

# **STRATEGIC TECHNICAL ALIGNMENT FOR RESULTS (STAR) PROCESS**

**PEPFAR Angola**

**Country Operational Plan**

**COP 2017**

**Strategic Direction Summary**

16 February 2017

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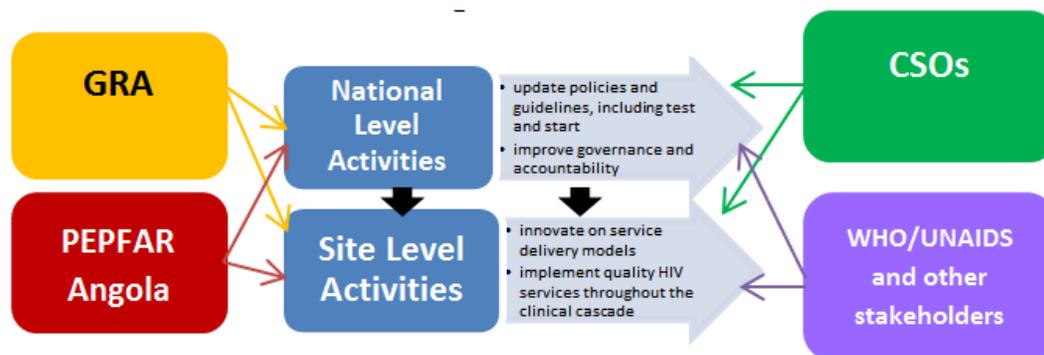
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## 1.0 Goal Statement

PEPFAR Angola has two key outcomes for COP17: 1) Improved quality and coverage of testing and ART services through support of high quality models, tools and institutional capacity building and; 2) Support high quality key and priority (military) populations programming to achieve 80% coverage in selected locations.

Analyses of DHS+ HIV, IBBS key populations and SIMS data show that in order to achieve the two key outcomes, PEPFAR should focus on working with Government of Angola (GRA) on HIV strategies, governance, and accountability, and then use that work to continue to improve the models of quality HIV service delivery at the nine Luanda facilities.



At the national level, the GRA has committed to pilot test and start, to revise site-level registers, and to implement a strategy for electronic data management in Luanda Province, which includes the 9 PEPFAR supported sites. These activities will allow PEPFAR Angola to move forward and rectify critical gaps in policy implementation, service delivery, and documentation of activities at the site level.

At the site level, PEPFAR Angola's work will include development and implementation of a package of tested HIV interventions and processes which are country-specific, and can be replicated. The 9 PEPFAR supported sites in Luanda carry approximately 40% of the national HIV burden, and are in areas that have high prevalence of key populations (KP) such as Female Sex Workers (7.8%). Being in these areas is important for PEPFAR's work as it allows for an integrated program, linking the community and KPs to site level HIV services.

PEPFAR Angola works with five CSOs who are engaged with KPs both, in the community, and site level. At the community level, they work with KPs on supporting them through the entire HIV 90/90/90 cascade. At site level, they work to ensure KPs receive quality HIV-related services, and monitor and mitigate stigma and discrimination. During COP17, our program will work to strengthen the involvement of CSOs at the national level in development of HIV policies and guidelines.

Having clearly defined, measurable activities at all levels, PEPFAR Angola will work with the INLS, Ministry of Health, Luanda provincial government, and partners to review site-level data as a way to evaluate performance. They will complement the monthly site and national level, data-driven, stakeholder meetings. These meetings will also be used as a forum to share real-time data, highlight successful efforts, identify obstacles, and leverage the assets of all partners in order to efficiently deploy PEPFAR resources, leverage government and other resources, and achieve desired outcomes.

## 2.0 Epidemic, Response, and Program Context

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### 2.1 Summary statistics, disease burden and country or regional profile

Angola has an estimated population of 28,359,634 inhabitants (2017 National Statistics Institute population projection data). It is a middle income country ranking 123 out of 197 countries in the world (IMF 2016). In the past two years, Angola's once booming economy has been adversely affected by the worldwide drop in oil prices. The revised 2016 budget more than halved initial growth forecasts and the budget deficit is projected to rise from 5.5 to 6.8 percent of GDP. The GRA had initially cut its 2016 budget by 20 percent compared to its 2015 budget to cope with persistently low oil prices. Life expectancy at birth is 61.7 years (Populations Projections INE -2016). Child and maternal mortality rates remain high, with the under-five mortality reaching 68 per 1,000 per 1,000 live births (DHS+ 2015/2016).

Findings from three recent population-based HIV sero-surveillance studies Demographic and Health Survey (DHS+2015/2016, IBBS 2016, SABERS 2015) confirm that the HIV/AIDS epidemic in Angola is a low-level generalized, primarily heterosexually-driven epidemic. 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. Prevalence among adult females age 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 Cubongo (5.5%) and Moxico (4.0%). These three provinces are sparsely populated, with a combined estimated population of 2.5 million; Luanda, the capital city, is home to 7.7 million or 27% of the nation.

In 2016, the National AIDS Institute (INLS), USAID and LINKAGES conducted an Integrated Bio-behavioral Surveillance Survey (IBBS) study among key populations (KP) to obtain HIV and STI prevalence, size estimates, and map hotspots among female sex workers (FSW), men who have sex with men (MSM), and transgender women (TG) in selected cities. Results for Luanda indicate that HIV prevalence among adult FSWs is 7.8% 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 results from the 2015 Seroprevalence and Behavioral Epidemiological Risk Survey (SABERS) among Angola's Armed Forces became available in 2016. SABERS estimated a 2.5% overall HIV prevalence among the 100,000 strong Armed Forces. HIV prevalence was found to be higher in the southern region (5.4%), followed by eastern (3.6%) and central region (3.5%). The DOD identifies military personnel as a priority population for HIV interventions.

ANC seroprevalence surveys have been conducted since 2005; since this time, HIV prevalence among pregnant women has been stable at 2%-3%. The 2013, ANC seroprevalence survey showed an overall HIV prevalence of 2.24% 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 in five of 18 provinces (Benguela, Bie, Cunene, Cuando Cubongo, and Lunda Norte) exceeded four percent. HIV prevalence among pregnant women living in urban areas was higher (2.6%) compared to those living in rural areas (2%). The median HIV ANC prevalence 2009-2013 of the 8 sites participating in the biennial ANC HIV sentinel surveillance in Luanda was 3 percent.

Angola is among the 22 high TB burden countries in the world, and one of the countries with highest TB burden in Africa. In 2015, 61,060 cases of TB were registered, 29,408 TB patients were tested for

HIV, corresponding to 48% of patients registered with TB. Of these, 3,142 were HIV (+), equivalent to a positive rate of 10.6%. Co-infection rates ranged from 1.8% in Huambo to 32.4% in Lunda Sul. In Luanda, there were 21,960 cases of TB notified in 2015, 10,109 (45%) were tested for HIV; 1,799 were HIV+ which represents 14.3% positive co-infection rate.

PEPFAR will continue to work with the INLS, UNAIDS, the Global Fund, and local NGOs in an effort to reach HIV epidemic control. Data from recent studies were used to update SPECTRUM HIV estimates and to inform COP planning. All Spectrum 2016 data is preliminary at the time of writing.

**Table 2.1.1 Key National Demographic and Epidemiological Data**

	Total (all)		<15				15-49				Source, Year
	N	%	Female		Male		Female		Male		
			N	%	N	%	N	%	N	%	2014 unless noted
Total Population	27,589,634	100	6702578	25.9	6603709	25.4	6560870	25.3	6055375	23.3	INE Populations Projections for 2016
Prevalence(%)15-49		1.83		.14		.15		2.2		1.5	Spectrum 2016
AIDS Deaths (2014)	10394		872		848		3264		3865		Spectrum 2016
PLHIV	275810		9284		9428		136312		90971		Spectrum 2016
Incidence (15-49) (2016)		0.17		NA		NA					Spectrum 2016
Incidence 15-24 (2014)		0.15									Spectrum 2015
New Infections (2014)	25109		1756		1802		11815		8426		Spectrum 2016
Annual births	1,017,630	2.24									INE Populations Projections for 2016, ANC 2013
% >= 1 ANC visit	649,594	68.45	NA	--			NA	--			Nat'l Reprod. Prog. Final Report, 2013
Pregnant women needing ARVs	24225										Spectrum 2016
Mother to Child transmission rate	6063	25.02									Spectrum 2016
Total Orphans	1556117		NA		NA		NA		NA		Spectrum 2016
TB cases (2013)	61.060		490		625		26376		33,569		GRA TB Report-2015
TB/HIV Co-infection	3142	10.7 *	NA	--	NA	--	NA	--	NA	--	GRA TB Report-2015
Males Circumcised 15-49	5752606	95			NA	--			5752606	95	DHS 2016: Note the only province with <95% was Cunene at 59%
Key Populations											
Total MSM	106,231	2.0									Caceres 2008 (Est - Africa)
MSM HIV Prevalence	Luanda	2.4									KP IBBS 2016
Total FSW	124,540	2.2									Vandepitte 2006 (Est Africa)
FSW HIV Prevalence	Luanda	7.8%									KP IBBS 2016
Priority Populations Military	100000	2.5%	NA	-	NA	-	3,000	3%	97,000	97%	SABERS 2015

In 2015, National AIDS (INLS) program data show there were an estimated 50,273 newly reported HIV infections, and 9,207 estimated AIDS deaths in 2015. Table 2.1.2 (below) shows the cascade of HIV diagnosis, care and treatment in Angola, and in the province of Luanda, where the nine PEPFAR-supported sites are located. A total of 1,356,037 HIV tests were conducted in Angola in 2015 of which 3.7% were positive. Yield was highest in adults >15 years (5.3%), followed by children <15 years (3.6%), and lowest in pregnant women 1.9%. Of those identified as HIV positive in Angola, 55% of adults and 63% of children were initiated on ART. In 2015, 66% of the identified HIV-infected pregnant women in Luanda received antiretroviral drugs. A total of 370,572 HIV tests were conducted in Luanda in 2015 with 5.7% positivity. Yield was highest in adults (8.6%) >15 years, and children (7.7%) <15 years of age, and lowest in pregnant women (2.3%). Of those identified as HIV positive in Luanda, 60% of children and 47% of adults were initiated on ART. In 2015, 66% of the identified HIV-infected pregnant women in Luanda received antiretroviral drugs.

**Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression (12 months) 2014**

Epidemiologic Data				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART			
	Total Population Size Estimate(#)	HIV Prevalence (%)	Estimated PLHIV(#)	Estimated Diagnosed	Total on ART(#)	Retained on ART 12 Months(#)	Viral Suppression on 12 Months	Tests for HIV(#)	Diagnosed HIV Positive (#)	Initiated on ART(#)
<b>Total pop GRA 15-49</b>	12,163,464	1.83	2527283*	200,181**	62352** *			672330	35784**** *	11183
<b>Pop GRA &lt;15 years</b>	13,306,287		25000	20600**	6032***			88990	3228*****	2020
<b>Pregnant Women GRA</b>	991660	ANC 2013 2.24%	Included in gen pop	11,261	8292			594717	11,261	8292
<b>Population 15-49 Luanda</b>	3,297,705	1.9*****	63389		31102	54.9%	74%****	370,572	21,136	8252
<b>Population less than 15 Luanda</b>	3,827,426	.14	5219		2378	59.5%	41%****	1,7133	1615	976
<b>Pregnant Women Luanda</b>	310979	ANC 2013 2,8%	6063	4057	2692	39%		174,974	4057	2692
<b>MSM</b>	106,231	2								
<b>FSW</b>	124,540	2.2								
<b>Military</b>	100,000	2.5%	2,500	1,290	1,041	41%	-	11464	561	503

FOOTNOTES Table 2.1.2 \* PLHIV Spectrum 2016

\*\* Number diagnosed is based on National cumulative data. This represents number tested positive/not individuals. Many duplicates exist

\*\*\*Treatment data from SPECTRUM 2016 (cumulative since 2004 minus 35% adjustment)

\*\*\*\*These data are taken from PEPFAR sites, in Luanda and represent median viral suppression in children and adults.

\*\*\*\*\* Testing is anonymous. This number represents the number of tests not individuals. Number diagnosed may include duplicates

\*\*\*\*\* Spectrum Sub-national HIV estimates

+ Data for Luanda estimates based on INE population estimates, DHS+, 2017 prevalence for Luanda, and INLS Program data 2015

## 2.2 Investment Profile

Angola recorded the fastest economic growth worldwide in the past decade; is the largest oil producer in sub-Saharan Africa, and its third-largest economy. However, Angola's fundamental overreliance on the petroleum industry –it accounts for 65% of government revenues. The global reduction in oil prices since 2014 has forced the Angolan government to revise its national budget downwards by nearly 50 percent in 2016. The acute lack of foreign exchange in the local market, exacerbated by a loss of U.S. correspondent banking relationships for dollar transactions, has contributed to business closures, lack of medical supplies and medicines, as well as a sharp drop in overall imports. This financial environment has led the GRA to prioritize government operational and defense spending over areas such as social spending.

However, after years of suffering from widespread corruption and misappropriation of funds, a new Angolan Minister of Health (MoH) (appointed in 2016) has made significant strides towards aggressively tackling fraudulent use of public authority, goods and services and has been appointing qualified personnel in key positions supporting health such as the director and deputy director of CECOMA, the national commodities warehouse. A key priority of the MoH is using data to determine actual health expenditures and cost of doing business for future budgeting, and despite diminishing resources, the MoH has increased the percentage of the national budget categorized for health from 3.0% to 4.8% in 2017.

The Global Fund has committed \$87 million to cover HIV related commodities and programming from 2016 to 2018 and \$58 million from 2018 to 2021. The GF program focus areas are in prevention (including KPs (truck drivers, miners, MSM, TGs and SW)), and general population, treatment, care and support, health information systems and TB/HIV.

**Table 2.2.1 Investment Profile by Program Area**

Program area	Total	% PEPFAR*	% GF**	%GRA
Clinical care, treatment and support	\$31,231,465	13%	40%	47%
Community-based care, treatment, and supp	\$3,081,830	0%	3%	97%
PMTCT	\$2,302,076	0%	13%	87%
HTS	\$5,964,723	42%	8%	51%
VMMC	-	-	-	-
Priority population prevention	\$2,361,982	0%	51%	49%
Key population prevention	\$7,029,974	23%	9%	67%
OVC	-	-	-	-
Laboratory	\$2,547,976	40%	5%	56%
SI, Surveys and Surveillance	\$4,408,207	36%	0%	64%
HSS	\$2,566,949	75%	0%	25%
<b>Total</b>	<b>\$61,495,183</b>	<b>\$12,871,673</b>	<b>\$15,630,142</b>	<b>\$32,993,367</b>
*PEPFAR excludes \$5M program management costs				
**GF excludes \$2.2M program management costs				

**Table 2.2.2 Procurement Profile for Key Commodities**

Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs		0	40	60	
Rapid test kits		0	40	60	
Other drugs		0			
Lab reagents					
Condoms					
Viral Load commodities					
MAT		0			
Other commodities		0			
<b>Total</b>					

**Table 2.2.3 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	0				
USAID TB	0				
USAID Malaria	22,000,000				
Family Planning	2,000,000				
NIH	0				
CDC (Global Health Security)	0				
Peace Corps	0				
DOD Ebola	0				
MCC	0				
<b>Total</b>					

**2.3 National Sustainability Update (250 words)**

With strong leadership, availability and oversight of the MoH and with intense above site and site level TA proposed by PEPFAR in COP17, we anticipate positive change in the service delivery and strategic information (performance data) components of the SID. We also anticipate that governance and accountability will better translate to site level activity and to positively affect change at the site level.

Some activities to support these positive changes include: the implementation of test and start with differentiated service delivery models; dissemination of HIV policies, guidance and strategies; re-establishment, implementation, and monitoring of the national HIV data collection system to enhance the use of data, and to drive national program strategy.

PEPFAR Angola anticipates little to no change in HRH and domestic resource mobilization.

**2.4 Alignment of PEPFAR investments geographically to disease burden**

The recent DHS+ and IBBS results support PEPFAR Angola’s current investments as being aligned directly to the geographical burden of disease (Luanda Province); as such, PEPFAR Angola has been reassured that its investments are targeting the right people in the right places.

PEPFAR Angola will increase focus on Female Sex Workers (FSW, 7.8% prevalence), and the highest-risk individuals within Men who have sex with men (MSM) in Luanda, as well as work to tighten the clinical cascade for all PLHIV where approximately 30% of PLHIV are lost from follow-up after three months. For all of these populations, we will work through the entire clinical cascade at the 9 focus facilities in Luanda Province -testing, linking people to treatment, and ensuring adherence to retention services. The DHS+ results show two provinces, Cunene and Cuando Cubango, with prevalence of 5.5% or higher (6.1% and 5.5% respectively) PEPFAR Angola will work with the GRA to assess the needs of these high-burden provinces, and evaluate options for the government to scale up successful models from Luanda into these provinces. The military program focused efforts are based on the prevalence data and risk profile developed from the SABERS which drove the prioritization of the southern region with a 5.4% overall prevalence amongst military active duty. The military program's focus in the south is a critical component to understanding and controlling the epidemic in the region. Aside from expanding testing services to high risk/ prevalence military spots, female sex workers (FSW) outreach is a new approach proposed for COP17-18. Understanding that the dynamic of the transmission is sustained by this particular key population group, its consensus that in order to control HIV/AIDS transmission in the military personnel deployed in the south will be more successful if FSW are accounted for during prevention activities led by FAA HIV educators and given access to testing through mobile community based approach; linkage to facility for treatment services coordinated through the integration of health providers and service delivery. PEPFAR national KP program will provide protocols, guideline and coordinate this activity implementation.

## **2.5 Stakeholder Engagement**

Beginning with the release of the COP guidance January 18<sup>th</sup>, PEPFAR Angola began engaging stakeholders. The week of January 23<sup>rd</sup>, PEPFAR Angola held two days of working sessions with the host government, UN, CSOs and implementing partners to develop the core activities needed to achieve the outcomes in Angola. Stakeholders have also been involved in the development of the justification of the PEPFAR agency work load table. Finally, the SDS was circulated for comments and edits.

In COP17, PEPFAR Angola will work with the MoH to revitalize key technical working groups to improve communication between stakeholders, to ensure work is not being duplicated, and to leverage resources to meet our PEPFAR outcomes. The Minister convened the first of such meetings in February 2017. We will also continue our monthly site- and national-level data review sessions with the INLS and Luanda Provincial Health Directorate (GPSL) to review data, looking at progress and challenges in all areas affecting HIV services. Finally, PEPFAR Angola will continue to convene monthly meetings with UNAIDS, UNDP and the WHO to review data, assess the progress of current work plans, and identify areas for ongoing collaboration.

## **3.0 Program Activities for Epidemic Control**

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### **3.1 Description of strategic outcomes**

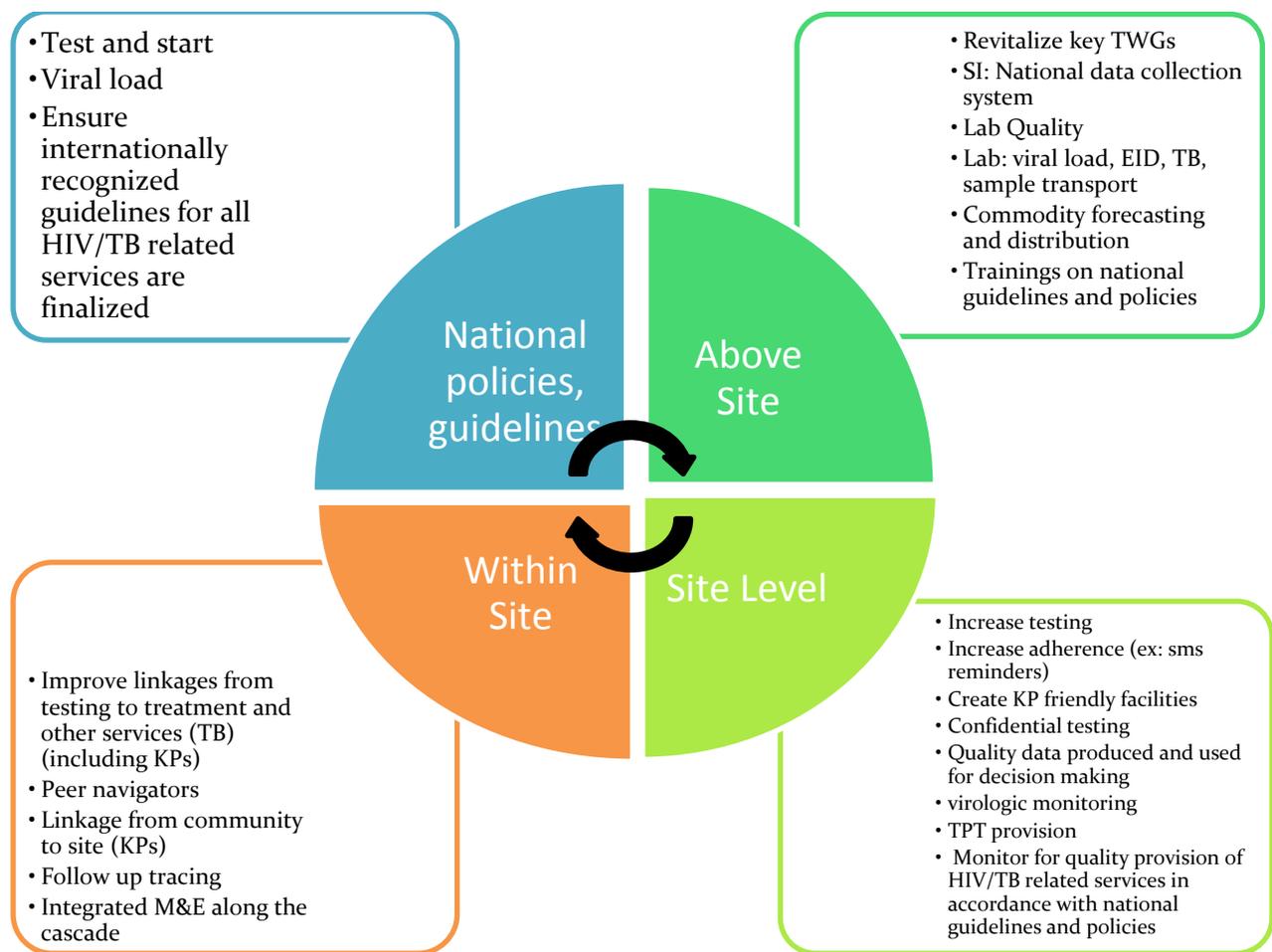
**Outcome #1:** Improve quality and coverage of testing and ART services through support to high quality, cost effective models, tools and institutional capacity building.

- Continue 9 clinical sites, differentiating partner roles and targets and work with the GRA to expand into the high burden HIV areas over the next 18 months
- Use DHS+ data to determine possible expansion to high burden SNU (e.g. Cunene) leveraging Global Fund and GRA funding
- Support HIV Rapid Test Quality Improvement (RTQI) and viral load (VL) quality

- Ensure 100% HTS and ART for TB patients
- Ensure national implementation of Test and Start in high priority zones

**Outcome #2:** Support high quality key and priority (military) populations programming to achieve 80% coverage in selected SNUs

- Continue scale up of KP programs in Luanda and via DoD programs to reach 80% coverage
- Complete KP surveys and use data to enhance planned programming
- Ensure linkage across the cascade to capture ART initiation on all persons reached with KP services



### 3.2 Site level (rationale, geographic and population prioritization)

COP17's focus will deepen its work in the nine PEPFAR supported facilities identified during the COP15 "pivot"; these sites cross five municipalities in Luanda Province. The decision to continue in these facilities is strengthened by a number of factors: the surveillance studies performed in the last year confirm that Luanda Province has the highest burden of PLHIV and KP (7.8% FSW). The facilities in which PEPFAR Angola is situated encompass 40% of PLHIV on treatment in Angola, and there is need to strengthen the services provided in these facilities to get to 90/90/90.

The goal of supporting these nine sites is to develop centers of high quality HIV services for all populations of PLHIV, and to showcase exemplary facilities from which GRA can select best their best

practices and emulate those around the country. PEPFAR Angola developed facility level targets that continue to build on previous year's targets, increasing the numbers of PLHIV identified, improving linkages from testing to initiation, and improving the retention of PLHIV on ART. Additionally, in COP17, there will be an increased focus on FSW and MSM, in this way bolstering the approach to ensure the entire HIV cascade is adhered to

With the US agencies clearly tasked in a way that creates a model that strengthens our activities in Angola, the CDC will work with the GRA in two of the nine facilities where innovative service delivery models can be piloted, and its feasibility assessed, refined, and adopted by the GRA for incorporation in the standard package of HIV care and treatment. These standards will be used to inform national guidelines that will be rolled out in conjunction with the GRA, through a train-the-trainer approach. Once approved at the national level, USAID can operationalize these new guidelines in seven of the nine facilities, as well as fostering bottom-up innovations for consideration by the MoH. This iterative model works not only to ensure the effective transfer of best practices which are proven to be successful pilots for national consideration and adoption, but also for policies and guidance created above-site for testing and implementation at the site level. Program outputs and outcomes will be measured and the outcomes of the implementation of site level participation will be consistently evaluated. In order to ensure seamless transfer of information from above site to site level and back to above site, it should be noted that above site partners are expected to conduct oversight visits to the sites with GRA and site level partners are expected to attend provincial and national level meetings with site directors. This creates a continuous cycle of information flow for program quality.

### **Strategic Outcome #1:**

*Improve quality and coverage of testing and ART services through support to high quality, cost effective models, tools and institutional capacity building.*

**First 90:** Key gaps identified in the programmatic areas of adult, pediatric and TB/HIV testing services include: 1) Data on tracking of HIV+ individuals from positive test result to linkage to care is not available due to lack of confidential testing and notification system of all HIV positives (HIV testing is anonymous and HIV+ results are not reportable); 2) SIMS data indicate that less than 25% of sexual partners, and family members of HIV+ patients are tested for HIV; 3) Inconsistent testing of hospitalized patients is noted; 4) Weak linkage between the 45 HIV testing points in the nine facilities and HIV treatment; 5) chronic shortage of HIV rapid tests for use at points of testing including TB units 6) Lack of QA for RT 7) Lack of systematic integration of HTS into TB services 8) Limited access to TB diagnostics.

### **COP17 Strategy**

PEPFAR will address the identified programmatic gaps and provide support towards:

- Development and implementation of a confidential HTS policy and guidelines
- Development and implementation of registers, medical record forms and processes that facilitate routine index-based testing and contact tracing of sexual partners and family members of positively screened patients
- Development and implementation of guidelines for HIV testing for hospitalized patients and pilot immediate ART initiation among HIV+ inpatients
- Establishment of a navigator system to ensure linkage between testing points and HIV services
- Establish site level system to improve inventory practices, ordering reporting and distribution
- Review of targets and data to inform supply management strategies to ensure adequate supply of rapid tests other testing commodities
- Implementation of routine RTQI and quarterly external quality assurance activities

- Implement contact tracing strategy based on TB index case and ensure TB and HIV screening for all household contacts
- Implement integrated HIV testing into TB services
- Scale-up and roll-out of GeneXpert machines for EID (design sample/results flow, training, case discussion on patient management)

**Second 90:** Key gaps identified in the programmatic areas of adult and pediatric care and treatment and TB/HIV care and treatment include: 1) T&S not operationalized 2) Weak compliance with HIV national guidelines (ART regimes, TB screening, multi-month scripting, TPT); 3) Shortage of ARVs (especially pediatric regimes and TB first line drugs); 4) Deficiencies in patient flow 5) 30% LTFU within first three months of initiating ART; 6) data not fully used to inform practice 7) weak linkage between in-patient and HIV and TB/HIV services; 8) Limited knowledge and implementation of VL monitoring and managing VL failure; 9) Limited TB Infection control and prevention measures

### **COP17 Strategy**

PEPFAR will implement innovative solutions including provision of support for:

- Design and implementation of T&S, task-shifting and differentiated models of care policies and guidelines
- Development of site level cascades and dashboards and site performance reviews and QI activities implemented to improve compliance with national HIV guidelines
- Implementation of multi-month scripting/dispensing
- Exploration of urban models of community-based ART distribution models
- PLHIV initiated on optimized first line ART regimens
- Optimize VL monitoring and case management of VL failure through training, mentoring and supportive site supervision
- Roll-out of TPT
- Support weekly clinical case discussions and Quality improvement collaborative activities to improve TB screening and diagnosis, IPT initiation, contact tracing and VL monitoring

Planned pilots and feasibility assessments:

- 1) PITC for pediatric and TB in-patients with ART initiation pre-discharge;
- 2) LTFU reduction strategies;
- 3) Alternative (Non-facility-based urban) models of ART distribution;
- 4) Pre-formatted ART prescription for improved compliance and tracking of recommended ART regimes;
- 5) Pilot and evaluate implementation of One-Stop Shop (OSM) at TB services.

**Third 90:** Key gaps identified include: 1) current number of patients retained in care for a period of 12 consecutive months is unknown; 2) Sample transport system poor; 3) Poor clinic lab interface for VL, CD4 tests, Xpert 4) Limited availability of viral load reagents and other consumables (collection tubes); and 6) Lack of policy for GeneXpert 7) Limited access to EID

### **COP17 Strategy**

PEPFAR will support innovative solutions including the following:

- Electronic system implemented to follow monthly cohorts for adherence
- Optimize VL cascade between clinics and labs through training, and implementation of tools to improve clinic-lab interface

- Coordinate sample volumes with transport system and sample pick-up and result delivery Pilot POC solution for EID using GeneXpert
- Pilot TB testing and rifampicin resistance with GeneXpert
- Find an integrated solution to shortage of reagent and consumables working with INLS, GF, GPSL, and UNAIDS

### **Strategic Outcome #2:**

*Support high quality key and priority (military) populations programming to achieve 80% coverage in selected SNU.*

USAID will continue to provide TA to five local KP CSOs to strengthen their capacity to implement a comprehensive package of services for KP along the cascade. By focusing on positivity yield through targeted testing and counseling of high risk KP, as well as implementation of a referral and counter-referral system between facility and community, PEPFAR will improve linkage to ART, adherence, and retention. Strategies to increase KP HTS include: screening for risk, home-based and self-testing for MSM/TG, and mobile testing at hot spots for FSW. PEPFAR will also support the opening of a Drop-In-Center as a demonstration site for KP where periodic presumptive STI treatment for FSW and community ARV distribution through PLHIV support groups will be piloted; PEPFAR Angola will procure STI treatments, oral HIV tests, and HBV vaccines for the success of these pilots.

The military program targets specific geographic areas that the SABERS study showed as having a higher prevalence than the military average and the general population. These sites were selected in order to achieve higher yield and target the right people; older deploying men within the Angolan military. The primary strategy for delivering HTS services was through mobile testing units in community settings, VTC co-located facilities, inpatient, and provider initiated testing within the military medical structures. Coupled with the HTS is an HIV prevention package of services that is offered to each individual that receives an HIV test and result. HIV+ military personnel will be linked into military care and treatment services supported by PEPFAR. Based on SABERS prevalence data this strategy will reach over 85% of military personnel by the end of FY18. With the national adoption of Test and Start within the military, by the end of FY18 the military will maintain 80% of military personnel that are HIV+ on treatment. PEPFAR will continue to support VL monitoring to achieve the 3<sup>rd</sup> 90 (40% of ART patients supported at military sites will have had a viral load, and 70% of those with a viral load test will have viral suppression.) The design of this engagement will be to build lab technician capacity, laboratory maintenance through the provision of lab commodities/consumable including VL reagents, support the adoption of national policies and guidelines, and participation in national quality assurance systems.

In addition, PEPFAR will help reduce stigma and discrimination at the facility, community, and above site levels. The existing package of services offered to KP will expand to include psycho-social support, nutritional counseling, police advocacy, violence prevention and response by leveraging Global Fund resources. Through close collaboration with GRA, a 'model' for providing KP interventions, monitoring and surveillance (using UIC) will be refined, and institutionalized to better ensure sustainability.

### **Cross Cutting, SI**

M&E activities are cross-cutting and critical to ensure achievement of COP17 performance outcomes. At the site level PEPFAR has implemented an electronic data system that longitudinally tracks patients from HIV Care services through VL monitoring. The system compares favorably (>95% concordance at

7 sites for TX\_New) to results reported in patient medical files and DATIM. Linkages with multiple HIV testing points, the TB program unit and VL have not been established.

Key gaps identified in the M&E system include: 1) Improper use and completion of existing registers, M&E tools, and reporting forms; 2) Limited use of data for decision-making; 3) Gaps in registers; 4) inability to track individuals from point of testing to registration in the system due to anonymous HIV testing 5) Inability to track HIV status and ART initiation among TB patients; 6) electronic interface for VL samples and results inadequate; 7) Patient pharmacy pick-up needs to be expanded; 8) poor data visualization to support tracking of indicators

### **COP17 Strategy**

PEPFAR will address the identified M&E programmatic gaps and provide site level support to:

- Integrated M&E along the HIV cascade to ensure patients are tracked from testing and linkage to care, implement confidential testing and national HIV notification for effective deduplication
- Intensive on-site technical assistance and supportive supervision to ensure proper use of registers, tools, patient files, and reporting forms and implementation of weekly M&E review meeting
- Support HFs to clean patient file archives on a semi-annual basis
- Quarterly DQA of key indicators for testing, care and treatment, VL monitoring, and TB/HIV discussed and action plans developed
- Strengthen the current electronic databases (SIS) at the site level to link TB units, hospital in-patient testing and find a solution to linking the 45 testing points at the nine facilities
- Design and incorporate data validations and checks, revise SOPs for data entry and DQA tools to improve data quality, and create dashboards for improved data visualization
- Expand SIMS-focused Rapid Quality Improvement collaborative

### **TB/HIV**

In 2015, 21,960 cases of TB notified in Luanda, 10,109 (45%) were tested for HIV; 1,799 were HIV+ which represents 14.3% positive co-infection rate.

With this co-infection rate, PEPFAR will implement and scale up activities for high quality, one stop shop, integrated TB/HIV adult and pediatric services to reach 100% ART initiation in TB/HIV co-infected patients and ensure accurate documentation. Despite an active policy for provision of TB Preventive Therapy (TPT) for PLHIV TPT uptake has so far been sub-optimal. In COP17, PEPFAR will aim to strengthen TPT provision for PLHIV further by obtaining partner buy-in, developing guidance, and piloting the process for future roll out.

### **3.3 Critical above-site systems investments for achieving sustained epidemic control**

PEPFAR Angola will work in above-site locations including national, municipal and district governments, national warehouses and laboratories all situated in Luanda through intensified technical assistance.

The CDC and its IMs will second, part time, key personnel both at the MoH, the INLS and Luanda Provincial Health Office in order to strengthen their management, oversight and M&E of HIV and TB service delivery. This includes ensuring all HIV related policies and guidelines are completed, tested (as stated above in 3.2) and rolled out to sites by way of training of trainers.

PEPFAR Angola will focus on strengthening, implementing, and monitoring the national HIV data collection system, cascade monitoring and data utilization to inform national program strategy. The Minister of Health is committed to piloting a national data collection platform in COP16 that PEPFAR Angola will support in COP17/18.

In the national laboratories and in line with the National Laboratory Strategy PEPFAR Angola will support RTQI and continuous quality improvement activities for HIV, viral load, early infant diagnosis and TB testing and have the labs responding to international EQA with 100% proficiency.

In COP16 the supply chain partner, PSM, conducted a thorough gap-analysis of the commodities distribution chain from warehouse to site including the ordering cycle of critical commodities from site to warehouse. For COP17, PSM will use this information to focus its technical assistance to improve commodities forecasting, reporting and distribution. Examples of outcomes of tightening up the supply chain include testing points receiving HIV tests based on data, previous number of people tested and ensuring that stable ART patients receive at least 3 months of ART supply.

The model PEPFAR Angola has adopted places critical emphasis on strengthening the National AIDS Program and the provincial HIV programs in order to build an integrated sustainable system. In order to have clear lines of communication and avoid confusion at the central level CDC IM will work with the GRA to coordinate stakeholders and improve governance, leadership & accountability of HIV & HIV/TB programs.

Key gaps identified in above site level include: 1) Lack of policies, guidelines, systems and tools critical for implementation of Test and Start; 2) Lack of an integrated HMIS for aggregate reporting of key indicators; 3) Poor data management, data use, program monitoring for compliance with national policies systems and lack of quality improvement initiatives; 4) Absence of national M&E plan or a strategic information (SI) TWG that meets routinely; 5) Lack of comprehensive training plan, requirements and implementation for care providers; 6) Slow approval processes for policies, guidelines and tools; 7) Inadequate roll-out and communication of policies and guidelines; 8) Inadequate implementation of and compliance with national HIV policies; 9) Inadequate control of supply chain and distribution system for HIV related commodities

### **COP17 Strategy**

- Initiate new above-site activity to strengthen senior government bodies (National AIDS Institute, Luanda Provincial Government, Ministry of Health) in governance, leadership and accountability.
- PEPFAR will address the identified above-site programmatic gaps and provide support to: Development of an Operational plan for 2018-19 for oversight and accountability.
- Aggregate data reporting systems at the national level in order to create an integrated system for HIV data use and reporting
- Development of national case notification and confidential HTS strategy focused on high yield entry points, priority sub-populations and mechanism for linkage to care and treatment
- Development of a National M&E plan developed including dashboards of key HIV treatment indicators for program review.
- Development and implementation of site quality monitoring plan, tools and monthly Treatment TWG meetings convened

- Development and dissemination of policies, operational guidelines, training materials, SOPs, job aids and tools for: T&S, confidential HTS, standard site level package for HIV+ and HIV/TB co-infected patients, differentiated service delivery models, PITC, VL monitoring, virologic failure management, population specific enhanced adherence counseling, one stop model for TB/HIV services, TPT, task shifting, and M&E.
- Training on guidelines for T&S implementation and related tools for INLS, GPSL, and PEPFAR sites using a ToT model.
- Development and implementation for a workshop on data use and data analysis.
- Strengthen institutional capacity to design, implement and evaluate implementation of program such as outcomes of T&S, opt out same day ART initiation and VL service quality assessment
- Establishment of national level HIV TWG to review international and global data on HIV prevention, care and treatment strategies, design differentiated service delivery models.
- Strengthen capacity of INLS, Luanda Provincial Health Directorate (GPS) in quality implementation oversight and data management

### **3.4 Description of how PEPFAR will support greater sustainability (250 words)**

PEPFAR Angola will continue working with the GRA at every step in COP17, focusing on provision of quality technical assistance above and at site level and with a clear interface between them producing a high quality, GRA owned, HIV model for all populations of PLHIV in Angola.

At the site level PEPFAR has trained GRA, M&E personnel who have proven data quality and collection skills throughout COP16 in COP17 another will be added to the National Lab.

The PEPFAR program will continue to strengthen the linkage between KP CSOs and the GRA in order to further promote human/health rights for KPs. Finally, led by Ambassador LaLime, the MoH has been afforded the opportunity to participate in a training by experts from U.S. Pharmacopeia related to medicine standards, testing, policy development and regulations in order to better monitor drug quality in Angola.

## **4.0 Management and staffing considerations**

There will be no significant changes to the staffing structure in COP17. In COP16 PEPFAR Angola was able to fill two key positions: 1) the PEPFAR Coordinator and 2) the Deputy CDC Director role. PEPFAR enters the writing of COP17 in a US Government hiring freeze which means that three previously approved positions cannot be filled in the near term although 2 of them have already been advertised: 1) CDC Public Health Specialist for Care and Treatment 2) PEPFAR SI Advisor and 3) CDC Administrative Assistant. Furthermore, the HIV Team Lead for USAID, previously paid out of Washington, was converted to a PSC paid for by PEPFAR Angola due to the lack of availability of USAID FSOs.

The potential for CODB to change is significant. The global drop in oil prices over the last two years is not expected to recover to pre-crisis pricing for many years to come, therefore continuing the scenario of limited government resources. In the longer term, this “new normal” in the oil industry could make Angola’s largely deep-water proven reserves of oil too expensive to commercialize. In the short term, the fall in global oil prices has significantly reduced Angola’s national income, a fact reflected in severe foreign exchange shortages. This has, in turn, resulted in domestic inflation, reduced access to imported goods, and significant strains on the government’s ability to fund already limited social sector programs, especially in the

health sector. Restrictions in the international banking system as well will continue to limit access to foreign exchange. Political transition will occur in 2017 with President Dos Santos stepping aside after thirty-seven years in power. While there is a general consensus that the ruling party, the MPLA, will win the elections planned for August, the backdrop of the economic crisis that currently exists has caused a sense of heightened concern.

## APPENDIX A

**Table A.1.1 Total Funding Level**

Applied Pipeline	New Funding	Total Spend
\$US 586,849	\$US 17,113,151	\$US 17,700,000

**Table A.1.2 Resource Allocation by PEPFAR Budget Code**

PEPFAR Budget Code	Budget Code Description	Amount Allocated
MTCT	Mother to Child Transmission	NA
HVAB	Abstinence/Be Faithful Prevention	NA
HVOP	Other Sexual Prevention	\$2,136,239
IDUP	Injecting and Non-Injecting Drug Use	NA
HMBL	Blood Safety	NA
HMIN	Injection Safety	NA
CIRC	Male Circumcision	NA
HVCT	Counseling and Testing	\$2,589,315
HBHC	Adult Care and Support	\$37,500
PDCS	Pediatric Care and Support	\$121,600
HKID	Orphans and Vulnerable Children	NA
HTXS	Adult Treatment	\$2,478,952
HTXD	ARV Drugs	NA
PDTX	Pediatric Treatment	\$234,095
HVTB	TB/HIV Care	\$468,190
HLAB	Lab	\$1,128,002
HVSI	Strategic Information	\$1,784,019
OHSS	Health Systems Strengthening	\$1,790,000
HVMS	Management and Operations	\$4,932,088
<b>TOTAL</b>		<b>\$17,700,000</b>

### A.2 Resource Projections

Data sources included PBAC, Spectrum projections completed in February 2015, ANC 2013 data, DHS+, and IBBS.

## APPENDIX B

See Focused Outcome and Impact Table (FOIT) attached.

Focused Outcome and Input Table (FOIT)  
Angola

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
<b>Strategic Outcome 1: Improve quality and coverage of testing and ART services through support to high quality, cost effective models, tools and institutional capacity building.</b>							
Systems: Supply chain and essential medicines	TA to INLS and other partners to improve HIV commodities security and supply chain performance, focusing on forecasting, reporting and distribution	<ul style="list-style-type: none"> <li>Angola supply chain guidelines updated, distributed, and in use</li> <li>Effective sourcing of essential commodities (best and most effective) plan in use</li> <li>Efficient distribution systems of essential commodities from national, to provincial, to facility levels achieved.</li> </ul>	<ul style="list-style-type: none"> <li>Luanda province with timely reporting process for HIV commodities</li> <li>Luanda province achieves high rates of accuracy and completeness of reporting</li> </ul>	SC_STOCK NVS_COMD	0	0	\$380,157
Systems: Supply chain and essential medicines	TA to 9 PEPFAR facilities to improve inventory management, reporting, fulfillment, supply availability and effective dispensing and monitoring	<ul style="list-style-type: none"> <li>Testing point receiving HIV tests based on requirements</li> <li>Stable ART patients receiving at least 3 months ART supply</li> <li>9 facilities in Luanda province attain high level of orders received</li> <li>9 facilities in Luanda province attain and maintain acceptable storage conditions for HIV commodities</li> <li>9 facilities maintain minimal stock outs for HIV commodities within the last 12 months</li> <li>9 facilities maintain minimal loss of product due to expiration and damage</li> </ul>	<ul style="list-style-type: none"> <li>9 PEPFAR facilities in Luanda without stock outs</li> <li>9 facilities maintain zero stock outs for HIV commodities within last 12 months</li> <li>9 facilities maintain no loss of product due to expiration and damage</li> </ul>	SC_STOCK INVS_COMD	0	0	\$869,843
Service delivery and quality improvement: general population	Implement, monitor & eval ped & adult HIV TX, TB/HIV services; national policies & differentiated service delivery models to move towards 90/90/90.	<p>Adult &amp; Ped Treatment: Implementation of and compliance with national HIV policies. Create greater demand for viral load testing. Increase in number of: confirmed HIV + patients with immediate ART initiation, index patients tested, PLHIV initiated on optimized first line ART regimens, patients with routine VL monitoring, TPT provision, sites with quality monitoring implemented and findings used for QI.</p> <p>TB/HIV: Implementation of and compliance with and HIV/TB national policies and implementation of national One Stop Model TB/HIV service delivery. Improved ability to track patients and coordinate outpatient/inpatient TB services with HIV services. Increased identification of TB/HIV co-infection and early ART initiation among co-infected. HIV+ patient files with unique identifiers that link TB and HIV services.</p> <p>HTS: Implementation of and compliance with national HIV policies. Confidential testing implemented Index -case testing implemented and results show an increase in the proportion of testing among family members &amp; partners of PLHIV. 95% of TB patients tested for HIV, 90% of HIV+ clients linked to treatment .</p>	<p>Adult &amp; Ped TX: Site level participation in implementation and outcomes evaluations for program areas such as: T&amp;S, differentiated service delivery model, VL service quality assessment.</p> <p>TB/HIV: 50% increase from baseline of TB/HIV co-infected initiating ART within 2 weeks of TB treatment.</p> <p>HTS: Site level participation in implementation and outcomes evaluations for linkage to treatment and HTS program area</p>	TX_NEW, TX_CUR, TX_RET, TX_PVLS, TX_TB, TB_PREV, TB_ART TX_NEW, TX_CURR, TX_RET, TX_PVLS, HTS_TST, TB_STAT	0	0	\$1,270,946

Focused Outcome and Input Table (FOIT)  
Angola

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Service delivery and quality improvement: general population	Implement, monitor & eval ped & adult HIV TX, TB/HIV services; national policies & differentiated service delivery models to move towards 90/90/90.	<p>Adult &amp; Ped Treatment: Implementation of and compliance with national HIV policies. Increase in number of: confirmed HIV + patients with immediate ART initiation, index patients tested, PLHIV initiated on optimized first line ART regimens, patients with routine VL monitoring, TPT provision, sites with quality monitoring implemented and findings used for QI.</p> <p>TB/HIV: Implementation of and compliance with and HIV/TB national policies and implementation of national One Stop Model TB/HIV service delivery. Improved ability to track patients and coordinate outpatient/inpatient TB services with HIV services. Increased identification of TB/HIV co-infection and early ART initiation among co-infected. HIV+ patient files with unique identifiers that link TB and HIV services.</p> <p>HTS: Implementation of and compliance with national HIV policies. Confidential testing implemented Index -case testing implemented and results show an increase in the proportion of testing among family members &amp; partners of PLHIV. 95% of TB patients tested for HIV, 90% of HIV+ clients linked to treatment .</p>	<p>Adult &amp; Ped TX: Site level participation in implementation and outcomes evaluations for program areas such as: T&amp;S, differentiated service delivery model, VL service quality assessment.</p> <p>TB/HIV: 50% increase from baseline of TB/HIV co-infected initiating ART within 2 weeks of TB treatment.</p> <p>HTS: Site level participation in implementation and outcomes evaluations for linkage to treatment and HTS program area</p>	<p>TX_NEW, TX_CUR, TX_RET, TX_PVLS, TX_TB, TB_PREV, TB_ART TX_NEW, TX_CURR, TX_RET, TX_PVLS, HTS_TST, TB_STAT</p>	0	0	\$3,217,557
Systems: Governance (including policy)	TA to INLS to coordinate stakeholders and improve governance, leadership & accountability of HIV & HIV/TB programs	Operational plan for 2018-19 developed and implemented for oversight and accountability.	National multi-year HIV plan developed. National, sub-national and site level quarterly review with CSO and other stakeholder participation reviewing key indicators of HIV and HIV/TB programs, progress towards impact, and future plans that ensure transparency and coordination.	HTS_TST, TX_NEW, TX_CURR, TX_RET, TX_PVLS	0	0	\$150,000
Systems: Governance (including policy)	TA to the INLS, NTP & GPSL to strengthen their management, oversight, and M&E of HIV & TB service delivery.	National M&E plan developed including dashboards of key HIV treatment indicators for program review. Developed and implemented site quality monitoring plan and tools. Monthly Treatment TWG meetings with stakeholders that are data driven to review results and quality improvement strategies/plans. Establishment of INLS led VL working group to strengthen clinic-lab interface for VL testing and monthly review of program performance. Development of a monitoring and evaluation plan to assess implementation and impact of T&S, immediate ART initiation, VL monitoring, and TPT. Rapid Quality Improvement collaborative meets at least quarterly for progress reports and data review	Site quality monitoring system routinely conducted in all PEPFAR supported sites.	HTS_TST, TX_NEW, TX_CURR, TX_RET, TX_PVLS	0	0	\$250,000
Systems: Strategic information	Strengthen, implement, and monitor national HIV data collection system, cascade monitoring and data utilization to inform national program strategy	Data collection system developed that monitors key program indicators and cascades (in coordination with clinical, pharmacy and lab), and is reviewed quarterly by INLS, Treatment TWG and key stakeholders.	Improved performance on key indicators (e.g., time to ART initiation, optimized ART regimens, VL monitoring and pharmacy pick-ups).		0	0	\$265,000

Focused Outcome and Input Table (FOIT)  
Angola

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Systems: Strategic information	Implement and monitor HIV data system to strengthen site level data use for patient management, strengthening the interface between lab, clinic and pharmacy	Site level cascades and dashboards developed and providers trained to utilize/analyze data for improved patient management, quarterly review of site performance and QI activities documented.	Site level improvements from baseline in key dashboard indicators (e.g., time to ART initiation, optimized ART regimens, VL monitoring, patient visits and pharmacy pick-ups).			0	\$200,000
Systems: Laboratory	Ability to provide quality viral load monitoring to PLHIV on ART through mentoring at 9 Luanda facilities	1. Achieve testing 60% of PHLIV on ART. 2. 21 staff trained to conduct viral load testing, sample collection and result return. 3. Three people seconded to INLS to mentor and oversee laboratory testing and supporting facilities at the laboratory clinic interface for returning results to the patients.	1) Workflow optimized to 100% efficiency at INLS and Luanda Medical Center 2) Achieve testing for 90% of PHLIV on ART	TX-PVLS		0	\$182,000
Systems: Laboratory	Conduct stepwise HIV rapid testing continuous quality improvement activities to ensure quality HIV testing at 9 Luanda facilities	1) 70% HIV testing facilities participating in proficiency testing with a 90% pass rate 2) Training of trainers completed 3) Baseline and 6 month follow up evaluations using SPI RT checklist completed 4) Documents and records developed	1) 100% of HIV testing facilities participating in proficiency testing, and 90% pass rate 2) Documents and records used in standard practice 3) Supervisory visits completed to ensure barriers identified during SPI RT evaluations are corrected	LAB_PTCQI		0	\$392,000
Systems: Laboratory	Conduct stepwise continuous quality improvement activities to ensure quality HIV (viral load and EID) and TB testing	1) All viral load labs including INLS, military and Luanda Medical Center participating in proficiency testing with a 90% pass rate 2) INLS lab participating in proficiency testing with a 100% pass rate 3) All TB testing facilities are participating in proficiency testing with a 75% pass rate	1) All viral load, EID and TB testing facilities are participating in proficiency testing, and 100% pass rate	LAB_PTCQI		0	\$306,000
Systems: Laboratory	Ensuring availability of point-of-care infant virologic testing	1) Training on existing GenXpert platforms for EID testing, 2) EID method validation completed, 3) Development of SOPs, forms and registers 4) POC sites enrollment into proficiency testing and testing at 90%	1) Two facilities (Pediatric Hospital and Divina) performing routine EID POC testing with 100% efficiency 2) SOPs, forms and registers implemented 3) Proficiency testing passed at 100%			0	\$20,000
Systems: Laboratory	Support HIV reference lab and conduct feasibility assessment on sample transport system to continue to provide quality VL and EID testing.	Demonstration Project : 1)LIMS enhanced integrated system developed, 2) Sample transport issues reviewed and identified; 3) TA provided to coordinate transport system for sample pick-up and result delivery	1- TB and HIV ref labs using LIMS and reporting according to the VL and TB indicators; 2- Transport system expanded to other units in Luanda for EID, TB and VL.			0	\$85,000
Systems: Strategic information	Improve data use for HIV service quality. Plan & conduct implementation assessment of strategies and outcomes	Conduct workshop on data use and data analysis. Evaluation of implementation and outcomes of T&S, opt out same day ART initiation, VL service quality assessment.	Evaluation of implementation and outcomes of T&S, opt out same day ART initiation, VL service quality assessment.			0	\$250,000
Systems: Strategic information	Internship at sites, conduct program evaluation and pilot partner notification	Participation in index testing, adherence data collection and other surveillance and evaluation projects as needed. 2 seconded full time to the INLS for surveillance TA. 18 person months of direct TA provided at the facilities.				0	\$200,000

Focused Outcome and Input Table (FOIT)  
Angola

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Service delivery and quality improvement: general population	TA to INLS to conduct data quality and SIMS-like assessment of HIV TX facilities located in high HIV prevalence border provinces	Develop plan, tools and training materials to assess ART readiness and ART service quality at HIV and HIV/TB treatment sites in Cunene, Cuando Cubongo and Moxico. Train INLS on assessment methodology. Implement joint assessment with INLS.	Data driven selection of sites for assessment and/or strengthening for HIV service delivery.		0	0	\$75,000
Systems: Governance (including policy)	TA to develop & operationalize HIV & HIV/TB policies, guidelines, differentiated service delivery models, training materials, M&E tools & standards	1) Policies, operational guidelines, training materials, SOPs, job aids and tools for: differentiated service delivery models, standard site level package for HIV+ and HIV/TB co-infected patients, T&S, confidential HTS, PITC, VL monitoring, virologic failure management, population specific enhanced adherence counseling, one stop model for TB/HIV services, TPT, task shifting, and M&E developed and disseminated. 2) ToT model implemented for training staff of INLS, GPSL, and team at PEPFAR sites on new guidelines and related tools to using a ToT model. 3) TA to INLS to conduct National training on T&S. 4) Establishment of national level HIV TWG to review international and global data on HIV prevention, care and treatment strategies, design differentiated service delivery models.	Operational and/or national guidelines modified to reflect lessons learned from site implementation. INLS plan for operationalization of best practices, standard packages for HIV and HIV/TB services to other treatment sites in the country.		0	0	\$555,000
<b>Strategic Outcome 2: Support high quality key and priority (military) populations programming to achieve 80% coverage in selected SNU</b>							
Service delivery and quality improvement: general population	Support the military to reach 85% of the first 90, 80% of the second 90 and 40% of the third 90.	A combined total of 21,457 individuals will receive counselling and testing (HTC_TST) through which we will be able to identify 953 positives (HTC_TST_POS) ITC and mobile VCT counseled testing.  Support link 740 TX_New to reach 2550 TX_Curr and 714 TX_PLVS.  20 Healthcare providers trained to provide on-site, patient tracking and HIV C&T based on developed treatment and care guidelines.  30 physicians implementing the treatment and care guidelines.	Based on FY18 results continued support towards reaching 90, 90, 90 to military personnel including adequate access to testing services, coordinated and quality C&T services provision for people living with HIV, consistent and reliable data submitted through skilled site level data managers.	HTC_TST, PP_PREV, HTX_TST, TX_CURR, TX_PLVS	Program Indicator	0	\$1,117,694
Service delivery and quality improvement: general population	Adapt national policies and guidelines for use in Military facilities and support related training of lab technicians.	National laboratory policies and tools adapted for military labs use	Support training and implementation of approved and adapted policies/tools from national lab to military facilities.	HLAB	National Indicator	0	\$171,000
Systems: Institutional Capacity Building	Support military labs to participate in national lab quality ensurance system.	2 Military labs participate in national lab quality assurance program. 10 lab technicians trained on QA. Sites monitored quarterly Developed national protocol adapted to allow military C&Tclinics to order viral load tests and receive results in a timely fashion.	Military labs abide to national guidelines to ensure the quality and accuracy of viral load test results.	PLVS	National Indicator	0	\$97,745
Systems: Governance (including policy)	Deliver package of services model (including S&D, M&E, referral) for key populations to GRA	KP model designed and tested in Luanda. M&E system to track KP across cascade with UIC.	Comprehensive KP package completed and delivered to GRA. M&E systeM delivered to GRA and linked to its data management system.	NA	SIMS	Above-site CEEs for KP	\$150,000

Focused Outcome and Input Table (FOIT)  
Angola

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Systems: Institutional Capacity Building	Provide TA to local CBOs to strengthen capacity to provide package of key pops services	5 CBOs providing KPs services	100% of CBOs improving performance based on Organizational Performance Index (OPI) assessments results	NA	SIMS	Community CEEs	\$100,000
Service delivery and quality improvement: key populations	Implement quality KP services, including HTS, referral/counter-referral, community-ART, STI treatment, retention, and DIC	KP PREV and HTS TST targets met. Referral and counter referral system designed and tested. Retention and adherence model designed and tested. Community ART distribution designed and pilot approved by INLS. Self testing of MSM pilot designed and approved by INLS. Pilot periodic presumptive STI treatment for KP. Drop in centre for KPs established	Referral and counter referral system completed and delivered to GRA. Retention and adherence model completed and delivered to GRA. Community ART Distribution pilot implemented. Pilot of self testing of MSM implemented. DIC package of services report given to GRA.	KP_PREV; HTC_TST		0	\$2,166,719
Service delivery and quality improvement: key populations	Provide site level TA to reduce stigma and discrimination (S&D) throughout the cascade	S&D training, monitoring, and reporting to ensure KP friendly services at PEPFAR funded facilities through CSO-Facility KP advisory group.	100% of PEPFAR facilities complete simulated patient and implement remediation plan	NA	SIMS	Facility CEEs for KP	\$50,000
Service delivery and quality improvement: key populations	Adapted and implement national patient-level tracking system to 3 high volume military facilities in Luanda	3 military facilities in Luanda implementing national patient-level tracking system		NA		0	\$146,251