Of Angola’s estimated 20,428 pregnant women living with HIV, only 23.5% receive PMTCT services with ARVs. The low PMTCT coverage has been attributed to a low testing rate, few facilities offering HIV testing and counseling, fewer still offering ARVs, a high default rate, and a physician-centered PMTCT model. Given there are few physicians in Angola, in March 2011 the Government of Angola granted approval to nurses to prescribe ARVs (Option B regimen). ForçaSaúde, a USAID-funded project, has been supporting the National AIDS Institute of Angola to train nurses on task-shifting to enable provision of HIV testing and counseling, ARVs and ANC services in the same setting. The project initiated the use of peer counselors to support HIV+ pregnant women through ANC, delivery and breast-feeding. Task-shifting, peer support, and the integration of services facilitated access to ARVs for HIV+ pregnant women as well increased adherence. Between June 2012 and March 2013, 412 pregnant women were diagnosed as HIV+ in 12 facilities in Luanda where task-shifting was implemented and supported by ForçaSaúde. Of these newly diagnosed, 312 received ARVs from trained nurses, representing coverage of 76.7%, well above the national coverage of 54% for those who access ANC clinics. Through task shifting and peer support, loss-to-follow up has greatly reduced. In facilities where the project works with peer counselors, the retention rate is 96.6% compared to 69.5% in facilities without counselors. Next steps include replicating this model nationally, advocating for municipal budgeting for peer educators, and rolling out early infant diagnosis.