Namibia

Country Operational Plan

(COP) 2023

Strategic Direction Summary

2023

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Abbreviations and Acronyms

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
ALHIV	Adolescents Living with HIV
ANC	Antenatal Clinic
APR	Annual Progress Report
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAG	Community Adherence Group
CALHIV	Children and Adolescents Living with HIV
CCBHS	Comprehensive Community-Based Health Services
CDC	Centers for Disease Control and Prevention
CLHIV	Children Living with HIV
CMS	Central Medical Stores
CODB	Cost of Doing Business
COP	Country Operational Plan
CSO	Civil Society Organization
CXCA	Cervical Cancer
DMPPT	Decision Makers Program Planning Tool
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSD	Differentiated Service Delivery
DTG	Dolutegravir
EDT	Electronic Dispensing Tool
EID	Early Infant Diagnosis
ePMS	electronic Patient Management System
FAST	Funding Allocation to Strategy Tool
FELTP	Field Epidemiology and Laboratory Training Program
FSW	Female Sex Worker
FY	Fiscal Year
G2G	Government-to-Government
GBV	Gender-based Violence
GRN	Government of the Republic of Namibia
HCW	Health Care Worker
HEI	HIV-exposed Infant
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HR	Human Resources
HPV	Human Papillomavirus
HRH	Human Resources for Health
HTS	HIV Testing Services
HSS	Health Systems Strengthening
IBBS	Integrated Biological and Behavioral Surveillance Survey
ICD	International Classification of Diseases
IEC	Information, Education, and Communication
IHME	Institute of Health Metrics and Evaluation
IM	Implementing Mechanism
IPV	Intimate Partner Violence

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ISME	Implementation Subject Matter Expert
KP	Key Population
LES	Locally Employed Staff
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDR	Multidrug-Resistant
MDG	Millennium Development Goal
MER	Monitoring, Evaluation and Reporting
MGEPESW	Ministry of Gender Equality, Poverty Eradication and Social Welfare
MMD	Multi-Month Dispensing
MOHSS	Ministry of Health and Social Services
MSM	Men who have Sex with Men
MSYNS	Ministry of Sports, Youth and National Services
MTCT	Mother-to-Child Transmission
NAD	Namibian Dollar
NAMPHIA	Namibia Population-Based HIV Impact Assessment
NCD	Noncommunicable Disease
NDHS	Namibia Demographic and Health Survey
NIMART	Nurse-Initiated and Managed ART
NIPH	National Institute of Public Health
NSA	Namibia Statistics Agency
NSF	National Strategic Framework
OPD	Outpatient Department
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
POC	Point-of-Care
PrEP	Pre-Exposure Prophylaxis
QA	Quality Assurance
QM	Quality Management
SDS	Strategic Direction Summary
SI	Strategic Information
SIMS	Site Improvement through Monitoring System
SNU	Sub-National Unit
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TG	Transgender
TLD	Tenofovir/Lamivudine/Dolutegravir
TPT	TB Preventive Therapy
TWG	Technical Working Group
U=U	Undetectable = Untransmittable
UHC	Universal Health Coverage

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UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	U.S. Agency for International Development
USD	United States Dollar
USG	United States Government
VACS	Violence against Children Survey
VL	Viral Load
VLC	Viral Load Coverage
VLS	Viral Load Suppression
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

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1.0. Vision, Goal Statement

Namibia is estimated to be at 92-99-94 as defined by the UNAIDS 95-95-95 treatment cascade, one of the first high burden countries to approach epidemic control (see Figure 1.1) Country Operational Plan 2023 (COP23) focuses on closing remaining population and geographic gaps to achieve health equity and end AIDS as a public health threat by 2030 while investing resources to strengthen systems that will enable the Government of the Republic of Namibian (GRN) to sustain the HIV/Tuberculosis (TB) gains and be better enabled to address all current and future public health threats.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Namibia COP23 strategy aims to address key gaps in the government priorities outlined in the 2023-2028 National HIV Strategic Framework and close critical HIV prevention and cascade health equity gaps through targeted testing, linkage and adherence support while also addressing underlying structural issues. The strategy will also support person-centered services, improving health outcomes by integrating care for other diseases while finding service delivery efficiencies, better equip the Namibian health system to operate more efficiently, maintain epidemic control and withstand future health threats and structure investments to support the country to capitalize on the government-led move towards universal health coverage (UHC), increase of domestic program ownership and financial responsibility for the response.

COP23 is the result of a restructured strategy development process that centered planning around the priorities documented in the national strategic framework for HIV, applied the new PEPFAR Strategic Vision[1] as a lens to shape investments and integrated the planning processes for GRN, PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). This process expanded the opportunities for stakeholder engagement resulting in a COP23 plan with substantial input from government, civil society, multilateral donors, and other key in-country stakeholders.

Health equity gaps remain for HIV prevention and in the HIV testing and treatment cascade for pregnant and breastfeeding women, children, youth, males under age 40, and key populations. Interventions to address the disparities in HIV prevention and treatment outcomes include targeted identification strategies focused on index partner testing and risk network referrals, universal optimized dolutegravir (DTG)-based antiretroviral therapy (ART) regimens, enhanced differentiated service delivery models centered on six-month prescribing and dispensing, community adherence support and comprehensive services and tailored outreach services, population-specific adherence and support interventions for children, men, adolescents, pregnant and breastfeeding women, and key populations. Interventions will also focus on programming targeted at the most vulnerable children and adolescents, including expanded HIV services for adolescent boys and young men and continued targeted pre-exposure prophylaxis (PrEP) scale-up, enhanced clinical support systems including mentorship, case management, quality management and improvement, community-led monitoring capable of responding to needs of the community and effective service delivery change and programming designed to address the

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[1] PEPFAR (2022). *Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030.* https://www.state.gov/pepfar-five-year-strategy-2022/

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structural issues of stigma, discrimination, and human rights as well as economic vulnerability while leveraging other investments in this domain.

Preventable morbidity and mortality remain an issue for people living with HIV (PLHIV). COP23 support for person-centered care is designed to improve outcomes among PLHIV and includes improved and integrated mental health and noncommunicable disease (NCD) services, scale-up of cervical cancer screening services, integration into community health, strengthening of referral systems and fast tracking implementation of government-led human papillomavirus (HPV) vaccination program, improved TB case finding and timely tracing to avoid interruptions in treatment, border health services capable of screening, reporting and efficient referrals, and provision of technical assistance support for addressing other disease outbreaks.

For GRN to be positioned to sustain epidemic control, health systems need to be strengthened to operate efficiently and deliver high quality services across the primary health care spectrum. Key interventions in COP23 include finding efficiencies in HIV service delivery to support high quality service provision at lower cost, support for the government vision to reform the national Community Health Worker Program, creation of health posts which expand the hub and spoke model, support for government implementation of the newly approved social contracting policy allowing direct contracting of community-based service providers, integration of HIV services into broader facility and community service delivery, integration of services for HIV prevention among youth (including the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe [DREAMS] program for adolescent girls and young women) into GRN structures, implementation of laboratory network optimization, increased government-to-government investments and partner localization, human resources for health (HRH) support to ensure fit-for-purpose workforce and improving use of domestic funds for greater efficiency and impact, support for GRN implementation of an integrated system for quality management and improvement, technical assistance to modernize the supply chain and reduce stock-outs and support to realize key roadmaps and implementation plans, support interoperability of all strategic information (SI) systems, reducing data burden and improving quality, access and use of data.

COP23 investments include those that support the government in its efforts to revamp the health systems and structures towards a delivery system capable of UHC, with greater domestic program ownership and capability for financial responsibility of the response. Key interventions include support for coordination of UHC decision-making processes and reform implementation, strengthened government capacity for resource allocation and management, expanded opportunities for direct funding to civil society and/or faith-based organizations, improved government capacity for evidence-based planning and improved accountability, development of a vision for public health and health services for 2030 and support a government-led process for development of a multisectoral HIV Sustainability Roadmap.

The goals of COP23 are evident: 1) reduce health inequities among children, youth, men, and key populations through targeted programming; 2) reduce mortality among PLHIV by improving ART adherence, TB case finding, cervical cancer prevention and treatment, and integration of NCD services; and 3) increase capacity for government to sustain the impact long-term through supporting evolution to a streamlined and efficient health system capable of realizing UHC.

2.0. Executive Summary

2.1. Summary statistics, disease burden, and country profile

Namibia is a vast country with a sparse population of almost 2.6 million people according to the Namibia Statistics Agency (NSA). The population is concentrated in small urban areas scattered throughout the country, particularly in the north near the border with Angola (see Figure 2.1.1.). The population density in the country is 3 per km^2, one of the lowest in the world, posing a challenge with accessing health facilities because of long distances. Namibia is classified as an upper-middle country, but with unequal income distribution and an unemployment rate of 34% (NSA). The unemployment rate is highest among the youth at 57% of 20–24-year-olds.

Over the last few years, Namibia has accelerated progress towards achieving HIV/AIDS epidemic control. HIV infections have reduced by 65% between 2004 and 2022, while HIV deaths have reduced by 74% during the same period. According to the latest Spectrum 2023 model, Namibia is approaching epidemic control (Table 1.1). Of the estimated 215,348 PLHIV, 92% have been diagnosed and are aware of their HIV status, 99% of those diagnosed are on treatment, and 94% of PLHIV on treatment are virally suppressed, translating to a cascade of 92-99-94. As a result of this achievement, the GRN has set an even higher target to achieve 97-97-97 by 2028.

Namibia has a generalized HIV/AIDS epidemic, with an HIV prevalence of 8.3% in 2022 based on 2023 Spectrum estimates. However, women continue to bear a disproportion burden of the HIV epidemic compared to their male counterparts (see Figure 2.1.2.). Among the younger populations, the HIV prevalence in adolescent girls and young women (AGYW) between 15-24 years of age is 5.7%, while the HIV prevalence in adolescent boys and young men (ABYM) in the same age group is 2.52%. Among the adult population aged 25 and over, the HIV prevalence in women is 19.3% and 12.3% in men. Women also accounted for 65% of newly reported HIV infections in 2022. Although significant progress has been made in reducing HIV infections and HIV related deaths in all age groups over time (see Figure 2.1.3.), targeted interventions are needed to close the gaps and prevent new infections, especially among young women. There are also gaps identified in the key population (KP) programing. For example, the clinical cascade referenced in the 2019 Integrated Biological and Behavioral Surveillance Survey (IBBSS) for female sex workers (FSWs) in Windhoek is at 50-73-52; and men who have sex with men (MSM) in Windhoek are at 64-82-76. This shows huge gaps where the program needs to focus. However, compared to program data, there is generally high treatment and viral load suppression (VLS), with minor gaps around viral load coverage (VLC) (often due to poor filing of results). This shows that targeted programming can help address these results.

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Table 1.1. 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*											
Epidemiologic Data						HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
Intentionally blank	**Total Population Size Estimate (#)**	**HIV Prevalence (%)**	**Estimated Total PLHIV (#)**	**PLHIV Diagnosed (#)**	**On ART (#)**	**ART Coverage (%)**	**Viral Suppression (%)**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	2,585,552	8.3	215,348	200,753	197,032	99%	94%	394,714	14,237	*9,487*
Population <15 years	935,983	0.77	7,193	5,555	5,469	98%	90%	13,083	297	*395*
Men 15-24 years	235,681	2.52	5,928	4,230	4,230	100%	85%	28,408	325	*250*
Men 25+ years	544,765	12,3	67,147	62,157	59,059	95%	94%	65,440	4,161	*3,153*
Women 15-24 years	242,172	5.67	13,742	12,149	12,149	100%	90%	60,696	1,480	*1,441*
Women 25+ years	626,950	19.3	121,337	116,663	116,125	99.5%	96%	110,410	4,569	*4,248*
MSM	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	97%	3,669	306	*308*
FSW	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	97%	11,617	930	*917*
PWID	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	*N/A*
Priority Pop (TG)	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank	95%	860	43	*41*

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression

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Gaps also exist among men, specifically with the first 95, diagnosing all HIV-positive individuals. There are 9,511 estimated males <24-years of age living with HIV as of December 2022. However, only 74% have been diagnosed. Identifying these men and ensuring that they are initiated on treatment is critical in closing the gaps.

Children <15 years of age are also lagging with the first 95 (diagnosing all HIV-positive individuals) and third 95 (achieving VLS for those on treatment). Over 7,000 children are estimated to be living with HIV. However, only 71% have been diagnosed, 100% are on ART and 90% are virally suppressed.[2] Although the program is doing well with the second 95 (providing ART for those diagnosed), Namibia needs to close the gap by identifying all the children that need to be initiated on treatment.

Figure 2.1.1. Population Map of Namibia

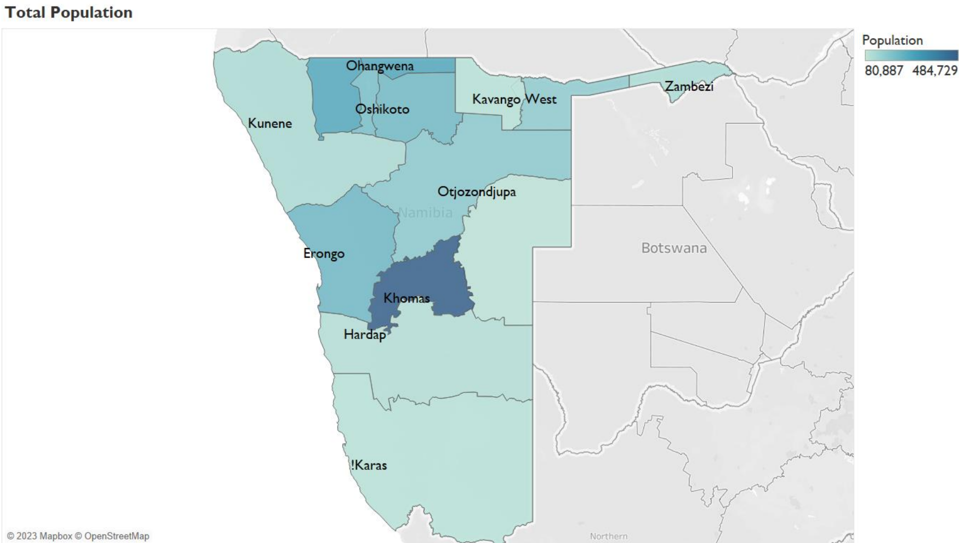

Figure 2.1.1 Population Map of Namibia

[2] 2023 Namibia HIV Estimates, except for viral load suppression, HIV testing and linkage to ART within the last year where program data was used.

Figure 2.1.2. Number of PLHIV by Age Pyramid

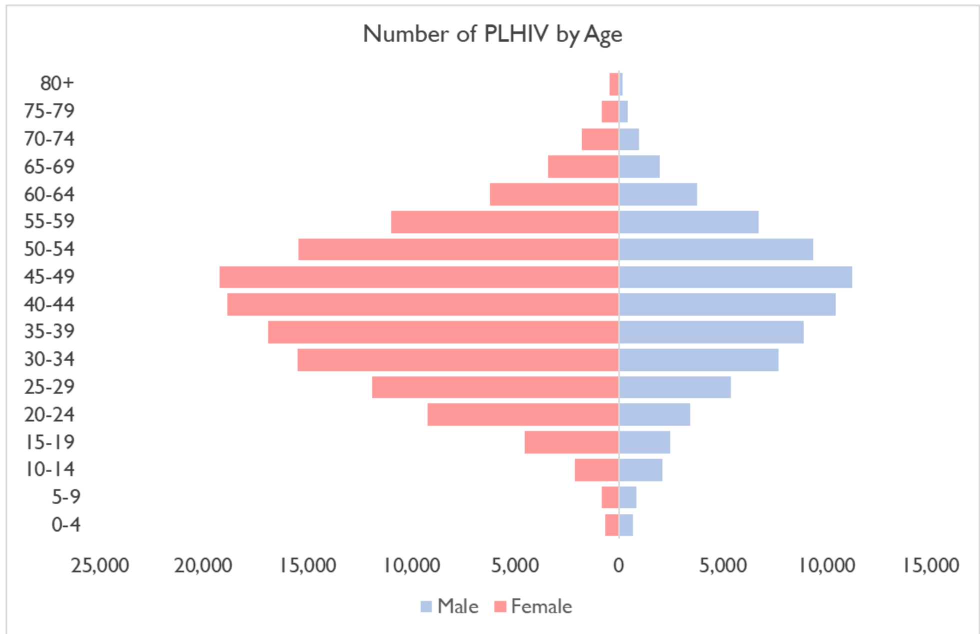

Figure 3.1.2 Number of PLHIV by Age Pyramid

Figure 2.1.3. HIV Infections and Deaths Over Time

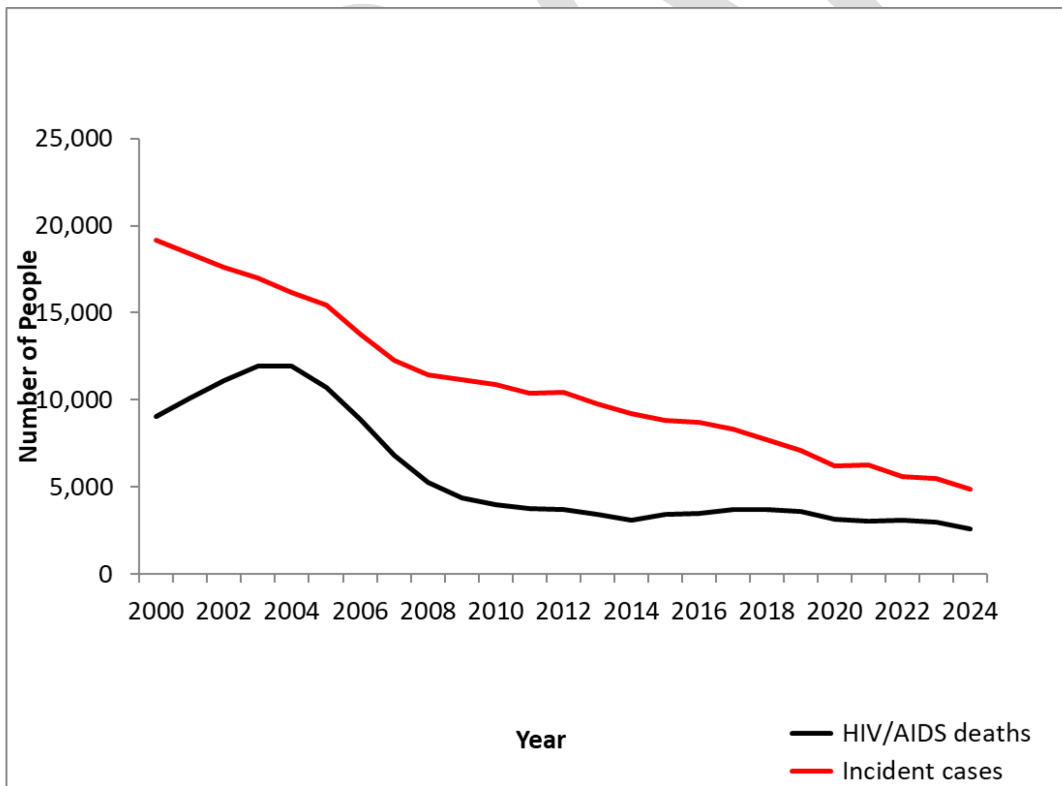

Figure 2.1.3 HIV Infections and Deaths Over Time

2.2. Activities and Areas of Focus towards Attaining 95-95-95

The Namibia COP23 strategic approach is to close coverage geographic and demographic gaps identified in the 2023 Spectrum/Naomi Estimate and the National Strategic Framework (NSF), 2023/24-2027/28. There are marked regional and population differences in HIV prevalence, HIV burden, and the HIV treatment cascade (see Figures 2.1.4. and 2.1.5).

Figure 2.1.4. Percent PLHIV by SNU and Total PLHIV by SNU

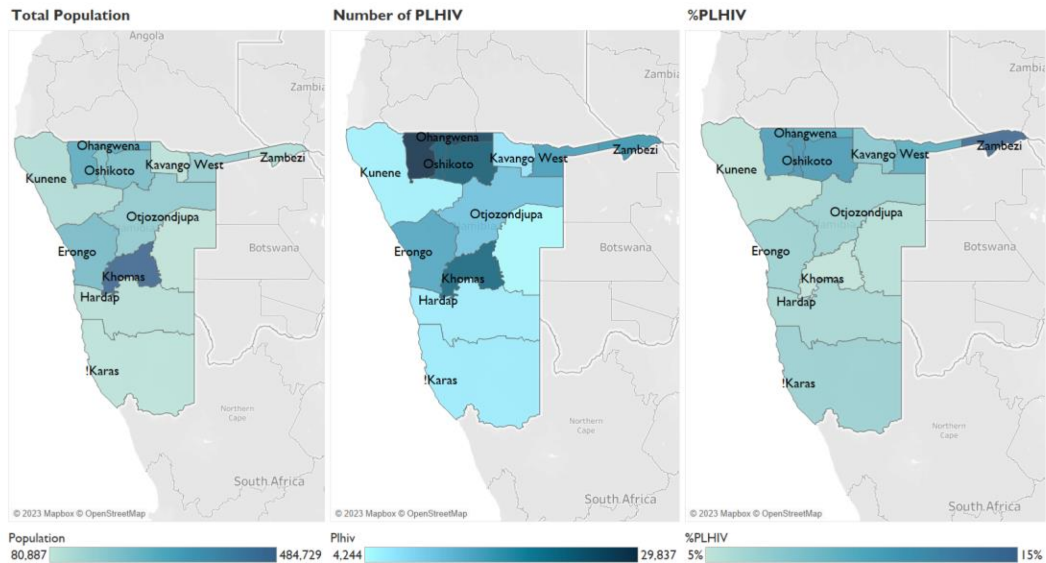

Figure 2.1.4 Percent PLHIV by SNU & Total PLHIV by SNU

Figure 2.1.5 ART Coverage of Total PLHIV and Viral Load Coverage by SNU

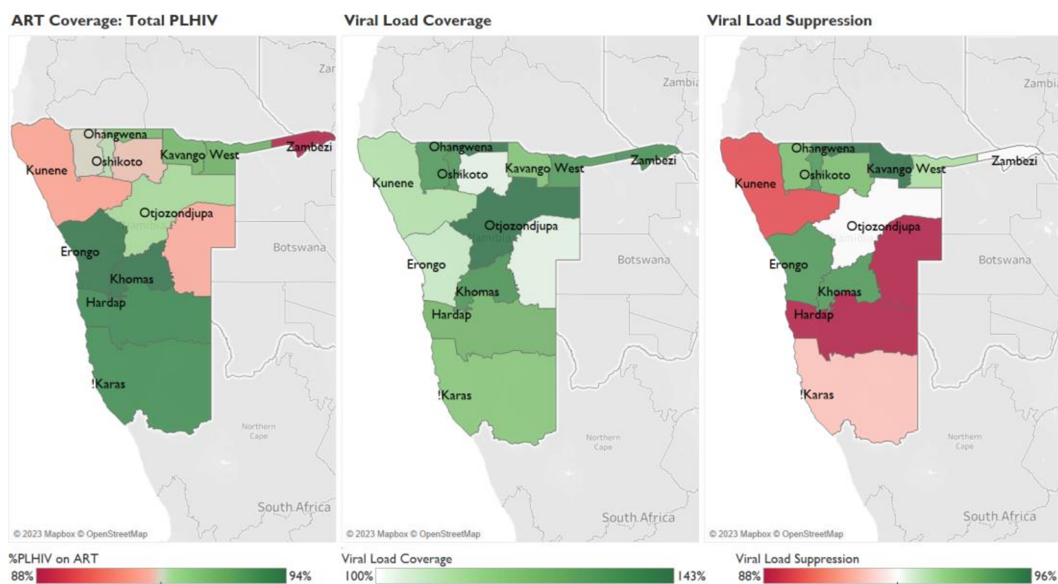

Figure 2.1.5 ART Coverage of Total PLHIV and Viral Load Coverage by SNU

The Namibia COP23 focuses on activities to close prevention and treatment gaps to ensure health equity nationally (see Table 2.1.). The focus priority populations include: AGYW, ABYM and men 25-39 years of age, pregnant and breastfeeding women (PBFW), KPs, people in prisons and other close settings, children (pediatric patients and orphans and vulnerable children [OVC]), cross-border population, and other priority populations such as people with disabilities.

Table 2.1. Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	100%	200,190	14	14
Scale-up: Saturation	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank
Scale-up: Aggressive	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank
Sustained	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank
Central Support	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank
No Prioritization	Intentionally blank	Intentionally blank	Intentionally blank	Intentionally blank
Total National	100%	200,190	14	14

Table 2.1 Current Status of ART Saturation

In COP23, PEPFAR Namibia will work to maintain the cohort of PLHIV on ART and achieve VLS among age and population groups and support KP-led and community-led organizations. PEPFAR Namibia will also work to build awareness by engaging young people in the HIV response in all regions and support the National Community Health Workers Program Reform to increase HIV case finding among priority populations. PEPFAR Namibia will also increase efforts on combination HIV prevention priorities, such as HIV testing for prevention, including HIV self-testing, PrEP, post-exposure prophylaxis (PEP), voluntary medical male circumcision (VMMC), condoms, and other interventions and integrate HIV service delivery with treatment of other conditions such as hypertension. Organizational and technical capacity of GRN will also be enhanced alongside community structures and strengthen the systems that underpin a robust public health system that can endure the impact of unexpected external shocks while providing person-centered health services. Additional support will be provided toward the implementation of the Ministry of Health and Social Services (MOHSS) quality management (QM) strategy to improve retention to care and VLS in children, AGYW, ABYM and men 25-39 years. The TB case finding structure will be strengthened as well as the maternal retesting, VLS, and early infant diagnosis (EID) to improve the number of infants who know their HIV status at 18-24 months or after cessation of breastfeeding.

The programs will focus on not only HIV prevention but include the health needs of KPs such as TB, viral hepatitis screening and treatment, provision of condoms and lubricants, and PrEP and PEP where

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appropriate. In addition, specific programming will be carried out for key and priority populations including expanding differentiated service delivery (DSD) options through the development of tailored demand creation material.

The adolescent peer support models will be expanded, comprehensive case management will be done to improve adherence and retention among key populations and 6-month multi-month dispensing (6MMD) will be scaled up. PEPFAR Namibia will strengthen approaches that address stigma and discrimination at health care facilities for ABYM, men and KP-friendly services including training on human rights, diversity, and inclusion. Child-friendly services at the facilities will be expanded to provide quality and equitable pediatric care across sites and support social service provision through the OVC program inclusive of mental health support.

PEPFAR Namibia will also provide enhanced psychosocial support for families and OVC through government social workers and reach AGYW with prevention interventions, including introducing HPV vaccination among girls 9-14 years old and scaling up cervical cancer screening services. AGYW services will be saturated in the existing districts and expanded to new districts and non-DREAMS districts through government-to-government engagement.

The VMMC services in the regions will also be saturated (90% eligible), especially those with the highest unmet needs, and the private sector will be actively engaged in the VMMC program. PEPFAR Namibia will also work with the MOHSS and other stakeholders to enhance and institutionalize data use to mitigate risk, address wastage and other inefficiencies, and establish systems for increased transparency and accountability. Accelerated efforts will be targeted toward a more modernized health supply chain for Namibia, through strengthened procurement processes, forecasting and supply planning, warehousing and inventory management and building capacity for regional Pharmacists to ensure lower-level facilities are able to effectively manage their stock.

2.3. Plans to Close Geographic and Demographic Gaps

While Namibia has almost achieved the 95-95-95 targets at an aggregate national scale, there are marked regional differences in HIV prevalence and HIV burden, with the highest burden in northern Namibia and the central Khomas Region (see Figure 2.3.1). Disparities in the 95-95-95 cascade exist across:

- Regions: Kunene, Omaheke, Hardap and Karas have lower VLS rates
- Age groups**:** Lower awareness of HIV status for men 15-39, lower VLS rates among all children, adolescents, and young adults (<30) as well as males of almost all ages (<40)
- Sex: Lower 95-95-95 rates among adult males compared to female counterparts (see Figure 2.3.2).
- Full cascade: Lower 95-95-95 rates among KPs (FSW, gay men, MSM, and transgender [TG] persons).

Figure 2.3.1. HIV prevalence for adults (15+), December 2022

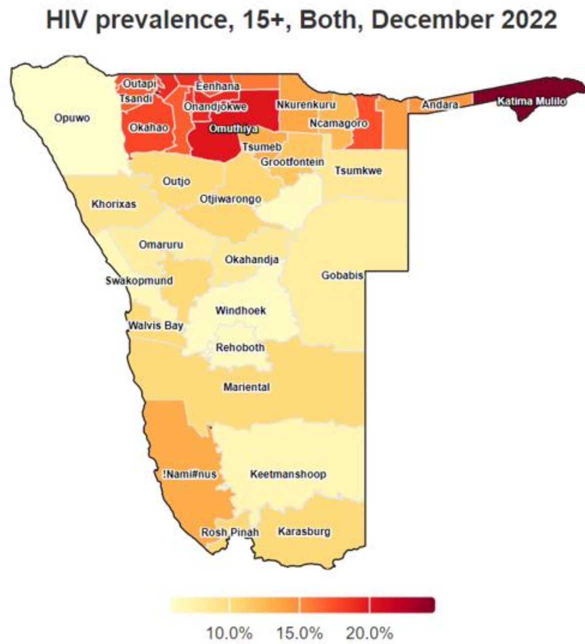

*Figure 2.3.1 HIV prevalence for adults (15+), December 2022_*

Figure 2.3.2 Trends in ART Coverage by Age, Sex and Year

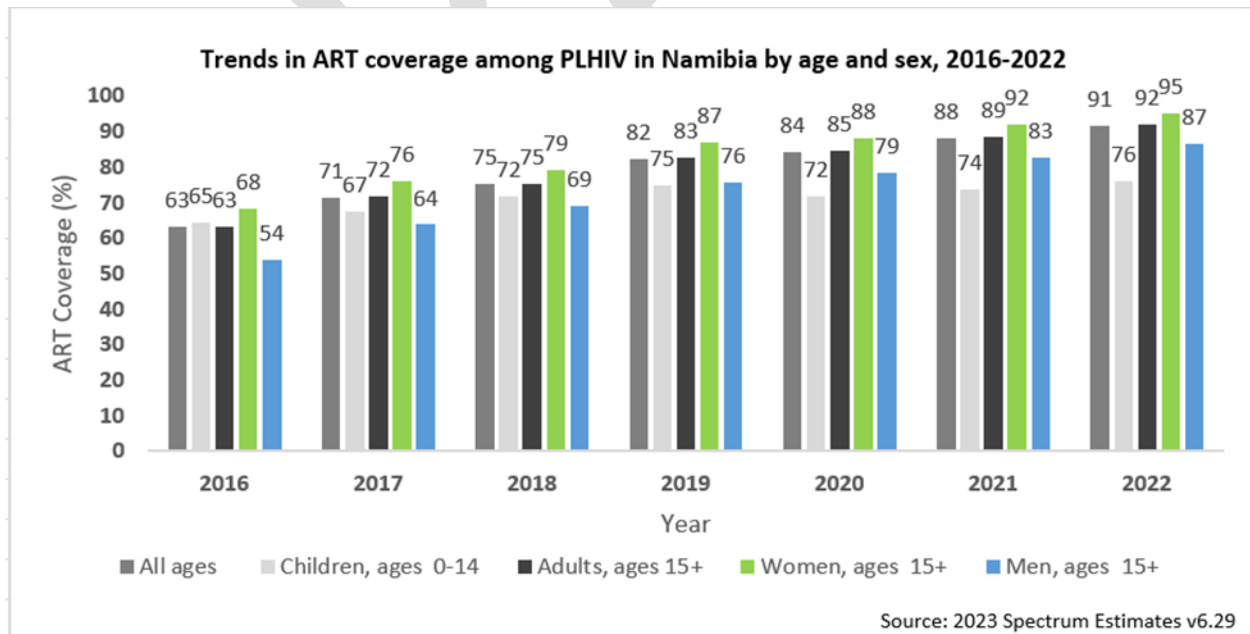

Figure 2.3.2 Trends in ART Coverage by Age, Sex and Year

To address these geographic and demographic disparities, PEPFAR Namibia will support a range of data driven interventions. To address the gaps in the first 95 among younger men and KPs, PEPFAR Namibia will support network referrals with immediate linkage to ART. In line with the national guidelines for all populations, clients linked to treatment will also be provided with universal optimized DTG-based ART regimens. DSD models will be fully scaled and availed to all geographic locations and be inclusive for all sub-populations. The package of options under the DSD models will include 6MMD ART prescribing and dispensing, community adherence groups (CAGs comprehensive community-based health services (CCBHS), decentralized chronic medicine dispensing systems (Pelebox® smart lockers); and the electronic dispensing tool (EDT) and outreach, moonlighting and venue-based services for KPs.

Furthermore, a range of adherence and retention support interventions will continue to be optimized as tools for addressing the geographic and population disparities. These interventions will include MenStar for men, Namibian Adolescent Treatment Supporters (NATS) for adolescents and children, tracing and post-tracing services for treatment interrupters, enhanced mental health support services, adherence SMS reminder services, QuickRes website to make appointments and receive appointment reminders (utilized by KPs for ART, PrEP, family planning (FP), etc.), efforts to close the pediatric gap, leverage the collaboration and efficiencies between the clinical and OVC programs. This includes enrolment of children living with HIV (CLHIV) to the OVC comprehensive program for case management on health and other social services that have an impact on HIV outcomes and the IBBSS survey that will identify the 95s gaps for KPs.

Spectrum 2023 highlighted a gap in the first 95 for males 15-29 years of age and this will also be addressed by programs targeted towards ABYM. The OVC and DREAMS programs have set targets to address ABYM as a priority population. The VMMC program is also targeting this population, and the AGYW remains a priority.

Finally, enhanced clinical mentorship, case management, quality management and quality improvement will be implemented to improve patient outcomes in geographic and population groups with significant gaps in the 95-95-95 cascade.

2.4. Alignment of PEPFAR Strategy and Government Strategic Objectives

In 2022, the GRN commenced the process of drafting a new five-year National Strategic Framework (NSF) plan. During the process of the planning, leadership from the MOHSS mapped the NSF priorities against the PEPFAR Five-year Strategy,[3] the UNAIDS roadmap, and the Global Fund strategy. Both the COP23 development process and GC7 Global Fund proposals were centered around the government priorities articulated in the NSF, which was validated in 2023. Following joint PEPFAR, Global Fund, and government review of the gaps, activities were planned in close alignment with PEPFAR and Global Fund strategies.

[3] PEPFAR (2022). *Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030.* https://www.state.gov/pepfar-five-year-strategy-2022/

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2.5. Ensuring Health Equity

PEPFAR Namibia's strategy to support the national program to identify and close gaps and ensure health equity for priority populations includes targeted support for children, youth, PBFW, KPs (FSWs, gay men and MSM, TG persons, and incarcerated persons), cross-border population, men between the ages of 25-39, and other at-risk populations.

PEPFAR Namibia will work to identify the scope of the issues and needs of people with disabilities and people who inject and use drugs. Key to the strategy to ensure health equity is integration of services for PBFW, standardization of services across the 14 regions for DREAMS and teen club programming, increasing access to and continuity of PrEP, measuring the remaining gaps for KPs, and increasing programming to address gaps in mental health services, accessibility of services and information for people with disabilities, and addressing structural issues such as unemployment.

Underlying challenges to achieving equity include stigma, discrimination, human rights issues, and structural barriers, which will be addressed through a combination of existing and new programming, strengthening local civil society and leveraging work funded through other U.S. Government funding streams and the Global Fund. Community-led monitoring data will be tailored to meet the needs of all priority populations.

3.0. Pillar 1: Health Equity for Priority Populations

3.1. Adolescent Girls and Young Women

Namibia currently implements a comprehensive package of evidence-based services through the DREAMS program for AGYW 10-24 years of age in 11 districts where data indicates high vulnerabilities for AGYW. The 11 districts include two newly-identified districts that began DREAMS implementation in COP22. Although declining, HIV incidence rates for AGYW in Namibia are three times higher than ABYM of the same age, suggesting a continued need for high impact HIV prevention interventions for AGYW (see Figure 3.1.1).

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Figure 3.1.1 Declining HIV Incidence for Youth; Incidence Rates 3x Higher for AGYW than ABYM

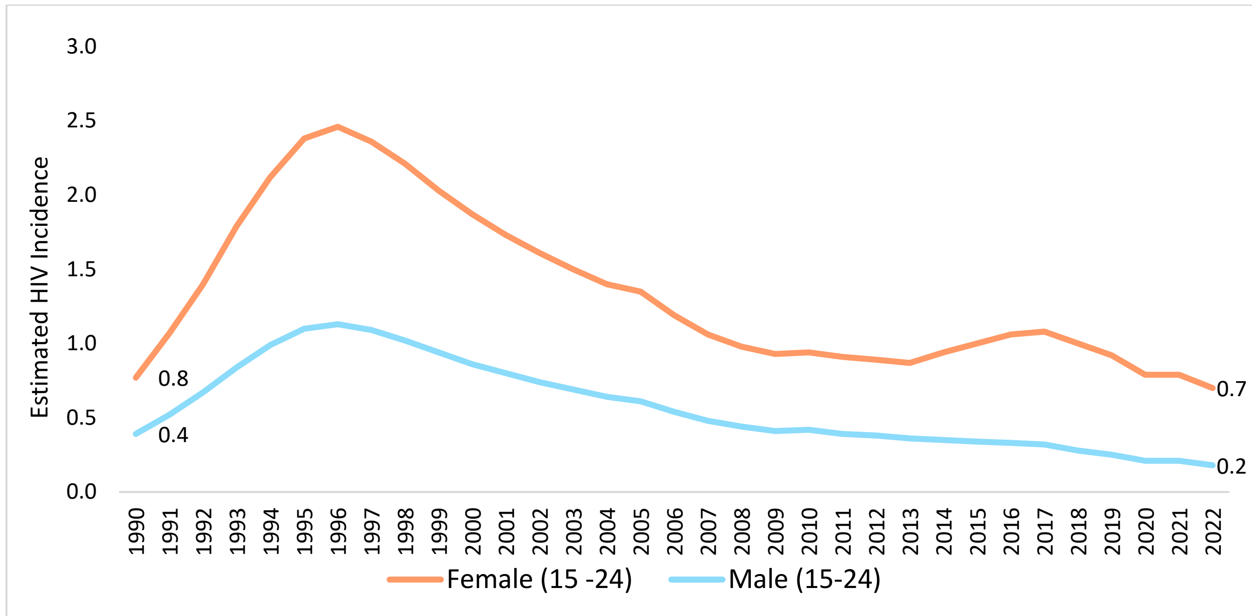

Figure 3.1.1 Declining HIV Incidence for Youth; Incidence Rates 3x Higher for AGYW than ABYM

However, given that Namibia is approaching epidemic control and is experiencing a steady decline in HIV incidence rates for youth, COP23 represents an opportunity to identify efficiencies in the DREAMS program and make strategic shifts in AGYW programming towards more sustainable interventions. Therefore, in COP23, Namibia will concurrently implement the comprehensive DREAMS package in districts with high vulnerability, while partnering with the GRN to strengthen government services for AGYW throughout Namibia. The intention is to maintain the DREAMS approach of ensuring layered and integrated services.

The resulting AGYW program for COP23 will have three components as shown in Figure 3.1.2. Comprehensive DREAMS AGYW programming will be implemented in nine non-saturated districts, while modified AGYW programming will be implemented in two saturated DREAMS districts. The Global Fund will offer an AGYW service package in seven adjacent high vulnerability districts (see Figures 3.1.2 and 3.1.3). Complementary OVC services for children and adolescents 0- 19 years of age will be provided in all 11 DREAMS AGYW districts, as well as in the seven Global Fund districts. Lastly, GRN, through the Ministry of Sport, Youth, and National Service (MSYNS), will expand implementation of key HIV prevention interventions under the government-to-government (G2G) award including HIV and violence prevention, financial literacy, and gender norms programming to all 14 regions of the country. New partnerships will be forged with other youth-focused Ministries, including the Ministry of Education, Arts and Culture and Ministry of Gender Equity, Poverty Eradication, and Social Welfare (MGEPESW).

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Figure 3.1.2 Global Fund Services to AGYW in 7 Additional High Vulnerability Districts with OVC Services from PEPFAR Programming

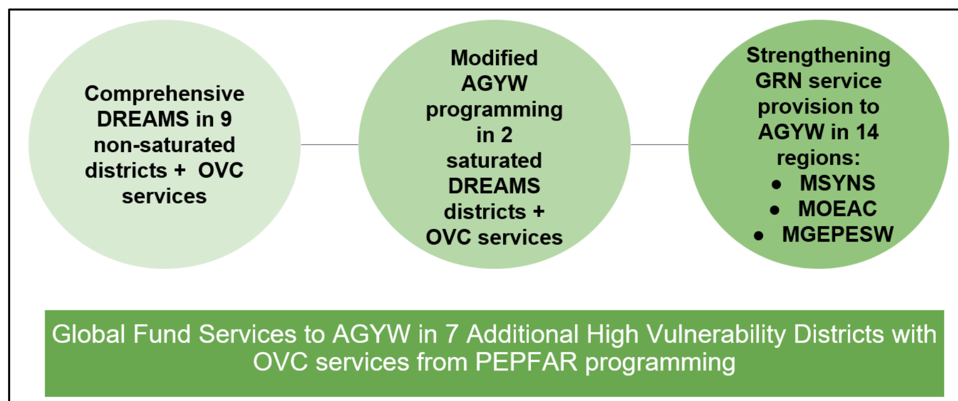

Figure 3.1.2 Global Fund Services to AGYW in 7 Additional High Vulnerability Districts with OVC Services from PEPFAR Programming

Under the two new, local implementing partner mechanisms, comprehensive DREAMS programming will continue to focus on primary and secondary service packages where demand creation for PrEP, FP, condoms and sexually transmitted infection (STI) services and delivery of youth-friendly services are paramount. These services will include a continuation of youth corners at health facilities and expanded differentiated care models including outreach services to locations where AGYW are found in communities, as well as expansion of youth-friendly services to Youth Centers throughout Namibia. DREAMS will deliver secondary services based on need including education support, parenting skills-building for caregivers of adolescent girls, gender-based violence (GBV)/violence against children (VAC) response services, and an intensive economic strengthening package for qualifying AGYW which addresses both economic and structural barriers to HIV risk management for AGYW. Lastly, contextual interventions on gender norms and GBV prevention and referral of sexual partners of AGYW to HIV prevention, testing and treatment services will continue to form a critical part of the package of services. Peace Corps Volunteers will reach AGYW directly with HIV prevention services through clubs and camps, and through delivery of life skills education in schools. Additionally, Peace Corps Volunteers will refer at-risk AGYW to the DREAMS program for assessment and enrollment.

Interventions in the comprehensive DREAMS districts are shown in the diagram below. Please note that in Section 3.5.1. Vulnerable Children, more information is provided about the comprehensive package of services available to OVC adolescent girls aged 10- 19 who are enrolled in the program across 18 districts in Namibia.

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Figure 3.1.3. DREAMS Comprehensive AGYW Service Package by Age

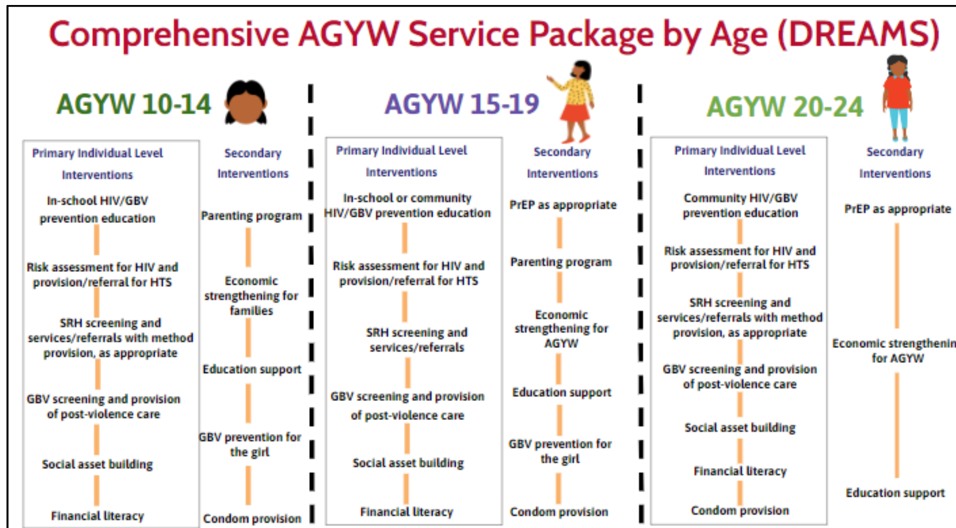

Figure 3.1.3. DREAMS Comprehensive AGYW Service Package by Age

In saturated districts, Namibia will work with the GRN and implementing partners to modify the DREAMS package to focus on components of the package most relevant in the identified districts.

For both unsaturated and saturated districts, the DREAMS program will intensify PrEP demand creation, strengthen the enabling environment for uptake, ensure a continuous supply of PrEP commodities, and improve PrEP continuation rates. There will be an increased focus on self-identifying high-risk groups, such as those AGYW found at antenatal care (ANC), FP and STI clinics, as well as AGYW referred from KP programming. DREAMS Ambassadors and mentors will roll out demand creation strategies utilizing MOHSS's new PrEP guidelines which reduce barriers to uptake and continuation of PrEP.

An analysis of program vulnerability data demonstrates that 69% of AGYW between the ages of 10-14 and 41% of AGYW in the ages of 15-19 who are enrolled in the DREAMS program meet one vulnerability criteria. Given that many AGYW are waitlisted before they can enroll due to limited space in the project, it is critical to ensure that the program is identifying and prioritizing the most vulnerable AGYW for enrollment. In COP23, PEPFAR Namibia will work with implementing partners and the GRN to establish revised enrollment processes that will prioritize assessed clients who meet high priority criteria and/or attain a weighted vulnerability assessment score for enrollment.

PEPFAR Namibia will continue technical assistance (TA) support to MOHSS related to FP commodities and STI guidelines in COP23. PEPFAR Namibia will provide TA to the Central Medical Stores and the Ministry's Family Planning Unit to monitor FP commodities stock, increase visibility and availability of FP commodity gaps, and promote timely procurement. Additionally, PEPFAR Namibia will also support the MOHSS to disseminate and roll out the newly updated STI Guidelines.

In COP23, PEPFAR Namibia will shift towards more sustainable AGYW interventions to keep with the DREAMS approach of layered services through strengthened partnerships with key government Ministries. Under the existing G2G Award with MSYNS, PEPFAR Namibia is strengthening the GRN's

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capacity to implement high quality AGYW/youth HIV prevention programming for out-of-school youth. PEPFAR Namibia will deepen its partnership with the Ministry of Education, Arts and Culture to reach in-school AGYW/youth with quality life skills education and improved school health services, as well as reach parents with parenting skills training. The MGEPESW will be approached in the first year of COP23 to plan for a potential G2G agreement in the second year to strengthen and harmonize the case management system, support the enrolment of children on the government social welfare programs, and strengthen the GBV services. The intention is to shift the workload of DREAMS over to existing systems and structures within GRN. A human resource review of multiple ministries is planned for COP22 to inform potential partnerships.

Given the expanded local partner and government partnership portfolio in COP23 PEPFAR Namibia will draw on an HQ field support mechanism to strengthen local partner capacity. Support will focus on strengthening organizational, technical, financial, and monitoring and evaluation (M&E) systems of local partners and GRN Ministries to improve performance and service delivery (see Figure 3.1.4).

Figure 3.1.4 Gaps, Priorities, and Shifts in AGYW Programming planned for COP23

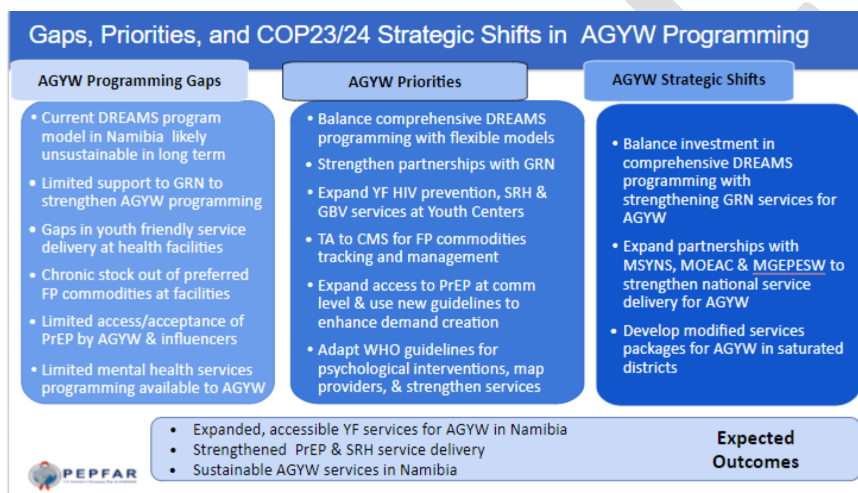

Figure 3.1.4 Gaps, Priorities and Shifts in AGYW Programming planned for COP23

At the end of the fourth quarter of Fiscal Year 2022 (Q4 FY22), the DREAMS program had 50,193 active beneficiaries and 26,675 AGYW had completed at least the primary package of services. By the end of FY22, PEPFAR Namibia had enrolled 11,970 AGYW on PrEP and provided 6,989 AGYW with post-GBV care. When comparing the teen pregnancy rates between districts where comprehensive HIV prevention and sexual and reproductive health (SRH) programming for AGYW is implemented and districts where it is not implemented, an analysis of program data shows that the rate of decline is higher in the districts where DREAMS is implemented (11% decline in teen pregnancy rates in the DREAMS districts vs 8% increase in non-DREAMS districts in 2021 and a 6% decline for DREAMS districts vs. 3% decline in non-DREAMS districts in 2022). Additionally, when comparing adolescent girls enrolled in DREAMS against those not enrolled in DREAMS, the pregnancy rates of teens enrolled in DREAMS are lower compared to the pregnancy rates of their counterparts who are not enrolled in DREAMS.

3.2. Adolescent Boys and Young Men

In the 2023- 2028 National Strategic Framework for HIV and AIDS Response, the MOHSS identified vulnerable ABYM aged 10-24 as a priority population for combination HIV prevention programming. Although HIV incidence for ABYM remains low at 2%, other vulnerabilities for ABYM exist. For example, the 2019 Violence Against Children Survey in Namibia shows that 41% of boys experience physical violence, and 7% experience sexual violence by the age of 18. This data demonstrates the need for enhanced HIV prevention programming targeting ABYM in COP23. A recent program review identified several gaps in ABYM programming, and these gaps represent programming opportunities to strategically expand ABYM programming in COP23.

Limited HIV prevention programming for ABYM outside of the OVC program, poor risk perception, and suboptimal health-seeking behavior lead to HIV vulnerabilities among ABYM. To address this gap in COP23, PEPFAR Namibia will expand HIV prevention programming for ABYM through multiple pathways including the two new local partner awards in the 11 districts where DREAMS services are implemented, and an expansion of HIV prevention services delivered by MSYNS Youth Officers in all 14 regions through the G2G award. Additionally, through partnerships with communities and schools, PEPFAR Namibia will engage soccer coaches and teams as an entry point for engagement with ABYM on HIV prevention. In Section 3.5.1 Vulnerable Children, more information is provided about the comprehensive package of services available to OVC adolescent boys aged 10- 19 who are enrolled in the program across 18 districts in Namibia. These services include HIV prevention services, linkage to HIV testing and health services for case finding, violence prevention, VAC response, and education support for boys.

With interventions for ABYM focused on increasing demand for HIV prevention and health services, it is of critical importance to ensure that youth-friendly services for boys and young men are available. PEPFAR Namibia will improve youth-friendly corners at health facilities through DREAMS programming and will expand youth-friendly health services provided through MSYNS Youth Centers throughout Namibia. Further, expanded male engagement programming focused on “typical sexual partners” of AGYW will challenge gender norms and promote GBV prevention. These community engagements will include DSD modalities, such as outreach services, and on-the-spot linkages to HIV prevention services including HIV testing, condoms, VMMC, and PrEP.

In COP23, there will be increased coordination between men’s testing programs, MenStar and DREAMS male engagement programming to increase uptake of HIV prevention services and to improve case finding in ABYM. Currently, data demonstrates a higher case finding for 10-14 ABYM at 3.6% on average with 1.4% for 20-24 and under 1% for 15-19. ABYM demonstrate high risk behavior and low risk perception which are often reinforced by cultural norms. These impact health-seeking behaviors and case finding rates (see Figure 3.2.1).

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Figure 3.2.1. Case Finding for ABYM

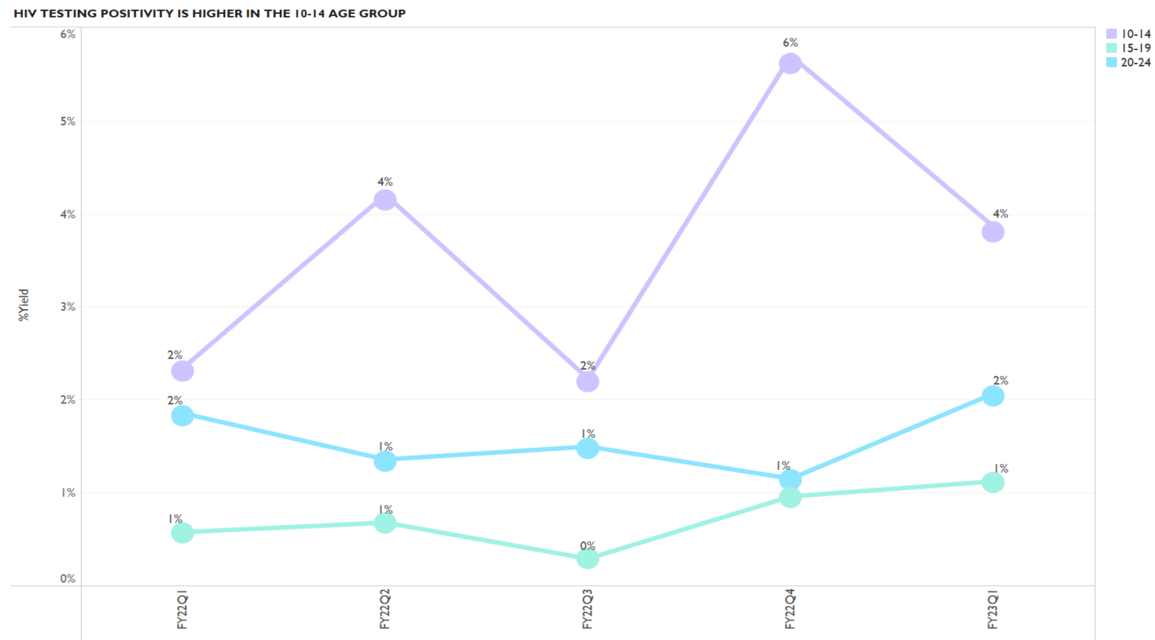

Figure 3.2.1 Case Finding for ABYM

To improve uptake of VMMC services for ABYM, PEPFAR Namibia will utilize DREAMS male engagement programming and OVC adolescent programming platforms to increase demand creation and link ABYM to VMMC services. To increase demand and access to condoms, condoms will be promoted and distributed through male engagement programming and youth centers.

Key gaps in PrEP uptake among ABYM include limited youth-friendly access to PrEP, as well as limited acceptance and positive influence/support from female sexual partners to utilize PrEP for HIV prevention. Additionally, PrEP continuation is a challenge due to stigma, initial side effects, and pill burden. To address these gaps, priority strategies in COP23 will include expanded and tailored information, education, and communication (IEC) materials to reduce stigma. PEPFAR Namibia will also utilize the updated PrEP guidelines to create demand and promote uptake of PrEP and event-driven PrEP for ABYM. Lastly, repackaging of PrEP bottles and the development of models using HIV self-testing (HIVST) for refills will also reduce barriers to PrEP.

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3.3. Pregnant and Breastfeeding Women

Namibia has made great strides in reducing mother to child transmission (MTCT) of HIV and is currently on the path towards triple elimination of MTCT (HIV, syphilis, and hepatitis B virus), a World Health Organization (WHO) initiative in which countries can apply for certification. Program data have shown that remaining transmission events occur primarily in two scenarios: 1) when pregnant women living with HIV have interruptions in treatment, and 2) when PBFW newly acquire HIV and are not diagnosed and treated in a timely manner.

Figure 3.3.1. Impact of PMTCT on Mother-to-Child Transmission of HIV in Namibia

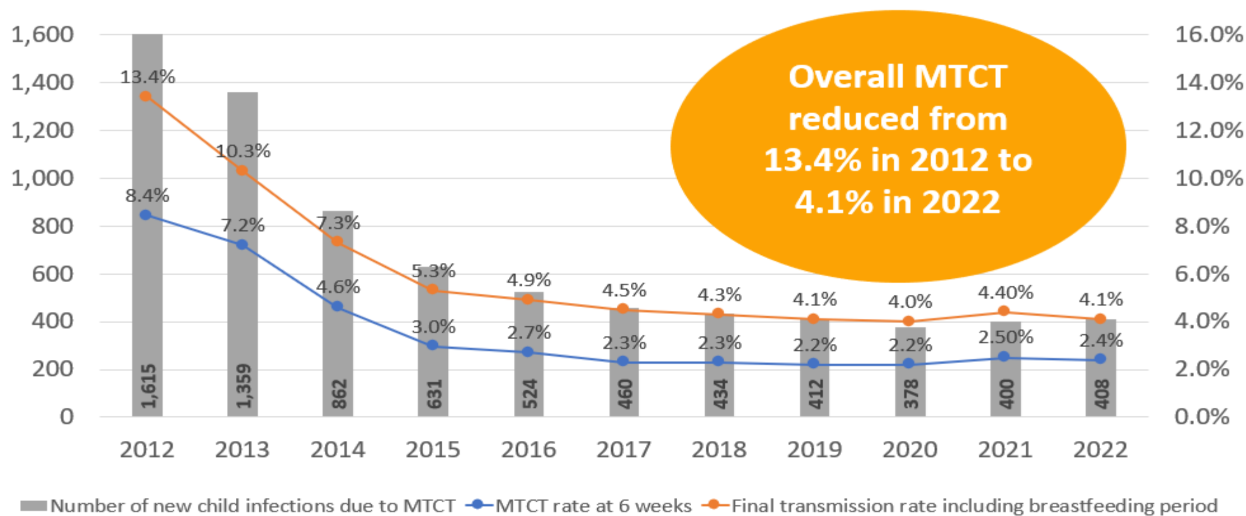

Figure 3.3.1. Impact of PMTCT on Mother-to-Child Transmission of HIV in Namibia

ART coverage among pregnant women continues to be high (97%) but documented VLC is quite low (64%). COP23 activities will focus on improving viral load (VL) testing among PBFW and ensuring results are appropriately documented. 91% of PBFW are virally suppressed (VL> 1,000 copies/ml), similar to the overall VLS rate among women of child-bearing age. Namibia program data show high uptake of maternal testing at first ANC visit (ANC1) (98%). For pregnant women newly tested at ANC1, the testing yield is 2%; for women who were negative at ANC1 and retested in the maternal period, the testing yield is 1%. However, maternal retesting continues to lag at 33% in COP21. In COP23, Namibia will focus on scaling up maternal retesting to 50%. EID coverage at two months is 70% and 12-month coverage is 85%. Overall final-outcome status of the infant is extremely low, at 40%. A primary goal of the PMTCT program is to improve data quality, access, and use to understand and address current program gaps obstructing the elimination of mother-to-child transmission in Namibia. Current clinical monitoring and data collection tools span over twelve different registers in multiple different settings capturing data on the lifespan of PBFW and their infants. Data entry is a burden, can be incomplete, and challenging to be used by sites to assess their clinical cascade.

P-tracker, a mother-baby cohort online dashboard, is a health information system designed to overcome some data use barriers. However, the current setup involves double data entry (register and computer) so this platform is underutilized. COP23 will scale efforts to remove data burden through novel optical character recognition (OCR) technology to populate P-tracker and integrate it with the MOHSS DHIS2 platform. The P-tracker will generate patient line lists at facility level to easily identify PBFW and/or HIV-exposed infants (HEIs) who are HIV-positive but have not been linked to care, have missed an appointment, are due for bio-clinical monitoring (HIV test, VL), have a detectable VL, or have an unknown final HIV status.

Additional data priorities include monitoring site-level supply chain to understand and address any stock-outs and shortages of commodities (i.e., rapid test kits for maternal testing, infant prophylaxis for HEIs, and dried blood spot (DBS) cards for infant testing).

To address siloed services for PBFW and their infants, COP23 will examine an innovative model of integrated facility services for the lifespan of a PBFW and her child and community services. PEPFAR Namibia will continue to support groups for at-risk PBFW and inclusion in CAGs and continued enrollment in the mother-baby follow up (MBFU) program to improve timely identification of new infant infections (six weeks, nine months, 18 months), adherence to infant ARV and cotrimoxazole prophylaxis, education of best breastfeeding practices, early childhood care and stimulation, malnutrition screening and referral, tracking immunization and developmental milestones. Adherence to treatment, VL suppression, HIV testing, and other referral services will also be addressed.

Other COP23 priorities include the establishment of a well-defined rapid response teams at district and site level to react to the SMS alert for newly diagnosed HIV-positive infants and expand to include new seroconversions and detectable viral loads (>40 copies/ml) for all PBFW. In addition, COP23 will implement a standardized audit system for all newly diagnosed HIV-positive infants to facilitate ongoing surveillance of breakthrough infections and inform future strategies.

COP23 will also prioritize interventions among HIV-negative pregnant and breastfeeding women, taking retesting to scale through expansion of case finding in the community through the MBFU program and transitioning the retesting from facility to the community. In addition, PEPFAR Namibia will continue the use of HIVST for secondary distribution to male partners of PBFW.

COP23 will see an expansion of PrEP in maternal and child health settings and uptake among PBFW through increased outreach services, home, or community-based pick-ups; telehealth services; use of HIVST for PrEP refills starting at three-month visit; and integration of PrEP into DSD models. Stigma has been a barrier to PrEP retention. COP23 will expand tailored IEC materials, including materials directed at the general population of PBFW, to reduce stigma.

Finally, a COP23 strategy is to improve the linkage of eligible mothers and their babies to the OVC program (in applicable districts) for case management and adherence support, infant follow-up testing, and access to GRN-led social services.

3.4. Key Populations

3.4.1 Men who have Sex with Men, Female Sex Workers, and Transgender Persons

Key populations in Namibia, especially gay men, MSM, FSW, and TG persons are at high risk of HIV. Per the 2019 Namibia Integrated Biological and Behavioral Survey (NAM-IBBS), HIV prevalence was high among FSW: 21.3% in Windhoek, 20.3% in Walvis Bay and 44.2% in Katima Mulilo. HIV prevalence among gay men and MSM was relatively consistent with that of adult men in the general population of their respective regions as estimated in the Namibia Population-Based HIV Impact Assessment (NAMPHIA): 8.4% among MSM vs.7.2% among adult men in Khomas (Windhoek) and 9.7% vs. 7.5% in Erongo (Walvis Bay/Swakopmund).

In COP21/22, the KP program conducted a HIV Risk Hotspot Mapping and Key Population Size Estimate in ten priority geographic areas (PGAs) in Namibia (Dec 2022). The results of this included 161 hotspots mapped (of which 31% are in Windhoek and the other 9 priority geographic units (PGUs) having an average of 12/PGU). It documented the busiest days as Friday and Saturday. In addition, 59% of hotspots reported experiencing some form of on-premises violence, of which 12% was sexual. 88% of hotspots were receptive to HIV services, but only 12% reported access to prevention services. In the past 12 months, 21% of KPs went for TB diagnosis, 10% KPs reported to have STI symptoms, and 9.6% of KPs perceive their risk for HIV infection as impossible while 11% did not know their level of risk.

KP programming is complex and includes combination prevention; testing; care and treatment services, screening, diagnosis, and treatment for STIs in addition to HIV, access to GBV services, as well as mental health and psycho-social services and inclusion of structural interventions and CLM to help monitor services. COP23 programming will use data and incorporate understanding that KPs have multiple, overlapping identities that drive the need for expanded options of services and provision of comprehensive services.

Combination Prevention and Social and Behavior Change Communication Programming

COP23 will continue KP-led peer education and case management support for KPs as well as men who purchase sex and will introduce identification of archetypes of KPs to improve tailored programs. Priorities will include using human-centered design techniques to tailor IEC materials. The program will also use peer educators and case managers to support access to condoms and lubricants at non-traditional locations such as bars and hair salons and to expand community screening of STIs to include GBV.

Program data shows gaps for reach, access to testing and uptake of PrEP in Walvis Bay and Windhoek. To address this in COP23, PEFPAR Namibia will have the implementing partner introduce an “innovation” competition to identify new ways to reach KPs in those locations.

HIV Testing

In COP23, status-neutral testing is a priority for KPs through HIV self-testing for case finding purposes and prevention monitoring, targeted community testing, and for monitoring for PrEP continuation and the introduction of multi-drug screening (e.g., HIV and syphilis). Activities will ensure that HTS is flexible and widely available to reach KPs and their sexual partners.

Data from FY22 shows case finding rates of 12% for FSWs,11% for MSM, and 10.5% for TG persons, with the national level case finding rate of 3.9%. This data shows the role that KPs play in reducing new infections. Figure 3.4.1.1 further highlights the geographical differences. Also shown below is that overall, the KP program has similar linkage to treatment as the general population.

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Figure 3.4.1.1. KP Linkage to Treatment Rate Compared to the General Population

KPs have much higher case finding rates than GP with similar linkage rates (FY23 Q1)

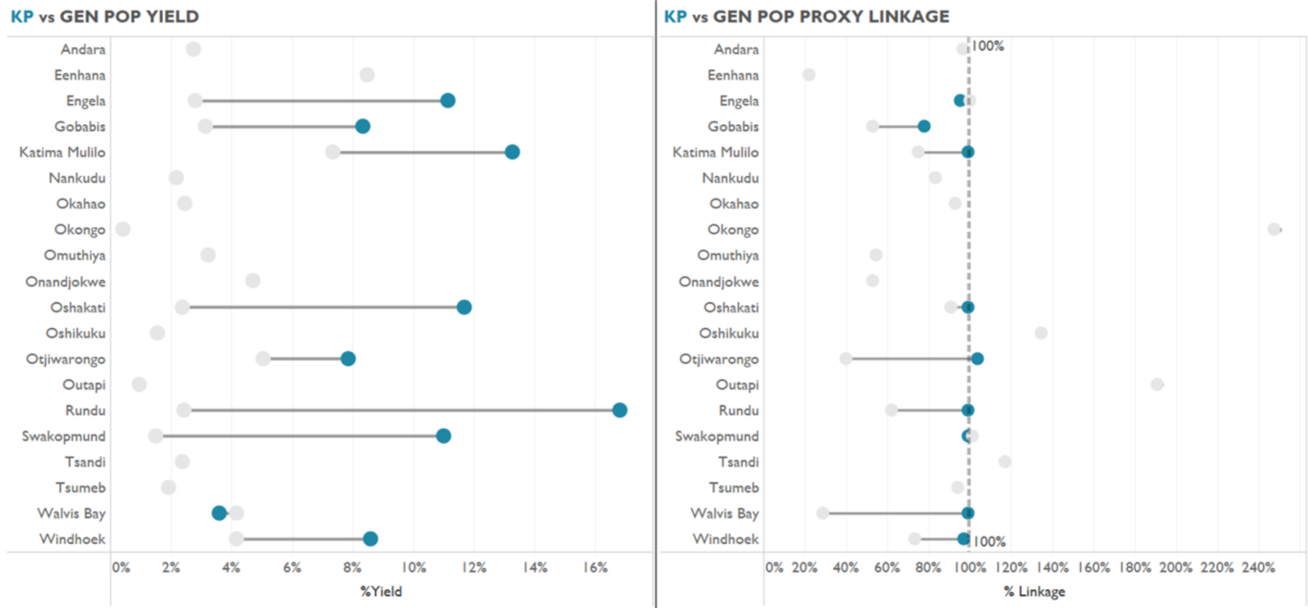

Figure 3.4.1.1. KP Linkage to Treatment Rate Compared to the General Population

Based on current program data and historical surveillance data (IBBSS, 2019; Small Area Size Estimates) Katima Mulilio, Rundu, Oshikoto, Oshikango and Windhoek were identified as areas for an increased emphasis in COP23 on HIVST and tailored DSD models.

PrEP

In FY22, 4,960 KP clients were initiated on oral PrEP as documented in Figure 3.4.1.2. This represents a 153%, 188%, and 300% progress towards annual target for FSWs, MSM, and TG persons, respectively, compared to a combined 165% achievement in FY21. The strong KP performance is due to the introduction of the enhanced peer outreach approach and utilization of HIVST for screening for demand creation for PrEP.

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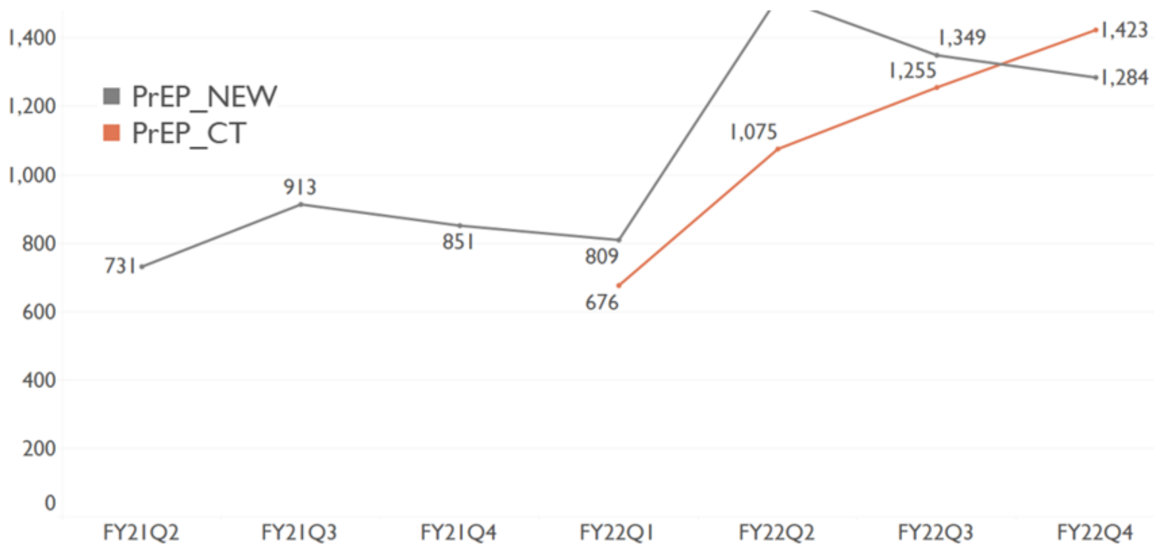

Figure 3.4.1.2. Continued Uptake of PrEP by KPs

In COP23, PEPFAR Namibia will develop tailored HCD social and behavior change communication (SBCC) materials for KPs. This will include event-driven PrEP for gay men and MSM and introduction of PrEP options for FSWs. In the community, PEPFAR Namibia will expand access to PrEP through HIVST for refills (ensuring alignment with MOHSS guidelines, updating in COP22) and telehealth services and support for home/community-based pick-ups. Building on what will be introduced in COP22, PEPFAR Namibia will continue repackaging PrEP bottles, including procurement of a seven-day pill case and options for a month's prescription and the introduction of travel packs (one month of PrEP, condoms, and lubricants).

Care and Treatment

The Namibia KP program has strong linkage to treatment, with 99% for FSWs, 101% for MSM and 93% for TG persons, as seen below in Figure 3.4.1.3, and high VLS rates of 96% for FSWs, 99% for MSM, and 92% for TG persons. We see low VLC, as only 81%, 75%, and 87% of eligible FSWs, MSM and TG persons, respectively, have their VL documented. The program's enhanced case management approach is crucial for achieving strong linkage and VLS results. This approach links KP clients to a Case Manager who escorts clients for initiation and follow up appointments, provides appointment reminders, and gives support through counselling on Undetectable = Untransmittable (U=U), appointment reminders, and escorting for VL testing. In COP23, PEPFAR Namibia will build on the national U=U campaign and focus on quality management activities to address gaps around VLC.

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Figure 3.4.1.3. Continued Gaps in the KP Treatment Cascade in FY22

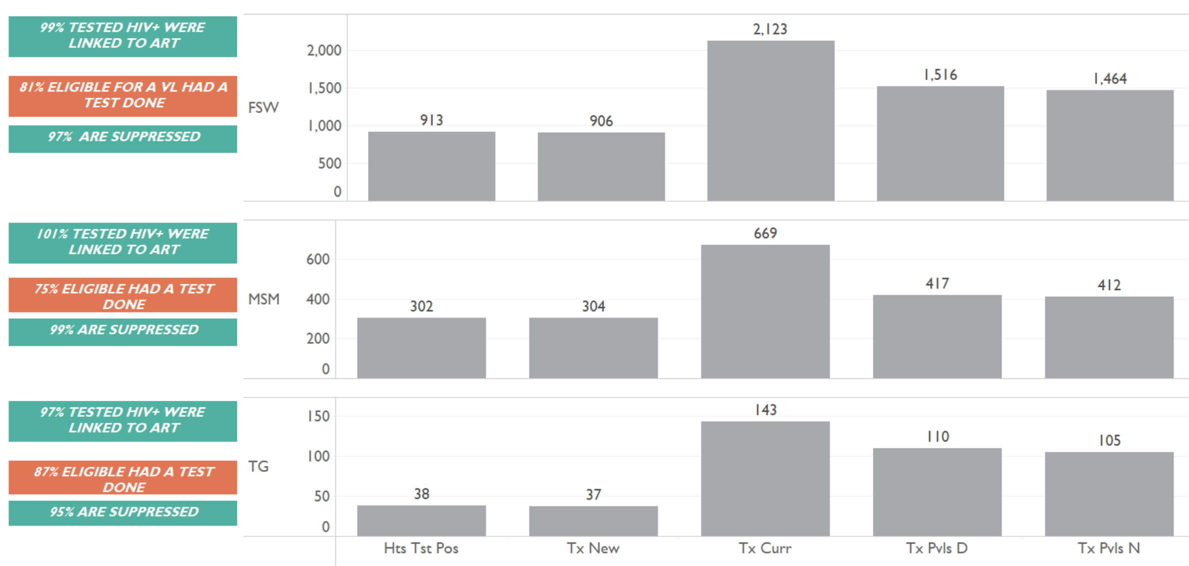

Figure 3.4.1.3. Continued Gaps in the KP Treatment Cascade in FY22

The current KP program provides access to MOHSS and KP-friendly private clinics including support for provision of monitoring of hormone replacement therapy for TG (started COP22). In COP23 we want to further expand and support MOHHS or private clinics to become KP "Centers of Excellence" for FSWs, gay men, MSM, and TG persons.

Interruptions and Reengagement

Continuing from prior program focus, in COP23 the KP program will increase formal reporting on clients experiencing interruption in treatment that case managers have supported to reengage working closely with MOHSS staff. In FY22, the KP program supported 117 clients to return to treatment.

Differentiated Service Delivery

In COP23, expansion of DSD models is key for KPs. Expansion will include increased moonlighting and venue-based testing in the prioritized five districts and ensuring services are better aligned to the hotspot's KP peak hours and days (Friday and Saturday, 17:00-2:00), increased flex hours including at MOHSS clinics and integration of KP-friendly services in all decentralized health service interventions.

KP-Led Programming

The current KP program is led by a local partner, and includes six KP-led organizations, that prioritize and support community-level programming and engagement with KPs. In COP23, PEPFAR Namibia will continue its current organizational and technical capacity strengthening approach adapted for social contracting opportunities. We will support the KP community to develop Namibia-specific guidelines around KP competency.

Starting in COP22, and continued through COP23, PEPFAR Namibia is supporting the establishment of a KP/ lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) consortium. This consortium will support consensus around priorities and support increased communication channels to the community. The consortium will better ensure KP community leaders are part of future designs, development, and implementation of HIV programs.

Structural Interventions and other Relevant KP programming

In COP22, PEPFAR Namibia introduced social enterprise development through seed funding to three projects. Based on the initial findings, this work will expand in COP23.

COP23 also includes an increased focus on access to psychosocial support, either directly or through referrals, to vetted KP friendly services. COP23 will include custom indicators for reporting on GBV allowing for more accountability on provision of this service to KPs.

Programming around stigma and discrimination and legal rights is noted in Section 3.9.

3.4.2 Incarcerated Persons

Incarcerated persons living with HIV face barriers to accessing HIV care and treatment services putting them at increased risk of treatment interruption and failure. Since FY20, as part of the DSD models, PEPFAR and the MOHSS began supporting the Correctional and Police Services in addressing the epidemic in correctional facilities and police holding cells (prisons). Working with the Ministry of Home Affairs, Immigration, Safety and Security teams conducted a baseline assessment in all the 14 correctional facilities. In FY21, the services were extended to the Namibia Police, with 54 police holding cells assessed across the country to determine the burden of disease and the quality of services.

PEPFAR Namibia then worked with the MOHSS and the Ministry of Home Affairs, Immigration, Safety and Security to develop a Minimum Package of HIV and TB services for people in correctional facilities and police holding cells, which was officially launched in September 2022 (see Image 3.4.2.1). The document provides guidance for continuity of HIV and TB care during incarceration and after release, as well as monitoring and reporting guidance. It also emphasizes the importance of strengthening referrals and linkages, and community level support.

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Image 3.4.2.1. Minimum Package of HIV and TB Services for People in Correctional Facilities

Image 3.4.2.1 Minimum Package of HIV and TB Services for People in Correctional Facilities

Gaps

Key identified gaps that exist for incarcerated populations are around ensuring the provision of minimum standards of care in correctional facilities and police holding cells, post-release care for formerly incarcerated persons, interruptions in continuity of care on admission and transfer between facilities, and psycho-social issues prevalent among inmates for which there is limited support available. In addition, infrastructure needs upgrading in police holding cells and correctional facilities and monitoring and evaluation systems are weak.

Priorities

The highest priority will be strengthening implementation of the Minimum Package of Services. One of the key interventions of the Minimum Package of Services is linkage to comprehensive HIV care for inmates after their release to ensure continuation of care in the general population. PEPFAR will therefore support the strengthening linkage to health facilities, MMD provision and prevention services (e.g., PrEP, condoms/lubricants) upon release.

PEPFAR Namibia will also support the GRN to address psycho-social issues among PLHIV in correctional facilities and police holding cells through the enhanced mental health support service package being developed by the MOHSS. Furthermore, PEPFAR Namibia will also strengthen continuity of HIV/TB prevention, HIV testing, treatment, and comorbidity care services for inmates on admission, transfer between facilities and prior release into the community. To address the gaps in health infrastructure, minor modifications to health infrastructure to meet minimum quality standards for service delivery will be explored.

Finally, PEPFAR Namibia will strengthen monitoring and evaluation including use of MOHSS-developed national data collection and reporting tools. This will also include improving data access and use for program improvement in correctional facilities and police holding cells.

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3.5. Children

3.5.1. Vulnerable Children

PEPFAR-supported activities for vulnerable children are undertaken in partnership with MGEPESW, MOHSS, the Ministry of Education, Arts and Culture, MSYNS, and Ministry of Home Affairs, Immigration, Safety and Security. Activities align with geographic areas with highest HIV burden and greatest unmet ART needs for children. The activities ensure that vulnerable children, which include children living with HIV, children of FSWs, survivors of sexual and gender-based violence, pregnant adolescents and teen mothers, children with disabilities, child-headed households, adolescent boys, and their caregivers, receive PEPFAR assistance to improve HIV and well-being outcomes and are linked to other available social services, such as national social grants, food assistance, education support, and other social safety nets and health strategies for support.

The PEPFAR Namibia OVC program is a mature, community-based program providing comprehensive case-managed care for HIV-positive and HIV-affected children, adolescents, and caregivers in 18 districts and seven regions. In FY22, 52,993 OVC (99% of the target) were reached with OVC services. Almost all beneficiaries (92%) are under 18. Of the total OVC receiving comprehensive care (25,242), more than 86% (21,631) know their HIV status and 1,409 graduated from the program. 41% are DREAMS clients who received an OVC service and 14% were in the OVC preventive category and received HIV and violence prevention interventions. Of the 25,242 OVC who received OVC comprehensive services including HIV risk assessment, 66% were HIV-negative, and 32% (6,783) were HIV-positive, of which 100% are on treatment.

The program enrolled and provided service to 117 children living with disabilities. Children, adolescents, and caregivers with disabilities is a category that is documented during enrollment and OVC case management services are provided to clients with disabilities who qualify for enrollment in the OVC program. Figure 3.5.1.1 shows some of the impacts of PEPFAR's OVC program in Namibia.

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Figure 3.5.1.1. Viral Load Suppression in OVC Beneficiaries

Figure 3.5.1.1 Viral Load Suppression in OVC Beneficiaries

Although the program showed improvement, some key gaps and areas for improvement remain, including enrolling more CLHIV into the OVC Program (see Figure 3.5.1.2). Additionally, for the OVC aged <2, known HIV status remains low, as is VLS in OVC less than one year old (see Figure 3.5.1.1). COP23 will therefore focus on closing these gaps.

Figure 3.5.1.2. Gaps, Priorities, and Programming Shift for the OVC Program in COP23

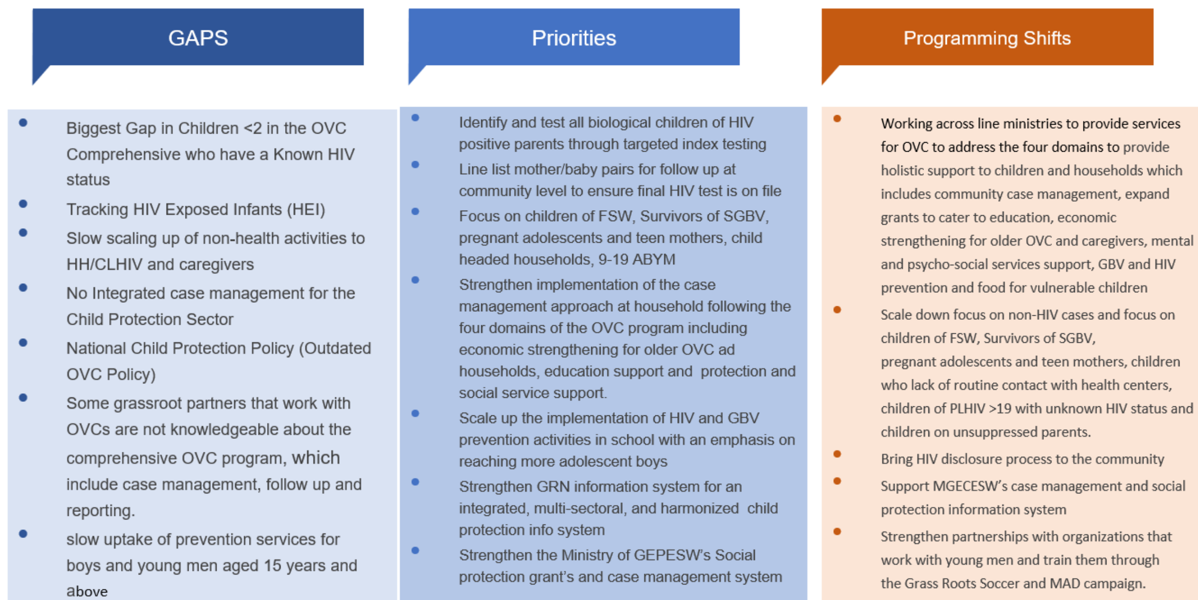

Figure 3.5.1.2 Gaps, Priorities, and Programming Shift for the OVC Program in COP23

In COP23, PEPFAR Namibia will implement a comprehensive family-centered and case management approach in 18 districts, seven regions with high HIV and PLHIV burden. The OVC comprehensive program is a time- and resource-intensive model focused on those children and their families with known high-risk characteristics including HIV infection. The program also provides evidence-based violence and HIV prevention interventions to the wider community of at-risk girls and boys in high burden sub-national units (SNUs) between ages 10-14. The OVC program will extend its reach to older ABYM up to the age of 19 with HIV and GBV prevention, community mobilization and gender norms interventions. In COP23, the program will increase its reach by 8% to 57,410 OVC beneficiaries compared to 53,083 in COP22. 29,419 of these beneficiaries will be children under 18, also an 8% increase from 27,275 in COP22. Reducing from three to two mechanisms creates efficiencies which enable this expanded reach.

The current OVC program has a formal memorandum of understanding (MOU) with the MOHSS and established relationships with clinical partners, KP implementing partners and the DREAMS program to address the psychosocial and economic needs of children and caregivers who are high-risk clients. It is expected that two follow-on new implementing partners who will begin implementation in quarter 3 of FY23, will update the established MOUs and formal relationships with partners to facilitate effective targeting and referrals.

In high-volume clinics within high burden SNUs, at least 90% of children and adolescents (<19 years of age) in PEPFAR-supported treatment sites will be offered enrollment in OVC programs, which will provide more intensive support including case management, parenting skills building, and access to socio-economic services. Children at high risk for treatment interruptions and families experiencing

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challenges with continuity of treatment and ART adherence will be prioritized for enrollment into OVC programs from facilities. Linking the program with healthcare facilities remains a critical component of the program. The program will ensure that case workers and community health workers (CHWs)are still linked to health facilities for identification, enrollment, and follow-up with CLHIV, PLHIV, and their families. Case workers and CHWs will be responsible for providing home-based visits for routine assessments and follow-up. Case support and management approaches will be emphasized as a best practice for children who need enhanced support. The OVC program will also work with the pediatric and clinical program to ensure that all CLHIV, irrespective of age, are on MMD of ART.

The program will work across line ministries to provide services for OVC to progress toward graduation benchmarks in the four well-being domains (healthy, safe, stable, schooled) to provide holistic support to children and households, which includes community case management, expanding grants to cater to education, economic strengthening for older OVC and caregivers, mental and psycho-social services support, GBV and HIV prevention, and food support for vulnerable children. It is anticipated that a new G2G with the MGEPESW will be established in COP24 to layer social protection grant programming with care services.

The OVC program will offer structured counseling and support to CLHIV and their parents and/or caregivers around disclosure enrollment. The program will also support the GRN to implement the national parenting programming, and caregivers of CLHIV will be provided familial support interventions. Other evidence-based parenting programs such as the *Families Matter!* Program and Ehafo Letu "Sinovuyo" will be used to reach caregivers. It is expected that in COP23, PEPFAR Namibia will work with the GRN to streamline parenting.

Sexual violence against children places children on a trajectory of negative health outcomes. The OVC program will provide training on first-line support for disclosures of trauma, including violence, provide referrals to services and the provision of post-GBV care, and work to enhance the safety of adolescents and youth living with HIV (A/YLHIV) for treatment continuity. PEPFAR Namibia will develop a G2G with the Ministry of Education, Arts and Culture in COP23 to implement primary prevention and response interventions and GBV prevention activities (particularly targeting ABYM from the age of 10-19) to prevent violence. The program will work with faith-based and other community structures to deliver care for vulnerable children, mental health support, gender norms change messaging and promote community-level mobilization and social norms changes.

In regions where the PEPFAR Namibia AGYW and the Global Fund AGYW programs are implemented, the programs will work closely together to maximize AGYW-focused prevention activities as well as refer older OVCs to SRH and PrEP services (this will happen in the Global Fund districts).

To address the absence of an integrated case management information system for the Child Protection Sector, the program will strengthen the GRN information system for an integrated, multi-sectoral, and harmonized child wellbeing information system. PEPFAR Namibia will also support the MGEPESW to update its child related policies and laws, and strengthen its social protection grant program by standardizing the screening, vulnerability criteria, registration and documentation to reach the most vulnerable children.

3.5.2 Pediatric HIV Service Delivery

Children <15 years of age living with HIV continue to lag behind adults in key metrics of epidemic control, including the first and third 95s. CLHIV also face greater barriers to accessing healthcare, education, and social support, as well as unique challenges of stigma and discrimination associated with HIV. Adolescents 10-19 years of age living with HIV (ALHIV) also face unique challenges that require specialized attention and support. The first and third 95s are especially low among adolescent boys.

Figure 3.5.2.1. Challenges Faced by Adolescents Living with HIV

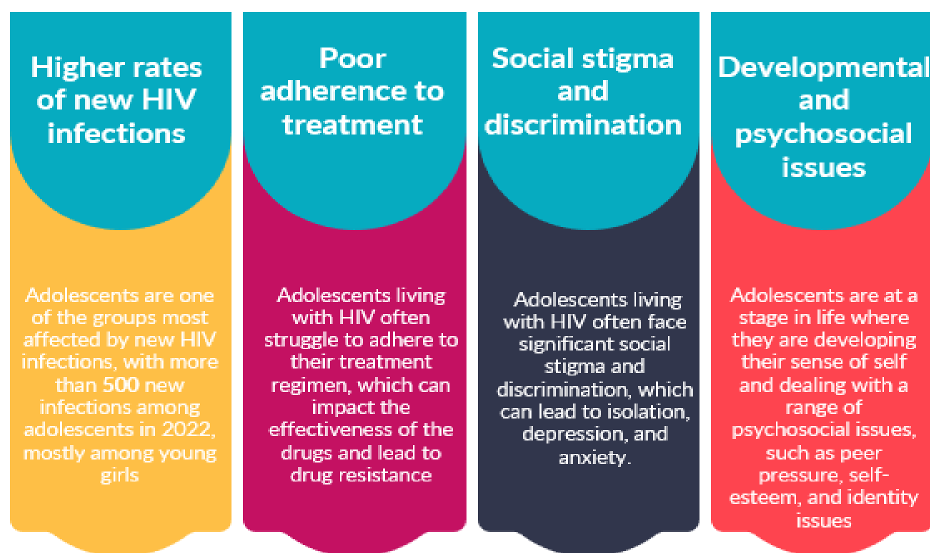

Figure 3.5.2.1 Challenges Faced by Adolescents Living with HIV

COP23 prioritizes interventions that address the unique needs of children living with HIV (see Figure 3.5.2.1) to promote their health and well-being, and to ensure their access to quality care and support.

Namibia has been progressive in its policy to support the best ART regimens possible for children and adolescents living with HIV (CALHIV) and early on endorsed DTG as the preferred first-line regimen across all age bands starting at four weeks old. The country has been successful in implementing and rolling out DSD models, including teen club support groups and a peer-support model through the Namibian Adolescent Treatment Supporters for children who are not virally suppressed. Figure 3.5.2.2 shows the OVC CLHIV Treatment cascade for the OVC supported districts, the program has enrolled 91% (7,085/7,723) of CLHIV on ART with 87% VL test completed and recorded in the last 12 months, and of those, 91% are virally suppressed.

Figure 3.5.2.2. CLHIV Treatment Cascade

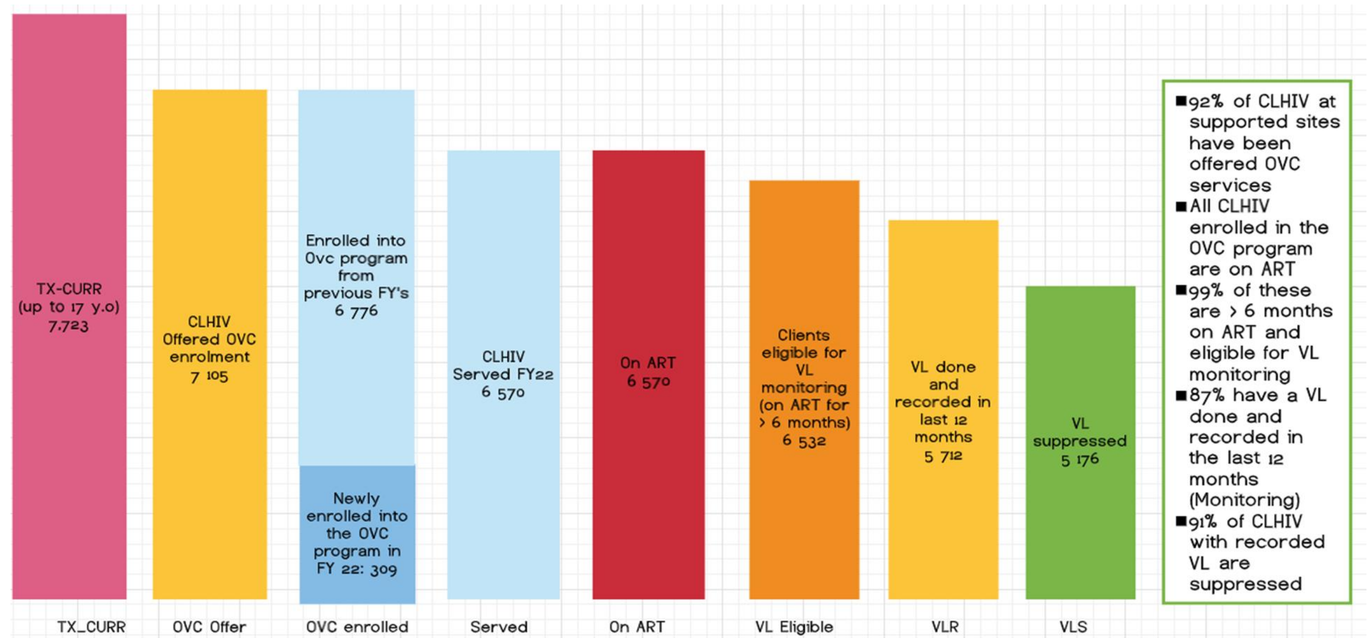

Figure 3.5.2.2. CLHIV Treatment Cascade

Over time, VLS rates have increased, likely due in large part to these instrumental and strategic activities and programs (see Figure 3.5.2.3.).

Figure 3.5.2.3. VLS Trends by Age Bands 0-19

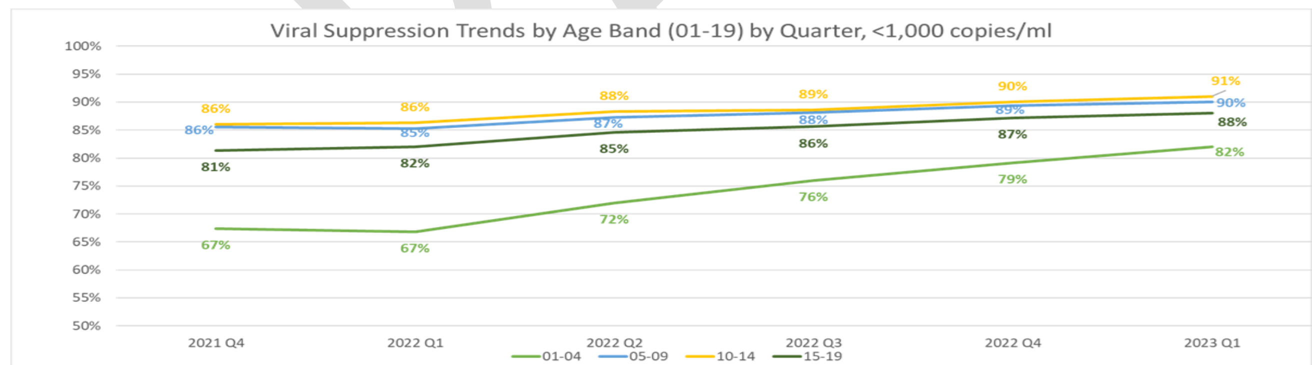

Figure 3.5.2.3. VLS Trends by Age Bands 0-19

Nevertheless, VLS for these priority populations continues to lag behind adults (see Figure 3.5.2.4.), with some districts/regions exhibiting larger gaps in outcomes (see Figure 3.5.2.5). While low VLS rates in previous years were attributed to inferior ART regimens, almost all CALHIV have now been successfully transitioned to DTG-based regimens, and remaining VLS gaps are likely associated with interruptions in treatment and adherence to treatment.

Figure 3.5.2.4. VLS by Age Bands, PEPFAR FY23 Q1

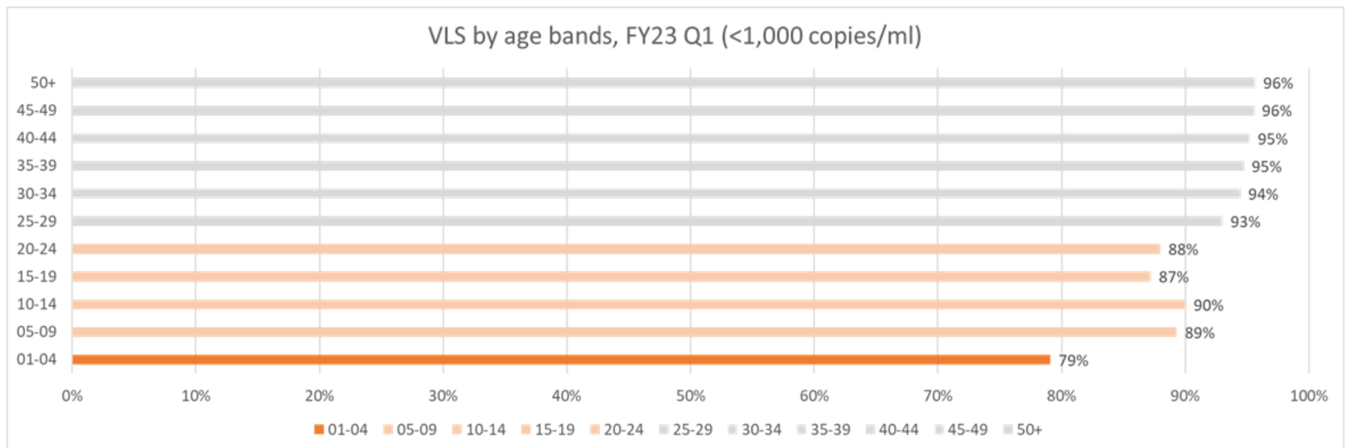

Figure 3.5.2.4. VLS by Age Bands, PEPFAR FY23 Q1

Figure 3.5.2.5. VLS (0-18 years) by Region, COP21 Q1

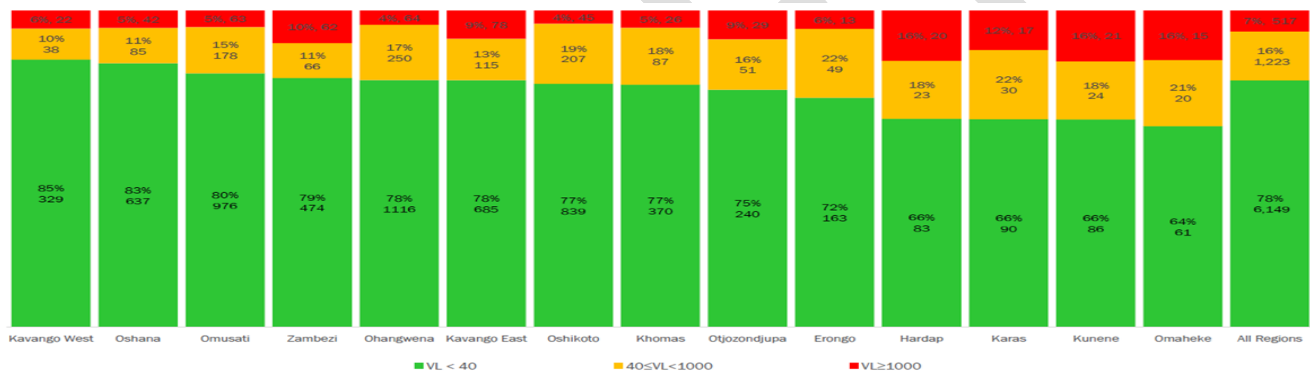

Figure 3.5.2.5 VLS (0-18 years) by Region, COP21 Q1

In COP23, PEPFAR Namibia will aim to close this VLS gap and improve adherence to treatment through coordinated facility and community interventions, leveraging lessons learned from other populations or locations. Evidence indicates that CAGs for adults have improved convenience of ARV refills and peer support. In COP23, PEPFAR Namibia will support implementation of a DSD model for pediatrics and adolescents.

In 2022, clear and frequent education to CHWs, community partners, and caregivers resulted in a rapid transition to DTG for 97% of CLHIV in less than one year. In COP23, PEPFAR Namibia will support education to CHWs, community partners, and caregivers on MMD for pediatric and adolescent population, especially 6MMD. Evidence showed that enrollment in HIV disclosure programs in the community by trained CHWs in Oshikoto and Oshana increased full HIV disclosure rates from 30% to 90%. In COP23, PEPFAR Namibia will support training for CHWs on the HIV disclosure process and enrollment and increase community-outreach activities by clinic personnel to include enrollment.

In 2022, caregiver clubs targeting caregivers of CALHIV with high VL or adherence issues were established initially in five districts and resulted in continuous VLS among the CALHIV population. In COP23, PEPFAR will support the distribution and training of the caregiver's guide (developed in 2022) to healthcare worker (HCW) facilitators, so the quality is standardized, grow the current 20 caregivers' clubs to at least one per district, and expand inclusion criteria to include CALHIV with detectable VL (>40). Additionally, caregivers will be referred for other community-based parenting/caregiver programs such as the *Families Matter!* Program.

The Rundu Pediatric Model clinic (a center for excellence) achieved >95% for all indicators in 2022, mainly on linkage to care, viral load monitoring, VLS, enrollment into pediatric disclosure program, full disclosure and TB preventive therapy completion. In COP23, PEPFAR Namibia will continue to support this model by completing the MOHSS standard operating procedure (SOP) for Pediatric Center of Excellency so it is standardized across additional sites (three current, possible growth to two more), revising the clinical guidelines to support attachments of clinicians at the pediatric model clinics to spread the quality and child-friendliness of pediatric care across all sites, and assigning 95% targets to all pediatric model clinics.

It is anticipated that the development and implementation of tracing SOP for interruptions in treatment and post-tracing support will address barriers to treatment continuity in COP22. In COP23, PEPFAR Namibia will support adaptation of this SOP to prioritize rapid tracing and treatment continuity support for CALHIV, particularly those at increased risk of treatment interruption (e.g., new on ART and children <1 year of age).

Namibian Adolescent Treatment Supporters (NATS), an adolescent peer support program for at-risk ALHIV (i.e., low VLS, experiencing interruptions in treatment, pregnant) grew to 110 NATS-supported programs in eight regions, enrolling, and serving over 2,000 at-risk ALHIV. In COP23, PEPFAR Namibia will evaluate this model to assess its effectiveness, identify barriers and facilitators to implementation, and improve its reach. Close collaboration with the OVC program ensures services are complimentary to the same young PLHIV and their caregivers and avoids duplication.

COP23 strives to also close many of these gaps when program activities are sub-optimal through enhanced-driven activities or geographic focus. Teen clubs are not currently accessible to all ALHIV. Only 60% of ART sites with at least 10 active ALHIV (10-19 years old) established regular Teen Clubs in COP21/22 with 67% of all active ALHIV (10-19 years) enrolled in these teen clubs. In COP23, PEPFAR Namibia will support the implementation of a standard, simplified, and sustainable package of services for each Teen Club, TA to districts for establishing clubs, specifically regions lagging behind enrollment of ALHIV <50% (Zambezi, Otjozondjupa, Erongo, Hardap, !Karas), continue to improve quality of each club using Namibia's Standardized Training Curriculum for Teen Clubs, ensure GRN clinic staff lead the clubs and document beneficiary outcomes and evaluate this model to ensure its effectiveness.

In COP23, PEPFAR Namibia will support increased targets for index testing of biological children with the inclusion of both the biological mother and father as index cases. This initiative will begin with the largest facilities in Namibia, focusing on identifying and completing the testing cascade for children of all

PLHIV on treatment. Index testing services for select groups (e.g., newly diagnosed PLHIV, interruptions in treatment, unsuppressed viral load) will continue.

In COP23, PEPFAR Namibia will also support integration of mental health care screening and management into pediatric HIV disclosure and adherence support within clinical and community programming; adaptation of WHO guidelines on psychoeducation and psychological interventions for Namibia; and establishment of referral and linkage pathways to social services provided by line ministries (MOHSS and MGEPESW, Ministry of Education, Arts and Culture) and community-based organizations.

A reported 91% of CLHIV <15 years of age are enrolled in the OVC program in OVC-supported districts, with 78% of all CLHIV in the country enrolled in the OVC program. 68% of CALHIV <20 years of age are enrolled in OVC-supported districts and 59% for the entire country. In COP23, PEPFAR Namibia will double efforts to enroll all eligible CLHIV <20 years of age in OVC-supported districts through optimized community-facility partner collaboration starting with line lists from already enrolled OVC beneficiaries and comparison to facility medical records to identify unenrolled CALHIV.

3.6. Cross-border Population

Namibia shares its northern borders with Angola (1,376 km) and Zambia in the northeast (233 km). These areas are host to large population centers in Namibia and proportionally carry the largest burden of the HIV epidemic in Namibia. Border communities are often people who come from intertwined families who do not consider themselves neither as “Angolans” or “Namibians”. These families have deep, inseparable ancestral family ties despite the historical colonial borders which split these local families and communities into artificially different nationalities of the two countries (the rules pertaining to dual citizenship in Namibia allow for this status by descent but not by marriage, and while future generations may be eligible (children within these communities for example), there are many within the current aging population who do not have the right to dual citizenship).

Underlying the health service access differential between Namibia and Angola is the situation in southern Angola characterized by widespread ARV stock outs, limited HIV prevalence knowledge, no political will, and no HIV test kits. It is thus widely understood that populations along these borders, particularly those living in Angola, frequently cross into Namibia seeking for a variety of health services, including HIV testing, care, and treatment. This in turn results in overwhelmed health resources on the Namibia side (e.g., human resources for health, commodities, and facilities) to accommodate a population above and beyond the local catchment population estimated in the national population census estimates.

It is estimated that more than 13,000 patients along both borders receive healthcare services at more than 26 sites in the five regions: Kunene, Omusati, Ohangwena, Kavango East and West. From October 2021 until September 2022, just over 6,200 pill pickups occurred at border sites, and the majority (55%) received three months or more MMD. Under the system, Namibian healthcare workers staff at border sites, with the help of immigration officials, provide comprehensive HIV services by conducting clinical consultation, blood monitoring, ART refill and other essential primary health care services.

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Namibia recognizes that uncontrolled HIV among Angolans directly impacts Namibia as these communities are constantly socio-economically interacting and they share common local chains of HIV transmission. A key strategy for the Namibia response is to set up border health service points to cater for these cross-border populations. Working closely with the Global Fund, seven community sites underwent minor renovations. The aim of the establishment of border points is to ensure continuity of care and provide comprehensive health services to cross border patients experiencing hardship. In COP23, PEPFAR Angola will receive an additional USD $10 million which provides an opportunity to discuss HIV service and commodity priorities along the Namibian border with the intention to decrease the burden on the Namibian health system.

Gaps

Key gaps that exist in cross-border populations include strengthening monitoring and evaluation to better track patients, increase DSD service provision, and the addition of service delivery points.

Key COP23 priority activities include: an improved monitoring of cross-border populations and ensuring continuity of care; organization of an identification system to track clients across sites and borders; mapping of facility pairs and linking services (i.e., specimen collection) ensuring continued capacity to provide integrated HIV/TB and primary care services for cross-border populations as well as HIV prevention services including PrEP, VMMC, condom and lubricant distribution; enhanced utilization of DSD models including CAGs and comprehensive community-based health services; promoting 6MMD; and planning with PEPFAR Angola to improve border area HIV service provision and minor infrastructure modifications to provide additional service delivery points.

3.7. Men

3.7.1. Geographic and Population Prioritization for Men Ages 25-39 Years

The PLHIV burden and the unmet need for ART varies across Namibia. ART coverage by age and sex is notably low below the UNAIDS 95-95-95 amongst 25-39 years (see Figure 3.7.1.11).

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Figure 3.7.1.1. ART Coverage by Age and Sex

	PLHIV		AWARENESS OF HIV STATUS		ART COVERAGE		VLS	
Source(s) Used:	Calendar Year 2022Q4 Spectrum/Naomi model estimates		Calendar Year 2022Q4 Spectrum/Naomi model estimates		Calendar Year 2022Q4 Spectrum/Naomi model estimates		Calendar Year 2022Q4 Program data	
Age	Total PLHIV [95%CI] (Male)	Total PLHIV [95%CI] (Female)	% of PLHIV Aware of Status out of all PLHIV [95%CI] (Male)	% of PLHIV Aware of Status out of all PLHIV [95%CI] (Female)	% of PLHIV on ART out of PLHIV Aware of status (Male)	% of PLHIV on ART out of PLHIV Aware of status (Female)	% of PLHIV on ART who are Virally Suppressed (Male)	% of PLHIV on ART who are Virally Suppressed (Female)
00-04	664 [643-682]	658 [638-676]	63% [49%-75%]	63% [49%-75%]	100%	100%	82%	87%
05-09	833 [795-875]	835 [798-877]	79% [72%-84%]	79% [73%-84%]	95%	95%	90%	91%
10-14	2,086 [1,986-2,194]	2,117 [2,016-2,228]	81% [76%-85%]	81% [76%-85%]	99%	99%	90%	91%
15-19	2,479 [2,365-2,603]	4,536 [4,384-4,695]	78% [43%-98%]	92% [73%-100]	100%	100%	87%	89%
20-24	3, 449 [2,846-4,103]	9,206 [8,306-10,278]	66% [29%-97%]	87% [59%-99%]	100%	100%	82%	90%
25-29	5,381 [4,696-6,127]	11,894 [10,720-13,113]	75% [42%-98%]	89% [65%-99%]	94%	100%	88%	94%
30-34	7,708 [6,802-8,772]	15,461 [14,077-16,956]	87% [61%-99%]	94% [77%-100%]	93%	100%	93%	95%
35-39	8,923 [7,846-10,028]	16,890 [15,549-18,326]	92% [69%-99%]	96% [84%-100%]	95%	100%	94%	96%
40-44	10,447 [9,246-11,635]	18,836 [17,457-20,241]	95% [78%-100%]	97% [89%-100%]	95%	99%	94%	96%
45-49	11,254 [10,056-12,530]	19,219 [17,707-20,696]	96% [83%-100%]	98% [90%-100%]	95%	99%	95%	97%
50+	23,434 [21,657-25,365]	39,039 [36,716-41,542]	96% [84%-100%]	98% [91%-100%]	96%	99%	95%	97%
Total	76,658 [76,016-77,291]	138,690 [137,943-139,426]	90% [87%-92%]	95% [93%-96%]	97%	100%	93%	95%
	215,348 [214,292-216,419]		92% [91%-94%]		99%		94%	

Color coding uses red (≤84%), yellow (85-94%), and green (≥95%)

Notes: *DATIM SUBNAT VLS results reported for calendar year 2022 Q4 represents aggregated VL testing data, not client-level Spectrum/Naomi model estimates for December 2022 time period.

Figure 3.7.1.1. ART Coverage by Age and Sex

3.7.2. Case Finding and ART

Compared to women in the same age group, men in the ages of 25-39 year have lower HIV status awareness and lower VLS rates and are therefore a priority group for MOHSS and PEPFAR. In COP23, PEPFAR Namibia will continue to implement targeted interventions to increase case identification, linkage to ART and attainment of VLS to address these gaps. These interventions which are laid out in the NSF 2023/24 to 2027/28 include implementation of targeted index contact testing services, distribution of HIV self-test kits, offering HTS to all males attending STI and TB clinics, approaches such as MenStar, and tailored IEC materials that target men. Interventions for retention in care include DSD models, SMS Reminder Systems, decentralized chronic medicine dispensing units (Pelebox®) in urban settings, tracing SOP, and identification of men with virologic non-suppression.

3.7.3. Combination Prevention

Preventing HIV infection in men is essential in disrupting HIV transmission, reaching 95-95-95 targets, and sustaining epidemic control. PHIA results in eight high-burden countries show that men aged 15-49 years have lower rates of HIV diagnosis than women (the first 95). Given the rates of sexual transmission, men are at increased likelihood of transmitting HIV to their partners, especially women aged 15-24 years. For men, prevention services include education and self-efficacy training, condom and lubricant distribution, VMMC, and PrEP. PEPFAR Namibia will revisit previous relationships with private sector entities that reach men with targeted interventions and condom distribution options.

3.7.4. Voluntary Medical Male Circumcision

In COP23, VMMC service delivery will focus on several activities, including: accelerating VMMC service delivery models to increase the uptake in men at higher risk for HIV infection; human-centered design

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demand creation for older men through leveraging existing community/DREAMS champions; maximize social and print media to increase demand; quality improvement activities coupled with routine supporting supervision and continuous quality improvement activities; enhancing MOHSS capacity and strengthening collaboration to integrate tailored VMMC service delivery; and leveraging private sector resources (medical aid and insurance scheme) to increase VMMC.

3.7.5. Behavioral Health

Current communication and messaging around HIV are often not effective at reaching and encouraging men to come for services, and testing times and locations are not always conducive for men. Men often describe their perception that conventional HIV service facilities are oriented toward women and communicate a desire for facility hours and environments that are more convenient and comfortable for them. Peer leadership programs, such as coach or mentor models, may help men who do not see their risk of HIV acquisition as elevated or understand how specific behaviors or actions lead them to be at elevated risk of HIV acquisition. In COP23 the MOHSS will continue to implement MenStar activities to improve engagement of men in HIV care and treatment services.

3.8. Other Priority Populations

Namibia is home to a diverse population, including many populations that are underserved in health. Examples of important populations identified by stakeholders, civil society organizations, faith-based organizations, and GRN include nomadic groups, including the San community. This population is known to have higher rates of TB and multidrug resistant TB, and has difficulty accessing diagnostic and treatment services, as well as challenges in continuity of services due frequent movement and limited health facilities in areas where they live. For COP23, PEPFAR Namibia will work with MOHSS to explore opportunities for active TB case finding in this community, accompanied by novel DSD strategies to assist clients with TB in completing a full course of treatment.

Farm workers (including migrant workers) based on industrial farms exist in the southern half of Namibia and are often staffed by farm laborers who live on the farm all or some of the year. Due to large distances to health facilities, farm laborers have challenges accessing health services. In COP23, PEPFAR Namibia will support MOHSS to work with labor unions and farm owner collaboratives to explore DSD options (e.g., outreach services to farms, community drop off points for ARVs, prevention (PrEP, condoms) and SRH (FP) commodities, NCD medications, and small CAGs that access medications at a centralized health facility).

Another priority population identified is refugees. Namibia's Osire refugee camp houses approximately 7,500 refugees and asylum seekers. In COP23, PEPFAR Namibia will provide technical assistance to GRN to examine health services in the camp and identify any gaps, particularly related to TB and HIV.

Person with disabilities is a heterogenous group that can experience challenges in accessing services offered at traditional health facilities. In COP23, PEPFAR Namibia will work with MOHSS and other implementing partners to consider access indicators along with routine quality management activities at sites for facility accreditation and improved community outreach services.

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3.9. Addressing Stigma, Discrimination, Human Rights, and Structural Barriers

Stigma and discrimination impact how KPs, men, youth (including ANC clients), PLHIV and sero-different couples access health and other relevant social services. Namibia's CLM findings from 2022 indicate 19% of KPs and 5% of the general population experience stigma and discrimination when accessing health services. Per the NSF, youth experience high levels of stigma and discrimination in schools from teachers, other learners, parents, and community members which interferes with attending prevention programs or the uptake of prevention services.

For KPs, the 2022 HIV Risk Hotspot Mapping and Key Population Size Estimation in Ten Priority Geographical Areas of Namibia reported that 21% of KPs have ever been mistreated by a health care worker, with the highest reported in Swakopmund at 45.7%, and the lowest at 5.6% in Otjiwarongo. The report also found that at a national level, 22.4% of KPs have also been beaten by the police, with the highest being reported in Oshakati at 34.5 and the lowest, at 4%, in Katima Mulilo. It also documented that 40.6% of KPs surveyed have been forced to have sex against their will. This is found within community specific data from the Afrobarometer opinion polls that found a decline in the number of Namibians that would welcome or would not be bothered by having a homosexual neighbor (64.4% (2019); 49.4% (2021). In the F&M Global Barometer of Gay Rights, Namibia scores an F (33%) – the category of persecuting and an F (41%) for Transgender Rights.

In COP23, Namibia will increase focus on addressing stigma and discrimination and access to core services for these populations. Specifically, PEPFAR Namibia will continue to support advocacy and dialogue in targeted public forums and with key influencers to reduce stigma and discrimination towards KPs, men, youth (including ANC clients) PLHIV and sero-different couples; support site level sensitizations at health facilities as well as with police officers and social workers; training providers on human rights based services, stigma and discrimination and sexual and gender diversity and community capacity strengthening and human-rights education to enhance the implementation of the Patient Charter. Through leadership of the MOHSS, PEPFAR Namibia will establish a youth-, male-, and KP-friendly accreditation process for health facilities and will also support the establishment of a national minimum package of services for KPs, aligning with the WHO guidelines to support a standard package of service.

KPs had identified legal barriers to effective provision of services, and through collaboration with the Global Fund, and other USG supported activities, and multilaterally funded activities the program will focus PEFPAR support around "know your rights" education with the KPs and leverage larger-scale activities to address the legal reform required to remove these barriers.

Gaps were also identified around limited support for gender and sexual minorities' access to employment in private and public sector, as well as around limited non-HIV focused activities that address underlying needs for KPs. As outlined above, PEPFAR Namibia is leveraging funding to address these gaps.

As part of the LIFT UP Equity Incentive application process, PEPFAR Namibia identified activities that will take equity to KPs, AGYW and children (priority populations) to new and groundbreaking levels. PEPFAR

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Namibia conducted multiple stakeholder sessions, as part of the broader COP23 process, to better understand the priorities of the different priority population communities, helping to refine the proposed activities and identify the final selected activities that were subsequently endorsed.

Key activities focus on complimenting current COP23 funded, site level and project specific activities, and work to address the systematic needs of the health system around stigma and discrimination, mental health and psychosocial services within different Line Ministries' mandate. Trainings, sensitizations and tools will be reviewed and updated to meet current global best practices and Namibia's need for tailored materials around S & D, sexual and gender diversity. These activities include addressing both stigma and discrimination and gaps in mental health and psychosocial service for KPs, AGYW and children from an equitable lens.

In addition, PEPFAR Namibia will leverage funding to address structural barriers to accessing health services as programming outside of direct HIV services is limited and spread over a large geographical and culturally diverse country. Through an Equity Fund opportunity, PEPFAR Namibia will ensure that priority populations will design and implement sustainable solutions to identified barriers.

The LIFT Up fund will also support gathering core information around the intersectionality of FSW, gay men and MSM, TG, AGYW and those of people who inject drugs (PWIDs) as well as a separate group of People with Disabilities (PWD). Both activities include an assessment of the current status of both populations and their intersectionality with priority populations, as well as providing introductory programming to help ensure that what has been identified as priority, is addressed as it is transitioned. Data will guide how equitable services will be provided to these groups.

4.0. Pillar 2: Sustaining the Response

4.1. Essential Health Services Package

The GRN has declared its intentions, in strategic documents such as the Harambee Prosperity Plan II (2021-25), to implement the health system reforms needed to achieve Universal Health Coverage (UHC). Per the WHO, UHC is defined as "all people [having] access to the full range of quality health services they need, when and where they need them, without financial hardship." While many services to be provided under UHC are uniform across countries, each develops its own package, based on criteria such as disease burden and value for money.

PEPFAR Namibia, in COP23, is supporting the GRN to develop Namibia's revised essential health services package (EHSP). The package is a key cornerstone of Namibia's UHC agenda, as it will be used by the GRN to guide critical health system reforms. Using the EHSP, the GRN will be able shape and implement the health financing reforms needed to promote greater equity in access to healthcare, more effective population coverage, and improved financial protection. Support in COP23 will focus on estimating the resources (i.e., human, infrastructure, medicines, equipment, etc.) required to fully implement the EHSP across the public health system and the distribution of these resources across regions. Furthermore, PEPFAR Namibia will support the implementation of public financial management reforms to facilitate budgeting, allocation, and monitoring of expenditures by individual programs, ensuring alignment of spending with the health needs as in the EHSP and strategic programmatic goals. This shift towards

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program-based budgeting will help the MOHSS better link spending to the services in the package and to health outcomes, ultimately resulting in improved efficiencies in the allocation and use of resources for health. Person-centered HIV Services will help to maintain epidemic control.

4.2. Adult HIV Clinical Services

As described in section 2.1 *"Summary statistics, disease burden, and country profile",* Namibia has generally achieved very high levels of success across the 95:95:95 cascade among adults in most regions. However, challenges to improve on and sustain these achievements continue to exist. Viral load suppression rates remain below the 95% threshold in four of the 14 regions in Namibia, namely Kunene, Omaheke, Otjozondjupa and Karas. Lower VLS rates are also consistently seen among children, adolescents, and young adults (<30), as well as males of almost all ages (<40). The data also shows lower 95-95-95 rates among KPs (FSW, MSM and TG).

The current DSD SOP excludes vulnerable populations such as children, pregnant and breastfeeding women and does not have specific DSD guidance for key populations. Community Adherence Groups are not universally connected with PLHIV networks, and there is therefore sub-optimal PLHIV network involvement. Furthermore, there are gaps in the community health work program implementation meaning that people with unsuppressed viral load do not always receive the support in the community that they need.

Advanced HIV disease management and the treatment of NCDs is not fully optimized and standardized at both facility and community levels. Six multi-month prescribing and dispensing is not fully scaled-up due to chronic shortages, as stock-outs and shortages of commodities (e.g., Tenofovir/Lamivudine/Dolutegravir (TLD), 2nd line ART, 3rd line ART) are often reported at facility level; conversely at times, some facilities at times under-prescribe on MMD due to an abundance of caution even when stock levels are sufficient.

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To address these remaining challenges, PEPFAR Namibia plans to support the MOHSS in the revision of DSD SOP to be more evidence-based, inclusive and equitable. This will ensure that all populations including vulnerable populations such as children, PBFW are included, and provide specific guidance on KPs, so that everyone can also fully benefit from DSD services. Support will be provided to align current community-based HIV services and DSD models towards providing more integrated community health services as a component of the new MOHSS reformed CHW program. Consulting the OVC program as a model, additional opportunities will be sought to link community-based interventions with health facilities through case support and management approaches. In line with this effort, PEPFAR Namibia will help facilitate enhanced, meaningful engagement and collaboration with PLHIV networks. More specifically, PEPFAR Namibia will work with GRN and other stakeholders to include active leadership and involvement of PLHIV networks to support implementation of retention and adherence interventions.

On the disparities of regional viral load suppression rates, PEPFAR Namibia will support enhanced targeted regional support to Kunene, Omaheke, Otjozondjupa and Karas through strengthened service delivery capacity, enhanced clinical mentorship and Quality Improvement Collaboratives. PEPFAR

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Namibia will continue support for clients to improve retention though interventions such as the MenStar efforts and implementation of the MOHSS Tracing SOP designed to trace and return patients who interrupt treatment back into care. Other adherence interventions such as the SMS reminder system, and Chronic Medicine Dispensing Units (Pelebox®) will continue to be maintained per guidance from MOHSS. MOHSS will also ensure that experienced clinical and program staff will be invited to participate in forecasting and quantification activities. This will ensure accuracy of clinical assumptions is incorporated into the exercise and prevent occurrences of incorrect commodity forecasts and stockouts.

4.3. Differentiated Services Delivery model

Differentiated service delivery is a person-centered approach to HIV and TB care that recognizes and provides for the diverse needs of PLHIV throughout their lifespan. In 2021 the World Health Organization revised its recommendations on differentiating service delivery according to the needs of different groups, including pregnant and breastfeeding women, children, adolescents, key populations, people with advanced HIV disease, people with comorbidities, and people in contextual settings (e.g., farming communities). The guidelines also emphasized how ART should be applied to all populations including PBFW, children and adolescents and key populations who would all benefit from DSD models that are adapted to their needs. It also applies to those on second and third-line regimens.

ART provision should not depend on receiving other services (e.g., a pregnant women can be in a community adherence group and attend ANC separately) and children two years or older can receive multi-month refills.

Namibia started implementing forms of DSD in 2007 and developed a DSD standard operating procedure in 2019. Examples of DSD models currently being implemented at scale in Namibia include CAGs, comprehensive community-based health services (community outreach), multi-month dispensing, case management through the OVC program, teen clubs, the Namibia Adolescent Treatment Supporter program, and young adult adherence clubs. Namibia has also tailored DSD models to reach KPs through facility-based flexible hours, community-based monthly outreaches, moonlight services, and venue-based service provision. Community adherence groups are the most common DSD model and by the end of September 2022, there were approximately 20, 000 PLHIV (10% of PLHIV on ART) in CAGs, primarily in the northern regions of the country.

While there has been progress scaling-up DSD models in Namibia, gaps and challenges remain. PEPFAR Namibia will work with MOHSS and implementing partners to address these in COP23. In addition to the challenges referenced above, other challenges include a predominantly paper-based monitoring and evaluation system, and the current focused scope of CAGs limited to specific regions based upon early demand and uptake of the model. There is also the need to convert CCBHS outreach points into health posts with dedicated semi-permanent staff to reduce the challenge of relying on staff from local facilities.

PEPFAR Namibia will work with MOHSS to align the DSD SOP with the 2021 WHO recommendations, and provide technical support and collaboration for forecasting, quantification, and responsive monitoring of site-level ARV stocks, with real-time feedback to regional and national MOHSS on site-level shortages.

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PEPFAR Namibia will also support MOHSS to facilitate formal communications to providers to prescribe according to national guidelines and clinical judgment, avoid under-prescribing due to concerns about site-level stocks, and to continue to empower pharmacists to manage stock levels. PEPFAR Namibia will provide technical support to develop context-specific DSD (e.g., mapping of farming communities, harmonization of MMD and clinical appointments for migrant vineyard laborers) and strengthen the monitoring and reporting system for DSD including streamlining reporting tools, strengthen facility-community interface, and improve monitoring through routinely collected data in MOHSS health information systems (i.e., electronic medical record, electronic dispensing tool).

PEPFAR Namibia will also support MOHSS to scale the DSD to clients in new areas, with flexibility to modify the program according to local needs. While there is need for local context, there is also need for standardization, and in areas where DSD models are becoming well established, such as the teen club DSD model, PEPFAR Namibia will support MOHSS to offer a single, standardized, sustainable teen club model through the country. PEPFAR Namibia will also support MOHSS to transform selected CCBHS sites into health posts staffed by appropriately-trained community health workers, in line with the MOHSS community health worker reform

4.4. Case Finding

The percentage known status among PLHIV aged 15 and over is 93% as of the start of 2023 as shown in Figure 4.4.1. These data indicate that female coverage for this age group is standing at 95% whilst the coverage for males is lagging at 90%. Prominent gaps are also among males aged 15-39 years and among children aged <15 years living with HIV with a known status (76%).

Coverage for female sex workers ranges between 25-54%, and for MSM ranges between 49-64%; gaps exist among the transgender population as well.

Figure 4.4.1. % coverage Known HIV status among PLHIV by age and sex

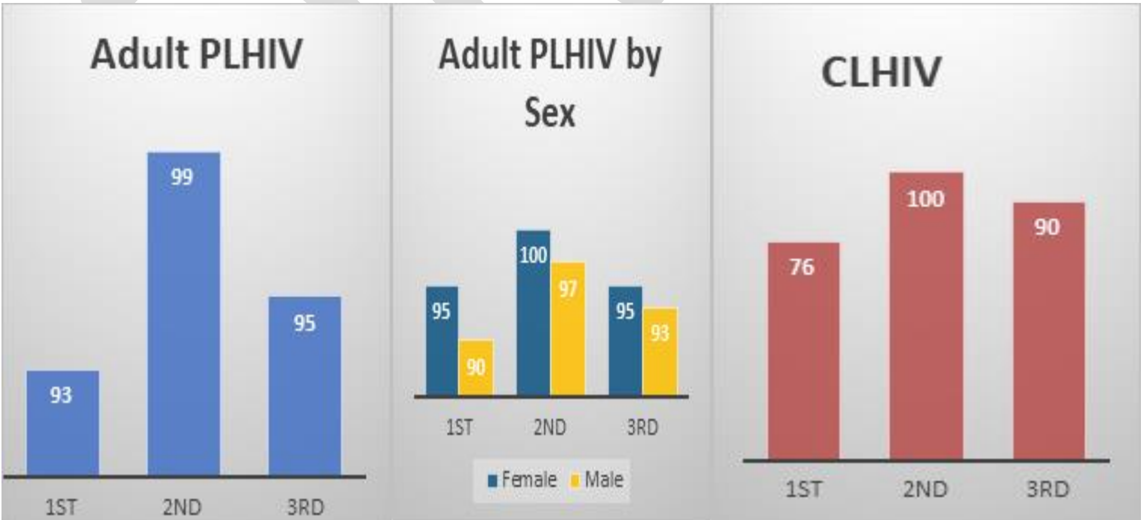

Figure 4.4.1. % Coverage Known HIV status among PLHIV by age and sex

As Namibia reaches epidemic control, PEPFAR Namibia will continue to support the GRN to close case finding gaps through a mix of person centered and differentiated HIV testing approaches with strong focus on index contact testing provision for the general population and social network testing for key populations. Given the country's epidemic status, HIV testing services are anticipated to not only continue identifying cases (i.e. identify those likely to have an undiagnosed HIV infection) but broaden the scope by reframing HIV testing services to use an approach known as "Status Neutral Testing" to encapsulate both prevention and treatment objectives. This approach will leverage the HIV testing services to successfully link patients disengaged from treatment to ART services. Retesting and diagnosis confirmation is an effective linkage strategy for ART engagement, as well as prevention testing services focusing on people who are more vulnerable to HIV acquisition.

Provision of Comprehensive Index Partner Testing

PEPFAR Namibia will continue to support the MoHSS with the provision of safe and ethical Index Contact Testing in both facility and community-based settings.

Program data as seen in Figure 4.4.2. show the percentage yields ranging from 16% in FY 21 Q1 and increasing to 22% in FY 22 Q4. Figure 4.4.3. shows that generally more men are tested in the Index program with testing yields ranging between 25-30%. for FY22. Fewer females are tested, however their percentage yields are higher than their male counterparts with yields ranging between 30-35% across the financial quarters. The index testing cascade shows that gaps continue to exist in the provision of Index Testing services. Offer, elicitation and testing rates remain suboptimal.

Figure 4.4.2. Index POS Yield for adults (15+)

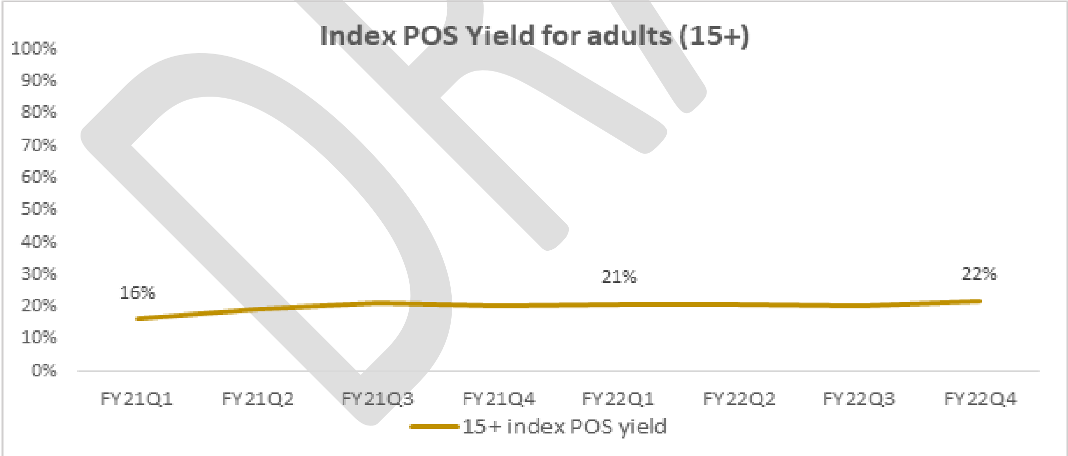

Figure 4.4.2. Index POS Yield for adults (15+)

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Figure 4.4.3. Index HTS TST, POS, % Yield, FY22 By Sex

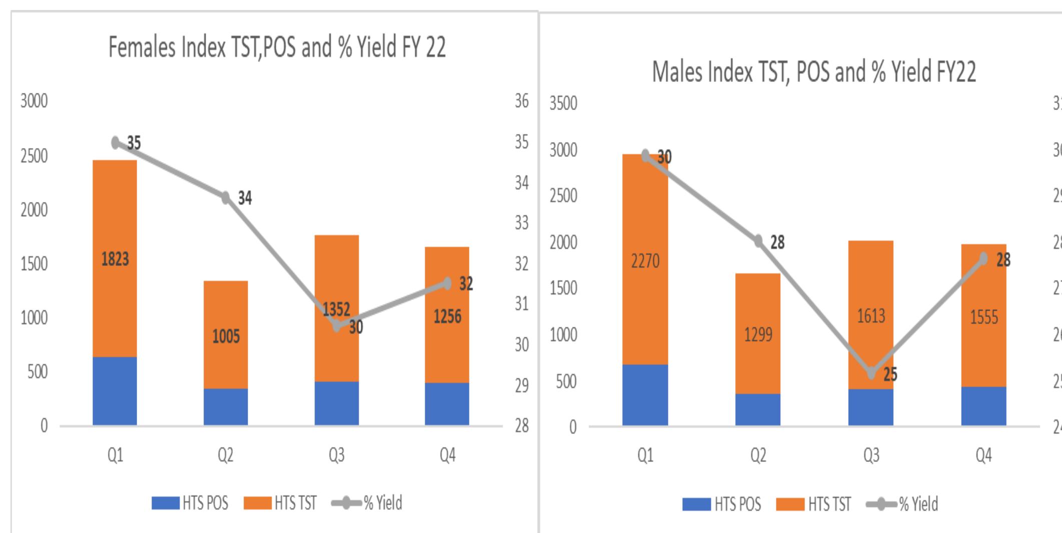

Figure 4.4.3. Index HTS TST, POS, % Yield, FY22 by Sex

The MOHSS recently launched and rolled out revised monitoring and evaluation tools and an electronic database for index testing. It is anticipated that data reporting across facility and community partners will improve as well as the quality of reports. To further improve index contact testing services, PEPFAR Namibia will support the MOHSS to continue monitoring implementation through Quality Improvement Collaboratives, routine supervision, data reviews, strengthening facility, community linkage, and improving data management including data use. Continuous collaboration and oversight with in-country civil society organizations through the CLM process will be supported to ensure that index testing remains confidential, voluntary, and consented. PEPFAR Namibia will continue to support MOHSS to provide routine screening for intimate partner violence and first-line support though the LIVES approach (Listen, Inquire, Validate, Enhance safety and Support), as well as adverse events monitoring.

HIV self-testing will continue to be utilized as an additional tool in the index testing program (facility and community including OVC program) to enable index clients to test biological children above the age two years at home as well as reach out to sexual partners.

Social Network Testing

Key populations programming will continue to implement social network testing as well as ensure increased distribution of HIV self-tests, expand access to outreach modalities such as moonlighting, venue-based testing, increase use of virtual outreach and QuickRes appointment booking options.

Targeted Facility Based Testing

Most of the facility testing, especially other forms of provider-initiated HIV testing and counselling, such as in Outpatient and Inpatient departments, is fully funded and implemented by MOHSS. Figure 4.4.4. shows the number of individuals who received HIV testing services and received their test results (known as HTS TST) and the number of individuals who received HIV testing services and tested positive (known as HTS POS) by modality for FY 22 Q1-Q4. The figure shows that the other PITC modality

continues to produce the highest number of tests and positives among all modalities. Given these data, PEPFAR Namibia will support MOHSS to deliver HIV testing services at scale to those presenting at health facilities according to the Ministry guidelines. Through this modality, the reach of index and social network testing is anticipated to increase.

Table 4.4.4. Number of HTS TST AND HTS TST POS by Modality FY22 Q1-Q4

HTS Modality	FY22Q1		FY22Q2		FY22Q3		FY22Q4	
	POS	HTS_TST	POS	HTS_TST	POS	HTS_TST	POS	HTS_TST
Facility - Other PITC	1,515	48,069	1,633	55,328	1,395	67,802	1,781	54,286
Facility - TB Clinic	562	1,869	700	1,942	592	1,884	696	2,366
Facility - PMTCT ANC1 Only	385	19,387	487	21,585	347	19,757	349	20,391
Community - Index	214	1,120	215	1,183	264	1,524	301	1,375
Facility - Index	127	810	136	770	145	1,032	122	1,068
Facility - PMTCT Post ANC1	25	651	58	861	141	740	1,450	26,739
Facility - Inpatient	125	2,744	134	3,019	104	3,551	243	3,235
Facility - STI Clinic	62	1,621	78	1,592	55	1,218	79	1,870
Facility - VMMC	7	2,020	3	3,450	6	6,590	4	5,853
TOTAL	**3,023**	**78,367**	**3,444**	**89,845**	**3,049**	**104,098**	**5,025**	**117,183**

Table 4.4.4. Number of HTS TST AND HTS TST POS by Modality FY22 Q1-Q4

Routine HIV testing will continue for pregnant and breastfeeding women, STI and TB patients and children of men and women living with HIV. HIV self-testing will continue to be integrated in services delivered to negative pregnant and breastfeeding women, STI, family planning and TB clients through secondary distribution to their sexual partners. Given the low average retesting rate of 33% for women after they have given birth (the Post ANC 1 modality; Figure 4.4.5.), PEPFAR Namibia will support efforts to intensify retesting and documentation, to ensure as many negative pregnant and breastfeeding women are re-tested in line with policy, as well as expand case finding in the community through the MBFU program to include all PBFW.

Figure 4.4.5. PMTCT Retesting At 36 Weeks or Later

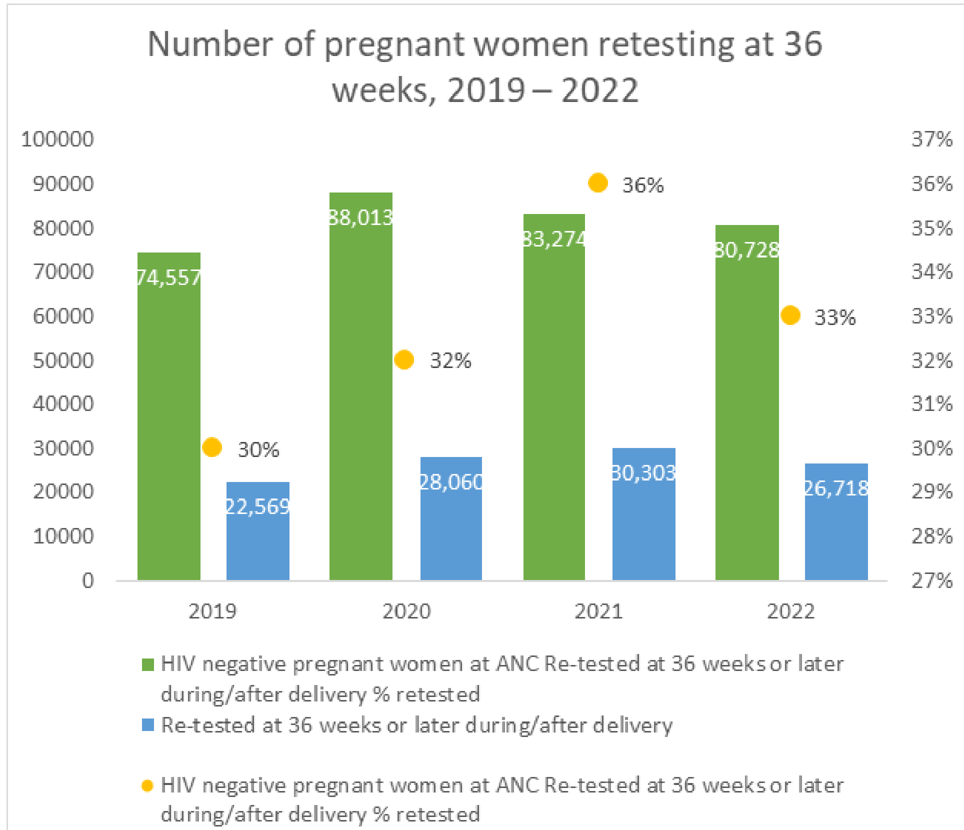

Figure 4.4.5. PMTCT Retesting At 36 Weeks or Later

Quality Assurance and Improvement

PEPFAR Namibia will support continuous quality monitoring and data quality assurance activities for HIV case finding through the mentoring program and various other programs. In addition, PEPFAR Namibia will support implementation of quality management programs to maintain high levels of linkage to ART and reduce specific patient-level barriers for linkage to ART for different high-risk populations, such as gay men and MSM, FSW, and TG people.

The laboratory quality assurance program will continue to be supported through the provision of external quality assurance measures including proficiency testing panels, quality controls for testers and sites through NIP. NIP will also the support the Ministry with revising the existing HIV Rapid Testing Algorithm to adopt the 3-test algorithm as recommended by WHO for countries nearing epidemic control to account for the potential reduction in purchase price variance due to a lower HIV prevalence and the associated reducing number of tests purchased.

Overall Case Finding Strategy for COP23

The case finding strategic vision for COP23 is essentially a continuation of COP22 with adjustments to address gaps. Priority populations include males, children and females especially pregnant and breastfeeding women, as well as key populations. The goal is to increase case finding among priority populations and continue to achieve >95% linkage to treatment. The main case finding strategy is to provide safe and ethical comprehensive index testing both at community and facility levels for the general population, and social network testing for key populations. HIV self-testing will continue to be utilized for secondary distribution to hard-to-reach sex partners and biological children >2 years of index clients as well as increasing self-testing programming for key populations.

The HIV testing program will also explore approaches to measure and monitor silent transfers (known positives) and identify underlying causes whilst continuing to support the development of a unique identifier. Additionally, the program will explore reframing HIV testing services to an approach known as Status Neutral Testing, and discuss the implementation modalities with the Ministry and other stakeholders. Stock management continues to be challenge with intermittent stock outs of HIV Rapid Testing Assays reported; the HTS program will ensure active participation in forecasting and quantification activities, and monitor site level shortages and stock-outs. Integrated TB and HIV case finding services including screening and testing as well as documentation will be strengthened in outpatient departments, inpatient departments and at community level.

PEPFAR Namibia will also support ongoing efforts to identify and test all biological children of HIV positive parents through targeted index testing through community and facility-based programming including OVC program. PEPFAR Namibia will support MOHSS to ensure that frontline healthcare providers review patient care booklets to identify biological children of patients active on treatment, determine the need for testing and to ensure that testing is offered. In order to continue to reach men, PEPFAR Namibia will support intensified targeted interventions through the MenStar initiative and increase coordination between the men's testing program, DREAMS male engagement programming and MenStar.

4.5. HIV Prevention

Primary prevention is needed to reduce HIV incidence beyond what is achievable with ART scale-up. To bring prevention services to scale we need to ensure there are people-centered approaches addressing persistent inequalities in access to and use of prevention services as well as promoting integration and complementarity aspects between service delivery platforms. As shown in Figure 4.5.1., Namibia did not reach its 2020 target for reduction in new annual HIV infections which was only 2,300 new infections; instead, there were 5,100. Namibia is also not on track to reach the 2025 target and there are ambitious country level targets of reaching 95% of KPs, 90% of AGYW and 90% of ABYM with combination HIV prevention interventions. A re-focus on prevention is needed, as captured below in the program shifts for COP23.

Figure 4.5.1. New HIV Infections (ages 15+ trend vs. 2020 and 2025 targets)

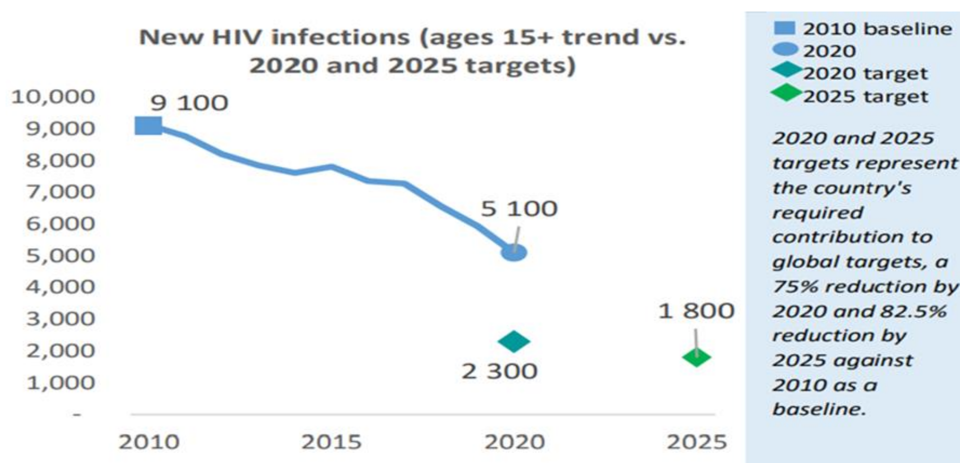

Figure 4.5.1. New HIV Infections (ages 15+ trend vs 2020 and 2025 targets)

Namibia has strong service based prevention programs including the provision of condoms and lubricants, ARV-based prevention, male circumcision, elimination of mother-to-child transmission of HIV, syphilis, and viral hepatitis B services, strategies to support SRH, STI prevention services, strategies to address SGBV, mental health services including psychosocial services, and SBCC/demand creation strategies. Namibia also has targeted population-based services including: AGYW, ABYM, and key populations and vulnerable populations.

Despite having a number of strong program areas in prevention, gaps and challenges identified will continue to impact reaching 2025 targets, as well as targets outlined in the NSF. For example, there is limited domestic financing for the prevention program; limited national and regional coordination structures at sub-national levels for the prevention; stigma and discrimination in schools around prevention services, stigma around PrEP use, low uptake of condoms and lubricants use and a lack of national level data around prevention interventions.

PEPFAR Namibia will work with MOHSS and implementing partners to address these challenges in COP23. PEPFAR Namibia will engage with MOHSS to support a national level Prevention Coordinator, expand coverage of prevention services, support prevention activities for priority populations particularly for PrEP and support strengthening national systems, and continue focus on engagement with the private sector and work towards social contracting. PEPFAR Namibia will support school health activities to address misconceptions and myths through trainings, community dialogue, media campaigns, school events, social media platforms, and life skills-based HIV health education, update relevant training materials, and leverage funding from the Human Rights Grant, LIFT Up Equity Fund and Global Fund to address both the enabling environment and site level discrimination. PEPFAR Namibia will also support the expansion of tailored information and education materials, including targeting general population, to reduce stigma from secondary influencers.

In order to expand condom distribution to the last mile, PEPFAR Namibia will continue to support MOHSS to use traditional and non-traditional outlets and strengthen the use of a total market approach

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for distribution (public, social marketing and commercial), support mapping of condom distribution, finalize and operationalize a national condom strategy, and support the Ministry to increase human-centered design sessions with ABYM, AGYM and men around condom use to understand messaging and approaches to support increased uptake of condoms. PEPFAR Namibia will also expand national level data tools to capture all priority populations for prevention interventions where there are gaps.

4.6. Community-Based Health and Social Services

As one of the least densely populated countries in the world, there are extraordinary challenges in access to facilities, long distances, poor road networks, physical terrain challenges, flood plains, and rivers that cannot be crossed, and sandy desert roads that are barely passable even during dry season. Community-based health services therefore play a pivotal role in ensuring access to services by large sections of the population, who would otherwise struggle to reach health facility-based health services.

Figure 4.6.1. Community Based Health Service Map

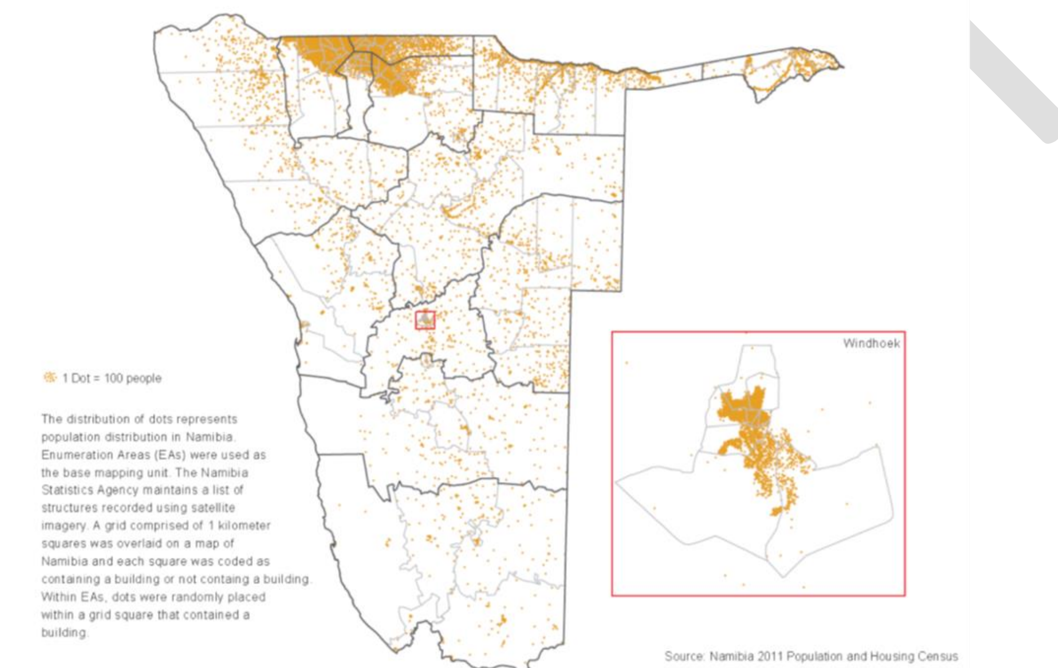

Figure 4.6.1 Community Based Health Service Map

The MOHSS reports that there are officially 8,403 outreach points that are visited by outreach teams throughout the country. The outreach service that MOHSS supports is meant to be inclusive of HIV, TB and primary healthcare (PHC) services, even though in some districts, this is currently not always the case.

Figure 4.6.2. Community Based Health Services by Region

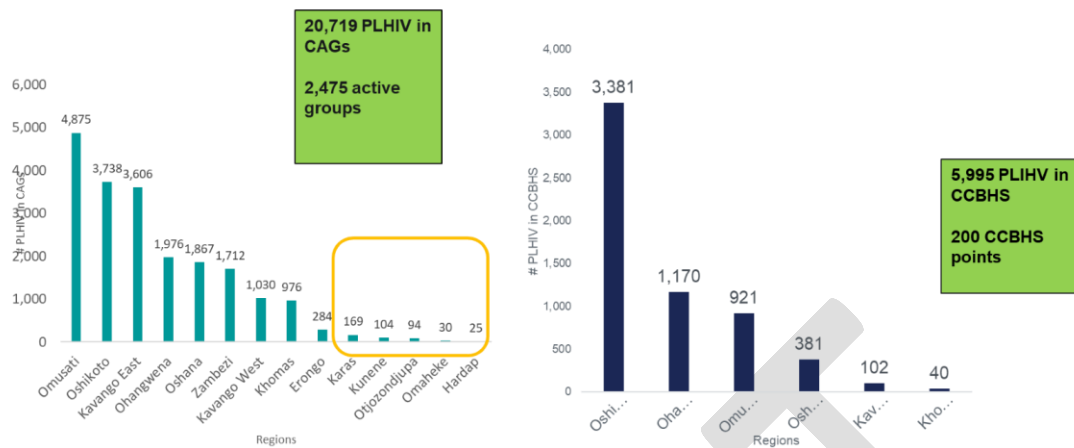

Figure 4.6.2 Community Based Health Services by Region

Specific to the HIV/TB community-based services, PEPFAR Namibia supports a variety of community-based interventions such as community-based HIV testing services, PMTCT mother-baby follow up, support services for orphans and vulnerable children, DREAMS, VMMC, PrEP and other services through several PEPFAR implementing partners.

The MOHSS adopted and introduced the DSD model in the 2016 edition of the National ART guidelines. Key models defined within these DSD guidelines are CAGs and CCBHS models. These models promote patient-centered care and allow patients to take ownership of their care and treatment. By the end of FY22 Q4, there were 20,719 PLHIV receiving care through 2,475 CAGs in all 14 regions.

The Comprehensive Community-based Health Services approach in Namibia involves community outreach and engagement where clients receive HIV care and treatment in a designated community point that is more accessible than the health facility. In FY 22, Q4, 5,995 PLHIV in six regions received care through this model. In addition, PLHIV, children and caregivers are reached through large community platforms such as DREAMS and the PEPFAR OVC program to receive social service support that is cased-managed to ensure ART adherence and maintenance of VLS. Through these programs, PEPFAR Namibia in partnership with GRN supports holistic HIV chronic disease management inclusive of community structures, especially households.

Challenges faced with implementation of the model, especially over the last fiscal year, include service disruption because of inadequate resources such as human resources and transport. 6MMD scale-up is a necessary intervention to complement community-based approaches for several reasons. Firstly, it is often the preferred treatment option for patients because of the convenience and cost-saving potential; secondly on the CHW front, frequent ART refills would overwhelm the CHW cadre with patients that would need their frequent assistance. Transitioning all eligible clients to 6MMD would reduce health facility visits for ART refills by almost 50%, from about four visits per patient per year, to only two visits per patient per year.

Turning to continuity in care interventions through community-based activities, both GRN and PEPFAR Namibia recognize that returning clients to treatment is a critical component of treatment continuity.

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PEPFAR Namibia thus continues to support this critical intervention through the implementation of a recently launched tracing and post-tracing services standard operating procedure, as well as through community health workers who work in collaboration with health facilities to identify and trace clients with missed appointments and interrupt treatment. In FY 22 CHWs received 28,339 clients with missed appointments of which they attempted to verify the status or trace 27,258. Of these 15,772 (58%) were confirmed to be missing and 10,467 were presumed missing but found to be active. 98% of those 15,772 confirmed missing, as per the health facility information system, were successfully traced and re-engaged in care through tracing efforts by PEPFAR community-based partners.

PEPFAR Namibia has demonstrated how the provision of community-based health and social services helps retain clients in care and track those lost to follow up. The OVC program works with households living with HIV to ensure all members are virally suppressed. PEPFAR Namibia will look to this approach for broader application, especially the case management training, implementation, and supervision for CHWs.

There is room for greater involvement of community structures such as the faith-based community as well as PLHIV networks and other civil society organizations in supporting all these interventions. PEPFAR Namibia is committed to working closely with these entities as well as across GRN ministries, as maintaining epidemic control requires multisector engagement. The recent approval of the Social Contracting policy by the GRN Cabinet, is a huge milestone in supporting the community-based health and social services provision through various entities. Furthermore, the current service delivery approaches described above, will be aligned with the new MOHSS CHW program reform process that is currently being planned which will strengthen integration of services and ensure program sustainability. PEPFAR Namibia will also explore the capacity of other cadres within GRN in terms of sustaining HIV epic control and other health security concerns.

4.7. Non-communicable Diseases and Cervical Cancer

As Namibia reaches the 95:95:95 targets, with the majority of PLHIV achieving viral load suppression and growing older, a greater majority of persons are increasingly at higher risk of developing non-HIV related comorbid NCD conditions such as hypertension, cardiovascular disease, diabetes, and other illnesses. Namibia is therefore taking concerted efforts to develop interventions that will ensure effective integration of NCD management with routine HIV service delivery.

Gaps

Several gaps currently exist hampering integrated NCD/HIV service delivery, including sub-optimal integration of non-communicable diseases with chronic HIV management, human capacity gaps in management of NCDs e.g., currently, there are no standard SOPs/guidelines, gaps in equipment needed for provision of integrated NCD services, and siloed coordination and mentorship from other TB and HIV activities.

Cervical cancer program data indicate that currently, most women living with HIV in Namibia were never screened for cervical cancer in their lifetime. Currently, Namibia does not provide cervical cancer primary prevention through HPV vaccination in the public sector. However, in November 2022, GRN Cabinet approved plans to introduce HPV vaccination among girls 9-14 years old, in line with WHO guidance of the 1st cervical cancer 90% target. National cervical cancer data collection tools are still paper-based which make it challenging to monitor program implementation in a timely manner.

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COP23 Priorities

In COP23, a key priority will be the development and provision of an integrated package of services inclusive of NCDs such as hypertension, diabetes etc. into routine HIV care. PEPFAR Namibia will support the procurement of equipment and supplies needed for the integrated provision of NCD services (e.g., blood pressure machines, weighing scales, HCW user guides, IEC materials etc.), and training of health care providers in integrated care.

Mental health support for HCWs and other support service providers will also receive heightened support from PEPFAR Namibia in COP23. This includes strengthening the capacity of HCWs in mental health screening and management through the soon-to-be-launched MOHSS Mental Health Clinical Guidelines. PEPFAR Namibia will support MOHSS in the incorporation of mental health screening and referral capacity into pre-service trainings including non-health cadres such as social workers and Life Skills teachers. The intervention will leverage the recently established MOHSS National Health Training Centre (NHTC) Online Training Hub, to integrate several training modules into this training platform.

Namibia plans to improve cervical cancer screening coverage from 41.5% to 70% and improve the cumulative treatment rate to above 90%, making use of a mixed model approach. The COVITEC Quality Improvement Collaboratives will be one of the approaches which will be employed to ensure that these much-needed cervical cancer services become accessible to all eligible women living with HIV. Training of HCWs and community leaders in generating demand for HPV vaccine will be conducted. Integration of HPV data collection into the existing national electronic data collection systems is planned. Furthermore, integration of patient level paper-based data collection tools into the national electronic data collection systems is also being considered.

Finally, MOHSS will negotiate with the Namibia Health Professions Council to task shift some procedures from specialist gynecologists to medical officers. This will increase the number of invasive cervical cancer treatment centers across the country, ensure strategic location of these centers, and consequently shorten the referral and management of clients with invasive cervical cancer.

4.8. Tuberculosis (TB)

Despite reaching HIV epidemic control, TB remains the number one cause of mortality in HIV infected patients and disproportionately causes morbidity and mortality among those who are HIV positive when compared to those who are HIV negative. Program performance data shows high HIV testing rates among the TB patients as well as high ART coverage among the TB/HIV co-infected patients who are diagnosed as HIV-positive. Although the percentage of ART patients routinely screened for TB is relatively high, the yield has been persistently low at 0.3% for those already on ART and at 6% for the patients newly enrolled on ART. These yields are lower than global targets of 5% and 15% respectively, suggesting sub-optimal TB case finding rates. To this point, the WHO Global Report 2022 estimates that Namibia is missing about 42% of TB cases. The modeling indicates that the age group most missed includes children under 15 years and male adults of ages 25 to 44 years.

Regarding TB-related mortality, data from 2019 through 2021 indicates that the death rate for TB/HIV co-infected patients is disproportionately high; more than double that of the HIV negative TB cases (see Figure 4.8.1).

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Figure 4.8.1. TB Deaths By Cohort – All vs. PLHIV vs. HIV Negative

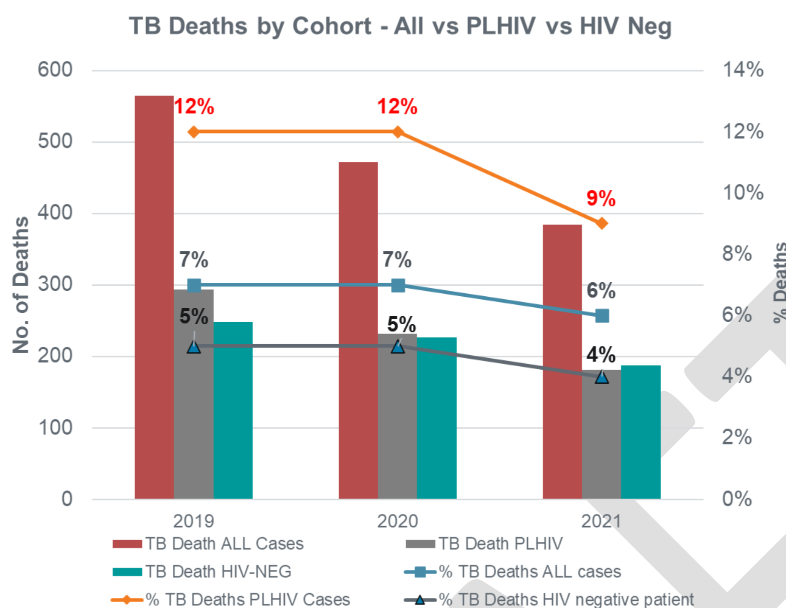

Figure 4.8.1. TB Deaths By Cohort – All vs. PLHIV vs. HIV Negative

Namibia has also been monitoring TB prevention therapy (TPT) initiations and completions. The data extraction completed in September 2022 showed that 96% of all active ART patients had evidence of TPT initiation in the electronic Patient Monitoring System (ePMS), and 92% of all the active patients completed their TPT courses. Namibia has also been implementing a Quality Improvement Collaborative to improve TPT completion in selected high-volume facilities and as of the end of the collaborative in September 2022, the TPT completion was 95% for patients seen at these facilities.

Program gaps exist and these include siloed case finding for TB and HIV, stock-outs, shortages of commodities (e.g., Xpert, LAM), and underutilization of available diagnostic tools. There are also delays in initiation of TB treatment due to poor screening, long turn-around-times of TB lab results, and a low suspicion of and high threshold for TB testing.

The main priority for COP23 will be to focus on intensified case finding to find the missing 42% of undiagnosed TB cases. Making improvements in availability of TB diagnostics as well as introduction of the stool specimen collection for TB testing for children should lead to improved case finding. In addition, PEPFAR Namibia will work on optimizing TB/HIV care including tackling TB-related mortality. PEPFAR plans to support integrated TB/HIV case finding in outpatient departments, inpatient departments, and community settings, rather than the current situation where HIV case finding, and TB case finding, are separately administered. PEPFAR Namibia will also support improved household contact investigation tied with integrated community health program HIV/TB case finding.

PEPFAR Namibia will support training for healthcare providers, particularly nurses, to promote a very low threshold for testing for TB among clients newly diagnosed with HIV. PEPFAR Namibia will support greater use of GeneXpert and TB LAM for new patients, those suspected of having advanced HIV disease, and all patients admitted to facilities. Accordingly, PEPFAR Namibia will support procurement of

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about 20 000 GeneXpert tests for TB case finding. PEPFAR will also support the establishment of a lab alert system for TB positive results to ensure rapid TB treatment initiation and prevent loss to follow up among newly diagnosed patients. PEPFAR Namibia will continue support diagnostic network optimization to maximize the efficiency of the lab network in TB diagnostic testing and access.

With regards to TB monitoring and evaluation, the national goal will be to ensure that TB data systems are linked to all other health data systems e.g., lab and Quantum.

Finally, maintaining the success of high levels of TPT coverage and completion among PLHIV, the program will continue maintaining high TPT coverage among new clients, particularly with the use of shorter TPT regimens.

4.9. Other Infectious Diseases

Namibia faces many other infectious diseases besides HIV. Since COVID-19, there are lower rates of general vaccine coverage, having its largest impact on the pediatric and adolescent population, and there is a need to strengthen screening, reporting, and referrals at border health services. A key priority for COP23 is to expand catch-up immunizations for vaccine preventable illness and to expand supply, distribution, and access to HPV vaccination.

In addition, as Namibia moves towards WHO's validation of triple elimination of MTCT of HIV, syphilis, and viral hepatitis B, the program is challenged by the unknown congenital syphilis case rates, maternal syphilis treatment coverage, and antenatal hepatitis B testing rates which are required indicators for validation. To support MOHSS reach validation, PEPFAR will support data strengthen activities that allow for extracting this data from registers easily as well as targeted procurement of the dual HIV/syphilis test for PMTCT clients and KPs.

Both the Field Epidemiology and Laboratory Training Program (FELTP) and the continued support of the development of the National Public Health Institute (NPHI) will build capacity in outbreak response to other key infectious diseases. In addition, support of the NIP will strengthen diagnostic capabilities to identify incident and emerging infectious diseases relevant to those living with HIV and build broader capacity for MOHSS. Additional, PEPFAR Namibia emergency investments in client-level health information systems for COVID-19 surveillance are now being enhanced to support surveillance efforts for other emergent infectious diseases.

4.10. Smart Integration

UNAIDS notes that "Integration involves delivering health services in complementary and coherent ways so that people get the care they need in ways that are effective, efficient and equitable." PEPFAR Namibia has made strides with evolving health and social services as an integrated approach. This can be seen from the national level with the Essential Health Services Package, to the community level with case-managed provision of health and social services to reach and maintain VLS as well as prevent primary infection.

UNAIDS further notes that "Closer integration of HIV and other relevant health services has the potential to increase the reach and uptake of services, enhance efficiency, be cost-effective, make services more people-centered and improve their quality. Integrated services can better satisfy the intersecting health care and social service needs of people than traditional, separated delivery models. As program budgets come under increased pressure, the prospect of cost savings is also especially attractive to planners.

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While there is good evidence that integration can have such positive effects, it is not always beneficial, and there can even be counterproductive results. For example, in high-volume ART facilities dealing with more complex cases, specialized standalone HIV-clinics provide high quality dedicated services-just as specialized clinics such as hypertension, diabetic, cancer standalone clinics would provide in such facilities. Integrated models in such high-volume health facilities could result in loss of quality and lead to poor patient clinical outcomes.

It is because of the risks of the potential "counterproductive results" noted by UNAIDS above, combined with Namibia's own experience with past attempts of implementing integration of HIV into PHC, that the MOHSS is looking for "Smart Integration". This term refers to a planned integration approach which carefully considers the type services that can be integrated without unintended consequences (e.g., increased stigma and discrimination), the type of cadres that can deliver different packages of integrated services, the role of community systems and structures to demand quality service integration and delivery, and the level of health facility at which HIV service integration can be done while minimizing the risk of "counterproductive results".

Gaps

Due to the emergency nature of the HIV response over the last two decades, most interventions or programs were introduced for rapid results that saved lives. This often-required implementation in a siloed approach for example, DREAMS implemented layered services in a concentrated and comprehensive manner to rapidly reduce HIV transmission among AGYW. An alternative would have been improving the existing layered services provided by GRN and civil society. Now that the emergency is over, PEPFAR Namibia will find opportunities to demonstrate HIV program integration across health and social service sectors. Currently, siloed interventions are in HIV/TB and PHC outreach services, case finding for TB and HIV, the management of HIV and other chronic diseases such as NCDs, PrEP and GBV and intimate partner violence services, PMTCT services separate from other maternal and child health services, and health information systems (standalone HIV/TB systems, separate from other broader MOHSS health information systems).

Priorities

In COP23, under the leadership of MOHSS and other line ministries, PEPFAR Namibia will continue to advance work on the Essential Health Services Package to support diversity, equity, accessibility and inclusion (DEAI) within PHC while also seeking more immediate actions to morph PEPFAR siloed programming and workload coverage into GRN and local civil society systems and structures. HIV/TB and PHC services, VMMC into PHC services, combination prevention into PHC and other services, TB and HIV case finding in ART and outpatient settings, and integrated community health program reform are some of the areas under consideration for smart integrating services.

Additional areas include NCD and HIV management, aligned to the different levels of the health system (e.g., full integration at small primary care clinics, customized integration at high volume primary care clinics, secondary and tertiary health facilities), PrEP services into GBV and intimate partner violence services, PMTCT services into all ANC, postpartum, neonatal, and child health services, and the integration of HIV/TB health information systems with the broader MOHSS health information systems under the Health Information and Research Directorate (HIRD).

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4.11. Awards to Partner Government and Partner Localization

PEPFAR Namibia aims to strengthen the core capabilities of partner governments and communities to autonomously lead, manage, and monitor the HIV response in an effective, equitable, and enduring manner. PEPFAR Namibia expanded engagement with GRN through a new G2G agreement in FY21, and continues to award to local, indigenous partners. PEPFAR Namibia also continues to look for ways through existing awards to find efficiencies and align more and more funding at the local-level.

MOHSS leads and coordinates efforts to address the HIV epidemic in Namibia. PEPFAR Namibia's earliest award began with a cooperative agreement in 2003 to MOHSS and has continued over the years to be renewed, which has resulted in MOHSS strengthening their capacity and ability to lead the response over the years.

In recent years, MOHSS has expanded their HIV response collaborations to include other key GRN Ministries and stakeholders while PEPFAR Namibia has encouraged and done the same. For instance, PEPFAR Namibia now has multiple new Ministries either being funded or on the horizon for funding as going into COP23.

In FY2021, PEPFAR Namibia signed a G2G agreement with the Ministry of Sports, Youth and National Service's (MSYNS) involving the process of co-creation and co-design. G2G awards are not like other awards in that the activities and their benchmarks are mutually developed and agreed upon from the beginning. There is no changing of a work plan throughout the year. The G2G agreement with MSYNS engages an on-establishment cadre, Youth Advisors, to improve services to AGYW. The multi-pronged approach of DREAMS is mirrored in MSYNS's approach, and its priority target audience is youth between the ages of 16 and 24, with specific focus on out-of-school youth. The services include interventions for Namibian youth to prevent GBV and HIV, and to strengthen their skills for economic empowerment. The G2G to the MSYNS will continue in COP23.

PEPFAR Namibia will engage in consultations with the Ministry of Education, Arts and Culture to co-create a G2G agreement in COP23 with a focus on school health, life skills, parenting and school counselling/mental health in year 2 of COP23,

PEPFAR Namibia will approach the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW) to discuss another G2G agreement with a focus on layering the social protection grant programming with care services and to strengthen the case management, parenting, VAC and GBV response. The overall intention with G2G awards is to find a home for the currently siloed interventions and workload supported under PEPFAR Namibia. PEPFAR Namibia also engages local partners through cooperative agreement mechanisms by directly funding local and indigenous partners and building their capacity to support the HIV response in Namibia. Funding to local partners makes up over 70% of PEPFAR funding and PEPFAR Namibia actively supports increased capacities of local organizations particularly in support of priority populations. The proportion of PEPFAR funds allocated to local organizations increased from 70% in COP21 to 76% in COP23.

Government and local implementing partners continue to be key players in the HIV response; these institutions will sustain epidemic control and maintain the gains as relations with PEPFAR transition into

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new ways of doing business together over the coming years. PEPFAR Namibia will continue to bolster their capacities to sustainably integrate programs in their systems and structures with existing, on-establishment cadres as much as possible. PEPFAR Namibia is committed to support GRN in planning, financing, and implementing solutions to local health and development challenges. PEPFAR Namibia will strengthen relationships with GRN and transition engagement from traditional donor-recipient role to an increased emphasis on providing tailored technical assistance from USG staff and consultants that equips Namibia to better use its systems, structures, workforce and ultimately its resources to maintain HIV epidemic control and avoid future epidemics.

4.12. Health Financing

The GRN prioritizes investments in health, as evidenced by substantial government contributions to healthcare, comprising approximately two thirds of total health spending in the country in the most recent estimate (Namibia Resource Tracking for Health and HIV/AIDS: 2017/2018). GRN spending on health equates to around 15% of overall government expenditures, thereby meeting the Abuja target of government allocation of resources to health. Similarly, the majority of funding for the HIV response in Namibia is derived from the GRN budget, at just over 60%, although donors fund approximately one third of the response. GRN HIV spending is largely focused on treatment services, with prevention, research, and health systems strengthening spending more reliant on donors.

With a substantial overall allocation to health and significant health spending per capita, the GRN has, by some estimations, sufficient resources to equitably deliver quality HIV and other health services across the country. However, successes in some areas (e.g., HIV, under-5 mortality) belie notable challenges in others (e.g., life expectancy and infant and maternal mortality), that position Namibia's performance below other emerging market economies and well-performing peers. These data indicate a need for improved usage of resources through technical and allocative efficiencies, while simultaneously addressing prevailing inequities in access to and quality of healthcare. Improved allocation and use of GRN resources will ensure greater availability of resources to sustain HIV impact while positively affecting other indicators as well.

In COP21, GRN, through Cabinet, approved a roadmap for the development of a UHC policy in Namibia, thus highlighting the GRN's intention to undertake significant health system reform to better meet population needs. PEPFAR Namibia has provided technical support to national-level UHC governance structures which coordinate efforts and are responsible for the design and implementation of relevant reform initiatives. The MOHSS is also in the process of establishing a Health Financing Division within the Policy and Planning Directorate with support from PEPFAR Namibia. Support for the UHC structures and new division will continue in COP23, strengthening the capacity to generate evidence, plan for, and implement the health financing reforms required for UHC and for the future of the HIV response.

In COP21, PEPFAR Namibia initiated support to the MOHSS to identify the resource needs of a more domestically financed, sustainable health system. The first phase in this stepwise approach was the development of the EHSP, to be finalized during COP22 (see 4.1). PEPFAR Namibia has been simultaneously supporting activity-based costing of HIV and other essential services, to aid in estimating the resource requirements of delivering the package, highlighting gaps to address through system

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reform initiatives. Support to implement the workload indicators of staffing need (WISN) tool in COP22 to right-size the health workforce will similarly inform health financing needs. In COP23, PEPFAR Namibia will provide technical support to gauge the feasibility of select health financing mechanisms that would allow for more effective, equitable, and sustainable financing and management of health resources. Communication, advocacy, and stakeholder engagement are critical factors that underlie the effective implementation of health reforms and are an integral component of this support.

PEPFAR Namibia's COP23 work will continue to support efforts, begun in COP22, to improve resource allocation and utilization by ensuring alignment of budgetary allocations to the EHSP and strengthening systems for program-based budgeting. To further improve efficiencies in health spending, PEPFAR Namibia will continue to focus on strengthening MOHSS capacity to effectively manage contracts with providers of services (i.e., private and through social contracting). The aim of this work is to reduce wastage of resources, improve alignment of supplier payments and performance, and leverage non-government resources more effectively for the provision of public services.

The generation and use of health financing evidence for decision-making in Namibia is limited. Therefore, PEPFAR's COP23 support will include efforts to strengthen national capacity in resource tracking, while also improving systems to allow for the more routine generation of detailed historical spending data. Furthermore, support will aim to strengthen systems and capacity for the regular generation of cost data in line with the activity-based costing and management approach.

4.13. Development of a Sustainability Vision and Road Map

The NSF has helped to guide discussions around the sustainability of the HIV/AIDS response since 2019. It defines a sustainable response as 'the provision of equitable and accessible HIV prevention and treatment services to the entire Namibian population maintaining the 95-95-95 targets and reduced new HIV infections that remain less than the number of deaths attributable to AIDS, adequately funded through domestic resources and strategically coordinated stakeholder support'. The framework has an Action Plan, which outlines a set of core principles around the nature of HIV services to be provided and the integration of their delivery, the health system that will be required to support a whole-public health approach to service provision, and strategies for increased domestic resource mobilization.

The next step in advancing the sustainable HIV response agenda is creating the enabling environment for a sustainable response, focusing on enhancing the governance, leadership and accountability mechanisms of the response, and guaranteeing human rights and gender equality. To this end GRN has proposed through a discussion paper, the development of a Roadmap to the Sustainability of HIV Epidemic, Viral Hepatitis and Tuberculosis Control in Namibia.

The process will be guided by a GRN multisectoral steering committee for the roadmap, which will be established to provide strategic direction and oversight of the sustainability agenda. The steering committee will be accountable and report to the Prime Minister through the Secretary to Cabinet, and include the Office of the Prime Minister (OPM); National Planning Commission (NPC); MOHSS; Ministry of Finance, Ministry of Education, Arts and Culture, Ministry of Sport, Youth and National Service, Ministry of Gender Equality, Poverty Eradication and Social Welfare, PEPFAR Namibia, United Nations

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Agencies, Social Security Commission, Namibia Association of Medical Aid Funds (NAMAF), and Global Fund.

The proposed roadmap will be aligned with the National Development Plan 6, the National Strategic Framework for HIV 2023-2027, the Universal Health Coverage Policy, and will have the goal to gradually strengthen financing, health and community systems' capacity and resilience for sustained HIV/AIDS epidemic, viral hepatitis and tuberculosis control, and prevention and control of new disease outbreaks.

The HIV program planning work in 2023 has assured a new era of joint planning between GRN, development partners and key stakeholders in the response, with the new the NSF for HIV 2023-2027 informing both the development of COP23 and the Grant Cycle 7 Funding Request to the Global Fund. The COP23 PASIT tool on health system strengthening activities highlights significant investments to address gaps identified in the Sustainability Index and Dashboard (SID) 2021, program analysis from COP22, and key actions identified to reach the sustainability milestones set out in the Sustainability Framework for the HIV/AIDS Response in Namibia. These investments include HRH planning, health financing reforms, and building a comprehensive architecture for case-based surveillance.

5.0. Pillar 3: Public Health Systems and Security

5.1. Community-Based Systems

Community-based health and social services are provided through a variety of providers supported by GRN, PEPFAR Namibia, and the Global Fund. These services have been one of the most critical pillars of strength for Namibia's success in the HIV/TB response.

While the current community-based health and social services model has been effective, challenges exist. For example, the MOHSS National Community Health Program Strategy and training curriculum need to be updated to include an expanded scope of work (e.g., HIV and TB testing). Training of CHWs across different funding agencies and implementing organizations is currently not standardized, and may not always be tied to GRN CHWs. The training is not accredited by the NQA and CHWs are not licensed by the national health practice regulating body, the Health Professions Council of Namibia (HPCNA). MOHSS CHWs deployed across the country currently report to Primary Health Care Supervisors, which in practice results in challenges in day-to-day supervision and support. There are also opportunities to improve engagement of CSOs, PLHIV networks and faith-based organizations (FBOs) in community-based health and social services provision. Service delivery can also be siloed. For example, it is common to find separate community workers within the same geographic area delivering HIV, TB, Malaria, OVC, VMMC, and other services to the same communities. Current CHW tools for reporting and referrals are entirely paper-based.

There are also concerns about the sustainability of the current models, therefore a focus of COP23 will be to better define a roadmap for the future of community-based service provision in Namibia. A first step, which is currently ongoing, involves MOHSS-led revision of the national community-based health services policy and guidelines. Information on the full footprint of community health and social service providers supported by PEPFAR Namibia is available through the Annual HRH Inventory. The Health Care Workforce Status Report (2022) provided insights on the various community-based cadres funded by

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non-PEPFAR sources, including Global Fund and GRN. In COP23, PEPFAR Namibia will support key aspects of CHW reform, including redefining roles, training, competencies, deployment, supervision, and type and quality of services.

In COP23, PEPFAR Namibia will support GRN efforts to digitize and simplify community-based health information systems. The MOHSS vision is to have all community-based social service data collected through the Multisectoral Information Management System (MIMS). The community led monitoring initiative has produced insightful information regarding program gaps from the client perspective and in COP23, PEFPAR Namibia will support efforts to improve flexibility in data collection and a renewed focused on dissemination and use.

Finally, in COP23, PEPFAR Namibia will support MOHSS to cost and make an investment case for the proposed CHW reform strategy.

COP23 Priorities

A key PEPFAR Namibia priority will be to support the MOHSS vision to reform the national Community Health Workers' Program. MOHSS has conveyed several activities that require support from various partners including PEPFAR Namibia. These include finalization and costing of the MOHSS National CHW policy, guidelines and strategy. Mapping of all Community Health workers footprint in the country is also a top priority activity. PEPFAR Namibia will also support updating the scope of practice for CHWs, which will include engagement with non-health cadres (social workers, teachers, etc.) in final scope. PEPFAR Namibia will support the development of National CHWs' Investment Case, and the evaluation and revision of the training curriculum for CHWs. PEPFAR Namibia will also support MOHSS to institutionalize the National CHWs' Program through accreditation of the CHWs qualification and registration with the Health Professional Council of Namibia.

In COP23, the supervisory framework for the MOHSS CHW program will be strengthened and development of a digitized CHWs' program M&E System will be explored. The recent GRN Cabinet approval of the Social Contracting Policy will enable the GRN to hire CHWs on contract under CSOs, FBOs and other non-governmental entities, building the capacity of CSOs to obtain obligatory registrations and statutory documentation, and accountability.

PEPFAR Namibia will provide support for the MOHSS plan to establish formal health posts and transform existing CCBHS to health posts, which operate on a hub-spoke model, enabling the expansion of health services to remote communities. Training will focus on ways to reduce or eliminate stigma and discrimination experienced by KP, youth, and other priority populations. Expansion of CLM will help track training effectiveness and areas for improvement. PEPFAR Namibia will support KP-led organizations and others, to implement on-going CLM activities, and create a CLM data dissemination strategy at both the national and community level. CLM data will be utilized to define HIV treatment literacy and quality of services, address specific needs of each sub-population per the core standards, and empower people and communities to drive long-term epidemic control.

Finally, PEPFAR Namibia will explore opportunities to increase support and direct funding to CSOs/FBOs (children and youth services/mental health) and PLHIV networks (DSD/MMD) through existing implementing mechanisms and/or social contracting.

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5.2. Health Information Systems

High quality, accessible data are foundational to improving health programs and client outcomes. To ensure that MOHSS has the data needed to monitor HIV and TB programs, PEPFAR Namibia has provided support to scale up and use health information systems in Namibia over the past 18 years.

However, health information system challenges exist. Results of the 2021 Health Information Systems Assessment show significant challenges in transforming relevant data from paper-based systems to digital formats where the data can be more easily accessed and utilized. DHIS2 acts as a repository for aggregated, district-level data from MOHSS health information systems, but lacks the client-level data necessary for robust program monitoring. A number of highly functional HIV, TB, and pharmaceutical systems do collect client-level data, but these systems identify their clients differently and have limited data exchange capability. Extremely limited access for program staff (at the site, district, regional and national level) to currently existing data systems has been noted as a widespread barrier to data use.

To address this, MOHSS released its 5-year e-Health Strategy in 2021. The strategy summarizes Namibia's vision toward more digitalized, interoperable, and patient-focused health management information systems. The strategy consists of seven pillars: leadership and governance, strategy and investment, services and applications, standards and interoperability, infrastructure, legislation/policy and compliance, and workforce. PEPFAR Namibia is working with MOHSS to identify health information system gaps and priorities and support several concrete activities in COP23 to help MOHSS achieve its health strategic goals by 2025. These gaps and corresponding priority interventions are outlined below.

One critical gap for some HIV/TB systems is data quality, where reporting or data entry is incomplete or not timely, which limits system utility. These gaps in data quality can be attributed to several factors, each of which require tailored solutions. First, reliance on manual data entry severely impairs the timeliness and completeness of data available to users in existing systems. Innovative technologies, including scanning methods that convert images of paper records into usable electronic databases, will be implemented in COP23. Second, limited interoperability between systems translates into delays in data completeness while awaiting manual data entry. In COP23, barcode printers will be implemented at sites to connect electronic medical records with electronic laboratory results, allowing for immediate linkage of results back into the clinical record. Third, reliance upon collated data at the national level often does not reflect the reality at the facility level, due to delays in data transfer and processing. Innovative approaches to accessing data directly from facilities will be critical to engender trust among users that the data they are viewing best reflect the program reality.

In COP23, PEPFAR Namibia will renew our focus on supporting existing systems (e.g., Quantum ePMS, Ptracker, VMMC Tracker, MIMS, EDT) and improving access to and use of data at facility, subnational, and national levels. PEPFAR Namibia will work with MOHSS and other stakeholders to clearly define the distinction between data reporting versus research vs. quality improvement, with a renewed emphasis on the latter. Data quality review, analysis, and use processes will be strengthened through tri-pillar collaboration (MOHSS Quality Management, MOHSS Mentorship Program, and MOHSS M&E-focused divisions). The goal of these activities must always focus on outcomes-- better informed programs and improved patient care. Similarly, PEPFAR Namibia will work closely with the Youth Officers from the

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Ministry of Sports, Youth and National Service for continued capacity building in monitoring and evaluation, and data analysis and use for decision making.

In COP23, PEPFAR Namibia will also support improvements to MIMS to better incorporate data not currently collected through MOHSS health information systems. This will also include relevant community level non-health data from other line ministries (including the Ministries of Gender, Education, and Sport).

In COP23, PEPFAR Namibia will continue support for the development of the MOHSS Digital Health Platform (DHP) to serve as the underlying infrastructure for an interoperable and integrated national digital health system. PEPFAR Namibia will also support a National Data Warehouse (NDW), a key component of the e-Health strategy that will enable data access and use. The NDW is intended to link client-level systems, including lab and pharmaceutical systems with care and treatment systems. However, this feature will depend on the creation and implementation of a National (Unique) Health ID by GRN. The NDW will also serve as a critical back-up with site level systems in case of data corruption or loss.

Health data system governance is another component of the e-Health Strategy. Known challenges in coordinating activities, implementing data standards, and monitoring compliance have been identified as key areas the MOHSS would like to improve in COP23. PEPFAR Namibia plans to support a data governance situation assessment, and development of an overarching HIS/IT policy to address these data system governance challenges. PEPFAR Namibia will also support MOHSS in the adoption of international data standards, which will facilitate interoperability of systems and improve the functionality of the National Data Warehouse.

As data access and quality are improved within existing systems, they will be better able to support continuous public health surveillance and response strategies. Examples include when newly diagnosed clients are not quickly initiated on ART, or those on treatment with a detectable viral load. Surveillance will allow MOHSS to better leverage routinely-collected data to identify gaps and quickly detect any emerging threats to epidemic control.

Finally, capacity building underlies all PEPFAR Namibia health information system (HIS) activities. Implementing partners and interagency scientific information teams work closely with MOHSS colleagues and other line Ministries on HIS activities, to help ensure HIS-relevant skills and systems will be able to be locally managed and used in the future. PEPFAR Namibia will support the development of improved data system useability tools, inclusive of training for MOHSS staff to operate these tools at site level. As the MOHSS considers the future of health information systems, PEPFAR Namibia will explore how best to support the relationship with the Namibia University of Science and Technology and the University of Namibia to address HIS skills and HR gaps. In COP23, PEPFAR Namibia will continue to engage with MOHSS to build capacity, and further refine the e-Health vision for the future of its health information systems.

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5.3. Quality Management

The GRN vision for HIV and health sector quality management and improvement is outlined in recently launched national strategic documents highlighting four strategic objectives; improving quality management systems, ensuring client centered care and empowerment of consumers, improving patient and healthcare worker safety, and improving clinical practice.

The MOHSS Quality Management Strategic Plan further describes the framework for implementation at the various levels of the healthcare system. PEPFAR Namibia is committed to continue working with GRN in implementing the vision described in the policy and strategic plan documents with fidelity. To this end, PEPFAR Namibia supports several personnel at the national and district level who are dedicated to implementing the MOHSS Quality Management Strategy. PEPFAR Namibia also provides significant operational resources needed to implement this strategy as it goes through its infancy stage of implementation.

Clinical Mentorship

A key component of the quality management (QM) implementation of the strategy is the Clinical Mentorship Program. PEPFAR Namibia supports 16 national and regional expert physician clinical mentors, and 38 district level nurse mentors, all charged with ensuring ongoing professional development through on-the-job site level clinical mentorship and in-service training through site level clinical mentorship for facility staff in all the 14 regions and 34 districts as shown in Figure 5.3.1.

Figure 5.3.1. Clinical Mentorship Program Landscape

Figure 5.3.1. Clinical Mentorship Program Landscape

Quality Improvement Collaboratives

The MOHSS has been using Quality Improvement Collaborative approaches to rapidly address key program quality gaps since 2017. Through these approaches, rapid quality improvement has been achieved on many priority quality indicators.

Laboratory Quality Management

Turning to laboratory quality management, NIP, with PEPFAR Namibia support, implements a robust package of quality improvement and quality assurance, using the tools listed below.

- Strengthening Laboratory Management Towards Accreditation (SLMTA)
  - 5 certified SLMTA trainers
  - Trainers certified to train virtual SLMTA as well
  - 131 Medical Lab professionals trained over the last 5 years
  - NIP in process to capacitate regional laboratories to host virtual SLMTA trainings.
- Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) and Auditing
  - All 39 NIP laboratories implemented quality management system and are audited using SLIPTA checklist
  - Laboratory star ratings range from 2-4 stars
- ISO 15189 Accreditation: 15 NIP laboratories achieved ISO 15189 accreditation –including all 7 Viral Load testing laboratories

Community-led Monitoring

The community-led monitoring approach aims to provide HIV service users with a platform to ensure that health systems respond to their needs and recognize their rights. Monitoring of services is led by communities, where they are the end-user. Monitoring is focused on indicators that are relevant to that community in order to improve services (quality, type of service etc.). CLM uses a structured platform and rigorously trained peer monitors to systematically and routinely collect and analyze qualitative. The findings from CLM are shared with MOHSS and all implementing partners, with the goal of driving improvements in areas identified as key gaps through CLM.

COP23 Priorities

Several challenges continue to impact quality management such as QM siloes between HIV, TB, PMTCT, and pediatric care, confusion about data for research/reporting vs. data for quality improvement, and gaps in quality standard that address the need of key populations including sexual and gender diversity (SGD).

In COP23, PEPFAR Namibia will continue supporting the strengthening of the QM system and government structures, expanding the QM organizational structure to strengthen quality assurance (QA) and infection, prevention and control. PEPFAR Namibia will continue support to roll out the quality standards to more hospitals and PHC facilities to improve the quality of both HIV and non-HIV services, helping the facilities prepare for accreditation by the Council for Health Services Accreditation of Southern Africa (CoHSASA).

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Other activities that PEPFAR Namibia will support include continuing to conduct clinical mentorship, with a more focused set of quality indicators and using the Quality Improvement Collaborative structure to address gaps in system and HIV program implementation providing technical support for integration of PHC and HIV services, developing and implementing the clinical and death audit guidelines and system, integrate Quality Improvement Collaboratives and ensure inclusion of all program areas, strengthening consumer involvement initiatives, updating customer service quality standards to strengthen patient centered care including addressing the needs of priority populations, establishing an accreditation system for youth, male, and KP-friendly facilities, and improve the quality of site level patient centered supply chain services through incorporation some core quality indicators into Quality Improvement Collaborative implementation.

Supply Chain Management And Health Commodities

Supply Chain Management

Namibia's public health supply chain is fundamental to MOHSS in achieving its mission of 'providing integrated, affordable, accessible and equitable, quality health and social welfare services that are responsive to the needs of the population'. In recent years, however, service levels have fallen below the 90% target, with the current level at 74% as of March 2023 (figures from MOHSS CMS) for all commodities. This has resulted in stock availability issues at facilities across the country, with reports of patients unable to access essential medicines. Recent stockouts and low stock situations are a product of various factors, including: inadequate storage space at facilities; inefficient procurement processes and practices unreliable consumption data; limited end-to-end data visibility; and capacity gaps at lower-level facilities for ordering and stock management.

PEPFAR Namibia has historically provided program-critical support to MOHSS, and particularly the Central Medical Stores (CMS), to fill capacity gaps and limit maldistribution, stockouts, and wastage of HIV and related commodities. PEPFAR Namibia will continue with similar support to CMS in COP23, in forecasting and supply planning, distribution, and warehousing and inventory management. To minimize stock outs at service delivery points, PEPFAR Namibia will support updating SOPs for the medical stores and facilities, and will build regional pharmacists' capacity to utilize the various e-systems to ensure lower-level facilities effectively manage their stock. Additionally, the program will focus on improved supply chain strategy and planning, supporting efforts to scale up optimal product options and expand MMD, and strengthening in-country systems and capacity to undertake timely and best value procurement.

PEPFAR Namibia will continue to support the institutionalization of analysis and use of distribution, dispensing, and aggregate patient data for process improvements, and increased transparency and accountability. The program currently supports the rollout of an upgraded e-dispensing tool, work that will continue in COP23. In COP22, PEPFAR is supporting the development of a Data and Analytics Transformation Roadmap, collaborating with MOHSS and other stakeholders to identify the ideal e-system architecture for Namibia's pharmaceutical supply chain. Implementation of the roadmap will be a priority for COP23.

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PEPFAR Namibia will also accelerate efforts toward a more country-led supply chain in Namibia, supporting implementation of the MOHSS five-year National Medicines Policy (NMP), launched in November 2022. This includes support to facilitate quarterly governance meetings between the pharmaceutical directorate and stakeholders, ensuring adherence to the plan as outlined in the NMP.

PEPFAR Namibia will also collaborate with MOHSS to assess pharmaceutical manufacturing opportunities in Namibia and constraints to expansion and diversification, along with a market assessment for locally produced goods. This will include a review of incentive packages in other manufacturing countries in the region for potential tailoring to Namibia. The assessment report will review options and provide recommendations for how to ensure an uninterrupted supply of commodities, whether through strategic purchasing, and/or local and regional manufacturing.

HIV and Related Commodities

In early 2022, MOHSS and Ministry of Finance formed an inter-ministerial committee to strengthen health procurement. A key output of this collaboration was the development, with the support of PEPFAR Namibia and other donors, of a three-year quantification for all commodities. The quantification will be used during COP22 to develop a sourcing strategy for the items to be procured, after which a procurement plan will be submitted to the MOF for approval and allocation of funding. While this development bodes well for the future of domestic funding for HIV and related commodities, PEPFAR Namibia will continue to procure some items until there are assurances that patients will not experience stockouts in the absence of donor support.

With a small population of children living with HIV, the GRN has historically struggled to entice manufacturers to respond to tenders to supply the drugs required for these patients. In recent years, PEPFAR Namibia and the Global Fund have stepped in to fill the gap, with PEPFAR support amounting to $250,000 in COP22. In COP23, PEPFAR Namibia will increase its budget for pediatric procurement to $380,000 to alleviate periodic stockouts. These funds will be used for Nevirapine and Zidovudine solutions for infant prophylaxis, and DTG10, ABC/3TC 120/60, and Raltegravir 100mg granules.

To address periodic stockouts in second and third-line adult regimens, PEPFAR Namibia has set aside $225,000 for Darunavir 600 and Atazanavir/Ritonavir 300/100. In COP22, the program allocated more than $700,000 to expand PrEP options in the country. This will be substantially reduced in COP23, to $100,000, owing to the program's expectation that the GRN will ensure stability. PEPFAR Namibia will introduce pill cases in COP23 to allow PrEP users, notably AGYW and KPs, to discreetly store and access their pills.

To support the VMMC program, $100,000 is allocated for the procurement of autoclaves, diathermy electrodes, and single-use essential consumables. In addition, PEPFAR Namibia was allocated $400,000 from the Central Condom Fund for approximately seven million flavored/scented condoms to support the KP Program. PEPFAR will also procure $95,000 of HIV self tests and HIV/syphilis tests.

In COP22, PEPFAR Namibia allotted $525,00 for laboratory commodities. This support will increase to $763,000 in COP23 for TB items (LAM tests, GeneXpert Ultra cartridges, Abbott and m2000 tests); VL reagents (Abbott m2000 and MPima cartridges); EID cartridges (Abbott MPima and GeneXpert); GeneXpert HPV cartridges; HEP B reagents; recency rapid tests; and HIV/syphilis tests.

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5.4. Human Resources for Health

Historical Context

Human resources for health support is a central component of PEPFAR assistance to Namibia. Physicians and other health providers were recruited from neighboring countries to fill staffing gaps, and HRH needs quickly grew as services were decentralized, and tens of thousands of PLHIV were successfully diagnosed and linked to treatment.

From 2011-2016, PEFPAR funding in Namibia was reduced by half as part of a multi-year transition plan, accompanied by an abrupt end to USG-supported HRH support. Some staff positions were absorbed by MOHSS "outside the staff establishment," meaning that the positions were not permanent and would not be backfilled. Many other positions were not absorbed, resulting in gaps in clinical services and worsening health outcomes for PLHIV. Those findings, coupled with a recognition that the epidemic was not yet under control, resulted in a reversal of the transition, and a large increase of PEFPAR support in 2016. The increase in resources was coupled with an understanding between USG and GRN that many PEFPAR Namibia supported positions will be outside the staff establishment with no expectation of transition to MOHSS in the future. PEPFAR Namibia HRH support was specifically designed as a time-limited acceleration tool to assist Namibia in reaching epidemic control.

In recognition of the need to support a sustainable HRH footprint, MOHSS adopted several significant strategic changes, including task shifting to nurses and recognition of health assistants as a formal cadre. MOHSS, with PEPFAR Namibia support, conducted a restructuring process, resulting in a request for thousands of additional positions, as well as creation of several new Directorates, including Pharmaceutical Services, Quality Management, and Health Information and Research. Since that time, many of these positions and directorates have been funded by GRN and the MOHSS structure has evolved accordingly.

Current HRH Support

The GRN funds more than 80% of the MOHSS workforce, with additional support from PEPFAR (equivalent of 2,325 staff) and the Global Fund (375 positions). As of July 2022, the MOHSS had 21,138 approved posts on the staff establishment; 13,029 positions were filled, and 8,109 were vacant and unfunded. In COP23, efforts to improve and streamline the recruitment process will continue, in several ways. First, PEPFAR Namibia will use the WISN tool, combined with additional programmatic insight, to identify gaps and prioritize positions for immediate backfill. Second, PEPFAR will also assist in ensuring that MOHSS managers and supervisors are familiar with and can easily navigate GRN HR systems to optimize the recruitment timeline.

Another 1,759 staff, primarily health assistants (i.e., community health workers assigned to health facilities), have been hired by MOHSS outside of the establishment, suggesting a need for the establishment to be updated to better align with task shifting and changing roles of lay healthcare workers.

The annual starting MOHSS budget for the GRN financial year 2022/2023 stands at 8.4 billion Namibian dollars (~$454 million USD), with personnel costing about N$ 4.3 billion dollars (~$232 million USD).

(Note: Fluctuating exchange rates in Namibia could result in a USD equivalent increase in MOHSS budget by 20%.) In COP21, PEPFAR HRH support totaled $31.9 million USD. In addition, PEPFAR also spent 11.6 million dollars on partner's program management and operations staff.

Data Quality, Access, And Use

MOHSS made substantial strides towards data generation and use with the launch of the Integrated Human Resources Information system (iHRIS) and the Annual Health Workforce Status Report in November 2022. The initial rollout of iHRIS commenced at MOHSS National Level and Windhoek Central Hospital. In COP22, PEPFAR is supporting MOHSS to roll out the system to all 14 regions and five referral hospitals, which will allow policy makers and managers to have real-time access to data for managing the public sector workforce. The functionality and capacity of the iHRIS will be expanded in COP23 to improve the efficiency of critical HR processes, including the rollout of recruitment functionality. In COP23, PEPFAR Namibia will also support MOHSS to put greater focus on the customization and use of iHRIS reports for policy-makers and managers, including program managers, to guide decision-making to inform recruitment, deployment, and other HRH management decisions.

The annual Health Care Workforce Status Report offers a detailed account of all positions and workers in the public health sector, by cadre, location, and funding source, including matches to GRN job categories. Absent of a uniform HR information system, the exercise required a major effort to inventory and document the health workforce, including using the GRN payroll system for employee validation. In the future, PEPFAR Namibia will support MOHSS to use data from iHRIS to populate the report, and the report will be expanded to include the health workforce beyond the public sector, advancing the Ministry's need for a holistic portrait of staffing skills and availability throughout the country's health system.

During COP23, PEPFAR Namibia will also continue years of collaborative planning with the MOHSS HIV Program to align PEPFAR HRH support with need, using routinely available program data reflecting service delivery burden (e.g., #PLHIV currently on treatment, # clients receiving DSD services) and programmatic gaps (e.g., proportion of clients on optimized ARV regimens, proportion of clients with an undetectable viral load). These collaborative efforts have established examples of the nimble and flexible workforce planning that will be required for maintain epidemic control – particularly through the Clinical Mentorship and Quality Management programs led by MOHSS. PEPFAR will support MOHSS to translate lessons learned from this longstanding process into documented best practices that will directly inform future discussions and strategy for determining and prioritizing health workforce needs.

To further facilitate data-driven decision-making, beginning in COP22 and continuing into COP23, PEPFAR Namibia will support MOHSS to plan and conduct a Workload Indicators of Staffing Need (WISN) assessment, using routinely collected health service utilization data to match staffing to service delivery needs and to cost the EHSP. The governance structure for this activity will include key MOHSS leadership and experienced practicing technical staff (in community, facility, district, region, and national program settings), to ensure that the results are grounded in the reality of service delivery at the site and community level, as well as the strategic shift by MOHSS to deliver health services in community-based settings, rather than the traditional facility-based model. Moreover, PEPFAR Namibia will support MOHSS to use WISN results to set staffing norms, per a request of the Office of the Prime Minister, and

to continuously base staffing decisions (e.g., review of the staff establishment, and recruitment and deployment plans) on actual workload experienced at different levels of service delivery.

Implementation Of The National HRH Strategic Plan

In COP23, PEPFAR Namibia will continue support to MOHSS and its stakeholders, initiated during COP22, to implement the National HRH Strategic Plan and emerging HRH priorities to enhance the performance of the health workforce. In particular, PEPFAR Namibia will support the functionality of the HRH technical working group and related structures to provide technical oversight in the implementation of the strategic plan and the necessary data analysis to inform HRH policy and planning decisions.

MOHSS Restructuring

MOHSS is at an advanced stage in a multi-year restructuring process which has been conducted in phases over the course of the last decade. PEPFAR Namibia has and will continue to support this effort, including efforts around organizational restructuring and updating the staff establishment within MOHSS organizational units. Support will also entail facilitating the establishment of a new Quality Management Directorate and MOHSS-proposed National Public Health Institute (NPHI), envisioned to oversee public health activities by 2030. Support of NPHI formation includes PEPFAR Namibia technical assistance to consider various models of governance, questions of autonomy from GRN, and the relationship to the Namibia Institute of Pathology. The restructuring process will also entail revising staffing norms for critical posts at different levels of service delivery and a review of the staff establishment. This support may also include accreditation of new types of public health positions, including epidemiologists and health scientists.

Community-Based Health Services and Health Posts

In COP23, PEPFAR Namibia will support an MOHSS-led review of structures and policies for supportive supervision and accreditation. In early 2023, MOHSS officially announced its vision for a shift in the delivery of health services, prioritizing improved access to preventive and curative health services through enhanced community-based health programing. This will entail reforming the current community health care program, including determining HRH needs as well as establishment of Health Posts.

As an initial phase in reforming the CHW program, MOHSS, in collaboration with partners including PEPFAR Namibia, identified the key constraints affecting the CHW program that need to be addressed and priority actions to reform the program, including: (1) mapping the current CHW footprint (including those supported by PEPFAR Namibia), (2) institutionalizing the National CHW Program through a CHW accreditation process, revising the scope of practice, training curriculum, and defining supervisory structures; (3) development of a National CHW Strategy, (4) development of a National CHW investment case, (5) strengthening the National CHW Program HR capacity with new positions, (6) digitization of CHW program services and digitalization of the Monitoring System, (7) establishment of Health Posts (including conversion of current sites for comprehensive community-based health services), and (8) the inclusion of Health Posts in the MOHSS Quality Management Strategy.

In COP22, PEPFAR is supporting the development and costing of the CHW National Strategy and will include CHWs in WISN analyses. In COP23, PEPFAR will support the MOHSS to implement the Social Contracting policy, which was developed with PEPFAR Namibia support in COP22. Moreover, PEPFAR will build on lessons learned from COP21 and COP22 support to MOHSS to use a competitive award process to CSOs to deliver community-based services for community adherence groups (CAGs). PEPFAR will also build the capacity of CSOs to obtain obligatory registrations, statutory documentation, and accountability structures to address the limited engagement of CSOs, PLHIV Network, and FBOs in the community response.

Workforce Development

In COP23, PEPFAR Namibia will continue to support MOHSS to strengthen its health workforce by bolstering the systems needed to build staff capacity and accountability. Priority interventions will include continued support for the MOHSS National Health Training Center to activate its online training hub and expand availability of online trainings, support use of a master training calendar track training requirements and completed courses, support induction training for all new staff, and provide project management training for all managerial staff. Finally, PEPFAR Namibia will continue support for the GRN performance management system in MOHSS, including sensitization and trainings for both employees and supervisors, as well as tracking of practical implementation.

Social-Sector Workforce Sustainability Planning

Beyond the health sector, PEPFAR will continue to support GRN to plan for the workforce required to sustain community-based programs to strengthen children and youth service delivery. In COP22, PEPFAR Namibia will support an analysis of GRN staffing structures in MSYNS, MOEAC, and MGEPESW to identify opportunities within Government structures to implement and sustain key interventions to strengthen children and youth service delivery that align with the GRN mandate. In COP23, PEPFAR Namibia will engage with these Ministries to support sustainability planning, with a focus on where current GRN staffing structures could be leveraged to sustain existing or planned DREAMS/OVC activities and to signal if additional staffing or social contracting are needed to sustain high quality services.

5.5. Laboratory Systems

Namibia boasts quite robust and advanced laboratory systems supporting both clinical and public health lab testing services. The backbone of the national laboratory system infrastructure is the NIP, through its expansive network of 39 laboratories spread throughout Namibia. In addition, other laboratories include government laboratories such as the Central Veterinary Laboratory. University clinical laboratories such as National University of Science and Technology as well as the University of Namibia provide human capacity development for laboratory system strengthening and, when required can support public health emergency laboratory testing services (e.g., during the COVID-19 response). Finally, several private laboratories also provide services which support clinical laboratory testing and national public health emergency responses. Regional and international laboratories such as the National Institute of Communicable Diseases (NICD) in South Africa, support Namibia with supranational reference laboratory services for advanced or higher biohazard safety level (BSL) requiring tests, where local capacity is unavailable.

Gaps

Key gaps remain in the area of laboratory systems, and these include suboptimal diagnostic network optimization which manifests in several ways, including challenges with sample transport, inefficient machine placement across the NIP laboratory network, and access to laboratory services for some areas. Furthermore, there are some significant delays in the clinical use of lab results (VL, EID), largely due to issues of timeliness of return of laboratory results. This is due to various reasons in the result return pathway from the laboratory to the clinicians. Delivery of printed lab results can be delayed due to transport challenges. Printed copies can also be lost or misplaced before being reviewed and used by the clinician. These are challenges which could be mitigated through electronic results delivery platforms.

Additional challenges include high costs of reagents and consumables for VL and EID, particularly driven by a somewhat restrictive Public Procurement Act (where one objective of the Act is to promote preference for buying from local suppliers, which in reality has led to middlemen entities, resulting in higher costs than when procuring directly from international manufacturers). The low population base in Namibia and competitively lower volume orders when compared to other competing high population countries also places an additional burden on the Namibia lab system, limiting Namibia's ability to obtain competitive volume discounted prices of commodities. This is further complicated by the ranking of Namibia as an upper middle-income country which also limits Namibia's access to preferential lower commodity pricing offered by global manufacturers/suppliers to low-income countries.

Priorities

Regarding addressing gaps in access to laboratory testing services, PEPFAR Namibia will support NIP to leverage the use of new multiplexing options that are being explored and/or validated to allow for decentralized testing including HIV VL, TB GeneXpert, HPV testing and Early Infant Diagnostics. To address issues around laboratory testing efficiency, optimal placement and utilization of laboratory testing capacity, Namibia will plan for implementation of Diagnostic Network Optimization in a collaborative effort involving MOHSS, NIP, PEPFAR Namibia agencies and other stakeholders

Secondly, PEPFAR Namibia will support NIP to ensure electronic timely access to results for clinical providers and other MOHSS staff through strengthening of Laboratory Information Management System (MEDITECH®) which includes use of the dashboards. Instant delivery of lab results to clinicians through the SMS platforms will continue, and the SMS alert system will also be optimized to flag results which require urgent clinical action, such as positive TB, EID results or high viral load.

Finally, given the competitive disadvantage that the Namibia laboratory system faces when procuring laboratory commodities on the local and international market as described above, in COP23, PEPFAR Namibia and NIP will explore opportunities to leverage PEPFAR Namibia negotiated pricing with manufacturers for some commodities which can be procured through the PEPFAR pooled procurement supply chain management mechanism.

5.6. National Public Health Institute

A national public health institute (NPHI) is considered the home for a country's public health activities and workforce. While Ministries of Health typically focus on clinical services, NPHIs serve as focal points for preventing, detecting, and responding to public health threats and emergencies, and provide points

of contact for public health partnerships. In the context of the broader HIV response, a functional NPHI is critical to a country's ability to protect the gains of the HIV response during public health emergencies (something which was evident during the COVID-19 pandemic).

PEPFAR Namibia has supported MOHSS efforts to develop Namibia's NPHI since 2015 via technical assistance and support for early strategic planning efforts. Since 2020, additional progress has included establishment of an NPHI steering committee, study visits to NPHIs in other countries, and development of a draft legislative framework for NPHI establishment.

As NPHI development has progressed in Namibia, it has become evident that MOHSS staff who are engaged in steering the process face numerous competing priorities. PEPFAR Namibia will seek to provide additional support to these staff and also identify opportunities to link NPHI development and early NPHI operations to current PEPFAR Namibia activities and planning for sustainability of HIV programs and investments.

5.7. Emergency Preparedness and Response

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Aligned with the PEPFAR 5X3 strategy, PEPFAR Namibia has been working with GRN and stakeholders to build pandemic readiness and response capacity. PEPFAR Namibia will build on response capabilities built over the years and much more recently with the COVID-19 response in Namibia. Key components of Namibia's pandemic preparedness and response capacity include response and logistics coordination, enhancing diagnostic capacity, disease surveillance and case management, quarantine management, case investigation, infection prevention and control, risk communication and pharmaceutical supply chain coordination.

PEPFAR Namibia has provided technical and financial support across all these thematic areas, leveraging other USG resources such as ARPA and GLOBAVAX, as well as funding from other stakeholders such as the Global Fund and the multilateral organizations.

For many years, MOHSS has adeptly stood up an emergency operation center (EOC) structure in the response to outbreaks, and following the outbreak of COVID-19, MOHSS established an EOC for the pandemic at the National Health Training Centre. PEPFAR Namibia technical staff have played critical role in the fight against the pandemic supporting all areas of the response, including continued support for the operation of the EOC.

Challenges with the current state of Namibia's emergency preparedness and response capacity include the resources needed to mitigate the impact of the COVID-19 pandemic on the HIV response, lack of skilled health workforce in the area of public health (e.g., Epidemiologists, Health Scientists etc.), and the need to finalize plans for and implement a fully structured NPHI to coordinate emergency response, and lack of resources.

COP23 Priorities

During COP23, PEPFAR Namibia plans to continue the support for the establishment of the Namibian EOC, provide technical assistance to strengthen preparedness, and will continue to actively participate in national responses when emergencies happen. This activity will help to ensure that there is coordination between emergency responses and the continuation of essential services, such as the provision of services for people living with HIV.

The Field Epidemiology and Laboratory Training Program (FELTP) continues to build the human resource skills capacity in the area of applied epidemiology. To address this issue and facilitate further NPHI development, PEPFAR Namibia will support continue the hiring of an NPHI Coordinator in COP23. PEPFAR Namibia will also seek to identify opportunities to link NPHI development and early NPHI operations to current PEPFAR Namibia activities and planning for sustainability of HIV programs and investments. Both the FELTP program and the continued support of the development of the NPHI will build capacity in outbreak response to other key infectious diseases.

PEPFAR Namibia will also continue to support NIP, so that it continues to play an integral role in national public health emergencies and preparedness, ensuring laboratory testing for infectious public health diseases such as COVID19, mPOX , viral hemorrhagic fever and others, and the broad PEPFAR support to NIP is an enabler to ensure this emergency response capacity is possible.

5.8. Field Epidemiology And Laboratory Training Program

Namibia faces a critical shortage of skilled public health workers to lead and manage emergency response operations, preparedness activities and real-time surveillance. The Namibia Field Epidemiology and Laboratory Training Program, which was established by MOHSS in partnership with CDC in 2012, increases the number of skilled public health professionals and strengthens the public health system in Namibia.

To date, NamFELTP has successfully supported training for both Advanced and Frontline residents, many of whom are now filling critical roles within Namibia's health system. However, there are key gaps in program funding that threaten its ability to continue producing skilled graduates. Specifically, there is a need to support allowances for NamFELTP mentors and staff for field assessment and supervision, and to support travel for NamFELTP residents to conduct outbreak investigations and to learn and share best practices at scientific conferences. To enable this important program to continue to be successful and to optimize gains made in the broader HIV response, PEPFAR Namibia will support NamFELTP with funding for these gaps in COP23.

5.9. Public Health Emergency Operations Centre

A public health emergency operations center (PHEOC) is part of a comprehensive program of national public health emergency preparedness, planning, response, and capacity building. It typically functions under the master plan and/or coordination of a national disaster management authority. A national PHEOC is the focal point for coordination of emergency planning, training, response and recovery of public health interventions. It establishes standards for the activation and operations of national and sub-national PHEOCs when public health emergencies strike. Public health emergencies involve increased incidence of illness, injury and/or death and require special measures to address abrupt increase in morbidity, mortality and interruption of essential health services.

MOHSS has a national steering committee for the planning and development of a permanent PHEOC, with membership comprised of key stakeholders and users including PEPFAR Namibia. During COP23, PEPFAR Namibia plans to continue the support for the establishment of the Namibian PHEOC, provide technical assistance to strengthen preparedness, and will actively participate in national responses when

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emergencies happen. This activity will help to ensure that there is coordination between emergency responses and the continuation of essential services, such as the provision of services for people living with HIV.

6.0. Pillar 4: Transformative Partnerships

6.1. Multisectoral Government Coordination

PEPFAR Namibia continues to maintain strong working relationships with GRN through various platforms including routine scheduled meetings with Government leadership and various technical working group platforms. MOHSS continues to lead the multisectoral HIV/TB response. During COP23 planning, MOHSS provided leadership in all aspects of planning and engagements, most importantly planning for sustainability. MOHSS also ensured alignment in COP23 and Global Fund proposal planning with the gaps and priorities identified through reference to the National Strategic Framework 2022/3-2027. MOHSS will continue to lead national planning, implementation, and monitoring.

The PEPFAR Namibia team is working to identify efficiencies in our partnership that contribute towards developing a sustained HIV response. This will be done by strengthening the relationship between PEPFAR Namibia and different Ministries to coordinate activities that support the response, as a current identified gap is that not all Ministries are aware of the synergistic opportunities that can be supported through the PEPFAR Namibia program.

PEPFAR Namibia will contribute to improving the HIV response through coordinated efforts and collaborations with different key stakeholders. These include various GRN Ministries to ensure the response is leveraging the different strengths and resources available to complement the public health efforts of the response. For example, PEPFAR Namibia will continue to work with the Ministry of Finance and Public Enterprises to craft a sustainable health financing strategy. With the Office of the Prime Minister, PEPFAR Namibia will continue to plan with the country to ensure that the response is appropriately staffed and continue working with the Ministry of Home Affairs, Information, Safety and Security on a range of activities such as comprehensive services at correctional facilities and police holding cells, planning for the systems needed for unique patient identifiers, and supporting documentation of patients by ensuring that all people have birth certificates and identification cards in order to access social grants.

PEPFAR Namibia will also work with the Ministry of Gender Equality, Poverty Eradication and Social Welfare to identify collaborations targeted at social services for children and their caregivers. With the Ministry of Education, Arts and Culture, PEPFAR Namibia will continue to strengthen prevention efforts as well as reinforce the implementation of the National School Health Policy and associated health prevention and care activities. With the Ministry of Sports, Youth and National Service, PEPFAR Namibia will similarly strengthen health, economic and social support for out of school youth, and young adults. PEPFAR Namibia will also continue to support activities that collaborate with line Ministries, such as communications and messaging with the support of the Ministry of Information and Communication.

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During COP23, PEPFAR Namibia will continue to strengthen relationships with the Ministry of Agriculture, Water and Land Reform to ensure that farming groups are accessed and supported, and with the Ministry of Fisheries and Marine Resources to ensure that fishermen are optimally supported. A coordinated response will result in more holistic solutions that improve decision making, program implementation and the sustainability of the HIV response.

6.2. Ministry of Health and Social Services

PEPFAR Namibia has partnered with MOHSS since 2003 in the national HIV response. The MOHSS plays the central role of leading the HIV/AIDS multisectoral response efforts. In this role, MOHSS coordinates all stakeholders including other GRN entities (Offices, Ministries and Agencies), donor agencies such as PEPFAR and the Global fund, multilateral organizations, civil society organizations and the response beneficiaries.

Key activities led by MOHSS include the development of strategic policies and guidelines for the various interventions needed as part of the national response, health systems strengthening, resource mobilization, capacity building of providers and program managers, response monitoring and evaluation, provision of technical support and oversight, clinical mentorship and quality improvement/quality management.

More specifically, in COP23 MOHSS will lead many strategic interventions with their own financing across the HIV prevention, care and treatment cascade. These include strengthening the combination prevention interventions including scale-up PrEP and PEP, condoms and lubricants, VMMC, roll-out of the implementation of the sexually transmitted infection guidelines and fill human resource gaps for prevention activities.

Under HIV testing, care and treatment, MOHSS will continue to lead efforts on smart service integration in alignment with their EHSP activities and decentralized service delivery of HIV services as routine health care. A top priority for GRN and PEPFAR Namibia is the CHW program reform that MOHSS is embarking on. The MOHSS vision is to pivot to future service delivery models from health facility based, to more sustainable decentralized differentiated community-based service models that bring high-quality services closer to the beneficiaries. PEPFAR Namibia investments in the DREAMS and OVC programs, which provide services in the community and households, will offer experienced perspectives on effective ways to deliver and manage community-based health and social services. MOHSS will continue implementing new innovations and technologies to improve the quality, efficiency and effectiveness of health services. Illustrative examples include the Pelebox® Smart Lockers, automated data transfer methods including barcode printers, the SMS ART Adherence Reminder System, as well as scan-and-send data transmission technologies which have been proven in other PEPFAR countries (e.g., Malawi Ministry of Health HIV testing program) to be an efficient and cost-effective step before going to total digital health.

On health systems strengthening, MOHSS will continue to lead the development of Universal Health Coverage policy and related components such as an Essential Health Service Package, commodity forecasting and quantification, human resources for health reforms including the implementation of the iHRIS and routine use of the data for human resource planning by program managers and policy makers, health financing reforms including activity-based costing and management as well as social contracting policy implementation. MOHSS also continues the implementation of the recently launched Namibia

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Medicine Policy. PEPFAR Namibia provides technical expertise to complement the MOHSS staffing and provide access to global practices.

On health information management systems, as well as response monitoring and evaluation, MOHSS will continue leading the ongoing development and enhancements in the various information systems (e-Health, EDT, EPMS, DHIS2 etc.), ensuring wider access and availability of high-quality data for program management and quality improvement implementation at all levels.

MOHSS will continue to develop national capacity through the FELTP program, development of institutions such as the NPHI and support for the Emergency Operations Centre in response to the public health emergency preparedness and response.

Finally, MOHSS will continue strengthening coordination on multisectoral HIV response especially with civil society; PLHIV networks; people with disabilities; marginalized and most vulnerable population groups; as well as other GRN entities such as the Ministry of Sport, Youth and National Service, Ministry of Education, Arts and Culture, Ministry of Gender Equality, Poverty Eradication and Social Welfare, and Ministry of Finance and Public Enterprises. PEPFAR Namibia will reinforce this collaboration by providing human and fiscal resources.

6.3. Ministry of Sport, Youth and National Service

The Ministry of Sport, Youth and National Service (MSYNS) supports social and behavior change communications, healthy lifestyles and health issues including prevention of HIV/AIDS. The Ministry also uses sports to teach life skills, leadership, discipline, and HIV prevention services to youth. The Ministry has one Youth Center (YC) in each region but only five are functional, which are used to reach youth and provide sexual and reproductive health (SRH) and HIV prevention services. The MSYNS uses YCs as implementation sites for their youth activities. An on-establishment cadre is fully focused on serving youth. However, the personnel have little access to resources for implementing programs.

The MSYNS has limited funding to scale-up services for youth programs in all regions, outdated weak monitoring, and supervision of youth services in the regions, underutilized use of the Ministry's credit scheme to build entrepreneur skills to start small business for young people, and the YCs are not used maximally to provide youth-friendly HIV prevention and treatment services. The centers are in varying levels of functionality, and some are in better shape than others.

During COP22, PEPFAR Namibia engaged with the Ministry through a G2G agreement with the intention of accessing existing systems, structures and workforce of the Ministry to help avert new HIV infections among AGYW and prevent sexual violence among AGYW ages 10-24 and their male partners. PEPFAR Namibia technical assistance has boosted the capacity of the MSYNS to engage youth in the HIV response, maximize available Ministry resources, and stimulate demand creation for HIV prevention interventions using evidence-based SBCC targeting youth.

In COP23, PEPFAR Namibia will continue to strengthen the partnership with the MSYNS as a key ally for providing community-based HIV services to young people, especially those who are not in school. Youth Centers provide an alternative HIV prevention service delivery channel to increase uptake of HIV testing (e.g., self-testing) and prevention among youth-specially to support closing of equity gaps. In addition, PEPFAR Namibia will support the use of sports to teach life skills, leadership, discipline, and scale up the

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use of electronic, social media, and digital applications for demand creation aimed at delivering information and services delivery by engaging youth. Furthermore, PEPFAR Namibia will support the Ministry to ensure safe spaces are available at the community level using YCs and increase AGYW uptake of services outside of DREAMS districts to deliver the structural element of DREAMS (e.g., norms change, GBV, social welfare officers training, etc.)

During COP23 PEPFAR Namibia will support MSYNS to use data for decision-making and develop annual workplan, provide AGYW HIV prevention services and SRH rights and linkage to other HIV/SRH prevention, care, and treatment services, and expand G2G-covered services in 14 regions with resources made available for quarterly supervisory visits. PEPFAR Namibia will also support MSYNS to continue to offer life skills and comprehensive sexuality education, to identify and address implementation challenges related to youth in targeted regions and to provide entrepreneur skills and financial literacy training to expand Youth Enterprise Funding schemes with increased seed capital from Government. The targeted youth will receive small business start-up kits and provide mentorship to continue their business. PEPFAR Namibia will also coordinate with MOHSS on social contracting for youth services and build the capacity of youth officers and Namibia Planned Parenthood Association (NAPPA) clinic staff to strengthen youth-friendly services based on users' demands and experiences.

6.4. Namibia Institute of Pathology

NIP provides laboratory services through a network of 39 laboratories spread throughout all the 14 regions of Namibia (Figure 6.3.1). PEPFAR Namibia has partnered with NIP since 2003 to strengthen Namibia's capacity to provide pathology testing services for HIV (including viral drug resistance testing), TB, other public health diseases including COVID19, mPOX and many others.

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Figure 6.3.1 Distribution of NIP laboratories in Namibia

Figure 6.3.1 Distribution of NIP laboratories in Namibia

In COP23, NIP will continue to strengthen the testing capacity and close existing gaps. Key gaps exist in access to HIV viral load testing, pediatric viral load coverage, access to Early Infant Diagnostic services, TB case finding, HPV testing for cervical cancer screening and diagnosis, as well as challenges with specimen transport and timely return of laboratory results.

NIP will continue decentralizing EID services, expanding access to HIV viral load testing particularly for priority populations such as children as well as pregnant and breastfeeding women. As a top priority for COP23, NIP will expand TB diagnostic testing capacity to improve TB case finding. HPV testing, a newly introduced test in Namibia for cervical cancer screening, will continue to be optimized. Quality assurance and continuous quality improvement will remain central to the partnership, and the improvement of specimen transport as well as return of results will be further strengthened. The laboratory information management system will be supported, with a goal of ensuring timely access to laboratory results for both clinical management as well as public health action.

NIP continues to play an integral role in national public health emergencies and preparedness, ensuring laboratory testing for public health diseases such as COVID19, mPOX, Viral Hemorrhagic Fever and others, and the broad PEPFAR Namibia support to NIP is an enabler to ensure this emergency response capacity is possible.

6.5. Private Sector Engagement Strategy

In the NSF 2023/24-2027/28 and the GC7 strategic planning document, the Ministry is prioritizing to improve and strengthen efficiency and effectiveness of coordination across all stakeholders, sectors and regions to ensure a coherent, cohesive, mutually accountable, effective and equitable multisectoral and community-led HIV response. In COP23, PEPFAR Namibia will seek increased involvement of faith-based institutions and the private sector in both the coordination and funding of the HIV/AIDS response. One way to support this is through the development of a Private Sector Engagement Policy for MOHSS and operationalize the framework for private sector, civil society and faith-based organisations engagement in the HIV/AIDS, TB and malaria response. PEPFAR Namibia will continue its support to realize this framework in COP23.

MOHSS has data from the PEPFAR Namibia program but does not systematically access HIV data from registered medical schemes/insurance or other private sector partners in Namibia. Through a data-sharing collaboration agreement, PEPFAR Namibia will seek to develop an executive dashboard to provide user friendly data presentation and enable the inter-sectoral committee at national level and regional level in the regions to review process against selected key indicators. This national data-sharing collaboration agreement incorporates all private sector entities responding to the epidemic but does not include reporting of data to MOHSS. In COP23, PEPFAR Namibia will continue to facilitate the establishment of a public-private sector initiative to facilitate the collection of HIV, TB, and STI data from registered private medical schemes in Namibia in line with National Developmental Goals of Vision 2030, addressing HIV/AIDS as a crosscutting issue in all sectors, and more specifically under the theme of Population, Health and Development. This national data sharing agreement between MOHSS and private sector is for the development of an online HIV/ AIDS reporting tool or dashboard.

DREAMS has substantially increased resources, targets, and strategies for linking beneficiaries to intensive economic strengthening opportunities which include employment opportunities, entrepreneurial and income generation initiatives. PEPFAR Namibia will seek to expand private sector corporate social responsibility engagement in vocational training and employment opportunities for young people. Different implementation strategies will continue to be strengthened and utilized to ensure that there are opportunities aimed at AGYW and ABYM through implementing partners.

VMMC services are provided at contracted private health facilities. This is especially important to reach the older male cohort. In COP23, the aim will be to expand public-private partnerships for VMMC through medical aid schemes and the private providers VMMC partnership.

Multilateral Engagement

PEPFAR Namibia has a strong relationship with multilateral partners such as the UN family and Global Fund. PEPFAR Namibia and all multilateral partners sit together at numerous steering committee and technical working group platforms, ensuring frequent contact and coordination on a regular basis. In addition, WHO hosts a monthly meeting for development partners, co-chaired with MOHSS and uses this platform to develop multilateral engagement. PEPFAR Namibia participates in this meeting, sharing updates at each meeting. The UN family was engaged during the development of the COP23 proposal.

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PEPFAR Namibia maintains ongoing engagement with the Global Fund at all levels and takes one of the seats within the Coordinating Mechanism allocated for development partners. During COP23 planning, PEPFAR Namibia worked closely with MOHSS staff assigned to implement Global Fund funding to ensure optimalisation of planning, including addressing gaps and preventing duplication of supported activities. WHO, UNICEF and UNAIDS receive funding through PEPFAR Namibia and implement programs in partnership with MOHSS and stakeholders ensuring regular and ongoing engagements. Above and beyond this, PEPFAR Namibia regularly engages with the UN family.

6.6. Civil Society Engagement Strategy

PEPFAR Namibia continues to engage and maintain strong relationships with CSOs including implementing partners, faith-based organizations, PLHIV networks and LGBTQ+ organizations. Civil society provides effective social change agencies through social accountability, community empowerment and ensuring good governance in communities amongst other very important roles. Civil society have been instrumental in Namibia's HIV response during the past two decades and continue to be a significant stakeholder as PEPFAR Namibia plans for sustainability.

During COP23 planning, PEPFAR Namibia ensured that CSOs were well-represented and engaged throughout the process, including FBOs, organizations representing people with disabilities, and LGBTQ+ organizations including young people. Some issues raised by CSOs included PLHIV network's non-functionality, limited funding for CSOs, and lack of intentionally engaging people with disabilities amongst other concerns.

While the funding landscape for civil society is extremely challenging post COVID-19 and many organizations who play a vital role in supporting the HIV response in Namibia are struggling to maintain operations, GRN has made great strides in 2023 to prioritize CSO engagement. Civil society organizations continue to provide the much-needed and complementary continuum of care and prevention services at the community-level. The approval of the Social Contracting Policy paves the way for more sustainable funding options for CSOs to continue providing targeted services within communities. The next large step will be supporting GRN to operationalize this important policy. Community led monitoring will also continue to be led and implemented by CSOs through gathering quantitative and qualitative data on HIV services, develop and advocate for solutions to gaps identified. The PEPFAR Coordinating Office in Namibia also supports and engages CSOs through the PEPFAR small grant fund.

In COP23, PEPFAR Namibia will explore options for social contracting through GRN under existing mechanisms and continue to engage with civil society throughout the year. Engagement will be through semi-annual meetings, email updates, virtual meetings, and the use of the U.S. Embassy social media.

PEPFAR Namibia will also develop a dissemination strategy at national and community level for the results of community led monitoring, and work to ensure that these results are accessible and understandable for civil society and the general population.

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7.0. Pillar 5: Follow the Science

7.1. Implementation Science and Evaluation

Evidence from program evaluations and implementation science projects are key inputs into sustainability discussions. Evidence that identifies which activities lead to desired outcomes, and which do not, will enable MOHSS to make informed decisions about the future of HIV service delivery. Furthermore, understanding the barriers and facilitators to implementation of these activities can help to expand program reach, improve outcomes, and enhance efficiency.

During COP23, PEPFAR Namibia will work with implementing partners to conduct evaluations of existing programs to inform sustainability discussions. Outcome evaluations will determine whether activities or services achieved their intended outcomes, and process evaluations will address who, what, when, and where, and implementation science projects will identify barriers and facilitators to implementation. Additional activities will include costing of programs to further inform decisions about future support.

7.2. Surveillance

Surveillance enables programs to monitor the HIV/TB response, identify gaps, and detect backsliding. In the absence of an HIV or TB-focused population-based survey planned for Namibia, robust and comprehensive surveillance systems will be the critical component that enables MoHSS to understand the status of these epidemics going forward. It is important to note that surveillance related to the dual HIV and TB epidemics is critical in Namibia, where high prevalence means that any program gaps could quickly translate to backsliding.

Surveillance efforts in Namibia during COP23 will transition away from discrete vertical program areas and focus on leveraging routinely collected public health data. The system set up to collect and analyze recent HIV infection surveillance data will pause while MOHSS assesses data collected from the program during the last several years and determines a way forward. Emphasis will be placed on improving data quality and access to routinely collected data from existing systems (e.g., Quantum, P-tracker) and leveraging data for surveillance purposes (e.g., case surveillance).

PEPFAR Namibia will also continue to support broader MOHSS surveillance efforts through technical assistance, NamFELTP, and system integration, including non-communicable disease surveillance among PLHIV, COVID-19 surveillance, and other emerging infectious diseases surveillance.

7.3. Behavioral Science

To ensure that programs are evidence driven and aligned with the epidemiological need, PEPFAR Namibia will conduct an HIV Integrated Biological and Behavioral Surveillance Survey (IBBSS) in COP23 among Key Populations. This will ensure that KP programing is informed by the latest data on HIV burden, risk factors, and coverage of treatment and prevention services. The last IBBSS in Namibia was conducted in 2018 among FSWs and 2019 for MSM which included a disaggregation for TG. As the epidemic evolves, the program needs timely, accurate and accessible data to target geographies and populations with the biggest gaps. The IBBSS will focus on three KP groups: FSWs, gay men and MSMs and TG. The IBBSS will be conducted in selected areas informed by the current routine data. However,

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PEPFAR Namibia will complement the study with additional size estimation and hotspot mapping activities in prioritized areas where the IBBSS will not be conducted. These activities continue to provide data supplementing existing data gaps for KPs. During COP23, PEPFAR Namibia will expand mapping to targeted geographies, to determine if additional KP programming needs to be introduced. Results from the IBBSS, size estimations and hotspot mapping will provide data needed to effectively plan for and promote health equity among KPs in Namibia.

PEPFAR Namibia aims to continue supporting and collaborating with the GRN in conducting the Demographic and Health Survey (DHS). Although PEPFAR Namibia is unable to provide funding for this activity during COP23, PEPFAR Namibia is exploring ways to provide technical assistance needed in conducting the survey. Namibia's previous DHS was conducted in 2013. The DHS is critical not only in informing the HIV program, but in determining the country's status regarding other communicable and non-communicable diseases. This is particularly relevant as Namibia is moving towards integration of the HIV/TB program with the broader public health system.

7.4. Capacity Building

Following the science requires capacity and infrastructure at the national level that facilitates the implementation of ethical, high-quality science activities (e.g., surveys, surveillance, evaluations, research). Without sufficient human resources support or capacity to review and approve project protocols, for example, approved projects may lack critical components. Similarly, without the appropriate capacity within the entity charged with signing off on reports and manuscripts, the findings that are disseminated may not truly reflect the evidence.

Both capacity and human resources to support science activities within MOHSS, and within civil society, are limited, directly impacting the ability of Namibia's HIV/TB response to follow the science. To address these gaps, PEPFAR Namibia will provide technical assistance and human resources support to the HIRD research division during COP23. Specific examples of technical assistance will include advising on research information management, guiding on training needs, and provision of direct support to the MOHSS institutional review board.

In addition, to further support capacity building, PEPFAR Namibia agencies and implementing partners will ensure that science activities are conducted in coordination and through the leadership of MOHSS. Finally, to promote dissemination of best practices and scientific findings, PEPFAR Namibia will work with MOHSS to support the creation of a science/quality improvement forum during COP23.

7.5. Technical Advisory Committee

The NSF proposes the following Technical Working Groups for the implementation of the NSF with the MOHSS Directorate of Special Programs as the Secretariat and additional groups for Prevention, Treatment, Care and Support, Health Systems Strengthening, Enabling Environment, Financing Coordination and Advocacy and Strategic Information.

The Treatment, Care and Support technical advisory committee (TAC) is the longest standing, functional and most mature of the TACs. It has led regular reviews of scientific literature and international normative guidance, helping to adopt, adapt and develop new treatment guidelines for implementation

in Namibia. The Prevention TAC has in the past led the review of international guidance and standards, which guided the introduction of new prevention interventions such as Voluntary Medical Male Circumcision as well as PreP in Namibia. The Strategic Information TAC has over the years guided major studies, surveys and surveillance activities which help identify the critical gaps and show the progress of the national response.

PEPFAR Namibia will continue providing technical support to all the TACs to guide the national response and address ongoing critical gaps in the national response. There is a need for review of scientific data, adoption of new or emerging prevention tools and national roll out. PEPFAR Namibia will provide technical support to the Prevention TAC to review most current scientific data, consider adopting into national guidelines, and roll out emerging tools on HIV prevention such as the use of ARV prevention with Dapivirine Vaginal Ring (DVR) as well as the long-acting injectable Cabotegravir (Cab-LA).

Additionally, there is also a need for review of scientific data, adoption of new HIV treatment, care and support tools and guidelines. Accordingly, PEPFAR Namibia will also support the Treatment Care and Support TAC to review most current scientific data and consider adopting new tools on HIV care and treatment into national guidelines, specifically the SOPs on Advanced HIV disease care packages as well as the revised DSD guidelines, with eligibility criteria incorporating all priority populations.

In the area of Strategic Information, there is a need to continuously generate national data to inform national responses. PEPFAR Namibia will continue supporting the Strategic Information TAC to conduct routine program monitoring and evaluation, surveys, surveillance and implementation science activities to fill critical data gaps and inform the national response (e.g., KP IBBSS).

Finally, other TWGs and TACs are currently working on several other critical UHC priority areas such as Human Resources for Health and Health Financing and Resource Tracking. PEPFAR Namibia will continue to provide technical support to these TWGs to assist the MOHSS in delivering these goals.

7.6. Epidemic Modeling

As Namibia approaches the 95-95-95 targets and epidemic control, understanding the remaining gaps becomes increasingly important for targeting health resources. Annually, the Namibia HIV estimates team produces modelled estimates using the UNAIDS-supported Spectrum and Naomi mathematical models. These models incorporate the best available epidemiological and programmatic data to track the HIV epidemic.

Modelled estimates are required because it is not possible to count the exact number of people living with HIV, people who are newly infected with HIV, or people who have died from AIDS-related causes. These annual modelled estimates are used for HIV and TB program target setting, by identifying gaps in program coverage by age, sex, and geography.

The Namibia HIV Estimates team is comprised of demographers, epidemiologists, public health experts, and monitoring and evaluation specialists within MOHSS and partners, including members of the PEPFAR Namibia team. However, there is a need to broaden and strengthen the estimates team, especially to build capacity to understand and run these models within GRN. In COP23, PEPFAR Namibia strategic information staff will continue working with UNAIDS to further build MoHSS SI staff capacity to develop the models and use the estimates for program planning.

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The quality of modelled estimates is dependent on key population and surveillance inputs. Critical Spectrum and Naomi model inputs are outdated (e.g., 2011 Census, 2013 DHS, 2017 NAMPHIA), which greatly increases uncertainty about the models' ability to produce high quality current estimates. Given the success of the Namibia HIV programs, modeled outputs of PLHIV, treatment coverage, and other key outputs are increasing challenging to interpret and use for program planning.

One example of a program area that would greatly benefit from precise modelling estimates is the first 95 among children. Program data is not sufficient to measure this important gap, and current estimates place the first 95 for children <15 years of age somewhere between 47% to 85%. This large data limits the value of outputs for planning purposes. One goal for COP23 is to improve the data quality in PMTCT systems (e.g., PTracker), which will facilitate stronger estimates for pediatric HIV.

Aside from working with MOHSS on improving program data inputs where possible, further consultations with modeling teams will be needed in COP23 on how to improve the models, especially since an HIV-focused population-based survey has not been planned for in the future.

Finally, given known reductions in external resources (i.e., Global Fund, PEPFAR) in coming years, it is not always obvious which HIV and TB interventions are the most effective and should be prioritized by MOHSS to support. PEPFAR Namibia plans to develop Namibia-specific models to help determine which HIV/TB interventions will be most critical to the continued success of the program, to ensure progress and achieve epidemic control. COP23 will also include plans to model the potential risk of backsliding associated with reduced investment in core program areas such as treatment.

8.0. Strategic Enablers

8.1. Community Leadership

Namibia has shown great leadership in taking ownership of the integrated multisectoral response to HIV/AIDS. The government develops and implements a progressive and comprehensive NSF, which is the basis for the response in the country, with development partners including PEPFAR, Global Fund and other key stakeholder aligning their operational plans with this framework. The NSF, responds to new developments in epidemic control, and reflects the strides Namibia has taken in its response. The NSF created the basis for the development of the PEPFAR Namibia COP23 strategic direction.

Previously, stakeholders voiced concern that civil society coordination was not comprehensive, and that engagement particularly at the subnational level could be improved to be more inclusive. PEPFAR Namibia continues to engage key populations-led, youth-led, and women-led organizations, faith-based organizations, and PLHIV drawing on their unique capacities, and comparative advantage to drive meaningful, people-centered impact through sustained community. During COP22 implementation and COP23 planning, PEPFAR Namibia has held routine engagement with various stakeholders such as CSO, key populations-led, youth, faith-based organizations, PLHIV and multilateral partners in the development and implementation of COP and PEPFAR strategy. These stakeholders participated in the Regional Planning meeting that took place in March 2023 where they were fully engaged and under the leadership of the MOHSS, the stakeholders presented on gaps and recommendations for consideration. Stakeholders also participated in the grant writing meeting of the Global Fund and in the broader PEPFAR stakeholders meeting. In addition, PEPFAR is supporting the restoration of a KP/LGBTQI+

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consortium that will help ensure leadership and guidance of the community for future priorities and programs.

PEPFAR Namibia also continues to engage community leadership in the implementation of COP activities through community led monitoring by strengthening the capacity and program integration of community-led organizations for community-led monitoring, direct client engagement, and addressing stigma and discrimination to advance equity and people-centered services. During the COP23 Planning meeting, a CSO presented findings from CLM activities implemented with the support of UNAIDS and PEPFAR. The process and findings from CLM, help determine how to strengthen community engagement and ownership; fill public health system information gaps; "put local voices in the lead", build on local strengths (rather than focus on problems) as well as promote collaboration across sectors.

During COP22, PEPFAR Namibia designed children and youth programs through a co-creation process which included consultations with GRN, Civil Society Organizations, Youth Groups to ensure that community voices are integrated from inception. Engagement of community leaders and gatekeepers continues to happen through PEPFAR Namibia implementing partners to discuss critical aspects of prevention and treatment programs that impact their communities.

In COP23, PEPFAR Namibia will continue to promote greater involvement of PLHIV and priority populations such as KP, Young people, people with disabilities in the program planning, and implementation of the program. PEPFAR Namibia will also ensure that these groups are positioned and capacitated to lead discussions and decisions shaping the critical aspects of prevention and treatment programs. PEPFAR Namibia will also support GRN coordination structures across program areas that include community participation.

PEPFAR Namibia will ensure there is targeted funding to PLHIV, youth and KP-led programs, including through the COP23 PEPFAR small grants program. PEPFAR Namibia will also conduct targeted and routine stakeholder engagements.

8.2. Innovation

Throughout this SDS, PEPFAR Namibia has provided concrete examples of a country-led approach to innovation. New partners have been identified at the Line Ministry level, in the private sector, and at the community level as well as a continued commitment to support a co-design approach for complex programs. PEPFAR Namibia saw this work well for the DREAMS and OVC programs in COP21 for new awards to start in COP22, and the plan is for this to be part of a potential Key Population program in COP24. New partnerships continue to be forged and there is an increased focus on providing technical support and administrative capacity strengthening of local organizations, including KP-led organizations, to ensure an enabling environment is established to support continual identification and development of innovative approaches throughout the year, both big and small.

Some initial new innovations to highlight in COP23 include introducing a refined KP program to include archetypes for FSW, gay men and MSM and TG. This will help to tailor programming and demand creation approaches based on diverse mindsets, regardless of ages of each KP type.

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KP-led “innovation” approach will also be utilized to address continual gaps in performance in Windhoek and Walvis Bay, to address ongoing barriers to delivering services to those most at risk, identified by the populations we are working to reach. Urgent Laboratory Result Transmission will be used to implement the SMS Alert Systems for laboratory results requiring urgent clinical action (e.g., positive EID, TB positive, High Viral Load results etc.).

Automated data transfer methods, including barcode printers and scan-and-send data transmission technologies proven effective and cost efficient in other PEPFAR countries (e.g.,Malawi MOH HTS program) will be used for Health Information Management Systems, and a weighted vulnerability criteria in AGYW programming will be used to ensure the most vulnerable population is being targeted. The team will also transition to a tablet-based, self-administered vulnerability assessment for AGYW to improve self-identification of risk factors and increase accuracy of reported risks (reduce bias that is introduced when an AGYW is interviewed).

Innovations from COP22 that are showing promise for inclusion in COP23:

- Introduce travel packs which will include one month of PrEP refill (starting at three months), condoms and lubricants.
- Chronic Medicine Dispensing: Implementing the Decentralized Chronic Medicine Dispensing Systems (Pelebox® Smartlocker System)
- ART/PREP Adherence Support: Implementing the SMS Adherence Reminder System and through QuickRes system.
- Create tailored outreach models and SOPs/job aids to reach men who purchase sex
- Continued commitment to co-design with critical stakeholders for complex programs (AGYW, ABYM, vulnerable children, and KP).
- Expand partnerships to different Line Ministries and continued expansion of private sector engagement.

8.3. Leading with Data

The GRN, in collaboration with PEPFAR Namibia, has developed and launched the e-Health strategy that aims to have multiple, disparate systems integrated and interoperable. At the core of this strategy is the collection and availability of timely, high quality, and accessible data for informed decision-making at all levels with the goals of informing programs and improving patient care. In COP23, PEPFAR Namibia will support this strategy via identification of gaps and strategic support for key programs (see Health Information Systems).

Beyond the e-Health strategy, use of data remains a gap in the national response due to both capacity and human resource limitations. During COP23, PEPFAR Namibia will continue to build MOHSS capacity in data analysis and use through technical assistance and routine engagement. PEPFAR Namibia will also explore opportunities to support collaboration between the MOHSS and the Namibia University of Science and Technology as a means to address the existing skills and human resources gap. This collaboration will also ensure that existing curriculum matches the skills required for HIS professionals.

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Community data systems have been lagging behind, with limited reporting and data analysis and use. In COP23 and in collaboration with Global Fund, PEPFAR Namibia will support MOHSS in strengthening the collection of data into the multi sectoral information systems from activities implemented in the community. PEPFAR Namibia's support will focus on strengthening the reporting of community data by PEPFAR implementing partners and other line ministries (Ministry of Education, Gender and Youth), revision of community indicators to align with the NSF, regular data review meetings to ensure data is accessible to all stakeholders and supportive data quality assessments. Integrating community health data into a collection system will provide a more comprehensive overview of the HIV response in Namibia and enable the country to move towards the one M&E systems. PEPFAR Namibia will strengthen the collaboration between the MOHSS and other line ministries through the current and proposed G2Gs, ensuring that these ministries report the defined key indicators in the multi sectoral system maintained by the MOHSS. Currently, PEPFAR Namibia relies on parallel systems to report on PEPFAR prevention indicators. Strengthening the reporting to the multisectoral system will eliminate the need to have parallel systems designed specifically for PEPFAR. In addition, PEPFAR Namibia will support the Ministry of Gender with the implantation of the child protection information management system, which will be key for reporting some of the OVC indicators.

In addition to the integration of multiple systems through the e-Health strategy, PEPFAR will continue to build the capacity of the government in utilizing other available data that augment programmatic data e.g. the DMPPT2 tool that helps the country in targeting areas with low VMMC coverage; the KP size estimation and hot-spot mapping that ensures continued scaling and targeted HIV prevention interventions; use of Spectrum data to identify gaps in 95-95-95; vulnerability data to identify the districts with the highest number of vulnerable AGYW; available survey data to identify geographies and populations with the biggest gaps.

In Summary, PEPFAR Namibia will work with the GRN to improve access to information through interoperability and integration of data systems.

9.0. Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24)** ***TX_CURR***	**Newly Initiated Target (FY24)** ***TX_NEW***	**ART Coverage (FY24)**
Attained	**214,741**	**5,495**	**211,329**	**215,694**	**11,343**	**100%**
Total	**214,741**	**5,495**	**211,329**	**215,694**	**11,343**	**100%**

Target Table 1: ART Targets by Prioritization for Epidemic Control

Target Table 5 VMMC Coverage and Targets by Age Bracket in Scale-up Districts						
Target Populations	Population Size Estimate	Current Coverage	VMMC_CIRC	Expected Coverage	VMMC_CIRC	Expected Coverage
	(SNUs)	(date)	(in FY24)	(in FY24)	(in FY25)	(in FY25)
15-24	237,403	67%	11,843	77%	11,843	82%
25-34	215,936	52%	13,151	62%	13,151	68%
Total/ Average	**453,339**	**60%**	**24,994**	**70%**	**24,994**	**75%**

Target Table 5: VMMC Coverage Targets by Age Bracket in Scale-up Districts

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control		
Target Populations	FY24 Target	FY25 Target
AGYW_PREV (10-24)	D = 46,660 N = 27,751	D = 41,909 N = 24,901
PP_PREV	96,055	90,325
KP_PREV	22,324	22,324

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

Target Table 4 Targets for OVC and Linkages to HIV Services					
SNU	**Estimated # of Orphans and Vulnerable Children**	**Target # of active OVC OVC_SERV Comprehensive**	**Target # of OVC OVC_SERV Preventative**	**Target # of active OVC OVC_SERV DREAMS**	**Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT**
[Specify SNUs for focus in FY24]	**Kavango East, Kavango West, Khomas, Ohangwena, Omusati, Oshana, Oshikoto and Zambezi**	**34,767**	**8,589**	**14,054**	**29,419**
FY24 TOTAL	**165,109**	**34,767**	**8,589**	**14,054**	**29,419**
FY25 TOTAL	**160,384**	**36,110**	**9,018**	**14,757**	**30,494**

Target Table 4: OVC Targets and Linkages to HIV Services

**Data source for estimated # of OVCs is Spectrum 2023*

10.0. Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**. PEPFAR Namibia supports safe and ethical index testing that is in line with national and international standards. Worth noting is that Namibia routinely screens for intimate partner violence and trained all HTS providers on the WHO LIVES training to ensure that immediate post-violence support is available throughout the country. Additionally, the program also monitors for adverse events as a result of receiving index testing services.

2. **Fully implement "test-and-start" policies.** Namibia has implemented the test and start strategy since 2016. Currently, more than 90% of people testing HIV positive are initiated are initiated to treatment within one week.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.** PEPFAR Namibia support ensures that people at a higher risk of acquiring HIV are directly and immediately linked with prevention services aimed at keeping them HIV-free, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

4. **Provide orphans and vulnerable children (OVC) and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**. PEPFAR Namibia continues to provide comprehensive package of services for orphans and vulnerable children (OVC) and their families with case management and access to socioeconomic interventions in strengthening HIV prevention interventions and improve treatment outcomes and VLS. In addition, evidence-based sexual violence and HIV prevention interventions are provided to young adolescents (aged 10-14) and build the capacity of community health workers and community structures to close the HIV case finding gap to sustain the PEPFAR support.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.** In line with GRN legislation and policy, HIV services are provided free of charge at public facilities. This includes both formal and informal fees.

6. **Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity.** PEPFAR Namibia supports the Ministry of Health and Social Services to provide services that are free from stigma and discrimination. Year on year, the country is working towards strengthening the quality of healthcare services to a high and impressive standard. The CLM program focuses on these areas and reports on progress made each year.

7. **Optimize and standardize ART regimens.** Following the successful transition of adult patients in COP22, at the end of FY22Q4, PEPFAR Namibia celebrated with GRN the achievement that all eligible children and adolescents on ART have been successfully transitioned to a DTG-based regimen. DTG-based regimens are offered to all people living with HIV (including adolescents, women of childbearing potential, and children) four weeks of age and older.

8. **Offer differentiated service delivery models.** Namibia started implementing forms of DSD in 2007 and developed a DSD standard operating procedure in 2019. In COP23, PEPFAR Namibia will continue to strengthen the model.

9. **Integrate tuberculosis (TB) care.** TB remains the number one cause of mortality in HIV infected patients and disproportionately causes morbidity and mortality among those who are HIV positive when compared to those who are HIV negative. However, progress is being made and there is a high level of TPT coverage and completion among PLHIV. In COP23, PEPFAR Namibia will support intensive work to address this challenge.

10. **Diagnose and treat people with advanced HIV disease (AHD).** While all the different components of the WHO-recommended AHD package are available in Namibia (e.g. crypto disease screening and treatment, TB screening, prevention and treatment, PCP screening and treatment) these are yet to be defined into a collective standard AHD package for Namibia. In COP23, PEPFAR will support Namibia to define its own standard AHD package of services.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**. In COP23, PEPFAR Namibia will support the implementation of Diagnostic Network Optimization in a collaborative effort involving MOHSS, NIP, PEPFAR Namibia agencies and other stakeholders. This will include continued support for the decentralization of EID and VL testing, making it faster, and cheaper to receive these results. Furthermore, PEPFAR Namibia will also support NIP to ensure electronic timely access to results.

12. **Integrate effective quality assurance (QA) and continuous quality improvement (CQI) practices into site and program management.** PEPFAR Namibia is committed to continue working with the GRN in implementing quality assurance standards, as outlined by national documents, with fidelity. PEPFAR Namibia supports human resources for health at national and district level who are dedicated to implementing the MOHSS Quality Management Strategy. In COP23, PEPFAR Namibia will continue to provide the necessary operational resources.

13. **Offer treatment and viral-load literacy.** The PEPFAR Namibia program integrates technical and financial support for communications around treatment and viral-load literacy into programs. Successes in COP22 include U=U messaging, the launch of the MenStar initiative, and the development of materials about cervical cancer screening and treatment.

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14. **Enhance local capacity for a sustainable HIV response.** PEPFAR Namibia is committed towards the continued growth of program leadership by in-country partners, inclusive of KP- and women-led organizations.

15. **Increase partner government leadership.** PEPFAR Namibia is committed towards the continued growth of program through leadership from GRN.

16. **Monitor morbidity and mortality outcome.** PEPFAR Namibia supports programs to implement morbidity and mortality monitoring, with a particular focus on TB related mortality due to the disproportionate causes of morbidity and mortality from TB among those who are HIV positive when compared to those who are HIV negative.

17. **Adopt and institutionalize best practices for public health case surveillance.** PEPFAR Namibia provides broad and diverse support for surveillance related to the dual HIV and TB epidemics as high prevalence rates means that program gaps could quickly translate to backsliding if not sufficiently supported. Activities include deduplication processes and progress towards unique identifiers.

11.0. USG Operations and Staffing Plan to Achieve Stated Goals

Overall, Namibia's staffing and baseline Level of Effort is not changing in COP23.The staffing footprint and operation posture of PEPFAR Namibia is centered around some early thinking around a sustainable response with strong local ownership, which includes a focus on enhancing health systems and taking a whole public health approach to the response.

This requires strong Technical Assistance to help consolidate local ownership of the response. This approach has seen several long-term vacant positions being filled in COP22, and full staffing levels are expected to be maintained in COP23 and beyond.

Overall, the OU has maintained the same staffing footprint, with a full complement of staffing (LES and USDH), and no staffing changes planned for any of the agencies going into COP23. This, after several positions that were vacant for more than six months were filled in COP21 and COP22. While the management and operations needed to support the program vision and goals is not visually changing in COP23, however, operational locations are located into one, there will be opportunities to enhance interagency collaborations, and provide and opportunity to scrutinize how this creates efficiencies in the future.

PEPFAR Namibia believes that the make-up of staff is right sized for where the country is in epidemic control. As funds decrease, technical assistance will continue to be critical to the successful transition of the programs to GRN-ownership. The only changes committed to are at an operational level, which translates into elevating more of our LES into roles and responsibilities that enable them to be ambassadors for PEPFAR-funded priorities in Namibia with the host-nation counterparts and continue to be seen as experts in their respective positions of influence.

There are no new positions for the OU, and only USAID has significant shifts to its CODB.

The USAID Namibia COP budget CODB increased by $1 million, from $4,8 million - FY2022 (Regional support funds of $403k included) to $4.9 million - FY23.

The major contributors to this increase noted are:

- Increase in ICASS - $500,000 (FY 2022 - $500,000: FY 2023 - $1 000 000)), due to the expected office move to the new Embassy compound.
- Increase in the Institutional Contractor's budget - $200,000 (FY 2022 - $100,000 : FY 2023 - $300, 000)), due to the VMMC program evaluation.
- The other budget categories had inflationary increases applied to them that constituted about $300,000.

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APPENDIX A -- PRIORITIZATION

Epidemic Cascade Age/Sex Pyramid

Figure A.1 COP23 Epidemic Cascade Age/Sex Pyramid

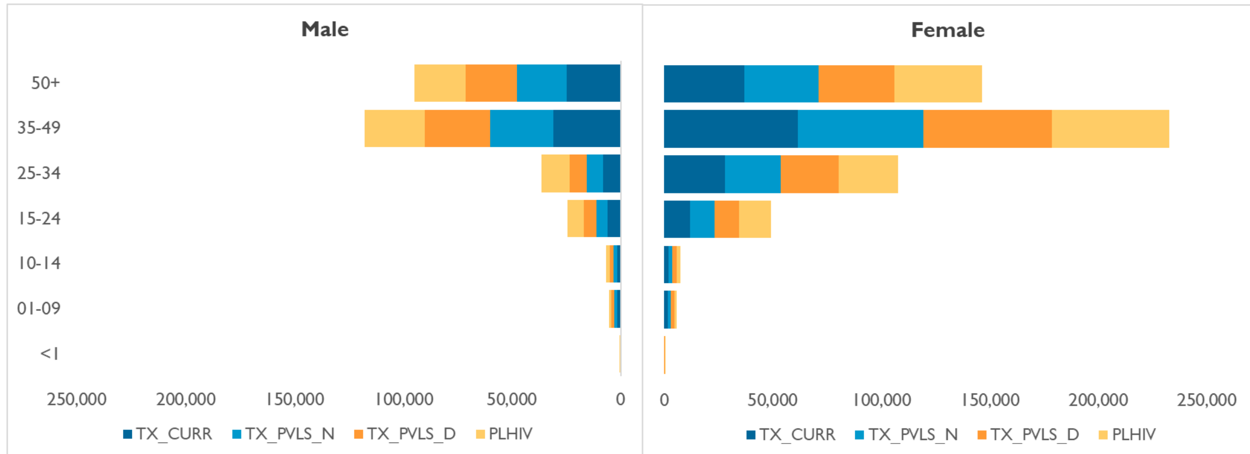

Figure A.1 COP23 Epidemic Cascade Age/Sex Pyramid

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APPENDIX B – Budget Profile and Resource Projections

Operating Unit	Country	Intervention	Budget		
			2023	2024	2025
Total			**$90,250,000**	**$88,295,445**	**$81,450,625**
Namibia	**Total**		**$90,250,000**	**$88,295,445**	**$81,450,625**
	Namibia	ASP>HMIS, surveillance, & research	$2,236,041	$1,731,583	$1,542,914
		ASP>Human resources for health	$1,330,300	$2,053,446	$1,964,401
		ASP>Laboratory systems strengthening	$1,063,219	$1,175,584	$1,013,085
		ASP>Laws, regulations & policy environment	$20,392	$1,194,698	$155,164
		ASP>Management of Disease Control Programs	$0	$361,837	$287,193
		ASP>Policy, planning, coordination & management of disease control programs>	$433,986	$0	$0
		ASP>Procurement & supply chain management	$755,000	$933,998	$883,983
		ASP>Public financial management strengthening	$1,418,772	$1,609,550	$1,480,272
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)		$710,000	$0
		C&T>HIV Clinical Services	$33,842,161	$31,540,834	$29,932,466
		C&T>HIV Drugs>Service Delivery	$250,000	$574,764	$607,642
		C&T>HIV Laboratory Services	$1,075,849	$1,413,320	$1,332,367
		C&T>HIV/TB	$0	$556,223	$518,892
		C&T>Key Populations	$282,426	$0	$0
		HTS>Community-based testing	$2,190,262	$1,831,698	$1,744,887
		HTS>Facility-based testing	$955,737	$840,477	$780,153
		HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	$334,000		
		PM>Program Management>	$19,877,084	$19,185,958	$18,434,169
		PREV>Comm. mobilization, behavior & norms change	$1,959,829	$0	$0
		PREV>Condom & Lubricant Programming	$557,633	$615,000	$641,250
		PREV>Non-Biomedical HIV Prevention	$0	$3,726,292	$3,104,007
		PREV>Not Disaggregated>Non Service Delivery>AGYW	$2,620,943	$2,293,716	$2,091,978
		PREV>Not Disaggregated>Service Delivery>AGYW	$208,077	$121,000	$115,000
		PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$110,000	$60,000	$75,000
		PREV>Not Disaggregated>Service Delivery>OVC	$276,202		
		PREV>PrEP	$3,710,084	$2,802,622	$2,667,749
		PREV>Primary prevention of HIV and sexual violence	$3,607,155	$0	$0
		PREV>VMMC	$2,655,700	$2,601,700	$2,486,272
		PREV>Violence Prevention and Response	$0	$2,927,210	$3,163,881
		SE>Case Management>Non Service Delivery>AGYW	$8,479,148	$7,433,935	$6,427,900

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

Operating Unit	Country	Program	Budget 2023	2024	2025
Total			$90,250,000	$88,295,445	$81,450,625
Namibia	Total		$90,250,000	$88,295,445	$81,450,625
	Namibia	C&T	$35,450,436	$34,085,141	$32,391,367
		HTS	$3,479,999	$2,672,175	$2,525,040
		PREV	$15,705,623	$15,147,540	$14,345,137
		SE	$8,479,148	$7,433,935	$6,427,900
		ASP	$7,257,710	$9,770,696	$7,327,012
		PM	$19,877,084	$19,185,958	$18,434,169

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

Operating Unit	Country	Targeted Beneficiary	Budget 2023	2024	2025
Total			$90,250,000	$88,295,445	$81,450,625
Namibia	Total		$90,250,000	$88,295,445	$81,450,625
	Namibia	AGYW	$19,716,402	$15,862,448	$14,708,922
		Children	$1,274,220	$1,316,160	$1,239,062
		Key Populations	$2,321,599	$3,974,128	$2,967,438
		Non-Targeted Populations	$61,319,870	$59,840,519	$54,817,822
		OVC	$3,772,052	$6,110,647	$6,625,347
		Pregnant & Breastfeeding Women	$1,845,857	$1,191,543	$1,092,034

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

Operating Unit	Country	Initiative Name	Budget 2023	2024	2025
Total			$90,250,000	$88,295,445	$81,450,625
Namibia	Total		$90,250,000	$88,295,445	$81,450,625
	Namibia	Cervical Cancer	$1,000,000	$957,336	$919,293
		Community-Led Monitoring	$350,000	$350,000	$350,000
		Condoms (GHP-USAID Central Funding)	$400,000	$400,000	$400,000
		core Program			$55,799,168
		Core Program	$61,257,917	$59,174,441	
		DREAMS	$20,036,483	$15,762,768	$14,566,222
		KP Survey		$780,000	$0
		LIFT UP Equity Initiative		$1,854,945	$0
		OVC (Non-DREAMS)	$3,546,900	$6,011,255	$6,526,670
		USAID Southern Africa Regional Platform	$403,000	$403,000	$403,000
		VMMC	$3,255,700	$2,601,700	$2,486,272

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

B.2. Resource Projections

Namibia completed the development of its new Strategic Framework for HIV/AIDS Response 2023/24-2027/28, which included a 5-year resource projection for the proposed strategic objectives. The NSF projects a resource need for the response of $540,490 for the period of the two-year COP23 (FY2024 and FY2025). With reductions in both the PEPFAR planning level and the Global Fund allocation, domestic resource mobilization has ensured a continued increase in support of key elements of the response, such as health commodities and HRH.

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APPENDIX C – Above site and Systems Investments from PASIT and SRE

PEPFAR Namibia has developed a COP23 that has been informed by the new NSF. The NSF was developed in a participatory and collaborative approach, including the full extent of the multisectoral partnership. A thorough situation analysis and response analysis included a review of the status of the health system and its impact on the HIV/AIDs response. Health system components such as HRH, PSM, HMIS, laboratory and diagnostic services, community systems for health, policy and governance, and service delivery were analyzed and diagnosed for gaps, weaknesses, and problems.

A multisectoral workshop was held to prioritize activities from the NSF, capturing all the health system strengthening activities from the NSF, separating the urgent from the important to fit into the two-year COP and three-year Global Fund grant. Stakeholders then ranked the activities, and grouped them into sets that could be implemented by a single partner, before assigning some activities for PEPFAR Namibia COP23 support and others to Global Fund and government support.

Key system gaps emerged in quality management and quality improvement, as the systems used are part of a vertical program that is not as integrated as would be required for it to be sustainable, smart integration is expected to unlock efficiencies and contribute towards the sustainability of the response. Procurement and supply chain management system at the subnational did not guarantee security of commodities supply at facility level, and interventions are proposed to improve the monitoring of the supply chain. Laboratory optimization work was significantly impacted by COVID-19 pandemic and this work is prioritized for completion. Lastly, there are considerable resources earmarked for building local partner planning and management capacity, including for KP-led organizations to firmly root the response in local capacity.

The investments outlined in the PASIT for COP23 are meant to complement the work of the government, which provides leadership on all the elements identified for investments. Additionally, opportunities have also emerged for co-investments with Global Fund through the proposed new grant, to either expand the scope of the investments or their national coverage.

Most of the investments in the PASIT have benchmarks and outcomes set out in the NSF and the HIV Sustainability Framework, making them easy to track during their implementation.

Digital health investments for instance are aligned with Namibia's eHealth Strategy that seeks to offer platforms for case-based surveillance.

Through the partnership with the Namibian government and multisectoral stakeholders, COP23 supports health systems strengthening investments that will ensure a sustained epidemic control and ending HIV as a public health threat by 2030.

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APPENDIX D – ADDITIONAL VISUALIZATION

The visualizations below are examples among other options of the type of visuals country teams may find useful to add to narratives, however they are not required.

Figure D.1. Overview of 95/95/95 Cascade, FY23

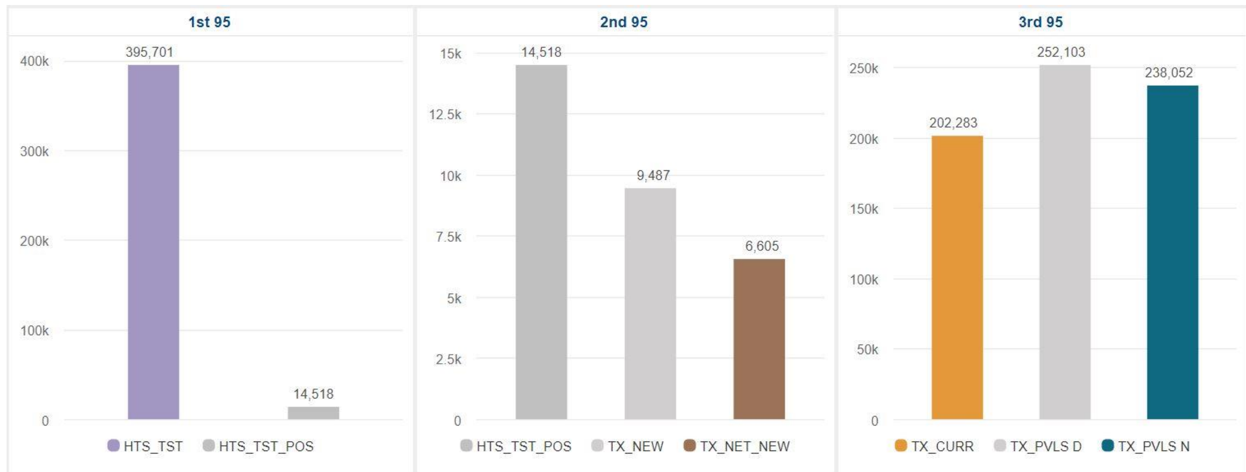

Figure D1. Overview of 95/95/95 Cascade, FY23

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