

Our Ref.: AME/SEA/AJC/ESO/haa/4.5.18/AGO-H-UNDP/GC

4 June 2018

Mr Henrik Fredborg Larsen
UNDP Country Director
United Nations Development Programme
197 Rua Major Kanhangulo
P.O. Box 910
Luanda
Republic of Angola

Subject: Grant AGO-H-UNDP. Supporting the National Response to HIV/AIDS in Angola

Dear Mr Larsen

Together with this letter please find the Grant Confirmation for the HIV/AIDS grant in the Republic of Angola (the "Grant Confirmation").

We would like to take this opportunity to remind you that in accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"):

1. Angola should progressively increase government expenditure on health to meet national universal health coverage goals; and increase co-financing of the Global Fund-supported programs, focused on progressively taking up key costs of national disease plans (the "Core Co-Financing Requirements"). The commitment and disbursement of Grant Funds is subject to the Global Fund's satisfaction with Angola's compliance with the Core Co-Financing Requirements. The Global Fund may reduce Grant Funds during the Implementation Period based on non-compliance with the Core Co-Financing Requirements;
2. Angola should comply with the requirements to access the 'co-financing Incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of 20% of Angola's aggregate allocation for the 2017-2019 allocation period, which is equal to US\$11,617,788 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with Angola's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce the Co-Financing Incentive during the Implementation Period, or from the subsequent allocation, proportionate to non-compliance with the Co-Financing Incentive Requirements; and
3. In order to meet the Core Co-Financing Requirements by 30 June 2020, Angola should ensure and deliver evidence that Angola complies with each applicable Program specific Core Co-Financing Requirement set forth below:
 - a. On or before June 2020, for Malaria, the Ministry of Health of the Republic of Angola shall provide evidence that additional investments have replaced all Global Fund investment in vector control activities including the procurement of LLINs and its associated storage and distribution costs. The Ministry of Health of the Republic of Angola shall also provide evidence that all current investment levels in indirect costs including Human Resources for Health, administrative, M&E, infrastructure, as well as current investment in direct costs such as the procurement of ACTs and RDTs have at least been maintained.

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Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **United Nations Development Programme** (the "Principal Recipient"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1.	Host Country or Region:	Republic of Angola
3.2.	Disease Component:	HIV/AIDS
3.3.	Program Title:	Supporting the National Response to HIV/AIDS in Angola
3.4.	Grant Name:	AGO-H-UNDP
3.5.	GA Number:	1686
3.6.	Grant Funds:	Up to the amount USD 23,110,399.00 or its equivalent in other currencies.
3.7.	Implementation Period:	From 1 July 2018 to 30 June 2021 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme 197 Rua Major Kanhangulo P.O. Box 910 Luanda Republic of Angola Attention Mr. Henrik Fredborg Larsen UNDP Country Director Telephone: +244 226430880 Facsimile: +244 926743590 Email: henrik.larsen@undp.org
3.9.	Fiscal Year:	1 July to 30 June



3.10.	Local Fund Agent:	<p>PricewaterhouseCoopers (Angola), Limitada PricewaterhouseCoopers (Angola), Limitada, Edifício Presidente, Largo 17 de Setembro n.º 3 , 1º andar - Sala 137 Luanda Republic of Angola</p> <p>Attention Mr. Mario Miranda Partner</p> <p>Telephone: +244227286110 Facsimile: +97714004578 Email: mario.miranda@ao.pwc.com</p>
3.11.	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention Charlotte Kristiansson Regional Manager Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 44 580 6820 Email: charlotte.kristiansson@theglobalfund.org</p>


[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria United Nations Development Programme

MA. Edin'

By: _____

By: 

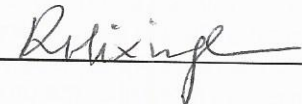
Name: Mark Edington
Title: Head, Grant Management Division

Name: Mr. Henrik Fredborg Larsen
Title: UNDP Country Director

Date:


Date: 7 June 2018

Acknowledged by

By: 

Name: Ruth Mixinge
Title: Chair of the Country Coordinating Mechanism for the Republic of Angola

Date: 07. June 2018

By: 

Name: Antonio Coelho
Title: Civil Society Representative of the Country Coordinating Mechanism for the Republic of Angola

Date: 07 de Junho 2018



Schedule I

Integrated Grant Description

Country:	Republic of Angola
Program Title:	Supporting the National Response to HIV/AIDS in Angola
Grant Name:	AGO-H-UNDP
GA Number:	1686
Disease Component:	HIV/AIDS
Principal Recipient:	United Nations Development Programme

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Located on the Western coast of Southern Africa, Angola has a surface of 1, 246,700 km², and a 1 650 long Atlantic coast. It shares an extensive frontier of 4 837 km with the Democratic Republic of Congo (DRC), Congo, Zambia, and Namibia.

After four decades of political and armed conflict, Angola has known a period of stability and recovery since the 2002 Peace Agreement. The latter allowed for the rebuilding of the country's administrative, social and economic infrastructure. Since 2015, such a recovery is however slowed down by the drastic drop in domestic funding for public services, as a result of the drop-in oil revenues on which the country largely depends. Strategies are being deployed by the Government and its partners to diversify the economy and mitigate the impact of the economic crisis on the population.

Angola's population was reported as 25, 789, 024 in 2014 (National Census, INE, 2016). Annual population growth rate is estimated as 2.7%. Urban population accounts for 62.6% of the population, mainly due to migration towards major cities.

Angola's response to its HIV epidemic is led by the Instituto Nacional da Luta contra sida (INLS) and informed by the Fifth National Strategic Plan against HIV/aids and viral hepatitis (V PEN, 2015-2018). V PEN strategic objectives include: 1) Prevention of HIV Infection; 2) Diagnosis, continued treatment and support; 3) Creating an enabling ethical and legal environment; 4) Multisectoral integration and articulation; 5) Monitoring & evaluation / Management of Strategic Information; 6) National capacity-building and resource mobilisation.

In recent years, there have been changes in the HIV epidemic in Angola as revealed by the 2015-2016 Multiple Indicators Survey (MIS) and Demographic Health Survey (DHS)¹. HIV prevalence among 15-49 years old in Angola is 2% with significant regional, gender and age variations. Higher prevalence is reported among women (2.6%) compared to men (1.2%). Nearly 1% of 15-24 years old are living with HIV. Among the country's 18 provinces, HIV prevalence rates vary between 0.5% (Zaire) and 6.1% (Cunene). 7 provinces are characterised as presenting a high disease burden.

A recent Integrated Behavioural and Biological Survey (IBBS) demonstrated how Female Sex Workers (FSW) and Men who have Sex with Men (MSM) are disproportionately affected by the

¹2016 MIS/DHS conducted with technical and financial support from USAID, World Bank and UNICEF

HIV epidemic in Angola², with an HIV prevalence of 7.8% among FSW and 2.4% among MSM, respectively in Luanda and Benguela provinces. High prevalence of other STIs is also reported among the same Key Populations (KP). HIV prevalence data among miners and truck drivers is not yet available. However, mining provinces (Lunda Norte: 3.4%; Lunda Sul: 3,9%), and corridor provinces (Biê: 1,9%; Kwanza Norte: 3%) show high HIV prevalence.

The HIV epidemic in Angola is therefore a generalised epidemic with high prevalence among Key Populations. It calls for a sustained action and, at the same time, differentiated response so as to target the various vulnerability factors which have been identified.

2. Goals, Strategies and Activities

Goal

This grant will help ensure that Angola's HIV prevalence rate remains at less than 3% by 2021.

The grant will also help reduce the morbidity and mortality of People living with HIV (PLHIV) by providing access to treatment to 122 193 PLHIV, who represent 38% of PLHIV, by June 2021.

Specific objectives

In line with the National Health Development Plan (2015-2022), the V PEN strategic objectives, and working towards the global 90 90 90 targets, specific objectives pursued under the Grant include:

- To reduce the percentage of people living with HIV from 2% of the population in 2016 to 1.02% in 2021.
- To reduce the estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months from 21% in 2017 to 15% in 2021.
- To increase the percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy from 39% in 2016 to 73% in 2021.
- To increase the percentage of people living with HIV and on ART who are virologically suppressed, among all those currently on treatment who received a Viral Load measurement regardless of when they started ART, from 67% in 2017 to 76% in 2021.

Strategies

This Grant continues to build on the strategies and interventions implemented during the previous grant (2016-2018) with some modifications resulting from the newly available data on HIV prevalence, including among Key Populations.

Strategies include:

- Re-defining, enhancing and expanding the package of HIV prevention services, focusing on Adolescent Girls and Young Women, Female Sex Workers, Men who have Sex with Men, Truck drivers and Miners
- Improving linkages between HIV prevention and care and treatment services
- Improving access to and quality of PMTCT services through the implementation of a **PMTCT Roll-out Plan**
- Developing community support for PMTCT (access and retention)

² The Place Study, Linkages Angola Project, 2017

- Expanding access to viral load measurement services for Adults; and Early Infant Diagnosis and viral load measurement for children born to HIV positive mothers
- Expanding access to antiretroviral treatment through the gradual expansion of the **Test and Treat** strategy adopted by the country in December 2017
- Improving adherence to antiretroviral and TB treatment through adherence support interventions at health facility and community levels
- Reinforcing HIV/TB collaborative activities
- Strengthening the coordination, management, monitoring and evaluation of the national response to HIV/AIDS at all levels

Strategies will be implemented by the National HIV/aids Programme and other Sub recipients, with management, technical and financial support from the Principal Recipient.

Planned Activities

Grant management

- Planning, monitoring and evaluation, risk management, Sub-Recipient management, reporting
- Technical assistance to INLS in Disease programme monitoring and evaluation
- Technical assistance to NGO Sub Recipients in community M&E, PMTCT, treatment adherence
- Documentation, communication and dissemination of Grant results
- Management of strategic partnerships for grant implementation

Central-level and Facility-based interventions

- Recruitment of additional human resource capacity for INLS in grant management, monitoring & evaluation, financial management, logistics management
- Continued dissemination of new data collection instruments
- Implementation of recommendations from 2018 Audit of PLHIV Patients Data
- Supervision of quality of care and treatment services; of implementation of Test & Treat and PMTCT Roll-Out Plans
- Supervision of data quality (completeness, timeliness)
- Training of health professionals in HIV/aids care (treatment, viral load measurement) and data collection
- Agreement with telecommunications company for treatment adherence application
- Procurement of HIV health products, including diagnostic products, treatment products, laboratory kits consumables and reagents
- Implementation of Quality Assurance Plan for health products
- Stock monitoring and reporting

Community-based interventions

HIV Prevention with Adolescent Girls and Young Women

The package of interventions and activities will be confirmed following the upcoming assessment of the component for Adolescent Girls and Young Women under the 2016-2018 grant.

HIV Prevention with Female Sex Workers

- GBV case documentation, response and referral

- GBV, HIV and KP sensitisation sessions with the police to create a more enabling environment for KPs, and in particular FSW
- Psycho-social support to GBV victims, through the Drop In Centre for KP
- Regular medical check-ups to assess other health needs
- Empowerment and leadership coaching to FSW

HIV Prevention with Men who have sex with Men

- Recruitment, training and incentives to peer educators from the MSM community
- HIV sensitisation and risk reduction conducted by peer educators or activists
- Condom and lubricant promotion, skills to use and distribution
- Mobilisation for demand for HIV counselling and testing
- Referral and accompanying of candidates for HIV counselling and testing
- Support for access to treatment initiation and adherence, using HIV positive Treatment Support Workers
- Development of social capital and empowerment through socialisation meetings and development of MSM leadership capacity

HIV Prevention with Truck drivers and Miners

Interventions will be designed based on the findings from the upcoming IBBS Surveys. The package of HIV prevention services is likely to be similar to the package of interventions for MSM. Its implementation is however subject to the availability of funding.

Once available, the guidelines on attending to the needs of Key Populations will be disseminated to health care providers. Related training of health care professionals is also planned under the Grant.

PMTCT

- Recruitment and training of PMTCT "Activistas", including women living with HIV;
- Awareness raising of pregnant women and community members on PMTCT, ART and adherence to services
- Mobilisation of pregnant women for VCT
- Individual support to pregnant women who tested positive
- Individual support to HIV positive mother and their HIV-exposed child until final HIV infant testing

Treatment adherence

- Recruitment of PLHIV as Activistas / Treatment Support Workers (TSW)
- Development of linkages between Activistas and Health Facilities
- Active search and follow-up of new and LTFU patients how have initiated ART
- Provision of ART Treatment education
- Identification, training and capacity-building of support groups (GAMs)
- Anti-stigma and discrimination activities in the community

Sustainability issues

Sustainability will be built into the project through the following strategies:

- Advocacy for a national strategy on community support to the HIV/AIDS response so as to create greater ownership of this aspect of the response at Government level;
- Enhancing the involvement of INLS in informing and coordinating the community response, so as to foster the ownership mentioned above;
- Use of Agentes de Desenvolvimento Comunitário e Sanitário (ADHECO) wherever possible and appropriate. However, for PMTCT and treatment adherence support, and for KP-

Country: **Atgola**
 Grant Name: **AGO-H-UNDP**
 Implementation Period: **01-Jul-2018 - 30-Jun-2021**
 Principal Recipient: **United Nations Development Programme**

By Module	01/07/2018 - 01/10/2018 - 30/09/2018	01/10/2018 - 01/01/2019 - 31/03/2019	01/01/2019 - 01/10/2019 - 31/12/2019	01/10/2019 - 01/01/2020 - 31/03/2020	01/01/2020 - 01/10/2020 - 31/12/2020	01/10/2020 - 01/07/2021 - 30/06/2021	01/07/2021 - 01/04/2021 - 30/06/2021	Total Y3	Grand Total	% of Grand Total					
HIV Testing Services	\$86,059	\$20,245	\$19,195	\$11,545	\$226,202	\$246,860	\$568,940	\$246,860	\$568,940	2.4 %					
Comprehensive prevention programs for MSM	\$11,545	\$20,245	\$19,195	\$11,545	\$66,219	\$22,464	\$11,545	\$69,099	\$199,848	0.9 %					
Comprehensive prevention programs for sex workers and their clients	\$43,717	\$40,407	\$40,407	\$40,407	\$180,097	\$18,611	\$18,611	\$18,611	\$383,645	1.6 %					
PMTCT	\$104,050	\$37,653	\$37,653	\$43,903	\$975,456	\$948,044	\$37,653	\$987,253	\$2,165,968	9.4 %					
Prevention programs for adolescents and youth, in and out of school	\$46,500	\$68,800	\$60,500	\$50,500	\$273,583	\$54,989	\$54,989	\$54,989	\$554,872	2.4 %					
Prevention programs for other vulnerable populations	\$700,563	\$54,241	\$55,594	\$535,006	\$5,800	\$6,458	\$6,458	\$6,458	\$12,258	0.1 %					
Program management	\$74,217	\$117,126	\$74,217	\$81,726	\$2,639,556	\$743,853	\$371,476	\$1,905,089	\$6,875,048	29.7 %					
RS&H: Health management information systems and M&E	\$2,199,619	\$99,775	\$100,625	\$81,070	\$338,704	\$54,842	\$93,760	\$281,404	\$948,393	4.1 %					
Treatment, care and support	\$3,266,269	\$926,246	\$884,190	\$945,166	\$2,481,089	\$3,997,423	\$98,059	\$51,970	\$4,680,828	11.4 %					
Grand Total	\$3,266,269	\$926,246	\$884,190	\$945,166	\$5,921,861	\$6,225,362	\$1,019,492	\$891,826	\$8,210,411	100.0 %					
By Cost Grouping	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	Total Y3 <th>Grand Total</th> <th>% of Grand Total</th>	Grand Total	% of Grand Total
Human Resources (HR)	\$476,394	\$476,394	\$476,394	\$476,394	\$1,905,578	\$484,047	\$484,047	\$484,047	\$1,936,188	\$317,792	\$317,792	\$317,792	\$1,271,169	\$5,112,935	22.1 %
Travel related costs (TRC)	\$256,842	\$309,365	\$281,947	\$234,500	\$1,062,643	\$303,848	\$261,430	\$223,560	\$1,092,589	\$172,400	\$146,689	\$140,128	\$650,443	\$2,805,675	12.1 %
External professional services (EPS)	\$12,500	\$12,500	\$85,000	\$12,500	\$12,500	\$85,000	\$12,500	\$12,500	\$97,500	\$12,500	\$50,000	\$50,000	\$50,000	\$160,000	0.7 %
Health Products - Pharmaceutical Products (HPPP)	\$1,308,366	\$1,308,366	\$2,845,545	\$2,845,545	\$1,308,366	\$2,845,545	\$3,287,647	\$3,287,647	\$2,845,545	\$3,287,647	\$771,116	\$1,555,089	\$771,116	\$1,555,089	6.7 %
Health Products - Non-Pharmaceuticals (HPNP)	\$873,813	\$873,813	\$1,381,901	\$1,381,901	\$873,813	\$1,381,901	\$1,493,515	\$1,493,515	\$1,381,901	\$1,493,515	\$1,493,515	\$3,749,229	\$1,493,515	\$3,749,229	16.2 %
Procurement and Supply-Chain Management costs (PSM)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	0.0 %
Infrastructure (INF)	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400	0.0 %
Non-health equipment (NHP)	\$288,418	\$136,496	\$133,349	\$130,251	\$688,525	\$482,182	\$142,596	\$129,840	\$888,468	\$451,711	\$79,334	\$75,758	\$686,520	\$2,253,613	9.8 %
Communication Material and Publications (CMP)	\$3,266,269	\$926,246	\$884,190	\$945,166	\$5,921,861	\$6,225,362	\$1,019,492	\$841,447	\$6,978,127	\$6,494,182	\$594,209	\$533,678	\$8,210,411	\$23,110,399	100.0 %
Programme Administration costs (PA)	\$288,418	\$136,496	\$133,349	\$130,251	\$688,525	\$482,182	\$142,596	\$129,840	\$888,468	\$451,711	\$79,334	\$75,758	\$686,520	\$2,253,613	9.8 %
Grand Total	\$3,266,269	\$926,246	\$884,190	\$945,166	\$5,921,861	\$6,225,362	\$1,019,492	\$841,447	\$6,978,127	\$6,494,182	\$594,209	\$533,678	\$8,210,411	\$23,110,399	100.0 %
By Recipients	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	Total Y3 <th>Grand Total</th> <th>% of Grand Total</th>	Grand Total	% of Grand Total
United Nations Development Programme/United Nations Development Programme	\$2,792,433	\$433,927	\$418,467	\$410,922	\$4,055,748	\$5,704,438	\$528,889	\$426,619	\$7,074,488	\$6,300,794	\$426,522	\$376,280	\$7,501,152	\$18,651,389	80.6 %
SR	\$473,837	\$492,319	\$465,723	\$434,234	\$1,866,112	\$520,924	\$490,602	\$426,905	\$1,903,638	\$193,388	\$180,787	\$157,388	\$709,259	\$4,479,010	19.4 %
INLS	\$192,768	\$196,253	\$177,503	\$161,148	\$727,692	\$233,747	\$194,537	\$161,148	\$765,218	\$173,138	\$170,537	\$137,148	\$628,259	\$2,121,169	9.2 %
SR1	\$59,657	\$64,062	\$64,252	\$60,802	\$246,764	\$96,657	\$86,452	\$69,652	\$246,764	\$13,500	\$13,500	\$13,500	\$54,000	\$551,628	2.4 %
SR2	\$94,177	\$90,635	\$90,635	\$90,635	\$366,082	\$94,177	\$90,635	\$90,635	\$366,082	\$13,500	\$13,500	\$13,500	\$54,000	\$232,164	3.2 %
SR4	\$277,749	\$33,723	\$34,393	\$33,208	\$123,013	\$33,723	\$34,393	\$33,208	\$123,013	\$6,750	\$6,750	\$6,750	\$27,000	\$285,146	1.2 %
SR5	\$69,465	\$107,655	\$98,940	\$89,440	\$394,502	\$99,465	\$107,655	\$98,940	\$394,502	\$6,750	\$6,750	\$6,750	\$27,000	\$769,003	3.4 %
Grand Total	\$3,266,269	\$926,246	\$884,190	\$945,166	\$5,921,861	\$6,225,362	\$1,019,492	\$841,447	\$6,978,127	\$6,494,182	\$594,209	\$533,678	\$8,210,411	\$23,110,399	100.0 %



Country: Angola
 Grant Name: AGO-H-UNDP
 Implementation Period: 01-Jul-2018 - 30-Jun-2021
 Principal Recipient: United Nations Development Programme

Reporting Periods	01-Jul-2018	01-Jan-2019	01-Jul-2019	01-Jan-2020	01-Jul-2020	01-Jan-2021
Start Date	01-Jul-2018	01-Jan-2019	01-Jul-2019	01-Jan-2020	01-Jul-2020	01-Jan-2021
End Date	31-Dec-2018	30-Jun-2019	31-Dec-2019	30-Jun-2020	31-Dec-2020	30-Jun-2021
PU includes DR?	No	Yes	No	Yes	No	No

Program Goals and Impact Indicators

- 1 Reduce Morbidity and Mortality from Tuberculosis by 2022
- 2 Strengthening the national response for the control of STI/HIV and viral Hepatitis to ensure an HIV prevalence rate of less than 3% by 2022

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1 HIV I&S: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	Angola	21%	2017 WHO HIV Country Report 2017	N: 20% D: 17% P: 15%	N: 310,976 D: 30,175,553 P: 1,030,566,092,874 91%	N: 317,409 D: 31,127,674 P: 1,019,700,347,671 34%	N: 317,409 D: 31,127,674 P: 1,019,700,347,671 34%	The baseline is from spectrum estimates for 2016. The Numerator is the number of new child infections due to MTCT. The denominator is the total number of pregnant women who received ART to prevent MTCT. Targets are extrapolated from HIV-NSP (PEN-VH) towards global targets for the elimination of mother-to-child transmission.
2 HIV I-13: Number and % of people living with HIV	Angola	2.0%	2016 Spectrum, 2016	Gender, Age, Age Gender	N: 304,254 D: 29,250,009 P: 1,040,184,296,327 91%	N: 310,976 D: 30,175,553 P: 1,030,566,092,874 25%	N: 317,409 D: 31,127,674 P: 1,019,700,347,671 34%	The baseline is from Spectrum estimates that uses 2016 data. The Numerator is 283,830 which is the estimated number of people living with HIV in 2016 (adults and children). The Denominator is 20,480,481, which is the total projected population of Angola for 2016. Targets are also generated from Spectrum.

Program Objectives and Outcome Indicators

- 1 Detect 85% of estimated new cases of smear positive TB and achieve a treatment success rate of 85% of all forms smear positive TB cases by 2022
- 2 Increase the detection rate of MDR TB and treat 100% of diagnosed MDR TB cases by 2022
- 3 Ensure 90% of people living with HIV including key and vulnerable populations knows their status by 2022
- 4 Increase PMTCT coverage from 39% to 90% of HIV positive pregnant women by 2018
- 5 Ensure 90% of all people diagnosed with HIV including key and vulnerable populations, are enrolled, followed and receive timely and efficacious highly active antiretroviral therapy by 2022
- 6 Ensure 90% of all people receiving the antiretroviral therapy including key and vulnerable populations, attain sustainable viral suppression by 2022
- 7 Expand TB/HIV collaborative activities by ensuring that 90% of notified TB patients are tested for HIV and 100% who test HIV positive are put on ART promptly and managed
- 8 Strengthen management of a decentralised national TB/HIV response and institute an efficient and integrated M&E system that ensures all indicators listed are tracked and reported timely.

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1 HIV C-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	Angola	39%	2016 GARPP, 2016	Duration of treatment, Age, Gender	N: 61,580 D: 89,246 P: 69,000,291,329,588 34%	N: 74,943 D: 105,553 P: 71,000,350,534,480 24%	N: 88,245 D: 120,884 P: 72,999,755,283,41 22%	The baseline is from Angola's 2016 GARPP report. The Numerator is the total number of PLHIV (adults and children) who continued to be on ART during the reporting period (year). The denominator is the total number of PLHIV (adults and children) who were on ART during the same reporting period (year). The data is from the 9 health facilities of Luanda, which are supported by PEPFAR (data forms for this indicator are currently only available in these sites). Currently, the country's health information system is not at a stage where it would allow reporting on this indicator across all health units providing ART services. Such a situation will improve as and when the units providing ART instruments (cohort based registers) are disseminated during 2018 and 2019 and DHS2 is rolled out across the country. Baseline value might require adjustment based on the outcome of the patient audit (expected availability in June 2018). The indicator will be analysed and reported disaggregated by sub-population: HIV+ adults, children, TB-HIV co-infected and pregnant women.



Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment				
2 HIV Q-12: Percentage of people living with HIV and on ART who are virologically suppressed (among all those currently on treatment who received a VL measurement regardless of when they started ART)	Angola	67%	2017 INLS program data, 2017		N: 62,472 D: 89,246 P: 69.9977590032 05% Due Date: 19-Feb-2019	N: 77,054 D: 105,553 P: 73.0028369132 09% Due Date: 15-Feb-2020	N: 91,872 D: 120,864 P: 76.00013235829 39% Due Date: 15-Feb-2021	The baseline is from programme data available at INLS and represents data from 10 sites in Luanda. The Numerator is the number of PLHIV on ART (adults and children) who are virologically suppressed. The Denominator is total number of PLHIV on ART. During the country dialogue, it was agreed that targets would be aligned with the global targets of 90-90-90. Based on TRP feedback, the targets have been re-estimated in the following manner: in 2017, the program recorded 67% achievement, a 1.7% increase over the 2016 target has been applied resulting into a target of 70%, 73% and 76% for 2019, 2020 and 2021 respectively. This increase will result from efforts to improve ART adherence through community-based interventions, and improvements in quality of care in health facilities detailed in the Test and Treat Expansion Plan.				
Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	Comments
Comprehensive prevention programs for MSM												
KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Angola, Coverage: Subnational	N: 660 D: 9,000 P: 7.333333333333333 33%	INLS Program data	N: 245 D: 8,159 P: 3.0%	Y- Cumulative annually	N: 245 D: 8,159 P: 3.0%	N: 296 D: 8,446 P: 3.5%	N: 296 D: 8,446 P: 3.5%	N: 350 D: 8,749 P: 4.0%	N: 350 D: 8,749 P: 4.0%	N: 350 D: 8,749 P: 4.0%	a) Denominator & Numerator: The Numerator is number of MSMs reached with defined package of services (peer education, referral for HIV testing and ART, stigma and discrimination, group socialisation, empowerment). The Denominator is the size estimation of MSMs in Benguela b) Baseline Source: The baseline is the March 2018 result for this indicator under the current grant PF i.e. 660 MSM reached out of the estimated target population of 9,000 MSM. The result was reported by OIC, INLS SSR in the province of Benguela. c) Target Assumptions: According to the PLACE Study 2016 conducted by the Linkages Project in 2016 15 years and above are INSLs (denominators for targets are now adjusted using results of this Study). Targets for the new grant were set based on the current grant targets as well as available funding resources. d) Reporting Systems: OIC and INLS reporting systems e) Geographical Coverage: Benguela Province only (due to financial constraints) f) Grant Contribution: 100% of the targets
Comprehensive prevention programs for sex workers and their clients												
KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Angola, Coverage: Subnational	N: 2,499 D: 25,000 P: 9.996%	UNDP PUDR data	N: 2,327 D: 33,245 P: 6.9%	Y- Cumulative annually	N: 2,327 D: 33,245 P: 6.9%	N: 2,669 D: 33,359 P: 8.0%	N: 2,669 D: 33,359 P: 8.0%	N: 3,296 D: 34,691 P: 9.5%	N: 3,296 D: 34,691 P: 9.5%	N: 3,296 D: 34,691 P: 9.5%	a) Denominator & Numerator The Numerator is the number of SWs reached with a defined package of services. Under the current grant, the package of services includes a combination of Peptiar funded services (outreach, access to HIV testing and treatment, champions of positive living, condom and lubricants provision) and Global Fund funded services (Drop in centre for psycho social support, stigma and discrimination, gender-based violence, organisational development, and livelihoods). The Denominator is the size estimate of Sex Workers in Luanda. b) Baseline Source The baseline is the December 2017 result for this indicator under the current grant PF i.e. 2,499 SW reached out of the estimated target population of 9,000 SW. The result was reported by MSH, UNDP Sub Recipient for the SW component. c) Target Assumptions: The estimated number of SWs in Luanda is 1.5% of women aged 15-64 years according to the PLACE Study conducted by the Linkages Project in 2016-2017. Targets were set based on the current grant targets and results, as well as available funding resources. d) Reporting Systems: M&E system used by the UNDP SR (MSH) e) Geographical Coverage: Luanda Province only due to funding constraints f) Grant Contribution: 100% of the targets



Coverage Indicators		Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	Comments
PMTCT	PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy	Country: Angola; Coverage: National	N: 7,008 D: 19,315 36,28266183346 18%	NLS Program data	N-Non-cumulative	N: 4,586 D: 10,918 P: 42.0%	N: 4,887 D: 11,334 P: 44.0%	N: 4,887 D: 11,334 P: 44.0%	N: 5,214 D: 11,354 P: 46.0%	N: 5,214 D: 11,354 P: 46.0%	N: 5,336 D: 11,116 P: 48.0%		<p>a) Denominator & Numerator: The Numerator is the number of HIV positive pregnant women receiving ART for the period of PMTCT. The Denominator is the estimated number of HIV positive pregnant women in Angola according to Spectrum projections.</p> <p>b) Baseline Source: The baseline is from programme data available at NLS (2017) and represents HIV positive pregnant women receiving ART, according to Option B+ PMTCT guidelines.</p> <p>c) Target Assumptions: Targets for PMTCT have been guided by the INLS Programme report for the period ending Dec 2017. The assumptions for target setting include:</p> <ul style="list-style-type: none"> • With an estimated 19,315 HIV-positive pregnant women, NLS reported data for the period Jan - December 2017 indicates a result of 7,089 (4,500 for Jan-Jun and 2588 for Jul-Dec) against an annual target of 12,100, which translates to 58.87 %. <p>d) Reporting Systems: The reporting system for this indicator is DHIS2 - but the program will expand roll out new data collection tools beyond Luanda to strengthen the existing reporting system.</p> <p>e) Geographical Coverage: The indicator is reportable nationally and PMTCT is implemented in all the 18 provinces of Angola. Specifically, out of the 1580 ANC facilities 650 (41%) do provide PMTCT services.</p> <p>f) Grant Contribution: Global Fund contribution is 40% of the targets</p>
		Country: Angola; Coverage: Subnational	N: 27,859 D: 150,000 P: 18.57266666666 67%	UNDP PUDR data	Y- Cumulative annually	N: 12,500 D: 822,664 P: 1.5%	N: 15,000 D: 822,664 P: 1.7%	N: 15,000 D: 897,772 P: 1.7%	N: 17,500 D: 897,772 P: 1.9%	N: 17,500 D: 897,772 P: 1.9%	N: 17,500 D: 897,772 P: 1.9%	N: 17,500 D: 897,772 P: 1.9%	



Coverage Indicators		Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	Comments
Prevention programs for other vulnerable populations													
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	Country: Angola; Coverage: Subnational	N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:	<p>Baselines TBD. This indicator relates to truck drivers and miners.</p> <p>a) Denominator & Numerator: To be estimated after the IBBS studies are completed (1st phase - protocol writing and EFB submission funded under the current grant by end of June 2018; 2nd phase - data collection and analysis, report writing and submission to be done when funding will be secure, expected by end of 2018).</p> <p>b) Baseline Source: There is no available recent data on Truck drivers and miners in Angola. In the absence of programme data, setting the baseline is not yet feasible. Under the current GF grant, two IBBS surveys are being organized by the PR to obtain size estimates and a better understanding of the prevalence and behavioural risk factors within these two groups. Nevertheless, this activity has suffered significant delays as the PR did not yet find a qualified organization to conduct the IBBS surveys. The advertisement is now re-opened and awaiting suitable candidates. Thus, as mentioned above, the design phase of the IBBS studies is due to be completed by June 2018 while the implementation and reporting phase is scheduled for completion by December 2018. Due to the GF new rule on no cost extension, the PR would collaborate with the MoH to request funding support under the current RSHH grant to support this activity by the end of the year.</p> <p>c) Target Assumptions: The targets will be set once the studies are completed</p> <p>d) Reporting Systems: SR M&E Systems</p> <p>e) Geographical Coverage: Bie, Kwanza Norte, Lunda Norte and Lunda Sul</p> <p>f) Grant Contribution: 100% of the targets</p>
Treatment, care and support													
TCS-1 (M): Percentage of people living with HIV currently receiving antiretroviral therapy	Country: Angola; Coverage: National	N: 77,559 D: 295,452 P: 25.2606462369 52%	N: 82,820 D: 307,615 P: 26.9%	N: 90,949 D: 310,976 P: 29.2%	N: 100,665 D: 314,193 P: 32.0%	N: 110,381 D: 317,409 P: 34.7%	N: 122,193 D: 320,575 P: 38.1%	<p>a) Denominator & Numerator: The Numerator is the total number of PLHIV (adults, children and pregnant women) currently receiving ART at the end of the reporting period. The Denominator is the estimated number of PLHIV during the reporting period.</p> <p>b) Baseline Source: The baseline was obtained based on programme data available at INLS (2017) and represents the total number of adults, children and pregnant women receiving ARVs according to the 2015 WHO Treatment guidelines.</p> <p>c) Target Assumptions: Target estimations are in accordance with the Programme reported results at the end of 2017 (of 77,559 patients), against an estimated total number of people living with HIV (295,452) and considering that Angola has adopted the Test and Treat initiative beginning in Luanda.</p> <ul style="list-style-type: none"> For 2017, INLS reported data has been applied as a reference. Initiated on ART, each year, 90% of all new patients registered in the Programme (average from the 3 last years) Projected number of pregnant women to be initiated on ART: 9171 in 2018, 9974 in 2019, 10427 in 2020 and 10671 in 2021; Projected Lost to follow up: Based on reduction estimates between 2017 and 2018, the LTFU projection will be as follows, while awaiting for the outcomes of the ongoing Audit of HIV patients data (expected results in June 2018): 30% in 2018, 25% in 2019, 20% in 2020 and 15% in 2021 <p>As a result of Test and Treat, initiated ART are 50% of those actually in care (pre-ART in 2018, 2020 and 2021).</p> <ul style="list-style-type: none"> Pregnant women initiated in one year will be added to the adults in the following year. <p>d) Reporting Systems: The reporting system for this indicator is DHIS2, but the program will expand roll out new data collection tools beyond Luanda to strengthen the existing reporting system. The number of ART patients is collected as sub-populations and will be cumulated annually. The indicator will be reported as a percentage and will be analysed disaggregated by sub-population: HIV+ adults, children, TB-HIV co-infected and pregnant women.</p> <p>e) Geographical Coverage: The indicator is reportable nationally</p> <p>f) Grant Contribution: Global Fund contribution is 40% of the targets (absolute number of 31,024 patients based on 2017 baseline to be maintained through the grant cycle)</p>					