

LINKAGES ANGOLA

Summary of Achievements

January 2015–September 2019

The Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project was implemented in Angola in partnership with civil society organizations (CSOs), government stakeholders, and key population (KP) individuals, with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The innovation of LINKAGES Angola was in developing tailored programming for each KP—female sex workers (FSWs), men who have sex with men (MSM), and transgender (trans) people—in recognition of the differentiated needs and preferences of each group in the country. KP members were involved in the creation and implementation of their own solutions to barriers to getting tested for HIV and initiating and adhering to antiretroviral therapy (ART). The project's contributions to national guidance on legal rights pertaining to gender and sexual orientation have also paved the way for increased access to HIV services for KPs. CSO and government partners, too, have benefitted from project endeavors, particularly the development of mutually beneficial, collaborative relationships that will far outlast LINKAGES and have an enduring positive impact on KPs. This brief summarizes the significant achievements of the LINKAGES project in Angola.

BACKGROUND

Since the inauguration of the Instituto Nacional da Luta contra a SIDA (The National Institute in the Fight against AIDS [INLS]) in 2004, national-level HIV-related data in Angola have been limited to surveillance in pregnant women and to modeled Spectrum data. Based on the first Demographic Health Survey (DHS) conducted in Angola in 2015, HIV prevalence for adults (ages 15–49) is 2.0%. Estimates indicate that 53% (118,476) of people living with HIV (PLHIV) need ART.¹

Until 2017, only limited national-level data were available on KPs in Angola. A 2011 integrated biological and behavioral surveillance (IBBS) survey among MSM in Luanda found an estimated HIV prevalence of 3.8% and an estimated population size of 6,236.² The prevalence of HIV among FSWs had only been studied in Cunene, a province bordering Namibia, where 8.5% of women engaging in transactional sex were estimated to be living with HIV.³ No prevalence or size estimation studies had been conducted among

KPs in Benguela province (which has the second largest city after Luanda) or Cabinda or Bié provinces, where 5.8% of pregnant women were found to be HIV positive.⁴

In 2015, the INLS partnered with LINKAGES Angola to:

- Map the prevalence of HIV and sexually transmitted infections (STIs) among KP members and estimate the size of the KPs in five provinces through an IBBS study
- Build a robust service program to cover comprehensive prevention services, both at the community and facility levels
- Build the capacity of local CSOs and government to use data to inform KP programming

LINKAGES Angola was implemented in Luanda province January 2015–September 2019 and in Bié province May–September 2018 by Management Sciences for Health (MSH) in partnership with 11 local CSOs and five grassroots groups. In Benguela province, parts of the LINKAGES care model were also implemented from 2017 to 2019. Project activities aimed to help FSWs, MSM, and trans women access the full continuum of



Members of the LGBTIQ and FSW community partners and LINKAGES Angola staff at the end-of-project event in Luanda, August 31, 2019

Highlights

- Generated critical data to inform programming through the PLACE biobehavioral study of HIV and STIs, which found that 36% of FSWs, 56% of MSM, and 55% of trans women knew their HIV status; 17% of FSWs, 34% of MSM, and 55% of trans women were on ART; and 100% of FSWs and MSM and 0% of trans women on ART were virally suppressed.
- Developed distinct, tailored interventions for each KP group to meet their needs and preferences: FSW peer educators were trained to provide HIV testing and counseling; the enhanced peer outreach approach was used successfully to reach MSM in Luanda province and FSWs in Bié province; and a trans woman activist started monthly gatherings at a community center where two nurses provided prevention and testing services to trans women.
- Fourteen CSO and community group partners established effective referral pathways to more than 21 public health facilities in Luanda province for initiating KPs living with HIV on treatment.
- Led the development of a community health information system to enable CSOs to follow clients along the continuum of services, which was adopted at the national level. The system also led to the adoption of national community HIV monitoring indicators that include KPs and risk disaggregations.
- Contributed to the update of national STI guidelines and home-based cared manual for people living with HIV, and to the development of Know-Your-Rights manual on Angola's legal framework regarding gender identity, sex work, and sexual orientation.

HIV prevention, testing, care, and treatment services (Figure 1). Working with CSOs, Provincial Health Departments, and the INLS, the project sought both to achieve epidemic control and promote structural changes in society.

From May to August 2018, LINKAGES partnered with local CSO FOJASSIDA and the Provincial Health Office in Bié to bring a minimum package of HIV and STI services to FSWs in rural areas and communities surrounded by military brigades. Similarly, in Benguela province, the LINKAGES model was implemented by Organização de Interação Comunitaria (OIC), a subpartner of the United Nations Development Program (UNDP) under the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

BIOBEHAVIORAL STUDY OF HIV AND STIs AMONG KPs

From October 2016 to June 2017, LINKAGES' civil society partner, Domuns Custodius, LDA – Tchikos, under the leadership of INLS and with technical assistance from the University of North Carolina at Chapel Hill, conducted a biobehavioral study of HIV and other STIs using the Priorities of Local AIDS Control Efforts (PLACE) method among KPs in five provinces of Angola: Luanda, Bié, Benguela, Cabinda, and Cunene. This was the first time HIV and STIs among KPs had

Figure 1.

Angola Provinces where the LINKAGES KP service model was implemented: Luanda and Bié (USAID) and Benguela (Global Fund)



Partnerships

LINKAGES Angola collaborated with the following groups to improve the access and quality of HIV-related services for KPs.

CSOs:

- ANASO
- Associação Angolana Para o Bem-Estar da Família (ANGOBFA)
- Associação Beneficente Cristã (ABC)
- Associação de Mulheres Vivendo com VIH e SIDA, MWENHO
- Associação LGBTIQ IRIS
- Associação Solidaridade Cristã & Ajuda Mútua Angolana (ASCAM)
- Centro de Apoio aos Jovens (CAJ)
- Cuidados da Infância (CI)
- Domuns Custodius, LDA – Tchikos
- Forum Juvenil de Apoio a Saúde e Prevenção da SIDA (FOJASSIDA)
- Organização de Integração Comunitária (OIC)

Grassroot Groups:

- Arquivo de Identidade Angolano (AIA)
- Movimento Eu Sou Trans
- H Maiúsculo
- Mulheres Abençoadas
- Mulheres de Coração

been assessed. HIV prevalence was found to be 8% among FSWs, 2% among MSM, and 9% among trans women. The study also found that the majority of people who tested positive for HIV were not aware of their status, explaining why so few were on ART. Thirty-six percent of FSWs, 56% of MSM, and 55% of trans women knew their HIV status. Of the FSWs with HIV, only 17% were on ART, but all had a suppressed viral load. Of the MSM with HIV, 34% were on ART and all had suppressed viral load. The sample of trans women with HIV was very small, but 55% were on ART and none had viral load suppressed.

KEY PROGRAMMATIC ELEMENTS

LINKAGES Angola's efforts to reach KP members employed a community-based model with teams comprised of outreach workers and HIV counselors. Initially, the teams used similar strategies across all three KPs. However, as the project evolved, the model was tailored for each group according to their particular needs and preferences (see Table 1).

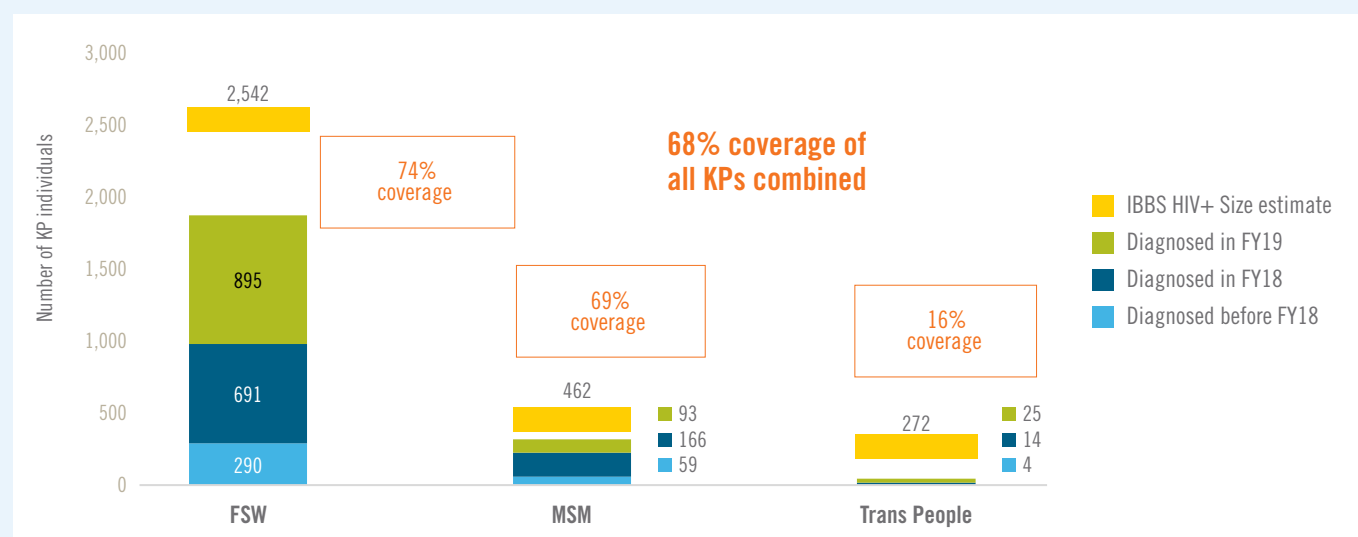
SERVICE DELIVERY IMPACT

Over the life of the project, CSO partners collectively improved their ability to identify new HIV cases every year. When compared to the estimated number of HIV-positive cases found by the PLACE study in 2017, on average, LINKAGES and its partners identified 74% of the total cases among FSWs, 69% of estimated cases among MSM, and 16% of the total estimated cases among trans women (Figure 2).

Individuals diagnosed with HIV were linked to a peer navigator (PN)—a person living with HIV who supported them from the moment they learned their HIV status through the phases of acceptance, successful initiation on ART, and maintenance—to ensure they did not abandon treatment. PNs were staff members of partner CSO MWENHO. They provided support to 2,024 out of 2,237 HIV-positive KP individuals in Luanda province. Overall, 58% of clients living with HIV who had a PN initiated ART upon their first medical consultation, while only 24% who came to the first consultation unattended did so.

Table 1. Tailored interventions for KPs in Angola

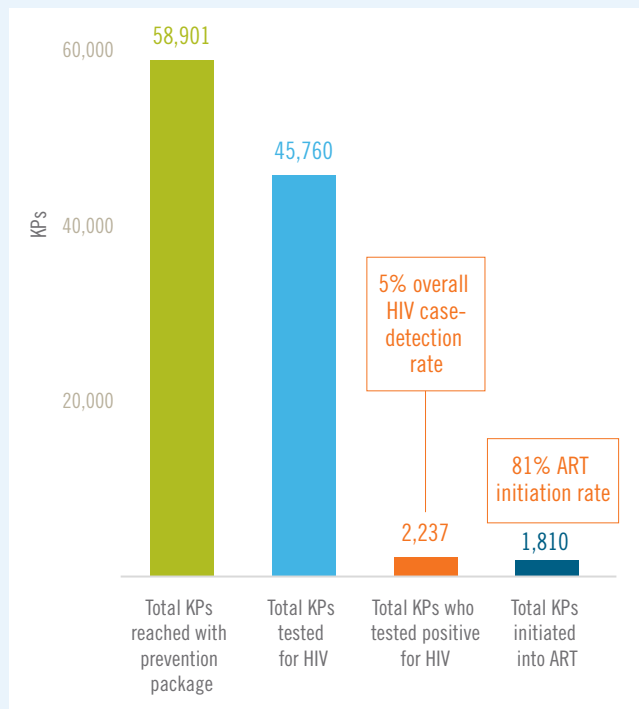
Key Population	Interventions
Female sex workers	<ul style="list-style-type: none"> Regular microplanning to identify hot spots in underserved areas HIV prevention including condom and lubricant distribution at hot spots Provision of HIV testing at hot spots through a mobile clinic with a three-member team (i.e., a peer educator, HIV counselor, and peer navigator) Gender-based violence services integrated into the minimum HIV service package offered at hot spots Presumptive treatment of chlamydia and gonorrhea at hot spots
Men who have sex with men	<ul style="list-style-type: none"> Enhanced peer outreach approach (EPOA) Online peer educator outreach Microplanning to identify hot spots, including hosting one-time events like parties Social network mapping to identify high risk networks Syndromic treatment of chlamydia and gonorrhea at EPOA sites
Transgender women	<ul style="list-style-type: none"> Mobilization of trans women by a trans activist to attend monthly informal gatherings, where nurses provided on-site HIV prevention and testing services Syndromic treatment of chlamydia and gonorrhea at monthly meeting site

Figure 2. Coverage of HIV-positive KP individuals against IBBS PLACE study estimate of HIV-positive cases, Luanda (September 2015–September 2019)

By close of project, LINKAGES had increased the number of CSOs and community groups it worked with from three in 2015 to 15 in 2019. In total, the service delivery partners reached 58,901 KP individuals with the minimum HIV prevention and testing package, 78% of whom agreed to test for HIV, resulting in an overall case-detection rate of 5%. Of the 2,237 clients diagnosed with HIV, 81% initiated ART at 21 government-run health facilities in Luanda and Bié provinces (Figure 3).

Together, partners worked on making structural changes to the policy environment for KPs. In partnership with the LGBTIQ groups H Maiusculo and Movimento Eu Sou Trans, LINKAGES trained more than 550 staff at these facilities to build their capacity to offer comprehensive and KP-friendly HIV services. In addition, in partnership with Global Fund, LINKAGES sensitized more than 600 police chiefs and officers in Luanda province on the needs and rights of KPs under Angolan and international law, as well as on the relationship between GBV and HIV, as part of the project's efforts to reduce the perpetration of stigma, discrimination, and violence against KP members.

Figure 3. Total number of KPs reached, tested, and linked to ART in Luanda province (September 2015–September 2019)



TECHNICAL HIGHLIGHTS

FEMALE SEX WORKERS

Prior to LINKAGES, the first interventions for FSWs entailed sharing HIV prevention messages and providing condoms and lubricants at hot spots. FSWs were referred to health facilities for HIV testing, but typically, only a few women would show up to get tested. In an effort to not lose any clients, peer educators requested LINKAGES to train them as HIV counselors to provide HIV testing themselves at the hot spots. LINKAGES then worked with INLS to train and certify the new counselors. Over time, FSWs who were peer educators were given the possibility to become certified as counselors as well, thus increasing their professional qualifications.

Microplanning sessions were conducted to analyze GPS data to identify hot spots in underserved areas, including those with the proper conditions for testing (e.g., confidential rooms, support from the hot spot owner). These planning sessions helped the team make the best use of the few mobile clinics available.

GBV was also addressed in the tailored FSW model, through a partnership between USAID and Global Fund, working through their principal recipient, UNDP. Beginning in 2017, the partners integrated GBV services into the minimum HIV service package delivered at hot spots. For example, outreach teams promoted awareness of types of violence and provided basic psychosocial support, such as active listening and documentation of incidents, for FSWs who reported violence. The women were then referred to the bimonthly FSW support group Blessed Women (Mulheres Abençoadas), which was formed as part of the USAID/Global Fund partnership with LINKAGES. LINKAGES-trained CSO partner ASCAM also provided

“ I always followed HIV testing on the sidelines, watching carefully how it was performed on the women I referred. I always wanted to test. Now I can. ”

Delfina da Costa, FSW peer educator, now trained as HTC counselor



Members of the FSW empowerment group Blessed Women

psychosocial support to 314 cases of violence disclosed by FSWs during the project.

Testing uptake among FSWs increased steadily over the life of project in Luanda, reaching 94% by Year 4. In total, 2,021 FSWs were diagnosed as living with HIV in Luanda province over the life of the project, of whom 80% initiated ART (Figures 4 and 5). In partnership with provincial health offices and community partners OIC and FOJASSIDA, LINKAGES Angola diagnosed an additional 115 FSWs in Bié and Benguela, of whom 83% initiated ART.

MEN WHO HAVE SEX WITH MEN

To reach MSM, LINKAGES Angola initially applied the same HIV prevention and testing strategy at hot spots as used for FSWs, but with less success. Although the men reached tended to accept testing, the case-finding rate was low (1% from 2017 to early 2018), indicating that the program was not reaching MSM at greatest risk. As a result, LINKAGES switched to the EPOA,⁵ which entailed the use of MSM peer mobilizers to reach hidden and higher-risk MSM networks. Mobilizers referred friends, sexual partners, and acquaintances to come to a designated health facility (an EPOA site) and receive HIV prevention and testing services. MSM clients could, in turn, become mobilizers and bring in new peers, reaching deeper and deeper into networks. The program was able to significantly expand service coverage. In addition to providing monetary incentives for referrals, EPOA also provides tools to peer educators and health care providers

Figure 4. Trends in HIV testing and case finding among FSWs in Luanda province, Year 1–Year 4 (October 2015–September 2019)

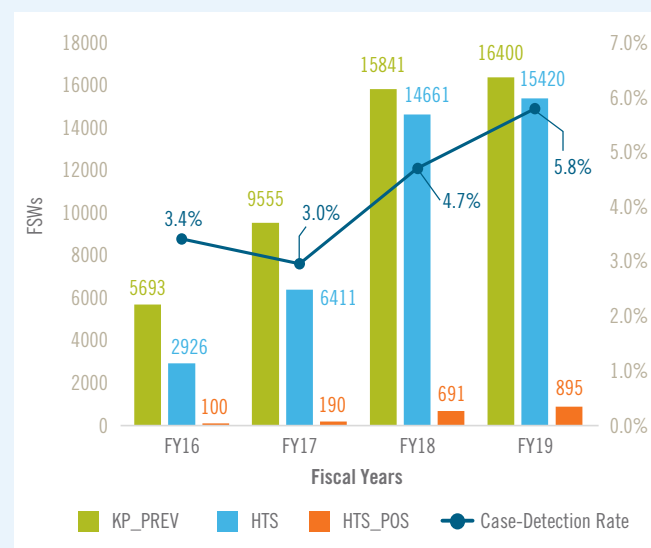
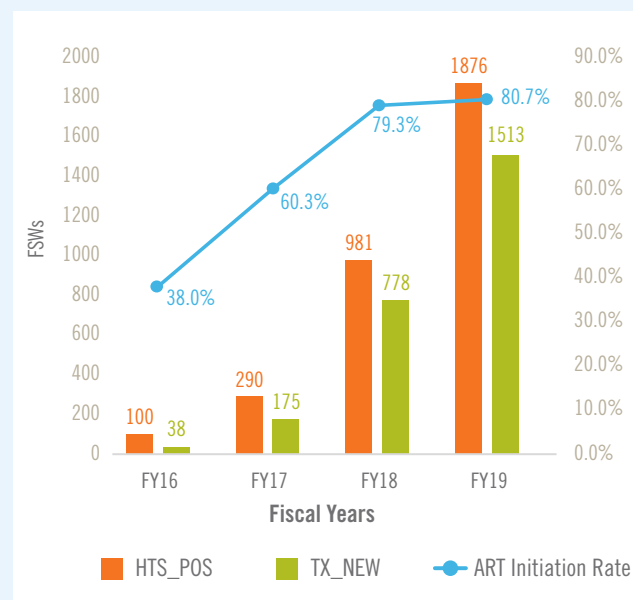
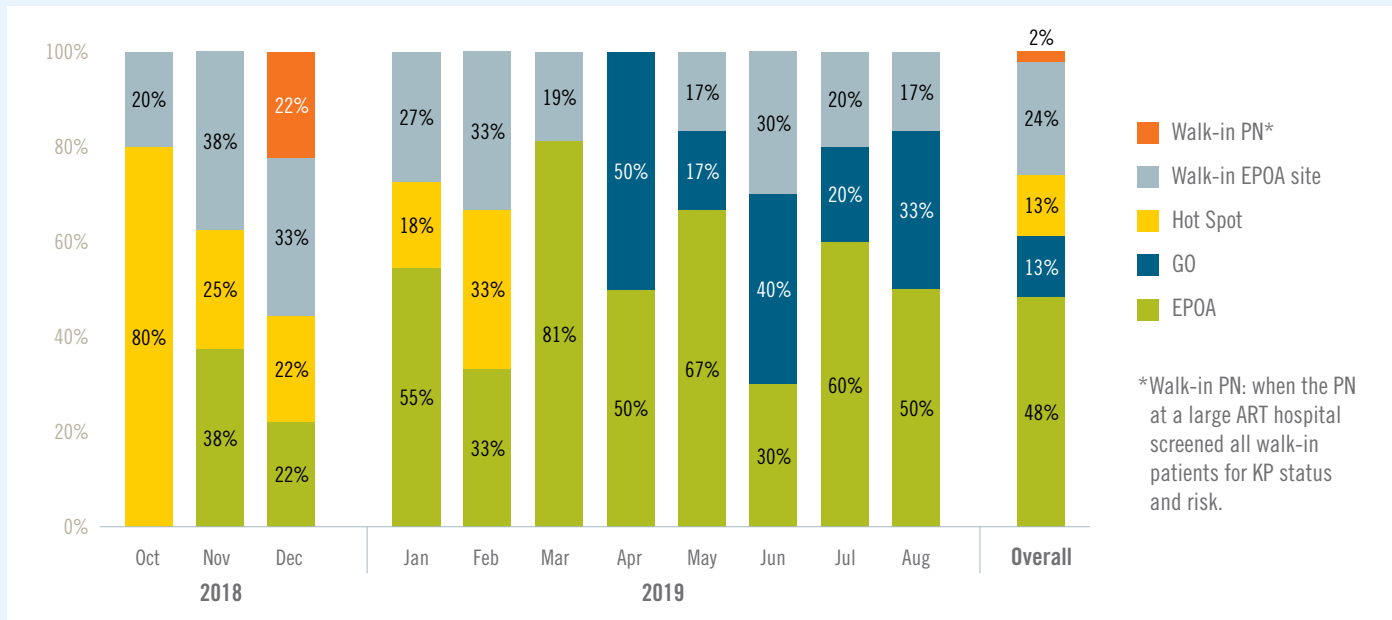


Figure 5. ART initiation for FSWs in Luanda province by year



to craft more effective behavior-change messages for clients. The quality of peer-to-peer and provider-to-client interactions improved due to the training of staff on how to screen for risky behavior and how to apply motivational interviewing techniques to build rapport with

Figure 6. Contribution to total HIV cases found (n=93) among MSM in Angola by method used, Q1–Q4 FY19



patients, making clients more likely to come back for regular checkups and refer their sexual partners and contacts.

EPOA was the largest contributor to HIV case finding among MSM during Year 4 at 48%. Importantly, 24% of the positive cases identified came to test at the EPOA site as walk-ins (Figure 6)—patients who had already tested with the program at least once, tested negative then, and returned on their own from several months to one year later to retest.

EPOA was complemented by the work of online peer educators who maintained professional profiles on Facebook and reached out to other MSM online to offer HIV and STI services at the EPOA site. The “Going Online” approach⁶ focused on techniques to develop rapport with MSM clients in a private and confidential virtual space and then to successfully transfer that rapport to the EPOA peer educator and/or nurse in an offline space. The first three months of implementing the online approach resulted in a 17% HIV case-finding rate, compared to 8% overall for the EPOA strategy. During the project, MSM had an average case-finding rate of 4%, 83% of whom initiated ART (Figures 7 and 8).

Figure 7. Trends in HIV testing and case finding among MSM in Luanda province, Year 1–Year 4 (October 2015–September 2019)

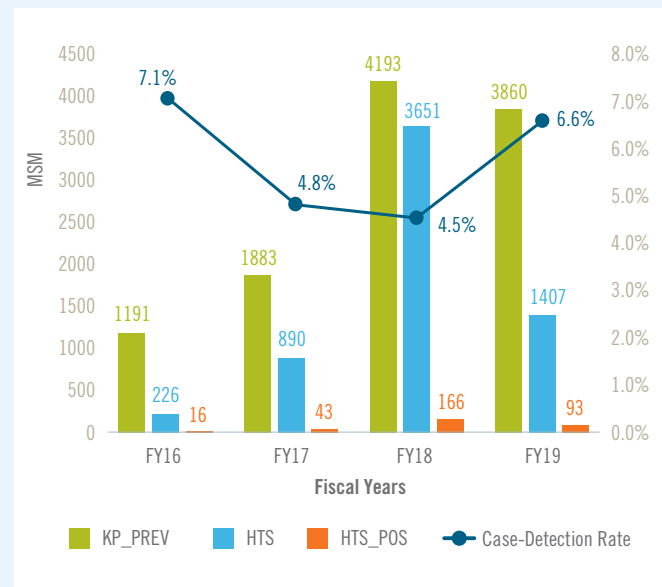


Figure 8. ART initiation for MSM in Luanda province by year

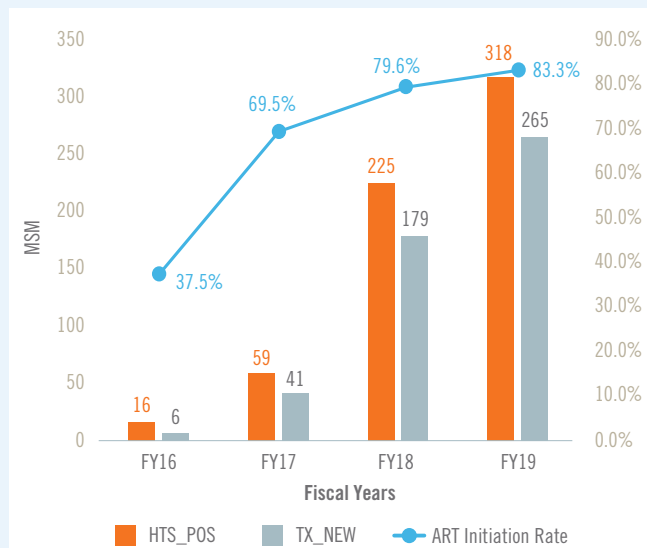
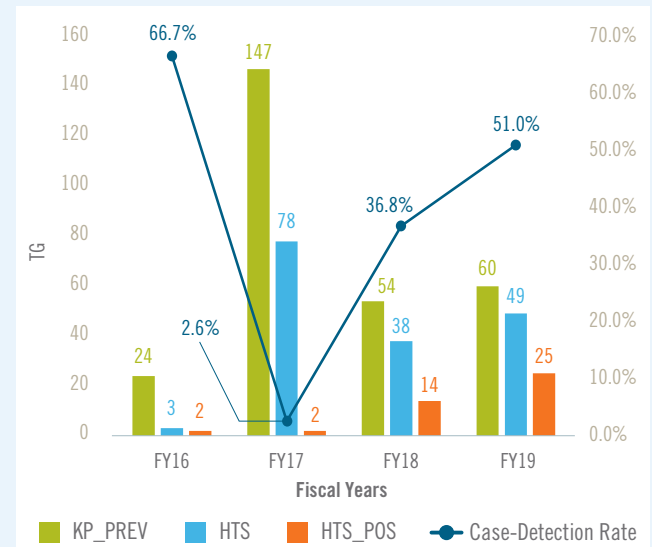


Figure 9. Trends in HIV testing and case finding among trans women in Luanda province, Year 1–Year 4 (October 2015–September 2019)



TRANSGENDER WOMEN

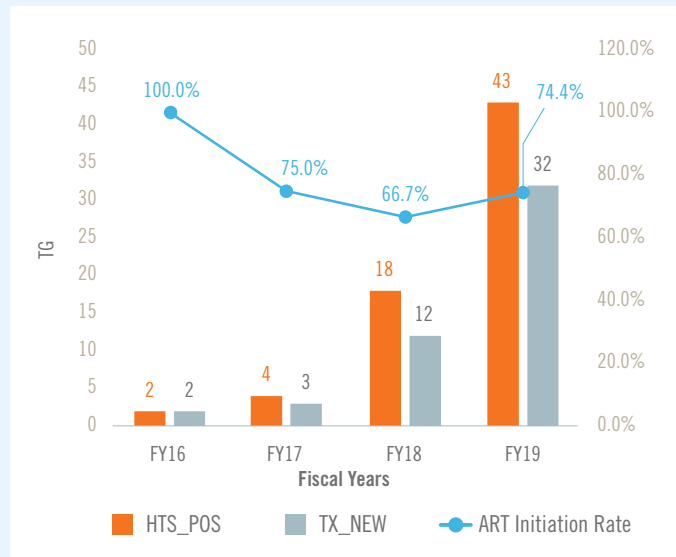
Similar to the situation with MSM, LINKAGES provided trans women with HIV prevention and testing services at hot spots and met with little success. By 2018, uptake of testing was only 12%, possibly because test-takers felt they were at high risk of being identified as HIV positive in the hot spot setting.

After consultations between LINKAGES and trans community leaders, a trans activist proposed to mobilize her peers, both by phone and through home visits, to attend informal gatherings at a community center on a monthly basis. The gatherings became a safe space where they could discuss issues affecting their lives beyond HIV, such as hormones, sex work, and gender identity. The meetings were attended by two nurses who provided on-site HIV prevention (i.e., condoms, lubricant) and testing services. HIV testing uptake climbed to 75%. The trust the nurses built with trans women proved critical to increasing testing. The monthly group—which its members eventually named Women at Heart (Mulheres do Coração)—is recognized by the most salient LGBTIQ organizations in Angola. During the LINKAGES Angola project, the average positivity rate for trans women was 39%, 74% of whom initiated ART (Figures 9 and 10).



Yuca Pimenta, trans activist who came up with the idea to mobilize other trans women to monthly gatherings.

Figure 10. ART initiation for trans women in Luanda province by year



“ I worked as a peer educator with LINKAGES between 2016 and 2017, as a staff of Cuidados da Infancia CSO partner. My role was mobilizing other trans women to HIV prevention and testing services offered at hot spots. But few of my peers accepted the services. They were afraid of a breach in confidentiality, and they did not want to know about HIV. So LINKAGES sought out my opinion. We talked a lot about how we could get to them. I then had the idea of convening an empowerment group of trans women and mobilizing them by doing home visits and phone calls, Facebook. LINKAGES listened. They paid attention to me. ”

Yuka Pimenta, trans peer educator and founder of the trans women support group Women at Heart

POLICY IMPACT

LINKAGES Angola helped transform the health system and policy environment to be more inclusive of and responsive to KPs. The following achievements were made at the policy level:

STRENGTHENED THE CONTRIBUTION OF CSO DATA TO THE HEALTH INFORMATION SYSTEM

- LINKAGES led the development of a community health information system (HIS) that was adopted at the national level for use by CSOs. The HIS allows clients, including KP HIV clients, tuberculosis-HIV co-infected clients, and mother-child pairs, to be followed along the continuum of services through the use of a unique identifier code for each client. A dynamic tool, it can be used by any organization that provides community-level HIV services, enabling CSOs to provide evidence of their contributions to overall national HIV targets. The INLS uses aggregated data from the HIS to inform policy and proposals for funding, while the Ministry of Health, INLS, and ANASO (the national association of HIV nongovernmental organizations) are promoting the HIS for use in civil society moving forward.
- LINKAGES also led the effort to develop a list of community service indicators, including those disaggregated by risk behavior and KP type, on which all national and international CSO partners should report, and obtained approval from the INLS for these indicators. All CSOs and NGOs delivering HIV-related services in the community are required to screen for risk (i.e., do you have sex with men, women, or both) and must also include FSWs, MSM, and trans people in their data disaggregation during reporting.

CONTRIBUTED TO NATIONAL GUIDELINES

- Following the 2017 PLACE study estimates, in 2018, the INLS updated the national STI guidelines to adopt the World Health Organization's recommendation to offer presumptive periodic treatment (PPT) of chlamydia and gonorrhea to FSWs and routinely test them for syphilis as part of its standard of care.
- LINKAGES led the development of a pocket-size manual on Angola's legal framework regarding gender identity, sex work, and sexual orientation. Contributors included the Ministry of the Interior (police), the National AIDS Program, KP-led groups

and organizations, and a local legal counsel firm. Six thousand copies have been printed and distributed.

- The national home-based care manual for people living with HIV and AIDS was updated to include messages on Undetectable = Untransmittable (U=U) and the peer navigation model.

FORMALIZED AND RECOGNIZED COMMUNITY-BASED HIV TESTING

- LINKAGES worked with the INLS to ensure that individuals trained as peer educators, lay HIV counselors, or peer navigators received certification from the government to provide HIV-related services.
- CSOs are also now included in national HIV proficiency testing supervision as a testing delivery point, alongside health facilities. The relationship between CSOs and health facilities for referral of patients previously tested in a community setting was formalized.

LINKAGES LEGACY IN ANGOLA

After establishing the prevalence of HIV and STIs among KPs in Angola, LINKAGES Angola made significant strides toward reaching and connecting KP individuals to services that met their needs. It did so through its flexibility and use of innovative strategies and approaches that created a more enabling environment for service provision and uptake. Future progress toward HIV goals now rests with Angola's government leaders and capable local CSOs.

Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations — sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

This report is made possible by the generous support of the American people through USAID and PEPFAR through the terms of cooperative agreement #AID-OAA-A-14-00045. The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

Suggested citation: LINKAGES. LINKAGES Angola: Summary of Achievements January 2015–September 2019. Durham (NC): FHI 360; 2019.

¹ Ministério da Saúde (MINSa), Instituto Nacional de Luta contra a SIDA (INLS). V plano estratégico nacional de resposta às ITS-VIH/SIDA e hepatites virais 2015–2018: “zero é a nossa meta.” Luanda, Angola: MINSa, INLS; 2014.

² Kendall C, Kerr LR, Mota RM, Cavalcante S, Macena RH, Chen S, et al. Population size, HIV, and behavior among MSM in Luanda, Angola: challenges and findings in the first ever HIV and syphilis biological and behavioral survey. *J Acquir Immune Defic Syndr*. 2014;66:544–51.

³ Pinho A, Bastos FI, Sampaio CAM, Fernandes EC, Bertoni N, Albuquerque E, et al. Estudo de vigilância comportamental e serológica do VIH e sífilis (BSS) entre mulheres jovens envolvidas em sexo transaccional na zona da fronteira entre Angola e Namíbia. Luanda, Angola: Instituto Nacional de Saude Publica de Angola, Instituto Nacional da Luta contra Sida (INLS), FIOCRUZ, CDC; 2011.

⁴ Ministerio da Saúde-Instituto Nacional de Luta Contra a Sida (INLS). Relatório de progresso da resposta global à SIDA (GARPR, 2014) República de Angola. Luanda: Instituto; 2014.

⁵ For more information about EPOA, please see the LINKAGES [Enhanced Peer Outreach Approach Implementation Guide](#).

⁶ For more information about online approaches, please see the LINKAGES document, [Going Online to Accelerate the Impact of HIV Programs](#).