



UNCLASSIFIED

May 5, 2022

**MEMO FOR TULINABO MUSHINGI, U.S. AMBASSADOR TO ANGOLA**

**FROM:** S/GAC – Samuel Kalibala, S/GAC Chair  
S/GAC – Michelle Zavila, PEPFAR Program Manager

**THROUGH:** S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

**SUBJECT:** PEPFAR Angola Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Angola Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Angola, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Angola Country Operational Plan (COP) 2022 with a total approved budget of \$13,143,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
<b>TOTAL</b>	<b>11,479,728</b>	<b>1,663,272</b>	<b>13,143,000</b>
<b>Bilateral</b>	<b>10,578,728</b>	<b>1,663,272</b>	<b>12,242,000</b>
<b>Central</b>	<b>901,000</b>		<b>901,000</b>

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$13,143,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

### **ARPA/ESF Funds**

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

### **Background**

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 15-17, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

### **Program Summary**

Funding and targets for Angola's COP 2022 will support PEPFAR Angola's vision in partnership with the Government and people of Angola to work towards epidemic control by focusing on testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, retained on treatment, and remain virally suppressed. While PEPFAR Angola intends to reach PLHIV across all ages and sexes, the program for COP 2022 will center on pregnant women, their children, and their sexual partners in four provinces as well as the military population in four priority regions. According to the UNAIDS 2020 estimate, Angola's mother-to-child transmission (MTCT) rate is 19%, the fourth highest in the world. Furthermore, Angola represents five percent of the burden of HIV acquisition for children 0-14 years old globally according to the Start Free, Stay Free, AIDS Free UNAIDS final report on 2020 targets. With COP 2022 funding, PEPFAR Angola will work toward ensuring 33,918 people are on life-saving treatment by the end of COP 2022, that an additional 5,390 people are enrolled on treatment, and that 20,137 patients will have documented viral suppression.

The PEPFAR Angola strategy and program implementation for COP 2022 will focus on retaining PLHIV on antiretroviral therapy (ART) and continuing to prevent new HIV infections through: (1) Continued technical assistance (TA) with testing and linking to treatment for all pregnant women living with HIV, and their children and sexual partners, if positive; (2) Continued TA and support to improve the pediatric clinical cascade and close the treatment gap for children; (3) Continued TA with supply chain quantification, forecasting, and distribution to ensure no stock-outs of antiretroviral (ARV) medications and laboratory reagents and supplies; (4) Continued TA for the implementation of policies like continued modernization of the ART regimen, rolling out multi-month dispensing (MMD) of ARVs with a goal of expanding the number of patients on 6MMD, and ensuring test and start so that all PLHIV in the four provinces can begin ART as soon as they are diagnosed; (5) Further enhanced collaboration between facility and community efforts to enhance case finding and promote continuity of treatment for

those already receiving ART; and, (6) continued lab, viral load (VL) and early infant diagnosis (EID) scale up and diagnostic network optimization through point-of-care (POC) testing, regional training, and expanding the sample transport system.

The PEPFAR Angola program will continue implementing the integrated facility/community based prevention of mother-to-child transmission (PMTCT) approach first initiated in COP 2019, in partnership with the First Lady of the Republic of Angola's Born Free to Shine Initiative. Through this partnership, PEPFAR Angola will continue its family focused approach that relies on finding and treating pregnant women living with HIV, testing and treating all of their children and sexual partners. In COP 2022, funds will aim to strengthen the link between facility and community testing, and treatment, and ensure technical capacity for monitoring and evaluation as well as mentorship and supportive supervision at provincial and facility levels. PEPFAR Angola will continue to assist the Government of the Republic of Angola (GRA) with quantification, forecasting, supply chain planning, distribution, and planned procurement of key commodities from the national to the sub-national levels. TA will also focus on scaling up viral load testing at the GRA lab to increase coverage and monitor viral load suppression. Implementation of key national policies at all sub-national levels and provinces will demonstrate the success of PEPFAR Angola's TA. COP 2022 will focus on policy implementation, such as movement in differentiated service delivery models, including expansion of at least three-month to six-month MMD for all people living with HIV. PEPFAR Angola will build off of current COP 2021 efforts to ensure that all infants, children, and adolescents are transitioned to a dolutegravir (DTG) based regimen by prioritizing training and monitoring pediatric DTG rollout in COP 2022. PEPFAR Angola will also work with GRA and other multilateral partners to confirm the consistent supply of optimal pediatric ART. A successful PMTCT program in Angola requires both facility and community components. With 53% of women giving birth outside of a health facility in Angola, pregnant women must be supported at the community level, and tested and linked to the facility for treatment. PEPFAR Angola will engage with community outside of facilities to train and mentor PLHIV, most especially pregnant and breastfeeding women (PBFW), through the cascade of care, thereby increasing linkage to treatment, promoting adherence, and furthering retention.

During COP 2022, PEPFAR Angola will begin preparing for future PMTCT program transitions to Phase-2 provinces. This model will allow PEPFAR Angola to pass on best practices in family focused clinical and community programming to GRA counterparts and continue to implement the TA model nationally and across identified provinces and health facilities. The trajectory of the transition, appropriate benchmarks, and sustainability plans detailing training support needed as well as the hand off between implementing partners and GRA will be agreed upon during this pre-planning year and before any provincial transitions can occur. Furthermore, pre-planning activities to generate sufficient data and engage local stakeholders will be prioritized to determine Phase-2 provinces as well. In COP 2022, PEPFAR Angola will also continue to provide a modest investment in commodities to help support testing and treatment services at PEPFAR sites. A Memorandum of Understanding (MOU), which was first signed between PEPFAR and the GRA in COP 2021, will be renewed in order to continue working on priority policy guidelines and to establish an updated ARV co-financing agreement. The MOU will be finalized and signed as an integral component of COP 2022 approval.

**Funding Summary**

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

Total	of which, Bilateral									
	New Funding									
	Total		FY 2022		FY 2021		FY 2020		Applied Pipeline	
		GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP
TOTAL	12,242,000	10,578,728	10,177,478	401,250	10,177,478	-	401,250	-	-	-
DOD Total	1,785,000	1,449,248	1,449,248	-	1,449,248	-	-	-	-	-
DOD	1,785,000	1,449,248	1,449,248	-	1,449,248	-	-	-	-	-
HHS Total	5,283,001	3,955,481	3,955,481	401,250	3,955,481	-	401,250	-	-	-
HHS/CDC	5,283,001	3,955,481	3,955,481	401,250	3,955,481	-	401,250	-	-	-
STATE Total	12,000	12,000	12,000	-	12,000	-	-	-	-	-
State/AF	12,000	12,000	12,000	-	12,000	-	-	-	-	-
USAID Total	5,161,999	5,161,999	5,161,999	-	5,161,999	-	-	-	-	-
USAID, non-WCF	2,732,137	2,732,137	2,732,137	-	2,732,137	-	-	-	-	-
USAID/WCF	2,429,862	2,429,862	2,429,862	-	2,429,862	-	-	-	-	-

\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

Total	of which, Central									
	New Funding									
	Total		FY 2022		FY 2021		FY 2020		Applied Pipeline	
		GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP
TOTAL	901,000	901,000	501,000	400,000	501,000	400,000	-	-	-	-
DOD Total	-	-	-	-	-	-	-	-	-	-
DOD	-	-	-	-	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-	-	-
State/AF	-	-	-	-	-	-	-	-	-	-
USAID Total	901,000	901,000	501,000	400,000	501,000	400,000	-	-	-	-
USAID, non-WCF	501,000	501,000	501,000	-	501,000	-	-	-	-	-
USAID/WCF	400,000	400,000	400,000	400,000	-	400,000	-	-	-	-

\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

**GHP-State Funds:** Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

**GHP-USAID Funds:** With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

**Earmarks:** Angola has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Angola. Upon approval of this memo, the amounts below will become the new earmark controls for Angola. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	6,388,660	6,388,660	-	-
Orphans and Vulnerable Children	-	-	-	-
Preventing and Responding to Gender-based Violence	-	-	-	-
Water	-	-	-	-

\* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

\*\* Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP22 Funding Level				Applied Pipeline
	TOTAL	FY 2022	FY 2021	FY 2020	
TOTAL Sexual Prevention Programming	1,250	1,250	-	-	-
Of which, AB/Y	-	-	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	0.0%	N/A	N/A	N/A	N/A

*\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.*

### AB/Y Earmark Budget Justification

The AB/Y requirement is not applicable to Angola since the PEPFAR program serves a targeted population. While Angola has a generalized epidemic, PEPFAR Angola's program and patient population is focused on serving pregnant and breastfeeding women, and their families. The national HIV prevalence rate for the total population is 1%, however there is 4% HIV prevalence rate among females ages 20-29 in the four PEPFAR supported provinces. PEPFAR Angola remains focused on PMTCT and family-based care through ANC facilities.

Angola is thought to have a generalized, heterosexually-driven, HIV/AIDS epidemic with an adult prevalence rate of 1 percent. The 2021 UNAIDS Spectrum estimate country data shows there are an estimated 334,990 (302,884 adults and 32,106 children) people living with HIV (PLHIV). Of that number, there are an estimated 221,107 (66 percent) of PLHIV in need of antiretroviral treatment (ART). The ART coverage rate for adults and children is estimated at 34 percent (113,883 adults and children on treatment).

PEPFAR Angola's budget is focused on a technical assistance approach rather than a service delivery model. While the program will support the procurement and distribution of \$400,000 worth of condoms, Angola does not have any other earmarked prevention/sexual prevention funding. The costs of doing business in Angola are high, therefore, the country team will strategically invest PEPFAR resources into program areas that achieve the highest impact. USG core areas of investment are PMTCT, index testing, lab strengthening, and care/treatment continuum. The PEPFAR Angola HIV combination prevention portfolio has pivoted to focus more on the cascade of care and is driven by the HIV epidemiological context. If 50 percent of the Angola budget were used for AB prevention, the entire cascade could not be addressed and epidemic control would not be possible.

## Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
<b>TOTAL</b>	<b>10,578,728</b>	<b>1,663,272</b>	<b>901,000</b>	<b>-</b>	<b>13,143,000</b>
<i>of which, Community-Led Monitoring</i>	<i>12,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>12,000</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>400,000</i>	<i>-</i>	<i>400,000</i>
<i>of which, Core Program</i>	<i>10,566,728</i>	<i>1,663,272</i>	<i>-</i>	<i>-</i>	<i>12,230,000</i>
<i>of which, USAID Southern Africa Regional Platform (Central)</i>	<i>-</i>	<i>-</i>	<i>501,000</i>	<i>-</i>	<i>501,000</i>
<b>DOD Total</b>	<b>1,449,248</b>	<b>335,752</b>	<b>-</b>	<b>-</b>	<b>1,785,000</b>
<i>of which, Core Program</i>	<i>1,449,248</i>	<i>335,752</i>	<i>-</i>	<i>-</i>	<i>1,785,000</i>
<b>HHS Total</b>	<b>3,955,481</b>	<b>1,327,520</b>	<b>-</b>	<b>-</b>	<b>5,283,001</b>
<i>of which, Core Program</i>	<i>3,955,481</i>	<i>1,327,520</i>	<i>-</i>	<i>-</i>	<i>5,283,001</i>
<b>STATE Total</b>	<b>12,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,000</b>
<i>of which, Community-Led Monitoring</i>	<i>12,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>12,000</i>
<b>USAID Total</b>	<b>5,161,999</b>	<b>-</b>	<b>901,000</b>	<b>-</b>	<b>6,062,999</b>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>400,000</i>	<i>-</i>	<i>400,000</i>
<i>of which, Core Program</i>	<i>5,161,999</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>5,161,999</i>
<i>of which, USAID Southern Africa Regional Platform (Central)</i>	<i>-</i>	<i>-</i>	<i>501,000</i>	<i>-</i>	<i>501,000</i>

## FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

	Angola	SNU Prioritizations	Total
	<15		552
TX_NEW	15+		4,838
	<b>Total</b>		<b>5,390</b>
	<15		2,169
TX_CURR	15+		31,749
	<b>Total</b>		<b>33,918</b>
	<15		1,032
TX_PVLS	15+		19,105
	<b>Total</b>		<b>20,137</b>
	<15		10,226
HTS_TST	15+		147,533
	<b>Total</b>		<b>157,759</b>
	<15		562
HTS_TST_POS	15+		5,083
	<b>Total</b>		<b>5,645</b>
	<15		7,590
HTS_INDEX	15+		3,117
	<b>Total</b>		<b>10,707</b>
	<15		32
PMTCT_STAT	15+		34,612
	<b>Total</b>		<b>34,644</b>
	<15		-
PMTCT_STAT_POS	15+		1,252
	<b>Total</b>		<b>1,252</b>
	<15		-
PMTCT_ART	15+		1,225
	<b>Total</b>		<b>1,225</b>
	<b>Total</b>		<b>1,390</b>
	<15		66
TB_STAT	15+		4,036
	<b>Total</b>		<b>4,102</b>
	<15		-
TB_ART	15+		534
	<b>Total</b>		<b>534</b>
	<15		317
TB_PREV	15+		3,576
	<b>Total</b>		<b>3,893</b>
	<15		1,109
TX_TB	15+		21,579
	<b>Total</b>		<b>22,688</b>
	<15		215
PP_PREV	15+		21,262
	<b>Total</b>		<b>21,477</b>

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above



**Partner Management and Stakeholder Engagement:**

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Angola's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

Funding Agency	COP 21 Budget by Funding Agency and Program Area											Not Specified as % of Total				
	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV		PREV as % of Total	SE	SE as % of Total	Net Specified
Total	1,834,000	100%	1,214,307	10%	4,510,693	10%	1,539,688	13%	3,072,237	11%	655,040	4%	-	0%	-	0%
DOD	1,785,000	14%	218,000	12%	790,500	4%	340,500	21%	377,000	0%	59,000	3%	-	0%	-	0%
HHS	5,885,001	44%	354,052	6%	2,201,496	39%	377,119	7%	2,652,334	47%	-	0%	-	0%	-	0%
STATE	10,000	0%	10,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
USAID	5,453,999	42%	652,255	12%	1,574,697	29%	822,164	15%	2,007,883	37%	400,000	7%	-	0%	-	0%

Funding Agency	COP 22 Budget by Funding Agency and Program Area											Not Specified as % of Total				
	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV		PREV as % of Total	SE	SE as % of Total	Net Specified
Total	11,143,000	100%	12,466,469	10%	4,110,117	11%	4,135,668	11%	3,072,237	11%	382,500	3%	-	0%	-	0%
DOD	1,785,000	14%	205,600	12%	730,387	4%	417,513	25%	379,000	21%	52,500	3%	-	0%	-	0%
HHS	5,285,001	40%	427,554	8%	1,900,748	36%	357,011	7%	2,602,888	49%	-	0%	-	0%	-	0%
STATE	12,000	0%	12,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
USAID	6,062,999	46%	626,255	10%	1,479,697	24%	751,164	13%	2,795,883	46%	400,000	7%	-	0%	-	0%

Funding Agency	COP 21-22 Budget Shifts by Funding Agency and Program Area											Change in Not Specified	
	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV		Change in SE
Total	309,000	37,102	3%	(652,331)	-10%	(4,095)	0%	749,334	15%	(6,500)	-1%	-	-
DOD	-	(12,400)	-6%	(60,113)	-8%	77,013	23%	2,000	1%	(6,500)	-1.1%	-	-
HHS	(302,000)	68,502	19%	(300,748)	-14%	(20,108)	-5%	(49,646)	-2%	-	-	-	-
STATE	2,000	2,000	20%	-	-	-	-	-	-	-	-	-	-
USAID	609,000	(26,000)	-4%	(92,000)	-6%	(61,000)	-7%	788,000	39%	-	0%	-	-