

ANGOLA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
Mother-to-child transmission of HIV is reduced from 26% to 9% by 2022.	SLOW PROGRESS	The National Plan for Prevention of Mother-to-Child HIV Transmission, Congenital Syphilis and Hepatitis B 2019-2022 was adopted. The rate of mother-to-child transmission, including during the breastfeeding period decreased from 27.9% in 2017 to 19.5% in 2020. Prevention of mother-to-child transmission (PMTCT) coverage increased from 29% in 2017 to 68% in 2020 (UNAIDS HIV estimates, 2021).
Expand preventive actions to ensure a 10% reduction in new HIV infections among vulnerable and key populations by 2022.	ACHIEVED	New HIV infections declined from 24 000 in 2017 to 20 000 in 2020 (UNAIDS HIV estimates, 2021). Angola is expanding Universal Health Coverage to avail HIV services to vulnerable and key populations. Ministry of Justice and Human Rights rolled out the Legal Environment Assessment Action Plan comprising a series of provisions to assert the rights of all people living with HIV and increase uptake of HIV testing and counselling services.
'Test and treat' strategy implemented in all affected provinces by the end of 2021.	ON TRACK	The strategy for 'Test and treat' has been adopted and is being implemented nationally. An estimated 54% of people living with HIV knew their status in 2020—an increase from 42% in 2010, of whom, 33% were accessing antiretroviral treatment—up from 9% in 2010. Only 15% of the children aged 0-14 years living with HIV had access to treatment in 2020 (GAM 2021).

JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Angola is focused on attaining Universal Health Coverage to ensure access to HIV and other health services for all people, including vulnerable and key populations. The Joint Team continued to provide technical and financial support to improve community-led HIV testing, care, and treatment programmes to key populations for progress towards the 90-90-90 targets. In 2020, Angola approved transition to Dolutegravir, and support was provided to improve the quality of early infant diagnosis, viral load testing, and sample transportation systems. Cash transfer programmes were implemented during the COVID-19 pandemic to help women and children living with HIV or at high risk of exposure to adhere to HIV services. A five-year strategic plan is being developed to fast-track testing and treatment services in Luanda City.

PMTCT COVERAGE

POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

Between 2017 and 2020, considerable efforts were made to achieve targets on elimination of mother-to-child transmission of HIV. The Joint Team supported the development of the National Plan for Prevention of Mother-to-Child HIV Transmission, Congenital Syphilis and Hepatitis B, 2019-2022, which has stimulated momentum to advocate for and support strategic interventions to bring Angola closer to the elimination of mother-to-child transmission targets. The First Lady of Angola launched the “Born Free to Shine” campaign in December 2018 and the Joint Team continued support to this initiative with the goal of reducing Angola’s mother-to-child HIV transmission rate to 14% by 2021.

The collection of quality data and reporting are the main impediments to the national health system. 57 healthcare providers from Matala, and Lubango municipalities were trained to increase the quality of HIV testing and counselling (HTC) services, and data collection and reporting, including referral and counter referral information systems for pregnant women living with HIV and children exposed to the virus.

HIV PREVENTION AND TESTING AMONG VULNERABLE POPULATIONS

POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

The Civil Society Engagement Campaign reached an estimated 28 000 young people in Luanda province with HIV prevention, counselling, testing and other sexual and reproductive health (SRH) services. During this campaign, 1476 young people (672 females and 804 males) received voluntary HTC of whom 13 (7 females and 6 males) tested positive for the virus. 170 000 condoms were also distributed throughout this campaign.

Violence against women remains a serious human rights violation and significant cause of HIV infection in Angola. 20 representatives from faith-based organization were engaged to galvanize active participation of churches in the national HIV prevention and elimination of gender-based violence efforts. Additionally, 17 activists, from Luanda City, were trained on information, education, and communication (IEC) techniques to create awareness around HIV prevention, sexually transmitted diseases, and sexual and gender-based violence, and uptake of services. These activists were assigned to three selected health units in Luanda City to mobilize communities, which resulted in voluntary HCT of 301 people (87 males and 214 females); 6 people were found positive for HIV.

Refugees and internally displaced people are often at a higher risk of HIV infection. Over 500 refugees and asylum seekers in Bairro Popular Camp, and other residents in Bairro Jika, Viana and surrounding areas received HCT services.

A Legal Environment Assessment (LEA) was launched and identified punitive laws, such as the criminalization of exposure and non-disclosure discouraging people from seeking HIV services. The Joint Team, in partnership with Ministry of Justice and Human Rights rolled out the LEA Action Plan comprising a series of provisions to assert the rights of all people living with HIV. Key activities of the action plan were also included in the 2021-2024 Global Fund grant proposal.

A technical working group was created to support advocacy for a conducive environment for the HIV response in Angola. Under the leadership of the Joint Team, 25 representatives of civil society organizations and key populations were trained to strengthen their skills and literacy around HIV-related and human rights laws, and a rights-based advocacy was conducted at different levels including with members of parliaments to decriminalize same-sex sexual relations. This allowed preparation for the law decriminalizing consensual same sex sexual relations in Angola expected to go into effect early 2021.

90-90-90

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

Progress towards the 90-90-90 targets remains slow. A nation-wide situation analysis was launched to assess the progress towards reaching these targets; findings from the assessment are expected to be published by mid-2021. Technical and financial assistance was provided to strengthen national capacity for HIV testing and treatment services, including through the revision of testing and treatment guidelines. The Government and the Joint team are currently developing a four-year strategic plan for Luanda City to accelerate testing and treatment services.

In March 2020, the Ministry of Health approved the transition to Dolutegravir as a first line treatment regimen following the WHO's HIV treatment guidelines. Technical assistance was provided to develop a comprehensive plan that ensures a smooth transition.

The District Health Information Software 2 (DHIS2)—an open-source health data management platform—was launched in Huila and Cunene provinces to support SRH and HIV integrated programmes. The Joint Team also procured 16 computers to selected health facilities and trained data managers to improve quality of data and reporting.

Angola submitted, with the Joint Team's support, a successful and innovative grant proposal for the Global Fund 2021-2024 allocation period comprising high impact activities on HIV testing, treatment, and promotion of retention in care programs in selected sites. As a result of technical support, the Global Fund allocated over \$82 million USD—a 56% increase from the current grant.

CONTRIBUTION TO THE COVID-19 RESPONSE

The COVID-19 pandemic brought unprecedented challenges in the national HIV response. The Joint Team provided technical assistance to identify strategic interventions that would allow the Government to respond to the COVID-19 pandemic and ensure the continuity of HIV services. These interventions promote service integration and focus on increasing prevention efforts for HIV, gender-based violence and COVID-19 infection.

The Joint Team led technical consultation and analysis of strategies to promote a six-month multi-month dispensing (MMD) of antiretroviral drugs for people living with HIV. Advocacy through government officials and First Lady's office is on-going for policy review of the MMD programme. Personal protection equipment was also distributed to 50 health units in Luanda Province to ensure continuity of SRH and HIV services.

Through funding from the Canadian Government, a social cash transfer programme was expanded to support vulnerable households to cope with impact of COVID-19. This initiative reached 825 children exposed and children living with HIV under the age of five years, increasing adherence to PMTCT and access to treatment in 14 health facilities in Luanda Province.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The UN Sustainable Development Cooperation Framework for sustainable development between the Government of Angola and the United Nations in Angola which integrate the HIV response was reviewed and extended to 2020–2022. Based on the outcomes of the UN-led assessment on socioeconomic impact of the COVID-19 pandemic, a two-year evidence-informed and results-oriented workplan was developed to bring Angola closer to reaching the Sustainable Development Goals.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic diverted financial resources delaying other essential services and impacting the overall HIV response in Angola.</p>	<p>Support the Ministry of Health to adopt an integrated approach for the HIV, SRH and COVID-19 response; Provide technical support to prioritize the HIV response in the UN Sustainable Development Cooperation Framework and support efforts to mobilize resources from various donors including, PEPFAR and the Global Fund.</p>
<p>Despite recent progress on PMTCT coverage, there is a slow progress towards elimination of mother-to-child transmission of HIV. PMTCT, HIV, childcare services are not fully integrated; implementation of the male partner engagement strategy is lagging; and inefficient referral systems is resulting lost to follow-up of exposed children.</p>	<p>Provide technical support for the implementation and monitoring of the Reproductive, Maternal, New-born and Child Health Strategy and develop provincial plans to roll out the 'Born Free to Shine' campaign; Technically assist the development of the Point of Care implementation plan aimed at improving early infant diagnosis and support innovative strategies for male engagement in PMTCT; Provide technical assistance to implement provincial operation plans for PMTCT in Luanda, Cunene, and Huila.</p>
<p>Treatment coverage is far from the 90-90-90 targets. Routine viral load tests are not available in all provinces and there is a need to improve the sample transportation system.</p>	<p>Provide technical and financial assistance for targeted HIV testing programmes for key populations with greatest yield, such as sex workers, men who have sex with men, and pregnant women in antenatal care sites.</p> <p>Continue support to expand and sustain the 3-6 months multi-month dispensary of antiretroviral drugs programmes for eligible people living with HIV; Support implementation of community-led ART distribution services, including paediatric ART, especially during the COVID-19 pandemic; Provide technical support for the establishment and running of a taskforce on treatment and viral load expansion.</p>
<p>Poor quality of data continues to be a major constraint in the national HIV response.</p>	<p>Provide technical support to the Ministry of Health to improve logistics and capacity of health facilities to move from paper-based data recording to an electronic reporting system.</p> <p>Support the generation of HIV estimates at provincial and/or district levels; Support data quality assessment at provincial levels to inform improvement of national wide reporting system.</p>
<p>High HIV prevalence among adolescents and young people, particularly young women. As such there is a need to intensify prevention and testing initiatives targeting young people.</p>	<p>Build institutional capacity of the National Institute to Fight HIV/AIDS to improve HIV prevention services for adolescent and young people who are at high risk of infection; Intensify advocacy efforts for inclusion of comprehensive sexuality education in primary and secondary school curricula.</p>

	<p>Advocate for and support review of laws to ensure autonomous consent to HIV testing among adolescents and young people.</p>
<p>Limited evidence on stigma and discrimination faced by people living with HIV and key populations.</p>	<p>By 2021, implement the Stigma Index 2.0 to assess stigma and discrimination towards people living with HIV.</p> <p>Provide technical support to review the training manual for the delivery of friendly HIV services targeting key populations in Angola; Assist the national network of civil society organizations (ANASO) to build their capacity around advocacy on SRH and human rights.</p>

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