

Angola

Country Operational Plan (COP) 2023

Strategic Direction Summary

May 19, 2023



Table of Contents

Vision, Goal Statement and Executive Summary of PEPFAR’s investments and activities in support of the COP plan.	3
Pillar 1: Health Equity for Priority Populations	8
Pillar 2: Sustaining the Response	13
Pillar 5: Follow the Science	17
Strategic Enablers	18
Community Leadership	18
Innovation	19
Leading with Data	19
Target Tables	19
Core Standards	20
USG Operations and Staffing Plan to Achieve Stated Goals	21
APPENDIX A -- PRIORITIZATION	22
APPENDIX B – Budget Profile and Resource Projections	23
APPENDIX C – Above site and Systems Investments from PASIT and SRE	25
APPENDIX D – Additional Visuals	30

***Military PSNU data are non-public**

A portion of PEPFAR data relates to foreign military sites, such as bases, barracks, or military hospitals. Data originating at these sites are aggregated to each respective OU's Military PSNU and are non-public. When developing graphics for the SDS, do not include the Military PSNU, which you can find in PSNU dropdowns in Panorama. These services may be funded through a variety of implementing agencies or mechanisms, so the Military PSNU designation is not equivalent to the Department of Defense (DOD) as an implementing agency.

Vision, Goal Statement and Executive Summary of PEPFAR's investments and activities in support of the COP plan.

Vision

PEPFAR/Angola's vision for COP23 is to support the Government of the Republic of Angola's (GRA's) national HIV response to end HIV/AIDS as a public health threat by 2030 by supporting public health institutions, community, and clinical platforms to deliver quality and integrated HIV/Non-Communicable Diseases (NCDs) services.

Goal Statement

PEPFAR/Angola will support GRA's fight to end HIV/AIDS as a public health threat by 2030 by building a strong public health system and making progressive steps towards reaching UNAIDS 95/95/ 95 targets for all ages, genders, and populations.

Executive Summary

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 HIV national response has a significant funding deficit which undermines the Republic of Angola (GRA's) capacity to provide quality HIV services. The Instituto Nacional de Luta Contra o SIDA's (INLS) continues to advocate for increased funding from the government for an efficient HIV response. 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 has increased the INLS' focus on PMTCT, at which PEPFAR Angola has found increased political will to affect change and implement international norms throughout the cascade of care for all PLHIV.

In FY 2024 (COP23), PEPFAR Angola funds will be used to strengthen the GRA's public health systems and its capacity to deliver quality HIV prevention, care and treatment services for people living with HIV (PLHIV) in supported sites in Benguela, Cunene, Huambo, and Lunda Sul provinces. Using the additional \$10 million budget increase, the program will extend services to the general population, ensure retention in care, and right-size commodity needs coverage. To ensure that

no one is left behind, PEPFAR Angola will look beyond Prevention of Mother-to-Child Transmission of HIV (PMTCT) to a family-centered care and treatment program for the general population including men, women, and children. The majority of the additional funding will be used to improve commodities stability for Antiretroviral drugs (ARVs), Rapid Test Kits (RTKs), Early Infant Diagnosis (EID) and Viral Load (VL) reagents; close the funding gap to support the Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS); improve quality of clinical and laboratory services in the existing sites; strengthen community services and build community-based organizations' capacity; and address the Cost of Doing Business (CODB) increase within the PEPFAR Angola program. The programming approach will be aligned to 'Test and Treat' for all populations to ensure that attention and resources are harnessed to find the missing cases and to effectively close health equity gaps for priority populations such as Pregnant and Breastfeeding Women (PBW), men, children, youth (especially Adolescent Girls and Young Women (AGYW) and Adolescent Boys and Young Men (ABYM)), and the military population. PEPFAR will also conduct the SABERS to better understand the HIV epidemic in the military population. PEPFAR Angola will continue to support improved data quality and use of data to improve program implementation through regular program reviews and site level monitoring.

In COP23, PEPFAR Angola will implement an integrated facility-community approach and ensure effective collaboration between community and facility-based partners, the Ministry of Health (MOH), and other HIV donors for improved patient enrollment in care, adherence, and retention in care. The goal of the integrated facility-community approach is to reduce interruptions in treatment (IIT) and to achieve viral suppression for at least 90% patients in the PEPFAR supported patients.

The community model will ensure outreach services are targeted to those most at risk of not receiving needed HIV prevention, care, and treatment services. The success of PEPFAR's integrated facility-community model will be measured through reductions in IIT, improved viral load coverage and suppression, as well as successful implementation of HIV national policies at all levels of the continuum of care.

Since COP20, PEPFAR Angola provided TA to Benguela, Cunene, Huambo, Lunda Sul, and the military population. PEPFAR Angola will continue to provide TA to 22 civilian and 19 military health facilities but with a more focused model of implementation. A fully integrated facility-community model will be applied in Benguela and Lunda Sul, while keeping the current COP 22 service level in Cunene and Huambo. The community services will cover catchment areas around all PEPFAR supported health facilities in Benguela and Lunda Sul while in Cunene and Huambo, not all PEPFAR supported facility catchment areas will be covered.

Analysis of SABERS 2015 and Site Improvement through Monitoring System (SIMS) 2020 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 19 military priority sites that PEPFAR is currently supporting in the four highest-prevalence military regions, spanning ten 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.

PEPFAR Angola will enhance technical capacity for monitoring and evaluation of HIV services at the provincial and facility levels, which will facilitate streamlined linkages between community and facility platforms. In addition, PEPFAR Angola's TA will continue to focus on system strengthening and national policy implementation, including mitigating persistent stock challenges and ensuring sufficient stock of ARVs, RTKs, and lab commodities in PEPFAR supported facilities.

Building off Angola's First Lady Ana Dias Lourenço's political leadership for improving HIV care – particularly PMTCT as demonstrated through the Born Free to Shine Initiative –, PEPFAR Angola will implement a family-focused index case testing approach that will extend the reach of the PEPFAR program beyond pregnant and lactating mothers and HIV-exposed infants. PEPFAR will support Instituto Nacional De Luta Contra A SIDA (INLS's) increased efforts to identify HIV-positive individuals and provide targeted community outreach to enhance facility linkages. PEPFAR Angola will continue to provide index testing services to sexual contacts and children of all HIV infected clients for enhanced case finding. PEPFAR Angola will also trace HIV-positive clients in the community who did not link to treatment or who missed appointments or otherwise experienced an interruption in treatment to bring them back into care. To facilitate targeted tracking and tracing at the community level, PEPFAR Angola will continue to use HIV Testing Services (HTS) registers, appointment registers, missed appointment lists, and tracking logs and implement targeted strategies to reach those clients and facilitate their return to care. This targeted outreach model will include the provision of information, counseling, and adherence support as well as active linkages to facilities. The Intimate Partner Violence (IPV) screening tool and linkage to services will be used to improve and facilitate uptake of HIV testing services.

For COP23, PEPFAR Angola has set aside over \$5 million to procure ARVs, RTKs, laboratory reagents and commodities for EID and VL for all PEPFAR supported sites. PEPFAR will continue to collaborate with Global Fund (GF) to ensure ARVs security.

In COP23, PEPFAR Angola will continue to support community-led monitoring (CLM) through a local partner (to be determined). PEPFAR Angola aims to enhance Civil Society Organizations' (CSOs) capacity to independently monitor the quality of HIV services and improve capacity to develop and advocate for an effective locally led HIV response. CLM activities may include routine PLHIV consumer surveys at the community level as well as patient and healthcare provider interviews at the facility level. Data will be routinely and systematically collected, analyzed, and shared with relevant stakeholders to identify and advocate for agreed upon solutions to support continuous quality improvement (CQI) and guide corrective actions, as necessary. CLM will complement PEPFAR Angola's ongoing community efforts to build community knowledge and awareness to improve uptake of services across the HIV cascade of care, including ART adherence and VL monitoring, as well as build a trusting and sustainable relationship between providers and community members.

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression

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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	36,742,860	1.4%	313,990	--	152,232	49.5%	--	170,753*	8,855*	6,636*
Population <15 years	17,296,684	0.2%	35,484	--	11,865	33.4%	--	11,478*	723*	455*
Men 15-24 years	3,548,347	0.3%	9,495	--	2,892	30.5%	--	8,471*	153*	85*
Men 25+ years	6,366,405	1.4%	83,660	--	41,496	49.6%	--	34,630*	3,008*	2,036*
Women 15-24 years	3,560,596	0.7%	24,710	--	5,445	22%	--	52,239*	1,080*	891*
Women 25+ years	6,821,813	2.4%	162,614	--	91,030	56%	--	63,926*	3,888*	3,169*
MSM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FSW	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PWID	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Priority Pop (military)	107,000**	2.5%**	2,675**	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Sources: Spectrum 2023 | ** Angola SABERS 2015 | *PEPFAR FY22 data (22 sites across 4 provinces)

Table 1.1 shows that of the 313,990 people living with HIV nationally, 152,232 people are on treatment resulting in a national ART coverage rate of 49.5%. In the four provinces that we operate in, the PEPFAR

program managed to test 170,753 people, 8,855 of whom were diagnosed with HIV, and initiate 6,636 people on treatment in FY22.

Figure 1.1: People Living with HIV (PLHIV), Treatment Coverage, and Viral Load Monitoring Coverage

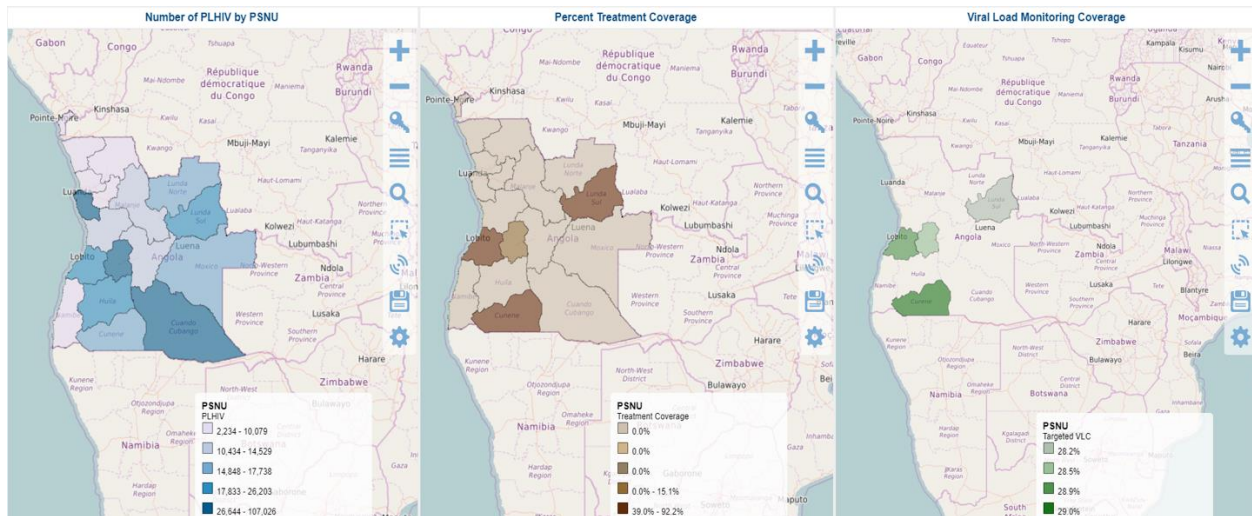


Figure one shows the distribution of PLHIV by SNU, as well as ART and viral load coverage.

Table 1.2: Current Status of ART Saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for COP23	# Current on ART (FY22)	# of SNU COP22 (FY23)	# of SNU COP23 (FY24)
Attained	N/A	N/A	N/A	N/A
Scale-up: Saturation	N/A	N/A	N/A	N/A
Scale-up: Aggressive	2,675/ N/AN/A	7,602	1	1
Sustained	N/A	N/A	N/A	N/A
Central Support	78,498 /25%	17,109*	4	4
No Prioritization	235,493 /75%	N/A	14	14
Total National	313,990 /100%	24,711	18	18

*PEPFAR FY22 data (22 sites across 4 provinces) Table 1.2 demonstrates that PEPFAR programming across the 4 provinces covers 26% of all PLHIV in the country with 17,109 currently on treatment in FY22.

Pillar 1: Health Equity for Priority Populations

Compared to the overall national HIV program and because of the focus of the program on PMTCT, PEPFAR data is showing a strong PMTCT cascade in all PEPFAR supported sites while highlighting equity gaps in reaching children, men, adolescents, and youth. Because of this equity gap and in agreement with MOH/INLS, PEPFAR Angola will harness the increased resources for FY24 & FY25 to expand its interventions beyond PMTCT with the aim of reaching the above-mentioned priority populations.

Plan to close gaps in the priority populations.

In Angola, the lack of current HIV epidemic data and weakened economic growth hinders the country's capacity to optimally manage the national HIV response. Based on this, the GRA has partnered with the World Bank to conduct the Demographic Health Survey (DHS) Plus and the UNAIDS in the costing of the National HIV Strategic plan number 7 (aka PEN 7). To support the GRA's effort, PEPFAR Angola is focusing its interventions on closing equity gaps among priority populations. In COP23, PEPFAR will shift from being a PMTCT only focused program to a family-centered prevention & care and treatment program for the general population. In line with the GRA and other stakeholders, PEPFAR Angola programming will support pregnant and breastfeeding women, children, men, youth (AGYW & ABYM), and the military through strengthened and integrated facility and community-based interventions. To ensure no one is left behind, PEPFAR will continue to implement "Test and Treat" as adopted by GRA in 2017.

PEPFAR will also address structural barriers limiting access to prevention & care and treatment services by leveraging strategic partnerships to ensure resource mobilization which will enable progress towards reaching the UNAIDS 95/95/95 targets. The PEPFAR program will adopt Stigma and Discrimination (S&D) reduction strategies using the results of the 2022 Stigma Index 2.0 to inform interventions geared towards dismantling barriers to access to HIV services. PEPFAR will provide technical assistance to increase capacity of the MoH laboratory network to provide quality laboratory services including testing for HIV and other infectious diseases for all priority populations. PEPFAR will use treatment as prevention by improving case finding in the abovementioned populations, linking them to treatment, strengthening retention and ensuring those on treatment are virally suppressed. PEPFAR will advocate with the INLS for a policy that will authorize the pilot of community ART distribution to enhance treatment adherence and reduce IIT levels. Scale-up of evidence-based index case testing modality will primarily be used to close HIV case finding and treatment gaps and promote equitable access to ART. PEPFAR will prioritize public health approaches to effectively link all PLHIV into life-saving care, strengthen retention and maximize viral suppression across all populations in care. Effective facility-

community (bi-directional) referrals and linkages through the integrated facility-community approach will enable targeted community follow-up for those who may not access facility-based care without support or for those in need of additional support once they leave health facilities. Health facility staff will receive continued TA to provide index testing with fidelity for all clients, and clinical staff will continue to share relevant HTS data with community partners for targeted index testing at the community level. This will complement facility-community efforts to reduce IIT to increase the PLHIV cohort through improved case finding, linkage, and retention. In addition, PEPFAR will continue routine screening for TB and scale-up treatment for latent TB with TB Preventive Therapy (TPT) with Isoniazid for both new patients and existing patients who have not received a lifetime course of TPT.

As discussed in the COP23 Planning meeting in Johannesburg, here are illustrative examples of high-level activities for the identified priority populations.

- **Closing equity gaps in the PMTCT and pediatric cascade**

The gaps observed at national level in the mother-to-child transmission and pediatric HIV deserve improved interventions. The INLS estimates that only 61% of pregnant women living with HIV receive life-saving antiretroviral therapy (ART), resulting in an alarming mother to child transmission rate of 15%. UNAIDS estimates an even higher transmission rate of 19%. This translates into 5,200 children born with HIV annually (2020), despite PEPFAR data that shows with ART, HIV transmission is completely avoidable during pregnancy and breastfeeding. UNAIDS estimates 39,000 children are living with HIV (CLHIV) in Angola, and only 15% are on treatment. AIDS related deaths are estimated to be around 4,500 among children each year. Angola also has the lowest ART coverage for children across all countries.

Using ANC as an entry point, PEPFAR Angola will identify HIV positive pregnant women, effectively linking them into PMTCT services and tracking HIV exposed infants through the duration of breastfeeding to final HIV diagnosis for improved outcomes. PEPFAR will work in collaboration with the INLS, provincial health officials and other community partners including traditional birth attendants and traditional and religious leaders to promote early engagement in antenatal and institutional deliveries among HIV positive and pregnant women.

For every HIV-positive pregnant woman identified through ANC, PEPFAR will solicit contacts with a particular focus on sexual partners, biological children and older siblings for testing and linkage to care and treatment.

PEPFAR will implement an integrated facility-community model across the continuum of care that will include one-on-one interpersonal communication and education, psychosocial support, support groups, adherence and retention support. Using a one-stop-shop clinical model, PEPFAR will implement integrated HIV/TB/SRH services, as well as community case finding and linkage to treatment for missed cases and those who interrupted treatment. Community-based support groups for adolescent mothers will be prioritized.

The PEPFAR program will implement evidenced based pediatric care and treatment services through testing, linkage, and ART provision in the current PEPFAR supported provinces where a solid foundation has been laid for scale-up, with a continued focus to track HIV Exposed Infants (HEI) to a final outcome. These activities will support GRA's objectives for the Global Alliance Initiative (GAI) to End HIV/AIDS in Children by 2030.

Other activities will include but not limited to:

- Supporting targeted and high yield pediatric case finding in emergency wards, TB clinics, and pediatric referral (with an emphasis on same day testing without having to bring the child back to the facility).
- Conduct family index testing surge including chart reviews of PLHIV on treatment for untested biological children and siblings.
- Working with providers to improve EID testing as per guidelines (first test/6 weeks) and rapid linkage to treatment; facility collaboration with the community to track HIV exposed infants who missed EID.
- Working with providers to tailor treatment literacy and adherence counseling for parents and caregivers to improve treatment adherence and reduce IIT.
- Promoting reduction of the number of visits to the health facility by harmonizing medical appointments (mother baby pairs/mother & child ARV pick up at a single visit), matching MMD schedules e.g., mother and baby 3MMD, and matching clinical appointments.
- Encouraging the lab to prioritize EID/VL testing for pregnant and breastfeeding women, especially in case of backlog.
- Working with the lab partner to ensure Cunene and Lunda Sul laboratory teams maximize the use of the MPIMA machines that are currently present in both provinces.
- Establish mechanism to speed return of results back to site, providers and patients for EID positive infants or VL results that are unsuppressed (>1000 copies/ml).
- Develop a pediatric tracker between facility and community to facilitate tracking and linkage of HEI and children to care and treatment services.

- Strengthen collaboration between traditional birth attendants and facility-community partners to reach the undiagnosed HEIs and children.
- Advocating for policy that will authorize pilot of community DBS sample collection to support EID and VL testing and increase coverage.

- **Adolescent Girls and Young Women (AGYWs) & Adolescent Boys and Young Men (ABYM)**

Angola has the third youngest population on the continent of Africa with a median age of 15.9 years ([UNFPA 2020](#))¹. The age of sexual debut for women is 16.6, with few young people using condoms consistently, which is particularly acute among poorer and unemployed women². Young women aged 15–24 years are 2.6 times as likely to be living with HIV than young men, and account for three times as many new HIV infections compared to their male peers³. Almost 30% of pregnant women living with HIV on ART are between 15-24 years. The Spectrum estimates for 2022 show only 25% of females aged 15-24 living with HIV are on treatment. According to PEPFAR Angola’s program data (FY23 Q1), the proxy linkage for this age group is 87% with high level of interruption in treatment, and viral load coverage is only 35%.

PEPFAR Angola’s family-focused model will include quality treatment and adherence education, interpersonal communication, and counseling with PLHIV, assisted disclosure, and formation of Community Adherence groups (or CAGs) for adolescents and youth. The CAGs will promote a functional platform for community-based ARV distribution and other activities that facilitate adherence and continuity on treatment, including promotion of viral load services uptake. PEPFAR Angola will identify influencers to serve as HIV treatment champions and role models to improve uptake of HTS, improve retention in care and treatment, and ensure those who experience an interruption to treatment return to care. The program will support the provision of adolescent and youth friendly services to increase uptake of HIV and sexual and reproductive health services in this priority population. Health care provider training on youth friendly services will ensure there is a receptive environment for women to seek services across their reproductive lives.

¹ https://angola.unfpa.org/sites/default/files/pub-pdf/unfpa_angola_annual_report_2021_eng_web_3.pdf

² [Angola 2015-16 Multiple Indicator and Health Survey \(IIMS\)](#)

³ Spectrum 2021

- **Men**

Progress towards reaching UNAIDS 95/95/95 targets continues to be hampered by a lack of targeted demand creation strategies that adequately address men's concerns, and inadequate community engagement and failure to link interested clients with health facilities providing the services.

The ethical index case tracing and testing (ICTT) PEPFAR program data continues to show lower uptake of index testing among men when compared to women and children. In addition to the barriers associated with high levels of stigma and discrimination, poor male health seeking behavior accounts for this situation. PEPFAR proposes bringing services closer for all clients at risk of HIV through surge support for a targeted community based ICTT campaign, to increase uptake of testing for PLHIV. The surge testing will also target sexual male partners who may not always present at health facilities as couples. Individuals identified as living with HIV will be linked to treatment. PEPFAR funding will support the continuation of the peer-led e-services model, providing virtual support for individuals not comfortable with in-person outreach.

PEPFAR will implement responsive, male-friendly health services and community-based outreach programs to reach men. PEPFAR will support streamlined patient-centered antiretroviral treatment (ART) delivery services/Differentiated service delivery models (DSDMs) including piloting of models such as male adherence clubs, community ART distribution, and fast-track pharmacy pickups to improve men's engagement and participation in HIV services. PEPFAR will also use male peers where possible as providers to lead their own response in HIV prevention and to enhance linkage to care and treatment. Other activities will include but not limited to:

- Continuation of community-based HIV services on weekends, after hours and on public holidays to reach men outside working hours.
- Provision of community testing for older men (40-49), strengthen use of male friendly corners to facilitate discussions on treatment literacy, and facilitate positive gender-transformative shifts and behavioral change.
- Provision of testing to all men who last tested 90 days+ or have a recent exposure using a HIV screening tool.

- **Closing laboratory equity gaps for all populations**

Access to quality laboratory services is paramount to the uptake of HIV services. Moreover, having access to quality testing is a patients' right. The Angola lab system has several gaps that

include low EID/VL testing capacity and coverage, lack of reliable Laboratory Information System (LIS), poor sample transport system, poor quality testing services as well as low capacity of testing personnel.

In collaboration with INLS, the PEPFAR lab program will:

- Perform baseline lab network assessments in preparation for the diagnostic network optimization (DNO).
- Provide competency assessments and certified training for community health care workers and laboratorian on DBS collection for EID and VL testing.
- Provide continuous capacity building for health care workers on the new rapid testing algorithm introduced by INLS.
- Support MOH efforts to implement a stable sample transport system.
- Provide site level TA to promote quality testing.
- Train the reference laboratory staff to effectively lead in the detection of diseases.
- Scale-up diagnostics to address the needs across priority diseases.
- Build provincial level staff capacity for outbreak detection,
- Strengthen biosafety measures.
- Continue to provide support to the LIS system including provision of internet connectivity.

Pillar 2: Sustaining the Response

- **Advocate for Increased Financing for HIV Services**

The GRA has renewed its commitment to the HIV response in Angola, however, the national HIV program is confronted with an 80% funding gap based on INLS 2022 budget estimates. With 45% treatment coverage and persistently high new infections in adults, new infant infections, and deaths in PLHIV, PEPFAR Angola will work together to help GRA get on a progressive path to 95/95/95 in the next 5 years. In COP23, PEPFAR and GF have both committed greater resources to support Angola's HIV response and jump start that progress. In addition, the INLS is in the process of costing the next National Strategic Plan (NSP) for HIV/AIDS and Hepatitis. PEPFAR will use the NSP costing data to work with INLS on its advocacy efforts for increased GRA budget for HIV/AIDS and TB.

PEPFAR Angola will undertake several activities in COP23 aimed at increasing political will and leadership across GRA ministries in the HIV response, harnessing multi-sectoral collaboration, and increasing government budget allocation in the health sector. The increased investments will assist GRA to develop realistic plans and make stepwise progress towards reaching the UNAIDS 95/95/95 targets.

The activities will include the following:

- Collaborations with the Ministry of Finance and the Ministry of Treasury in Angola to increase financial resources in the health sector, including ensuring strategic alignment, complementarity, and efficiency across HIV investments from Global Fund, PEPFAR, and other donors.
- Engagements with the ministry to review human resource for health plan for health services including creation of a community health cadre.
- Strengthening linkages between HIV program investments and broader public health delivery systems including partner country government health budgets and data systems.

- **Closing Human Resources for Health Capacity Gaps**

Even though most health units in Angola provide HIV services, access to quality services remain limited. Accessing HIV services usually means spending a full day in the health unit due to long waiting hours from one service to the other. This situation is even worse for people living with HIV because of fear of stigma and discrimination.

To strengthen HIV services in the provinces to increase testing, treatment, VL coverage & suppression, PEPFAR will provide strategic TA support aimed at advancing a locally led and sustainable HIV response. PEPFAR will support GRA efforts to close the 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. In addition, PEPFAR Angola will adjust its response interventions between national-level TA for writing policies and focus on supervision, training, and mentoring at national, provincial, municipal, and facility levels for the effective implementation of policies.

Commodity concerns have hampered implementation of ART MMD. In addition, HIV self-testing was approved for a highly regulated pilot project reaching key populations; however, there is presently no consideration of expanding self-testing access to the general population. PEPFAR Angola will continue to advocate for adoption of delivery of ARVs through differentiated service delivery (DSD) models, including community ARV distribution, with hopes that INLS will secure sufficient ART. PEPFAR will also continue to advocate for and support INLS on six-month multi-month dispensing implementation and monitoring.

PEPFAR will provide technical assistance to strengthen the quality of facility-based laboratory and pharmacy services, and to strengthen supply chains to ensure availability of condoms, ARVs, and lab reagents. The INLS has established an agreement with the Ministry of Social Affairs to include PLHIV families in the KWENDA social project which is a social program that provides additional funding to low-income families for nutritional supplement. PEPFAR will collaborate to ensure that eligible patients are enrolled in this program to benefit from additional services.

Pillar 3: Public Health Systems and Security

Angola does not have a national public health institute which makes coordination of an emergency public health threats response tedious. PEPFAR will support GRA-led efforts to improve multisectoral collaboration and capacity building to respond to public health threats. In COPP 23, PEPFAR Angola will

Strengthen the public health laboratory network

In addition to supporting the national laboratory system for provision of quality HIV testing services, PEPFAR will build the capacity of the national reference lab for outbreak investigation and multi-disease detection.

- ***Support Health Workforce Development***

As stated in the pillar about sustaining the HIV response, PEPFAR will support:

- Alignment of PEPFAR HRH investments with GRA HRH planning and priorities
- Work with MOH/INLS and DOD to identify gaps in the health workforce.
- Invest in efforts to formalize and align with national government guidance for the large informal health workforce at the community level.
- Support the MOH/INLS's FY 2024 supervisory site visits to improve competency of community health workers (CHWs), nursing staff, M&E officers, and lab technicians to deliver quality HIV services.
- Support healthcare workforce and capacity development (Peer led/Mentor Mother Model rollout for peds, PBW and other populations at risk) to improve clinical management of PLHIV.
- Ensure quality assurance (QA) for HIV testing by improving testers competencies through continuous training and performing regular QA checks.
- Incorporate training, SOPs, and job aids as part of the standard clinical care package at each facility.
- Support strengthening monitoring and evaluation officers.
- Train Lab workers/technicians in quality assurance.
- Advocate for university public health education.

- ***Improve patient-level data systems***

Angola has a fragmented Health Management Information System (HMIS). Harmonization of HMIS is needed to improve the data system in the country and allow multiple disease data system integration and interoperability.

PEPFAR will explore the number and functionality of various health information systems with INLS to ensure interoperability and enhance data use for patient management. Training will be provided to enhance facility-level data management and usage.

- ***Strengthening Supply Chain Systems***

The GRA does not have access to enough ARVs required to sustain the treatment of PLHIV or provide multi-month dispensing.

In COP23, PEPFAR will procure ARVs, RTKs and lab commodities for PEPFAR supported sites as well as continue to provide technical assistance to INLS to ensure appropriate stock management and forecasting.

Planned activities will include the following:

- Assisting the INLS with quantification, forecasting, supply chain planning, and distribution of key commodities to ensure reliable supplies from the national to the sub-national levels.
- Procurement of ARVs, RTKs (including SD Bioline, 3rd RTK for the new national HIV testing algorithm), laboratory reagents and commodities for EID and VL for all PEPFAR supported sites. Ensure consistent availability of condoms for all PEPFAR supported sites.
- Advocate & collaborate with other multilateral partners and private sector for HIV/AIDS commodity security and improved coordination.
 - Assist the GRA to identify other donors for procurement and/or equitable allocations.
 - Engage the private sector for increased commodities funding and shared responsibility between government and partners for joint procurement planning.
 - Work with INLS to establish a National Supply Plan with well-defined accountability and level of contribution.
 - Improve quality of eLMIS in-country to increase end-to-end commodities visibility and accountability. Support further improvements of the logistic system.
 - Improve patient level (longitudinal) data system country wide.
 - Ensure that supply chains are modernized and evolve toward people-centered, integrated, efficient systems that offer data visibility and accountability for all users and stakeholders.
 - Support specific plans & prioritization for each major health system function (HRH, supply chain, leadership, policies, etc.) and core investment (commodities, health workforce, service delivery, etc.)

The PEPFAR commodity partner will continue to work with the MOH and CECOMA to build on past and current investments to strengthen and integrate the supply chain system with the focus on Malaria, HIV and TB.

Pillar 4: Transformative Partnerships

Building a strong partnership among all stakeholders, the private sector and host government is needed for an effective and coordinated HIV response. WHO has taken the lead to organize all health partners in the country to improve collaboration with the host government and enhance synergy among donors.

PEPFAR Angola is coordinating closely with the GF to maximize programmatic and financial resources while avoiding a duplication of efforts in any overlapping provinces. PEPFAR will lead partner expansion/coordination, and communication among multi-lateral partners to ensure efficiencies and optimization of resources. The Angola team has regular meetings with INLS leadership to ensure programmatic implementation and to reach the proposed targets. In Benguela province, GF will provide ARVs for all care and treatment sites including PEPFAR supported sites. The GF also agreed to procure reagents for EID and VL as well as needed lab supplies for the Benguela molecular lab. This will address the testing backlog and provide EID and VL testing for all specimens received by the lab.

To strengthen and expand existing partnerships to end HIV as a public health threat by 2030 (BF2S, Global Alliance to end AIDS in Children by 2030) all stakeholders (GRA, PEPFAR, Global Funds, CSOs, UNAIDS, WHO) agreed to:

- Engage and collaborate with GRA Ministries of Finance, Statistics and Planning, MOH including National Directorate of Public Health (DNSP) and INLS, etc. to increase funding for prevention, care and treatment. PEPFAR Angola will continue to support and promote the First Lady's "Born Free to Shine" campaign at the guidance of the First Lady's Office.
- Explore Public-Private Partnerships to implement Global Alliance activities to end HIV/AIDS in children by 2030. Build upon existing relationships with ExxonMobil to support gaps in activity funding. PEPFAR will seek support from other large corporations in the country.
- Strengthen multi-partner collaboration, coordination and streamlined communication with multilateral partners (WHO, The Global Fund, UNAIDS, PEPFAR, UNICEF) to improve efficiency and avoid duplication.
- Support PLHIV community groups. 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. PEPFAR Angola will maximize stakeholder input through community and civil society engagement to ensure strategic and synergistic allocation of resources to advance INLS priorities. 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 to observe program progress and propose changes of course as needed. As PEPFAR Angola supports community-led monitoring in COP23, it will further enhance its engagement with CSOs.

Pillar 5: Follow the Science

The Angola HIV Response has a lack of current and accurate epidemiologic data. To address the issue, the GRA is conducting a Demographic Health Survey (DHS) which started in March 2023 with preliminary results expected by the end of 2023. PEPFAR will use 2023 DHS data, when available, to support HIV implementation strategies. With support from the GF and World Bank, INLS is conducting surveillance of HIV drug resistance which may provide useful information on the treatment profile in Angola.

In COP23, PEPFAR Angola in collaboration with MOH and multilateral partners in health will strengthen the alignment, interoperability, and use of national data systems. In collaboration with the Department of Defense, PEPFAR will conduct Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS) to better understand the HIV epidemic among the military population.

Building upon previous USG investment in HIV services, PEPFAR will support approaches for strategic case finding to achieve the first 95, while investing in new approaches such as multiplex testing and re-engagement strategies. Additional focus will be placed on improving data quality and use of data to improve program implementation through rigorous increased technical/supportive supervision and monitoring as well as data quality assessments (including monitoring of remediation plans of national DQA) of all provincial sites reporting ART patients.

Strategic Enablers

Community Leadership

To ensure community-led monitoring (CLM), PEPFAR will continue to support CSO capacity building to independently monitor and improve the quality of HIV services. Activities will include routine PLHIV consumer surveys at the community level, patient exit interviews at facility sites. Data collected will be systematically analyzed and shared with relevant stakeholders to support continued quality improvement (CQI) and guide corrective actions as necessary.

Additionally, activities will focus on strengthening civil society capacity and participation in HIV services planning, implementation, monitoring and evaluation. PEPFAR approaches will ensure inclusion of target populations, community leaders and other gatekeepers to enhance uptake of prevention services to reduce HIV transmission. PEPFAR will collaborate with the networks of PLHIV to implement community and peer- led activities to improve HIV knowledge through education, condom distribution, change attitudes and sexual behaviors for the populations at high risk of HIV and to mitigate stigma and discrimination.

Innovation

Building Virtual mentor mother model implemented during COVID-19 pandemic, PEPFAR Angola will support utilization of mobile and digital technologies to provide virtual learning for health care providers and PLHIV free of charge. The use of mobile phones by the community partner has enhanced appointment reminders for ARV pick-ups and blood works. Physical tracking will be prioritized for clients who do not have access to mobile phones and those who need further care and treatment support.

Leading with Data

As stated in pillar 5, the DHS plus and SABERS results will be used to inform strategic programmatic decisions. The INLS willingness to use the DNSP's patient level data management platform, will improve patients' management and data use. PEPFAR will engage with INLS to strengthen functionality of the data TWG.

Target Tables

Target Table 1: ART Targets by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY23)	New Infections (FY23)	Expected Current on ART (FY23)	Current on ART Target (FY24) TX_CURR	Newly Initiated Target (FY24) TX_NEW	ART Coverage (FY24)	ART Coverage (FY25)
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	2,675**	N/A	10,545	8,652	1,092	N/A	
Sustained	N/A	N/A	N/A	N/A	N/A	N/A	
Central Support	78,498	4,728	18,820	23,070	5,747	29.3%	
Commodities (if not included in previous categories)	N/A	N/A	N/A	N/A	N/A	N/A	
No Prioritization	235,493	13,294	N/A	N/A	N/A	N/A	N/A
Total	313,990	18,022	29,365	31,722	6,839	29.3%	

Sources: *PEPFAR Program data (FY22) | ** Angola SABERS 2015

Target Table 3: Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	Population Size Estimate* (SNUs)	Disease Burden	PP_PREV FY24 Target	PP_PREV FY25 Target
10-14 Female	2,322,838	N/A	N/A	N/A
10-14 Male	2,329,951	N/A	226	226
15-24 Female	3,517,245	N/A	1,353	1,353
15-24 Male	3,453,297	N/A	3,609	3,609
TOTAL	11,623,331	N/A	5,188	5,188

*Spectrum 2023

Core Standards

Being a PEPFAR TA country, most of the core standards are not applicable in Angola because of the design for the PEPFAR program in TA countries. Overall, PEPFAR Angola, has supported the GRA to implement safe and ethical index testing to all eligible people, as well as aligning HIV testing services with WHO's 5 Cs: Consent, Confidentiality, Counseling, Correct Results and Connection. "Test-and-start" policies have been implemented in Angola since 2017. HIV services at all PEPFAR-supported sites are free to the public. Angola is about to pilot PrEP with funding from the GF in Benguela province. There are no harmful laws in Angola hindering HIV-AIDS services provision to all. Stigma and Discrimination 2.0 survey results will be used to improve HIV services provision to all PLHIV. PEPFAR Angola is advocating for a 6 MMD, while 3MMD has already been implemented as a DSD. Fast-tracking patients at pharmacy level has been approved by INLS and will be implemented in COP23. Community drug distribution advocacy is ongoing, and PEPFAR Angola is strongly advocating for a pilot to take place in COP23. While TB care is integrated in HIV services, more efforts are needed to improve TB care for all PLHIV, including increased access to TB Preventive Therapy (TPT). INLS together with the National TB Program usually provide INH for all TB patients and PLHIV for TPT, however stockouts are constant. To avoid facing INH stock out and to improve TPT uptake for the PLHIV in the 22 civilian and 19 military PEPFAR supported facilities, the OU will procure INH for FY24. PEPFAR is working diligently with the INLS for an adapted version of the Diagnostic Network Optimization (DNO). In COP 22, effective quality assurance (QA), and continuous quality improvement (CQI) practices have been implemented in PEPFAR supported facilities in Cunene and Lunda Sul to improve viral load demand creation. In COP23, PEPFAR Angola will scale up implementation of core QA and CQI with a focus on interruptions in treatment and other identified gaps in programming in all four provinces. PEPFAR Angola will strengthen collaboration between the community and clinical partners to offer treatment and VL literacy in COP23 and beyond. PEPFAR Angola, while not directly providing local capacity building, will take advantage where possible of local partners capacity building projects funded through other USAID programs to strengthen capacity of local NGOs to implement quality HIV services and position them to receive direct USG funding. To improve strategic partnership and collaboration with the GRA, PEPFAR Angola is partnering with GF to open more

communication lines with the MOH, MOF and other important institutions within these ministries (GEPE, OH secretary of state,).

USG Operations and Staffing Plan to Achieve Stated Goals

Angola OU has a small footprint, due to the high cost of doing business in the country; the OU has managed to only fill core strategic positions and use support from all three agencies' HQ subject matter experts. The interagency approved a Strategic Information (SI) Specialist position to maximize effectiveness and efficiency to achieve program priorities across PEPFAR's strategic pillars. This is a core position missing in the OU, and the tasks have usually been filled by a fellow whose fellowship ended in FY23.

- **Justification of the Strategic Information (SI) Specialist position**

The Strategic Information (SI) position is core to PEPFAR data quality and utilization to inform programming. The SI Specialist will be responsible for managing PEPFAR data and related analytical, data display, and reporting activities. The incumbent will lead the coordination, facilitation, and maintenance of complex data collection, analysis, interpretation, and reporting activities across multiple internal and external entities, sources and systems.

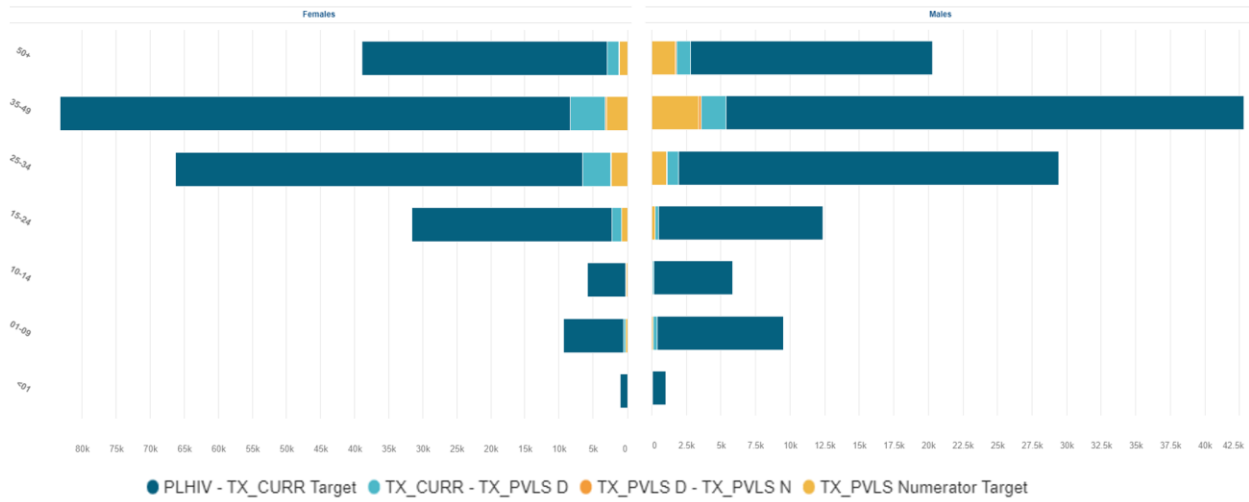
- **Explain major changes to CODB:**

Summarize any factors that may increase or decrease CODB in COP23. Identify whether there are any trade-offs that will be required if the CODB request is not fully approved.

In COP 23, there are no major changes to the CODB. Adjustments were made to cover inflation, increase in ICASS, and the new SI position. The OU has no long-term vacant position.

APPENDIX A -- PRIORITIZATION

Figure A.1: Epidemic Cascade Age/Sex Pyramid



APPENDIX B – Budget Profile and Resource Projections

Table B.1.1 COP 22, COP23/FY 24, COP23/FY 25 Budget by Intervention

Intervention Name	Fiscal Year		
	2023	2024	2025
Total Budget	\$13,143,000	\$23,886,000	\$23,000,000
ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	\$154,261		
ASP>HMIS, surveillance, & research>Non Service Delivery>Pregnant & Breastfeeding Women	\$53,000		
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Pregnant & Breastfeeding Women		\$83,000	\$83,000
ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$151,293	\$250,000	\$250,000
ASP>Management of Disease Control Programs>Non Service Delivery>AGYW		\$125,400	\$0
ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		\$229,000	\$229,000
ASP>Management of Disease Control Programs>Non Service Delivery>Pregnant & Breastfeeding Women		\$59,000	\$59,000
ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Pregnant & Breastfeeding Women	\$76,000		
ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$626,255	\$1,006,682	\$1,702,323
C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations		\$125,400	\$2,389,537
C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	\$1,884,508	\$2,833,301	\$517,940
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations		\$57,000	\$137,000
C&T>HIV Drugs>Service Delivery>Children	\$55,000	\$410,000	\$410,000
C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	\$850,397	\$2,346,000	\$2,346,000
C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	\$391,240	\$770,000	\$770,000
C&T>HIV Laboratory Services>Service Delivery>Children	\$30,000	\$50,000	\$50,000
C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	\$169,300	\$1,255,000	\$1,255,000
C&T>HIV/TB>Service Delivery>Non-Targeted Populations		\$140,000	\$60,000
HTS>Community-based testing>Non Service Delivery>Children	\$382,500	\$263,970	\$263,970
HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	\$127,500	\$1,158,270	\$1,255,870
HTS>Community-based testing>Service Delivery>Non-Targeted Populations		\$164,500	\$344,500
HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$9,634		\$506,393
HTS>Facility-based testing>Non Service Delivery>Pregnant & Breastfeeding Women	\$347,377	\$506,393	\$0
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations		\$164,500	\$4,500
HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$251,164		

PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations		\$316,572	\$71,532
PM>IM Program Management>Non Service Delivery>AGYW		\$39,600	\$0
PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$876,839	\$1,959,721	\$2,449,392
PM>IM Program Management>Non Service Delivery>Pregnant & Breastfeeding Women	\$588,595	\$914,448	\$18,000
PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$4,032,137	\$4,931,694	\$4,960,684
PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	\$400,000	\$489,000	\$409,000

Table B.1.2 COP22, COP23/FY 24, COP23/FY 25 Budget by Program Area

Program	Budget		
	2023	2024	2025
Budget Total	\$13,143,000	\$23,886,000	\$23,000,000
C&T	\$4,110,832	\$9,114,416	\$9,101,076
HTS	\$1,535,688	\$2,832,630	\$2,950,230
PREV	\$452,500	\$539,000	\$459,000
ASP	\$1,266,409	\$2,794,082	\$2,484,323
PM	\$5,777,571	\$8,605,872	\$8,005,371

Table B.1.3 COP22, COP23/FY 24, COP23/FY 25 Budget by Beneficiary

Country	Targeted Beneficiary	Budget		
		2023	2024	2025
Budget Total		\$13,143,000	\$23,886,000	\$23,000,000
Angola	AGYW		\$165,000	\$0
	Children	\$467,500	\$723,970	\$723,970
	Non-Targeted Populations	\$8,040,020	\$15,363,339	\$19,140,731
	Pregnant & Breastfeeding Women	\$2,949,480	\$4,396,142	\$677,940

Table B.1.4 COP 22, COP23/FY 24, COP23/FY 25 Budget by Initiative

Country	Initiative Name	Budget		
		2023	2024	2025
Budget Total		\$13,143,000	\$23,886,000	\$23,000,000
Angola	Community-Led Monitoring	\$12,000	\$100,000	\$100,000
	Condoms (GHP-USAID Central Funding)	\$400,000	\$400,000	\$0
	Core Program	\$12,230,000	\$21,755,000	\$22,399,000
	LIFT UP Equity Initiative		\$330,000	\$0
	Other Surveys		\$800,000	\$0
	USAID Southern Africa Regional Platform	\$501,000	\$501,000	\$501,000

APPENDIX C – Above site and Systems Investments from PASIT and SRE

In COP 23, PEPFAR Angola will collaborate with MOH/INLS to address key health system gaps to improve quality of HIV services for PHIV. The above site activities will include the following: -

- **Lack of HIV prevalence data for the military** - PEPFAR Angola will fund SABERS to obtain updated estimates of HIV prevalence and related behavioral risks among the military (last survey SABERS was completed in 2015). The program will also continue to build the capacity of military researchers to conduct population-based studies in Angola.
- **Poor data recording and quality**: Support the GRA in the development of HIV patient tracking system in existing national DHIS2.
- **Lack of capacity to deliver quality HIV services** - Build military health staff capacity to ensure compliance to national protocols on HTS, C&T, VL/EID monitoring, opportunistic infections diagnosis and management, and differentiated service delivery models for PLHIV. Support implementation through provision of onsite mentorship, supervision, and supply chain management training for supported sites.
- **Lack of multiplex and VL testing capacity** - Facilitate laboratory accreditation for the supported military sites. Provide training and mentorship on quality laboratory services for HIV & TB.
- **Poor data utilization in programming** - Provide TA on IPV, stigma and discrimination reduction, differentiated service delivery models of care, gender approaches, male friendly services, monitoring, evaluation, and learning (ECHO program). Train Military Health Workers on M&E to support leadership based on data.
- **Lack of established peer led community model** - Work with INLS, Provincial and Municipal HIV focal points to adopt the peer-led mentor mother model that was developed in FY 2023. Provide TA on the roll-out of the peer led model to PEPFAR sites and INLS priority sites.
- **Access barriers to HIV services** - Enhance Civil Society Organizations' (CSOs) capacity to independently monitor the quality of HIV services, implement stigma and discrimination reductions interventions and improve capacity to develop and advocate for effective locally led HIV response.
- **Poor multi-partner coordination on lab activities**. After the COVID19 pandemic, the support provided to Angola MoH for lab systems from multilateral partners has increased; however, it remains disorganized and uncoordinated. The partner will support coordination of this increased support.
- **Poor knowledge of lab management and CQI**. Continuous supervision visits led by the INLS where the lab partner will provide mentorship and training for the implementation and monitoring of CQI projects.
- **Lack of HIV 3-test algorithm compliance** - Support a steady implementation of a 3-test algorithm, monitoring of laboratory quality indicators and targeted mentorship to ensure compliance to HIV testing policy guidelines and SOPs.
- **High turnaround time and lack of EID/VL data** - Provide TA to central and provincial level labs on LIS implementation to reduce result turnaround time. Improve clinical action on critical results.
- **Lack of integrated lab testing capacity**: Train reference laboratory staff to effectively lead in the detection and disease control. Scale-up patient-centered diagnostics to address diagnostic needs across priority diseases. Train at provincial level on outbreak preparedness and response,

biosafety, sample collection and shipping and lab management during PH (epidemic/pandemic) events.

- **Weak adoption of evidence-based DSD models - Engage** with INLS concerning the development and continuous review of HIV policies and guidelines with particular emphasis on adoption of evidenced based one stop shop and DSD models for PLHIV as well as high yield/targeted case finding modalities: EID and ICTT.
- **Weak HSS & HMIS systems to monitor HIV programs** - Country-led (MOH/INLS) HIV response and policy direction for quality HIV services. The main goal is to conduct HSS strengthening, supportive supervision, M&E, and to reach the Global Alliance goal to end HIV AIDs in children by 2030.
- **Outdated 5-year NSP (2018-2022)** - Update C&T protocols, M&E instruments, development, and printing of IEC materials for Stigma & Discrimination, HIV prevention, treatment literacy etc.
- **Inconsistent availability of drugs & commodities** - Update C&T protocols, M&E instruments, development, and printing of IEC materials for Stigma & Discrimination, HIV prevention, treatment literacy etc. Provide TA for national quantification and forecast (ART, RTK, lab, condoms, essential prophylactic drugs), supply planning, warehousing, and Inventory Management to INLS.
- **Address health equity gaps for AGYW.** Provide targeted TA for AGYW friendly health equity interventions to increase uptake of HIV services and retention in care.

Table C.1 Above site investments in COP23 PASIT and SRE

Funding Agency	Sub-Program	Activity Category	COP 23 Beneficiary	Unique Activity Title (optional)	Short Activity Description	Gap Activity Will Address	Activity Budget
HHS/CDC	Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Pregnant & Breastfeeding Women	C&T Policy, Planning & Program Mgt	Country-led (MOH/INLS) HIV response and policy direction for quality HIV services. The main goal is conduct HSS strengthening, supportive supervision, M&E, and to reach Global Alliance goal to end HIV AIDs in children by 2030.	Weak HSS & HMIS systems to monitor HIV program	\$83,000
HHS/CDC	Management of Disease Control Programs	Oversight, technical assistance, and supervision to subnational levels	Pregnant & Breastfeeding Women	Support of the HIV NSP	Update C&T protocols, M&E instruments, development and printing of IEC materials for Stigma & Discrimination, HIV prevention, treatment literacy etc.	Outdated 5 year NSP (2018-2022)	\$59,000
HHS/CDC	Management of Disease Control Programs	Oversight, technical assistance, and supervision to subnational levels	Non-Targeted Populations	Policy planning & coordination	Engage with INLS concerning the development and continuous review of HIV policies and guidelines with particular emphasis on adoption of evidenced based one stop shop and DSD models for PLHIV as well as high yield/targeted case finding modalities: EID and ICTT.	Weak adoption of evidence based DSD models	\$17,000
HHS/CDC	Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	Training & mentoring on Lab mgt & CQI	Continuous supervision visits led by the INLS where the lab partner will provide mentorship and trainings for the implementation and monitoring of CQI projects.	Poor knowledge of lab management and CQI.	\$45,000
HHS/CDC	Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	Site level support on quality HIV RT	Supporting a steady implementation of a 3-test algorithm, monitoring of laboratory quality indicators and targeted mentorship to ensure compliance to HIV testing policy guidelines and SOPs.	Lack of HIV 3-test algorithm compliance	\$50,000
HHS/CDC	Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	Support opening of Huila regional lab.	The Laboratory partner (LP) will support installation, workflow design, sample preservation and burden sharing with other regional labs, for sample reception and results delivery.	Low EID/VL testing capacity and coverage.	\$45,000

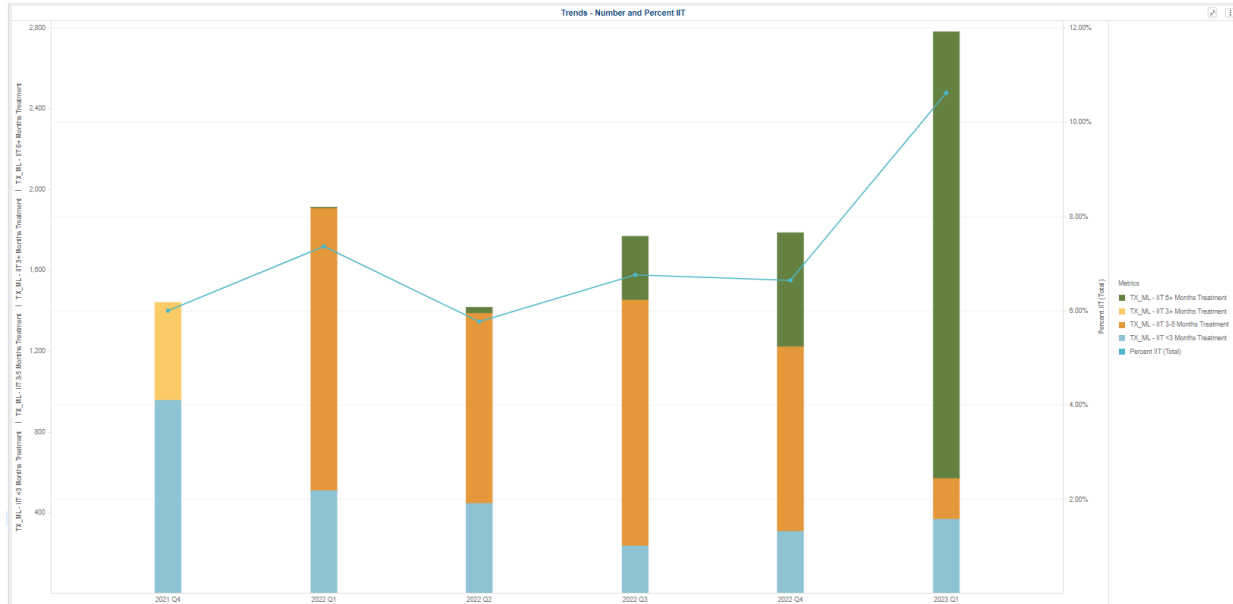
HHS/CDC	Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	Integrate HIV Lab into PH system	Train reference laboratory staff to effectively lead in the detection and disease control. Scale-up patient-centered diagnostics to address diagnostic needs across priority diseases. Train at provincial level on outbreak preparedness and response, biosafety, sample collection and shipping and lab management during PH (epidemic/pandemic) events.	Lack of integrated lab testing capacity	\$50,000
HHS/CDC	Laboratory systems strengthening	Laboratory information systems	Non-Targeted Populations	Continuation of LIS TA	Provide TA to central and provincial level labs on LIS implementation to reduce result turnaround time. Improve clinical action on critical results.	High turnaround time and lack of EID/VL data	\$50,000
HHS/CDC	Laboratory systems strengthening	Network optimization	Non-Targeted Populations	Lab co-implementation with other IPs	After the COVID19 pandemic, the support provided to Angola MoH for lab systems from multilateral partners has increased however, it remains disorganized and uncoordinated. The partner will support coordination of this increased support.	Poor multi-partner coordination on lab activities.	\$10,000
HHS/CDC	Management of Disease Control Programs	Oversight, technical assistance, and supervision to subnational levels	Non-Targeted Populations	Policy Planning and Coordination	Engage with INLS concerning the development and continuous review of HIV policies and guidelines with particular emphasis on adoption of evidenced based one stop shop and DSD models for PLHIV as well as high yield/targeted case finding modalities: EID and ICTT.	Weak adoption of evidence based DSD models	----
State/AF	Management of Disease Control Programs	Civil society engagement	Non-Targeted Populations	CLM	Community Led Monitoring	Build capacity of CLM beneficiaries	\$12,000
USAID	Procurement & supply chain management	Procurement and supply chain strategy	Non-Targeted Populations	Supply Chain TA (FY 2024)	TA for national quantification and forecast (ART, RTK, lab, condoms, essential prophylactic drugs), supply planning, warehousing and Inventory Management to INLS.	Inconsistent availability of drugs & commodities	\$1,006,682
USAID	Management of Disease Control Programs	Civil society engagement	Non-Targeted Populations	CLM, Stigma & Discrimination Reduction	Enhance Civil Society Organisations' (CSOs) capacity to independently monitor the quality of HIV services, implement stigma and discrimination reductions interventions and improve capacity to develop and advocate for effective locally-led HIV response.	Reduce structural access barriers to HIV services	\$100,000
USAID	Management of Disease Control Programs	Oversight, technical assistance, and	AGYW	AGYW Health Equity Initiative	Targeted health equity interventions for AGYW.	Address health equity gaps for AGYW	\$125,400

		supervision to subnational levels					
USAID	Management of Disease Control Programs	Oversight, technical assistance, and supervision to subnational levels	Non-Targeted Populations	Peer model for community HIV services	Work with INLS, Provincial and Municipal HIV focal points to adopt the peer-led mentor mother model that was developed in FY 2023. Provide TA on the roll-out of the peer led model to PEPFAR sites and INLS priority sites.	Lack of established peer led community model	\$100,000
USAID	Procurement & supply chain management	Procurement and supply chain strategy	Non-Targeted Populations	Supply Chain TA (FY 2025)	TA for national quantification and forecast (ART, RTK, lab, condoms, essential prophylactic drugs), supply planning, warehousing and Inventory Management to INLS.	Inconsistent availability of drugs & commodities	----

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APPENDIX D – Additional Visuals

Figure D.1: Clients Gained/Lost from ART by Age/Sex, FY22 Q4 (Angola)



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