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

Angola

Country Operational Plan

COP 2021

Strategic Direction Summary

18 May 2021

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Acronym List

AGYW	Adolescent Girls and Young Women
ANASO	Angolan Network of AIDS Services Organization
ANC	Antenatal Clinic
ARPA	American Rescue Plan Act
ART	Antiretroviral Treatment
ARVs	Antiretroviral
ASCAM	Associação Solidariedade Cristã e Ajuda Mutua
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CLHIV	Children Living with HIV
CIT	Continuity In Treatment
CODB	Cost of Doing the U.S. government's PEPFAR Business
COP	Country Operational Plan
COVID-19	2019 novel Coronavirus
CSO	Civil Society Organizations
DBS	Dried blood spots
DDD	Decentralized Drug Dispensing
DHIS2	District Health Information System
DOD	Department of Defense
DoS	Department of State
DQA	Data Quality Assessment
DSD	Direct Service Delivery
ECD	Early Childhood Development
ECF	Emergency Commodity Fund
EHR	Electronic Health Records
EID	Early Infant Diagnosis
EMR	Electronic Medical Record System
eMTCT	Elimination of Mother to Child Transmission
FAST	Funding Allocation to Strategy Tool
FP	Family Planning
FSW	Female Sex Workers
FOJASSIDA	Fórum Juvenil de Apoio a Saúde e prevenção da SIDA
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GRA	Government of the Republic of Angola
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HMIS	Health Management Information System
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HSS	Health Systems Strengthening
INLS	Instituto Nacional de Luta Contra o SIDA (National AIDS Institute)
ICTT	Index Case Testing and Tracing
IP	Implementing Partner

ITT	Interruption in Treatment
KP	Key Population
LMIS	Lab Management Information System
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
M&E	Monitoring and Evaluation
MC	Male Circumcision
MCH	Maternal and Child Health
MMM	Mothers-to-Mothers Model
MMD	Multi-Month Dispensing
MoD	Ministry of Defense
MoH	Ministry of Health
MSM	Men who have Sex with Men
NVP	Nevirapine
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PITC	Provider-initiated Testing and Counseling
PLHIV	People Living with HIV
PMI	U.S. President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
POART	PEPFAR Oversight and Accountability Response
POC	Point of Care
QA	Quality Assurance
RTK	Rapid Test Kit
SABERS	Seroprevalence and Behavioral Epidemiological Risk Survey
SCMS	Supply Chain Management System
SDS	Strategic Direction Summary
SDV	Stigma, Discrimination, and Violence
SI	Strategic Information
SID	Sustainability Index and Dashboard
SIMS	Site Improvement through Monitoring System
SNU	Sub National Unit
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TBD	To Be Determined
TG	Transgender people
TLD	Tenofovir Lamivudine Dolutegravir
ToT	Training of Trainers
TPT	TB Preventive Therapy

UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USG	U.S. Government
USDH	United States Direct Hire
VCT	Voluntary Counseling and Testing
VL	Viral Load
VLSM	Viral Load Sample Management
WHO	World Health Organization

1.0 Goal Statement

In COP21, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Angola program will continue implementing the family-focused prevention of mother-to-child transmission (PMTCT) approach developed in COP19. Historically, the Government of the Republic of Angola (GRA) has struggled to implement policies to improve the HIV cascade of care for people living with HIV (PLHIV). The country's First Lady, Ana Dias Lourenço, signed on to the African-Union-sponsored Born Free to Shine Initiative and has since become a vocal advocate for improving HIV care – particularly prevention of mother to child transmission (PMTCT) – in Angola. Her advocacy increased the Instituto Nacional de Luta Contra o SIDA's (INLS) (U.S. National AIDS Institute equivalent) focus on PMTCT, a binding site at which PEPFAR Angola has found increased political will to affect change and implement international norms throughout the cascade of care for PLHIV. PEPFAR Angola will continue to support INLS's increased efforts to identify HIV-positive women through an amplified focus on PMTCT at antenatal care (ANC) facilities and community outreach across the country.

Angola has persistent challenges with linkage to care, poor retention, low viral load (VL) suppression rates, and a lack of VL testing availability outside of Luanda. There have been barriers which prevented progress toward national epidemic control, including limited implementation of test and start, commodity stock outs, the impact of COVID-19 and delayed transition to a Tenofovir Lamivudine Dolutegravir/lamivudine/dolutegravir (TLD)-based antiretroviral treatment (ART) regimen, due to commodity procurement challenges. As of May 2021, Angola is currently in a second wave of COVID-19 infections and has responded to rising infections with travel restrictions, thus worsening PLHIV patient access to services. The economic effects of COVID-19 worsened the GRAs ability to purchase HIV commodities including antiretroviral drugs (ARVs). In FY2021 PEPFAR Angola is addressing the TLD supply challenges through an Emergency Commodity Fund procurement of TLD and a formal letter of agreement with the GRA for projected increase in GRA-procured commodities. In COP21, PEPFAR Angola will procure TLD for PEPFAR-supported facilities to improve treatment with multi-month dispensing (MMD), retention and adherence. PEPFAR Angola will also continue to use a layered and integrated approach to Technical Assistance (TA), with an increased focus on system sustainability and national policy implementation building on the political will galvanized through the Born Free to Shine initiative. Additionally, PEPFAR will provide support for the procurement of antiretrovirals ARVs to address persistent stock challenges in the country.

We will measure success by increased functionality and sub-national level use of the already-existing data collection platforms of District Health Information Software 2 (DHIS2) and the recently updated national monitoring and evaluation (M&E) tool. Implementation of national policies at all sub-national levels in the four PEPFAR priority provinces of Benguela, Cunene, Huambo, and Lunda Sul will act as a measure of our successful TA at the national and provincial levels. PEPFAR Angola will build off the GRA's policy update for a modernized ART regimen, and PEPFAR Angola will continue to provide TA for implementation of the new regimen at all levels

throughout FY2022, alongside procurement of TLD for PEPFAR-supported sites. We will also support and expand implementation and monitoring of multi-month dispensing (MMD). Working toward viral load suppression (VLS) for PLHIV outside of Luanda requires more than implementation of the necessary policies. It also requires building capacity for viral load (VL) testing by creating a specimen transport system and maximizing the national HIV laboratory's use of existing testing platforms.

With COP21 funding, PEPFAR Angola will assist INLS with quantification, forecasting, supply chain planning, and distribution of key commodities from the national to the sub-national levels, especially in Benguela, Cunene and Lunda Sul. PEPFAR Angola will provide TA to the GRA to assist with the goal of reducing stock out rates of ART and testing supplies where commodities are available. PEPFAR Angola will also procure TLD, rapid test kits (RTKs), and condoms. These products will be held in a warehouse in Luanda, already under contract with PSM for PMI, in support of ensuring that all PEPFAR sites receive the products required to successfully treat PEPFAR patients in Lunda Sul, Huambo, and Cunene, as similar products will be provided by the Global Fund in Benguela. Thus, in facilities receiving TA from PEPFAR Angola, we expect to see at least 100% HIV testing coverage of pregnant women.

We will expand targeted HIV testing through index case testing into the standard HIV cascade of services in all PEPFAR supported facilities through our combined facility-community collaboration approach. For each identified HIV-positive pregnant woman, we expect to test at least three additional individuals via index testing of her family. From there, we will continue index testing the children and sexual partners, as appropriate, of the original HIV-positive pregnant woman's contacts and reach out into the wider sexual networks of those sexual partners of the PBFW who do test positive. We aim to link all PLHIV we diagnose to ART and estimate that this could double the number of ART patients in some facilities.

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

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

decreased overall budget and new commodity purchases for COP21, the budget for clinical implementation is reduced and require a "lighter touch" approach to the same number of PEPFAR-supported sites. We will coordinate and collaborate with the Global Fund in Benguela province to ensure that Global Fund support is not duplicated but instead additive and complementary to PEPFAR's. We will work together with GF and INLS to develop standardized approaches, for example for community distribution of ART, that can be scaled not just in Benguela province but nationally. To reach these goals, PEPFAR Angola will continue to closely monitor implementing partner (IP) performance and expenditures to deploy resources and maximize stakeholder input, including community and civil society engagement to ensure strategic and synergistic placement of resources most efficiently.

2.0 Epidemic, Response, and Updates to Program Context

2.1 Summary Statistics, Disease Burden, and Country Profile

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

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

Findings from the three most recent population-based HIV sero-surveillance studies, the Demographic and Health Survey (DHS), Integrated Bio-behavioral Surveillance Survey (IBBS), and the Seroprevalence and Behavioral Epidemiological Risk Survey (SABERS) confirm that the HIV/AIDS epidemic in Angola is a low-level generalized, primarily heterosexually-driven epidemic (DHS+ in 2015/2016, IBBS in 2016, and SABERS in 2015). In 2015, PEPFAR Angola partnered with the GRA to conduct the first-ever nationwide DHS+ which captured nationally representative information on health behaviors and biomarkers, including HIV testing. DHS (2016) reported an overall HIV prevalence of 2.0% among adults aged 15 to 49 years in Angola; this translates to approximately 276,000 Angolans living with HIV. Prevalence among adult females aged 15-49 years is higher than among adult males (2.6% vs. 1.2%). HIV prevalence is not evenly distributed throughout the country; HIV prevalence is 1.9% in Luanda and is equal to or exceeds four percent in three provinces: Cunene (6.1%), Cuando Cubango (5.5%) and Moxico (4.0%). Of

all adults living with HIV, 23% are on ART; of all children living with HIV, less than 12% are on ART, according to 2019 UNAIDS Spectrum estimates.

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

The 2015 SABERS estimated HIV prevalence of 2.5% among military personnel. Though age distribution of participants in 5-year incremental blocks was not displayed in the SABERS, data did collect age disaggregation among military men. The median age of participants was of 35 (range 18-81) years. Given that it has been 5 years since the SABERS was conducted, and based on actual PEPFAR program data, these estimates need to be updated. Currently, the overall HIV-positivity rate (programmatic yield) among the 141,960 Armed Forces active-duty military is estimated at 16.8%. A new SABERS would allow the program to have a denominator to measure against Angolan military PLHIV programmatic reference and provide consistent epidemic information. Programmatically, the military regions with highest HIV prevalence remain the same as those revealed in the 2015 seroprevalence study: southern region (5.4%), eastern region (3.6%), central region (3.5%), and Luanda region (2.4%), thus justifying the continuation of PEPFAR support for interventions in these regions.

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

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

According to 2020 Spectrum estimates for Angola, 18,635 people were newly infected with HIV and 12,965 deaths were attributable to HIV. The AIDS-related mortality figure is likely largely underreported, due to constraints with mortality reporting across all causes. Table 2.1.2 (below) shows the cascade of HIV diagnosis, care, and treatment in Angola with an estimated total population ART coverage of 34 %. In their most recent annual report (2018) INLS reported performing a total of 1,319,176 HIV tests, of which 3.5% were positive. Positive test yield was highest in children (5%) followed by adults (4.5%), and lowest among pregnant women (1.7%). Of

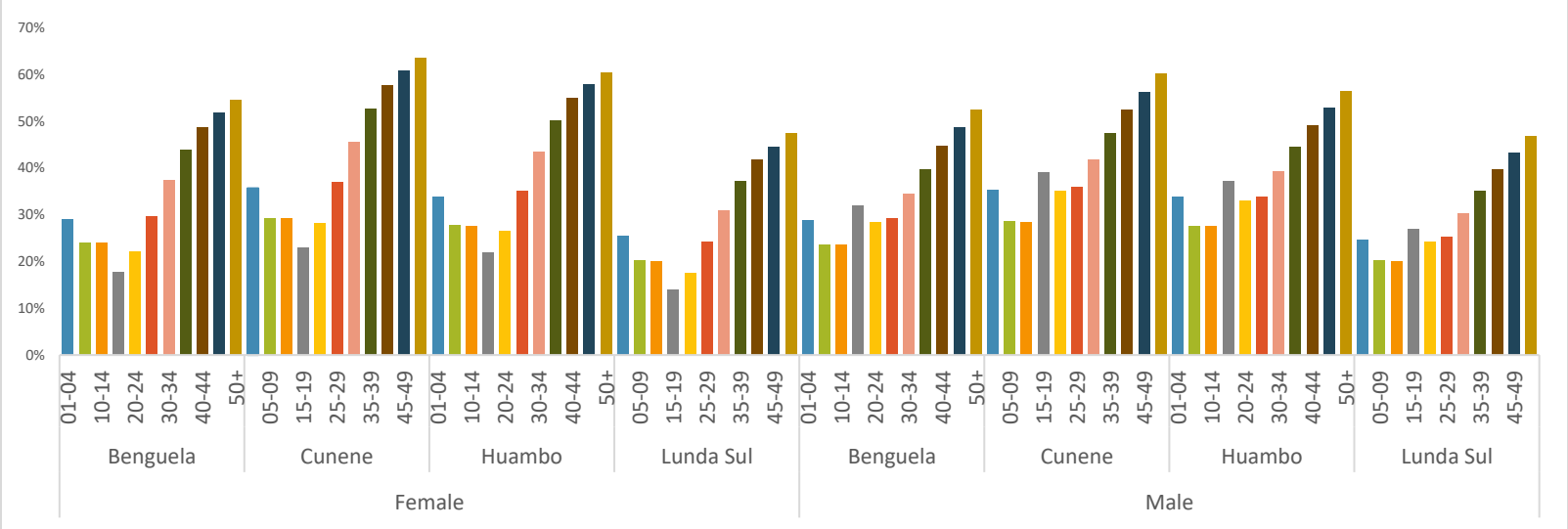
those identified as HIV-positive, 22,830 initiated ART, of which 20,678 (91%) were adults and 2,152 (9%) were children.

Table 2.1.1 Host Country Government Results															
	Total		<15				15-24				25+				*Source, Year*
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total Population	33,908,008	100	7,758,500	23	7,844,648	23	3,357,031	10	3,291,138	10	6,006,749	18	5,649,940	17	Spectrum, 2021
HIV Prevalence (%)		0.99		0.21		0.21		0.95		0.37		2.97		1.42	Spectrum, 2021
AIDS Deaths (per year)	12,965		1,604		1,642		487		303		5,913		2,709		Spectrum, 2021
# PLHIV	334,990		15,908		16,198		31,971		12,169		178,473		80,271		Spectrum, 2021
Incidence Rate (Yr)		0.06		0.02		0.02		0.15		0.05		0.11		0.06	Spectrum, 2021
New Infections (Yr)	18,635		1497		1541		4956		1691		5,943		3,007		Spectrum, 2021
Annual births	1,325,593	100													Spectrum, 2021
% of Pregnant Women with at least one ANC visit		82	--	--			--	--			--	--			DHS 2015/16 Spectrum, 2019
Pregnant women needing ARVs	22,357	--													Spectrum, 2021
Orphans (maternal, paternal, double)	1,643,906														Spectrum, 2021
Notified TB cases (Yr)	65,821		--		-		-		-		-		-		TB program data, 2021
% of TB cases that are HIV infected		8.0		--		--		--		--		--		--	TB program data, 2021
% of Males Circumcised		96			--	--			2,489	95			--	--	DHS, 2016
Estimated Population Size of MSM*	29,400	61													Place Study, 2016 (5 provinces)
MSM HIV Prevalence	1016	1.9													Place Study, 2016 (5 provinces)
Estimated Population Size of FSW	54,000	62													Place Study, 2016 (5 provinces)
FSW HIV Prevalence	1,879	7.8					---	---			---	---			Place Study, 2016 (5 provinces)
Estimated Population Size of PWID	Unknown	--													
PWID HIV Prevalence	Unknown	--													
Estimated Size of Priority Populations (military)	141,960	-	-	-	-	-	-	-	-	-	-	-	-	-	MoD Health Division 2017 Census;

Table 2.1.2 95-95-95 Cascade: HIV Diagnosis, Treatment, and Viral Suppression										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate* (#)	HIV Prevalence* (%)	Estimated Total PLHIV * (#)	PLHIV diagnosed (#)	On ART* (#)	ART Coverage* (%)	Viral Suppression (%)	Tested for HIV~ (#)	Diagnosed HIV Positive ~ (#)	Initiated on ART~ (#)
Total population	33,908,008	0.99	334,990	--	113,883	34.00	--	142,145	7,737	5,858
Population <15 years	15,603,148	0.21	32,106	--	6,963	21.69	--	7,570	406	250
Men 15-24 years	3,291,138	0.37	12,169	--	2,000	16.44	--	8,350	148	74
Men 25+ years	5,649,940	1.42	80,271	--	30,783	38.35	--	31,673	2,576	1,879
Women 15-24 years	3,357,031	0.95	31,971	--	3,906	12.22	--	40,925	961	834
Women 25+ years	6,006,749	2.97	178,473	--	70,234	39.35	--	53,532	3,627	2,820
MSM	29,400 ** (5 provinces)	1.9**	462 ** (Luanda) ***	288**	--	--	--	--	--	--
FSW	54,000**	7.8**	2,542**	1,632**	--	--	--	--	--	--
PWID	Unknown	Unknown	--	--	--	--	--	--	--	--
Priority Pop (military)	141,960**	3.9%**	5,537**	5,127~~	4,350~~	85%~~	69%~~	7,029†	868†	831†

Sources: *Spectrum, 2021 | **Surveys (PLACE study 2016 in 5 provinces and Angola SABERS 2015)
2016) | ~ PEPFAR data from FY20Q2 to FY21Q1 from 21 sites in four provinces | ~~ PEPFAR military data as of Q1FY21Q1FY20 of all 17 military sites across 9 provinces | ††† PEPFAR military data from Q2FY20FY20Q2 to Q1FY21FY21Q1

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



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

Figure 2.1.4 National and PEPFAR Trends for Individuals Currently on Treatment (Spectrum 2021 Estimate)

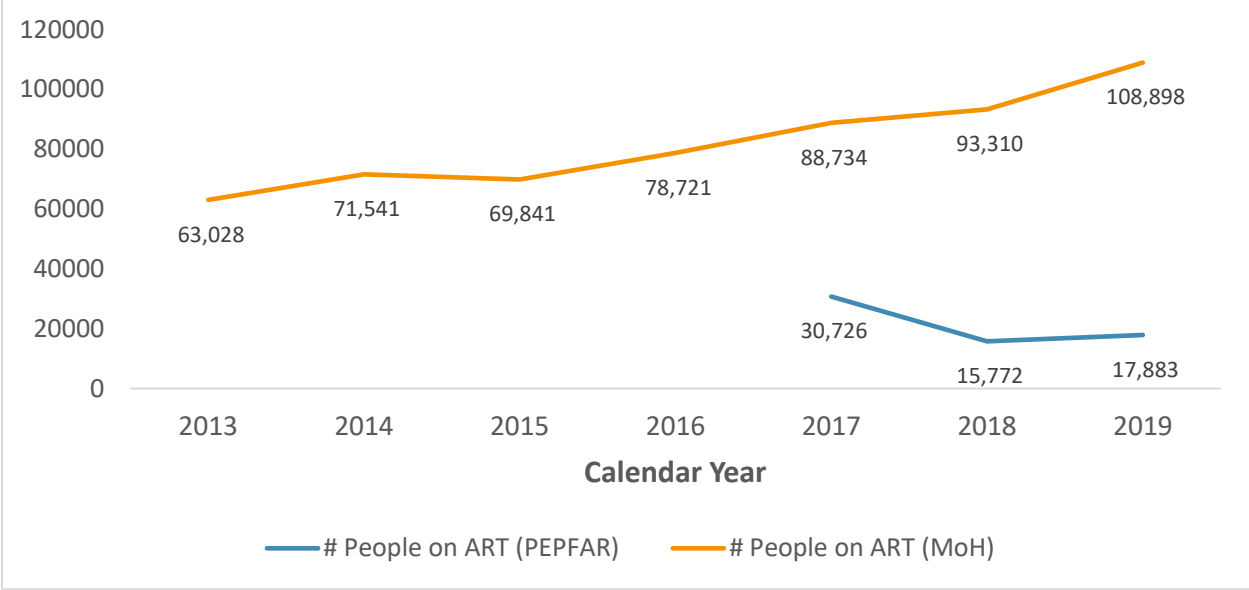
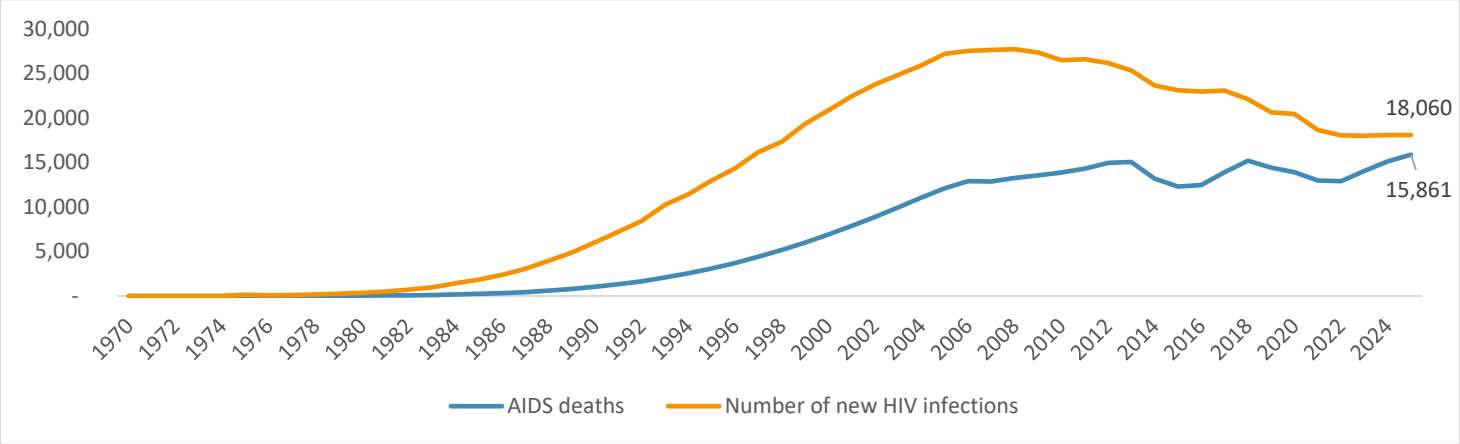


Figure 2.1.5 New Infections and All-Cause Mortality Among PLHIV (Spectrum 2021 Estimate)



2.2 New Activities and Areas of Focus for COP21, Including Focus on Client Retention

In COP21 PEPFAR Angola will continue to identify all HIV-positive persons who failed to successfully link from testing to ART and those who missed appointments or experienced an interruption in treatment using HIV testing and counseling services (HTS) registers, appointment registers, missed appointment lists, and tracking logs. The program has implemented strategies for tracking and tracing patients including phone calls from health facilities and home visits. Tracking logs and missed appointment registers have also been implemented at all facilities where ART has been initiated in COP20. The logs capture information needed to track clients/patients, the methods of attempting to contact them, and the outcome of each attempted contact. The tracking logs allow for easy tabulation of outcomes so that monitoring and reporting is facilitated. PEPFAR Angola continues to provide TA to 22 civilian and 17 military health facilities supported in COP20 but due to budget constraints, the TA will be a lighter touch in COP21 than it was in COP20.

In in the first quarter of FY 2021, approximately 30% of the treatment cohort was lost due to lack of treatment supplies, which was resolved with an Emergency Commodity Fund request amounting to approximately $1.5 million. In COP21, PEPFAR Angola will increase efforts to identify all HIV-positive persons who failed to successfully link from testing to ART and those who missed appointments or have had interruption in treatment (IIT) using HIV testing and counseling services (HTS) registers, appointment registers, missed appointment lists, and tracking logs. We will implement additional strategies for tracking and tracing including phone calls from facility and provincial levels and home visits. We will implement a tracking log/missed appointment register at all facilities where ART is initiated. PEPFAR Angola will continue to provide TA to 22 facilities in FY2022, which will allow PEPFAR Angola to increase linkage and retention and thereby grow TX_CURR over time. As TX_CURR grows, so too will the demand for testing, treatment, and VL/EID. In support of this increase, the supply chain partner will facilitate commodity reporting, such that increased commodity consumption is documented and appropriate commodities are sent to replace those used and prepare for future needs.

Beginning in February 2020, the Government of Angola, under the First Lady's Born Free to Shine Initiative and in collaboration with UNICEF, has committed to support EID testing in eight provinces, including three of four PEPFAR-supported provinces (Benguela, Cunene, Huambo). However, this EID support has not yet come to fruition, at least in part due to COVID-19 related delays. Healthcare providers and laboratorians are still unfamiliar with EID sample collection, testing and linkage services. Some laboratory infrastructure for EID testing exists in the Benguela regional lab, but the existing infrastructure must be expanded to implement EID on a large scale within the PEPFAR supported provinces. PEPFAR Angola will support INLS and its partners to enhance the EID testing program in all four PEPFAR-supported provinces using available VL platforms and increasing capacity with strategically located POC platforms. EID expansion through POC testing platforms is still needed in the three provinces due to the long distances and difficulty transporting specimens to the Benguela PCR lab, especially in times of COVID-19. Therefore, PEPFAR Angola proposed using ARPA funds to support this POC expansion in the three provinces. We will also assist with updating the national EID policy to meet international norms and training provincial-, municipal-, and facility-level healthcare staff in the PEPFAR supported provinces to ensure appropriate EID testing and follow up.

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

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

Furthermore, PEPFAR Angola will continue case finding for HIV/TB services for PMTCT and index clients at both the facility and community level. Health facility staff will receive continued TA to provide Index Case Testing and Tracing (ICTT) with fidelity for all clients that choose to bring their partners to test at facilities and technical assistance on the safe and ethical index testing practices. The clinical implementing partner, ICAP, will continue to share relevant HTS data with m2m's mentor mothers for targeted ICTT at the community level. This will also include

testing of male partners of PBFW and other high-risk youth; young men between the ages of 15-29, at-risk adolescent girls, and young women who will not traditionally present at health facilities as couples. This approach complements PEPFAR Angola's family-focused model that will include quality treatment and adherence education, interpersonal communication and counseling with PLHIV, assisted disclosure, and facilitate formation of functional Community Adherence groups (or CAGs), where community-based ARV distribution and other activities that facilitate adherence and continuity in treatment (CIT), as well as promoting routine uptake of viral load services (VLS) can occur. All of these activities will remain focused on PBFW, their male partners including contacts from their expanded sexual networks and the children of index test cases. In collaboration with INLS and GF, this CAG model will bring health services closer to the communities and to places where men congregate. This work has already started in COP20 in Cunene where ADPP (m2m's local partner) has trained 27 HIV community counselors who will start testing male partners as its primary target group. Through the CAG model, PEPFAR Angola will also target gatekeepers and other opinion leaders and influencers to act as male champions and role models for HIV treatment services. These activities will enhance community-based support, improve uptake of HTS, improve retention, ensure defaulters and those that experienced an interruption in treatment return for treatment and promote viral suppression (VLS) of PLHIV on ART. PEPFAR Angola will also use the findings of the Stigma Index 2.0, with implementation in COP21, to strengthen its planned activities to combat stigma and discrimination which are key barriers to treatment, retention, and adherence.

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

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

Another critical component of the PEPFAR Angola program is providing technical assistance to strengthen the supply and logistics chain management. Through the Supply Chain Program-Procurement Management (PSM) partner, INLS will receive technical support in improving logistics management of HIV and TB commodities including quantification of drugs for informed procurement and supply planning. In COP21, PSM will assist INLS in the continued transition and quantification of TLD and in improving coordination among partners supporting HIV/AIDS activities, commodity order fulfillment and tracking of consumption data to expand access to treatment, and expansion of multi-month dispensing. PSM will also quantify national needs for equipment, reagents, and commodities to enable improved decision-making for rapid HIV testing and viral-load testing, as well as other laboratory consumables in support of 95/95/95 goals. Provincial and site-level support will focus on inventory management, pharmacy management and reporting, fulfillment, supply availability and effective ART dispensing and monitoring for a PMTCT program. In COP21, PEPFAR Angola will procure TLD, condoms, lab

commodities, and RTKs for PEPFAR facilities and communities. Through the Emergency Commodity Fund, PEPFAR Angola will receive $1.5 million to procure needed TLD to support current and new patients in PEPFAR supported facilities. The GRA will remain responsible for the procurement of TLD and distribution of drugs and commodities that will benefit the national program. PSM will work with INLS to ensure stocks are available in PEPFAR supported facilities and for community-based activities in Benguela, Cunene, and Lunda Sul. In order to maximize the supply chain network in Angola, PEPFAR Angola is supporting continuation of a COP19 agreement between the Ministry of Defense (MoD) and the Ministry of Health (MoH) to use MoD logistics to transport civilian laboratory specimens, ART, and other relevant commodities.

2.3 Investment Profile

Angola has seen its economic clout drop over the past year slipping from the third largest economy in sub-Saharan Africa to eighth. This is reflected in the drop in estimated GDP from $122.12 billion in 2017 to $62.44 billion in 2020 (IMF). A prolonged recession, COVID-19, and an oil price war significantly impacted an economy where the oil industry accounts for 90% of Angola's exports and more than 70% of government revenue (CIA, 2020). The result has been fiscal tightening at the national level, increased poverty (extreme poverty is now estimated by the World Bank to be at 56%), and greater adherence to IMF and World Bank policies. Despite a negative 4% growth over the past year, the GRA has maintained its percentage commitments to the health sector, which it can better meet in coordination with the World Bank and extension of social sector loans.

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

Since 2007, PEPFAR has invested $140,966,144 million to support the GRA's fight against HIV.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) committed $87 million toward

HIV- related commodities and programming from 2016 to 2018 and $58 million from 2018 to 2021. Under its new grant which starts July 2021 through June 2024, the Global Fund will provide $82.6 million to support HIV, TB and malaria activities focusing on two provinces: Benguela and Cuanza Sul. With a $38.7 million investment in HIV, the Global Fund will saturate both provinces with services and HIV commodities to improve index testing for children of PLHIV, provide differentiated HIV testing services and prevention packages for vulnerable populations (i.e., men who have sex with men, female sex workers, adolescent girls and young women, miners and truckers), increase ART coverage, rollout TLD and MMD, implement and scale-up viral load monitoring for PLHIV on ART, and scale up mother/baby pair follow-up and EID for identification of children living with HIV among the exposed infants. In preparation for COP21, PEPFAR Angola has worked closely with the Global Fund to define key programmatic activities and quantify needed HIV commodities as both partners will be working in Benguela.

Table 2.3.1. Investment Profile for HIV Programs, 2021

Table S1. Investment Profile (Budget Allocation) for HIV Programs, 2021

	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2021
Care and Treatment	$5,772,272	0%	9%	91%	0%	
HIV Care and Clinical Services	$4,582,986	0%	2%	98%	0%	
Laboratory Services incl. Treatment Monitoring	$775,231	0%	0%	100%	0%	
Care and Treatment (Not Disaggregated)	$414,055	0%	100%	0%	0%	
HIV Testing Services	$2,074,483	0%	0%	100%	0%	
Facility-Based Testing	$476,137	0%	0%	100%	0%	
Community-Based Testing	$1,367,681	0%	0%	100%	0%	
HIV Testing Services (Not Disaggregated)	$230,665	0%	2%	98%	0%	
Prevention	$728,514	0%	79%	21%	0%	
Community mobilization, behavior and norms change	$424,865	0%	100%	0%	0%	
Voluntary Medical Male Circumcision	$0					
Pre-Exposure Prophylaxis	$0					
Condom and Lubricant Programming	$0					
Opioid Substitution Therapy	$0					
Primary Prevention of HIV & Sexual Violence	$13,916	0%	100%	0%	0%	
Prevention (Not Disaggregated)	$289,733	0%	47%	53%	0%	
Socio-economic (incl. OVC)	$0					
Case Management	$0					
Economic Strengthening	$0					
Education Assistance	$0					
Psychosocial Support	$0					
Legal, Human Rights, and Protection	$0					
OVC (Not Disaggregated)	$0					
Above Site Programs	$3,761,436	0%	26%	74%	0%	
Human Resources for Health	$170,041	0%	0%	100%	0%	
Institutional Prevention	$0					
Procurement and Supply Chain Management	$709,101	0%	0%	100%	0%	
Health Mgmt Info Systems, Surveillance, and Research	$1,478,194	0%	35%	65%	0%	
Laboratory Systems Strengthening	$337,022	0%	0%	100%	0%	
Public Financial Management Strengthening	$20,000	0%	0%	100%	0%	
Policy, Planning, Coordination and Management of Disease Ctrl Programs	$587,815	0%	3%	97%	0%	
Laws, Regulations and Policy Environment	$0					
Above Site Programs (Not Disaggregated)	$459,263	0%	100%	0%	0%	
Program Management	$4,771,750	0%	55%	45%	0%	
Implementation Level	$4,771,750	0%	55%	45%	0%	
Total (incl. Commodities)	**$17,108,455**	**0%**	**28%**	**72%**	**0%**	

Table 2.3.2a Annual Procurement Profile for Key Commodities					
Commodity Category	**Total Expenditure**	**% PEPFAR**	**% GF**	**% Host Country**	**% Other***
ARVs	$17,351,535	6%**	16%	16%	62%
Rapid test kits	$5,877,106	3%	23%	16%	58%
Other drugs	--	--	--	--	--
Lab reagents	$16,887,450	--	1%	--	--
Condoms	$8,075,512	--	--	--	100%
Viral Load commodities	$7,934,325	2%***	--	--	--
Total	$56,125,928	$1,376,092	$4,296,854	$3,716,583	$22,242,185

*Other = Not funded by PEPFAR, GF, Host Country, or any other entity
** Reflects the emergency shipment of TLD that will arrive in July 2021
***Includes reagents due to the small quantity purchased

Table 2.3.2b Investment Profile for HIV Commodities, 2021

Table S2. Investment Profile (Budget Allocation) for HIV Commodities, 2021 Budget

	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2021
Antiretroviral Drugs	$0					
Laboratory Supplies and Reagents	$30,493	0%	0%	100%	0%	
CD4	$0					
Viral Load	$28,400	0%	0%	100%	0%	
Other Laboratory Supplies and Reagents	$2,093	0%	0%	100%	0%	
Laboratory (Not Disaggregated)	$0					
Medicines	$0					
Essential Medicines	$0					
Tuberculosis Medicines	$0					
Other Medicines	$0					
Consumables	$503,137	0%	65%	35%	0%	
Condoms and Lubricants	$0					
Rapid Test Kits	$174,880	0%	0%	100%	0%	
VMMC Kits and Supplies	$0					
Other Consumables	$328,257	0%	100%	0%	0%	
Health Equipment	$213,880	0%	0%	100%	0%	
Health Equipment	$7,972	0%	0%	100%	0%	
Service and Maintenance	$205,908	0%	0%	100%	0%	
PSM Costs	$701,333	0%	82%	18%	0%	
Total Commodities Only	**$1,448,844**	**0%**	**63%**	**37%**	**0%**	

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available.

Table 2.3.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	**Total USG Non-PEPFAR Resources**	**Non-PEPFAR Resources Co-Funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
USAID MCH	n/a	n/a	n/a	n/a	n/a
USAID TB	n/a	n/a	n/a	n/a	n/a
USAID Malaria	$219,000,000	n/a	n/a	n/a	n/a
USAID Family Planning	$3,000,000	n/a	n/a	n/a	n/a
NIH	n/a	n/a	n/a	n/a	n/a
CDC (Global Health Security)	n/a	n/a	n/a	n/a	n/a
Peace Corps	n/a	n/a	n/a	n/a	n/a
DOD Ebola	n/a	n/a	n/a	n/a	n/a
MCC	n/a	n/a	n/a	n/a	n/a
Other (specify)	n/a	n/a	n/a	n/a	n/a
Total	$22,000,000	n/a	n/a	n/a	n/a

2.4 National Sustainability Profile Update

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

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

Policy barriers continue to prevent progress towards reaching HIV epidemic control at the national level. As of March 2020, a policy to modernize the first-line ART regimens was approved

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

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

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

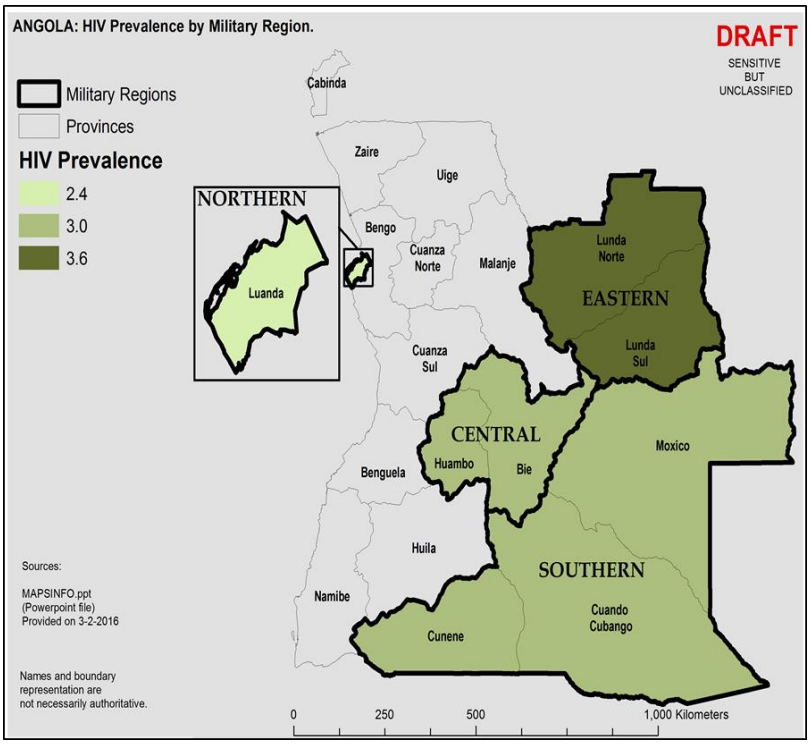
2.5 Alignment of PEPFAR Investments Geographically to Disease Burden

In order to align PEPFAR investments with Angola's disease burden, we overlaid population density with HIV burden at the provincial level. PEPFAR Angola will continue to focus on four provinces, Benguela, Cunene, Huambo, and Lunda Sul plus the military population in COP21. PEPFAR Angola used data from our data quality assessment (DQA) to further prioritize facilities in those provinces based on antenatal care (ANC) testing volume and HIV positivity rate at and considering referral relationships between facilities.

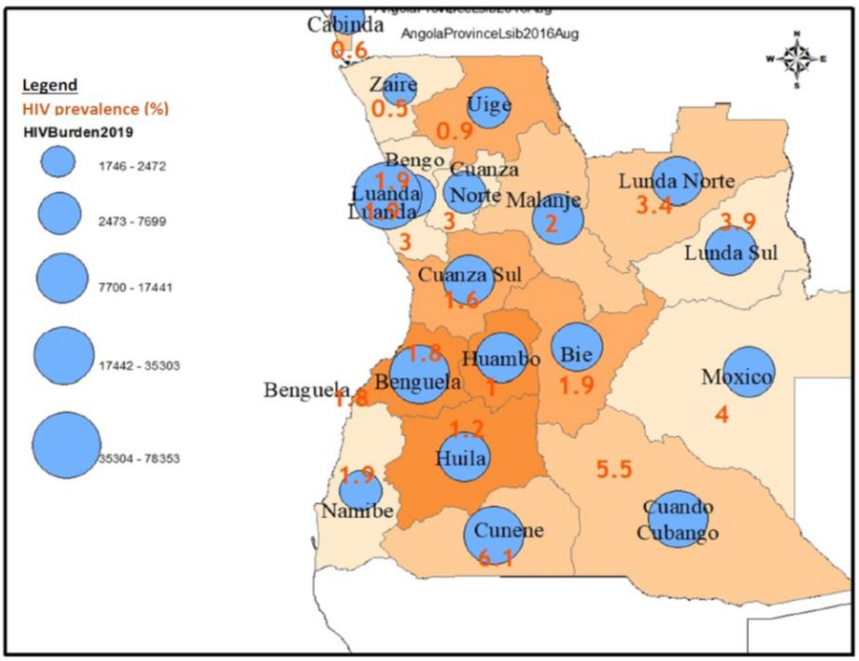
The military regions with the highest HIV prevalence are the southern region (5.4%), eastern region (3.6%), central region (3.5%), and Luanda region (2.4%). PEPFAR Angola will continue to support military-focused HIV programming in the regions shown in figure 2.5.1 below.

In COP 19, PEPFAR Angola moved its focus from key and priority populations at nine facilities in Luanda to four provinces plus the military population. In COP20, PEPFAR Angola is providing TA to Benguela, Cunene, Huambo, and Lunda Sul. In COP20, the integrated community Index Case Testing and Tracing implemented in Benguela and Lunda Sul expanded to Cunene province. This strategy will help to improve client adherence, retention and viral suppression. In COP21, the community ICTT will be streamlined focusing on nine high volume health facilities and surrounding communities where women, their children and partners will be tested and linked to treatment in PEPFAR supported facilities. Figure 2.5.2 below shows data supporting our geographic investments.

Figure 2.5.1 Prevalence by Military Region or Province with Burden of PLHIV, 2019



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



2.6 Stakeholder Engagement

Representatives from INLS, UNDP, Global Fund, UNAIDS, UNICEF, and CSOs participated in the COP21 stakeholder engagement meeting on January 26-27, 2021, as well as the COP21 planning meeting on April 21-22, 2021. We presented our proposed COP21 strategy and requirements of the planning level letter (PLL) at the COP21 Approval Meeting on May 18, 2021.

Host country government: The Director of INLS, the National Director of Public Health, and the Team Lead for the First Lady's Initiative were highly engaged in planning for COP21 during our COP21 virtual meeting in April 2021. After the virtual meeting, the PEPFAR Angola team continued close engagement with the INLS via email and in-person conversations.

Global Fund and other multilateral donors: The Global Fund Portfolio Manager for Angola, the WHO Country Representative, the Deputy Country Representative for UNDP, and the Angola Country Representative from UNAIDS participated in the COP21 virtual meetings. Meetings, communication, and collaboration with these and other multilateral organizations have continued in-country to ensure coordination, transparency and inclusion.

Civil Society: Angola Network for AIDS Services (ANASO), the Angolan HIV/AIDS CSO umbrella organization, represented the Angolan CSOs at the PEPFAR Angola Stakeholders Engagement meeting in January 2021. ANASO and Humana People to People, Angola (ADPP) were present for the entire virtual COP21 planning meeting. They provided critical comments that enabled the PEPFAR Angola team to strategically include CSOs in our COP21COP21COP21 plans.

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

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

3.0 Geographic and Population Prioritization

The Angola's First Lady's Born Free to Shine initiative continues to gain advocacy and prioritization across Angola. Born Free to Shine is focused on eliminating mother to child transmission of HIV and increasing child and maternal health. PEPFAR Angola will continue to use the First Lady's initiative as a binding site to affect change to the entire HIV cascade of care. We will continue our family-focused PMTCT approach that relies on finding and treating pregnant women living with HIV, testing and treating all their children and sexual partners, and then testing the partners' sexual partners. We estimate that this TA model will support the MoH reach nearly all PLHIV - PBFW in the 4 Angolan provinces PEPFAR supports, and in the process assist the MoH with updating the entire HIV cascade of care. In COP21, we expect 95% of all women seen for an ANC visit will be tested for HIV in the facilities where we provide TA. Community ICTT began in COP19 in Benguela and Lunda Sul and was expanded to Cunene in COP20. Also, in COP21 we will aim to strengthen the link between facility and community testing and treatment and ensure technical capacity for M&E at provincial and facility levels. The link between facility and community testing and treatment will be streamlined as the community outreach will decrease due to fewer resources. A targeted community surge to support ICTT uptake among men and youth, treatment continuity and return to care will be implemented in all four PEPFAR supported provinces in 22 civilian health facilities with ARPA funds.

In order to align PEPFAR investments with Angola's disease burden and political will from the First Lady's Born Free to Shine initiative, after we overlaid population density with HIV burden at the provincial level, we considered ANC coverage and total fertility rates. Based on these data-driven selection criteria and considering GRA desires, we prioritized provinces to receive focused TA from PEPFAR. After we determined the provinces to focus on, we conducted a DQA at the end of COP18 to understand the provincial level baseline for TX_CURR, HTS, and PMTCT_STAT. We used those results to refine facility selection to 18 civilian PEPFAR supported facilities between the four provinces for COP19. In COP20 we added 4 civilian health facilities. In COP21 we will continue to support those 22 civilian health facilities with a scaled back approach from COP20.

Analyses 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 17 military priority sites 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.

Table 3.1 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP21COP21COP21COP21**	**# Current on ART (FY20FY20FY21Q1FY20)**	**# of SNU COP20COP20COP19 (FY21COP20 (FY21)**	**# of SNU COP21COP21COP20 (FY22COP21 (FY22)**
Attained	n/a	n/a	n/a	n/a
Scale-up Saturation	n/a	n/a	n/a	n/a
Scale-up Aggressive	5,536/19%	4,350*	4 military regions	4 military regions
Sustained	n/a	n/a	n/a	n/a
Central Support	818181,313/24%**	111111,358*	4	4

*PEPFAR program data
**Spectrum 202120212021 data

4.0 Client-Centered Program Activities for Epidemic Control

4.1 – 4.4 COP21 Programmatic Priorities for Epidemic Control

4.1 Finding the Missing and Getting Them on Treatment

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

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

During COP21 the Huambo facility-based healthcare workers responsible for index case testing will also track and follow up with patients who initiate ART to ensure retention in care and ultimately viral suppression. While in the Benguela, Cunene, and Lunda Sul communities, we will implement the Mentor Mothers Model (MM) to provide comprehensive and integrated services along the continuum of care, including one-on-one interpersonal communication and education, psychosocial support, support groups, adherence assessments, and retention support. By implementing index case testing with fidelity, we will reach all ages and genders and truly provide family-focused PMTCT.

Test and Start is being implemented in all the PEPFAR supported provinces. PEPFAR Angola will continue to provide TA in the form of HRH training and mentoring to increase implementation of that policy, so that all PLHIV in these provinces can begin ART as soon as they are diagnosed.

Table 4.1.1: Profile of the Angolan Woman (Demographic Health Survey, 2015-2016)

Low level of institutional birth in Angola	❖ 53% of births take place outside of a health facility (Predominately at home) ➢ By province: Benguela – 53%, Cunene – 74%, Lunda Sul – 56%, Huambo – 63% ❖ In rural communities and the poorest households less than 17% and 12% respectively deliver at facilities
ANC Visits	❖ Only 40% of pregnant women made their first visit during their first trimester ❖ Only 62% of women (aged 15-49 years) attended at least 4 antenatal care visits during pregnancy by any provider (DHS 2015-16)
Fertility Rates and HIV Prevalence among women of childbearing age	❖ Second highest fertility rate in the world ❖ Angolan women have an average of 6.2 children: 8.2 TFR in rural areas, 5.3 TFR in urban, 25-29 has the highest TFR ❖ 4% HIV prevalence among females ages 20-29 in the four PEPFAR supported provinces
Low HIV testing rates	❖ Only 37% of pregnant women currently receive HIV counselling and testing during an antenatal care visit

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

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

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

In COP21, PEPFAR will procure TLD for PEPFAR supported facilities and a limited number of RTKs dedicated to community and facility HIV testing. PEPFAR Angola also received $1.5 million under the Emergency Commodity Fund to procure approximately 58,000 bottles of TLD 90-count bottles, which is scheduled to arrive in June 2021. PSM will continue TA in supply chain forecasting, planning, quantification, and procurement to ensure that the GRA purchases adequate ART (including TLD) and diagnostic kits. PSM will also focus on ensuring PEPFAR facilities have a subset of products needed to test and treat PEPFAR patients in Benguela, Cunene and Lunda Sul (with limited support in Huambo). Additional measures will be put in place to minimize impact of COVID-19 on supply chain and logistics.

4.2 Retaining Clients on Treatment and Ensuring Viral Suppression

Continuity in treatment and retention is less than optimal for all populations in Angola. Therefore, we will focus on strengthening the entire HIV cascade of care. We will advocate with national and provincial health authorities to modify health facility service hours to make access easier for working people. ART stockouts, COVID-19 and an ongoing economic recession were the cause of interruptions in treatment for many patients in COP20. In COP21 PEPFAR will procure ART to ensure a reliable supply of treatment for the patients supported by PEPFAR. As commodities allowed, we will assist national, provincial, and facility-level staff in planning for and providing multi-month dispensing (MMD) to stable patients. By increasing access to ART and with improved adherence, viral suppression should also increase; in order to measure that, we will expand access to viral load (VL) testing by procuring VL and EID testing supplies for both POC and traditional platform-based testing. The POC testing supplies will come from ARPA funds and the VL and EID reagents will be procured using COVID-19 supplemental funds. Our laboratory implementing partner, African Field Epidemiology Network (AFENET), will work closely with INLS to maximize the quality and volume of both POC and platform-based VL and EID testing. Nationwide implementation of TLD for everyone over 30kg will also contribute to increased ART adherence and viral suppression, PEPFAR Angola will provide extensive TA for that transition at all levels. PEPFAR will also support INLS in the introduction of pediatric DTG for patients, including the dissemination of national guidelines for the use of pediatric DTG, transition of pediatric patients and phase-out of legacy regimens, and continuing technical assistance to educate clinicians about pediatric treatment.

In COP 21 PEPFAR will strengthen partner collaboration between community and facility-based partners, including MoH staff, in the supported health facilities to improve patient adherence,

retention, and follow up. Community activities will continue to focus on the four PEPFAR-supported provinces. . With the end goal to reduce treatment attrition rate and achieve viral suppression, the proposed interventions will include regular and timely data sharing through a memorandum of understanding between the partners and the use referral tools to strengthen bi-directional referrals, and active linkage, tracking and tracing between health facilities and community cadres. Ongoing adherence support for patients newly diagnosed and initiated on ART will be prioritized.

4. 3 Prevention, Specifically Detailing Programs for Priority Programming

Stigma continues to be a major barrier to access to health services, and Angola is slow to address this challenge. Stigma continues to be a major barrier to access to health services, and Angola is slow to address. In COP21, PEPFAR Angola intends to build on lessons learned from the Stigma Index 2.0, to address relevant barriers to service and care.is slow to address this challenge.

, The Population Reference Bureau 2021 show that in Sub-Saharan Africa, a woman's HIV risk is increased by gender-based violence (GBV), and adolescent women and girls are significantly more vulnerable to GBV than older women. In Angola, 35% of women have experienced physical and/or sexual intimate partner violence (UN Women's Global Database on Violence Against Women, 2017). GBV affects women's and girls' ability to access HIV testing, prevention, and treatment services. Disclosure of a HIV-positive diagnosis can result in blame, abuse, or even eviction from the home. In response, we will implement targeted activities to increase identification of GBV and intimate partner violence (IPV) in women and adolescents seeking care at the PEPFAR -supported health facilities. By training health facility staff and mentor mothers to screen for GBV/IPV and provide appropriate resources for patients who are experiencing GBV/IPV PEPFAR Angola will empower HIV positive pregnant women to disclose their HIV status to their partners and for their children and partners to get tested and get treated.

The findings and recommendations of the Stigma Index 2.0 will also inform PEPFAR Angola programming that may include the introduction of strategies and interventions to reduce stigma and discrimination in the facilities and communities we serve. As additional ARV support is provided by PEPFAR, further support to the Angolan government to strengthen multi-month dispensing policy will continue.

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

Government Policy

PEPFAR Angola is finalizing a Letter of Commitment and Agreement with the Government of Angola regarding procurement of TLD, which it intends to finalize in COP20. In COP21, collaborative investments from the GRA and PEPFAR will ensure TLD procurement.

While implementation of MMD policy stalled in COP20 due primarily to stock constraints, PEPFAR Angola believes with TLD available in PEPFAR supported sites, where each bottle consists of a three-month supply, we will be capable of easily implementing the MMD policy as intended which will enable us to maintain patients in treatment and achieve viral suppression in

the long-run.

PEPFAR Angola will work with INLS, Global Fund and UNDP to transition children living with HIV to pediatric DTG (pDTG). PEPFAR Angola is also engaged with INLS regarding the technical note formally announcing Angola's adoption of pDTG, which should be released prior to COP21.

HIV Testing

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

PEPFAR Angola will continue to assist the GRA with implementing an index case testing policy as part of the appropriate strategic testing mix. The lack of HRH makes facility- and community-level implementation of index case testing difficult, so PEPFAR Angola will train and mentor healthcare workers as part of its facility- and community-level TA to ensure index case testing is scaled up with fidelity in at least the four PEPFAR priority provinces. A root cause analysis exercise will be undertaken to inform areas for improvement along the index cascade with distinct analyses for index case testing over and under 15 years of age. These analyses will inform decision making to address the barriers to uptake of index testing services and also allow for specific, independent analysis and improvement of the testing cascade for women, children and male partners of PBFW.

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

the clinical cascade of care. In COP21, we will continue community index testing, counseling, and linking patients to treatment.

With fidelity to a signed Letter of Cooperation between PEPFAR implementing partners, PEPFAR Angola will work to strengthen its bidirectional facility-community partnerships to actively facilitate testing all children at risk of HIV infections.

HIV Treatment and Retention

ART regimen optimization is a priority for PEPFAR Angola and the INLS. Angola is moving toward implementation of TLD as the first-line ART of choice for all persons over 30kg. PEPFAR Angola assisted INLS with updating the national ART guidelines to include TLD, developing an ART regimen transition plan, quantifying and forecasting for TLD as well as pediatric dolutegravir. The PEPFAR Angola team has trained and mentored clinicians who are prescribing the new regimen (see Section 4.4 for additional information).

In addition to providing TA at facilities and in communities around family-focused PMTCT, PEPFAR Angola will provide national and provincial level TA to assist INLS with implementation of key policies to modernize Angola's HIV cascade of care. As indicated in section 2.1, Angola is among the 22 highest TB burden countries in the world, and one of the highest TB burden African countries. PEPFAR Angola TA around comprehensive HIV clinical care will include promoting TB diagnostic testing and increased implementation of national TPT guidelines. TB testing and TPT algorithms and experience from the One Stop Shop for HIV/TB co-infected patients are included in the toolkit of job aids and SOPs PEPFAR Angola is currently developing based on best practices in Luanda. PEPFAR Angola will use the toolkit and ToT curriculum, inclusive of TB and TPT elements, in the 22 COP20 facilities implementing family-focused PMTCT.

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

Viral Load Coverage and Suppression

Implementation of TLD for PLHIV over 30kg will contribute to increased ART adherence and viral suppression. In COP21 PEPFAR will procure ART to ensure a reliable supply of treatment for the patients supported by PEPFAR. We will assist national, provincial, and facility-level staff in planning for and providing multi-month dispensing (MMD) to stable patients. To measure viral suppression, PEPFAR Angola will expand access to viral load (VL) testing by procuring VL and EID testing supplies for both POC and traditional platform-based testing. The POC testing supplies will come from ARPA funds and the VL and EID reagents will be procured using COVID-19 supplemental funds. Our laboratory implementing partner, African Field Epidemiology Network (AFENET), will work closely with INLS to maximize the quality and volume of both POC and platform-based VL and EID testing.

Advanced HIV Disease Management and TB (Pediatrics)

PEPFAR will support the procurement of isoniazid to provide tuberculosis preventive therapy (TPT) as part of routine care for newly initiated and established PLHIV on treatment. This intervention is crucial as TPT is proven to reduce mortality in PLHIV regardless of ARVs and will be particularly impactful amongst those with advanced disease, where progression from latent to active tuberculosis is most common.

In addition, PEPFAR will support the procurement of cotrimoxazole for *Pneumocystis jiroveci* to be used in individuals that meet criteria for advanced disease. Together, these two interventions will make a significant contribution to improving clinical outcomes for individuals with advance HIV disease.

Commodities and Supply Chain

PEPFAR Angola will procure TLD 90-count bottles with COP21 and ECF funding. PEPFAR Angola will assist the GRA with monthly ART pipeline analysis to inform procurement plans; provide TA to selected sub-national levels to improve warehouse management, consumption reporting, order fulfillment, pharmacy management; and ART dispensing.

4.5 Commodities

The Angolan public health supply chain system has a weak infrastructure including insufficient information systems and management to effectively plan and improve supply chain operations. Commodity availability underpins the inability of the public sector to fulfill the supply plans, even when quantification (forecasting and supply planning) is completed. In COP21, the national program through GHSC-PSM will continue its quarterly ARVs supply plan review using available logistics data on ARVs, test kits and lab supplies to keep track of what is in the pipeline in-country and what is to come into the country, commodity-wise. Unlike COP20, GHSC-PSM's technical support will focus on Benguela, Cunene, Lunda Sul, and limited support in Huambo. The supply plan provides information for decision making at the various levels of program implementation within the supply chain to ensure uninterrupted commodity availability. Additionally, PEPFAR Angola will procure more than 43,000 bottles of TLD (90 count), over one-hundred thousand of RTKs and 10 million condoms with COP21 funds. With $1.5 million funds from the ECF, 58,000 additional bottles of TLD (90 count) will be purchased to ensure PEPFAR patients receive timely treatment. At the same time, PEPFAR Angola is engaging INLS to allow mentor mothers to distribute ARVs in hard-to-reach communities to improve retention and adherence. With TLD being closely linked to viral load suppression, the need to ensure consistent supplies of VL and EID products cannot also be over- emphasized. Therefore, PEPFAR Angola will use ARPA funding to procure VL and EID consumables as well as other commodities. (See ARPA section below). The availability of World Bank loans has increased the ability of the GRA to procure commodities. When including commodities to be procured by the Global Fund

for their target provinces and PEPFAR for our facilities, Angola finally stands a chance to have sufficient ARVs in country. The World Bank, loans and, through UNICEF, is currently finalizing the order of approximately 850,000 30 count bottles of TLD for the national program. This is in addition to the 100,000 bottles already procured through UNDP. Despite this support, Angola will still have a gap for all prevention, testing, and treatment products. With Global Fund's plans to saturate Benguela with HIV commodities, PEPFAR Angola will coordinate closely with the Global Fund to ensure Benguela receives the necessary TLD and other health commodities.

When including commodities to be procured by the Global Fund for their target provinces and PEPFAR for our facilities. Using World Bank loans and through UNICEF, the INLS is currently finalizing the order of approximately 850,000 30 count bottles of TLD for the national program. This is in addition to 10,000 bottles already procured through UNDP. PEPFAR fully expects the GRA to meet their commitment to commodity procurement as detailed in the Letter of Cooperation. In addition to PEPFAR's 10 million male condoms, Global Fund is presently committed to procure male condoms to cover only Benguela and Kwanza Sul. Once the grant is signed, we will know the quantity and estimated arrival in the country. PEPFAR Angola will coordinate closely with the Global Fund to ensure adequate numbers of condoms are provided in Benguela. There are no other shipments expected or any funding commitment from any donor to bring this commodity into Angola. Angola is facing low stocks to stock-outs of condoms nationwide. With COP21 funding, PEPFAR Angola will procure condoms to cover civilian facilities in four provinces as well as military facilities.

4.6 Collaboration, Integration, and Monitoring

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

In COP21, PEPFAR Angola will strengthen data sharing among facility and community partners using a mobile tracking application to reduce treatment attrition rate and achieve viral suppression. Also, PEPFAR Angola will use regular supervision visits to monitor implementing partner activities in collaboration with the Ministry of Health, local leaders, and CSOs.

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

As previously mentioned, in COP20, PEPFAR Angola expanded its work with community-based organizations (CBOs) through community-led monitoring and foster strong collaborative partnerships with these stakeholders for monitoring and evaluation purposes. Quarterly meetings with CBOs allow PEPFAR Angola observe program progress and propose change of course as needed. In COP21, community-led monitoring activities will continue and the dissemination of findings will ensure that the focus is on obtaining input from recipients of HIV services, especially underserved groups, in a routine and systematic manner that will translate into action and change.

4.7. Targets for Scale-Up Locations and Populations

Table 4.7.1a ART Targets by Prioritization for Epidemic Control

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

Table 4.7.1b Art Targets by Prioritization for Epidemic Control

Prioritization Area	Total PLHIV	Expected current on ART (APR FY21)	Additional patients required for 80% ART coverage	Tested for HIV (COP21) Target current on ART (APR FY22) TX_CURR	Newly Initiated on ART (COP21) initiated (APR FY22) TX_NEW	ART Coverage (APR 22)
Attained	N/A	N/A	N/A	N/A	N/A	N/A
Scale-Up Saturation	N/A	N/A	N/A	N/A	N/A	N/A
Scale-Up Aggressive	N/A	N/A	N/A	N/A	N/A	N/A
Sustained	N/A	N/A	N/A	N/A	N/A	N/A
Central Support	334,990	28,017	306,973	16,823	4,574	5.0%
Commodities (if not included in previous categories)	N/A	N/A	N/A	N/A	N/A	N/A
Total	334,990	28,017	306,973	16,823	4,574	5.0%

Table 4.7.2 Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Districts			
Entry Streams for ART Enrollment	**Tested for HIV (COP21) *HTS_TST***	**Coverage Goal (in FY22) Newly Identified Positive (COP20) *HTS_TST_POS***	**NewlyNewlyFY21 Target Newly Initiated on ART (COP21) *TX_NEW***
Total Men	20,924	1,571	1,579
Total Women	76,682	3,166	2,716
Total Children (<15)	29,390	850	1,037
Total from Index Testing	7,098	1,448	1,380
Adults			
TB Patients	4,446	169	132
Pregnant Women	48,045	1,476	1,400
Military	12,835	1,764	1,675
Other Testing	115	%	n/a
Pediatrics (<15)			
HIV Exposed Infants	1,888	147	88
Other pediatric testing	29,390	850	n/a

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate (scale-up SNUs)**	**Coverage Goal (in FY20)**	**FY20 Target**
Military Population	141,960	90%	21,477
TOTAL	**141,960**	**90%**	**21,477**

4.8 Viral Load and Early Infant Diagnosis Optimization

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

Angola has a very weak laboratory system that was extensively challenged by the increased testing necessary to respond to the COVID-19 pandemic. In COP21, PEPFAR will continue to provide national level support for laboratory network coordination with a focus on VL monitoring and quality control (including continuous quality improvement and external quality assurance activities). We will accomplish that by improving data visibility using an electronic laboratory information system and increasing technician capacity, which will result in quicker turn-around-times in the laboratory and for results return to patients. AFENET will mentor health facility staff in efficient laboratory service provision, including data management, sample transport, quality assurance, and clinic workflow. Our laboratory and clinical implementing partners will work together to increase demand for VL and EID testing among clinicians. In COP21 AFENET will continue to provide on the job trainings and mentorship to ensure the human resource capacity meets the additional patient demand for VL and EID testing. We will also support diagnostic

integration in the health facilities where POC testing will be implemented and will provide TA for the use of multiplex POC to integrate HIV and TB testing and other relevant infections.

In COP21 PEPFAR Angola will work to improve the integrated specimen referral network and electronic laboratory information systems being developed in COP20. Increasing effectiveness of both of those systems will result in faster specimen turn-around times and will allow more provinces to be served by the new regional platform in Benguela. COVID-19 related travel restrictions have made this sample transport system especially challenging; therefore, PEPFAR Angola plans to expand POC EID and VL testing in Lunda Sul, Huambo, and Cunene using ARPA funding and an "all-inclusive" rental plus reagents PEPFAR contracting mechanism. In addition, each national, regional, and provincial lab will be assessed to determine which services are being provided and what activities can be completed to optimize the existing equipment and current staff performance. TA will be provided to all PEPFAR supported facilities to improve the quality of laboratory services provided.

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

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

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

The largest gap in the Angolan HIV care and treatment program is the limited availability, both in number and technical skills, of facility-level human resources. The MoH at all levels and INLS have acknowledged that gap multiple times and PEPFAR IPs regularly report the same gap. On a small scale, PEPFAR Angola's IPs are currently working day in and day out in their respective facilities and specialties to close that gap. Our planned activities in COP21 are aimed at closing this HRH gap by increasing the technical skills of the existing MoH clinicians, laboratory technicians, supply chain managers, and other providers at all points of the cascade of care. PEPFAR Angola made a strategic shift away from national-level TA for writing policies to focusing on supervision, training, and mentoring at national, provincial, municipal, and facility levels for the implementation of policies and practices in COP19, we will continue that trajectory in COP20 and COP21.

Data that is easily accessible for decision making is another major gap in Angola's HIV cascade of care. That gap was especially evident during the recent meetings to update Angola's Spectrum

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

These findings will continue to shape multiple interventions in COP21 planning. One will be a DHIS2 update and upgrade for HIV reporting with trainings for the new system at all levels of implementation. As we train and mentor MoH staff for HIV data entry, we will also train and mentor MoH staff for ANC reporting into DHIS2. The other intervention will be continued support for INLS to implement their updated HIV M&E reporting tools in all provinces and to ensure the tools are being properly used especially in the PEPFAR priority municipalities. Full implementation of the updated M&E tools will require archival of data based on the old tools for which PEPFAR will provide TA. PEPFAR Angola will also provide financial support for M&E supportive supervision visits from national to provincial levels, and mentoring/training for data collection and data use at all levels.

INLS realizes there is a gap in patient-level data for decision making and patient management, especially outside of Luanda where there is minimal access to VL testing. That gap in necessary patient data is due to the lack of a national specimen transport system, and limitations in the national and sub-national laboratory guidelines, operational plans, job aids, and laboratory-specific M&E tools. PEPFAR Angola will assist INLS in closing the patient-level data gap using enhanced facility-level training and mentorship; providing certification opportunities at laboratory and individual levels (for management, quality assurance, and technical staff); and supporting central and provincial level trainings on laboratory quality assurance, dried blood spot (DBS) use for VL testing, integration of TB/HIV diagnostic point of care solutions, and specimen transport. In order to maximize the existing laboratory capacity, PEPFAR Angola will provide TA to improve the Viral Load Sample Management (VLSM) and Information System at the central laboratory and at provincial levels. We will support implementation of several VL laboratory M&E tools and job aids that will facilitate reporting VL results to the clinicians responsible for treatment decisions for each patient tested. As we further explore health information systems with INLS and MoH, we will continue our discussion about the possibility of implementing unique identifiers as another method to close the patient level data gap.

SIMS and other sources have identified several gaps that persist in the national HIV program. These include lack of quality testing for adults and children, weak index case testing and tracing, lack of procedures documenting suspected cases of TB among adults, children and pregnant women, low stocks of ARVs, and a weak laboratory system. Table 6 activities in COP21 are aimed in closing these gaps. PEPFAR Angola will provide TA and mentorship at national and provincial levels to implement quality ICTT at the community-level to expand HIV services uptake within the family of HIV positive pregnant women. To ensure retention and viral load suppression, the program will also provide TA and mentorship at national and provincial levels to strengthen community-level monitoring and evaluation in order to ensure continuous quality improvement for sustained effective and efficient implementation of community-based PMTCT services. In

COP21, we will provide technical assistance to the GRA to address commodity security gaps including support accurate TLD quantification and supply chain support to ensure an appropriate transition process across national and provincial level, operationalize ARV optimization program consistent with PEPFAR priorities and PLL, ensuring consistent supply of optimal regimens, support MMD expansion for adherence and retention, and enhance transport and distribution logistics with emphasis on the commodity distribution at provincial level via third party logistics. For Angola to continue to provide needed HIV treatment, the country must improve its supply chain. By giving targeted technical assistance in the quantification, procurement and distribution at different levels of the supply chain, Angola will be able to plan and procure drugs and commodities.

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

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

PEPFAR's systems investments will allow Angola to reach epidemic control in the long run. Through technical assistance, PEPFAR Angola provides a facility and community approach that targets pregnant women and their families for HIV testing and link them to treatment. At the same time, technical support to the supply chain has decreased the stock-outs in the provinces where the PEPFAR program is being implemented

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

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

See Appendix C for additional details.

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

CDC's M&O remains constant from COP20 to COP21 and the staffing profile is constant in number. In COP 20, CDC replaced the Monitoring and Evaluation Advisor position with a Care and Treatment Advisor position to maximize patient outcomes throughout the cascade of care and maintain sufficient oversight and programmatic guidance for the decreased funding for care and treatment in COP21.

USAID's M&O remains constant from COP20 to COP21. as well as its staffing footprint. USAID is in the process of hiring the HIV/AIDS Technical Advisor.

DoD's M&O remains constant from COP20 to COP21 and the staffing profile is consistent with one full-time locally employed staff member with a doctoral level degree.

APPENDIX A – Prioritization

SNU Prioritization to Reach Epidemic Control in Angola

Angola	SNU Prioritizations			
	Centrally Supported		No Prioritization	Total
HTS_INDEX	<15	3,208	-	3,208
	15+	3,507	1,248	4,755
	Total	6,715	1,248	7,963
HTS_TST	<15	17,214	-	17,214
	15+	151,758	11,943	163,701
	Total	168,972	11,943	180,915
HTS_TST_POS	<15	976	-	976
	15+	3,836	1,757	5,593
	Total	4,812	1,757	6,569
TX_NEW	<15	926	-	926
	15+	3,648	1,675	5,323
	Total	4,574	1,675	6,249
TX_CURR	<15	1,660	-	1,660
	15+	15,163	10,277	25,440
	Total	16,823	10,277	27,100
TX_PVLS	<15	423	-	423
	15+	6,621	9,486	16,107
	Total	7,044	9,486	16,530
PMTCT_STAT	<15	167	-	167
	15+	34,634	-	34,634

	Total	**34,801**	**-**	**34,801**
PMTCT_STAT_POS	**<15**	**1**	**-**	**1**
	15+	**4,085**	**-**	**4,085**
	Total	**4,086**	**-**	**4,086**
PMTCT_ART	**<15**	**1**	**-**	**1**
	15+	**4,059**	**-**	**4,059**
	Total	**4,060**	**-**	**4,060**
PMTCT_EID	**Total**	**2,495**	**-**	**2,495**
PP_PREV	**<15**	**-**	**215**	**215**
	15+	**-**	**21,262**	**21,262**
	Total	**-**	**21,477**	**21,477**
TB_STAT	**<15**	**-**	**-**	**-**
	15+	**2,475**	**679**	**3,154**
	Total	**2,475**	**679**	**3,154**
TB_ART	**<15**	**-**	**-**	**-**
	15+	**196**	**194**	**390**
	Total	**196**	**194**	**390**
TB_PREV	**<15**	**820**	**-**	**820**
	15+	**5,124**	**9,533**	**14,657**
	Total	**5,944**	**9,533**	**15,477**
TX_TB	**<15**	**1,712**	**-**	**1,712**
	15+	**11,050**	**11,952**	**23,002**
	Total	**12,762**	**11,952**	**24,714**

APPENDIX B –

B1. COP21 Proposed Service vs. Non-Service Delivery Budget by Program Area

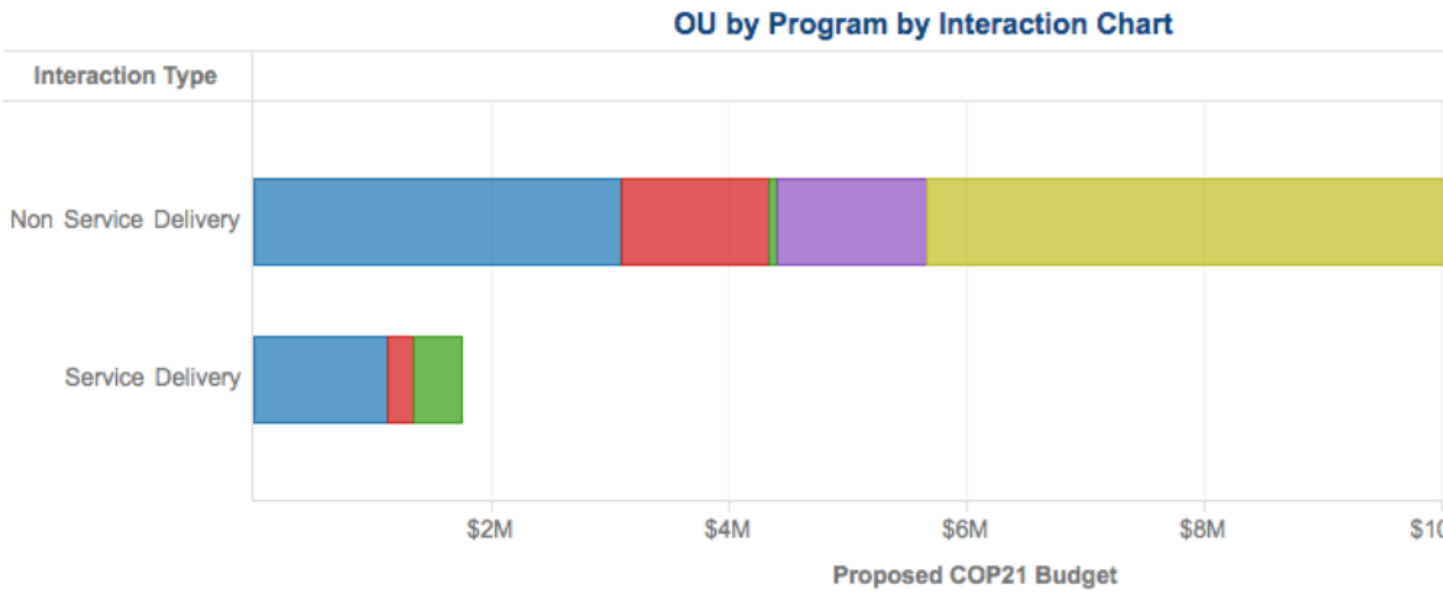


Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)

OU by Program by Interaction Grid

Interaction Type	Non Service Delivery	Service Delivery
Program	Proposed COP21 Budget	Proposed COP21 Budget
C&T	$3,092,385	$1,124,697
HTS	$1,248,877	$215,164
PREV	$59,000	$400,000
ASP	$1,263,411	
PM	$4,996,466	
Total	**$10,660,139**	**$1,739,861**

APPENDIX C– Minimum Program Requirements

Minimum Program Requirement	Status and issues hindering Implementation
Care and Treatment	
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Adopted as national policy in September 2017. Ongoing monitoring of SOPs and policy fidelity by health care workers and PEFAR implementing partners (IP) is required. PEPFAR Angola continues to provide technical support including standard operating procedures and tools to improve ART initiation.
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens.	Adopted as national policy in March 2020. TLD has not been procured by the government and thus rollout has not begun. GRA attributes failure to procure to fiscal constraints. GRA has provided a LoC to GF in December 2020 outlining 20% commitment toward ARVs (including TLD) funding nationally.
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	March 2020 Nota Tecnica calls for 3-month dispensing. The translation reads: "People living with HIV and undergoing regular treatment should receive their antiretrovirals in an orderly manner and for a period of 03 (three) months, if service stocks allow it." INLS has established an MMD technical working group which PEPFAR continues to contribute to and monitor for fidelity. Despite being adopted as national policy, three to six-month

	MMD has not been consistent or attainable due to impending drug stock outs.
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	PEPFAR Angola is continuing to provide TA for expansion of TPT to all appropriate PLHIV in all PEPFAR-supported facilities. In COP20, compliance with the national policy is dependent on the availability of isoniazid, an issue that has been an important barrier for the TA approach. The GRA has provided a LOC to GF to increase their commitment to TB drugs (1st line & 2nd line) which would improve outcomes towards TPT.
5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	PEPFAR Angola continues to work with INLS to optimize VL and EID testing and appropriate patient level use of testing results in priority provinces. There were network optimization challenges due to COVID-19.
Testing	
1. Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent should be offered testing for HIV.	Established national index testing policy in August 2019 consistent with PEPFAR's minimum standards. All PEPFAR supported facilities have completed the RED CAP assessments and are in the process of identifying and addressing challenges. While the GRA is still considering policies for self-testing, with little focus/priority, increased emphasis on index testing remains a priority.

Prevention and OVC	
1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices*)*	Not applicable at this time.
2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV	Not applicable at this time.
Policy & Systems	
1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services affecting access to HIV testing and treatment and prevention.	No formal policy established, will readdress in COP22 per COP19 agreement.
2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.	PEPFAR Angola continues to implement continuous quality improvement (CQI) approaches from the national to site level. Strengthening the CQI protocol approach is needed. In COP21, PEPFAR Angola should implement monthly meetings and targeted CQI activities (gap analyses, etc.) to better identify, report, and respond to on-site challenges.
3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers	PEPFAR Angola supports the INLS in literacy activities where possible however, specific funding for marketing and widespread messaging has been

regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	limited. The implementation of the Stigma Index 2.0 was delayed due to COVID-19. In COP21, PEPFAR Angola will use the findings of the Stigma Index 2.0 to inform and address stigma and discrimination in program implementation.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	COP18: 7% Local / 93% International COP19: 31% Local / 69% International COP20: 36% Local / 64% International Community Led Monitoring partner to be selected in January 2021, kickoff in February 2021. Mother2Mothers remains PEPFAR Angola's main local partner.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	The Government of Angola has committed to double overall health spending from 3.7% to 7.1% of their national budget. However, it is not clear how much of this budget has been dedicated to HIV. For instance, GRA has not met their full commitments for commodity procurement.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Monitoring and reporting of morbidity and mortality outcomes is currently provided within PEPFAR health facilities.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	Discussions started in December 2019 and continue with INLS for unique identifiers, with a special emphasis on incorporating those for PMTCT, EID and Pregnant Women in COP20.

APPENDIX D – The American Rescue Plan Act of 2021

PEPFAR Angola requested and was approved for $620,000 under the American Rescue Plan Act (ARPA) to mitigate the impact of COVID-19 on the PEPFAR Angola program and its beneficiaries, specifically to respond to coronavirus through enhancing Infection Prevention and Control and repair programmatic setbacks. The proposed activities are highly feasible in Angola, as they build on current activities and past experience and aim to address demonstrated gaps.

I. Proposed activities to prevent, prepare for, and respond to coronavirus

A. Infection Prevention and Control

With ARPA funding, PEPFAR Angola will support 22 PEPFAR sites in four provinces with approximately 330 health care workers to establish a full spectrum of IPC activities at each clinical delivery site, focusing on environmental and administrative controls and essential hygiene infrastructure.

- In the 22 PEPFAR-supported facilities, these IPC activities include support of screening and one-way flow within facilities, with the procurement of screening tents, plexiglass shields and attention to effective and consistent use of IPC measures.
- We expect IPC commodities such as face masks and gloves to be purchased using funds from other donors/ multilaterals; however, in the likely event of site-level lapses in these commodities, a small amount of ARPA funds will support procurement for emergency PPE for PEPFAR-supported staff.

Rationale: These activities build on ICAP's comprehensive training on COVID-19 preparedness for primary and secondary level health facilities (HF). ICAP developed the training agenda that was adopted by the National Directorate of Public Health. A total of 750 HCW in 50 HF in Luanda Province have already been trained. With ARPA funds, ICAP will complement this classroom training to 330 HCW of 22 HF in the four PEPFAR supported provinces to skills-based and pragmatic application of the IPC trainings. This will include periodic assessments of IPC practices and correction of poor practice if found. Importantly, the funds will be used to establish the environmental and administrative controls needed for effective triage and separation of potentially sick patients in open-aired, well-ventilated screening tents and protection of health center staff by plexiglass barriers and handwashing stations.

II. Mitigate COVID-19 Impact on PEPFAR programs and beneficiaries and support program recovery from the impacts of coronavirus

B. Laboratory

In the main PCR lab in Benguela, COVID-19 diagnostics use the same platforms as HIV viral load (VL) testing. Support of laboratory personnel is needed to expand dual-use capacity on existing laboratory platforms and to lessen adverse impacts on HIV clients when HIV viral load platforms are used for COVID testing. With COVID travel restrictions, transportation of lab specimens from the three other PEPFAR supported provinces has become more difficult; therefore, Point of Care (POC) machines will be employed to provide more localized VL/ Early Infant Diagnosis (EID) testing for improved access to VL/ EID testing.

- ARPA funding will be used to expand the working hours in the main PCR laboratory in Benguela province, which currently supports seven provinces for HIV and COVID PCR testing. Currently, the lab operates one shift per day. The ARPA funds will be used to expand working hours to at least two shifts per day to handle the backlog of specimens as well as additional surge capacity for COVID and expected increased HIV testing for VL/ EID.
- The funding will also be used to expand Point of Care (POC) testing in three other PEPFAR-supported provinces – Cunene, Huambo, and Lunda Sul. Abbott has an all-inclusive service contract (including machine rental, maintenance, and reagents) for PEPFAR, and this contract will be used to support six mPIMA machines plus reagents. The mPIMAS will be placed in Huambo, Cunene, and Lunda Sul. The expected volume of VL/ EID testing supported by these machines will be 6,000 tests (average of 1,000 tests per machine).

Rationale: These laboratory activities build on AFENET's support to the Benguela Virology lab and support of diagnostic testing for HIV and COVID. With INLS, AFENET started the virology in Benguela in FY 2020 primarily to support HIV molecular diagnostics for the four PEPFAR-supported provinces. EID testing was added in FY21, and the lab now supports a total of seven provinces. COVID diagnostic testing further stretched the capacity of this new virology lab, which is struggling to keep up with the high demands for molecular testing for HIV and COVID. Expand the number of operating shifts is one strategy to ensure that HIV samples from PEPFAR and non-PEPFAR sites are run in a timely basis and results returned promptly to clinicians and clients. This includes both EID and Viral Load. In addition, COVID restrictions imposed during times of surges in cases reduce inter-provincial sample transportation to the Benguela lab; therefore, we've seen reduced VL and EID testing in FY21 from the other three PEPFAR-supported provinces. Expanding POC testing is our strategy for expanding access to and timeliness of

VL and EID testing in the three provinces given the vast distances and sample transport challenges.

Proposed activities to address repair of program injury

This includes surge support for existing community-based peer-led programing that optimizes use of existing PEPFAR-funded mechanisms and partnerships to implement targeted surge activities in Benguela, Cunene, Huambo and Lunda Sul provinces to repair programmatic setbacks related to COVID-19.

- 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, COVID-19 impacted many families' household incomes, also contributing to poor health seeking behavior, particularly among men. 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 male partners of pregnant and breastfeeding women (PBFW) and through the procurement of TLD to ensure that newly identified patients are linked to treatment. The surge testing will also target women of childbearing age, including at-risk adolescent girls and young women or AGYW and male partners of AGYW, who may not always present at health facilities as a couple. Individuals identified as living with HIV will be linked to treatment. Additionally, ARPA funding will support the continuation of m2m's successful e-services model, providing virtual support for individuals not comfortable with in-person outreach.

  PEPFAR Angola reported a negative TX_NET_NEW for FY21 Q1 and a 30% patient loss between FY20 Q4 and FY21 Q1, due in part to the impact of COVID-19. In response, PEPFAR Angola, through community partner mothers2mothers (m2m), will expand virtual and community-level tracing of patients with interruptions in treatment (IIT) to increase return to care, promote treatment continuity, and mitigate patient loss. Targeted efforts will be made to recruit male peers where feasible to facilitate finding lost male partners and return them to treatment.

The proposed activities build upon the existing expertise of m2m's mentor mothers to conduct safe and ethical ICTT at the household-level and leverage existing partnerships with traditional birth attendants and other community-based organizations. Community partner m2m has an active sub-agreement with a local NGO, ADPP, for COP20. With ARPA funding, m2m will continue its work to train and collaborate with ADPP to reach individuals across PEPFAR provinces. ADPP will support m2m in their efforts in case finding and facilitating treatment continuity and retention. Specifically, to complement PEPFAR's existing facility-level activities in Huambo, ADPP will provide a hybrid approach of m2m's mentor mother model. This temporary stopgap measure will address the urgent need to support clients with interrupted treatment to return to care. ADPP is already well established in Huambo having had offices in the province for

decades. The implementation of DDD, a client-centered initiative aimed at reducing ART interruptions, decongesting public facilities, and improving client-centered care, in Angola is largely dependent on availability of ARVs in the country. In COP20, the INLS engaged development partners, including PEPFAR, to develop DDD implementation guidelines, ensure a minimum of 9-month ARV stock levels, and availability of an electronic reporting system. INLS has expressed interest in engaging PEPFAR community mentor mothers in the DDD pilot project will begin in Benguela and Cunene. In COP21, the PEPFAR community partner will continue to facilitate the establishment of self-sustaining Community Adherence Groups (CAGs) that provide a ready platform for community-based ARV distribution, a pivotal DDD approaches.

In addition, ARPA funds will be used for efforts to 'catch up' for adverse impacts of COVID-19 on prevention programming, and to meet program needs that are increased by COVID-19 conditions, with special emphasis on returning clients to care through telephone calls and supporting patient adherence and MMD despite COVID lockdowns. Activities will be conducted in the 22 PEPFAR supported sites located in four provinces of Angola, which are currently following 10,271 (Q1 FY21 data) patients on ART. Activities include:

- Facility-based personnel in the 22 PEPFAR sites will call patients who were lost due to COVID and ART stock outs. Calling patients with ITT is an efficient method for re-engaging patients who can be contacted by telephone.
- Creating facility-based adherence clubs, which are a cost- efficient method of retaining patients and supporting multi-month dispensing (MMD). These clubs do not currently exist, and ARPA funds will be used for the start-up cost of creating facility-based adherence clubs in the 22 PEPFAR-supported health facilities. The startup costs include creation of a safe and private space with tables and chairs, ventilation, etc.

Interruption in Treatment (IIT) is a chronic and concerning issue for the Angolan HIV program. IIT has been greatly exacerbated by the COVID-19 pandemic, resulting in a significant decrease in health seeking behaviors, due to reduction in HCW providing services at the HFs, ART supply interruptions, as well as movement restrictions imposed to reduce SARS Cov 2 transmission. These ARPA activities build upon and enhance ICAP's current system for retention of patients. Additional funds are needed due to the COVID-related burden of tracing and returning those lost from a combination of COVID related travel restrictions and ART interruptions. The extra ARPA support will augment HFs' patient tracking system for clients LTFU through additional capacity to make phone calls. Creating adherence clubs to support members in life-long engagement in treatment could reduce the need for intensive patient tracking by promoting adherence and retention as well as MMD.

Proposed implementation timeline for activities

Due to the urgent nature of the response, activities will begin immediately after the funding has been obligated to the implementing partners and will be carried out within a 12-month period. This may cover FY20 and FY21.

Relevant estimated targets for proposed activities

The proposed ARPA funds will contribute to:

- Achievement of 210 individuals living with HIV identified through the index testing modality

- 50% of PEPFAR of clients lost at civilian sites as of FY21 Q1 re-engaged and returned to care and treatment

The proposed ARPA funds will contribute to the following targets/ beneficiaries:

- The IPC activities are expected to benefit all 22 PEPFAR-supported health facilities and the approximate 330 healthcare workers in those facilities. IPC will also benefit the clients accessing services in those health facilities which currently number 10,271 (Q1 2021).
- Support to the Benguela lab and POC testing will assist PEPFAR to achieve our VL coverage targets in Benguela (5,210), Cunene (8,667), Huambo (890) and Lunda Sul (2,453). In the absence of ARPA funding, PEPFAR Angola will struggle to meet even the Benguela VL targets
- In addition, the POC expansion will assist PEPFAR to achieve our EID testing targets in Cunene (489), Huambo (225) and Lunda Sul (457). In the absence of ARPA funding, PEPFAR Angola will not meet these targets.
- The additional support for telephone calls are expected to reach and return to treatment approximately 40% of patients with ITT in Q1 2021 across the four provinces and 22 sites
- All 10,271 patients in all 22 sites are eligible to join the adherence clubs, though all clients may not choose to participate.

In addition to the ARPA funds, for COP20 PEPFAR Angola received an $800,000 supplemental to procure needed commodities to help our program. These commodities include TPT medications for adults and children, NVP and AZT10, opportunistic infection medications for children and adults, DTG10, VL/EID consumables and gloves.