PLHIV with treatment failure, and EID through improving the use of high throughput platforms and through impactful use of point of care (POC) instruments.

In COP20 PEPFAR Angola will work to improve the integrated specimen referral network and electronic laboratory information systems being developed in COP19. Increasing effectiveness of both of those systems will result in decreased specimen turn-around times and will allow more provinces to be served by the new regional platform in Benguela. Lunda Sul (through leverage of military system) and Cunene facilities will send samples to Luanda. Each national, regional, and provincial lab will be assessed to determine which services are being provided and what activities can be completed to optimize the existing equipment and current staff performance. TA will be provided to all PEPFAR supported facilities to improve the quality of laboratory services provided.

PEPFAR has been supporting improvement of TB diagnosis through TA to the National TB program with trainings on quality assurance of POC use, optimization of testing (due to supply chain issues the utilization rates are currently estimated at less than 10 percent countrywide) and creating a national-level team that oversees device preventive maintenance.

The community mentor mothers will provide information, education and communications that promote increased awareness and preparedness to uptake EID testing services by PMTCT clients during household visits; track HIV-exposed infants and link them to health facilities for EID testing. The active linkage for HIV testing will include children of PBFW of unknown status from pregnant and lactating women who never attended ANC. These infants will be followed up for 18-24 months until their final status outcome is determined. If there is lack of/limited EID services at referral health facilities, m2m will keep a registry to track HEIs till EID is provided.

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

The largest gap in the Angolan HIV care and treatment program is the limited availability, both in number and technical skills, of facility-level human resources. The MoH at all levels and INLS have acknowledged that gap multiple times and PEPFAR IPs regularly report the same gap. On a small scale, PEPFAR Angola's IPs are currently working day in and day out in their respective facilities and specialties to close that gap. Most of our Table 6 activities in COP20 are aimed at closing this HRH gap by increasing the technical skills of the existing MoH clinicians, laboratory technicians, supply chain managers, and other providers at all points of the cascade of care. PEPFAR Angola made a strategic shift away from national-level TA for writing policies to focusing

on supervision, training, and mentoring at national, provincial, municipal, and facility levels for the implementation of policies and practices in COP19, we will continue that trajectory in COP20.

During our preparations to move into the four provinces for COP19 and throughout the first quarter of COP19 we saw and heard about significant stigma around HIV in all the facilities and communities PEPFAR is supporting. We also observed significant levels of stigma when we were implementing in Luanda. In order to begin formally addressing stigma and discrimination we will support development of national policies that promote reduction of stigma and discrimination and facilitate creation of national level resources that decrease intimate partner violence We will adapt existing anti-stigma and discrimination messaging from other PEPFAR countries to the Angolan context. We will also train provincial and municipal HIV focal points and facility-level service-providers on new messaging and patient centered approaches to reducing stigma and discrimination in facilities and surrounding communities. At the community-level PEPFAR Angola will implement community level monitoring and reporting tools to capture patient movement between facilities and communities, and ensure interoperability with the national DHIS reporting tool.

Data that is easily accessible for decision making is another major gap in Angola's HIV cascade of care. That gap was especially evident during the recent meetings to update Angola's Spectrum Estimate. The new Spectrum model requires a level of data not yet available in Angola. The current setup of DHIS2 makes data extraction from the system very cumbersome and nearly impossible for use in real-time decision making. Outside of Luanda, use of DHIS2 is often limited to data reporting only at the provincial level which is a problem for Spectrum estimates. DHIS2 has parallel reporting paths for HIV data due to an incomplete roll out of updated M&E tools from the national level which further complicates data extraction and analysis for program decision making. Supplemental data is available, but often requires extensive cross-checking to ensure accuracy. This labor-intensive cross-checking is neither feasible nor sustainable. The MoH, INLS, and PEPFAR Angola see prohibitive difficulties accessing the information necessary to make program decisions in a timely and effective manner.

These findings will shape multiple interventions in COP20 planning. One will be a DHIS2 update and upgrade for HIV reporting with trainings for the new system at all levels of implementation. As we train and mentor MoH staff for HIV data entry, we will also train and mentor MoH staff for ANC reporting into DHIS2. The other intervention will be continued support for INLS to implement their updated HIV M&E reporting tools in all provinces and to ensure the tools are being properly used especially in the PEPFAR priority municipalities. Full implementation of the updated M&E tools will require archival of data based on the old tools for which PEPFAR will provide TA. PEPFAR Angola will also provide financial support for M&E supportive supervision visits from national to provincial levels, and mentoring/training for data collection and data use at all levels.

INLS realizes there is a gap in patient-level data for decision making and patient management, especially outside of Luanda where there is minimal access to VL testing. That gap in necessary patient data is due to the lack of a national specimen transport system, and limitations in the national and sub-national laboratory guidelines, operational plans, job aids, and laboratory-specific M&E tools. PEPFAR Angola will assist INLS in closing the patient-level data gap using enhanced facility-level training and mentorship; providing certification opportunities at laboratory and individual levels (for management, quality assurance, and technical staff); and supporting central and provincial level trainings on laboratory quality assurance, dried blood spot

(DBS) use for VL testing, integration of TB/HIV diagnostic point of care solutions, and specimen transport. In order to maximize the existing laboratory capacity, PEPFAR Angola will provide TA to improve the Viral Load Sample Management (VLSM) and Information System at the central laboratory and at provincial levels. We will support implementation of several VL laboratory M&E tools and job aids that will facilitate reporting VL results to the clinicians responsible for treatment decisions for each patient tested. As we further explore health information systems with INLS and MoH, we will continue our discussion about the possibility of implementing unique identifiers as another method to close the patient level data gap.

SIMS and other sources have identified several gaps that persist in the national HIV program. These include lack of quality testing for adults and children, weak index case testing and tracing, lack of procedures documenting suspected cases of TB among adults, children and pregnant women, low stocks of ARVs, and a weak laboratory system. Table 6 activities in COP20 are aimed in closing these gaps. PEPFAR Angola will provide TA and mentorship at national and provincial levels to implement quality ICTT at the community-level to expand HIV services uptake within the family of HIV positive pregnant women. To ensure retention and viral load suppression, the program will also provide TA and mentorship at national and provincial levels to strengthen community-level monitoring and evaluation in order to ensure continuous quality improvement for sustained effective and efficient implementation of community-based PMTCT services. Since stigma and discrimination along with gender-based violence are barriers to accessing HIV testing and treatment, PEPFAR Angola will support SDV reduction interventions including implementing the Stigma Index 2.0 to gather evidence on how stigma and discrimination impact the lives of people living with HIV and generate baseline data on SDV levels. In COP20, we will provide technical assistance to the GRA to address commodity security gaps including support accurate TLD quantification and supply chain support to ensure an appropriate transition process across national and provincial level, operationalize ARV optimization program consistent with PEPFAR priorities and PLL, ensuring consistent supply of optimal regimens, support MMD expansion for adherence and retention, and enhance transport and distribution logistics with emphasis on the commodity distribution at provincial level via third party logistics. For Angola to continue to provide needed HIV treatment, the country must improve its supply chain. By giving targeted technical assistance in the quantification, procurement and distribution at different levels of the supply chain, Angola will be able to plan and procure drugs and commodities.

Table 6 investments strategically fill the gaps that will help Angola in the long-run reach epidemic control. Retention, adherence and viral load suppression will be achieved when women, their children, and partners get tested and remain on treatment for life. In a country with poor access to health services and low ANC, it is critical to engage the community and local leadership to link pregnant women to HIV testing. Many HIV positive women face stigma, discrimination and violence when disclosing their status. Therefore, a peer mentor model will provide them with a safe space that will increase the chances for retention and treatment at the facility level.

PEPFAR Angola collaborates closely with the Global Fund, the Ministry of Health/INLS, and UNAIDS to complement each other's HIV investments in Angola. For example, the USG provides technical assistance to strengthen the supply chain management system while the Government of Angola procures ARVs and commodities with Global Fund support.

PEPFAR's systems investments will allow Angola to reach epidemic control in the long run. Through technical assistance, PEPFAR Angola provides a facility and community approach that targets pregnant women and their families for HIV testing and link them to treatment. At the

same time, technical support to the supply chain has decreased the stock-outs in the provinces where the PEPFAR program is being implemented

PEPFAR Angola will use SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) benchmarks, including MER and custom indicators as appropriate, to monitor and track the implementation of all PEPFAR investments in Angola. The team will measure its success by increased policy implementation evidenced by increased testing, treatment, and ultimately viral load suppression especially in priority provinces, and increased use of data by INLS for program decision making and by clinicians for patient care decision making.

All the above-mentioned system level investments build on existing infrastructure and will ultimately ensure that Angola is able to move itself toward epidemic control.

See Appendix C for additional details.

6.0 USG Management, Operations, and Staffing Plan to Achieve Stated Goals

CDC's M&O remains constant from COP19 to COP20 and the staffing profile is constant in number. CDC will replace the Monitoring and Evaluation Advisor position with a Care and Treatment Advisor position in order to maximize patient outcomes throughout the cascade of care and maintain sufficient oversight of the increased funding for care and treatment in COP20.

In COP19, USAID had three technical HIV positions which included 1 Third Country National (TCN), 1 USPSC, and 1 locally employed staff (LES) position. Due to a shift in programming, USAID realigned its staffing pattern by eliminating the USPSC HIV Advisor position. The TCN position was replaced with a new LES HIV Technical Advisor position. The candidate has been identified and is currently going through security clearance. The existing LES position recently became vacant and the position description is being classified. USAID is proposing this LES position focuses on Strategic Information as the need for data gathering and analysis including SIMS has increased. In order to meet the demands for SIMS, USAID HIV Technical staff will work with interagency colleagues to collect data

Angola HIV technical staff along with technical experts from the USAID/South Africa Regional Mission will coordinate in the monitoring of USAID community-based activities in Benguela, Luanda Sul and Cunene while ensuring and ramping up high frequency (weekly) reporting by the partners. These monitoring exercises will occur in collaboration with the provincial health authorities and community-based organizations including PLHIV networks with expertise in HIV prevention, care and treatment. Through these routine monitoring activities, USAID will ensure that HIV positive pregnant women, their children and partners are successfully linked to facilities and get a family-focused approach to HIV testing, treatment and adherence support services.

APPENDIX A – Prioritization

Continuous Nature of SNU Prioritization to Reach Epidemic Control is not applicable to Angola due to the complete geographic program shift in COP19

APPENDIX B – Budget Profile and Resource Projections

B1. COP20 Planned Spending in alignment with planning level letter guidance

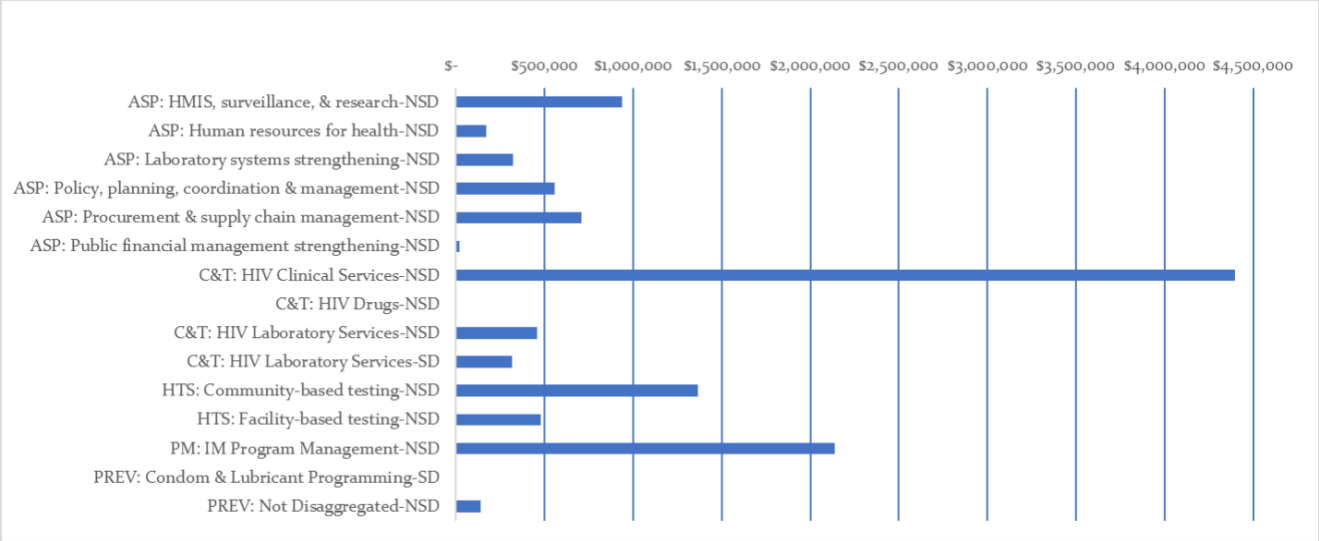


Table B.1.2 COP20 Total Planning Level		
Applied Pipeline	**New Funding**	**Total Spend**
$448,684	**$15,261,316**	**$15,710,000**

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)		
PEPFAR Budget Code	**Budget Code Description**	**Amount Allocated**
MTCT	Mother to Child Transmission	$50,015
HVAB/Y	Abstinence/Be Faithful Prevention/Youth	
HVOP	Other Sexual Prevention	$182,800
IDUP	Injecting and Non-Injecting Drug Use	
HMBL	Blood Safety	
HMIN	Injection Safety	
CIRC	Male Circumcision	
HVCT	Counseling and Testing	$2,295,845
HBHC	Adult Care and Support	
PDCS	Pediatric Care and Support	
HKID	Orphans and Vulnerable Children	
HTXS	Adult Treatment	$6,216,147
HTXD	ARV Drugs	
PDTX	Pediatric Treatment	
HVTB	TB/HIV Care	$200,000
HLAB	Lab	$401,997
HVSI	Strategic Information	$1,093,163
OHSS	Health Systems Strengthening	$1,939,895
HVMS	Management and Operations	$2,881,453
TOTAL		**$15,261,315**

APPENDIX C – Tables and Systems Investments for Section 6.0*

Above Site (Table 6) Activities:

Funding Agency	PrimePartner	COP20 Program Area	COP20 Beneficiary	COP20 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP20 Benchmark
DOD	CHARLES DREW UNIVERSITY OF MEDICINE AND SCIENCE	ASP: Laboratory systems strengthening-NSD	Priority Pops: Military & other uniformed services	Training in laboratory systems strengthening	Insufficient number of trained staff in health facilities and communities to implement HIV cascade of care	COP19	COP21	1) 85% of the military PLHIV on treatment with at least one VL test; 2) 2 Central military ref laboratories with Excelence certificate for VL testing; 3) certified quality of VL POC testing in line with country guidelines; 4) Certified trainers expanding POC impoelentation to all military regions
DOD	CHARLES DREW UNIVERSITY OF MEDICINE AND SCIENCE	ASP: HMIS, surveillance, & research-NSD	Priority Pops: Military & other uniformed services	Program and data quality management	Lack of data for decision making and few standard procedures for data use	COP19	COP21	1) 90% of military facilities using electronic medical patient records and updated tools consistent and reliable data; 2) Skilled site level data managers performing national compliance DQA guidelines; 3) 4 military regions facilities conducting annual DQA with monthly DHIS2 or paper-based reports passing their data quality check
DOD	CHARLES DREW UNIVERSITY OF MEDICINE AND SCIENCE	ASP: Policy, planning, coordination & management-NSD	Priority Pops: Military & other uniformed services		Insufficient number of trained staff in health facilities and communities to implement HIV cascade of care	COP19	COP21	1) 95% of military HIV facilities information systems and workflow in obidience to national standards; 2) 95% of adapted information system, guidelines and operation models adopted in 4 supported regions within facilities with HIV services.
HHS/CDC	NATIONAL INSTITUTE OF AIDS	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	Lack of data for decision making and few standard procedures for data use	COP19	COP20	--100%; --90%; --90%; --quarterly
HHS/CDC	NATIONAL INSTITUTE OF AIDS	ASP: Public financial management strengthening-NSD	Non-Targeted Pop: Not disaggregated	Administrative and financial systems	Inadequate supervision by national and provincial levels	COP19	COP20	--90%; --quarterly tracking of resources going to PEPFAR provicnes
HHS/CDC	NATIONAL INSTITUTE OF AIDS	ASP: Policy, planning, coordination & management-NSD	Non-Targeted Pop: Not disaggregated	Oversight, technical assistance, and supervision to subnational levels	Inadequate supervision by national and provincial levels	COP19	COP21	Quarterly visits to each province that produce targeted QI improvement plans and doucment follow-up of previous quarter's recommendations/QI plan; --30% increase in PMTCT_STATand 20% increase in PMTCT_ART in non-PEPFAR facilities
HHS/CDC	NATIONAL INSTITUTE OF AIDS	ASP: Policy, planning, coordination & management-NSD	Non-Targeted Pop: Not disaggregated	National strategic plans, operational plans and budgets	Low patient retention	COP20	COP22	70% of healthcare workers in non-PEPFAR facilities able to correctly explain U=U; --50% decrease in stigma and discrimination index
HHS/CDC	AFRICAN FIELD EPIDEMIOLOGY NETWORK	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	Incomplete coverage of HIV testing and treatment services in health facilities	COP19	COP21	RT Certification package; First regional RT TOT led by INLS; --all #facilities participating in EQA/PT for all POC tests; --competency assessment by INLS rolled out in all 4 provinces; --at least 90% of all POC labs and testing points; --at least 90%
HHS/CDC	AFRICAN FIELD EPIDEMIOLOGY NETWORK	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Laboratory infrastructure	Poor access to laboratory testing	COP19	COP21	--VLSM completely functional in both labs and all VL data visible on a national dashboard; --Central level monitoring proportion of VL tests performed by type of specimen collected (e.g., plasma versus dried blood spot (DBS), for specific reasons (e.g., routine VL monitoring, follow-up after enhanced adherence counseling and suspected treatment failure) and reporting quarterly
HHS/CDC	AFRICAN FIELD EPIDEMIOLOGY NETWORK	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	Lack of data for decision making and few standard procedures for data use	COP19	COP20	--3 finalized and approved EID M&E tools; 100% (22/22) PEPFAR facilities have VL and EID M&E tools
HHS/CDC	AFRICAN FIELD EPIDEMIOLOGY NETWORK	ASP: Policy, planning, coordination & management-NSD	Non-Targeted Pop: Not disaggregated	Clinical guidelines, policies for service delivery	Poor access to laboratory testing	COP20	COP20	--Quarterly central level EID meetings; --100% of appropriate PEPFAR facilities' staff trained for EID collection; --100% of appropriate PEPFAR facilities' workers trained for EID POC --All lab implementation EID tools developed and implemented at illegible facilities of PEPFAR supported province; --50% increase in PMTCT_EID from baseline
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	Inadequate access to medication for patients	COP18	COP21	Less than 5% stock outs at national warehouse; quarterly-basis; Based on availability of required commodity procured by GoA
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	Inadequate access to medication for patients	COP19	COP21	• Updated National Quantification Report to reflect TLD transition guidance • Development of supply chain tool to monitor the pace of the TLD transition plan • Withdrawal of Nevirapine-based formulation in identified clinics to promote TLD transition • Facilitate site preparedness for rapid TLD transition once policy is rolled out.
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	Lack of data for decision making and few standard procedures for data use	COP19	COP21	>9 months; at PEPFAR supported facilities; bi-annual.
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	Low patient retention	COP19	COP20	>9 months; at PEPFAR supported facilities; bi-annual.
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Supply chain infrastructure	Inadequate access to medication for patients	COP20	COP21	Sufficient stock levels at facilities
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Training in supply chain systems	Insufficient number of trained staff in health facilities and communities to implement HIV cascade of care	COP18	COP21	1-year post graduate certificate program. The MoH approved the program on March 1, 2019. MoH committed the participation of key human resources from MOH to facilitate and instruct various modules of the course.

***PEPFAR Angola does not have any SRE activities.**

APPENDIX D– Minimum Program Requirements

Care and Treatment	1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.[1]	PEPFAR Angola is continuing to provide technical support including standard operating procedures and tools to improve ART initiation.
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.[2]	The Ministry of Health has updated its current ART policy to allow all PLHIV weighing more than 30kg access to TLD. PEPFAR Angola is assisting INLS in the quantification and planning for TLD distribution and the clinical roll-out of the new ART regimen.
	3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.[3]	Data from the pharmacies of the 18 service delivery points are collected and analyzed monthly to ensure multi-month dispensing.
	4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by end of COP20, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.[4]	PEPFAR Angola is continuing to provide TA for expansion of TPT to all appropriate PLHIV in all PEPFAR-supported facilities.

[1] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

[2] Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019

[3] Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

[4] Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	PEPFAR Angola is continuing to work with INLS to optimize VL and EID testing and appropriate patient level use of testing results in priority provinces.
Case Finding	1. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.[5]	PEPFAR Angola follows WHO 5C's as it scales up index testing. PEPFAR Angola counsels and tests pregnant women, their children, and their partners with their consent, and link them to treatment, care, and support services. We ensure that beneficiaries receive the correct diagnosis before initiation of HIV care or treatment. The Government of Angola is still considering policies for self-testing.
Prevention and OVC	1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)[6]	N/A
	2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively	N/A

[5] Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 https://www.who.int/hiv/pub/self-testing/hiv-self-testing-guidelines/en/

[6] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en).

	facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	
Policy & Public Health Systems Support	1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.[7]	N/A
	2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.[8]	PEPFAR Angola implements quality assurance/quality improvement practices into program management. Implementing partners submit yearly workplans which are reviewed frequently to ensure benchmarks are met and critical activities are carried out effectively. Also, monthly site-visits complement the review and revision, if needed, of their workplans.
	3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	In COP 20, PEPFAR Angola will implement the Stigma Index 2.0 to have a baseline in place for measuring progress of reducing stigma moving forward. Provincial- and facility-level education with key HIV messaging is ongoing and will be supported with additional funding to INLS for a national campaign in COP20.

[7] The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

[8] Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

	4. Clear evidence of agency progress toward local, indigenous partner direct funding.	PEPFAR Angola has 2 local organizations that receive direct funding.
	5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	The Government of Angola has committed to double overall health spending from 3.7% to 7.1% of their national budget.
	6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	The OU is continuing to provide this technical assistance.
	7. Scale-up of case-based surveillance and unique identifiers for patients across all sites.	N/A