

## **Summary of the HIV/AIDS Partnership Framework with the Government of the Republic of Angola**

On August 10, 2009, U.S. Secretary of State Hillary Rodham Clinton and Minister of External Relations for the Government of the Republic of Angola (GRA) Assunção Afonso dos Anjos signed the Angola Partnership Framework on HIV and AIDS 2009-2013 (PF). Under the PF, the U.S. Government (USG) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) intends to contribute to, and align efforts with, GRA's implementation of the goals, objectives, strategies, and actions under Angola's current HIV National Strategic Plan (NSP) for 2007-2010 and the upcoming succession NSP. This PF is the third of its kind (after Malawi and Swaziland) established between the USG and a partner government.

The signing of this partnership framework represents the further strengthening of dialogue and coordination between the USG and GRA that began in 2006, when the USG provided additional fiscal support to Angola under PEPFAR, and will continue under the PEPFAR's reauthorization legislation.<sup>1</sup> This law authorized the USG to enter into PFs with partner governments as a means of strengthening collaboration to promote national ownership of sustainable HIV programs. PFs, such as this one signed in Angola, provide a five-year joint strategic framework focused on service delivery, HIV/AIDS policy reform, and shared financial and/or in-kind commitments. Partners in Angola are now working to develop a more detailed five-year PF Implementation Plan, with annual benchmarks for progress against the Framework and a matrix detailing partner inputs to the PF objectives.

### **Angola's Partnership Framework**

Angola suffered civil strife for four decades, as it fought for independence from Portugal (1961-75) and engaged in a protracted civil war until 2002. This contributed to a devastated health infrastructure: Per 10,000 people, Angola currently has only one doctor, fourteen nurses, one laboratory technician, and less than one pharmacist. Angola has an estimated HIV prevalence of 2.1 percent among adults aged 15-49. Since 2004, prevalence among young pregnant women has risen from 2.7 to 3.1 percent. A review of estimated prevalence by province reveals significantly higher rates along the border, especially in Cunene on Namibia's border, where the prevalence rate is estimated at 9.6 percent. An estimated 90 percent of pregnant women living with HIV do not receive

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<sup>1</sup> The Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act (P.L. 110-293).

antiretroviral therapy for preventing mother-to-child transmission (UNAIDS, 2008).

The PF presents a collaborative approach for the expansion of HIV/AIDS services, including prevention, to Angolans. It describes a coordinated effort, emphasizing key purposes and principles of the PF, a jointly held 5-year strategic overview, partner roles and commitments, and oversight and management considerations to ensure PF success. Programmatically, the PF focuses on support for the GRA's efforts in the following five intervention areas that aim to:

1. Sustain an effective response through proven strategies and approaches;
2. Expand and improve preventive activities and service delivery while enhancing coverage and quality;
3. Strengthen local capacity;
4. Promote policy reform; and
5. Assist the GRA in its coordination of key stakeholders.

Under each of the stated intervention areas, PEPFAR and the GRA jointly identified overarching national targets, specific program areas to be addressed, key policy reforms needed to achieve and sustain the stated goals, and five-year benchmarks to measure success. The document also lays out the expected areas of support by PEPFAR, the GRA, and other stakeholders. The PF will be supplemented by a more detailed Implementation Plan with annual benchmarks for progress and a matrix detailing partner inputs to the PF objectives.

This PF represents a significant innovation, as the GRA formally commits to HIV/AIDS policy reforms related to USG engagement. These bilateral commitments, while not legally binding, will create a policy environment that supports and sustains USG investments, as well as the long-term success of Angola's efforts to fight HIV/AIDS.

Finally, the PF delineates the roles and responsibilities of each stakeholder and the methods by which the partners are to oversee the implementation of the PF. The PF was developed through a consultative process that relied on existing Angolan structures [e.g., the National AIDS Institute (INLS) and the Angolan National Commission to Fight HIV/AIDS and Large Epidemics (CNLSGE)] to establish shared priorities and vision. The PF is designed to work within these structures to ensure oversight, accountability and achievement of established objectives. These structures provide a platform for further aligning and harmonizing PEPFAR activities with those of the GRA and other development partners.