

Strategic Direction Summary Addendum for PEPFAR Namibia COP23 Year 2 (FY25)

1. COP23 Midterm Review

Namibia has made outstanding progress towards controlling the HIV epidemic, with 95% of people living with HIV knowing their status, 97% of people living with HIV on treatment and 94% of people on treatment virally suppressed. The Government of the Republic of Namibia (GRN) leads the HIV response, is the majority financial contributor (~70% of the response) and has been actively engaged in program and policy developments to put the country on a path to sustain the two decades of progress in working to end HIV as a public health threat. Strategic planning for COP23 Year 2 required shifts from the initial notional plan for COP23 Year 2, accounting for a reduction in the COP23 Year 2 funding envelope and positioning the United States' investments through PEPFAR to continue the transformation of programming and support for sustainability.

The approach to Midterm Review for COP23 was to ensure PEPFAR programming is strategically positioned to support the GRN to maintain the treatment cohort of people living with HIV (PLHIV) while ensuring high rates of viral suppression, closing key equity gaps in prevention and treatment while addressing social determinants of health, maintaining key systems support, expanding partnerships with government, multilaterals and civil society, and implementing a public health approach to detect and respond to gaps. PEPFAR Namibia will make targeted investments to support Namibia to sustain the progress made while supporting the implementation of routine population-level surveillance to ensure maintenance of the gains of the past two decades of partnership.

During the COP23 Midterm Review process the PEPFAR Namibia team, in consultation with government, multilateral, civil society and private sector stakeholders, reviewed the progress of prior investments, identified remaining gaps, and prioritized key program areas to develop the plan. Input and feedback from stakeholders throughout the process helped refine COP23 Year 2 goals and guide innovative proposals to move Namibia forward in the HIV response and sustainability roadmap.

2. Strategic Shifts and Key Agreements

2.1 Year 2 shifts:

The majority of planned COP23 Year 2 activities will commence as outlined in the COP23 Strategic Direction Summary (SDS), which covers the implementation period from 1 October 2023 to 30 September 2025. Strategic shifts from the notional plan for the second year of COP23 were planned during the COP23 Midterm Review period and are outlined below.

Leveraging partnerships: Priorities for sustaining epidemic control through prevention, health and social systems, and related workforce investments will focus more on implementing a development approach that builds from existing programs of the Government of Namibia. Equipped with findings from a recent workforce analysis of government programs across four ministries, actions in Year 2 will focus on where transitions from vertical programming can happen most efficiently, without compromising service quality. For example, through delivery of DREAMS interventions through the Ministry of Education, Arts and Culture (MEAC) and Ministry of Gender Equality, Poverty Eradication, and Social Welfare (MGEPEWS). It also includes the integration of roles and responsibilities of the community workforce of implementing partners with current and planned roles of on-establishment and the “additional” (paid by government but not on establishment) government community cadres.

To address the social determinants of health and especially to maintain viral load suppression, the United States Government is also forging and expanding partnerships outside of PEPFAR. These include transformative partnerships to address food security and safe water access through support from Chevron.

Realignment of general population testing: COP23 Year 2 will see a reduction of PEPFAR support for direct implementation of general population testing services, accompanied by a complementary enhancement of longstanding Ministry of Health and Social Services (MOHSS) leadership of the HIV testing program. This shift, which is possible due to Namibia’s progress in controlling the HIV epidemic and the success of the MOHSS testing program, represents a continuation of the GRN’s leadership role in sustaining the HIV response and leveraging domestic resources to do so. Currently, PEPFAR-supported staff contribute to both facility and community-based HIV testing services throughout the country. In COP23 Year 2, reduced numbers of PEPFAR-supported staff will focus their efforts on supporting treatment-related services, including screening PLHIV for tuberculosis, tracing clients with missed appointments, ensuring clients are receiving all evidence-based interventions (e.g., tuberculosis preventive therapy, 6-month multi month dispensing (6MMD) of antiretroviral treatment (ART), and conducting mother-baby follow-up. At the same time, MOHSS staff at the site-level and community-level will enhance support of HIV testing services as part of their larger role in providing integrated health services. Critically, PEPFAR Namibia staff will continue to work closely with MOHSS at the national level to ensure program effectiveness and quality via routine monitoring of HIV testing program data (via MOHSS data systems) and co-planned site visits.

Optimized pediatric treatment regimen to improve outcomes: Despite the shift to newer pediatric antiretroviral medications (i.e., dolutegravir-based regimens), viral suppression rates for children and adolescents in Namibia greatly lag behind those of the general population. Many factors contribute to this issue, including adherence to multi-pill regimens and challenges with weight-based dosing for two different medications. The new fixed dose combination of pediatric abacavir/lamivudine/dolutegravir (pALD) has the potential to improve both adherence and appropriate dosing for children and adolescents weighing less than 25 kilograms. During COP23 Year 2, PEPFAR Namibia will support MOHSS to introduce pALD to children living with HIV, including offering multi-month dispensing to those that are eligible. This regimen

is not only expected to enhance health outcomes by virtue of being more child- and family-friendly but will also result in simplification of supply chain management and reduction in transport and storage expenses associated with the streamlining of products.

Population-level surveillance: As PEPFAR resources decline and programmatic investments evolve, it is imperative to understand the impact of those changes on the HIV epidemic. In COP23 Year 2, PEPFAR Namibia will support MOHSS to use routinely collected data from government data systems to identify population-level reversals (i.e., “backsliding”) from progress in controlling the HIV epidemic through maintaining high rates of community viral suppression. In COP23 Year 1, population level surveillance has already been introduced through monitoring of low-level viremia across geographies and subpopulations. While nationwide viral suppression (<1,000 copies/mL) is currently >95%, low level viremia exceeds 30% in some areas and may be an early indicator of programmatic gaps (e.g., frequent interruptions in treatment), before these gaps manifest as virologic non-suppression – and HIV transmission events. In COP23 Year 2, population level surveillance will be extended to antenatal care (ANC) testing for pregnant and breastfeeding women, including maternal re-testing. Currently, almost all women in Namibia access care for at least one antenatal visit and are tested for HIV – therefore, routine ANC program data provide a continuous snapshot of young women nationwide. Close monitoring of antenatal testing results, including new positives or seroconversions, can help identify a population-level increase in new infections. Both approaches will be institutionalized to ensure MOHSS has a population-level early warning system to monitor the HIV epidemic in future years.

Laboratory pricing: The Namibia Institute of Pathology (NIP) serves as the public health laboratory for the country, performing all laboratory-based TB and HIV testing in the country, including viral load testing and early infant diagnosis. In COP23 Year 2, PEPFAR Namibia will support NIP to access PEPFAR-negotiated pricing with the primary manufacturers (i.e., Roche, Hologic, Abbott) to reduce costs associated with these critical laboratory services. PEPFAR all-inclusive pricing also includes standard indicators to ensure service quality, which will reduce commodity shortages and machine downtime, both of which contribute to delayed return of results for patient care. The savings accrued by NIP will be critical to reduce the laboratory per test cost, which is currently fully supported by MOHSS. (PEPFAR Namibia does not procure reagents for routine HIV and TB testing services.) Accessing these reduced prices will free up domestic GRN resources to support other areas of the HIV response, a key step towards sustainability.

Public health response for sentinel events: As Namibia has approached control of the HIV epidemic, adverse outcomes among PLHIV have become increasingly rare. To support Namibia’s goal of ending HIV as a public health threat by 2030, PEPFAR Namibia will support MOHSS to utilize government data systems to identify HIV-related public health events of concern. One example is mother to child transmission (MTCT) of HIV – even as Namibia strives to eliminate MTCT, approximately 100 new HIV infections of infants still occur each year. Another example is deaths among people with TB/HIV. Despite great reductions in TB incidence over the past two decades, around 250 deaths from TB/HIV still occur each year. In COP23 Year 2, PEPFAR Namibia will support MOHSS to identify MTCT and TB/HIV deaths as “emergency” sentinel events that require immediate investigation to understand what has happened and why routine services were not sufficient to prevent adverse outcomes.

Investigation findings will then be used to develop and implement effective solutions that both address current gaps and prevent future occurrences.

Voluntary Medical Male Circumcisions (VMMC): emphasis will be placed on reaching men via community outreach, through private sector engagement, along with continuous technical assistance for capacity building in support of MOHSS VMMC sustainability plan which focuses on targeted integration of services into primary health care settings.

Vulnerable children, adolescents, and youth: will be reached through a new integrated program where community workers are cross trained to provide orphans and vulnerable children (OVC) and DREAMS interventions. Comprehensive health and social services support to children and adolescents living with HIV will emphasize U=U as many under 19-year-olds have not reached undetectable viral levels. A renewed focus on addressing social determinants of health will be a crosscutting theme in the government to government (G2G) awards.

An increased streamlining of operational expenses (e.g., training, travel, meetings) among implementing partners will facilitate transitioning of vertical programming into current GRN interventions for vulnerable children, adolescents, and youth to maintain HIV and gender-based violence prevention programming and social services. In COP23 Year 2, we will work on defining and addressing coverage gaps for youth in high-burden geographic areas in collaboration with GRN, Global Fund and other key stakeholders.

Findings from a recent review of community health and social services (DREAMS and OVC programs) currently underway will help to explore effective community-based health and social service delivery models and cadres that can be leveraged via PEPFAR activities and to inform future community activities.

Public financial management support will extend beyond the MOHSS to improve the efficient use of GRN resources through evidence-based decision-making and improved accountability in other ministries identified as possible beneficiaries of G2G funding. Support for the MOHSS' efforts towards Universal Health Coverage and sustainable health financing will continue, with increased engagement with other ministries to advance UHC beyond the health sector and address wider determinants of health. The intention is to offset shifts in PEPFAR funding for direct service implementation to an enhanced focus on systems strengthening.

Human Resources for Health work will focus on workforce sustainability, including finalization of workforce optimization analysis. This will be used to update staffing norms and inform a revised staff establishment that aligns with the essential health services package and facilitates evidence-based workforce utilization for efficient and equitable HCW distribution. PEPFAR will initiate similar work with other ministries in Year 2. Support for iHRIS, the computerized human resources system introduced in FY23, will center on building capacity to utilize and maintain the system to inform planning and decision-making, while focusing more on gradually institutionalizing the system and supporting continuous enhancement to meet emerging needs.

Commodities and supply chain shifts will include more support to the GRN to institutionalize functions historically supported by donors, including strengthening in-house forecasting and procurement of GRN commodities. Building capacity at the subnational level will also command increased attention, to foster increased accountability, strengthen governance, and mitigate the risk of stockouts. PEPFAR will also support the introduction of fixed dose pALD to streamline pediatric regimens. Due to improved efficiency in GRN procurement processes, total commodities purchased by PEPFAR will decrease in Year 2.

Key Population (KP) programming will strive to balance continued equitable service access with an increased targeted focus on HIV case finding and same-day access to treatment. An increased focus on the community and national enabling environment activities, via non-PEPFAR funding, will support a more sustainable KP program.

Digitizing community data systems: A new focus on supporting Ministry of Education, Arts, and Culture, Ministry of Youth, Sport and National Service (MSYNS), MGEPSW and MOHSS in the digitalization of community data systems relevant to vulnerable children and youth. This increased support aims to improve use of government digital systems, transitioning away from parallel health and social service data systems funded by PEPFAR for the OVC and DREAMS programs. In COP23 Year 2, there will also be a dedicated effort to assist the government in scaling up initiatives for interoperability of health and social service data systems. Transformative partnerships will be sought to support these efforts, for example, with ESTDEV, the Estonia Development Agency, which currently works with the Office of the Prime Minister in Namibia on digitizing GRN systems.

2.2 Civil Society Organization Agreements

Seven civil society delegates were selected to represent priority populations and key HIV/AIDS constituencies. These delegates have been continuously engaged in the COP23 planning and implementation touchpoints, including throughout the COP23 Year 2 Midterm Review process. Additional engagements with broader civil society were arranged around a national HIV Stakeholder meeting in November 2023, during which key gaps and programmatic priorities were identified, and national HIV Sustainability Roadmap work progressed; and a COP23 Midterm Review validation meeting to gain input and consensus on programmatic shifts for COP23 Year 2 and urgent priorities constituting winnable battles to ensure enduring control of the epidemic.

From the engagements with civil society there have emerged broad agreements around decentralizing and streamlining training, to ensure that it is efficiently and effectively executed. A need was identified to build the capacity of civil society to provide more comprehensive programming and help localize the response even more effectively. Civil society expressed support for introduction of pALD, but wanted engagement with caregivers to understand the medication, and for consideration to be given to nutrition interventions. Other areas where civil society provided input included MMD, workforce optimization, particularly for community health care workers, and mental health interventions for PLHIV and

priority populations. COP23 Year 2 includes additional small grant support to assist in increasing formalized civil society engagement with PEPFAR planning and implementation.

2.3 Activities at risk of affecting FY25 performance

Description of the activity (include activity type, geographic location and any other key details)	Status (delayed or ending) include end date if relevant	Causes: for delayed activities, include barriers resulting in the delay	Proposed resolution
LIFT-UP Initiative - <ol style="list-style-type: none"> 1. Institutionalize capacity strengthening around stigma and discrimination 2. Update MOHSS and GBV tools and materials, support improved risk identification of mental health/suicide and improved acceptance of mental health and psychosocial support and substance use treatment. 3. Identify current landscape for drug use and policy and legal barriers for harm reduction programming. Establish a multi-sectoral coordination platform 4. Implement Namibia equity response fund for priority populations to design and implement sustainable solutions to structural issues 5. Identify and address barriers for priority populations with disabilities 	Delayed – expected implementation start April 2024	Delayed notification of funding approval	Commence the approved activities March 2024 with full 1 year implementation
6-month multi-month dispensing: 6MMD remains a critical element of Namibia’s sustainability strategy. It is a client-centered service desired by clients and has great potential to	Delayed	Procurements of ART stocks were not sufficient to enable	In the remaining months of COP23 Y1, PEPFAR Namibia will work closely with MOHSS to assess and address

<p>reduce costs and barriers of travelling to clinics and accessing care.</p> <p>Full implementation of 6MMD, where all eligible clients are offered the service, will result in an estimated 40% reduction in clinic visits per year. This will decongest clinics and mitigate the risk of increased waiting times (and accompanying decrease in client satisfaction and service quality) that has potential to occur with decreased site-level staffing.</p> <p>During COP23 Y1, PEPFAR Namibia committed to support the MOHSS goal of scaling 6MMD so that it can be available and offered to all eligible clients (estimated at 80% of clients in Namibia). As of FY24 Q1, an estimated 36% of clients are receiving 6MMD.</p>		<p>6MMD scale-up to client and health provider desired levels</p>	<p>perceived barriers to increased uptake and support planning for sufficient national stocks of ART to accommodate 6MMD availability for all eligible clients and provide technical assistance for distribution of stocks from central to peripheral locations. PEPFAR Namibia will support full 6MMD scale-up across the clinical and supply chain domains.</p> <p>In COP23 Y2, PEPFAR Namibia will continue to support the MOHSS vision for 6MMD scale-up to reach all eligible clients on ART.</p>
--	--	---	--

3. Updated Strategic Direction Summary Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control

Target Table 1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY25) ^[a]	New Infections (FY25)	Expected Current on ART (FY24)	Current on ART Target (FY25) TX_CURR	Newly Initiated Target (FY25) TX_NEW	ART Coverage (FY24)	ART Coverage (FY25)

Attained	214,271	4,923	211,986	214,269	6,709	99%	100%
Total	214,271	4,923	211,986	214,269	6,709	99%	100%

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts							
SNU	Target Populations	Population Size Estimate	Current Coverage	VMMC_CIRC	Expected Coverage	VMMC_CIRC	Expected Coverage
		(SNUs)	(FY23 Expected)	(in FY24)	(in FY24)	(in FY25)	(in FY25)
Erongo	15-34 years	48,749		4,882	57%	3,436	64%
Hardap	15-34 years	17,270		3,004	67%	1,735	77%
Karas	15-34 years	16,636		2,062	69%	1,257	76%
Kavango East	15-34 years	26,303		1,531	131%	986	135%
Kavango West	15-34 years	12,960		200	110%	920	117%
Khomas	15-34 years	104,290		1,599	52%	2,380	54%
Kunene	15-34 years	17,776					
Ohangwena	15-34 years	40,078		3,332	74%	2,486	80%
Omaheke	15-34 years	14,270					
Omusati	15-34 years	39,658		1,349	79%	1,931	84%
Oshana	15-34 years	36,007		1,841	62%	1,839	67%
Oshikoto	15-34 years	35,556		2,285	78%	1,331	82%
Otjozondjupa	15-34 years	29,950		2,455	67%	1,459	72%
Zambezi	15-34 years	19,147		454	61%	1,800	70%

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control					
Target Populations	SNU	PP_PREV	AGYW_PREV	KP_PREV	PrEP_NEW
	Erongo	561		4,099	2,087
	Hardap	192		0	250
	Karas	371		1,127	861
	Kavango East	11,929	5,763	1,964	5,538
	Kavango West	3,272	1,671	0	2,197
	Khomas	17,386	10,622	4,266	6,235
	Kunene	291		0	897
	Ohangwena	543		2,796	1,826
	Omaheke	110		1,254	521
	Omusati	458		0	1,152
	Oshana	13,512	4,977	1,985	2,872
	Oshikoto	13,021	7,618	0	2,751
	Otjozondjupa	334		1,178	489
	Zambezi	8,421	7,662	2,316	2,524

Target Table 4 Targets for OVC and Linkages to HIV Services

Target Table 4 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventative	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT (<18 only)
Erongo			90		
Karas			60		
Kavango East		3,543	803	2,081	3,035
Kavango West		1,297	305	172	1,051
Khomas		1,081	214	2,933	949
Kunene			60		
Ohangwena		7,472	1,845	0	6,331
Omusati		2,519	799	0	2,177
Oshana		4,993	450	1,913	1,873
Oshikoto		4,419	1,372	2,746	4,104
Otjozondjupa			90		
Zambezi		23,913	663	2,097	2,962

4. Updated Strategic Direction Summary Budget Tables

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Intervention	Budget	Budget	Budget
Total			\$90,250,000	\$88,295,445	\$76,000,000
Namibia	Namibia	ASP>HMIS, surveillance, & research>Non Service Delivery>AGYW	\$105,000		
Namibia	Namibia	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	\$1,880,041		
Namibia	Namibia	ASP>HMIS, surveillance, & research>Non Service Delivery>Pregnant & Breastfeeding Women	\$100,000		
Namibia	Namibia	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>AGYW	\$151,000	\$152,665	\$55,000
Namibia	Namibia	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		\$1,496,412	\$2,651,371
Namibia	Namibia	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Pregnant & Breastfeeding Women		\$82,506	\$15,230
Namibia	Namibia	ASP>Human resources for health>Non Service Delivery>AGYW	\$312,800		
Namibia	Namibia	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	\$1,017,500	\$2,053,446	\$2,108,086
Namibia	Namibia	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$1,063,219	\$1,175,584	\$1,201,383
Namibia	Namibia	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations	\$20,392	\$41,250	\$24,270
Namibia	Namibia	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		\$1,153,448	\$149,782
Namibia	Namibia	ASP>Management of Disease Control Programs>Non Service Delivery>AGYW		\$113,600	\$51,000
Namibia	Namibia	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		\$70,500	\$26,788
Namibia	Namibia	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		\$142,187	\$104,042
Namibia	Namibia	ASP>Management of Disease Control Programs>Non Service Delivery>Pregnant & Breastfeeding Women		\$35,550	\$35,550
Namibia	Namibia	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>AGYW	\$118,357		
Namibia	Namibia	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Key Populations	\$50,500		

Namibia	Namibia	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	\$150,629		
Namibia	Namibia	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Pregnant & Breastfeeding Women	\$114,500		
Namibia	Namibia	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$755,000	\$933,998	\$706,649
Namibia	Namibia	ASP>Public financial management strengthening>Non Service Delivery>AGYW	\$105,000	\$152,665	
Namibia	Namibia	ASP>Public financial management strengthening>Non Service Delivery>Key Populations	\$26,272	\$25,000	\$20,700
Namibia	Namibia	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	\$1,287,500	\$1,431,885	\$1,481,898
Namibia	Namibia	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		\$710,000	
Namibia	Namibia	C&T>HIV Clinical Services>Non Service Delivery>AGYW	\$63,000		
Namibia	Namibia	C&T>HIV Clinical Services>Non Service Delivery>Children	\$203,810	\$182,398	\$155,310
Namibia	Namibia	C&T>HIV Clinical Services>Non Service Delivery>Key Populations	\$101,332	\$108,428	\$27,800
Namibia	Namibia	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$15,562,330	\$13,538,675	\$13,685,784
Namibia	Namibia	C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	\$165,816	\$136,518	\$103,212
Namibia	Namibia	C&T>HIV Clinical Services>Service Delivery>Children	\$600,000	\$563,785	\$491,810
Namibia	Namibia	C&T>HIV Clinical Services>Service Delivery>Key Populations	\$391,083	\$570,950	\$569,696
Namibia	Namibia	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	\$16,364,790	\$16,073,806	\$11,821,376
Namibia	Namibia	C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women	\$390,000	\$366,274	\$318,076
Namibia	Namibia	C&T>HIV Drugs>Service Delivery>Children	\$242,000	\$356,420	\$647,469
Namibia	Namibia	C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	\$8,000	\$218,344	\$1,000
Namibia	Namibia	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	\$340,424	\$334,438	\$283,621
Namibia	Namibia	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	\$735,425	\$1,078,882	\$953,344
Namibia	Namibia	C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		\$125,070	\$176,289
Namibia	Namibia	C&T>HIV/TB>Service Delivery>Non-Targeted Populations		\$431,153	\$741,286
Namibia	Namibia	C&T>Not Disaggregated>Non Service Delivery>Key Populations	\$52,544		
Namibia	Namibia	C&T>Not Disaggregated>Service Delivery>Key Populations	\$229,882		
Namibia	Namibia	HTS>Community-based testing>Non Service Delivery>AGYW	\$100,000		
Namibia	Namibia	HTS>Community-based testing>Non Service Delivery>Children	\$200,000	\$187,752	\$51,371
Namibia	Namibia	HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations		\$35,171	\$283,682
Namibia	Namibia	HTS>Community-based testing>Non Service Delivery>Pregnant & Breastfeeding Women			\$4,317

Namibia	Namibia	HTS>Community-based testing>Service Delivery>Key Populations	\$420,356	\$500,000	\$479,580
Namibia	Namibia	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	\$1,000,000	\$1,088,950	
Namibia	Namibia	HTS>Community-based testing>Service Delivery>Pregnant & Breastfeeding Women	\$469,906	\$19,825	
Namibia	Namibia	HTS>Facility-based testing>Non Service Delivery>Children			\$1,727
Namibia	Namibia	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$250,000	\$248,116	\$159,321
Namibia	Namibia	HTS>Facility-based testing>Non Service Delivery>Pregnant & Breastfeeding Women			\$47,054
Namibia	Namibia	HTS>Facility-based testing>Service Delivery>Children	\$28,410	\$25,805	\$5,437
Namibia	Namibia	HTS>Facility-based testing>Service Delivery>Key Populations	\$131,361	\$75,000	\$61,500
Namibia	Namibia	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$345,966	\$323,629	
Namibia	Namibia	HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women	\$200,000	\$167,927	
Namibia	Namibia	HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$334,000		
Namibia	Namibia	PM>IM Closeout costs>Non Service Delivery>AGYW	\$466,960		
Namibia	Namibia	PM>IM Closeout costs>Non Service Delivery>Key Populations			\$14,788
Namibia	Namibia	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	\$100,000	\$331,884	\$442,512
Namibia	Namibia	PM>IM Program Management>Non Service Delivery>AGYW	\$2,822,442	\$2,420,940	\$2,271,453
Namibia	Namibia	PM>IM Program Management>Non Service Delivery>Key Populations		\$310,000	\$225,000
Namibia	Namibia	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$10,212,708	\$8,972,791	\$7,586,801
Namibia	Namibia	PM>IM Program Management>Non Service Delivery>OVC		\$370,020	\$368,000
Namibia	Namibia	PM>USG Program Management>Non Service Delivery>AGYW	\$174,466	\$168,512	\$165,000
Namibia	Namibia	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$6,100,508	\$5,134,931	\$5,039,912
Namibia	Namibia	PM>USG Program Management>Non Service Delivery>OVC		\$1,476,880	\$1,314,410
Namibia	Namibia	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>AGYW	\$666,800		
Namibia	Namibia	PREV>Comm. mobilization, behavior & norms change>Service Delivery>AGYW	\$769,231		
Namibia	Namibia	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	\$523,798		
Namibia	Namibia	PREV>Condom & Lubricant Programming>Non Service Delivery>Non-Targeted Populations		\$100,000	\$67,500
Namibia	Namibia	PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	\$157,633	\$508,000	\$526,960
Namibia	Namibia	PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	\$400,000	\$7,000	\$7,000
Namibia	Namibia	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>AGYW		\$132,500	\$240,000
Namibia	Namibia	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		\$470,000	\$80,000
Namibia	Namibia	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>OVC		\$99,392	\$98,677
Namibia	Namibia	PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW		\$2,660,050	\$2,202,000

Namibia	Namibia	PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations		\$77,000	
Namibia	Namibia	PREV>Non-Biomedical HIV Prevention>Service Delivery>OVC		\$287,350	\$297,200
Namibia	Namibia	PREV>Not Disaggregated>Non Service Delivery>AGYW	\$2,620,943	\$2,293,716	\$2,073,520
Namibia	Namibia	PREV>Not Disaggregated>Service Delivery>AGYW	\$208,077	\$121,000	\$115,000
Namibia	Namibia	PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$110,000	\$60,000	\$75,000
Namibia	Namibia	PREV>Not Disaggregated>Service Delivery>OVC	\$276,202		
Namibia	Namibia	PREV>PrEP>Non Service Delivery>AGYW	\$125,000	\$57,500	\$120,000
Namibia	Namibia	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	\$46,060	\$54,425	\$14,103
Namibia	Namibia	PREV>PrEP>Non Service Delivery>Pregnant & Breastfeeding Women	\$20,000	\$18,881	\$5,437
Namibia	Namibia	PREV>PrEP>Service Delivery>AGYW	\$2,859,834	\$1,833,160	\$1,485,000
Namibia	Namibia	PREV>PrEP>Service Delivery>Key Populations	\$223,555	\$400,000	\$358,670
Namibia	Namibia	PREV>PrEP>Service Delivery>Non-Targeted Populations	\$50,000	\$74,594	\$20,621
Namibia	Namibia	PREV>PrEP>Service Delivery>Pregnant & Breastfeeding Women	\$385,635	\$364,062	\$104,843
Namibia	Namibia	PREV>Primary prevention of HIV and sexual violence>Non Service Delivery>AGYW	\$159,000		
Namibia	Namibia	PREV>Primary prevention of HIV and sexual violence>Service Delivery>AGYW	\$2,625,255		
Namibia	Namibia	PREV>Primary prevention of HIV and sexual violence>Service Delivery>Key Populations	\$346,628		
Namibia	Namibia	PREV>Primary prevention of HIV and sexual violence>Service Delivery>Non-Targeted Populations	\$26,272		
Namibia	Namibia	PREV>Primary prevention of HIV and sexual violence>Service Delivery>OVC	\$450,000		
Namibia	Namibia	PREV>VMMC>Non Service Delivery>Non-Targeted Populations	\$297,500	\$150,000	\$80,000
Namibia	Namibia	PREV>VMMC>Service Delivery>Non-Targeted Populations	\$2,358,200	\$2,451,700	\$2,176,632
Namibia	Namibia	PREV>Violence Prevention and Response>Non Service Delivery>AGYW		\$75,000	\$150,000
Namibia	Namibia	PREV>Violence Prevention and Response>Non Service Delivery>OVC			\$34,000
Namibia	Namibia	PREV>Violence Prevention and Response>Service Delivery>AGYW		\$2,362,750	\$1,938,000
Namibia	Namibia	PREV>Violence Prevention and Response>Service Delivery>Key Populations			\$224,580
Namibia	Namibia	PREV>Violence Prevention and Response>Service Delivery>Non-Targeted Populations		\$50,000	\$48,000
Namibia	Namibia	PREV>Violence Prevention and Response>Service Delivery>OVC		\$439,460	\$420,000
Namibia	Namibia	SE>Case Management>Non Service Delivery>AGYW	\$75,000		
Namibia	Namibia	SE>Case Management>Non Service Delivery>Key Populations		\$100,000	\$68,370
Namibia	Namibia	SE>Case Management>Non Service Delivery>OVC			\$31,000
Namibia	Namibia	SE>Case Management>Service Delivery>AGYW	\$83,340		
Namibia	Namibia	SE>Case Management>Service Delivery>OVC	\$1,983,610	\$2,003,065	\$1,682,000

Namibia	Namibia	SE>Economic strengthening>Non Service Delivery>AGYW	\$55,000	\$195,000	\$140,000
Namibia	Namibia	SE>Economic strengthening>Service Delivery>AGYW	\$2,714,888	\$2,409,710	\$1,960,000
Namibia	Namibia	SE>Economic strengthening>Service Delivery>Non-Targeted Populations		\$83,500	
Namibia	Namibia	SE>Economic strengthening>Service Delivery>OVC	\$502,352	\$540,000	\$531,000
Namibia	Namibia	SE>Education assistance>Service Delivery>AGYW	\$615,527	\$713,680	\$620,000
Namibia	Namibia	SE>Education assistance>Service Delivery>OVC		\$299,330	\$305,000
Namibia	Namibia	SE>Food and nutrition>Service Delivery>Non-Targeted Populations		\$77,000	
Namibia	Namibia	SE>Legal, human rights & protection>Non Service Delivery>Key Populations	\$124,771		
Namibia	Namibia	SE>Not Disaggregated>Non Service Delivery>AGYW	\$357,564		
Namibia	Namibia	SE>Not Disaggregated>Service Delivery>AGYW	\$1,261,918		
Namibia	Namibia	SE>Not Disaggregated>Service Delivery>OVC	\$100,000		
Namibia	Namibia	SE>Psychosocial support>Service Delivery>AGYW	\$100,000		
Namibia	Namibia	SE>Psychosocial support>Service Delivery>Key Populations	\$45,290	\$85,000	\$70,200
Namibia	Namibia	SE>Psychosocial support>Service Delivery>Non-Targeted Populations		\$332,500	
Namibia	Namibia	SE>Psychosocial support>Service Delivery>OVC	\$459,888	\$595,150	\$500,000

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Program	Budget	Budget	Budget
Total			\$90,250,000	\$88,295,445	\$76,000,000
Namibia	Namibia	C&T	\$35,450,436	\$34,085,141	\$29,976,073
Namibia	Namibia	HTS	\$3,479,999	\$2,672,175	\$1,093,989
Namibia	Namibia	PREV	\$15,705,623	\$15,147,540	\$12,962,743
Namibia	Namibia	SE	\$8,479,148	\$7,433,935	\$5,907,570
Namibia	Namibia	ASP	\$7,257,710	\$9,770,696	\$8,631,749
Namibia	Namibia	PM	\$19,877,084	\$19,185,958	\$17,427,876

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Targeted Beneficiary	Budget	Budget	Budget
Total			\$90,250,000	\$88,295,445	\$76,000,000
Namibia	Namibia	AGYW	\$19,716,402	\$15,862,448	\$13,585,973
Namibia	Namibia	Children	\$1,274,220	\$1,316,160	\$1,353,124
Namibia	Namibia	Key Populations	\$2,321,599	\$3,974,128	\$2,778,902
Namibia	Namibia	Non-Targeted Populations	\$61,319,870	\$59,840,519	\$52,066,995
Namibia	Namibia	OVC	\$3,772,052	\$6,110,647	\$5,581,287
Namibia	Namibia	Pregnant & Breastfeeding Women	\$1,845,857	\$1,191,543	\$633,719

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Initiative Name	Budget	Budget	Budget
Total			\$90,250,000	\$88,295,445	\$76,000,000
Namibia	Namibia	Cervical Cancer	\$1,000,000	\$957,336	\$957,336
Namibia	Namibia	Community-Led Monitoring	\$350,000	\$350,000	\$350,000
Namibia	Namibia	Condoms (GHP-USAID Central Funding)	\$400,000	\$400,000	\$400,000
Namibia	Namibia	Core Program	\$61,257,917	\$59,174,441	\$52,564,449
Namibia	Namibia	DREAMS	\$20,036,483	\$15,762,768	\$13,585,973
Namibia	Namibia	KP Survey		\$780,000	
Namibia	Namibia	LIFT UP Equity Initiative		\$1,854,945	
Namibia	Namibia	OVC (Non-DREAMS)	\$3,546,900	\$6,011,255	\$5,482,610
Namibia	Namibia	USAID Southern Africa Regional Platform	\$403,000	\$403,000	\$403,000
Namibia	Namibia	VMMC	\$3,255,700	\$2,601,700	\$2,256,632

5. Updated Strategic Direction Summary: Above Site Support

Country		Sub-Program Area	Year 1 Actual Budget	Year 2 Notional Budget	Year 2 Actual Budget	Year 1 Actual to Year 2 Actual % Change
Namibia	Data for Implementation (Data.FI)	Surveys, Surveillance, Research, and Evaluation (SRE)	\$710,000	\$0	\$0	(100%)
Namibia	Key Populations Strengthening Technical Assistance and Response for Sustainable HIV Response (KP-STAR)	Laws, regulations & policy environment	\$20,400	\$0	\$0	(100%)
Namibia	Key Populations Strengthening Technical Assistance and Response for Sustainable HIV Response (KP-STAR)	Public financial management strengthening	\$25,000	\$4,160	\$3,000	(88%)
Namibia	USAID/Namibia Reducing HIV Vulnerability: Integrated Child and Youth Health (Reach II) Activity	Management of Disease Control Programs	\$90,000	\$75,000	\$48,762	(46%)
Namibia	[Placeholder - 87510 Namibia USAID]	Health Management Information Systems (HMIS)	\$132,665	\$75,000	\$55,000	(59%)
Namibia	[Placeholder - 87510 Namibia USAID]	Management of Disease Control Programs	\$50,500	\$30,000	\$26,788	(47%)
Namibia	[Placeholder - 87510 Namibia USAID]	Public financial management strengthening	\$132,665	\$80,000	\$0	(100%)
Namibia	[Placeholder - 87515 Namibia USAID]	Public financial management strengthening	Not Provided	Not Provided	\$17,700	Not Provided

COP23 Year 2 sees a continuation of investments in key health systems to improve data use, supply chain management, health workforce, public financial management, laboratory systems, and policy development and planning. One key area of focus will fall on improving health information systems –this includes 1) community health work digitization for social services, 2) expanding use of scanning technology to reduce data entry burden at facilities; 3) supporting MOHSS efforts to introduce a unique health ID; 4) facilitating full transfer of clinical health information systems to government management and operation; 5) strengthening MOHSS pharmaceutical data systems to monitor sub-national supply chain performance and site level stock management and 6) critically reviewing all HIS activities to ensure that they align with the evolving needs of government and the HIV response. Through the partnership with the Namibian government and multisectoral stakeholders, COP23 Year 2 above-site investments are aligned with components of the Sustainability Roadmap being developed in COP23 Year 1.

6. United States Government (USG) Staffing Updates

Overall, PEPFAR Namibia’s USG staffing and baseline Level of Effort (LOE) is not changing in COP23 Year 2, despite an increase in administrative costs and local staff wages. In January 2024, all USG staff (aside from Peace Corps and regionally based staff) moved together into the new

United States embassy, enhancing opportunities for interagency collaboration. This move is a critical step for USG diplomacy and messaging the long-term commitment of PEPFAR Namibia to the partnership in Namibia.

PEPFAR Namibia believes that the make-up of staff is right sized for where the country is in controlling the HIV epidemic. The only changes are at an operational level, with a commitment to further elevating locally engaged staff (LES) into roles, responsibilities, and grade levels that enable them to more fully apply their talents, increase their representation of PEPFAR Namibia with host-nation counterparts and expand the influence of their expertise. There are no new positions for the country program, and only USAID has a decrease in its cost-of-doing-business.

7. Priority Areas for Sustainability Roadmap Development Discussions

During COP23 Year 1, PEPFAR Namibia conducted a comprehensive review of current activities with multisectoral stakeholders during a 2-day meeting in December 2023. The review identified remaining program gaps and subsequent discussions led to consensus on priority areas needed to sustain the response and promote equity. These areas included policy and governance, human resources for health, supply chain, health information systems, laboratory, and community-based services. A review of interventions and cadres across four ministries found opportunities for transitioning DREAMS activities and support to OVC through G2G awards.

COP23 Year 2 offers an opportunity to further discuss how to meet sustainability goals in key areas. Notably, many PEPFAR Namibia activities are already in line with Namibia's sustainability vision. These include investments in public health systems, such as laboratory and surveillance, which are critical components to both monitor deviations in epidemic control and inform course corrections ; program evaluation projects, which provide data to enhance existing programs as well as inform ongoing support; and investments in public sector financial management, which enable government to better manage resources toward sustaining the response. Further multisectoral discussions are planned during COP23 Year 2 to ensure that all PEPFAR Namibia activities align with Namibia's sustainability vision.

Namibia will plot an internal road map to facilitate pro-active responses to the anticipated on-going shifts in PEPFAR funding and associated priorities. The PEPFAR Namibia program will move more toward provision of technical assistance and away from funding direct service provision. A review of monitoring, evaluation and reporting (MER) indicators will be undertaken to inform alignment with this shift.

8. PEPFAR Resource Commitments to the Sustainability Roadmap Development Process

PEPFAR will continue to fund support for government convening of Sustainability Stakeholders for Roadmap Development and implementation, and will remain an active member of the Sustainability Roadmap Steering Committee and stakeholder technical committee.

PEPFAR will support multisectoral participation in the development and implementation of the Sustainability Roadmap, ensuring that strategic input, contributions and commitments from other relevant government and non-government entities are considered. For example, details on how the Ministry of Education, Arts, and Culture will support an AIDS-free Namibia will be devised and tracked along with similar details for the Ministry of Sport, Youth, and National Service and the Ministry of Gender Equity, Poverty Eradication, and Social Welfare.