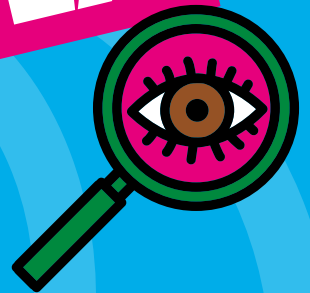


**ANGOLA**



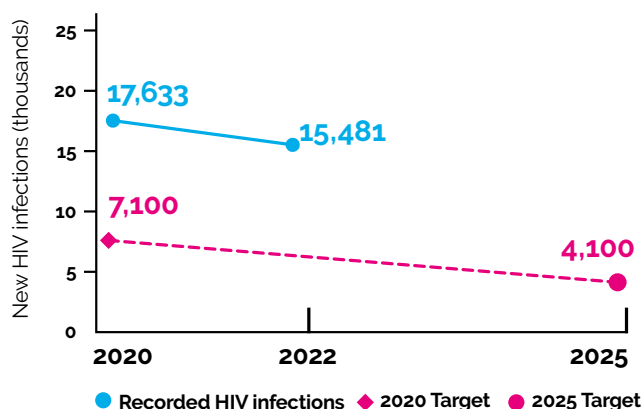
**HIV PREVENTION  
& ACCOUNTABILITY  
A COMMUNITY  
PERSPECTIVE  
2023**

# SUMMARY OF CIVIL SOCIETY ANALYSIS

Angola is working hard to strengthen its commitment to HIV prevention by establishing a Prevention Technical Working Group (TWG). This group is working alongside civil society and community organisations to develop both a national HIV Prevention Road Map, and a new National Strategic Plan (PEN VII), both of which will be aligned with global targets and commitments. The recent decriminalisation of same-sex sexual activity and sex work in the new penal code is a significant advancement for key populations. Increased funding for prevention within the new Global Fund grant is also very welcome.

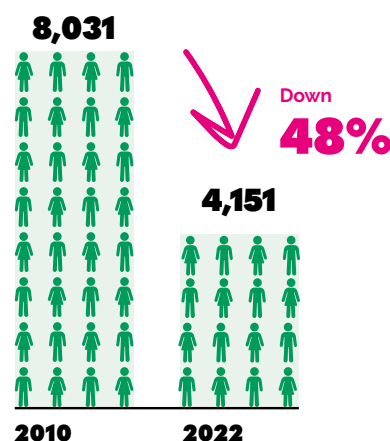
To further strengthen its national response, Angola must establish clear sub-national targets and develop fully costed minimum service packages for all populations. Improving coordination and leadership in the HIV response – as well as defining clear roles and responsibilities for relevant government ministries and departments – is also crucial, as is more robust data. At the same time, a proposed law that could restrict civil society's ability to operate is threatening the rapidly expanding HIV response in Angola and should be reconsidered.

## NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

## NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition



## KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate	2017	2017	NO DATA	2017
Estimated HIV prevalence	NO DATA	NO DATA	NO DATA	NO DATA
HIV prevention service coverage	51%	3%	NO DATA	NO DATA
Avoidance of healthcare due to stigma and discrimination	NO DATA	NO DATA	NO DATA	NO DATA

Source: [UNAIDS Key Populations Atlas](#), The Global HIV Prevention Coalition

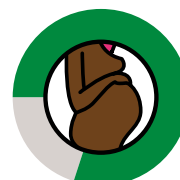
## INTEGRATION



HIV testing and counselling services are integrated with sexual & reproductive health services (SRH)

✓ Yes Fully integrated

Source: [National Commitments and Policy Instruments Database](#)



80%

Coverage of pregnant women who receive ART to prevent vertical transmission.

Source: The Global HIV Prevention Coalition

## STRUCTURAL BARRIERS



### LEGAL ENVIRONMENT

LEGAL ENVIRONMENT	CRIMINALISED?
Same-sex sexual acts	NOT CRIMINALISED
Sex work	NOT CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	NOT CRIMINALISED
Gender expression	NOT CRIMINALISED
HIV transmission, non-disclosure, or exposure	CRIMINALISED

Source: [UNAIDS Laws and Policies Analytics](#), [Human Dignity Trust](#)

# ANGOLA



## GENDER VIOLENCE



**25.9%**

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [UN Women](#)

## STIGMA



Latest stigma index report conducted in

**2023**

Source: [Global Network of People Living with HIV \(GNP+\)](#)

## FINANCING



15% Abuja Declaration target

**6.7%** of government budget to health expenditure

Source: [UNICEF](#)



International funding for HIV prevention

**5%**

Source: [UNAIDS Financial Dashboard](#)

Domestic funding for HIV prevention

**95%**

## ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

**NO DATA**



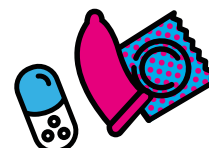
HIV testing without parental consent

✓ For adolescents over 12 years



National CSE curricula in place

✓ Primary & secondary



**32.25%**

Knowledge of HIV prevention amongst adolescents (aged 15-24)

Source: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [AIDSinfo](#)

# PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS



## ACTION

1

### EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



Some of Angola's key strategic documents, such as the National Health Development Plan (2012–2025) and the National Key Populations Strategy (2018–2022), are outdated.

Angola is currently finalising a new National Strategic Plan for HIV/AIDS, viral hepatitis and sexually transmitted infections (STIs) (PEN VII 2024–2028), which primarily focuses on the biomedical aspects of the response and identifies the priority provinces and populations.

Civil society and community groups actively contributed to the development of this strategy, advocating for the inclusion of their priorities, and are eager to ensure that their input is retained in the final draft. They also stress the need for the plan to be shared widely at the district and local level.

There is inadequate, cross-country mapping on the risk and prevalence of HIV across provinces and at the local level, which makes it impossible to create localised epidemic control measures. The most up-to-date population size estimates for female sex workers, men who have sex with men, and transgender people were released in 2017. An Integrated Biological and Behavioural Surveillance (IBBS) survey for truck drivers was completed in 2019. There are still no size estimates for people who inject drugs and prisoners.

A new Seroprevalence and Behavioural Epidemiology Risk Survey is also planned for 2024 under the US President's Emergency Plan for AIDS Relief (PEPFAR). It has been recommended that a new IBBS PLACE study be conducted, but the status of this unclear due to funding.

Civil society is concerned that programmatic decisions continue to be based on outdated information. The most recent Multiple Indicator and Health Survey (IIMS) was conducted in 2015–2016, but it did not sufficiently include key populations. The survey scheduled for 2020 was cancelled due to the COVID-19 pandemic. Despite expecting delays, civil society welcomes plans to conduct the survey in the next year.

#### RECOMMENDATIONS

- ✓ Conduct up-to-date population size estimates for all key population groups, involving community organisations from start to finish.
- ✓ Accelerate efforts to conduct a new IIMS survey, ensuring all relevant key population groups are included in this process, and promptly disseminate results from this and other surveys.

## ACTION

# 2

## PRECISION PREVENTION APPROACH



PEN VII has a few national-level targets, but a full results framework has not been shared. The targets listed in the most recent draft are mainly biomedical, focusing on the Joint United Nations Programme on HIV and AIDS (UNAIDS) [95-95-95](#) cascade, reducing vertical transmission and increasing paediatric access to anti-retroviral treatment (ART). This is understandable given how far Angola is lagging on these global targets, with only 58% of people living with HIV knowing their status; 46% being on treatment, and limited data on viral suppression.

Lower priority is placed on the behavioural and structural elements aligning with the UNAIDS [10-10-10](#) targets, with no targets on securing legal change. This is discouraging given recent positive developments in this area. The current draft also does not include specific targets for key populations, due to a lack of data. There are also no specific targets for adolescent girls and young women.

Provinces and municipalities are expected to develop their own operational plans. The provincial bodies and focal

points who should lead this process are also not functioning effectively. The Global Fund is also considering supporting a sub-national approach in the new grant (GC7).

Angola has an HIV Prevention Working Group (PWG), which includes civil society and community representatives. However, the meetings are not convened as scheduled, actions and minutes are not shared, and civil society remains concerned that their participation is tokenistic.

### RECOMMENDATIONS

- ✓ Develop and publish a full Results Framework for PEN VII, including specific targets on structural factors and on all priority populations and pillars, as well as indicators to measure and report on progress.
- ✓ Include a wider and more meaningful engagement of civil society and community organisations in all HIV Forums and TWGs, and share the TWG meeting reports, minutes and action points widely with implementing partners for accountability and strengthened collaboration.

## ACTION

# 3

## COUNTRY INVESTMENT NEEDS



The proportion of government budget allocated to the health sector in Angola has increased from 5.6% in 2022 to 6.7% in 2023. While this increase is welcome, Angola remains far from the 15% Abuja Declaration target.

PEN VII estimates that 80% of the funding for the national HIV response should come from government. However, it is unclear whether this target will be met. Private sector involvement in the HIV response appears to have declined, in large part due to the economic crisis affecting Angola.

A fully costed version of PEN VII has not been shared with civil society and there are no specifics regarding the needs of each target group, or the costs associated with priority interventions.

This lack of transparency is further hindered by the lack of reporting. No National AIDS Spending Assessment (NASA) has ever been completed. The last National Health Account Report was published in 2017 but is not readily available and no new report is on the horizon. The lack of concrete, comparable data makes it hard for advocates to track investment and weakens civil society's ability to advocate for adequate investment.

Under the GC7 grant, the funding for prevention is set to

double. This will cover a range of areas, including services for key populations and adolescent girls and young women, although efforts will be focused on only three provinces. PEPFAR investment levels increased between 2022 and 2023–2024. However, funding for next year is still pending. The majority of current funding is targeted towards ending vertical transmission.

There are still very few formal spaces where civil society can discuss these topics, and the lack of meaningful engagement in financing dialogues remains a concern.

### RECOMMENDATIONS

- ✓ Develop a fully costed PEN VII, which outlines costs associated with each of the core pillars and population groups and the relevant resource gaps.
- ✓ Engage with technical partners to improve financial estimation, tracking and reporting on HIV prevention, and increase civil society engagement in budget development processes and decision-making spaces.
- ✓ Increase domestic funding to help Angola achieve the Abuja Declaration targets, including through innovative funding mechanisms and new approaches to private sector engagement.

## ACTION

# 4

## HIV PREVENTION POLITICAL LEADERSHIP



Angola has two bodies working on the HIV response but the mandate of each and how they should work together is unclear.

The National Commission for the Fight against AIDS and Major Endemic Diseases (CNLS) is the government agency responsible for coordinating the national response and raising funds. However, it is criticised for its limited political influence and poor operational performance. Attempts to decentralise leadership, for example, through city-focused Acceleration Plans such as the one piloted in Luanda have also not succeeded.

The Angolan National AIDS Institute (INLS) is the body responsible for the technical coordination of the HIV response within the Ministry of Health. It develops the policies, guidelines and standards that guide the delivery of HIV services in accordance with the Strategic Plan. The INLS has a focal point per province who provides technical support to the municipal commissions, but they face major challenges in implementation, lacking budget, technical capacity or human resources to effectively make gains in HIV prevention. The INLS has proactively set up a national HIV Prevention TWG, which includes civil society and community organisations, as well as government departments. It has just started and meets quarterly, but the terms of reference hasn't been shared widely.

The INLS does not always stand in solidarity with civil society and community networks. While the government frequently engages with civil society and communities and involves them in certain processes, it does not consistently incorporate their

input. For instance, in the recent Global Fund proposal where civil society took part, the initial draft allocated 10% of the budget to community-led interventions. However, before submission the proposal was modified, reducing the allocation for community interventions to just 1%. Civil society and communities were not informed of this change in advance.

There is growing anti-rights opposition in Angola with some politicians publicly standing against the rights of lesbian, gay, bisexual, trans and and queer communities (LGBTQ+) and abortion. The lack of prioritisation of structural elements within PEN VII results in a lack of funding to counter these groups and demonstrates a lack of commitment to addressing structural issues related to HIV prevention that are under attack by the anti-rights movement.

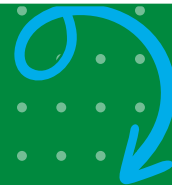
### RECOMMENDATIONS

- ✓ **Develop legal guidance stipulating the role of the INLS and CNLS in the HIV response, to ensure effective leadership and no duplication.**
- ✓ **Ensure that regular meetings for the HIV Prevention TWG take place and formalise a Terms of Reference to enhance transparency and accountability.**
- ✓ **Ensure that the Ministry of Health, the CNLS and the INLS are actively challenging the growing anti-rights movement and promoting evidence-based services and human rights for all, including key population communities and young people.**

## ACTION

# 5

## COMMUNITY-LED HIV PREVENTION SERVICES



Civil society organisations (CSOs) occupy important positions, like Vice President of the Country Coordinating Mechanism for the Global Fund. However, UN agencies still maintain a central coordinating role, and civil society involvement in TWGs is sometimes considered tokenistic.

PEN VII places great importance on enhancing community responses to tackling HIV and AIDS, viral hepatitis and STIs. However, there is currently no clear target or data regarding the percentage of HIV prevention services provided by community-led organisations.

CSOs involved in finalising PEN VII are developing an activity plan, identifying which organisations are best suited to certain pieces of work, and potential funding opportunities. However, the current level of funding is still very small.

Efforts to boost the recognition of civil society activities in Angola are ongoing. There is currently no social contracting mechanism in place. The Ministry of Health is working alongside the Ministry of Social Action, Family and Gender Promotion to develop a Community Health Policy and a Strategic Community Health Plan, which should support this process. But, these policies are still being finalised and need to be validated by civil society.

Organisations working with key populations describe difficulties

in registering and obtaining funding. Civil society is concerned by government proposals for a new Statute on Non-Governmental Organisations that would regulate CSOs' work and civic space, reducing their autonomy and ability to access external funding.

There is no consolidated technical assistance (TA) plan in Angola. The roles of the CNLS and INLS are not clear in terms of TA, and TA is largely provided through UNAIDS and international donors.

### RECOMMENDATIONS

- ✓ **Set national and sub-national targets for increasing the proportion of HIV prevention services delivered by community-led organisations, in line with UNAIDS 30-60-80 targets.**
- ✓ **Accelerate the finalisation of the Community Health Policy and Strategic Community Health Plan. This includes outlining the steps needed to develop a legal mechanism to allow social contracting for civil society and community-based organisations.**
- ✓ **Develop a unified TA plan, clarifying the role of the CNLS and INLS, to address the capacity gaps of community organisations and programme implementers on HIV prevention.**

## ACTION

# 6

## REMOVE SOCIAL AND LEGAL BARRIERS



A Legal Environment Assessment (LEA) for Angola was conducted in 2020, with active input from civil society. It highlighted that Law 8/04 on HIV and AIDS (2004) has fallen short in addressing the needs of key and vulnerable populations and contributed to high levels of stigma. A review has taken place and a report is due in December.

Talks are ongoing between civil society and the Justice Ombudsman regarding reforming the criminal code, which currently criminalises people who inject drugs. In 2019, the government approved a new penal code, decriminalising same-sex sexual activity. In 2021, they also decriminalised sex work. However, stigma and discrimination against LGBTQ+ and sex worker communities persist. A new stigma Index is due to be released in December 2023, but it will focus primarily on people living with HIV.

There is no coordination between INLS and CSOs around human rights. Angola does not have a database of human rights violations. Crimes are reported through the police, the Public Prosecutor and the Ombudsman's Office but disaggregated information is lacking, especially at the provincial level. Advocates are also concerned about the credibility of this data.

Legal literacy is limited, particularly among those most vulnerable to violations. Law enforcement and programme implementers are not very knowledgeable about people's legal rights. Despite recent gains with the development in 2019 of the Angola Gender Observatory and a plan on gender-based violence (GBV) and gender equality, protecting women from GBV remains challenging.

In Angola, the anti-rights movement is advocating for "traditional" values and the "protection" of young people.

This is hampering the accessibility of HIV and sexual and reproductive health (SRH) services for young people and key populations, despite relatively low age of consent for accessing HIV testing services.

Sexuality education is integrated into other subjects such as biology and ethics. It covers basic information about HIV but is not comprehensive, and condoms are not available in schools. The UN Population Fund (UNFPA) and the UN Children's Fund (UNICEF) have developed rights-based SRH training packages to support peer-educators in schools, but they are not being used at scale. In an attempt to provide sensitised services to youth, the government has trained 60 health units across three provinces to provide youth-friendly services.

### RECOMMENDATIONS

- ✓ Act on the findings from the review of Law 8/04 so that it limits discrimination and increases access to health services and education.
- ✓ Implement additional recommendations from the 2020 LEA, including decriminalising people who inject drugs and clarity around age of consent for accessing SRH services such as contraception.
- ✓ Strengthen human rights reporting mechanisms to allow for greater disaggregation of data and for incorporation of data from community-led monitoring.
- ✓ Expand access to comprehensive sexuality education in and out of school, so that messages about sexual and reproductive health are comprehensive, evidence-based, and age-appropriate.



## ACTION

# 7

## PROMOTE HIV PREVENTION INTEGRATION



Condom coverage and use across Angola is extremely low, especially among women. This is mostly attributed to poor supply chain management, forecasting and planning, low levels of funding and a lack of gender transformative programming. Certain key population groups are left behind due to a lack of targeted condom programming, while stigma and discrimination continue to affect uptake.

Oral post-exposure prophylaxis (PrEP) is only just starting in Angola through a pilot in the Benguela Province with men who have sex with men and female sex workers. Although funding is a challenge, advocates are hopeful this pilot can be upscaled to Luanda Province, if the results are positive. PrEP has also just started for victims of sexual violence.

The government endorses the Undetectable=Untransmissible (U=U) messaging but access to ART, viral load testing and adherence remain large concerns, as do huge data gaps. These issues will need to be addressed before U=U has an impact on prevention in Angola.

Programming for adolescent girls is mainly funded by PEPFAR and the Global Fund, but there is no minimum service package or data on areas or districts with dedicated programmes. The Ministry of Health and CSOs work together to find ways to reach adolescent girls and young women across the country, but there is often a lack of dialogue and consensus regarding priority areas and services. Other standalone programmes exist, such as UNFPA's Safeguarding Young People Program (2021–2026), but more needs to be done to ensure services are available at scale.

There are no differentiated packages of services for sex workers, men who have sex with men, and transgender people, despite these populations being covered in PEN

VII. There are also no programmes for people who use and inject drugs, due to lack of data. Civil society is advocating for comprehensive packages to be developed and fully costed.

Maternal and child health remains a pressing issue in Angola, especially in remote areas. While Angola is part of the Global Alliance to end AIDS in Children, there is insufficient data due to delayed IIMS. PEPFAR is working with healthcare facilities to improve clinical practices around vertical transmission and monitoring and evaluation systems.

Integration remains a challenge for Angola. A partnership between the National Tuberculosis Control Programme (PNCT) and INLS was defined through a Ministerial Decree in 2018 and a formal TWG has been developed to integrate HIV and TB.

One-stop shop approaches have been trialled for GBV services and family planning. However, these efforts have faced challenges related to funding and the establishment of integrated monitoring systems.

### RECOMMENDATIONS

- ✓ Develop a condom plan with targeted messaging, logistics and forecasting and supply chain management guidelines.
- ✓ Secure adequate funding to upscale the pilot PrEP programme to Luanda Province, once results are obtained.
- ✓ Prioritise the mapping of key districts for adolescent girls and young women and key populations, and the development of a priority minimum package of services.





**ACTION****8****NEW HIV PREVENTION TECHNOLOGIES**

In September 2019, the INLS made a decision to move people living with HIV to Dolutegravir-based regimens. This update was a result of collaborative efforts between the World Health Organization (WHO) and PEPFAR, which have worked alongside INLS to revise the national ART guidelines.

Angola has just started oral PrEP and is not yet prepared for Cabotegravir Long-Acting Injectable PrEP (CAB-LA) and the Dapivirine Vaginal Ring (DVR). There are ongoing discussions between UNAIDS, civil society and the WHO in Angola around using the data from the oral PrEP pilot to inform the implementation of these newer prevention technologies, although this will be dependent on external funding. Civil society and community organisations are hopeful they will be able to use the new Community Health Policy and the Strategic Community Health plan to advocate for these interventions to be sustainably led by community organisations moving forward.

Angola requires urgent funding and support to implement technologies such as HIV self-testing, which has not yet

been introduced. COVID-19 testing and vaccine rollout have taken priority and made the introduction of other innovations more difficult, placing an additional strain on an already struggling healthcare system.

**RECOMMENDATIONS**

- ✓ Secure new funding to pilot and introduce HIV self-testing.
- ✓ Roll out and scale-up oral PrEP in Angola, for all priority populations. This rollout is crucial as it serves as evidence of the technology's significance, laying the foundation for the implementation of CAB-LA and the DVR in Angola.
- ✓ Ensure the Community Health Policy and Strategic Community Health Plan include strategies to ensure the sustainable rollout of new prevention technologies and other innovations in Angola and recognise the vital role of community-led organisations in supporting this.

**ACTION****9****REAL-TIME PREVENTION PROGRAMME MONITORING**

Advocates are deeply concerned about the absence of an effective M&E plan in Angola and hope this will be remedied by the final draft of PEN VII.

The INLS oversees the monitoring and evaluation (M&E) of the HIV response. The Ministry of Health captures information in District Health Information Software (DHIS2), which has been implemented since 2018, and a community health information system (CHIS) platform was developed and linked to the DHIS2 to capture community data. Data is disaggregated by gender, age, location, province and municipality. However, the inoperability of the two platforms means that data from community-based interventions are not effectively captured in DHIS2.

The omission of community data has led to discrepancies between reported data and community realities. Some technical support has been provided, but the collection of epidemiological data, especially at the municipality and local levels, remains a significant challenge. Work is ongoing to ensure that more civil society organisations are

accredited on DHIS2, with 13 organisations currently being trained and more sessions planned for 2024.

INLS holds bi-annual meetings to discuss HIV data where civil society and community organisations are involved. However, data sets are finalised before being presented and the incompatibility of the community and public sector system, as well as other challenges, are not actively discussed. Civil society would welcome more regular meetings to review and validate the data entered by communities and health workers.

**RECOMMENDATIONS**

- ✓ Develop and finalise a new M&E Framework that complements PEN VII.
- ✓ Fix the inoperability issues between CHIS and DHIS2 – ensuring that data collected reflects the Angolan reality.
- ✓ Ensure that issues related to collecting and validating all data, including community data in the HIV response, are fully addressed at bi-annual data meetings.



**ACTION**

## ACCOUNTABILITY FOR HIV PREVENTION

**10**

Angola has shown increasing leadership on HIV prevention in recent years. However, some issues gain more traction than others. For example, the prevention of HIV in children, as showcased by the First Lady's support of the Born Free to Shine campaign.

Angola has not yet domesticated the Global HIV Prevention Road Map. The HIV Prevention TWG, convened by INLS, has been set up, including civil society and community representatives, to guide the development of this Road Map, which is aligned to PEN VII. The aim is to finalise the new Road Map by December 2023. CSOs already met to discuss their priorities and are keen to influence the process and contribute towards setting national milestones.

Community-Led Monitoring (CLM) is starting in Angola, through the support of the Global Fund and PEPFAR, and will be trialled in Benguela and Kwanza Sul provinces. It is too early to assess how the data will be used and how it will support the priorities of communities.

The CNLS and INLS do not always submit data and fulfil their reporting obligations, such as the Global AIDS

Monitoring (GAM) and National Commitments and Policy Instrument (NCPI) data. Data is often submitted through UNAIDS Angola. As CNLS and INLS do not lead the submission of data, there are no opportunities for civil society to validate the data.

For example, the Global HIV Prevention Coalition (GPC) annual survey was completed jointly by UNAIDS and the government. Civil society was therefore not fully involved in the process and their perspectives were not reflected in the final submission. Civil society and community organisations have serious concerns about the lack of funding in Angola to tackle HIV prevention.

### RECOMMENDATIONS

- ✓ **Develop a national HIV Prevention Road Map for Angola with the meaningful involvement of civil society and community priorities.**
- ✓ **Actively involve communities and civil society in the validation of GAM and NCPI Data, and in the validation of future GPC annual surveys.**



## METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

## ACKNOWLEDGEMENTS

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