

United States Department of State

Washington, D.C. 20520

<u>UNCLASSIFIED</u> April 7, 2020

MEMO FOR NAMIBIA; U.S. AMBASSADOR TO NAMIBIA

SUBJECT: PEPFAR Namibia Country Operational Plan 2020 Approval

This memo represents the successful completion of the PEPFAR Namibia Country Operational Plan (COP) 2020 planning, development and submission. PEPFAR Namibia, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2020 in alignment with the directives from the COP 2020 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval memo for the PEPFAR Namibia Country Operational Plan (COP) 2020 with a total approved budget of \$89,684,406, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

| Namibia | New Funding (all accounts) | Pipeline | Total Budget FY 2021 Implementation |
|--------------|----------------------------|------------|--|
| Total Budget | 78,462,386 | 11,222,020 | 89,684,406 |
| Bilateral | 78,462,386 | 10,713,614 | 89,176,000 |
| Central | - | 508,406 | 508,406 |

Approve a total FY 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of \$89,684,406. Any prior year funds that are not included within this COP 2020 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2021 without additional written approval. The new FY 2020 funding and prior year funds approved within this memo as a part of the total COP 2020 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2021– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2020 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners during the February 24-28, 2020 in-person planning meetings and participants in the virtual approval meeting; the final COP 2020 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

In partnership with the Government of Namibia, PEPFAR Namibia will focus COP 2020 funding and targets on closing the remaining gaps to achieve epidemic control through an integrated clinical cascade primed to identify and address recent infections, initiate all newly-identified people living with HIV (PLHIV) on treatment, and ensure all PLHIV currently receiving treatment remain on treatment and are virally suppressed. PEPFAR Namibia will continue to work across all 14 regions of the Country while aligning the majority of its resources to the highest burden areas with low ART coverage and viral suppression, particularly along the northern border and population centers in Windhoek and the Central Coast. Namibia is quickly closing in on and is poised to be the first PEPFAR country to realize the 95-95-95 UNAIDS FAST Track treatment goals. In order to address the remaining gaps, by the end of COP 2020 PEPFAR Namibia will put an additional 5,290 PLHIV on treatment and ensure 196,784 of the total expected 204,583 PLHIV on treatment will be virally suppressed.

During FY 2021, PEPFAR Namibia will employ an integrated strategy focusing on targeted case identification, linking all newly diagnosed PLHIV to ART, retaining those on ART, and preventing new HIV infections through: (1) implementing a national case-based surveillance system, including the provision of recency testing linked to the Namibia index partner testing program, which will be scaled within all districts and all facility and community partners; (2) optimizing ART, which includes full-scale TLD transition, multi-month dispensing (MMD) of ARVs, and differentiated service delivery (DSD) models through community adherence groups and community based ART; (3) focusing on client-centered services such as male friendly services, adolescent friendly services, family clinics, and improved customer care by health care workers; (4) reducing HIV-associated mortality by continuing cervical cancer screening and treatment, and ensuring all eligible PLHIV complete TB-preventative therapy; (5) continuing to saturate and scale risk avoidance, prevention, and economic strengthening activities for orphans and vulnerable children (OVC) as well as adolescent girls and young women (AGYW); (6) improving the reach and ART linkage strategies for key populations (KP) through local civil society organizations and peer educators; (7) saturating voluntary medical male circumcision (VMMC) across seven priority regions targeted to the 15-29 age band and; (8) continuing to support the expansion of pre-exposure prophylaxis (PrEP) to the highest risk groups including KPs and older AGYW.

To ensure Namibia's success in fighting the HIV pandemic are maintained, COP 2020 includes funding to build sustainability and resiliency throughout the HIV/AIDS response through

targeted health systems investments. First, PEPFAR will support efforts to address the critical human resources for health (HRH) vulnerabilities, which create challenges for the wider health system. In COP 2020, PEPFAR Namibia will support the development of a Human Resources Information System (HRIS) to allow for a more strategically deployed and maintained workforce that serves the HIV treatment cohort and enhances ART retention. Second, as Namibia nears the last mile to epidemic control, a robust national case-based surveillance system, is even more imperative to closing the remaining gaps. In COP 2020, PEPFAR Namibia will take lessons learned from the recency testing pilot, originally limited to five districts, to scale nationally. Recency data will assist the program to identify potential hotspots of transmission and prompt targeted public health responses. Third, COP 2020 funds will also support the scale up of unique identifiers for patients across all sites and incorporated into all data systems, ensuring increased accuracy of program data, further strengthening the overall health system and HIV case surveillance. Finally, PEPFAR will continue support to the national supply chain system, strengthening capacities within government institutions to manage commodities at all levels.

COP 2020 largely builds on the work initiated in prior COP cycles; however, to ensure community viral load suppression, PEPFAR Namibia will introduce or rapidly expand a select number of interventions. First, PEFPAR will support national scale –up of the mother baby tracking program. This community-based tracking of HIV-positive breastfeeding mother-baby pairs ensures mothers are retained on ART and virally suppressed. The program has illustrated impressive results with 100% maternal retention and 0% of infants positive by 18 months. Second PEPFAR will deploy smart health technology to increase ART retention, including the use of SMS reminders, and the pelebox smart lock system where patients can avoid long lines at the clinic and pick-up their medication 24 hours a day, 7 days a week; Third PEPFAR will support a new integrated approach to the clinical cascade called the "Fiver System of Integrated Community Care." This approach employs teams of five who are embedded in each district to provide a comprehensive package of HIV services to the community and are able to respond nimbly to the particular epidemiology and needs of each area.

Funding Summary

All COP 2020 funding summarized in the chart below is approved at the agency and account levels as indicated. <u>Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business)</u> as documented in all PEPFAR systems and summarized in the appendix.

| 2a. Bilateral COP20 Table (by Agency) | | | | | | | | | | |
|---|----------------------|--------------------|-----------|-----------|------------------|------------------|--------------------------------|----------------------------------|----------------------------------|------------------------|
| | Bilateral | | | | | Central | | | | |
| | | New Fund | ing | | Applied Pipeline | Applied Pipeline | Total Central Applied Pipeline | Total Bilateral Applied Pipeline | Total Bilateral - New Funding | Total COP 20 Budget |
| | | FY20 | | | Unspecified | Unspecified | | | | |
| Namibia | Total | GHP-State | GHP-USAID | GAP | Total | Total | | | | |
| DOD TOTAL | | | - | | - | - | | | | - |
| HHS TOTAL | 49,437,134 | 47,949,634 | - | 1,487,500 | - | - | | | 49,437,134 | 49,437,134 |
| HHS/CDC | 48,787,134 | 47,299,634 | - | 1,487,500 | - | - | - | - | 48,787,134 | 48,787,134 |
| HHS/HRSA | 650,000 | 650,000 | - | 1 | - | - | - | - | 650,000 | 650,000 |
| HHS/SAMHSA | | | - | - | - | - | - | - | | - |
| PEACE CORPS TOTAL | 1,103,987 | 1,103,987 | - | - | 637,847 | | | 637,847 | 1,103,987 | 1,741,834 |
| STATE TOTAL | 591,742 | 591,742 | - | - | - | - | | | 591,742 | 591,742 |
| State (State, S/EUR, S/EAP, and S/WHA) | 491,742 | 491,742 | - | 1 | - | - | - | - | 491,742 | 491,742 |
| State/AF | 100,000 | 100,000 | - | - | - | - | - | - | 100,000 | 100,000 |
| State/PRM | | | - | - | - | - | - | - | | |
| State/SGAC | | | - | - | - | - | - | - | | - |
| USAID TOTAL | 27,329,523 | 27,329,523 | | - | 10,075,767 | 508,406 | 508,406 | 10,075,767 | 27,329,523 | 37,913,696 |
| USAID, non-WCF | 23,429,602 | 23,429,602 | - | | 10,075,767 | 508,406 | 508,406 | 10,075,767 | 23,429,602 | 34,013,775 |
| USAID, WCF | 3,899,921 | 3,899,921 | - | - | - | - | - | - | 3,899,921 | 3,899,921 |
| TOTAL | 78,462,386 | 76,974,886 | - | 1,487,500 | 10,713,614 | 508,406 | 508,406 | 10,713,614 | 78,462,386 | 89,684,406 |
| * Pipeline refers to funding allocated in prior y | ears, approved for i | mplementation in I | Y 2021 | | | | | | | |

GHP-State Funds: Upon the clearance of a FY 2020 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2020 total budget level and documented within COP 2020 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Namibia has planned for programming for FY2020, FY2019 or/or FY2017 funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

| Earmarks | COP20 Funding Level |
|--|---------------------|
| | FY20 |
| Care & Treatment | 39,800,504 |
| Orphans and Vulnerable Children | 21,700,000 |
| Preventing and Responding to Gender-based Violence | 1,600,000 |
| Water | 50,000 |

Initiatives By Agency

| Namibia | Total Central Applied Pipeline | Total Bilateral Applied Pipeline | Total Bilateral - New Funding | Total COP 20 Budget |
|--|-----------------------------------|-------------------------------------|----------------------------------|------------------------|
| TOTAL | 508,406 | 10,713,614 | 78,462,386 | 89,684,40 |
| which, Ambition | - 300,400 | 10,713,014 | 5,000,000 | 5,000,00 |
| which, Cervical Cancer | | _ | 500,000 | 500,00 |
| which, COP19 Performance | _ | _ | 300,000 | 300,00 |
| which, Core Program | _ | 7,313,614 | 47,862,386 | 55,176,00 |
| which, DREAMS | _ | | 20,000,000 | 20,000,00 |
| which, HKID Requirement | _ | _ | 4,700,000 | 4,700,00 |
| which, KPIF | 508,406 | _ | -,700,000 | 508,40 |
| which, VMMC | - 300,400 | 3,400,000 | 100,000 | 3,500,00 |
| umen, ume | | 3,100,000 | 100,000 | 3,300,00 |
| DOD TOTAL | - | - | | - |
| HHS TOTAL | _ | | 49,437,134 | 49,437,13 |
| HHS/CDC | _ | - | 48,787,134 | 48,787,13 |
| of which, Ambition | _ | | 5,000,000 | 5,000,00 |
| of which, Core Program | _ | | 43,787,134 | 43,787,13 |
| HHS/HRSA | - | | 650,000 | 650,00 |
| of which, Cervical Cancer | - | | 500,000 | 500,00 |
| of which, Core Program | _ | | 150,000 | 150,00 |
| PEACE CORPS TOTAL | | 637,847 | 1,103,987 | 1,741,83 |
| of which, Core Program | - | 637.847 | 180,482 | 818,32 |
| of which, DREAMS | - (| - | 438,468 | 438,46 |
| of which, HKID Requirement | | | 485,037 | 485,03 |
| STATE TOTAL | | | 591,742 | 591,74 |
| State (State, S/EUR, S/EAP, and S/WHA) | - | - | 491,742 | 491,74 |
| of which, Core Program | | - | 435,059 | 435,0 |
| of which, DREAMS | | - | 56,683 | 56,68 |
| State/AF | - | - | 100,000 | 100,00 |
| of which, DREAMS | - | - | 100,000 | 100,0 |
| State/PRM | - | - | - | |
| State/SGAC | - | - | - | |
| USAID TOTAL | 508,406 | 10,075,767 | 27,329,523 | 37,913,69 |
| USAID, non-WCF | 508,406 | 10,075,767 | 23,429,602 | 34,013,77 |
| of which, Core Program | - | 6,675,767 | 559,711 | 7,235,4 |
| of which, DREAMS | - | - | 18,654,928 | 18,654,92 |
| of which, HKID Requirement | - | - | 4,214,963 | 4,214,90 |
| of which, KPIF | 508,406 | - | - | 508,40 |
| of which, VMMC | - | 3,400,000 | - | 3,400,0 |
| USAID, WCF | - | - | 3,899,921 | 3,899,92 |
| of which, COP19 Performance | - | - | 300,000 | 300,00 |
| of which, Core Program | - | - | 2,750,000 | 2,750,0 |
| of which, DREAMS | - | - | 749,921 | 749,9 |
| of which, VMMC | - | - | 100,000 | 100,00 |
| TOTAL | 508,406 | 10,713,614 | 78,462,386 | 89,684,40 |

FY 2021 Target SummaryFY 2020 funds are released and COP 2020 applied pipeline is approved to achieve the following results in FY 2021.

| | | | | SNU Priorit | 124110115 | | |
|----------------|--------------|----------|------------|-------------|-----------|-----------|---------|
| Namibia | | | Scale-Up: | Scale-Up: | | Centrally | |
| | | Attained | Saturation | Aggressive | Sustained | Supported | Total * |
| | <15 | 924 | | | | | |
| HTS_INDEX | 15+ | 13,948 | | | | | 13 |
| | Total | 14,872 | - | - | - | - | 14 |
| | <15 | 1,818 | | | | | 1 |
| HTS_TST | 15+ | 120,682 | | | | | 120 |
| | Total | 122,500 | - | - | - | - | 122 |
| | <15 | 181 | | | | | |
| HTS_TST_POS | 15+ | 5,151 | | | | | |
| | Total | 5,332 | - | - | - | - | 5 |
| | <15 | 342 | | | | | |
| TX_NEW | 15+ | 4,948 | | | | | 4 |
| _ | Total | 5,290 | - | - | - | - | |
| | <15 | 9,272 | | | | | 9 |
| TX_CURR | 15+ | 195,311 | | | | | 195 |
| .x_00 | Total | 204,583 | - | _ | - | _ | 204 |
| | <15 | 8,884 | | | | | 8 |
| TX_PVLS | 15+ | 187,900 | | | | | 187 |
| 17_1 755 | Total | 196,784 | | - | | | 196 |
| 6V64 6684 | | | <u>-</u> | | | <u> </u> | |
| CXCA_SCRN | Total (15+) | 48,576 | | | | | 48 |
| | <18 | 50,848 | | | | | 50 |
| OVC_SERV | 18+ | 4,020 | | | | | 4 |
| | Total | 54,868 | - | - | - | - | 54 |
| OVC_HIVSTAT | Total (<18) | 50,847 | | | | | 50 |
| - | <15 | 71 | | | | | |
| PMTCT_STAT | 15+ | 85,742 | | | | | 85 |
| | Total | 85,813 | _ | - | _ | _ | 85 |
| | <15 | 21 | | | 7 | | - 0.5 |
| DMTCT STAT DOS | 15+ | 13,282 | | | | | 13 |
| PMTCT_STAT_POS | Total | 13,303 | | | | | 13 |
| | | 21 | | | - | - | 13 |
| DAATCT ART | <15 | | | | | | |
| PMTCT_ART | 15+ | 13,269 | | | | | 13 |
| DA ATOT FIR | Total | 13,290 | - | - | - | - | 13 |
| PMTCT_EID | Total | 12,687 | | | | | 12 |
| | <15 | 41,467 | | | | | 41 |
| PP_PREV | 15+ | 52,320 | | | | | 52 |
| | Total | 93,787 | - | - | - | - | 93 |
| KP_PREV | Total | 21,106 | | | | | 21 |
| KP_MAT | Total | | | | | | |
| VMMC_CIRC | Total | 22,695 | | | | | 22 |
| | <15 | | | | | | |
| HTS_SELF | 15+ | 65,938 | | | | | 65 |
| | Total | - | - | - | - | - | 65 |
| PrEP_NEW | Total | 21,335 | | | | | 21 |
| PrEP CURR | Total | 23,959 | | | | | 23 |
| _ | <15 | 922 | | | | | |
| TB_STAT (N) | 15+ | 7,898 | | | | | - |
| ' ' '-' | Total | 8,820 | _ | _ | - | _ | |
| | <15 | 88 | | | | | |
| TB ART (N) | 15+ | 2,144 | | | | | |
| IB_AKI (N) | Total | 2,232 | _ | - | _ | | |
| | <15 | 2,983 | - | | | - | |
| TD DDEV/AIN | | | | | | | 6: |
| TB_PREV (N) | 15+ Tatal | 61,376 | | | | | |
| | Total | 64,359 | - | - | - | - | 64 |
| | <15 | 9,459 | | | | | 9 |
| TX_TB (D) | 15+ | 199,284 | | | | | 199 |
| | Total | 208,743 | - | - | - | - | 208 |
| GEND GBV | Total | 5,950 | | | | | 5 |

COP 2019 Performance Funds:

All partners must be managed throughout the implementation year as indicated in the COP guidance. Overall performance including activities tied to COP19 performance will be reviewed at Q3FY20 to determine if the programs are on track to access all funds at the start of COP20. This communication will come through the S/GAC Chair and POART process.

Partner Management and Stakeholder Engagement:

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15% of target achievement at 3 months or (2) less than 40% of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX CURR) performance should between 98% and 100% of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10% of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80% of their target at O2 performance review should be triggered. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85%. If the issue is retention it should be net new on treatment equal to 90% of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner nonperformance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Namibia's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.