



AT A CROSSROADS: RESPONDING TO A NEW AIDS EMERGENCY IN ANGOLA

IMPACT AT A GLANCE

Angola's HIV response is at a critical point: one in 67 adults is living with HIV, and prevention efforts are off track. The government has finalised a new National Strategic Plan for Community Health (2024-2028), and civil society has protected community-led monitoring and a PrEP pilot from ongoing cuts. However the US funding withdrawal left urgent gaps in prevention, testing and treatment, and commodities, particularly for key and vulnerable populations. Urgent action is needed to mobilise domestic resources, revise guidelines and restore community-led services.

This year, the funding landscape for Angola's HIV response has changed dramatically

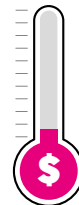


37% of Angola's HIV budget was funded by the **US government**. A significant proportion of this funding has been paused or terminated, and the future remains uncertain.

Sources: UNAIDS, Global Fund, UNICEF



The **Global Fund** remains a key donor, but the current grant has also been **cut by 17%**.



Meanwhile, the **domestic health budget allocation** has reduced to **5.7%**, well below the 15% Abuja target.

As a result, vital programmes for key populations and adolescents have been scaled back or shut down



Approximately **27,000** people from key populations could **lose access to tailored HIV prevention services**.

Sources: Global Black Gay Men Connect, UNAIDS



Community outreach programmes for young people, pregnant women and people living with HIV are **on hold**.

The funding cuts have directly impacted people's access to life-saving HIV treatment and new prevention technologies



Around **16%** of people **living with HIV are on treatment** with direct or indirect support from PEPFAR.

Sources: UNAIDS



Around **6%** of HIV tests were previously provided by PEPFAR.



More than **1,600** pregnant **women living with HIV** were enrolled in programmes at PEPFAR-supported sites.

STATUS OF THE HIV RESPONSE: A COMMUNITY ANALYSIS



The HIV response in Angola is in crisis following the sudden withdrawal of US government funding, which previously accounted for 37% of the national HIV budget. The cut has halted HIV prevention and sensitisation programmes, data collection, and monitoring and evaluation processes, while disrupting testing and treatment. Some 27,000 people from key populations are at immediate risk of losing access to prevention and treatment services. The country now faces an increase in HIV and AIDS-related deaths, and a weakened capacity to monitor and respond to the epidemic.

Services for key populations have been most affected.¹ HIV services across Angola are facing significant challenges due to funding cuts and resource shortages. HIV testing and antiretroviral treatment (ARVs) continue in all PEPFAR-supported clinics.² However, community engagement programmes have been suspended. This suspension has limited access for sex workers and men who have sex with men to essential services such as condoms, oral pre-exposure prophylaxis (PrEP), psychosocial support, and sexual and reproductive healthcare. Services for trans and gender-diverse people and people who use drugs, currently not included in the country's National Strategic Plan for HIV (2023–2026), are increasingly unlikely to be supported given the funding restrictions and limited data available for these groups.

Adolescents and young people have also been affected. PEPFAR funded the training and mentoring of health professionals and supported the creation of peer-to-peer programmes for adolescents in Angola. With the suspension of community-led outreach, access to these support groups for young people has drastically reduced. Community outreach programmes for pregnant women and people living with HIV are also on hold. Children affected by AIDS, including orphans and those from key populations, are also losing critical support, including HIV treatment, education, and basic healthcare, as funding for these services has been cut.

Civic space is also shrinking. Community and civil society organisations continue to be excluded from decision-making processes, with their role limited to an advisory capacity in most cases. Despite recent legal reforms decriminalising sex work and same-sex relationships, stigma remains a huge obstacle to providing services. The recently approved NGO Statute has further restricted civil society's ability to provide services and hold institutions accountable.³ Drug use

also continues to be criminalised, further limiting the support available to this community.⁴

Angola has been making steady progress on data systems. The recent Multiple Indicator and Health Survey had provided vital data for improving national programmes. Community-based implementers were contributing to District Health Information Software (DHIS-2), with civil society helping to verify national data. However, several initiatives previously supported by US funding – such as updating the 2017 PLACE study, mapping high-priority districts for adolescents and youth, and generating new population size estimates for vulnerable groups – are now unlikely to move forward.⁵ The structural reforms recommended under the SCALE Initiative also seem unlikely to continue without additional resources.⁶ This includes essential actions such as legal protections for LGBTQ+ communities and their meaningful involvement in HIV programming.



¹ UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and that frequently lack adequate access to services.

² The US President's Emergency Plan for AIDS Relief (PEPFAR) is a US government initiative launched in 2003 to address the global HIV and AIDS epidemic through prevention, treatment and care programmes.

³ In May 2023, Angola's National Assembly approved a new draft law on the "Statute of Non-Governmental Organisations (NGOs)", which raised [widespread concern](#) among civil society actors, giving the government powers to control and even close civil society organisations.

⁴ Drug use in Angola is criminalised by the [Angolan Penal Code](#). This code penalises the possession, use and trafficking of controlled substances.

⁵ The [PLACE study](#) (2017) mapped the places at high risk of HIV transmission in Angola, assessed the coverage of prevention services and analysed the main populations most affected by HIV in five provinces.

⁶ The [SCALE Initiative](#) (2023–2025) was a United Nations Development Programme (UNDP)-led partnership that intensified efforts led by key populations to combat discriminatory laws and policies, including HIV-related criminalisation.

⁷ LGBTQ+ people are individuals who identify as lesbian, gay, bisexual, transgender, queer, or other diverse sexual orientations and gender identities. This includes men who have sex with men and trans people.

Funding from other donors is also under threat. The National Institute for the Fight Against AIDS (INLS) has been working with the Global Fund to accelerate implementation, with funding for HIV prevention having doubled under the current grant cycle. However, following a recent reprioritisation exercise, Angola's grant is set to be reduced by 13%, with a further 4% cut due to the government's failure to meet its co-financing targets. Although civil society advocates have managed to protect community-led monitoring (CLM) and have maintained a promising PrEP pilot project for men who have sex with men, sex workers and those at risk of violence in the city of Benguela, these cuts will further diminish the resources available for the HIV response in Angola.

Angola's general economic situation makes it difficult for the government to invest at scale in HIV or health service delivery. This year, high inflation and heavy debt payments consumed 66% of public revenues, leaving little room to increase investment in the health sector. The sector's budget allocation fell from 6.7% in 2023 to 5.7% in 2025, pushing Angola further away from the Abuja Declaration target.⁸ Even when funds are allocated, they are often underused or mismanaged due to bureaucratic delays, weak budget oversight and co-financing challenges. Currently, there are no detailed budgets available for specific areas of the HIV response and a National AIDS Spending Assessment (NASA) has not been carried out recently.

Although Angola has committed itself to achieving universal health coverage (UHC), the majority of people still rely on donor-funded HIV programmes.⁹ Stock-outs of condoms, test kits and ARVs are becoming more common, even though the government has

reallocated part of its budget to cover these. Private health insurance is a relatively new and limited market, serving mostly middle- and upper-income communities in cities like Luanda. These plans tend to cover basic clinical care but often leave out preventive services and long-term disease management, making access to HIV-related care more difficult.

The INLS has been leading efforts to reduce the impact of the withdrawal of US funding, working closely with the Ministry of Health, the National Commission for the Fight against AIDS and Major Endemic Diseases, and the Global Fund's Multisectoral Coordination Committee. Together, they developed a risk mitigation plan to keep services running in the health units previously supported by PEPFAR. However, coordination between INLS and other government entities remains weak.

The National Strategic Plan on HIV, viral hepatitis and other sexually transmitted infections (STIs) was an important step forward, but it was developed before the recent funding cuts. Since then, progress on the UNAIDS-led [Sustainability Roadmap and Transformation Plan](#) has stalled and the Condom Strategy remains unfinished. These issues should be addressed through a revitalised roadmap process, supported by UNAIDS and aligned with an updated National AIDS Spending Assessment. The [National Strategic Plan for Community Health \(2024-2028\)](#) must also be revised to reflect the new funding reality and include concrete actions on CLM, such as formal integration into national monitoring systems, allocation of dedicated funding, and clear roles for civil society in data collection and accountability. Without updated guidelines and resources, these plans risk remaining aspirational rather than actionable.



⁸ Under the 2001 [Abuja Declaration](#), African Union member states pledged to allocate at least 15% of their national budgets to the health sector to strengthen financing and improve health systems.

⁹ Universal health coverage (UHC) is a system where all people have access to the full range of necessary health services, from prevention to treatment, without facing financial hardship or discrimination. Angola has committed to achieving UHC and this work is guided by its [National Health Development Plan \(2012-2025\)](#).

COMMUNITY IMPACT



At the heart of providing HIV services to marginalised communities is the relationship between the service provider and the communities they serve.

The sudden withdrawal of programmes from these communities has shaken trust and destroyed relationships within the health system.

Marginalised communities across Angola have had safe spaces ripped away, and the community members who supported and understood them have suddenly been removed from their positions. Hundreds of community members employed by US-funded programmes now have no income or access to services. Communities were left in panic, with no clear information about which services were being closed and when or where they could go to for help.

In Angola, sex workers and men who have sex with men, previously cared for in US-funded centres, now face stigma and discrimination in overburdened public clinics. Sex workers have difficulty accessing condoms and lubricants, which means they cannot work safely. Stigma and discrimination remain a major barrier, preventing these communities – as well as trans and gender diverse people and people who use drugs – from accessing the services they need.

Even though PEPFAR has not funded DREAMS in Angola, adolescents and young people face significant challenges in accessing friendly health services, which are essential for their protection

against HIV and other infections.¹⁰ Despite progress, such as improved comprehensive sexuality education in schools and increased access to condoms and rapid HIV tests, structural and cultural barriers still limit the reach of these interventions.



I'm pregnant and I need the medication to protect my baby, but with the stock-outs, I feel abandoned. I'm afraid my child will be born with HIV."

Woman living with HIV



Before, we were able to reach out to trans communities, sensitise them to join regular health services, and even the community living with some STIs had access to quality health services. We were even able to give basic food baskets to the community, but now we can't because we no longer have funding from the US government. There will be a lot of uninformed people in the community. We won't be able to get doctors who specialise in hormone therapy for the trans community. Many trans people will self-medicate and then there will be complications and even deaths. Many people in the trans community living with HIV will die because it's difficult to get medication."

Trans community member



I used to get condoms and lubricants without difficulty. Now, with the cuts, I often leave the clinic empty-handed. This increases my fear of being exposed to HIV."

Men who have sex with men community member



¹⁰ The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme was funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) – as a multi-sectoral HIV prevention initiative for adolescent girls and young women.

The discontinuation of community programmes and reduced funding have affected access to essential commodities such as condoms and ARVs, putting health and adherence to treatment at risk for the most marginalised groups. In addition, stigma, fear of discrimination and a lack of adequate information continue to prevent young people from fully engaging with health services.

It is crucial to maintain and expand initiatives that promote comprehensive sexuality education and youth-friendly services to ensure that young people have the knowledge, support and resources they need to protect their health and wellbeing. While these experiences offer very concerning insights, the full impact on communities in Angola is difficult to measure because no one is keeping track of

the number of people being left behind. The data collected by UNAIDS, community networks and other agencies is fragmented and there is no national picture. What is certain, however, is that recent funding cuts have reduced the number of personalised, community-oriented services available in the country.

Angola is now at a crossroads: without urgent action to ensure that these communities can access services that are safe and appropriate, the impact of these reductions could mean the difference between life and death.

EVEN IF FUNDING RETURNS, THE LOSS OF TRUST IS IRREVERSIBLE.

THE IMPACT OF THESE CUTS WILL BE FELT FOR YEARS TO COME.



*I'm a sex worker living with HIV. When there was US government support, I had regular access to consultations, medication and counselling without fear of being mistreated. There were community projects that sought us out, tested us, followed up with us and gave us information. Now, with the end of funding, many of these services have closed. **This instability has broken trust. It's very painful for those who already live on the margins.***

Female sex worker



ANGOLA

RECOMMENDATIONS



These recommendations were developed by a coalition of 12 civil society organisations, community networks and diverse affected populations across Angola, reflecting the current state of the HIV response and the impact of recent funding cuts on communities. They are directed to the Government of Angola, including the Ministry of Health, the Ministry of Finance, the National Institute for the Fight Against AIDS (INLS) and the National Commission for the Fight Against AIDS and Endemic Diseases.

To effectively support and strengthen Angola's HIV response and prevent a potential new AIDS emergency, these recommendations require the active engagement of key development partners. The Global Fund, other donors and UN agencies, including UNAIDS, will be critical in helping the country to strengthen its HIV response and stay on track to achieve the global goal of ending AIDS by 2030.

POLITICAL LEADERSHIP AND ACCOUNTABILITY



1. Publish and share National Institute for the Fight Against AIDS (INLS) short-term plans for risk mitigation and resource mobilisation with civil society to maintain transparency and restore confidence in the HIV response.
2. Meaningfully involve civil society, specifically those living with or affected by HIV, in all transition and sustainability planning, including the co-development of the UNAIDS-led [Sustainability Roadmap and Transformation Plan](#), to ensure that community priorities are included.

FINANCIAL SUSTAINABILITY



3. Carry out a national AIDS spending assessment to improve budget transparency and ensure a clear baseline of current HIV-related spending, which can inform financial commitments going forward.
4. Increase the national health budget to meet the Abuja target of at least 15% of government spending to boost community health systems and expand services for key and vulnerable populations.

ENABLING ENVIRONMENT



5. Implement concrete measures to fight stigma, discrimination and exclusion in healthcare settings, including mandatory ongoing training of service providers, measures to hold providers to account for rights violations, alongside community-led monitoring so that services are accessible to all.
6. Review and reform laws and policies that criminalise or marginalise key populations – such as people who use drugs, sex workers, transgender people and men who have sex with men – and that represent legal barriers to accessing health services.



SERVICE DELIVERY



7. Safeguard funding for community-led service provision and monitoring in all future Global Fund grants to ensure continuity of care, especially in areas outside Luanda.
8. Strengthen national procurement and supply chain management systems to avoid stock-outs of essential products such as condoms, HIV test kits and antiretroviral drugs.

RESEARCH AND DATA



9. Fund targeted mapping of high-risk districts and vulnerable adolescents and youth to guide more effective prevention and service delivery.
10. Strengthen national monitoring and evaluation by expanding civil society's role in data collection and validation, integrating community-led monitoring (CLM) into national frameworks, ensuring timely data access, and securing domestic funding to sustain CLM activities.

INTEGRATION



11. Integrate HIV services into primary healthcare – including antenatal care, family planning, tuberculosis and services for key populations – and ensure their full inclusion in all universal health coverage and insurance packages.
12. Coordinate a unified response to HIV, led by the Ministry of Health and INLS – together with the National Commission for the Fight Against AIDS and Endemic Diseases, civil society and communities – to align policies, harmonise budgets and provide support.



BACKGROUND AND METHODOLOGY

UNAIDS has set ambitious goals to end AIDS by 2030 but progress towards these goals in Angola is now under threat. Cuts in US funding and shifts in other donor support have weakened national health systems and disrupted HIV prevention programmes, potentially triggering a resurgence of new HIV infections.

Following the funding cuts, Frontline AIDS – together with advocates and civil society partners across Angola – reviewed national policy documents and strategies, and consulted government officials, civil society leaders and community stakeholders. The process aimed to capture the perspectives of those most affected and assess how funding changes are impacting both communities and government responses.

This report highlights key achievements and gaps, as well as experiences from community members, showcasing how the shifting financial landscape is undermining access to health and HIV services, community leadership and the ability for civil society and communities to engage with the government on transition arrangements. Drawing on community priorities, it offers practical recommendations to promote greater national ownership of the HIV response and to support the development of a more resilient and sustainable health system in Angola.

ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners and communities for their joint efforts and leadership in developing this report.

National research and analysis: Sincere thanks to the country coalition partners and the coordinating partner, the Angolan National Network for AIDS Service Organisations (ANASO).

Coordination and editing: Bernardino Culombola, Arminda Gonçalves, Vicky Anning, Leora Pillay, Clare Morrison, Hannah Tendler, Lola Abayomi, Eolann MacFadden, Fionnuala Murphy and Suzanne Fisher-Murray.

Design: Dave Bridges.

We gratefully acknowledge funding from the Swedish International Development Cooperation Agency (SIDA).

OUR PARTNERS



Not all organisations and networks that contributed to this report are represented in the logos displayed above.

SUPPORTED BY



For all national progress reports, see: frontlineaids.org/prevention