



United States Department of State

Washington, D.C. 20520

Total Budget Table
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April 18, 2019

ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE; COORDINATOR OF THE UNITED STATES GOVERNMENT ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY

SUBJECT: Namibia Country Operational Plan 2019 Approval

Recommendations

Approve the Namibia Country Operational Plan (COP) 2019 with a total budget of \$81,477,205, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Namibia	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	70,622,511	10,854,694	81,477,205
COP 19 Bilateral	70,622,511	10,854,694	81,477,205

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$81,477,205. **Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2020 – must be submitted to and approved by S/GAC.

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Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

Namibia must fully achieve approved COP 2018 (FY 2019) treatment current (TX_CURR) targets in order to execute the COP 2019 strategy. Suboptimal COP 2018 performance jeopardizes COP 2019 funding and may result in updates to this approval and a decrease to the COP 2019 funding.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners in Johannesburg, South Africa during the March 11-15, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Namibia's virtual COP 2019 approval with Ambassador Birx on April 18, 2019.

Program Summary

Funding and targets for Namibia's Country Operational Plan 2019 support PEPFAR Namibia's vision to sustain the epidemic control achieved with long term transition to local, Namibian-led program implementation, including a streamlined approach that capitalizes on each implementing agency's strengths and data-driven decisions. PEPFAR Namibia's COP 2019 priorities build on the results from the 2017 Namibia Population-based HIV Impact Assessment (NamPHIA) and achievements in prior COP implementation. COP 2019 priorities include refinement of testing and case finding strategies to include recency testing for all newly identified people living with HIV (PLHIV) to identify any recent infections to target treatment and prevention services, deployment of case-based surveillance and unique identifiers to sustain control, expanding antiretroviral treatment (ART) coverage within key demographic populations and geographic areas not yet at ninety percent treatment coverage, scaling up effective prevention activities, and ensuring resilience in essential health systems for long term sustained control of HIV and ensure capacity for full global health security. Currently, of the 204,207 estimated PLHIV, 191,482 know their status, 184,589 are on ART, and 174,806 of those on treatment are virally suppressed. This puts Namibia at an estimated 94-96-95 of the 95-95-95 goals.

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The PEPFAR Namibia strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, detailed transparent discussions with the host country, civil society and community organizations, and implementing partners. COP 2019 will support the continued response to sustain epidemic control in a cost effective manner in Namibia, looking specifically at any remaining gaps across systems, geographies, and age and sex disaggregations.

PEPFAR Namibia will focus testing activities to find the remaining five to six percent of PLHIV who do not yet know their status, including targeted efforts to find HIV positive men ages 20 to 34. These activities include scaled index partner testing among all facility and community implementing partners, intimate partner violence screening, self-testing, and recency testing for all new positives. PEPFAR Namibia will also implement refined testing strategies to curtail costly over testing, by utilizing optimized provider initiated testing and counseling through symptom and behavioral risk screening, and conducting testing at hotspots that have been identified through recency testing – demonstrating recent infection. This highly focused approach will provide a long term and cost effective manner of focusing both new treatment and expanded prevention efforts.

Upon identifying new positives, PEPFAR Namibia will link them immediately to high quality ART services, ending geographic disparities and addressing low coverage in certain hotspots and border communities. This goal demands a full transition to tenofovir/lamivudine/dolutegravir (TLD) as a first-line regimen for all eligible populations, and elimination of nevirapine-based regimens, especially among pediatric populations. This transition, in partnership with the government of Namibia (GRN), will be complete by June 2020. Enhanced retention programming through patient-centered models, including multi-month scripting and dispensing, community ART delivery, integrated mental health services, and improved viral load (VL) monitoring and scaled quality improvement (QI) initiatives, will advance this objective.

PEPFAR Namibia recognizes continued poor VL suppression in children, adolescents, and young adults, and will program for pediatric treatment outcomes equal to those in adults. This includes expanding mental health screening to improve outcomes in zero to 24 year olds, and youth advisory boards to increase youth involvement in best practice models and peer-to-peer mentoring.

PEPFAR Namibia will also ensure unrestricted access to quality HIV services for vulnerable and key populations to improve case finding and linkage to prevention or treatment services and retention to treatment and prevention

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interventions. This includes expanded support and psychosocial services for Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) and orphans and vulnerable children portfolios, and increased local capacity for key population (KP) civil society organizations (CSOs) through expanded leadership in intervention design and implementation.

To combat comorbidities that diminish HIV program successes, in COP 2019, PEPFAR Namibia will also implement full coverage of tuberculosis (TB) preventive therapy (TPT) for ART clients over the next two years by scaling QI initiatives, improving diagnostics, strengthening monitoring and evaluation, and introducing short-course formulations for TPT. PEPFAR will actively case find for TB, ensure effective treatment of all active TB cases and ensure TPT for all those without active TB, thereby preventing MDR TB and ensuring control of both the TB and HIV pandemics. PEPFAR Namibia will also support expansion of TB lateral flow urine lipoarabinomannan assay (LF-LAM) testing for HIV positive patients suspected to have late-stage TB infections. Additionally, PEPFAR Namibia will program for wide national coverage of cervical cancer screening and treatment for women living with HIV. PEPFAR Namibia will expand screening and treatment in 35 ART clinics, increase human resources for health (HRH) support, and expand access to visual inspection with acetic acid screening.

Along with ensuring PLHIV are linked to, and retained on, treatment and other services, PEPFAR Namibia will enhance activities to prevent new infections. One priority is aggressive, targeted prevention services for high risk groups to fight continued high incidence in girls and women ages 15 to 24. This includes saturating DREAMS districts through engagement with new schools, increasing the number of safe spaces, and expanding programs aimed at parents and changing community norms. DREAMS and orphans and vulnerable children programming will also shift to focus on young girls ages 9 to 14 and ensure a comprehensive package of services to prevent sexual violence. Clinical interventions will include intensified evidence-based interventions, such as pre-exposure prophylaxis (PrEP) and gender-based violence services. Other priority prevention areas supported in COP 2019 include targeted demand creation and enhanced quality for voluntary medical male circumcision (VMMC), including approaches for boys over age 15, and scaled PrEP provision for at-risk groups such as serodiscordant couples and KPs. Together, these focused and highly effective prevention activities will ensure robust and long term control of the HIV pandemic in Namibia.

PEPFAR Namibia will work towards evolved, high-functioning systems to match epidemic control needs and counter health system weaknesses, including unique identifier implementation and data systems integration. In addition, in

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COP 2019 PEPFAR Namibia will strengthen procurement and inventory management to improve supply chain planning. PEPFAR Namibia will also program to decentralize early infant diagnosis testing to existing VL laboratories, and strengthen sample referral and result reporting systems. All laboratory systems strengthening will form the basis of long term global health security for Namibia.

Finally, PEPFAR Namibia will work with the GRN to define a clear, three-year plan of full, locally-led program transition for broader domestic ownership to combat limited resources to maintain high-quality services. This includes a minimum package of HIV/AIDS services incorporated into national health services, well-defined domestic resource needs, and an HIV/AIDS response sustainability strategy. PEPFAR Namibia will also identify critical HRH gaps and reorient HRH investments. As part of this process, PEPFAR Namibia continues to regularly engage with the Global Fund (GF). The GF participated in COP 2019 development, and continues to play a role in HRH support and filling other critical gaps in the overall response. Notably, domestic financing of the HIV response has steadily increased over the past several years, with 64 percent of the response financed domestically in 2017. The GRN continues to provide the vast majority of this funding, at 86 percent in 2017.

The plans outlined in COP 2019 meet the minimum program requirements. PEPFAR Namibia must assure that the transition away from nevirapine regimens continues on schedule and that TLD is fully introduced by June 2020. All populations must have access to TLD without a specific requirement for contraceptive use among women of childbearing potential. PEPFAR Namibia must continue data systems integration, including the use of unique identifiers, and expand efforts to increase domestic resource mobilization for local program transition.

Funding Summary

All COP 2019 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

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Namibia	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
HHS TOTAL	39,081,377	-	1,487,500	40,568,877	4,956,323	45,525,200
HHS/CDC	38,606,377	-	1,487,500	40,093,877	4,956,323	45,050,200
<i>of which, Cervical cancer</i>	652,205	-	-	652,205	-	652,205
<i>of which, DREAMS</i>	450,000	-	-	450,000	200,000	650,000
<i>of which, Surveillance and Public Health Response</i>	500,000	-	-	500,000	1,077,500	1,577,500
<i>of which, VMMC</i>	630,000	-	-	630,000	373,000	1,003,000
HHS/HRSA	475,000	-	-	475,000	-	475,000
<i>of which, Cervical cancer</i>	325,000	-	-	325,000	-	325,000
PEACE CORPS TOTAL	1,383,854	-	-	1,383,854	165,146	1,549,000
STATE TOTAL	696,000	-	-	696,000	-	696,000
State	461,742	-	-	461,742	-	461,742
State/AF	234,258	-	-	234,258	-	234,258
<i>of which, VMMC</i>	134,258	-	-	134,258	-	134,258
USAID TOTAL	27,973,780	-	-	27,973,780	5,733,225	33,707,005
USAID, non-WCF	24,460,219	-	-	24,460,219	5,312,225	29,772,444
<i>of which, DREAMS</i>	6,350,000	-	-	6,350,000	3,000,000	9,350,000
<i>of which, Surveillance and Public Health Response</i>	600,000	-	-	600,000	-	600,000
<i>of which, VMMC</i>	6,374,768	-	-	6,374,768	-	6,374,768
USAID, WCF	3,513,561	-	-	3,513,561	421,000	3,934,561
<i>of which, VMMC</i>	805,717	-	-	805,717	-	805,717
TOTAL	69,135,011	-	1,487,500	70,622,511	10,854,694	81,477,205
<i>of which, Cervical cancer</i>	977,205	-	-	977,205	-	977,205
<i>of which, DREAMS</i>	6,800,000	-	-	6,800,000	3,200,000	10,000,000
<i>of which, Surveillance and Public Health Response</i>	1,100,000	-	-	1,100,000	1,077,500	2,177,500
<i>of which, VMMC</i>	7,944,743	-	-	7,944,743	373,000	8,317,743

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

GHP-State Funds: Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency’s internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Additional or remaining pipeline from previous year’s activities that are not currently captured in the COP 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlaid without written approval from the Global AIDS Coordinator.

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FY 2020 Target Summary

FY 2019 funds are released and COP 2019 applied pipeline is approved to achieve the following results in FY 2020.

Namibia		SNU Prioritizations					
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	Total *
HTS_INDEX	<15	5,171					5,171
	15+	31,296					31,296
	Total	36,467	-	-	-	-	36,467
HTS_TST	<15	11,424					11,424
	15+	241,273					241,273
	Total	252,697	-	-	-	-	252,697
HTS_TST_POS	<15	579					579
	15+	18,244					18,244
	Total	18,823	-	-	-	-	18,823
TX_NEW	<15	765					765
	15+	17,403					17,403
	Total	18,168	-	-	-	-	18,168
TX_CURR	<15	10,283					10,283
	15+	219,517					219,517
	Total	229,800	-	-	-	-	229,800
TX_PVLS	<15	10,714					10,714
	15+	226,732					226,732
	Total	237,446	-	-	-	-	237,446
CXCA_SCRN	Total (15+)	46,271					46,271
OVC_SERV	<18	32,107					32,253
	18+	2,447					2,463
	Total	34,554	-	-	-	-	34,716
OVC_HIVSTAT	Total (<18)	32,107					32,253
PMTCT_STAT	<15	6					6
	15+	83,672					83,672
	Total	83,678	-	-	-	-	83,678
PMTCT_STAT_POS	<15	1					1
	15+	11,199					11,199
	Total	11,200	-	-	-	-	11,200
PMTCT_ART	<15	1					1
	15+	10,670					10,670
	Total	10,671	-	-	-	-	10,671
PMTCT_EID	Total	10,652					10,652
PP_PREV	<15	19,901					19,937
	15+	38,051					38,192
	Total	57,952	-	-	-	-	58,129
KP_PREV	Total	21,138					21,138
KP_MAT	Total	-					-
VMMC_CIRC	<15	-					-
	15+	50,203					50,203
	Total	50,203	-	-	-	-	50,203
HTS_SELF	Total	73,017	-	-	-	-	73,017
PrEP_NEW	Total	15,549					15,549
PrEP_CURR	Total	18,220					18,220
TB_STAT (N)	<15	1,195					1,195
	15+	7,878					7,878
	Total	9,073	-	-	-	-	9,073
TB_ART (N)	<15	109					109
	15+	2,035					2,035
	Total	2,144	-	-	-	-	2,144
TB_PREV (N)	<15	3,690					3,690
	15+	78,436					78,436
	Total	82,126	-	-	-	-	82,126
TX_TB (N)	<15	10,866					10,866
	15+	231,997					231,997
	Total	242,863	-	-	-	-	242,863
GEND_GBV	Total	2,000					2,000

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

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Budgetary Requirements

Namibia has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	37,855,287
HKID Requirement	4,762,651
Preventing and Responding to Gender-based Violence	110,000
Water	50,000
* Does not include central funds	

Partner Management and Stakeholder Engagement

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner found not to be on track to achieve 80% of its approved targets or outcomes by the end of the second quarter must be placed on an improvement plan with clear benchmarks to measure improvement. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

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