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INFORMATION MEMO FOR AMBASSADOR JOHNSON, NAMIBIA

FROM: SGAC Chair, Teri Wingate and PPM, Elizabeth Baldwin

THROUGH: Ambassador Deborah L. Birx, MD

SUBJECT: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassador Johnson,

I sincerely hope that this note finds you and your team well, safe, and healthy. We are grateful for your leadership protecting staff through this difficult time.

This year has brought unprecedented challenges with the COVID-19 pandemic impacting the entire global community. Despite obstacles faced, what has remained unwavering is the tireless commitment and incredible resiliency of our PEPFAR program, partners, and team across the over 50 countries in which we work. This includes rapid program adaptations, emerging innovations, and client-centered solutions to ensure continuity of HIV services. As the threat of COVID-19 has impacted PEPFAR countries, PEPFAR country teams and programs have proven to be focused and resilient in the face of dual pandemics of HIV and COVID-19.

PEPFAR implementation over the past year has shown tremendous effort to maintain clients on treatment, initiating and accelerating client centered service delivery adaptations, while doing what was possible in HIV prevention programs deeply affected by COVID-19 shutdowns. The following themes have emerged across all PEPFAR-supported countries; As the economic impact of COVID continues to be seen at both national and community levels, it is more important than ever to use granular data and expand what is working in specific SNUs for viral load coverage and suppression. We saw differential progress in this area independent of the impact of COVID-19. Focus groups and deep analytics of clients returning to care ensure we are addressing the critical persistent and new structural barriers. Focus on areas of recent treatment interruption help understand how COVID may have created or exacerbated barriers to access and treatment continuity. Across all countries we see persistent gaps in pediatric diagnosis, treatment, and viral suppression. Particular attention should be paid to the pediatric cascade and identifying challenges by district and country for clear and actionable plans. In addition, leverage OVC, DREAMS and other resources for clear accountability to work with mothers and improve early infant diagnosis by two months of age and strengthen resiliency among at-risk women and girls. Community-led monitoring must raise visibility and appropriate response to the needs of populations already vulnerable before COVID. The assessment of needs, and strategies to reinforce OVC caregivers and HIV-affected families in crisis should contribute to budget and activity planning for care and treatment, DREAMS, OVC and wraparound resources. Furthermore, analyzing expenditures at mechanism and program area levels are important, along with the work teams have done, to build relationships and co-planning with your partner government, the Global Fund, UN organizations and other donors. These relationships and planning efforts are critical to supply chain stability for key commodities as well as understanding COVID relief and other potential funding available in country to ensure most effective and efficient use of PEPFAR's contributions to the national HIV response in COP21.

We understand that specific programs will have carryover and others may not and these funds will be critical to ensure stabilization and expansion of critical prevention programming.

The COVID pandemic also laid bare the depth and breadth of inequities still across the globe and clear evidence that when constrained, Ministries of Health and governments make choices that differentially impact specific programming areas and specific populations. The pandemic revealed vulnerabilities in our non-public sector community efforts that we knew were present, and are now fully exposed, as these specific activities were the first to be dropped. Communities of women and children, and key populations including men who have sex with men, transgender individuals, sex workers, people who inject drugs, and people in prisons and other closed settings are not being adequately and sustainably supported by public-sector mechanisms. We have lost ground in all of our prevention services for all populations and for our most vulnerable and marginalized populations and must make every effort to recover.

Despite the disruptions caused by the COVID-19 pandemic, a number of countries have shown a level of resiliency, were achieving epidemic control of HIV, and others are on the brink of epidemic control. With continued implementation, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach Country Operational Plan 2021 planning and implementation: advancing client-centered services; engaging with communities; implementing resilient and adaptive approaches; and supporting capacities for sustainable epidemic control.

We commend you and your team for your attention to the adoption and implementation of the public health policies that have the greatest impact on HIV, particularly as these very policies are critical to ensuring sustained HIV services during COVID-19. Also, we appreciate your role in supporting PEPFAR teams through this challenging period and continuing to hold implementing partners accountable for their performance.

We are grateful to your incredible PEPFAR team in country, working together across agencies to ensure the most effective and efficient use of U.S. taxpayer dollars. We know there are strengths and weaknesses across the board and across the implementing agencies; and we look forward to working together to support those strengths and address those challenges.

We are very excited about your progress in:

1. Over the past year, Namibia's national public sector treatment cohort grew and the OVC program continued to increase enrollment of children living with HIV in a challenging environment for program implementation.
2. PEPFAR Namibia performed more SIMs follow-up assessments than any other OU in FY20 with almost the same number of follow-up assessments completed as comprehensive assessments.
3. Despite COVID-related service interruptions, the VMMC program made a significant pivot toward priority age bands.
4. PEPFAR Namibia's strong programming at the Angolan border has helped to mitigate the loss of Angolan patients seeking services in Namibia.

Together with the Government of Namibia and civil society leadership we have made tremendous progress together. Namibia should be proud of the progress made over the past 18 years of PEPFAR

implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

As you will see in COP guidance this year, there are no substantial changes in program direction. While assessing possible deficits in programming arising from COVID-19 our fundamental challenges continue and we again highlight 5 overarching issues we see across PEPFAR.

1. Continued new HIV infections in adolescents and young women
2. Supporting key populations with prevention and treatment services
3. Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate))
4. Ensuring 15-35-year-old asymptomatic clients are maintained on treatment and virally suppressed [net new on treatment and treatment current growth, (retention surrogate)]
5. Ensuing all children are diagnosed and are on the best treatment regimens and virally suppressed

Moreover, we note the following specific key challenges in PEPFAR Namibia:

1. In the challenging COVID environment, facility index testing in FY2020 shows increased yields across most districts, however the proportion of HIV positive individuals found through index testing has dropped in Q4 and there is a significant gap in pediatric index testing.
2. Linkage rates declined in FY2020 Q3 and Q4 requiring further analysis and corrective action.
3. While viral load suppression continues to be relatively high, it also remains unchanged over several quarters and younger populations are more likely to be unsuppressed.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP 2021 PEPFAR Planned Allocation and Strategic Direction Summary.

Consistent with the approach from last year, PEPFAR teams will once again be responsible for setting their targets in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's but flow directly from the partner country government's commitment to the UNAIDS and SDG 3 goals. Since 2016 PEPFAR and the Global Fund resources have been focused on achieving these global goals that have been translated to each country by UNAIDS and subsequently supported financially and technically by the PEPFAR family. Since 2016, PEPFAR has utilized these global commitment targets as PEPFAR targets with the commensurate increased funding to countries to achieve the goals set out by the Heads of State. Many countries have made tremendous progress towards these targets and others need to accelerate. Your OU has achieved the 2020 goals and is on track to achieve 2030 goals early which means sustaining the amazing gains will need to be our constant focus.

S/GAC will not assign targets to countries, but only provide notional budget levels sufficient to achieve the full SDG goal and sustain gains made. **Teams will develop their own targets across PEPFAR program areas, with the treatment current target no less than the result that was to be achieved in COP 2020.** After the PEPFAR country team submits their COP 2021 targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Country/Regional Operational Plan (COP 2021) notional budget for Namibia is **$90,400,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program direction provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Government of Namibia and civil society

of Namibia believes is critical for the country's progress towards controlling the pandemic and maintaining control.

We are hoping this approach to target-setting and budget will establish an open dialogue on target-setting and empower teams to work with all stakeholders to plan a strategic and impactful COP. The expectation is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partner's accountable to that achievement.

PEPFAR, with partner governments, multilateral partners, and communities, continues to move rapidly toward control of the HIV pandemic and plan for sustainability of programs. Achieving epidemic control for HIV will be a remarkable accomplishment, saving millions of lives, significantly lowering the burden of HIV/AIDS in countries and communities, reducing the future costs required to sustain the HIV response, and building sustainable public health systems capacity in host countries.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will plan to review this planning letter and details contained, herein, with your wider PEPFAR country team. Where PEPFAR successfully navigated disruption due to COVID-19 during 2020, it was a result of strong teams, local partners, communities, dedicated health and community workers, leveraging longstanding capacities and platforms established by PEPFAR. Our teams, partners, and communities worked together to adapt and further innovate program implementation and models of service delivery so that the adverse impacts of a dual pandemic threat on essential HIV services were mitigated. Stakeholder engagement is essential for a productive and impactful planning process. Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual 2021 COP planning and approval process.

I am so grateful to you and your entire team for your leadership and engagement in the planning, review and implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) program, along with the community and Government to enhance PEPFAR's program impact.

Sincerely,

Deborah Birx

Attachment: **Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction Summary.**

CC: **S/GAC – Teri Wingate, Elizabeth Baldwin, Carey Spear**

Overview: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTs, the agency self-assessments and from Headquarters Country Accountability and Support Teams (CAST), a thorough program review of your country over time has been conducted. This includes the end of year results of the Country Operational Plan (COP) 2019 and current COP 2020 implementation as we plan for COP 2021. We have noted the following key successes and challenges:

Successes (expanded from introduction):

1. Over the past year, Namibia's national public sector treatment cohort grew more than TX_NEW – representing a strong annual retention rate. This underscores PEPFAR Namibia's critical work in expanding community ART services and rapidly adapting programs with district-level analysis of COVID context with the MOHSS along with successful return to treatment programs in FY2020. OVC services were accessed by more children living with HIV in alignment with strategies to improve retention and VLS while increasing resiliency in HIV affected families.
2. PEPFAR Namibia's commitment to using SIMs and other CQI efforts to help improve client-centered services that contribute to treatment continuity has been strong in FY2020 and will be complemented by additional perspectives from community led monitoring in COP20 (FY21). With almost the same number of follow-up assessments completed as comprehensive assessments, PEPFAR Namibia's SIMs achievements and lessons learned serve as a model for other OUs.
3. Despite COVID-related service interruptions, the VMMC program made a significant pivot toward priority age bands with over 80% now within the 15-29 year old range. This was particularly significant with constraints in demand mobilization and site monitoring.
5. PEPFAR Namibia's strong programming at the Angolan border has helped to mitigate the loss of Angolan patients seeking treatment services in Namibia, and with coordination and technical assistance can further improve PMTCT as well. Based on COP19 Q4 POART, PEPFAR Namibia supported 6,937 pill pick-ups and ensured the majority of patients receiving ARVs had >3 month dispensing.

Challenges (expanded from introduction):

1. In the challenging COVID environment, index testing in FY2020 shows increased yields across most districts, however the proportion of HIV positive individuals found through index testing has dropped in Q4 and there is a significant gap in pediatric index testing. While pediatric testing has become more targeted it will be important that the HIV risk screening tool is validated to ensure adequate sensitivity and specificity, and index testing is safely increased for KP CSOs and communities in alignment with national policies and PEPFAR guidance.
2. Service adaptations have been impressive, yet linkage rates declined in FY2020 Q3 and Q4 requiring further analysis and corrective action. Continuing to strengthen community ART services and compare SNU level context for treatment initiation by population will remain important in FY2022.
3. While viral load suppression continues to be relatively high, it also remains unchanged over several quarters, requiring a deeper dive to address specific barriers. Lessons in promoting VLS in the OVC program can help inform efforts to improve VLS among younger populations.

Given your country's status of achieved or are near achieving epidemic control, the following priority strategic and integrated changes are recommended:

Emphasize retaining current PLHIV on ART while continuing the trend of increasing efficiency in national test use and more focused case finding (including case surveillance and cluster response strategies already begun using recency data in index testing plus targeted risk screening tools for adult and pediatric populations with MOH)

Building on successful efforts to capture and analyze costs of differentiated service delivery, continue analysis tracking the costs for full implementation of community-based ART to inform Government of Namibia domestic budget planning, and improve coordinated resource alignment (initial cost estimates were captured in the first Phase).

SECTION 1: COP 2021 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2020 (EOFY) tool, and performance data, the total COP 2021 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency. Due to increased costs in FY 2020, including those due to COVID, and correspondingly lower applied pipeline going into COP 2021, COP envelopes have been decreased in some OUs so that S/GAC has funds reserved to address program gaps identified by PHIAs that have yet to be completed and to address other potential future requirements as the impacts of COVID on the program are better known. These funds will be allocated to OUs at a later date as appropriate.

TABLE 1: All COP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	FY20	FY19	Unspecified	FY21	FY20	FY19	Unspecified	TOTAL
Total New Funding	$ 78,506,811	$ -	$ -	$ -	$ 400,000	$ -	$ -	$ -	$ 78,906,811
GHP-State	$ 77,019,311	$ -	$ -		$ -	$ -	$ -		$ 77,019,311
GHP-USAID	$ -				$ 400,000				$ 400,000
GAP	$ 1,487,500				$ -				$ 1,487,500
Total Applied Pipeline	$ -	$ -	$ -	$ 11,493,189	$ -	$ -	$ -	$ -	$ 11,493,189
DOD				$ -				$ -	$ -
HHS/CDC				$ 5,159,179				$ -	$ 5,159,179
HHS/HRSA				$ -				$ -	$ -
PC				$ 1,791,699				$ -	$ 1,791,699
USAID				$ 3,878,442				$ -	$ 3,878,442
USAID/WCF				$ -				$ -	$ -
State				$ -				$ -	$ -
State/AF				$ 663,869				$ -	$ 663,869
State/EAP				$ -				$ -	$ -
State/EUR				$ -				$ -	$ -
State/PRM				$ -				$ -	$ -
State/SCA				$ -				$ -	$ -
State/SGAC				$ -				$ -	$ -
State/WHA				$ -				$ -	$ -
TOTAL FUNDING	$ 78,506,811	$ -	$ -	$ 11,493,189	$ 400,000	$ -	$ -	$ -	$ 90,400,000

SECTION 2: COP 2021 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Namibia should plan for the full Care and Treatment (C&T) level of $39,000,000 and the full Orphans and Vulnerable Children (OVC) level of $20,000,000 of the PLL across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

TABLE 2: COP 2021 Earmarks by Appropriation Year*

	Appropriation Year			
	FY21	FY20	FY19	TOTAL
C&T	$ 39,000,000	$ -	$ -	$ 39,000,000
OVC	$ 20,000,000	$ -	$ -	$ 20,000,000
GBV	$ 1,600,000	$ -	$ -	$ 1,600,000
Water	$ 50,000	$ -	$ -	$ 50,000

**Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks. **Only GHP-State will count towards the GBV and Water earmarks.*

TABLE 3: COP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	**$ 90,000,000**	**$ 400,000**	**$ 90,400,000**
Core Program	$ 66,120,000	$ -	$ 66,120,000
Cervical Cancer	$ 1,000,000	$ -	$ 1,000,000
Community-Led Monitoring	$ -	$ -	$ -
Condoms (GHP-USAID Central Funding)	$ -	$ 400,000	$ 400,000
COP20 Performance	$ -	$ -	$ -
DREAMS	$ 20,000,000	$ -	$ 20,000,000
HBCU Tx	$ -	$ -	$ -
One-time Conditional Funding	$ -	$ -	$ -
Surveillance and Public Health Response	$ -	$ -	$ -
VMMC	$ 2,880,000	$ -	$ 2,880,000

See Appendix 1 for detailed budgetary requirements and other budgetary considerations.

TABLE 4: State ICASS Funding

	Appropriation Year			
	FY21	FY20	FY19	Unspecified
ICASS	$ 428,180	$ -	$ -	

SECTION 3: PAST PERFORMANCE – COP 2019 Review

Table 5. COP Namibia Level FY20 Program Results (COP19) against FY21 Targets (COP20)

Indicator	FY20 result (COP19)	FY21 target (COP20)
TX Current <15	6,797	9,272
TX Current >15	176,928	195,311
VMMC >15	19,439	22,695
DREAMS (AGYW PREV)	17,213	N/A
Cervical Cancer Screening	13,943	48,576
TB Preventive Therapy	18,820	64,359

Table 6. COP 2019 | FY 2020 Agency-level Outlays versus Approved Budget

Agency	Sum of Approved COP/ROP 2019 Planning Level	Sum of Total FY 2020 Outlays	Sum of Over/Under Outlays
HHS/CDC	45,467,475	37,047,962	8,419,513
HHS/HRSA	475,000	465,537	9,463
PC	1,549,000	614,929	934,071
State	696,000	391,909	304,091
USAID	33,707,005	28,260,378	5,446,627
Grand Total	**81,894,480**	**66,780,715**	**15,113,765**

Table 7. COP 2019 | FY 2020 Implementing Partner-level Significant Over Outlays versus Approved Budget

The following IMs outlayed at least 110 percent in excess of their COP19 approved level.

18126	JSI Research And Training Institute, INC.	USAID	$563,400	$882,594	($319,194)
18356	JHPIEGO CORPORATION	HHS/CDC	$560,000	$722,104	($162,104)
18359	UNAIDS JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS	HHS/CDC	$75,000	$118,207	($43,207)
81835	Remote Medicine Inc.	USAID	$231,552	$255,383	($23,831)

Table 8. COP 2019 | FY 2020 Results & Expenditures

Agency	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
CDC	HTS_TST	255,185	437,189	171%	HTS Program Area	$4,164,118	69%
	HTS_TST_POS	20,989	16,021	76%			
	TX_NEW	23,230	15,347	66%	C&T Program Area	$15,572,966	51%
	TX_CURR	311,719	253,499	81%			
	VMMC_CIRC				VMMC Sub-Program Area		N/A
	OVC_SERV				OVC Beneficiary		N/A
DOD	HTS_TST				HTS Program Area		N/A
	HTS_TST_POS						
	TX_NEW				C&T Program Area		N/A
	TX_CURR						
	VMMC_CIRC				VMMC Sub-Program Area		N/A
	OVC_SERV				OVC Beneficiary		N/A
USAID	HTS_TST	62,903	32,984	52%	HTS Program Area	$817,405	95%
	HTS_TST_POS	2,568	1,290	50%			
	TX_NEW	1,165	895	77%	C&T Program Area	$2,888,021	68%
	TX_CURR	2,364	1,253	53%			
	VMMC_CIRC	50,203	26,996	54%	VMMC Sub-Program Area	$4,529,176	89%
	OVC_SERV	33,187	28,954	87%	OVC Beneficiary	$4,035,139	89%
				Above Site Programs		$4,997,514	
				Program Management		$13,050,373	

COP 2019 | FY 2020 Analysis of Performance

Case Finding

- *Overall*
  - *PEPFAR Namibia has decreased the total number of tests from 488,732 in FY 2019 to 349,699 in FY 2020, while maintaining a positivity yield around 3.5%. The total number of positives found has decreased in FY 2020 as compared to FY 2019 (13,141 vs 15,877, respectively), which is anticipated for an OU nearing epidemic control. More women are being found then men with the age groups contributing to the largest number of new HIV positive diagnoses being women ages 25-29 and men ages 35-39. The testing modalities contributing to the largest number of new HIV positive individuals identified continue to be other PITC and PMTCT ANC (with a 3% and 2.5% yield, respectively), while the modality with the highest yield is index testing.*
- *Index Testing*
  - *The proportion of HIV positive individuals identified through index testing is down from 18% in FY 2019 to 17% in FY 2020. There was a sharp decrease in the proportion of positive individuals found through index testing following the halt of the community index testing program in late 2020 due to COVID-19. However, overall index testing yields improved from FY 2019; the community index testing yield is 22.9% (up from 22.6% in FY 2019) and the facility index testing yield is 22.1% (up from 5.8% in FY 2019). Index testing results were highly variable by partner and PSNU. DAPP contributes to the largest number of positives identified through index testing followed by the University of Washington with yields above 20% with the MOHSS identifying the lowest number of new HIV positive diagnoses through index testing and the lowest yield at 12%. Most regions saw an increase in their facility-based index testing yields and a decline in their community-based index testing yields, with the Ohangwena region experiencing one of the most significant drops from FY 2019 (21.7% vs 18.6%). Lastly, there is a large gap in pediatric index testing with only 11% of the children of newly identified HIV positive mothers index tested.*
- *Other PITC*
  - *The greatest proportion of positives identified come through other PITC as does the largest number of tests. The PITC yield has increased over previous years and is currently at 3% due to the implementation of screening tools. In COP 2020 (FY21) guidance is to eliminate provider initiated voluntary testing and counseling outside of KP programs.*
- *EID*
  - *Two-month EID coverage has dropped from 72% in FY2019 Q4 to 52% in FY 2020 Q4. PEPFAR Namibia should continue to refine program interventions to address this gap including linkage to ANC and PMTCT services for pregnant women, especially those living in underserved rural communities, and expanding community mother baby follow-ups to ensure HIV positive mothers are retained and exposed infants remain uninfected.*
- *Recency Testing*
  - *PEPFAR Namibia began rolling out recency testing in COP 2018 and by the end of COP 2020 (FY21) it is expected that recency will be rolled out to 171 sites. The PEPFAR Team has been working to support the National Task Force in developing Namibia's SOPs for cluster investigations and public health response, a standard package of services to be provided to all ART sites, and a plan to integrate the Urine T Tenofovir testing in the Algorithm for Recency.*

Care and Treatment

- *TX Coverage*
  - *At the end of FY20 Q4, PEPFAR Namibia reported 183,717 PLHIV currently on treatment in the public sector. With the additional PLHIV on treatment in the private sector, Namibia has exceeded 90% treatment coverage at the national level. However, coverage varies by population and geographic location with key populations, men, and pediatric clients experiencing lower coverage rates than others. In COP 2021 PEPFAR Namibia should continue to close these gaps ensuring that all populations and SNUs are >90% TX coverage.*
- *New on TX*
  - *In FY 2020, PEPFAR Namibia supported the initiation of 11,601 PLHIV on treatment. The average quarterly enrollment in FY 2020 in the first two quarters exceeded 3,000 but dropped in Q3 and Q4 to 2,524 and 2,263, respectively. Newly enrolled on treatment also dropped from FY 2019 commensurately with the decrease in newly identified positives. The treatment partners, Ministry of Health and the University of Washington, have reached 65% and 67% of their TX_NEW target, respectively in FY2020. ART initiation varies by SNU and age. Omusati has achieved 40% of its TX-NEW target while Hardap has achieved 130% of its target. Additionally, the age group where TX_NEW achievement is the lowest is 10-14 yr olds at only 26.9% of the target met in FY 2020. In COP 2021 ART optimization, expanded community ART, and the expansion of client-centered models such as the community adolescent treatment supporters (CATS) will continue to play a critical role in closing the remaining gaps in treatment initiation.*
- *Current on TX*
  - *PEPFAR Namibia is achieving 80% of its TX_CURR target in FY 2020 with 12,218 NET_NEW. The two largest treatment partners, the MOHSS and the University of Washington, have reached 85% and 75% of their FY 2020 TX CURR target, respectively. And the annual retention rate remains relatively high at 95-96%. PEPFAR Namibia has implemented a strong tracing program rolled out to all regions and has been able to re-engage 99% of confirmed active cases who have missed appointments. In FY 2021, PEPFAR Namibia will continue to expand the tracing program to 35 districts in all 14 regions.*
- *ART Optimization*
  - *As of FY 2020 Q4, 80% of eligible adults and adolescents have transitioned to TLD. The completion of the transition was temporarily slowed by COVID-19 and supply chain challenges, however, the transition and NVP cessation is expected to be completed in the first two quarters of FY 2021. In FY 2020, PEPFAR Namibia continued to expand multi-month dispensing (MMD) with the majority (57%) of patients as of FY 2020 Q4 on 3-5 months of ART and 12% on >6months. Of particular note, pediatric MMD is lagging behind, with only 1/3rd of CLHIV on 3+ months. In FY 2021 going into FY 2022, PEPFAR Namibia should continue to expand MMD to at least 3 months, advancing to 6 months for eligible patients (particularly among peds) and community ART with technical support for commodities forecasting and budgeting with MOHSS to address challenges.*
- *Viral Load*
  - *As of FY 2020 Q4, overall VL coverage and suppression rates remained high at >95% and 91%, respectively. Suppression rates varied by age, sex, and SNU. For example, CLHIV and men are less likely to be suppressed than adult women. Additionally, at the SNU level Walvis Bay has the highest suppression rates at 95% vs Aranos at 76%.*

DREAMs

- *By the end of FY 2020, the DREAMS program had 17,213 active DREAMS beneficiaries, of which 12,273 (71%) completed at least the full primary package of interventions; this achievement is improved from the 61% completion rate in FY 2019. All Districts achieved over 55% completion through FY2020 Q4. COVID restrictions limited the activities in safe spaces, especially those in schools, and especially in the Windhoek District where the lockdown was longer, resulting in girls not completing the required curricula for the primary package, as all new sessions must be delivered in a face-to-face mode. By FY2020 Q4, PEPFAR Namibia also newly enrolled a total of 4,077 DREAMS girls in PrEP, representing 88% of the annual target (94% for 15-19 year olds, 84% for 20-24 year olds); this achievement is notable given constraints faced by Namibia during extended lockdown periods for COVID and represents a strong effort by the OU to implement a range of demand creation strategies during the pandemic. In COP 2021, PEPFAR Namibia should continue to refine and scale the DREAMs program with expansion in the Northern Districts. The PEPFAR Team should also prioritize the expansion of PrEP to reach more AGYW by reducing barriers to PrEP uptake among 15-24 year olds, with routine or clinical enquiry for GBV integrated into service delivery; parents/caregivers, partners, and community members should be engaged and educated regarding PrEP for AGYW to ensure support for scale up.*

OVC

- *Namibia's OVC program performance is consistently strong in Known Status Proxy (103%) and linkage of HIV+ OVC to ART (100%) and the program has continued to increase CLHIV enrollment quarter over quarter. Additionally, the program has demonstrated successful support of pediatric VLC and VLS with suppression rates at 88% for HIV+ OVC supported by the NARP project- 10 percentage points higher than the average VLS rate for ART clients under 18 years of age in the same SNUs. In COP 2021, PEPFAR Namibia should continue increasing the number of CLHIV enrolled in the OVC program and capitalize on the strong clinical linkages of the OVC program to support index testing of biological children of HIV+ mothers and continue to support improved viral load coverage and suppression for enrolled C/ALHIV.*

Cervical Cancer

- *Cervical cancer screening has nearly doubled from FY2019 Q4 (2,872) to FY2020 Q4 (6,838) and treatment rates have also improved from 76% to 86%, respectively. In COP 2020, PEPFAR Namibia scaled up thermal coagulation to increase the rate of same day treatment of eligible pre-cancerous cells and supported the release of the MOHSS circular regarding VIA as the primary screening method.*

Key Populations

- *While PEPFAR Namibia did not reach/test as many KPs as targeted in FY2020 due to COVID and partner shifts, nearly 16,000 KPs received comprehensive HIV prevention services, 80% were tested showing a 7% yield and over 2,600 KPs were initiated on PrEP. Additionally, VL coverage and suppression rates remained relatively high in FY2020 (98% ,95% at Q4, respectively), although coverage and suppression rates varied by SNU and KP typology.*

VMMC

- *Due to COVID-19, PEPFAR Namibia reached only 53% of its VMMC FY2020 target. However, circumcisions increased with the post-lockdown winter campaign (May/June) and the there was a significant pivot toward the priority age band of 15-29 with 81% of circumcisions at FY 2020 Q4 within that age range. In COP 2021, PEPFAR Namibia should continue focusing the program to reach saturation in high priority districts.*

Financial Performance

- *All agencies outlaid within or under the approved COP 2019 budget with the exception of HRSA (105%). Overall, outlays were lower compared to previous years due to COVID-19 service disruptions. The OVC program had a particularly strong performance with 85% OVC_SERV target achieved and 86% of the budget expended, while the VMMC program achieved 53% of its*

target yet expended 82% of its funding. Commodities procured for VMMC in COP19 but not used should be leveraged since procurements in COP20 should be adjusted accordingly as activities resume.

SECTION 4: COP 2021 DIRECTIVES

The following section has specific directives for COP 2021 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

Minimum Program Requirements (MPR)
All PEPFAR programs – bilateral and regional– were expected to have the following minimum program requirements in place by the beginning of COP 2020 implementation (FY2021). Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g. facility, school, community). Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs.

All PEPFAR programs are expected to meet all of the requirements below, and the COP 2021 Planning Meeting will include a review of the status of each requirement, including assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met by the time of the COP 2021 Planning Meeting, the PEPFAR OU team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2022. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY 2022 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table on the following page.

Table 9. COP 2021 (FY 2022) Minimum Program Requirements

Minimum Program Requirement	Status and issues hindering Implementation
Care and Treatment	
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	The vast majority of patients (92%) initiated are started on TX the same day and 95% are started within 7 days. Although, linkage rates have been comparatively high, they have declined over recent quarters requiring additional analysis and action.
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens.	Nearly 80% of the current ART cohort have been transitioned to TLD as of FY20 Q4. Almost half has many men have transitioned as women highlighting the need to identify more effective strategies to reach men. From Sept. 2019 to Sept. 2020, the Namibia team aggressively phased out NVP- based regimens for adults (4.7%-0.5%) and peds (18%-1.6%) and will continue to phase out all NVP-based regimens over FY21.

3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	In FY20 PEPFAR Formalized the DSD Implementation Framework for all partners under the leadership of the MOHSS and expanded comprehensive community service delivery and community adherence groups. As of FY20 Q4, 57% of patients were on 3-5 months of ART, 31% <3 months, and 12% >6 months. Only 1/3 of CLHIV were on >3months. While this is an improvement from FY19, significant MMD scale up in COP 2020 and 2021 is needed, particularly among pediatric patients-with technical assistance for supply chain considerations.
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	The majority of TB_PLHIV patients have started and completed TPT. However, given the high TB burden in Namibia, TB case finding among PLHIV is unusually low. Further work is needed to understand trends and close this gap. Beyond COVID, in FY2020 the EMRS transfer affected the TB screening question system prompt clinicians enter. In COP 2021 the PEPFAR team also should continue to support expansion of 3-HP and TB-LAM.
5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Namibia has significantly increased the percentage of ART patients screened for TB from 36% in FY17 Q2 to 95% in FY20 Q2 (MER TX_TB). In addition, all Xpert testing and smear microscopy sites enrolled in proficiency testing (PT) in FY20; yet, in a challenging COVID context the percentage of participating Xpert test sites and microscopy sites passing the last round of PT was far below the expected pass rate of at least 90%. Moreover, in FY20, participation in the CQI program participation has not progressed. Viral load coverage remains high at 90%, however two-month EID coverage dropped from 70% in FY19 Q4 to 59% in FY20 Q4 and TAT is on average greater than the recommended 5 working days as well.
Testing	
1. Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under	Index and self-testing are included in the national guidelines. The MOHSS has trained all 14 regions on the Index Testing approach as well as PITC Optimization

age 19 with an HIV positive biological parent should be offered testing for HIV.	and HIV self-testing. PEPFAR Namibia continues to provide DSD community index testing in high-burden regions/districts and supportive TA to the MOHSS in lower burden regions/districts (with DSD to "hotspots" in low burden areas). PEPFAR has made significant progress in scaling up index testing across the 14 regions with a steady increase in the proportion of positives found from index testing through FY2020 Q3. However, COVID-19 related service disruptions have negatively impacted community index testing at the end of FY2020. Additionally, there is a significant gap in index testing for pediatric patients requiring attention in COP 2021. Lastly, PEPFAR Namibia conducted safe and ethical IPT service provision assessments in over 80% of its index testing sites in FY 2020. The results illustrate the index testing program is largely compliant with the minimum requirements with a few areas further requiring attention including adverse monitoring.
Prevention and OVC	
1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)	PEPFAR Namibia continued to scale the PrEP program during FY2020 with an increase in the number of HIV-negative clients with elevated risk receiving PrEP. In FY2022, the PEPFAR Team should continue to expand PrEP for all populations including PBFW while also removing access barriers through differentiated service delivery models.
2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV	OVC programs are consistent with all requirements. Almost all OVC are of known status and those who are positive are linked to treatment services. OVC living with HIV have better outcomes, as measured by VLS, than those CLHIV not in OVC programs in the same SNUs. There is a need to expand and finalize the linkage of CLHIV to the OVC program in COP 2021.
Policy & Systems	
1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services,	Informal and formal user fees for direct HIV services have been phased out through the National Health Act 2, 2015. Fees for patient

such as ANC, TB, cervical cancer, PrEP and routine clinical services affecting access to HIV testing and treatment and prevention.	administration, and hospitalization still exist, however.
2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.	MOHSS and PEPFAR IPs maintain CQI programs and practices to improve clinical quality.
3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	PEPFAR Namibia incorporated treatment and viral load literacy activities into COP2020 and has worked closely with the MOHSS and other host country leadership offices to support these activities and relevant messaging. Additionally, the MOHSS fully supports U=U and has been working to sensitize the public on its importance.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	The majority of PEPFAR's budget is allocated to local partners (>70%) and has been increasing year over year.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	The Government of Namibia continues to be the primary funder of the National Response. The recent drought and the current COVID-19 pandemic have negatively impacted the GRN's ability to increase its HIV investment.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	PEPFAR Namibia started reporting on TX_ML in FY 2019 with additional efforts to improve morbidity and mortality reporting as part of COP 2019 and 2020 implementation.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	Recency testing was launched in FY 2019 and scaled up in FY 2020 with reporting now happening in the majority of the planned sites. PEPFAR Namibia will conduct the final round of trainings, site activations and CQI visits in early 2021 pending the COVID-19 context. Additionally, PEPFAR resources supported the continued roll-out of a UI in FY2020 through training for facility staff to improve clinical and data flow processes related to HIV patient registration.

In addition to meeting the minimum requirements outlined above, it is expected that Namibia will consider all the following technical directives and priorities:

Table 10. COP 2021 (FY 2022) Technical Directives

OU –Specific Directives
HIV Treatment and Viral Load Suppression • Rapidly assess and plan to address factors contributing to reduced linkage rates as this has been variable across SNUs whether significantly or less affected by COVID-19. • Continue to close gaps ensuring that all populations and SNUs are >90% TX coverage. • Consider increasing resources for demand generation activities and interventions for men that utilize peer navigators and provider training to be more client-centric in how the program is reaching men. PEPFAR Namibia should implement a core basic package of services that meet men where they are with what they need following the updated MenStar guidance. • Continue supporting CQI efforts to bring all sites with clients by sex and age bands to 95% treatment continuity and VLS, including program adjustments based on analysis of clients on ART who are or are not virally suppressed in FY 2021 going into FY 2022. While VL suppression rates remain relatively high, they have become stagnant quarter over quarter, resulting in the need for additional psychosocial/behavioral analysis and geno/phenotyping research in COP2021 to better understand and address the remaining gaps. • Continue analyzing reasons for interruptions in care among populations that are persistently at risk of loss, such as young men and women, to help tailor interventions to improve continuity in care.
Recency • In COP 2021, PEPFAR Namibia should continue to expand recency testing to 100% of all ART sites.
Case Finding • Intensify efforts to improve EID and pediatric VLS – particularly < 2 months of age, and link to OVC partner and services. • Continue to refine program interventions to address this gap including linkage to ANC and PMTCT services for pregnant women, especially those living in underserved rural communities, and expanding community mother baby follow-ups to ensure HIV positive mothers are retained and exposed infants remain uninfected. Consistent with COP 2020 guidance, ensure all children with an HIV+ biological parent are tested for HIV during FY 2021 and reinforce as needed in FY 2022. • Continue focus on an increased proportion of individuals testing HIV positive through safe, quality Index Testing. Continue to promote efficiencies in non-PEPFAR funded, targeted PICT by supporting the MOH's systematic implementation of risk-based screening tools.

HIV Prevention

- DREAMS: Continue to refine and scale the DREAMs program with increased saturation in the five more established SNUs and scale up services in four SNUs with programs begun in COP 2020. The team should also prioritize the expansion of PrEP to reach more AGYW by reducing barriers to PrEP uptake among 15-24 year olds, with routine or clinical enquiry for GBV integrated into service delivery. Parents/caregivers, partners, and community members should be engaged and educated regarding PrEP for AGYW to ensure support for scale up.
- DREAMS: PEPFAR Namibia should also ensure recency testing is linked to the DREAMs program to help inform and further refine DREAMs programming and consider options to use economic strengthening activities to help retain older AGYW and identify and implement innovative strategies to meet the unique needs of each age band (e.g., combined financial and HIV prevention sessions for 20-24).
- Continue efforts to plan DREAMS and OVC activities to maximize synergies and impact of available funding within COP 2021 Guidance.
- PrEP: Continue to scale-up PrEP in public sector facilities and expand client-centered community-based and private sector PrEP services through provider training, linkage to labs for necessary tests, and supportive supervision for quality assurance.
- PMTCT: Build on program successes at the northern border with Angola to provide PMTCT technical assistance at sites that may be serving Namibia and/or Angolan clients. See case finding for additional recommendation.
- VMMC: Continue to ensure safe program implementation in the context of COVID-19, based on national and PEPFAR guidance. This includes safely adapting demand creation and service delivery for males $\geq$15 yrs old, scale up in a deliberate, controlled fashion (including strengthening the public VMMC program), and monitor sites for compliance with risk mitigation standards. PEPFAR resources (e.g. HRH, supplies, training, etc.) should not be used for circumcising anyone under age 15 years (including EIMC) unless approved as part of a ShangRing program.

Cervical Cancer

- Continue efforts to scale up cervical cancer screening and strengthen referral networks to ensure 100% of WLHIV who screen positive for pre-cancerous lesions receive treatment.

Key Populations

- Expand online outreach to new networks and build on work in COP 2020 to include programming for prisoners at short-term detention facilities and jails.

OVC

- Continue increasing the number of CLHIV enrolled in the OVC program so that 90% or more of children and adolescents on PEPFAR supported ART in OVC SNUs are offered the opportunity to enroll in the comprehensive OVC program. Additionally, capitalize on the strong clinical linkages of the OVC program to support index testing of biological children of HIV+ mothers and continue to support improved viral load coverage and suppression for enrolled C/ALHIV.
- Ensure all mothers who are HIV positive are linked to OVC programs and leverage the OVC partner to track her progress through entire program from pregnancy to birth and after.

TB/HIV

- In COP 2021 the PEPFAR team should continue to support expansion of 3-HP and TB-LAM. In addition, consider a closer examination of screening quality and performance trends in percentage of patients on ART screened for TB.
- PEPFAR Namibia should submit TPT historical data through the MOHSS Alignment Activity in order to account for additional TPT initiations and completions found through the RM&E TPT DQA activities and clarify status of target achievement.
- As COVID-19 diagnostic challenges evolve, promote participation of all Xpert testing and smear microscopy sites in CQI to ensure they are providing timely and quality results to successfully detect TB and resistance to Rifampin among PLHIV, plus monitor successful ART patient treatment.
- In FY20, 100% of Xpert testing and smear microscopy sites enrolled in proficiency testing (PT); however, results were well below the expected pass rate of at least 90%. Ensure technical assistance at facilities that did not pass PT to address deficiencies that may impact patient results.

Health Systems Strengthening

- Strategic Information: Continue efforts to improve data and reporting to accurately monitor and report transfers, net new growth, return to care, and losses. PEPFAR Namibia should work with the MOHSS to urgently adapt reporting systems to ensure all PEPFAR MER indicators (and disaggregates) are reported into DATIM, including TX_ML, TX_RTT, TX_CUR MMD and regimen disaggregates, TB LAMB, PrEP by MOH.
- HIS/HRIS: Continue technical assistance and contribute targeted investment in HIS, building on current progress to help strengthen public health response capacity with use of UI and individual patient level data plus HRH tracking.
- HRH: Consider support for a structural HR assessment of the MOHSS HIV M&E system to help determine how best to help address the Ministry's future data entry and M&E needs.
- HRH: In COP 2021, PEPFAR Namibia should consider opportunities to promote government and local partner capacity for HRH planning and management functions and build government capacity to contract providers for a more flexible and resilient workforce for long-term HIV service delivery.

Other Government Policy or Programming Changes Needed

- Commodities: The interagency USG team should assist the MOHSS to standardize forecasting systems and accurately plan for adequate funding to sustain uninterrupted 3 MMD, at minimum, and work towards 6 MMD. Efforts to advance pediatric optimization with sufficient stock should continue, including adequate supply chain management of pediatric ARVs.
- PrEP: Support the regulatory and policy process for potential introduction of long-acting injectable cabotegravir (CAB-LA) and Dapivirine Vaginal Ring (DVR) when approved to promote client choice in PrEP. As feasible, through Ministry of Health treatment sites providing PrEP, begin the process to plan for introduction of new options as alternative forms of PrEP, with proper training and education of health staff.

COP 2021 Technical Priorities

Client Centered Treatment Services

COP21 planning must ensure treatment continuity for all current and new clients. To do this, programs must specifically and thoroughly address the challenge of interrupted antiretroviral treatment, especially

after initiating ARVs and through young adulthood. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous adherence to ART for an adult population that is asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are free, fit the lives of the clients, and empower clients to on ART to stay the course. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including client education on the benefits of lifelong treatment, optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient and safe ARV access arrangements, and community and client participation in design and evaluation of services.

Pediatric- and Adolescent-Centered Services

In COP 2021, PEPFAR programs are required to demonstrate improvement in pediatric case finding, including safe and ethical index testing, to close HIV treatment gaps across age and sex bands. Programs must move forward with the introduction and broad use of pediatric DTG formulations in FY21 (COP20), with full implementation expected to occur during the first quarters of FY22 (COP21). Programs need to further advance pediatric- and adolescent-specific continuity of treatment programming, including age-appropriate differentiated models of care and leveraging bidirectional synergies with clinical and OVC implementing partners. OUs must develop a comprehensive plan to achieve ≥ 90% viral load coverage and viral load suppression across all age and sex bands. To further reduce morbidity and mortality, clinical programs should include an evidence-based advanced HIV disease package of care for children and adolescents.

Community-led Monitoring

In COP 2021, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)

In COP 2021, PrEP should continue to be made widely available with a focus on getting PrEP, (including possible new PrEP options) to the people that need it. Groups to be prioritized for PrEP include HIV negative partners of index cases key populations including sex workers, men who have sex with men, transgender persons, people in prisons and other closed settings, people who inject drugs, adolescent girls and young women and, pregnant and breastfeeding women, in areas with high HIV incidence or with higher risk partners, and other identified serodifferent couples. Groups should be tailored to the OU's epidemic context.

TB/HIV

TB/HIV services must be integrated, including DSD and MMD models for both TB and TB preventive treatment (TPT). All PLHIV must be routinely screened for TB and have access to molecular diagnostic testing and/or point of care tests such as LF-LAM. TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP21; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

Advanced HIV disease

The advanced disease package of care should be fully integrated into clinical care and includes diagnostics and therapeutics for tuberculosis and cryptococcal meningitis as well as cotrimoxazole.

Countries should budget adequately for commodities including urinary LAM, CrAg, amphotericin B and flucytosine. Please see section 6.5.2 of the COP guidance.

DREAMS

DREAMS funding is allocated within your COP 2021 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2021 Guidance. In addition to ensuring that all DREAMS beneficiaries complete the core package of relevant services, priorities for COP 2021 DREAMS implementation include systematically identifying and engaging AGYW that are most vulnerable to HIV acquisition; particularly pregnant AGYW and those who are mothers; improving the package of economic strengthening services offered to AGYW (including exploring potential job opportunities through PEPFAR); ensuring evidence-based curricula are implemented with quality and fidelity; enhancing mentoring selection, training, compensation and supportive supervision processes; and accelerating PrEP uptake for AGYW in DREAMS SNUs.

OVC

To support the Minimum Program Requirement described above, in COP 2021 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, pediatric case finding, case conferencing, shared confidentiality, joint case identification, and data sharing. In high volume clinics within high burden SNUs, at least 90% of children (<age 19) in PEPFAR-supported treatment sites should be offered enrollment in OVC programs. OVC staff placed in clinics (e.g., as linkage coordinators, case managers, etc.) should have the capacity to assess child and family needs (including food and economic security) and to offer appropriate referrals. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

VMMC

Funds have been provided to conduct VMMC for males 15 years or older. The team is reminded of the revised guidance which allows surgical VMMC for those 15 or older. While Shang ring may be considered for those below age 15 with headquarters approval, it should be limited to those age 13 or above who are able to understand the procedure and provide informed consent, along with parental consent as dictated by local laws. All VMMC providers must adhere to the requirements for reporting of Notifiable Adverse Events.

Cervical Cancer Screening and Treatment:

Funding for cervical cancer screening and treatment of pre-invasive lesions. The target for screening must be equal to half of the TX_CURR for women age 25-49. All teams performing cervical cancer screening must adhere to the PEPFAR screening guidance and report into the cervical cancer MER indicators. Basic treatment should be available for pre-cancerous lesions at the site of screening except under exceptional circumstances. All sites performing screening should establish clear referral mechanisms for patients needing treatment not available on site such as LEEP or evaluation for potential invasive cancer. Patient referral between sites should be facilitated and outcomes of the referral tracked to assure appropriate treatment and to allow reporting of results.

Condoms and Lubricants

Condoms are key to a successful combination HIV prevention approach and are a cost-effective tool for preventing other sexually transmitted infections and unintended pregnancies. PEPFAR's goal is to ensure high levels of use, equitable access to, and sustained demand for condoms and lubricants among key and priority populations and low-income groups. In COP 2021, through the Condom Fund, GHP-USAID will

provide $20.3 million in assistance to PEPFAR-supported countries to procure and deliver condoms and lubricants to address key condom supply and demand issues This funding is in addition to funds allocated for condom programming and additional condom/lubricant procurement in each country from COP 2021 country funding as determined during the COP planning process.

Namibia will have access to $400,000 from the Condom Fund in COP21/FY22, contingent upon adequate justification of need. Coordination with other donors that provide commodities, including the Global Fund, is also critical and expected. The process for estimating your country's total condom and lubricant need is outlined in the COP21 guidance. Among other items, this justification should include an outline of how Namibia will support condom programming in FY22 with funds from your base COP21, the Condom Fund, the GF and/or other donors, and the host-country government. Please note that in FY22 there will also be limited funding available to cover unexpected or emergency condom and/or lubricant requests from PEPFAR-supported countries. Access to these funds will be provided on a first come, first served basis, and OUs will be required to provide a justification for why their special request is being made.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised PLHIV Stigma Index 2.0 utilizing the standard methodology, or complement Global Fund or other donors financing implementation of the PLHIV Stigma Index 2.0, if it has not already been implemented in the OU. If the revised PLHIV Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 21, whether supported by PEPFAR or other resources. Completion of the PLHIV Stigma Index 2.0 should be accompanied by a response and action plan discussed and agreed upon by all stakeholders that will address findings. Where the PLHIV Stigma Index 2.0 has already been conducted, COP 21 focus should be on concerted action to address findings.

Human Resources for Health (HRH) and Sustainability

Using data from the HRH Inventory completed in COP20 Q4, OUs are expected to complete a comprehensive HRH analysis to optimize staffing at the site- and above-site-levels. PEPFAR programs in countries that will be near to or reach 95/95/95 in the COP20 implementation cycle are required to develop and implement plans to sustain their progress and effectively retain clients in quality HIV treatment programs. Results from the Sustainability Index and Dashboard (SID) 2019 should inform the OUs on their progress and gaps related to the policies and technical areas for inclusion in the sustainability plans. Resource alignment data should be used to understand the HIV funding landscape--especially with a more granular understanding of PEPFAR and GFATM investments-- who is paying for what services in order to enhance strategic collaboration and coordination and avoid duplication during the program planning cycle.

Cross-HIS Data interoperability - Use and Analysis

Improved data visibility, and analysis are essential for better understanding the HIV epidemic and reaching epidemic control.

PEPFAR Namibia should 1) consistently and continuously use and analyze data at the individual patient level with aim of program improvement (e.g. use patient level data to understand retention differences across patient cohorts and create more tailored risk models and intervention). 2) utilize available data interoperability solutions to harmonize and triangulate data across EMRs, commodities, pharmacy dispensation, laboratory data, HRH and other data.

Systems Investments

PEPFAR teams are expected to align systems investments with key systems barriers to achieving epidemic control. System investments should also be aligned to achieving and maintaining minimum

program requirements for COP including adoption and use of unique identifiers, building country capacity in disease surveillance and other core competencies to achieve and maintain epidemic control including country ability to perform continuous quality improvement. Systems investments that have achieved their goals should be candidates for countries to assume responsibility to achieve the minimum program requirement for increased responsibility and increased government expenditures.

Faith and Community Initiative (FCI)
Building upon PEPFAR's standing principle to ensure "every dollar is optimally focused for impact", OUs with continuing FCI investments should continue implementing best practices in accordance with FCI and COP 2021 Guidance. Priorities for COP 2021 FCI implementation for addressing gaps in reaching men and children include: coordination through an Inter-Faith Steering Committee to advance treatment literacy; and decentralized, continuing care through faith-engaged community posts, faith-engaged highly targeted HIV self-testing, and/or community adolescent treatment programs for youth living with HIV.

Innovative solutions and adaptive practices
There are extraordinary examples of innovation by our field teams and partners during COVID. These include adaptations and lessons learned that span across many of our technical and program areas as well as all countries we work in. Teams should look at ways to strengthen and improve our capacity to innovate, design, and create within the communities we serve. This includes systematically looking at the evidence base and how to learn from these examples as well as strengthen our methods to help scale proven strategies and interventions.

COP 2021 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

The full participation of community stakeholders and civil society in every stage of PEPFAR programming, planning, and monitoring as appropriate and consistent with applicable law, regulations and policy, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government.

As in years past, civil society organizations are considered essential and invited to participate both in the virtual COP 2021 strategic planning meetings, as well as virtual approval meetings. .

This engagement, of both civil society, and of faith-based organizations/faith communities, specifically includes the sharing of FY 2020 Q4 and FY 2020 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2021 in order to introduce and discuss all COP 2021 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2021. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2021, PEPFAR will convene virtual meetings where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations, faith-based organizations/faith communities, and multilateral partners. Specific guidance for the 2021 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP 2021 development, finalization, and implementation. As in COP 2020, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with both CSO and FBO stakeholders for their input and comments at least 48 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2021 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment: OU's COP 2021 minimum requirement for the C&T earmark is reflected in Table 2. If there is no adjustment to the COP 2021 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

- 100% Care and Treatment (C&T) Program Areas
- 50% Testing (HTS) Program Areas
- 100% Above Site Program: Laboratory System Strengthening
- 70% Pregnant and Breastfeeding Women Beneficiary Group
- Proportional % Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the C&T earmark)

Orphans and Vulnerable Children (OVC): Namibia's COP 2021 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

- 85% (DREAMS initiative funding — commodities planned under DREAMS initiative — Any HTS interventions planned under DREAMS initiative — Any C&T intervention planned under DREAMS initiative)
- 100% (OVC Beneficiary group funding — commodities planned under any intervention with OVC beneficiaries — Any HTS planned under interventions with OVC beneficiaries
- Proportional Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the OVC earmark)

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. In such cases, teams should provide brief justifications and explain the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors. The written justifications should be uploaded as 'Budgetary Requirements Justification' to the document library of FACTS Info.

Abstinence, Be Faithful/Youth (AB/Y) programming, formerly captured in the HVAB budget code, will now be captured by using a combination of prevention program areas and beneficiaries, which are identified in the formula below. The numerator captures those interventions that are Abstinence, Be Faithful/Youth (AB/Y) programming, and the denominator approximates all sexual prevention activities. The proportion of Abstinence, Be Faithful/Youth (AB/Y) programming as a proportion of all sexual prevention activities is calculated by dividing the numerator by the denominator:

Numerator

Prevention: primary prevention of HIV and sexual violence

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, and boys)

+

Prevention: community mobilization, behavior, and norms change

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, boys, adults, not disaggregated)

Denominator

Prevention: primary prevention of HIV and sexual violence (all populations)

+

Prevention: **community mobilization, behavior, and norms change** (all populations)

+

50 % Prevention: **Not disaggregated** (all populations)

Gender Based Violence (GBV): Namibia's COP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2021** funding programmed to the GBV cross-cutting code. Your COP 2021 earmark is derived by using the final COP 2020 GBV earmark allocation as a baseline. The COP 2021 planned level of new FY 2021 funds for GBV can be above this amount; however, it cannot fall below it.

Water: OU's COP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2021 funding** programmed to the water cross-cutting code. Your COP 2021 earmark is derived by using the final COP 2019 water earmark allocation as a baseline. The COP 2021 planned level of new FY 2021 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal **by agency** by the end of FY21, and must meet 40% by FY20. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY21 as appropriate through their COP 2020 submission.

State ICASS: Table 4 shows the amount that the OU must program under State for ICASS Costs.

COP 2021 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in Namibia should hold a 3 month pipeline at the end of COP 2021 implementation whenever possible in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU COP envelope has increased in recent years, there may not be sufficient funding to maintain a 3 month buffer. Any agency that anticipates ending COP 2020 implementation (end of FY 2021) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2021, decreasing the new funding amount to stay within the planning level.