



COP 2017 Approval Meeting Out-brief Namibia

April 29, 2017



A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Policy Overview

Treatment:

- Test and Start, Same-Day Initiation
 - Pilot began in July 2016 in 3 PEPFAR supported regions. Both formally adopted in new National ART Guidelines in Dec 2016 and is **fully functional nation-wide since March 2017**
- Differentiated Models of Care (multi-month scripting, community-based ART)

Testing:

- HTS guidelines to include **self-testing & index partner testing** in national testing strategy

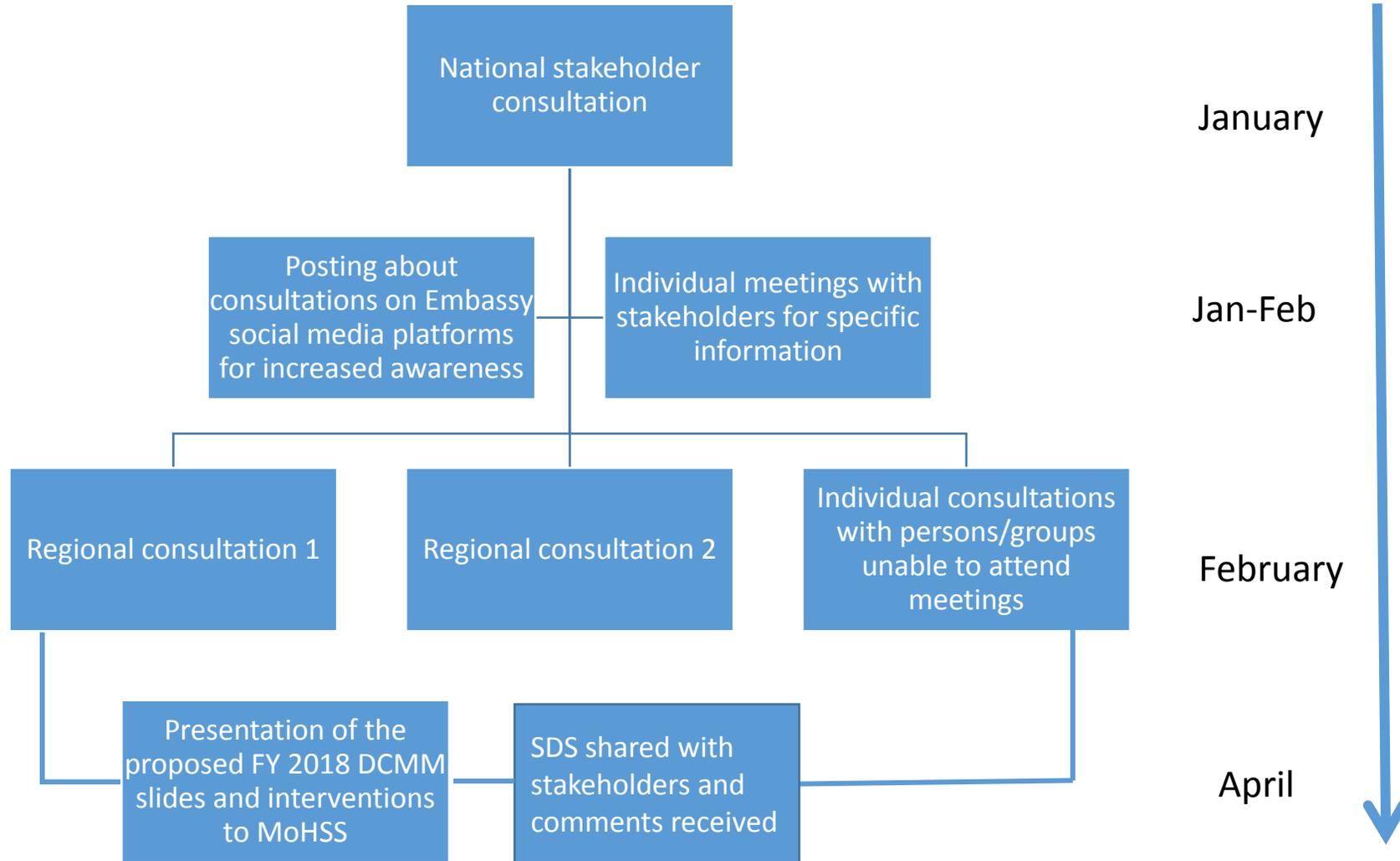
PrEP:

- PrEP consultative and information-sharing meeting with experts from WHO and ANOVA SA; Regional MOHSS and UN stakeholder meeting for PrEP and SRH for AGYW
- National ART Guidelines include **PrEP for those at substantial risk** (drugs domestically financed)

Other Policy Issues:

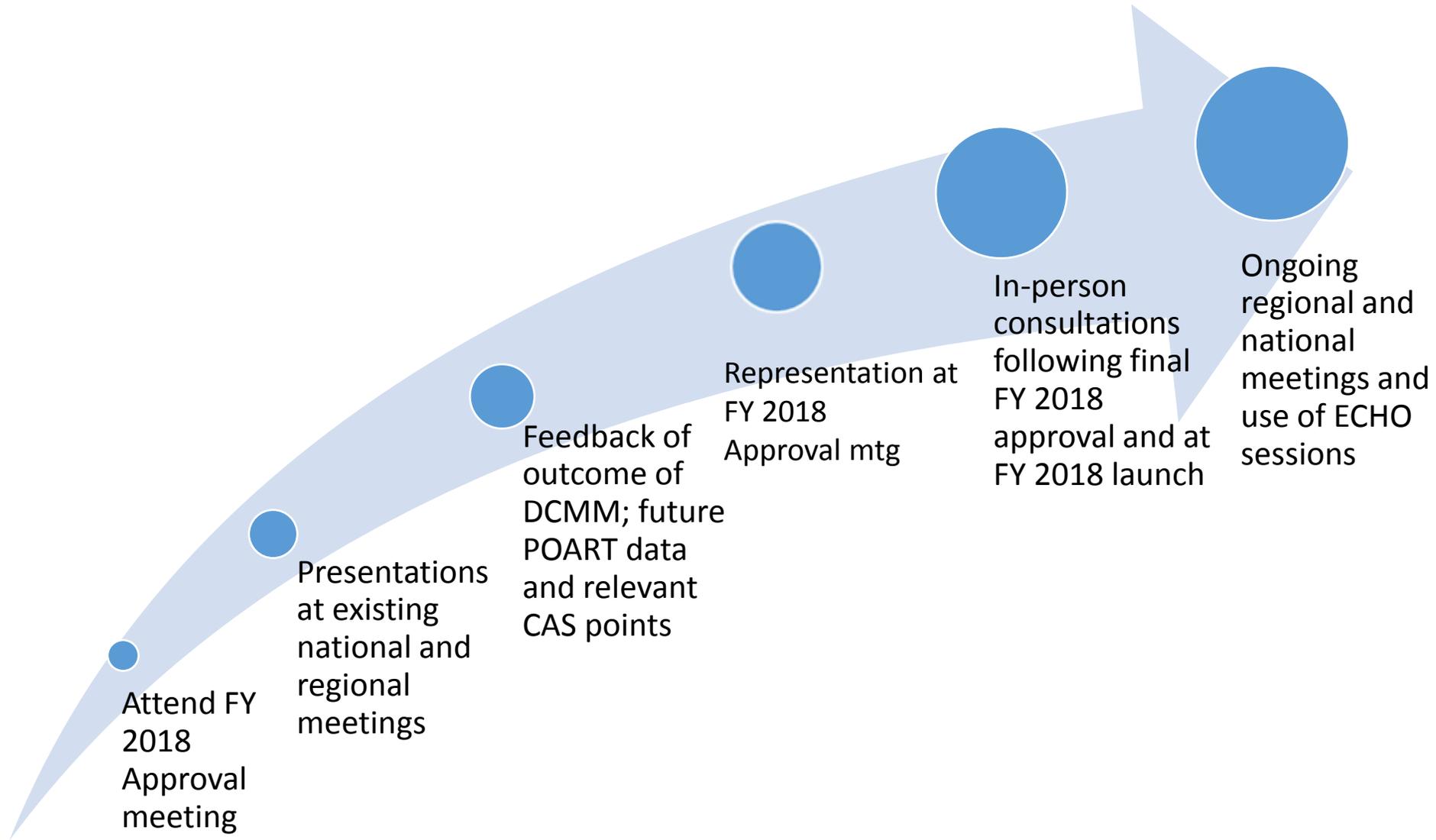
- GRN/private sector collaboration to expand ART distribution points
- Legislation updated to **lower age of consent** to 14 years for VMMC and HTS; implementation forthcoming

Stakeholder Engagement: Approach and Timeline



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Continued Engagement



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Stakeholder Engagement



- **Windhoek:** Partners at national level
 - **Ondangwa** (Oshana, Omusati, Oshikoto, Ohangwena)
- **Otjiwarongo** (Kavango East and West, Zambezi, Otjozodjupa, Erongo)

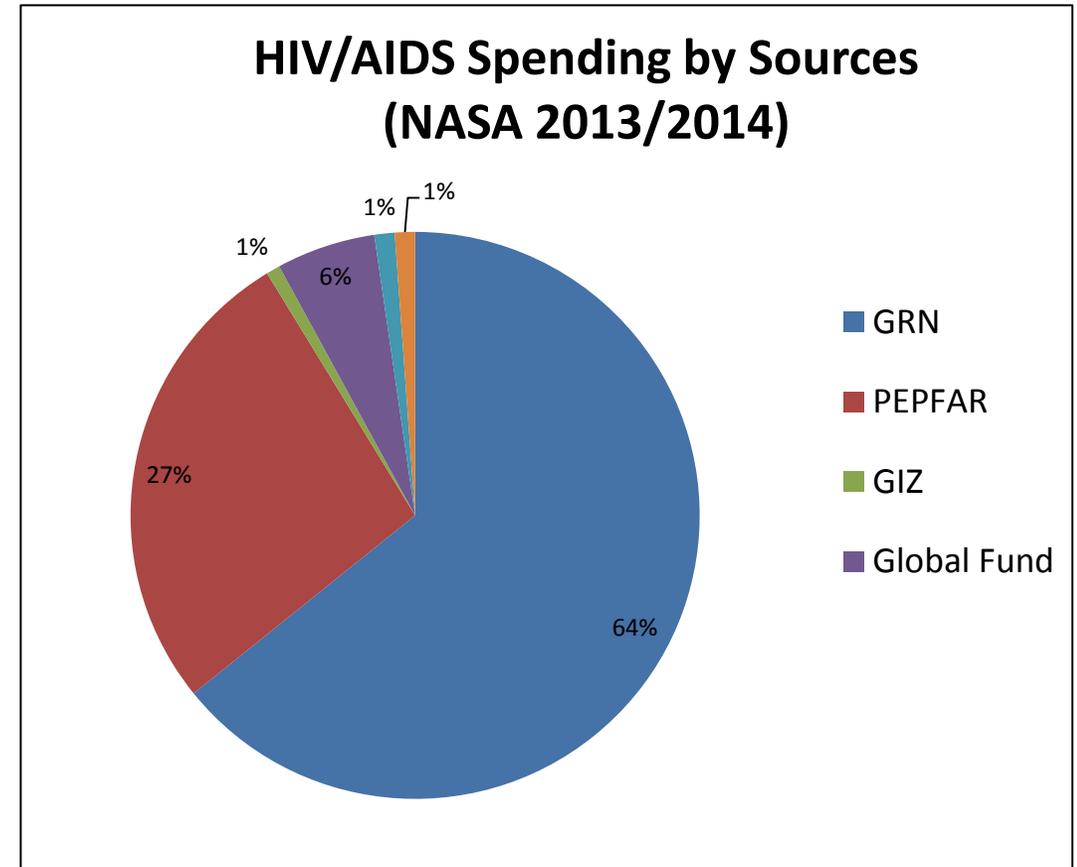
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Global Fund/GRN/USG Coordination

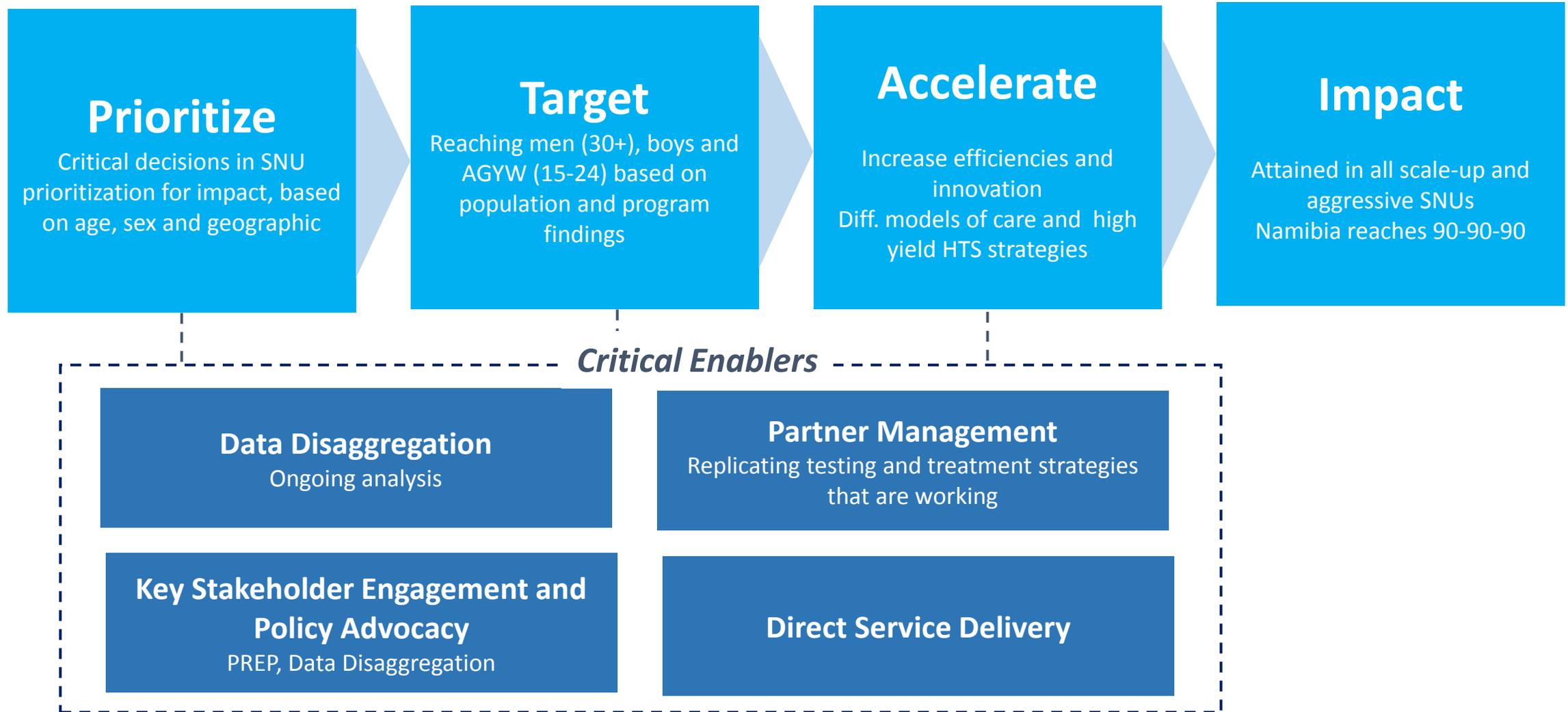
- PEPFAR team members participating in/supporting the Global Fund concept note development
- Ongoing engagement throughout the year on:
 - TA support requests
 - Sustainability planning
 - Commodities planning and procurement
 - Technical and programmatic coordination and collaboration
- Engagement resulted in continued review of program priorities and geographic coverage to assure alignment of programs with the National Strategic Framework to achieve epidemic control

Country Context

- GF allocation: decrease by 43% with next grant cycle starting Jan 2018
- PEPFAR Treatment Acceleration Plan HRH support slated to be completed in FY 2018
- GRN hiring freeze
- Lack of expenditure data for hospitals and clinics
- Less competitive commodity pricing



Namibia's 2017 COP Strategy



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PEPFAR-supported SNUs: Attained across Sex and Age Bands, FY16 Results

SNU Priority	District	Region	Male <15	Female <15	Male 15-24	Female 15-24	Male 25+	Female 25+
ScaleUp Agg	Andara	Kavango East	0 (90%)	0 (112%)	55 (37%)	104 (42%)	619 (36%)	393 (61%)
ScaleUp Agg	Windhoek	Khomas	391 (38%)	378 (39%)	700 (26%)	1374 (30%)	2671 (62%)	4144 (60%)
ScaleUp Agg	Katima Mulilo	Zambezi	0 (161%)	0 (154%)	257 (37%)	350 (52%)	2650 (39%)	2008 (58%)
ScaleUp Agg	Cluster 2 (Okahao and Tsandi)	Omusati	0 (117%)	0 (129%)	100 (52%)	324 (37%)	1415 (44%)	453 (73%)
ScaleUp Agg	Cluster 4 (Eenhana, Engela, and Okongo)	Ohangwena	0 (125%)	0 (119%)	232 (53%)	666 (43%)	2682 (51%)	1183 (72%)
ScaleUp Agg	Cluster 5 (Ncamangoro, Nkurenkuru, and Rundu)		0 (116%)	0 (111%)	377 (32%)	381 (58%)	3620 (38%)	2179 (63%)
ScaleUp Agg	Cluster 6 (Omuthiya and Onandjokwe)		0 (124%)	0 (123%)	162 (53%)	482 (41%)	1985 (49%)	395 (76%)

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PEPFAR-supported SNUs: Attained across Sex and Age Bands, FY17 Expected Results

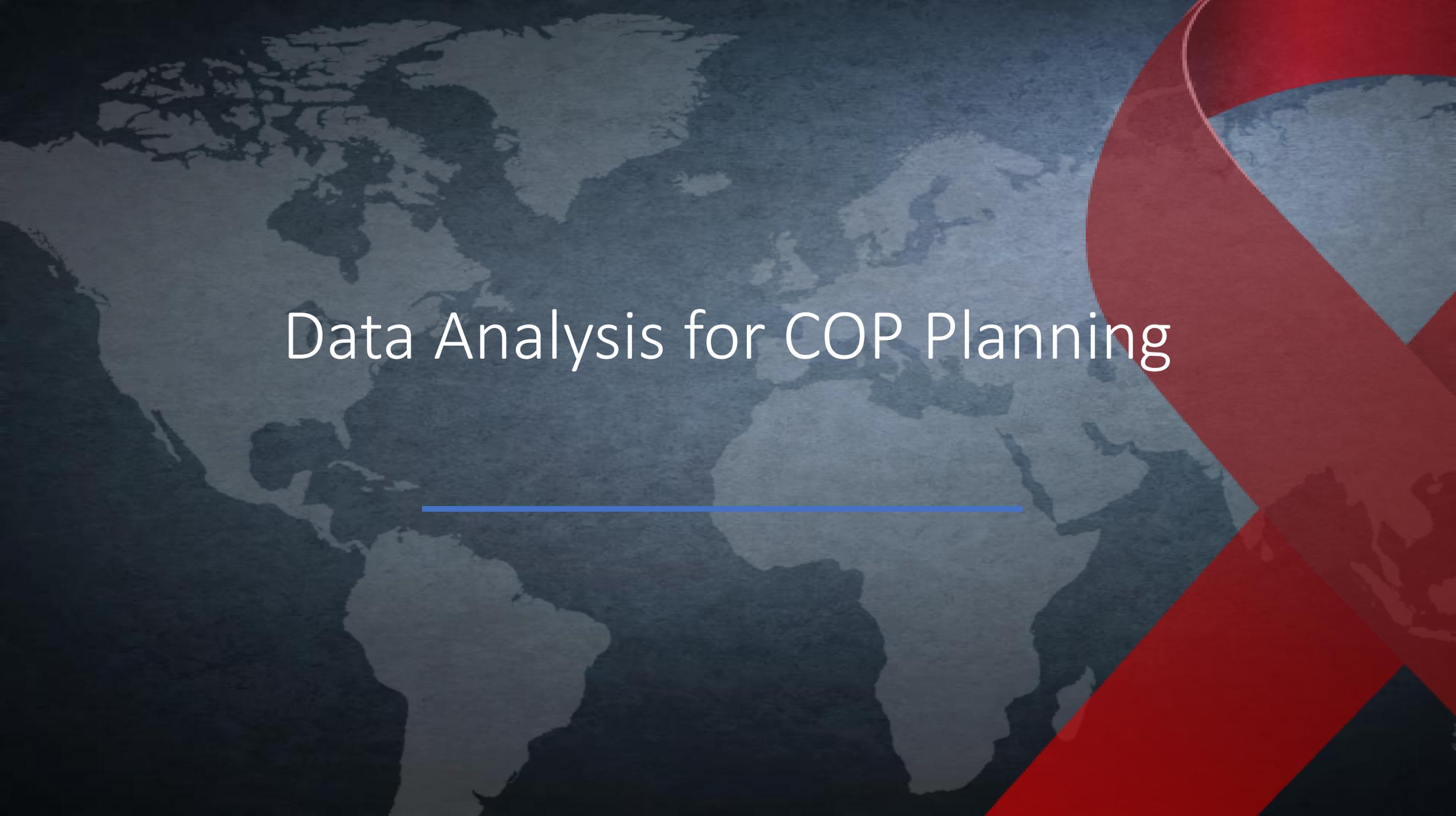
District	Region	Male <15	Female <15	Male 15-24	Female 15-24	Male 25+	Female 25+
Andara	Kavango East	0 (94%)	0 (116%)	43 (46%)	81 (50%)	489 (45%)	280 (66%)
Windhoek	Khomas	391 (38%)	378 (39%)	109 (72%)	251 (72%)	1193 (73%)	1424 (74%)
Katima Mulilo	Zambezi	0 (180%)	0 (173%)	93 (65%)	0 (86%)	763 (69%)	449 (76%)
Cluster 2 (Okahao and Tsandi)		0 (121%)	0 (133%)	53 (66%)	219 (51%)	919 (57%)	166 (78%)
Cluster 4 (Eenhana, Engela, and Okongo)		0 (129%)	0 (123%)	128 (66%)	375 (59%)	1558 (64%)	663 (76%)
Cluster 5 (Ncamangoro, Nkurenkuru, and Rundu)		0 (116%)	0 (111%)	105 (67%)	110 (74%)	1649 (62%)	1295 (70%)
Cluster 6 (Omuthiya and Onandjokwe)		0 (124%)	0 (123%)	134 (57%)	379 (49%)	1649 (55%)	395 (76%)

*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

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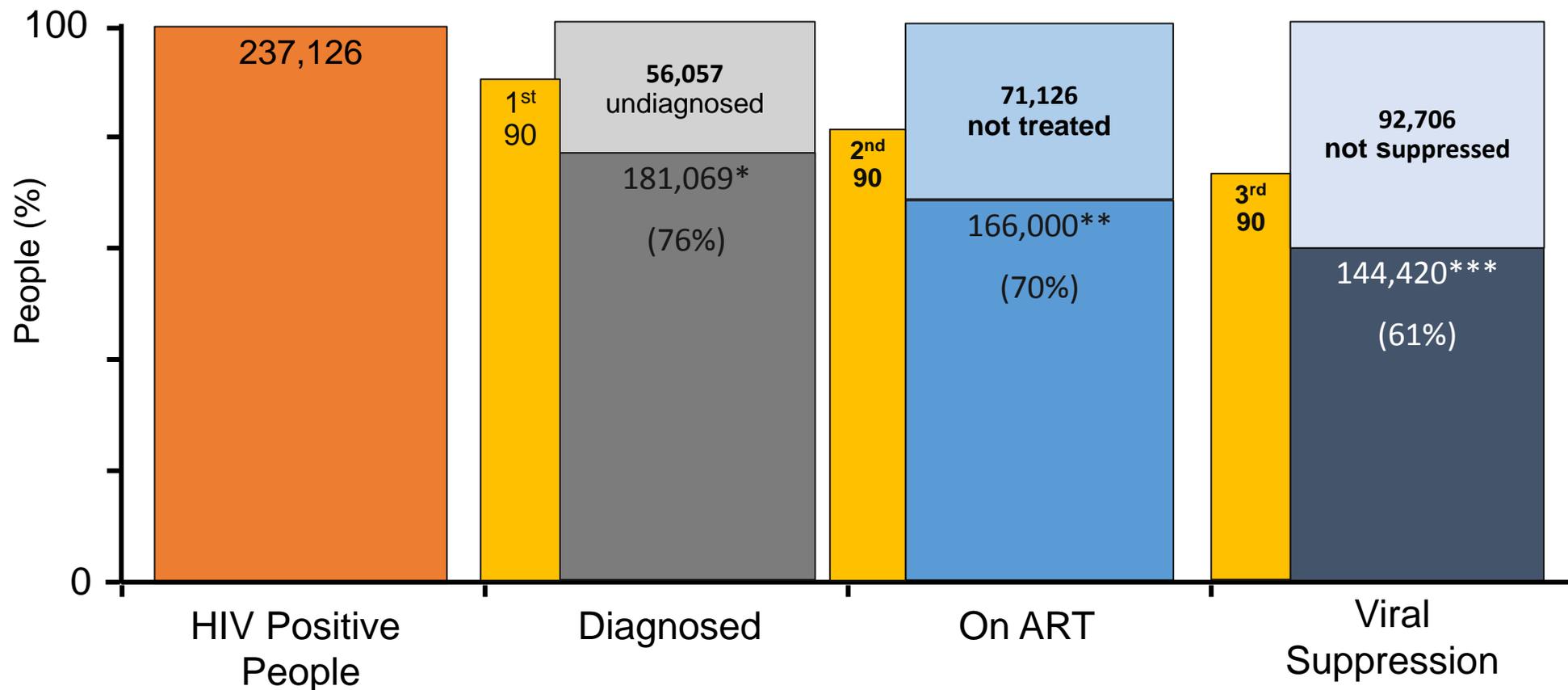
PEPFAR-supported SNUs: Attained across Sex and Age Bands, FY18 Expected Results

District	Region	Male <15	Male 15-24	Female 15-24	Male 25+	Female 25+
Andara	Kavango East	0 (110%)	0 (82%)	0 (84%)	0 (82%)	0 (89%)
Windhoek	Khomas	391 (38%)	0 (84%)	0 (82%)	829 (75%)	754 (77%)
Katima Mulilo	Zambezi	0 (190%)	4 (80%)	0 (104%)	0 (85%)	0 (85%)
Cluster 2 (Okahao and Tsandi)		0 (130%)	0 (94%)	0 (81%)	0 (84%)	0 (89%)
Cluster 4 (Eenhana, Engela, and Okongo)		0 (134%)	0 (82%)	2 (81%)	121 (80%)	0 (81%)
Cluster 5 (Ncamangoro, Nkurenkuru, and Rundu)		0 (116%)	0 (85%)	0 (83%)	639 (73%)	843 (74%)
Cluster 6 (Omuthiya and Onandjokwe)		0 (124%)	63 (70%)	116 (71%)	786 (68%)	395 (76%)



Data Analysis for COP Planning

Namibia's Progress Towards 90-90-90 (Upper-bound spectrum estimates)



*Estimated based on current on ART plus estimated 7% of patients who know status but not on ART

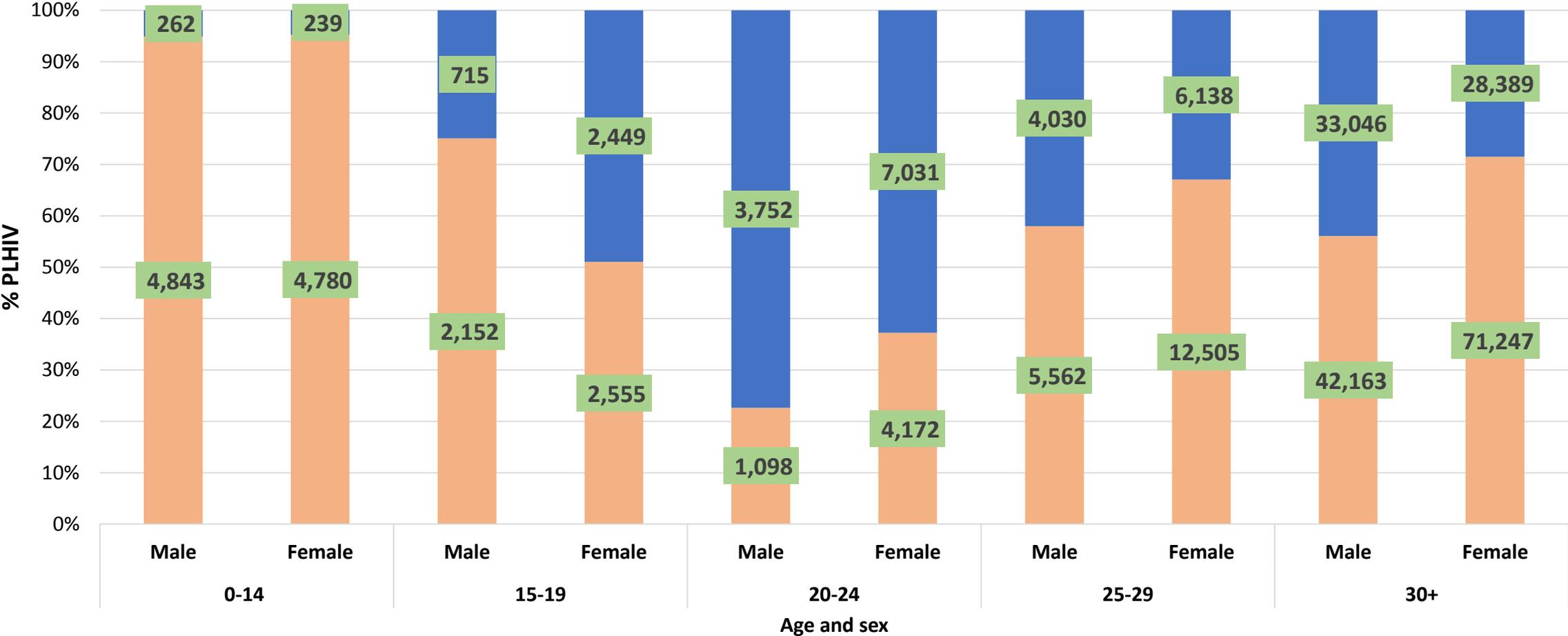
** Total of 151,000 and 15,000 active patients on in public and private sector, respectively.

*** Estimation based on NIP VL test for 172,000 showing 87% VL suppression

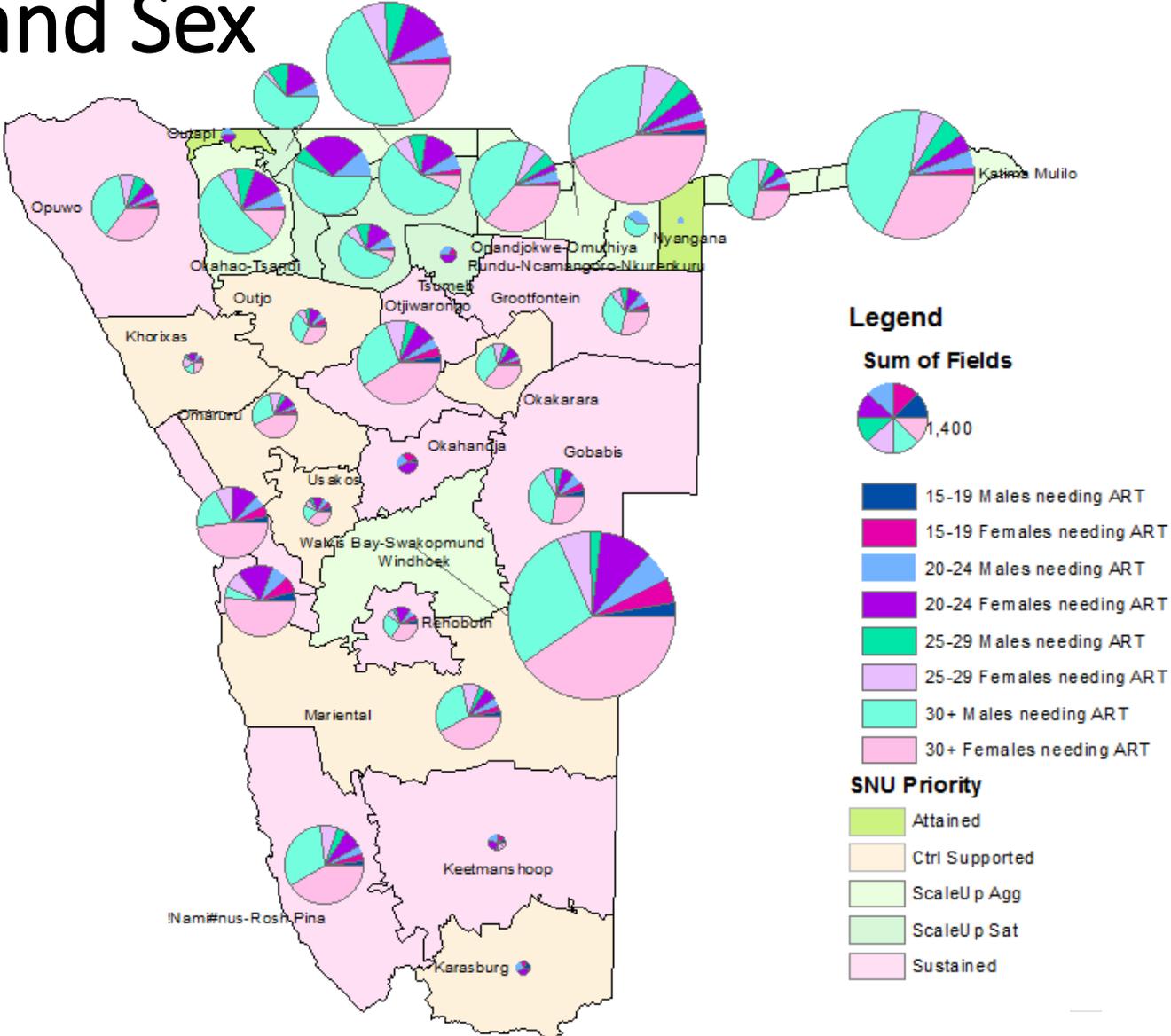
**** Estimates as of September 2016

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National ART Gap by Age and Sex



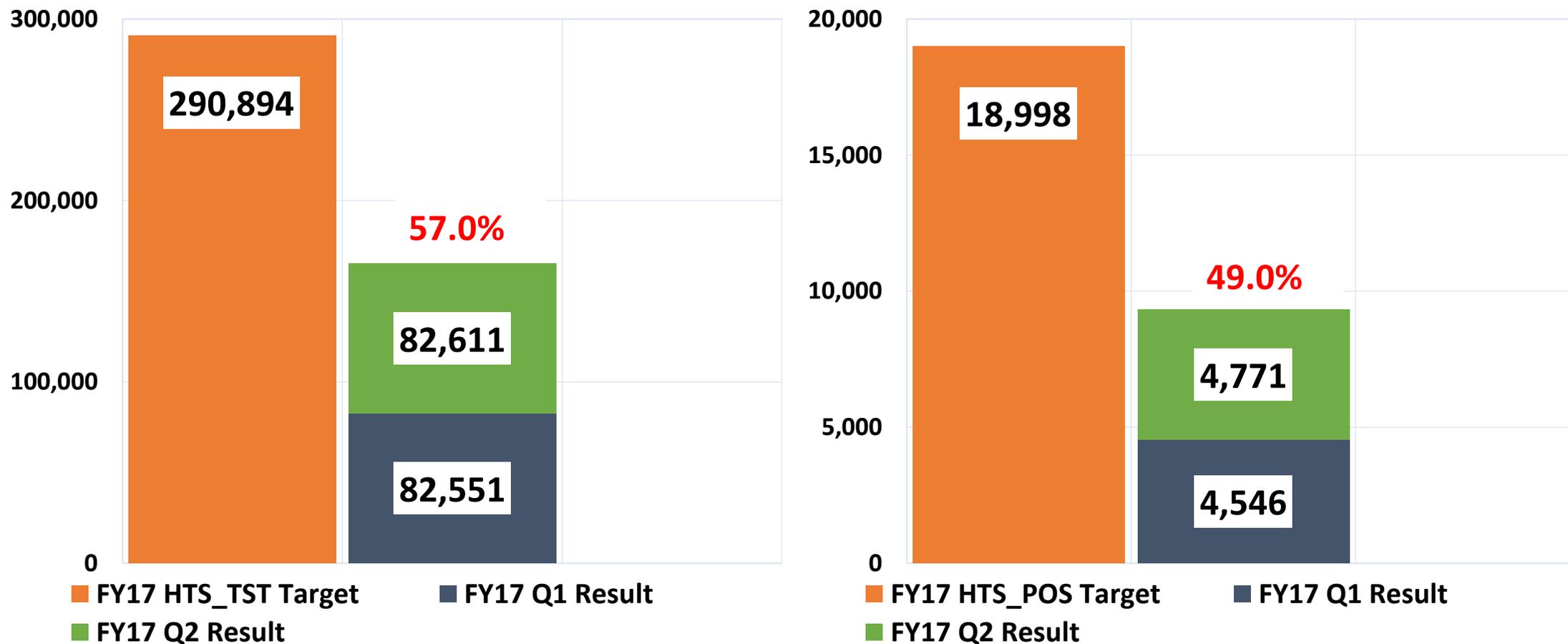
ART Gap by Age and Sex





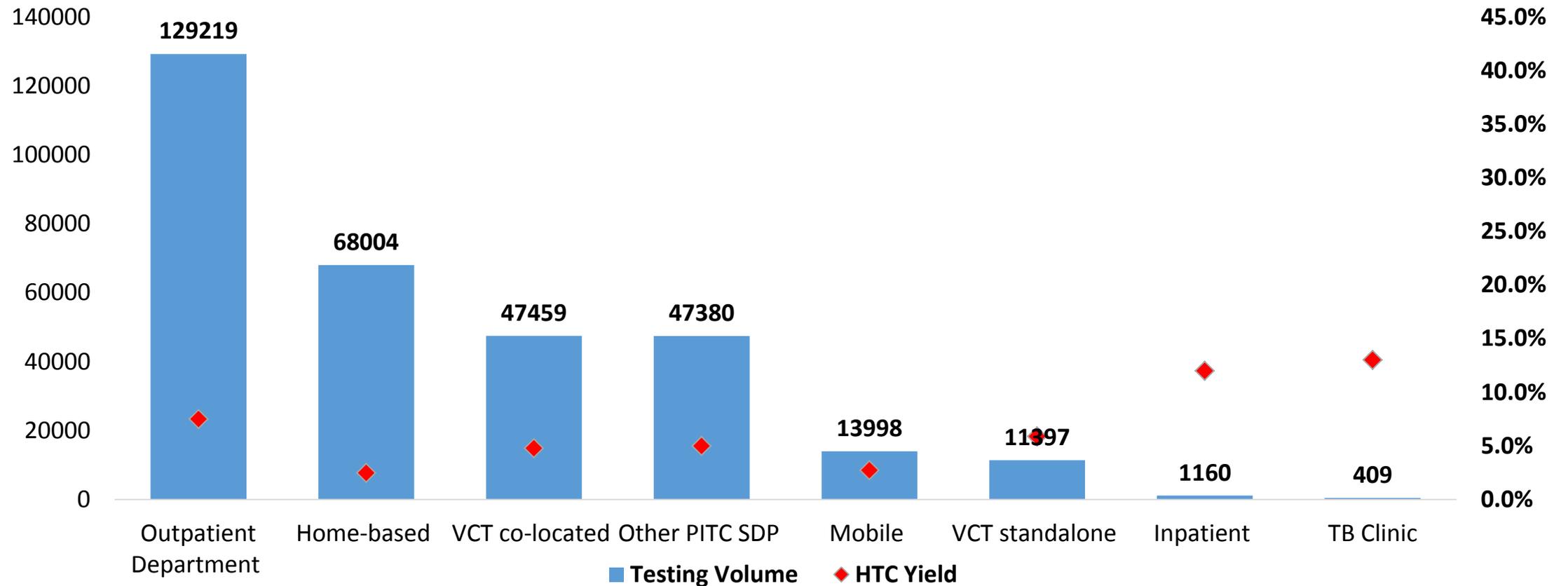
The First 90: Programmatic Priorities and Targets for Testing

Namibia is on Track to Meet FY17 HTS_TST and HTS_TST_POS Targets



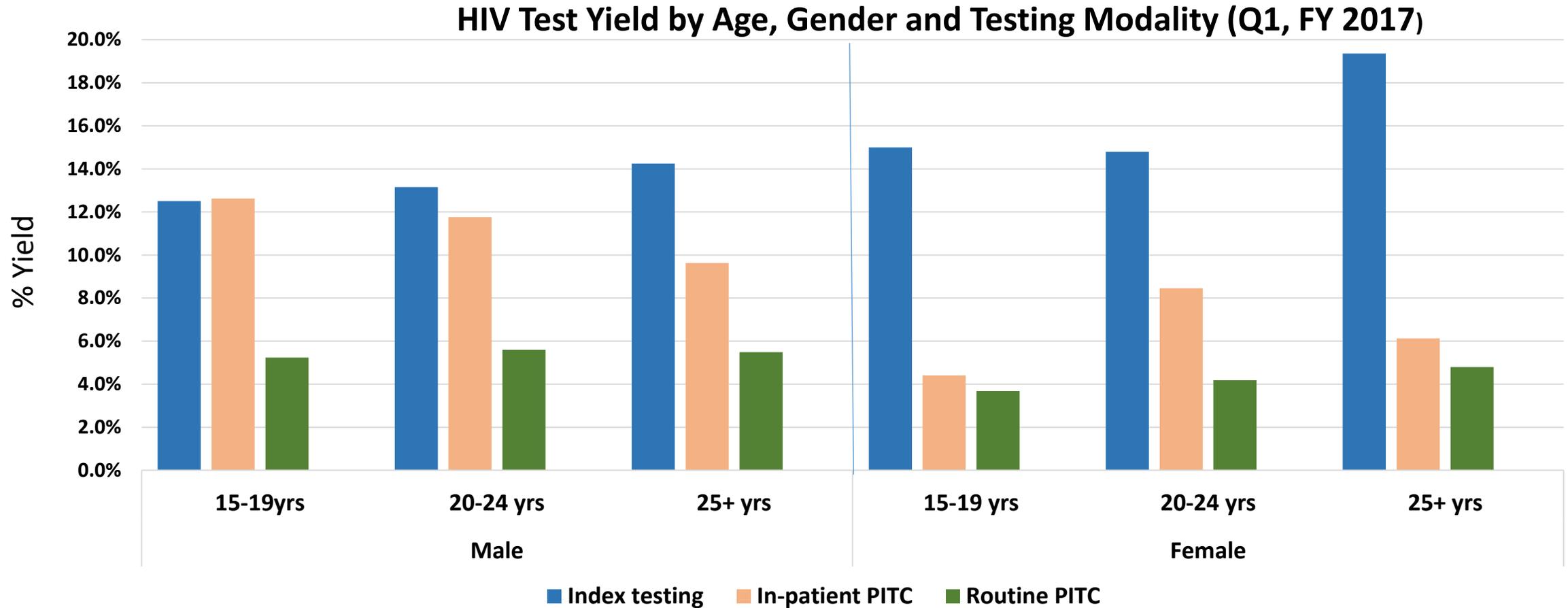
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HIV Testing Models and Yield FY 16



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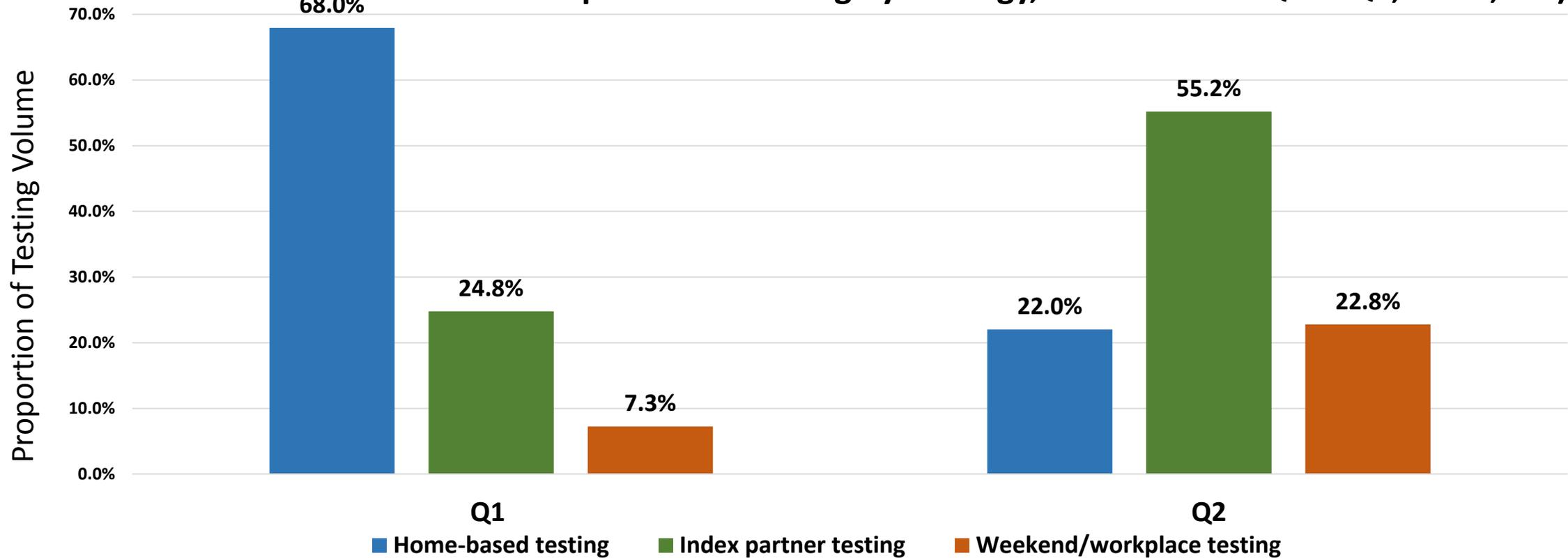
Using Data to Improve Programming: Facility Testing



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Using Data to Improve Programming: Community Testing

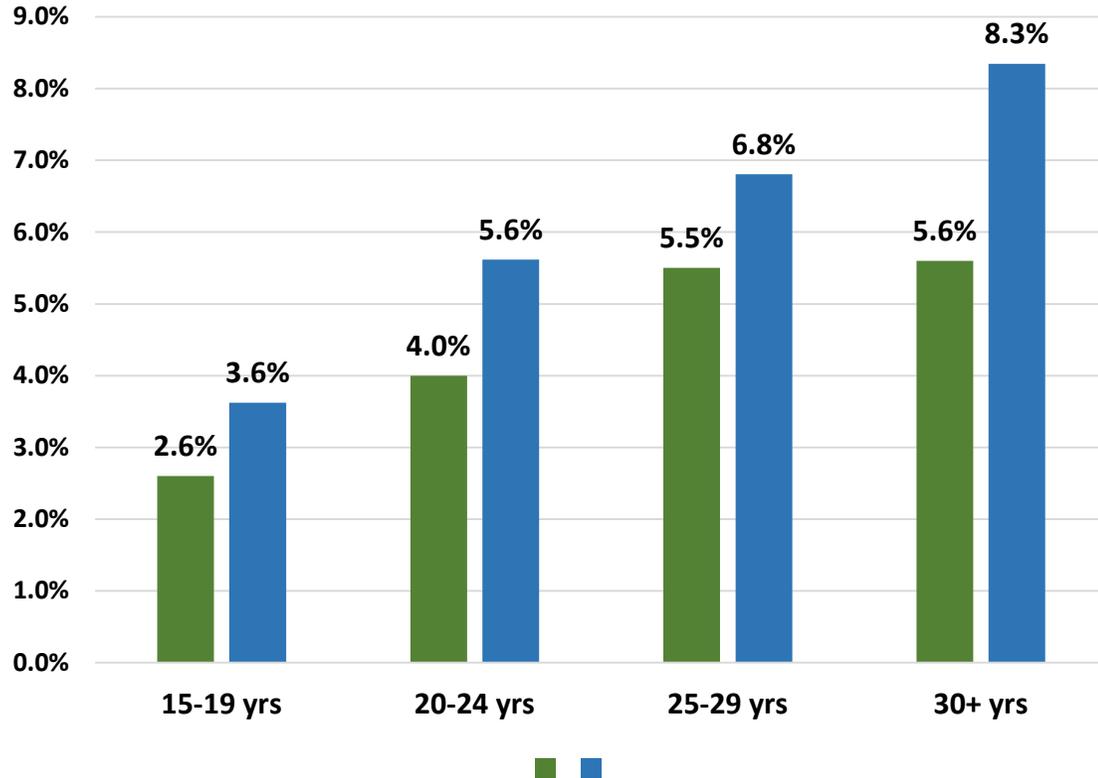
Proportion of Testing by Strategy, DAPP FY 2017Q1 & Q2; N=16,388)



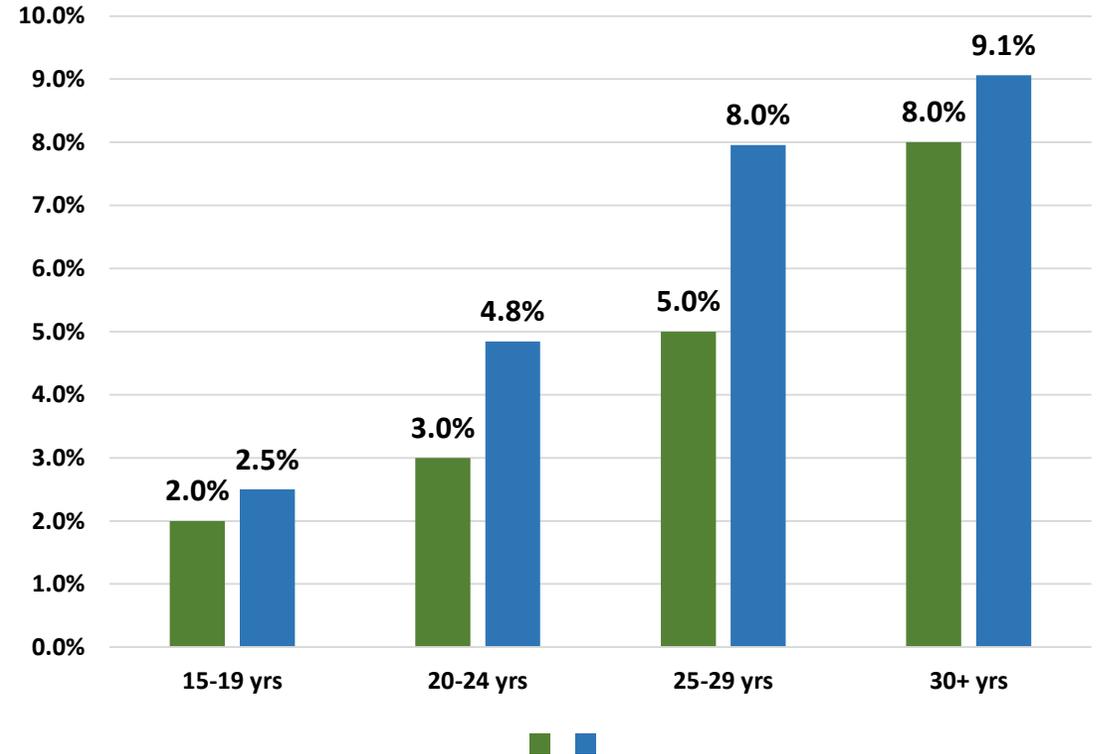
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Results of Programmatic Shift: Substantial Increase in HIV Test Yield Across Sex and Age Groups

Females, FY 2017, Q1 and Q2

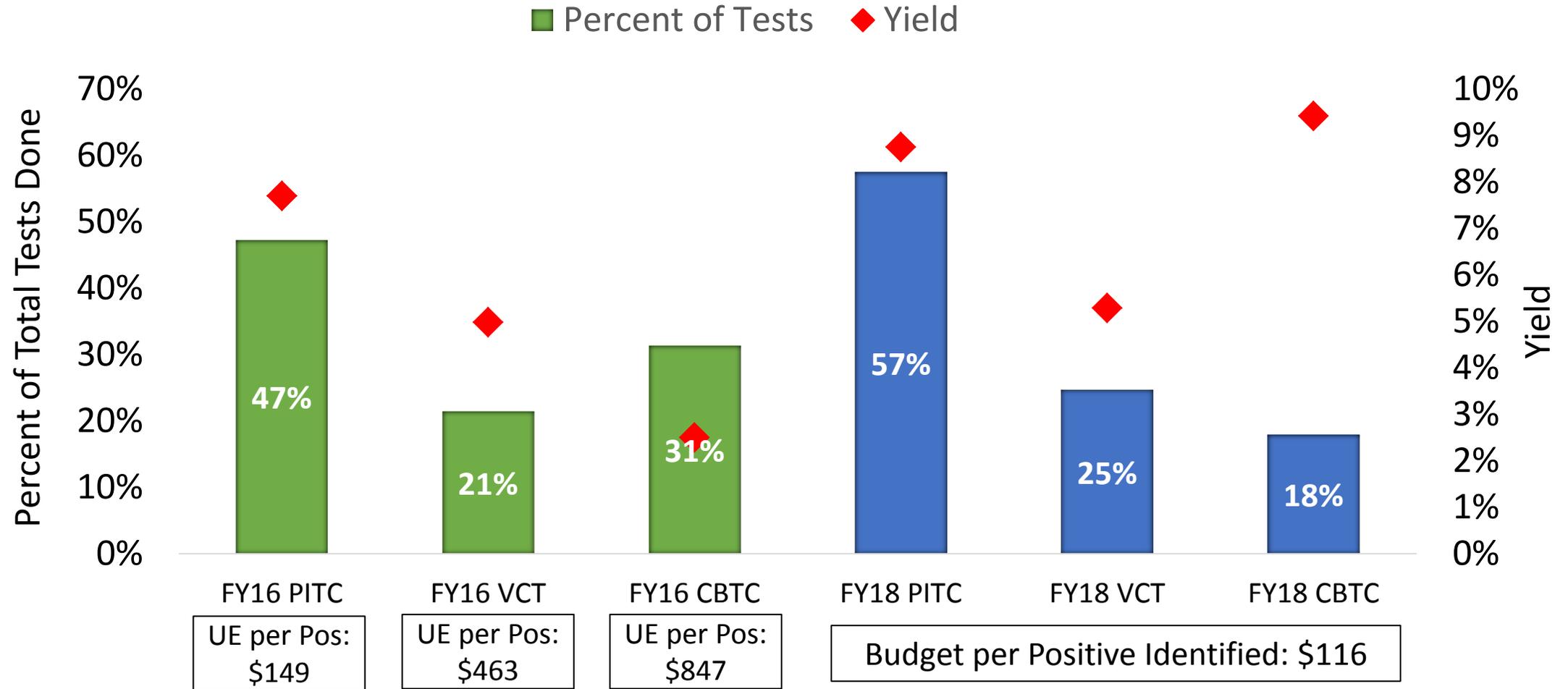


Males, FY 2017, Q1 and Q2



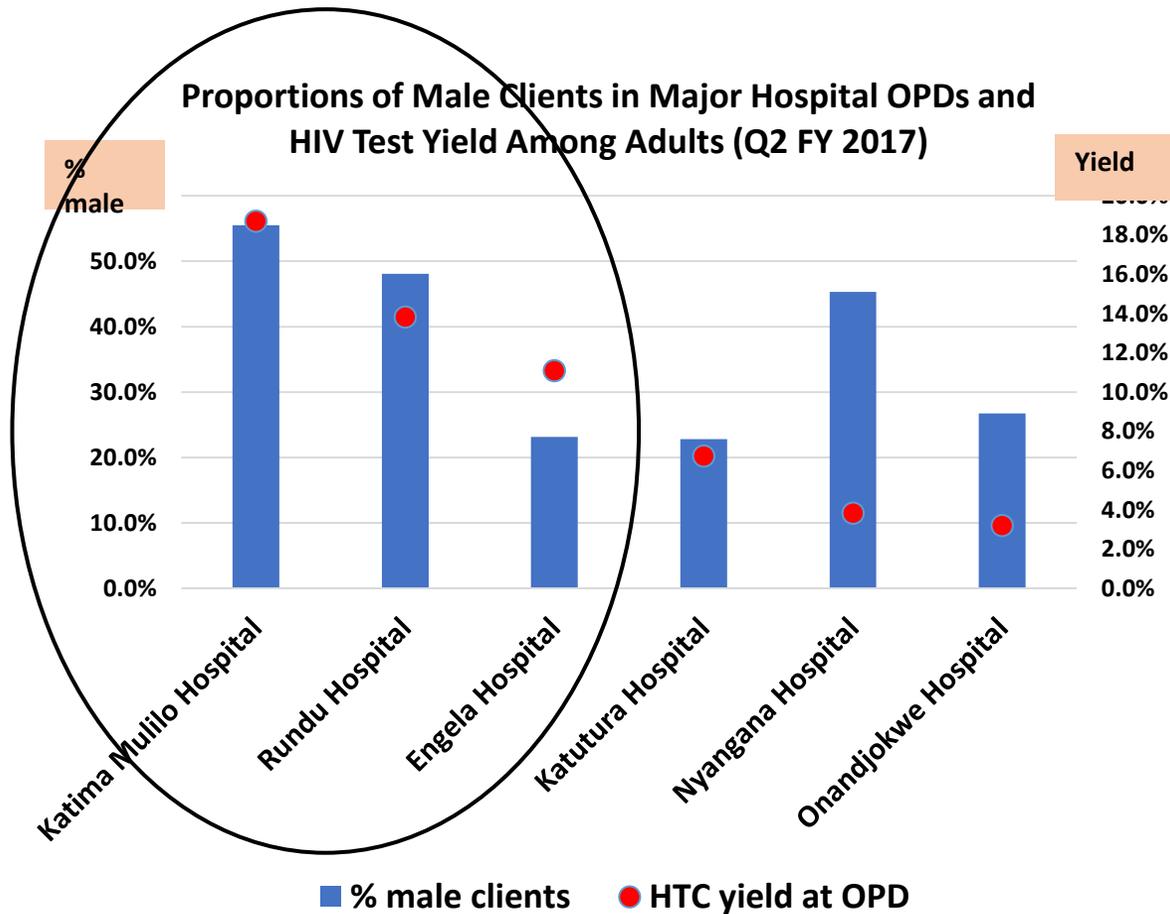
***2.5-fold increase in HIV testing yield from FY17 Q1 to Q2**

Higher Yields, Shift to Most Effective Testing Modalities Reduce Budget per Positive Identified



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Reducing Missed Opportunities to Test Men at High Volume OPDs and in Targeted Community Programs



Proposal:

- **To address HRH constraints and attract men:**
 - Conduct quarterly surge at large OPDs in low performing, but high yield SNU
 - Use mobile teams to offer multi-disease screening outside the OPD
- **HIV-positive men:**
 - Physical escort for same day ART initiation
 - Index partner testing
- **HIV-negative men:**
 - Refer/offer appropriate prevention services (e.g. VMMC, condoms, PrEP)
- **Pilot:** Distribute HIV self-test kits for partner testing
- **Goal:** test 500-700 per week/diagnose 50 per week (~10% yield)

FREE HEALTH SERVICES FOR MEN

BE A MAN AND TAKE CONTROL OF YOUR HEALTH

Blood Pressure

Diabetes

Heart Disease

Prostate Cancer

HIV



Republic of Namibia

A service brought to you by the Ministry of Health and Social Services



HTS Targets by Modality and Yield

Strategy	Test Volume	Expected HIV positives	Expected positivity Rate	FY 2018 Focus
Partner tracing and testing	58,178	8,727	15.0%	Nationwide rollout in both facility/community settings; pilot self-testing as strategy to facilitate partner testing
PMTCT	50,299	2,804	5.6%	Integrate partner tracing & testing
In-patient PITC	17,033	2,164	12.7%	Expand services to all hospitals
Other facility-based PITC	120,800	8,446	7.0%	Scale-up PITC in OPD to reach men and in RH/FP/STI clinics to reach AGYW
HTC for KPs	19,344	2,022	10.5%	Introduce peer driven, social network testing
PITC among active TB patients	2,300	691	30.0%	Increase coverage to 100%
VCT (stand alone & co-located)	81,233	4,306	5.3%	Integrate partner tracing and testing for all HIV-positive clients
Home-based HTC	18,930	431	2.3%	Significant reduction to areas with low coverage of facility-based HTS
VMMC	13,366	456	3.4%	Expand coverage to offer HTS to all VMMC clients older than 15 years
Total	381,483	30,047	7.9%	50% increase from FY 2017 Targets 

Prioritizing Linkage to HIV Treatment

- MOHSS requires implementing partner monitoring for all testing partners:
 - # of new HIV diagnoses
 - Facility where new HIV diagnoses are receiving ART
- Community testing partners include nurses as part of outreach teams to facilitate community ART initiation
- In FY 2018, community testing partners will begin piloting distribution of ART starter packs

Tester escorts HIV + client to ART clinic

Tester signs the referral book and obtains Unique ID from ART clinic documenting linkage

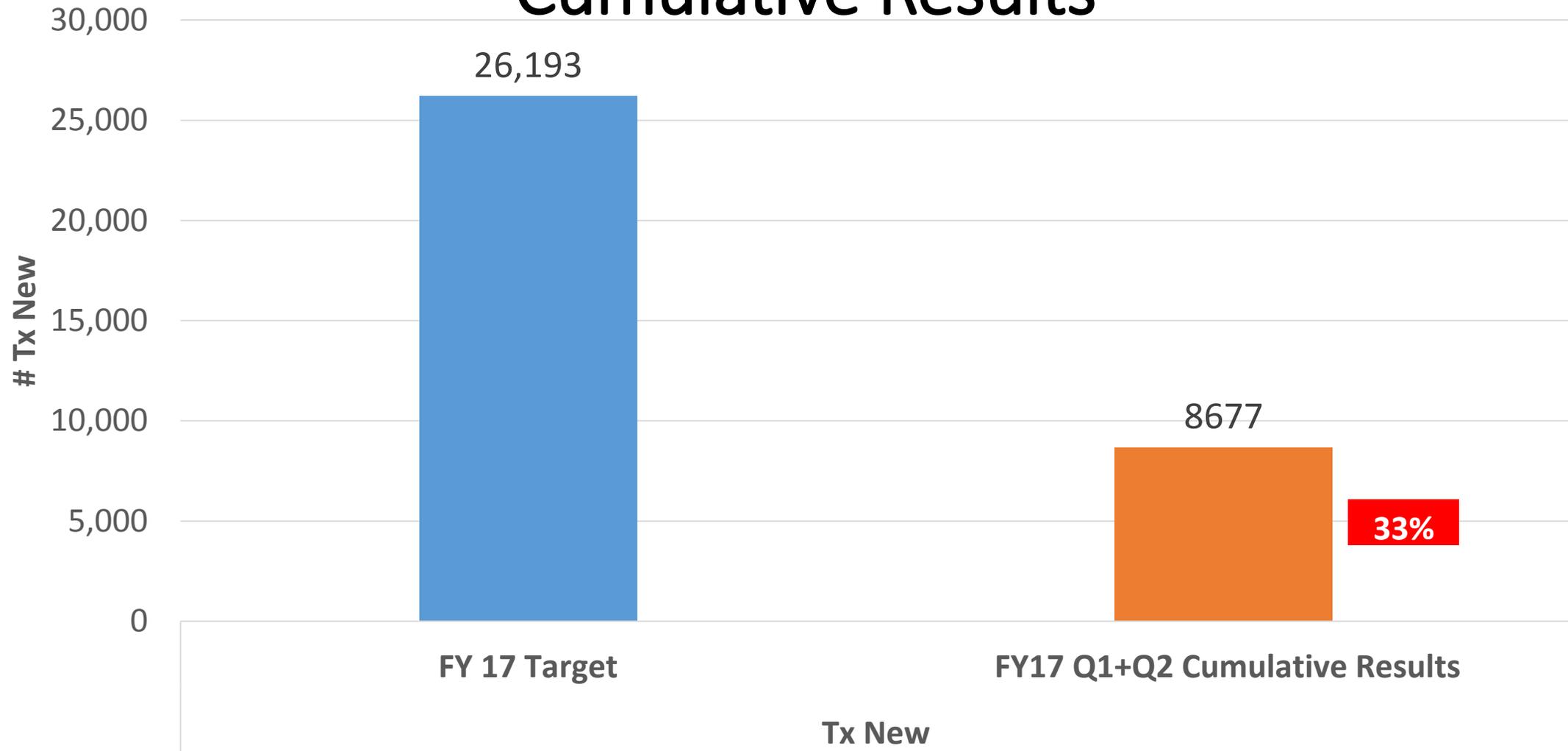
Tester returns to testing site with signed documentation

Testing site summarizes monthly report documenting signed linkage; Reports with < 100% linkage not accepted



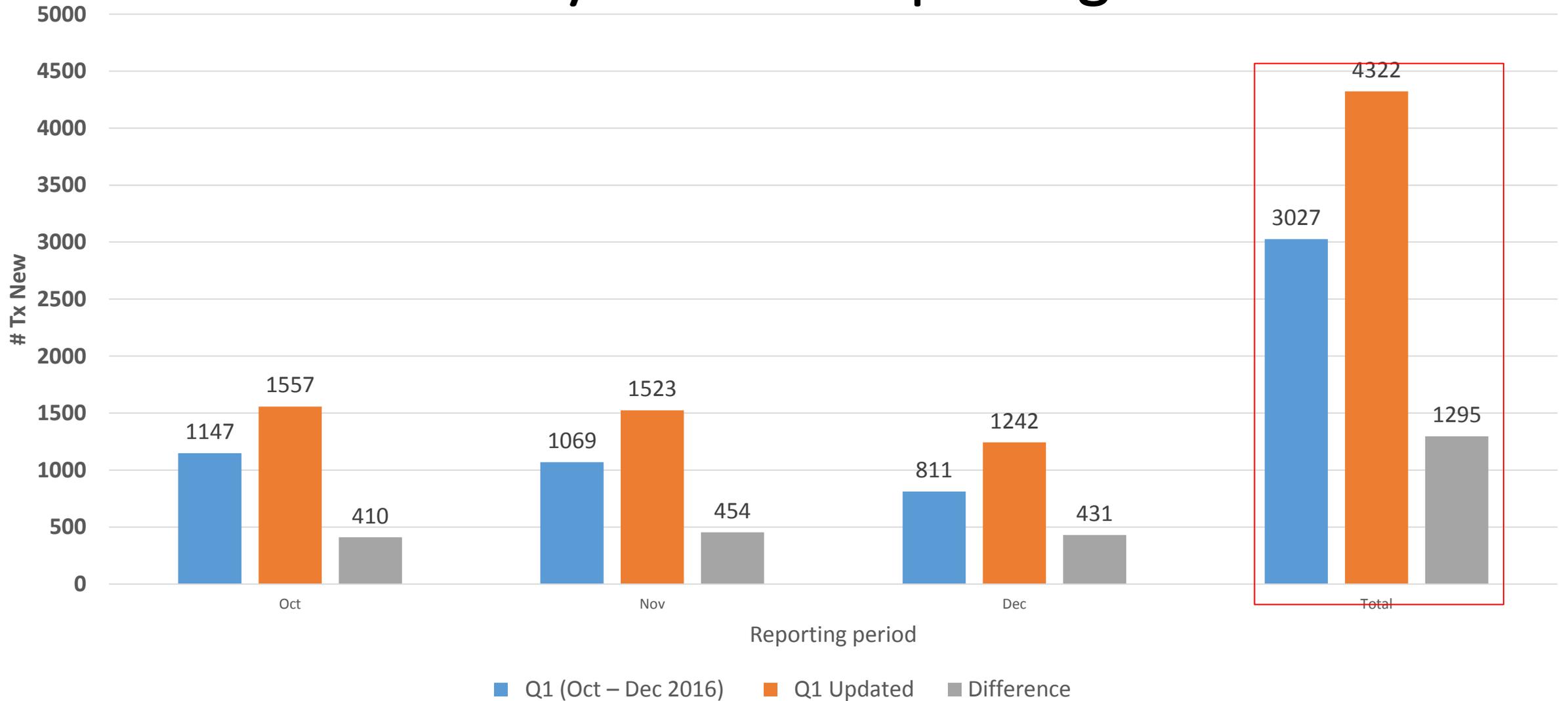
The Second and Third 90s: Programmatic Priorities and Targets

Summary of FY 2017 Treatment Targets and FY 2017 Q2 Cumulative Results



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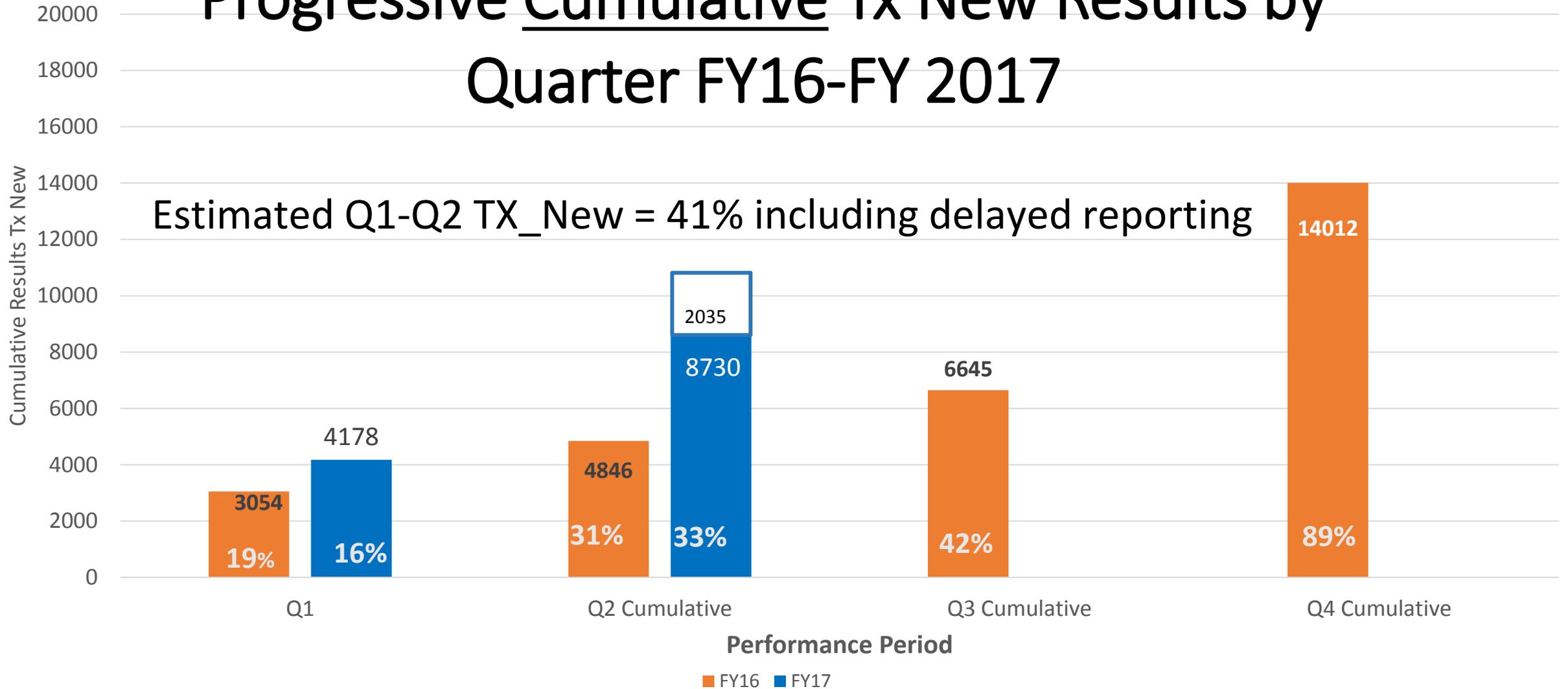
Delays in Data Reporting



Source: MOHSS, 2017

Cumulatively 42% under reporting due to delayed report in Q1

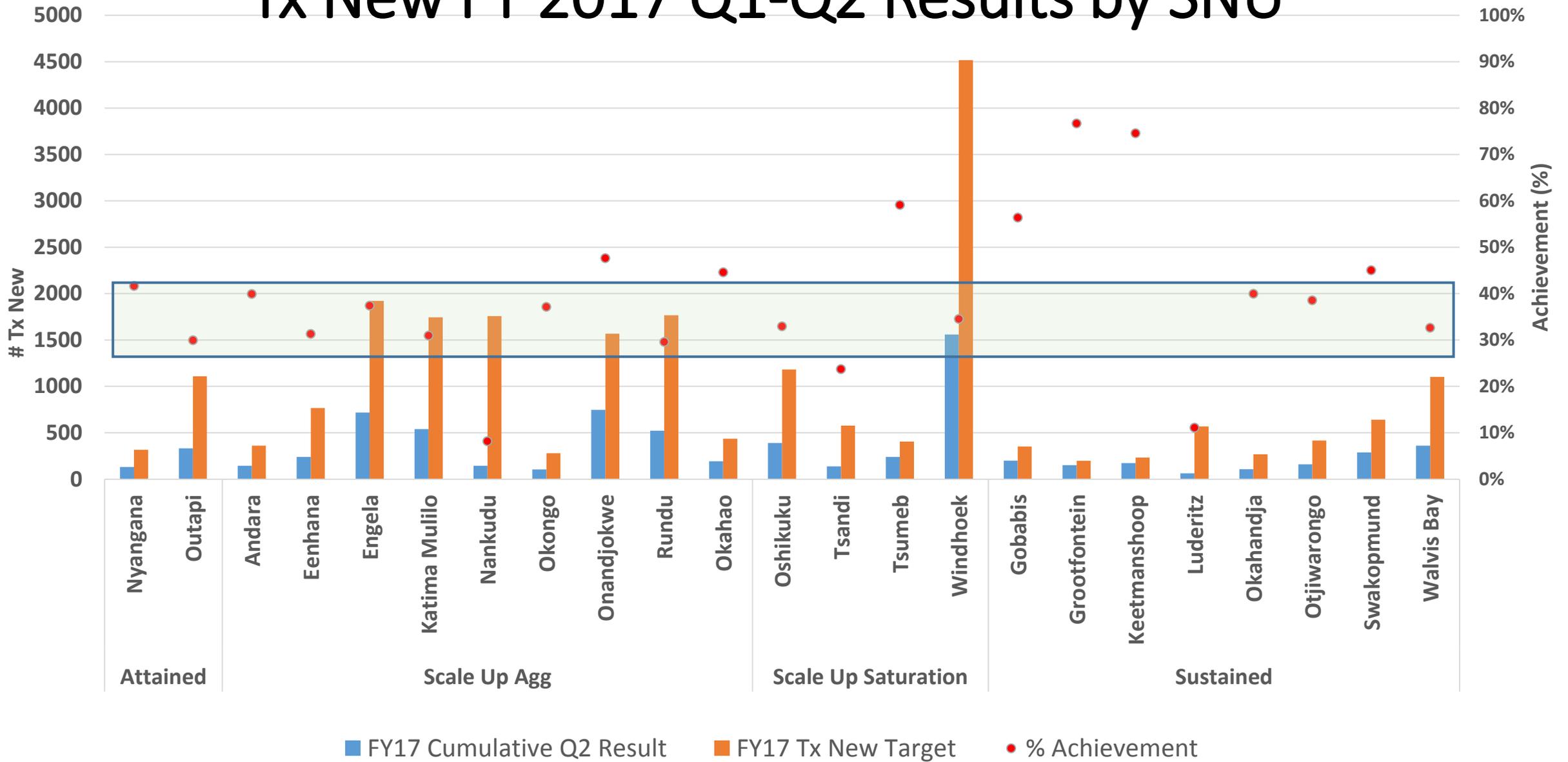
Progressive Cumulative Tx New Results by Quarter FY16-FY 2017



1. In comparison : Cumulative Absolute Tx New Results higher for both Q1 and Q2 in FY 2017 compared to same period in FY16.
2. Percent target achieved comparable for both Q1 and Q2
3. Given historical under-reporting (42%) by end of Quarter-Q2 results may be an additional 2035, pushing the Q2 result up to 11 059

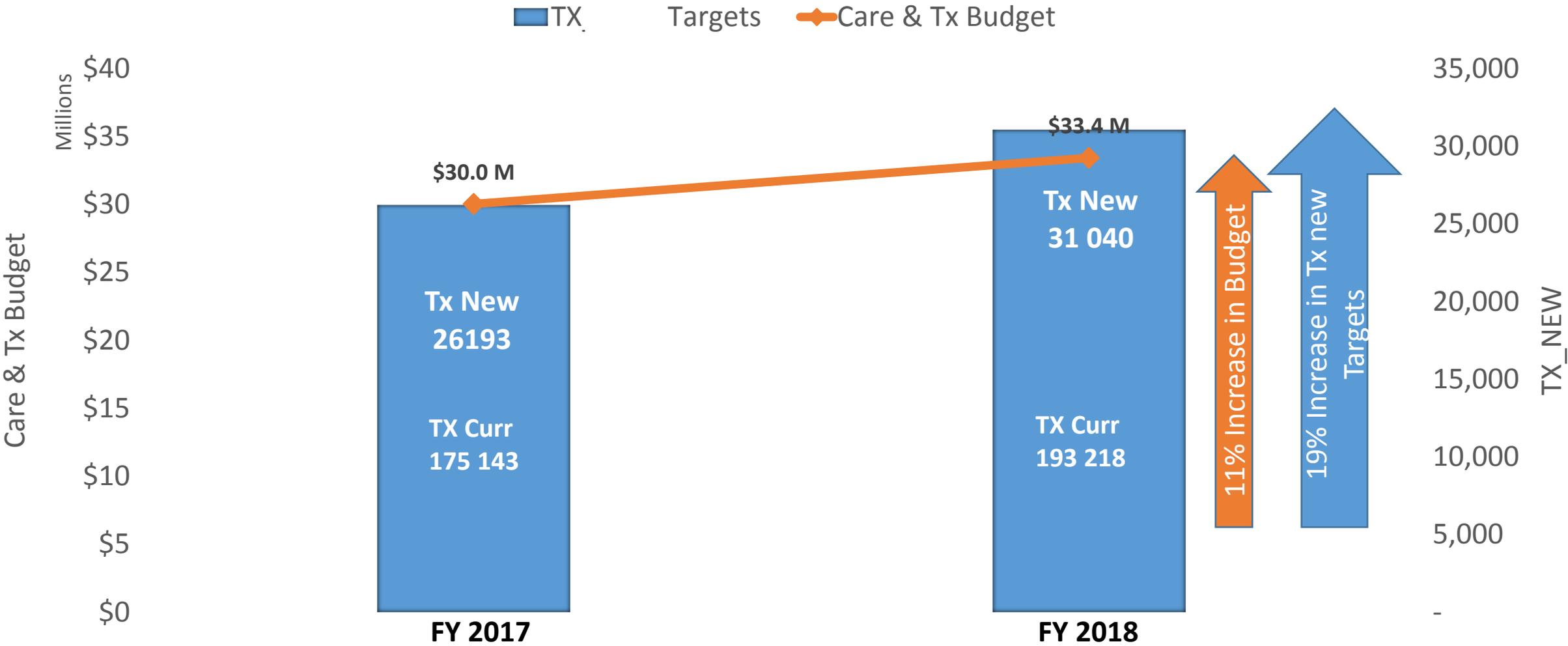
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Tx New FY 2017 Q1-Q2 Results by SNU



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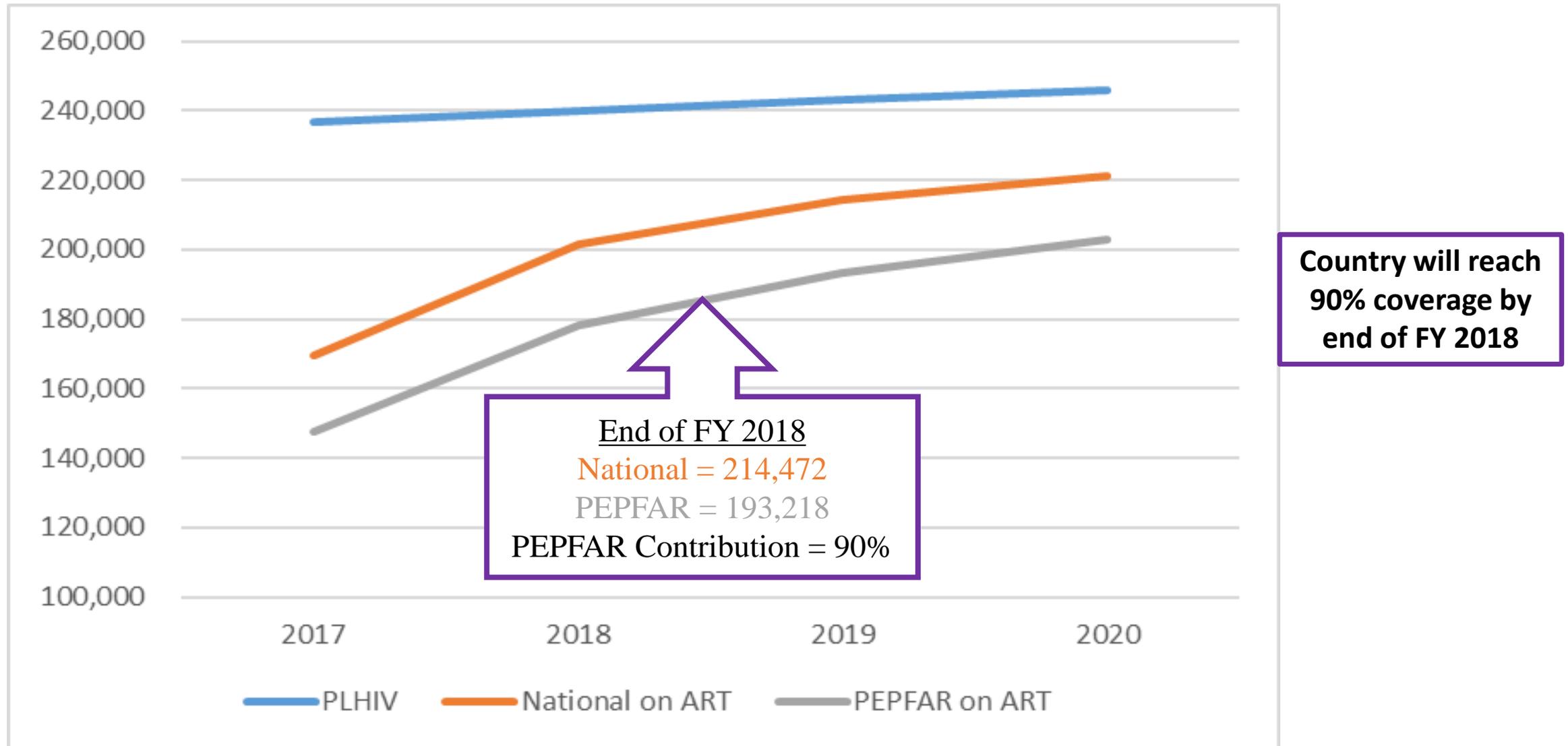
EFFECT OF IMPACT and PERFORMANCE FUNDS



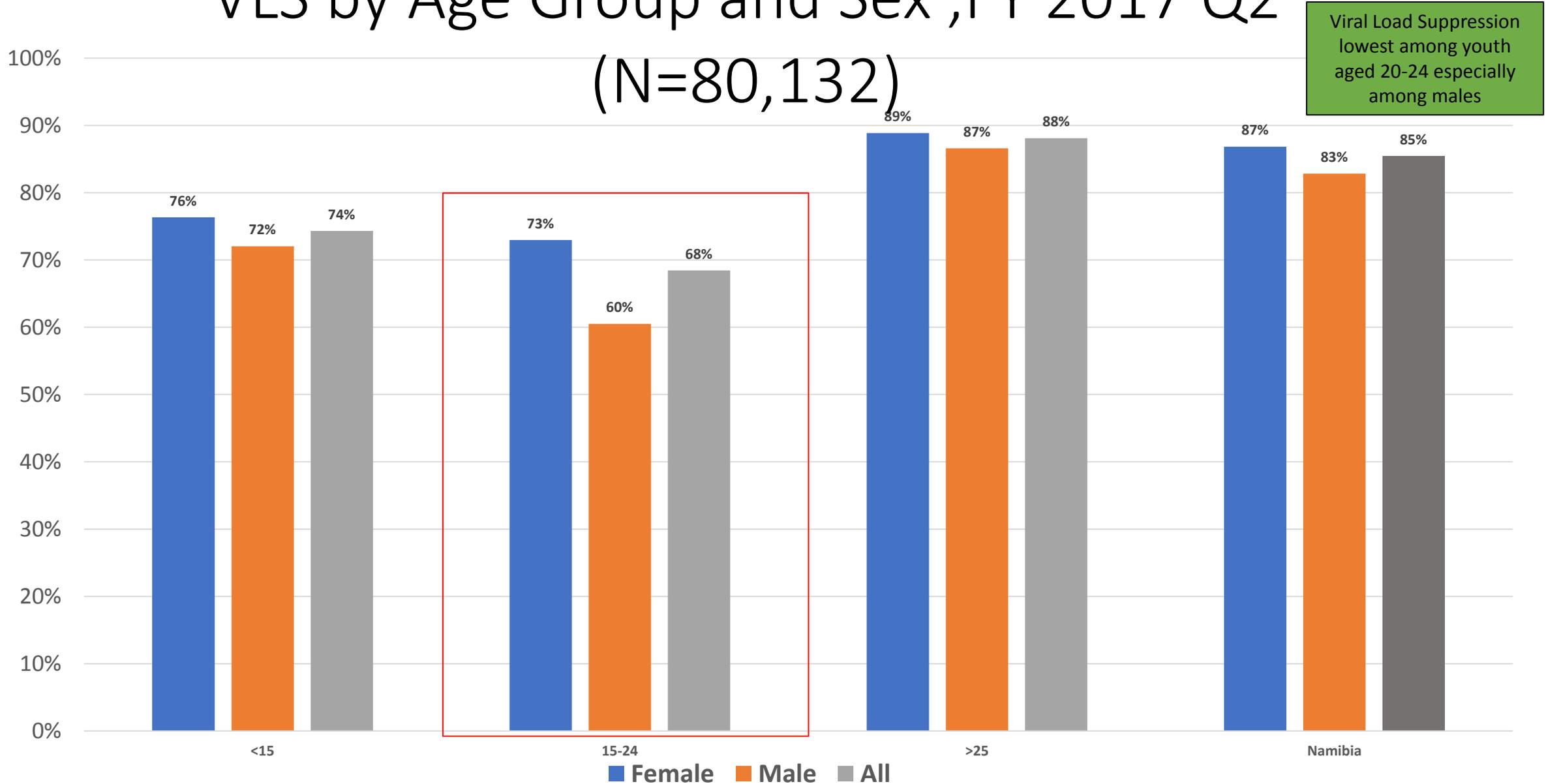
Increase in TX_NEW Exceeds Increase in Care & Tx Budget

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Treatment Targets & Trajectory, 2017-2020



VLS by Age Group and Sex ,FY 2017 Q2 (N=80,132)



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Summary

Improving Treatment New and Tx CURR COP17

Program Challenges	Programmatic Solution/Interventions
<p data-bbox="318 399 547 442">Second 90</p> <p data-bbox="25 464 840 571">Achieving the Treatment New Targets for FY 2018</p>	<ul data-bbox="879 299 2522 799" style="list-style-type: none"><li data-bbox="879 299 1758 342">• Continue HRH support for service delivery<li data-bbox="879 414 2458 456">• Improve practices for immediate linkage and implementation of Test-and-Start<li data-bbox="879 528 2522 628">• Integrate ART services with HTS surge interventions to ensure immediate ART Start<li data-bbox="879 699 2522 799">• Intensify supervision; data verification and data quality assessments to improve data completeness and data quality
<p data-bbox="331 985 535 1028">Third 90:</p> <p data-bbox="38 1049 828 1156">Low Retention and Viral Suppression particularly among youths 15-24 yrs</p>	<ul data-bbox="879 849 2522 1306" style="list-style-type: none"><li data-bbox="879 849 2433 892">• Expand on Adolescent Adherence Clubs, Community Adherence Clubs (CACs)<li data-bbox="879 963 2356 1006">• Expand Implementation of the Retention and Viral Load QI Collaborative<li data-bbox="879 1071 2178 1113">• Expand on roll out of a variety of Community-Based ART Models<li data-bbox="879 1213 2522 1306">• Provide additional space modifications support to outreach and decentralized facilities

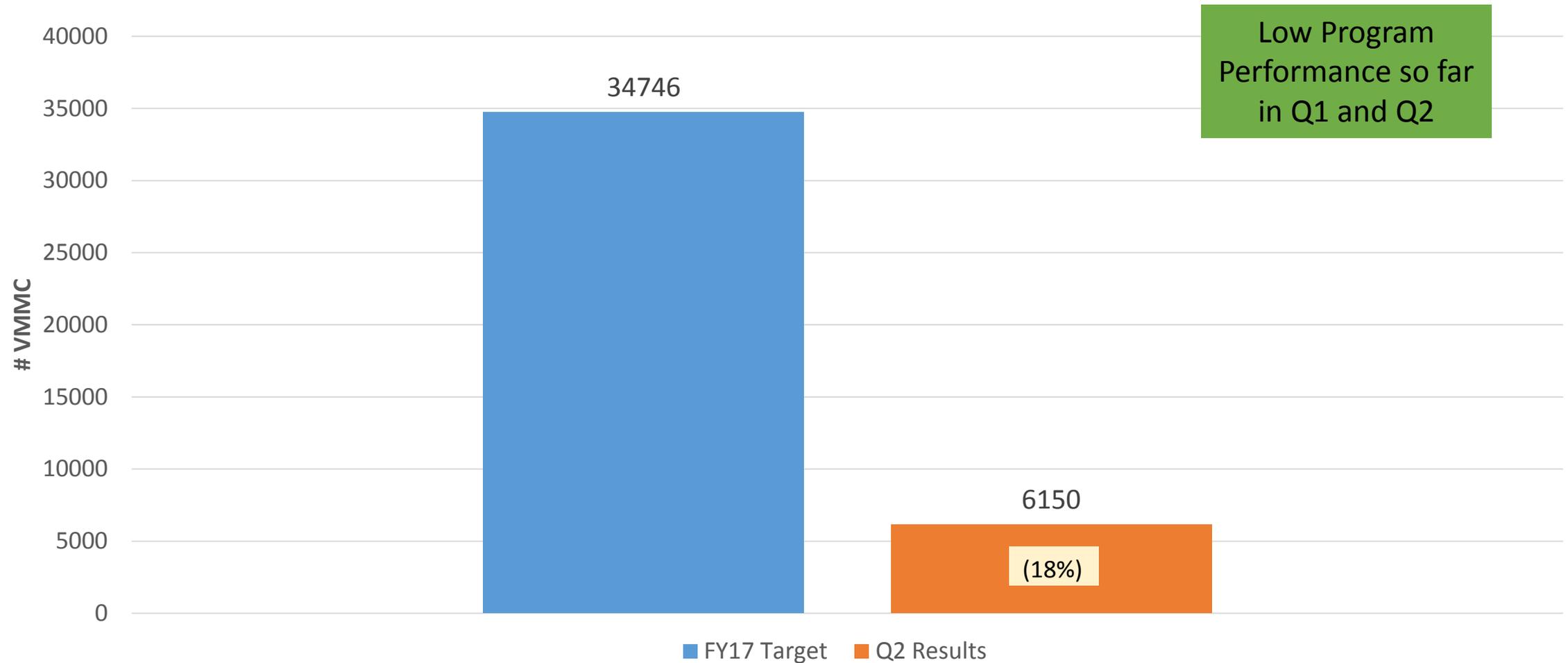
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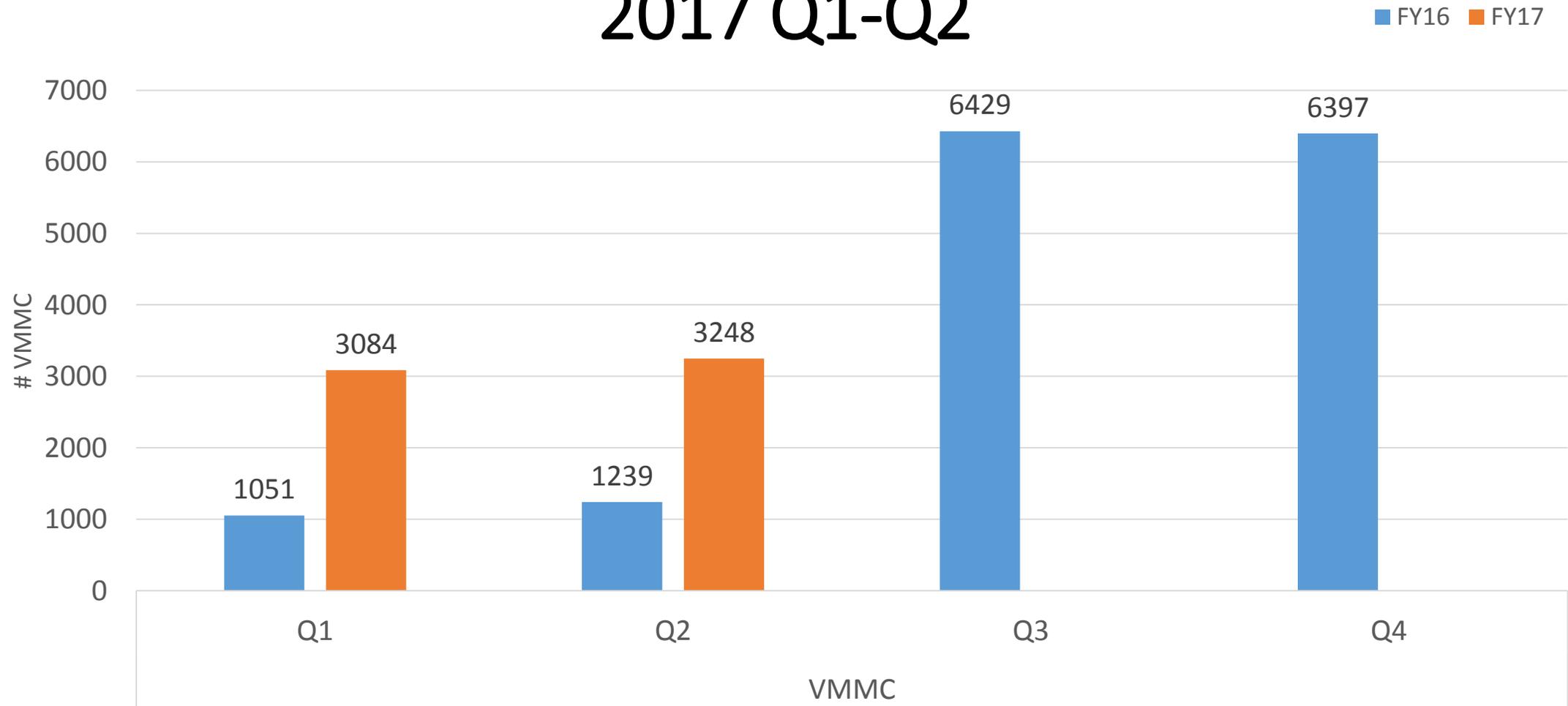
Programmatic Priorities and Targets for Prevention

- VMMC
- KP
- PrEP
- PP_PREV
- DREAMS
- OVC

Namibia FY 2017 Q1-Q2 VMMC Cumulative Results

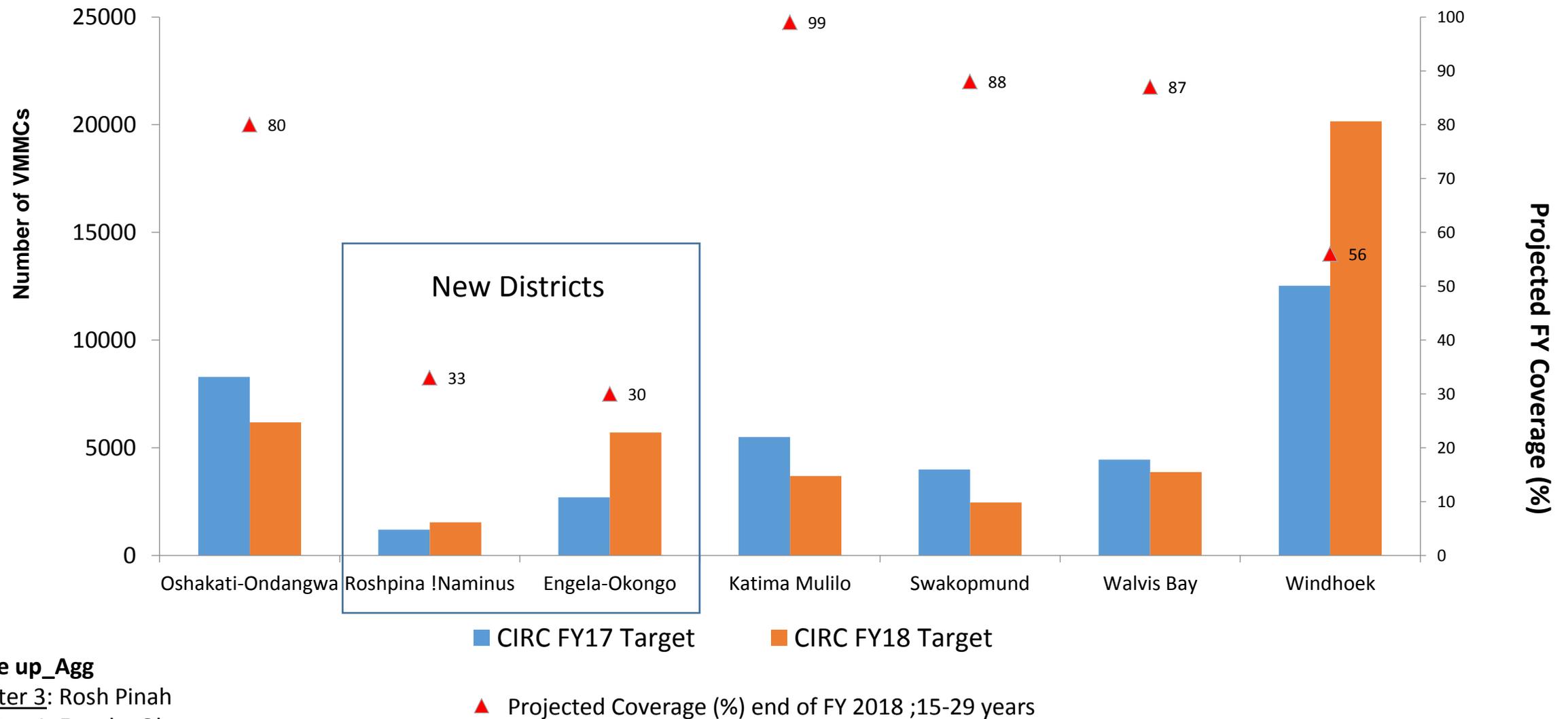


VMMC Performance FY16 Q1-Q4 and FY 2017 Q1-Q2



1. FY 2017 performance in each of Q1 and Q2 periods is about x3 higher than performance at similar times in FY16
2. About 85% of FY16 Results were achieved during Q3 and Q4 (Winter months and Dogg Campaign Period)

FY 2018 Direction for VMMC



Scale up_Agg

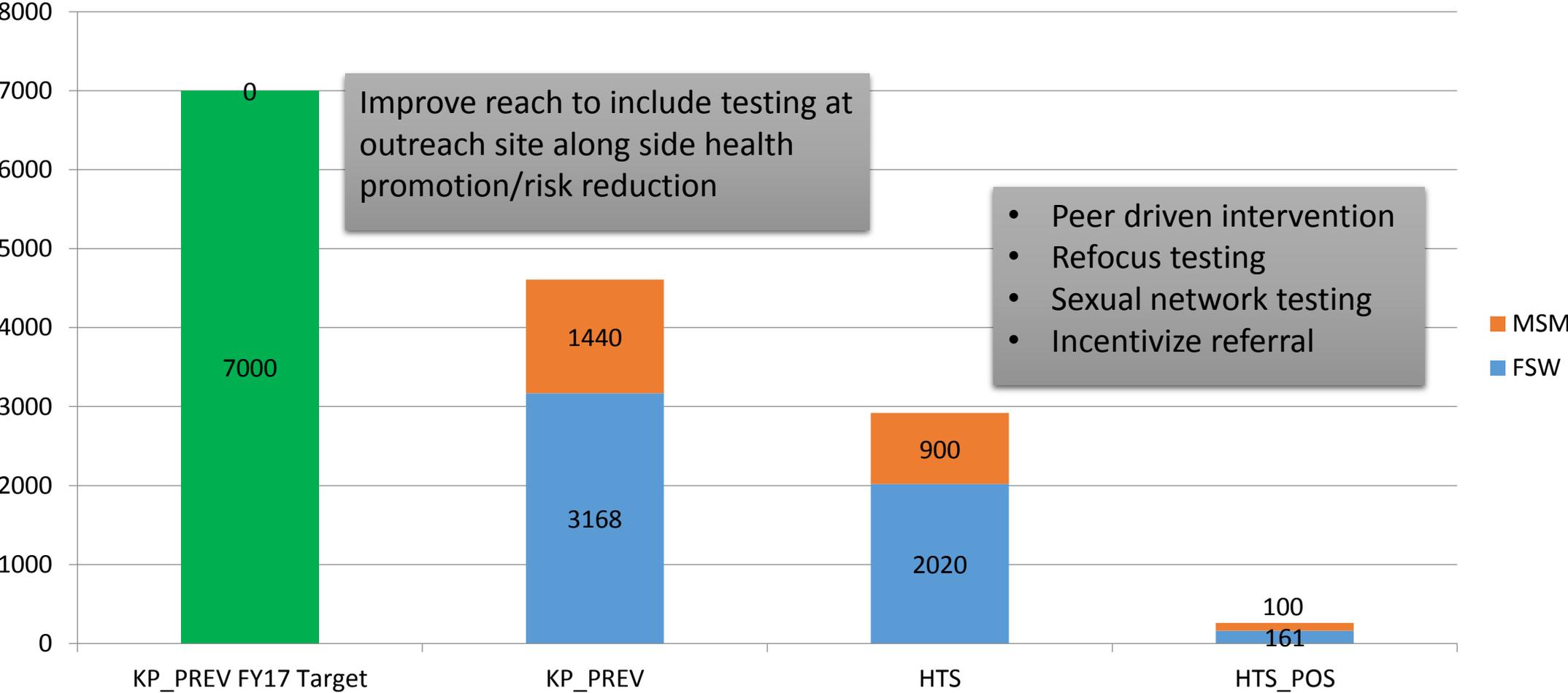
Cluster 3: Rosh Pinah

Cluster 4: Engela, Okongo

COP17 VMMC Strategies

- Strategic shift in priority districts as some begin to reach saturation (15-29yr)
- Inclusion of 10-14 age group in the targeted population
- Increased number of providers providing VMMC services
- Intensified mobilization through the Dogg Campaign; Social media, HEW and Peers education
- Maximize on opportunities gained through the school holiday seasons

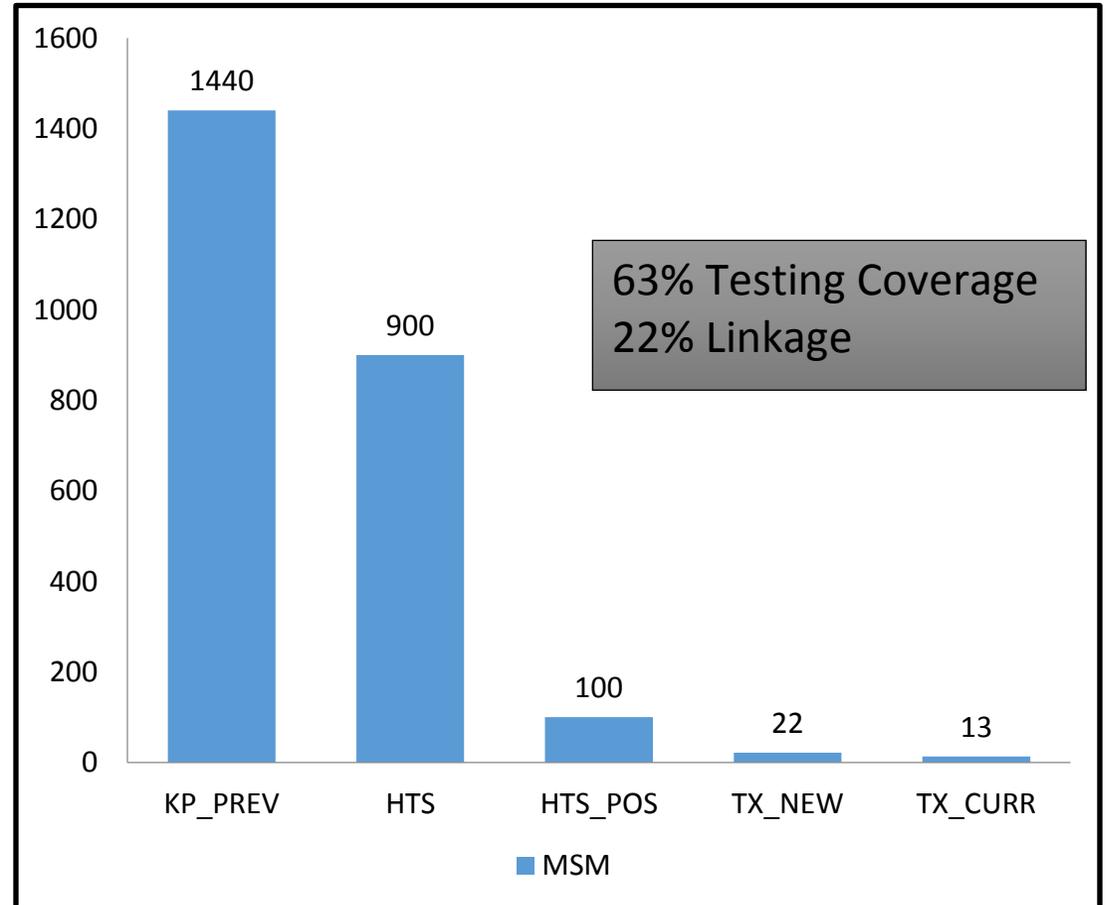
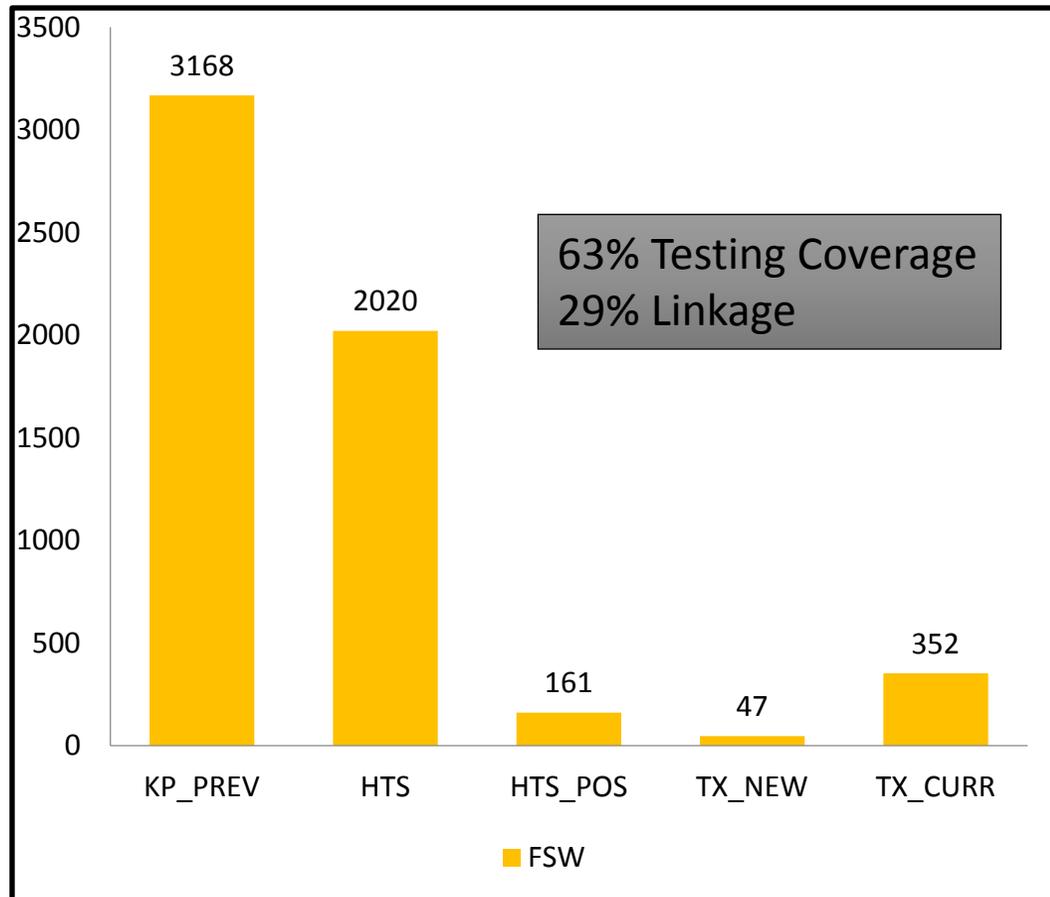
Key Population Performance Q1+Q2



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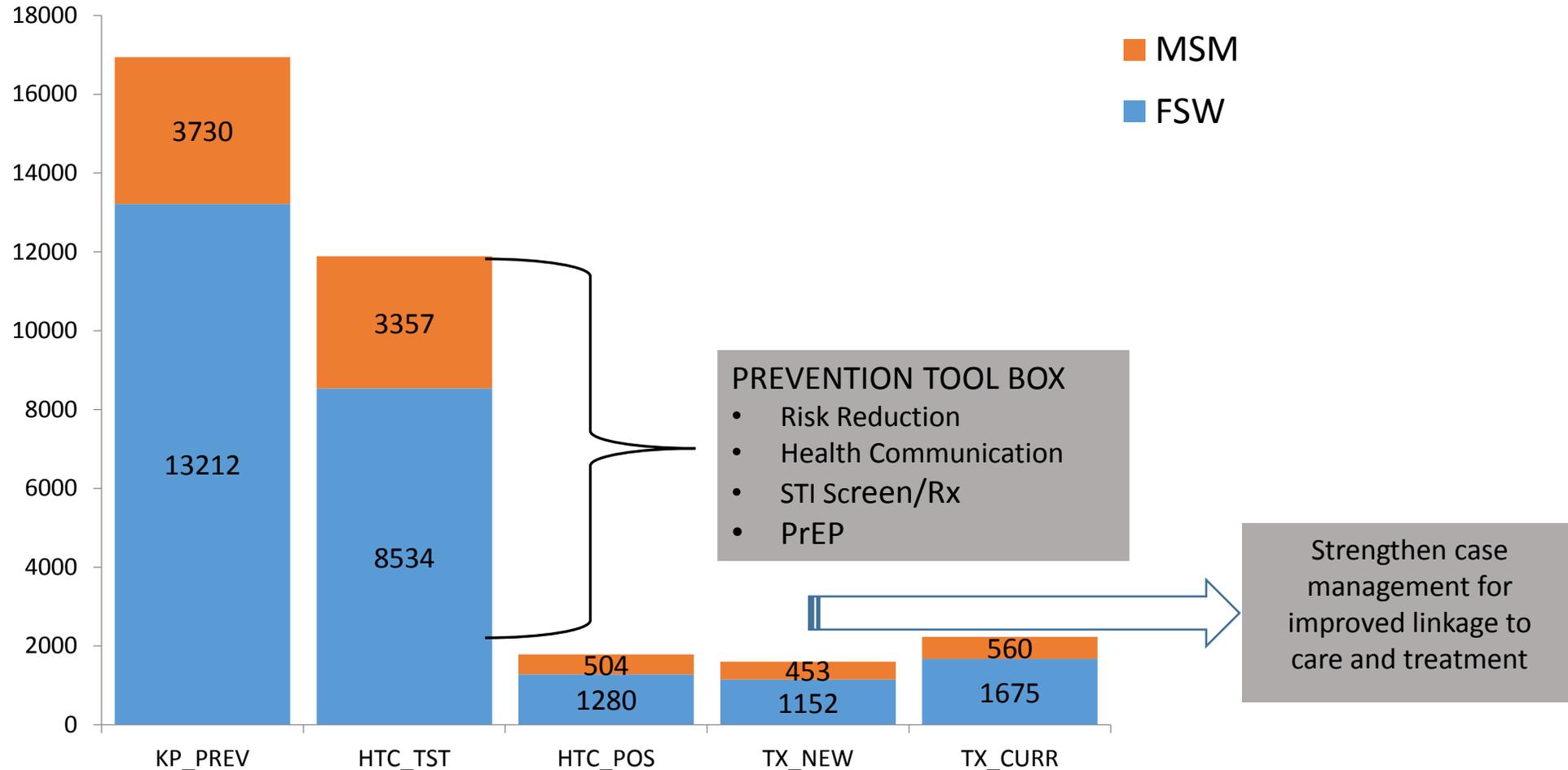
Clinical Cascade for Key Populations

FSW and MSM FY 2017 Q1-Q2



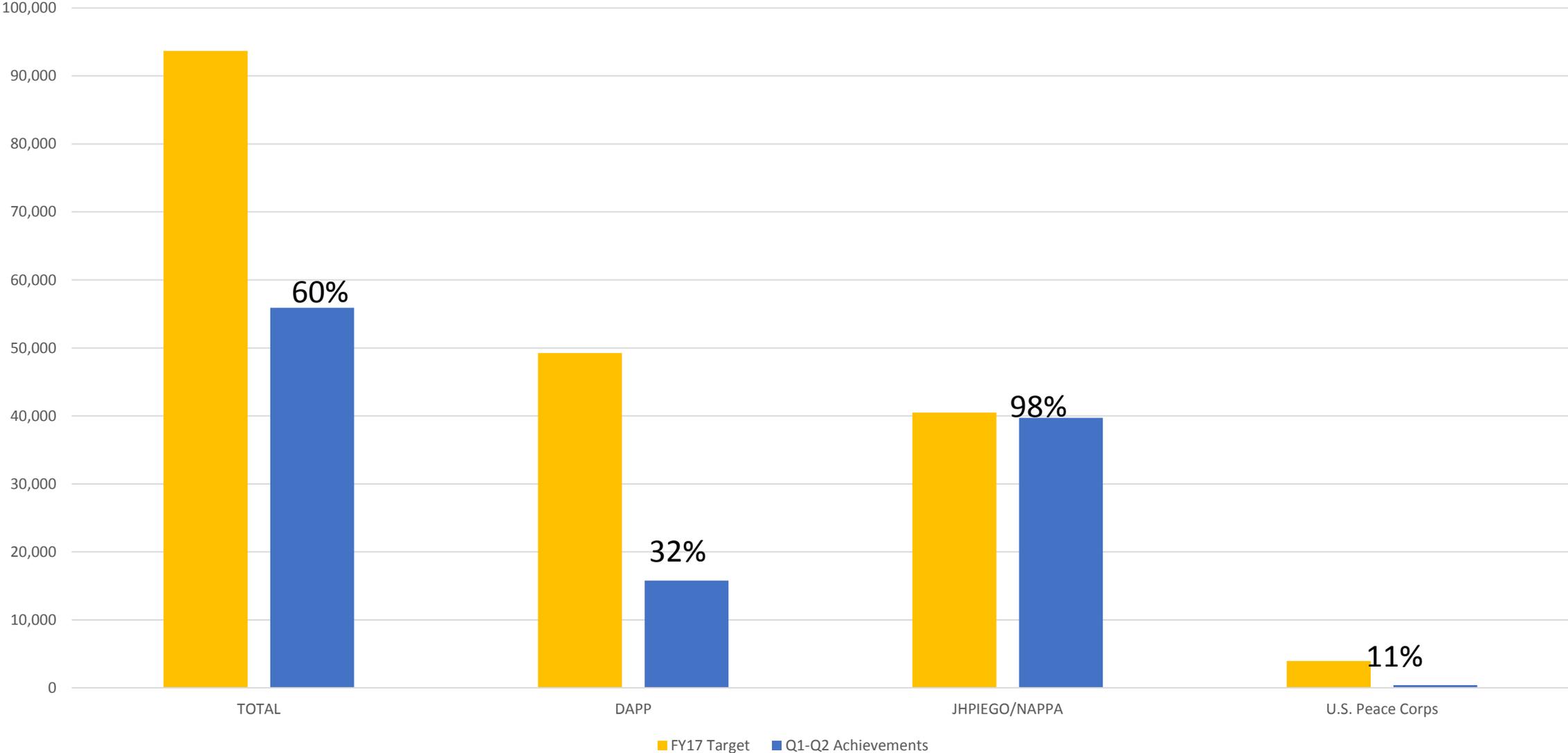
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FY 2018 Key Populations Targets



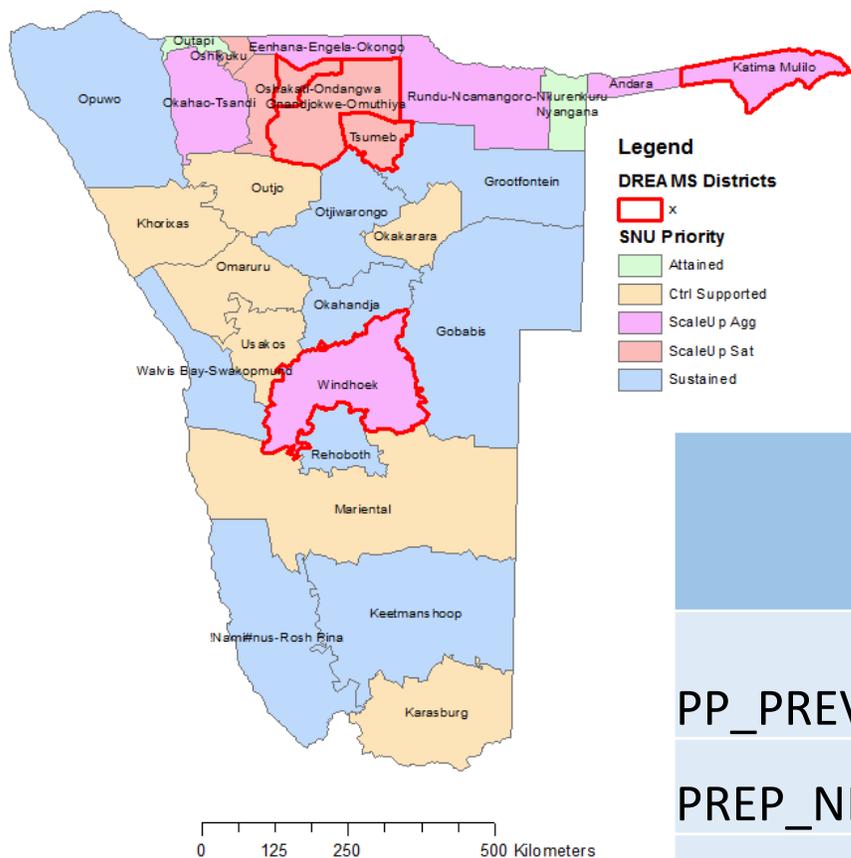
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FY 2017 Targets Vs Results Q1-Q2 PP_PREV



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DREAMS-Like Geographic Focus and Targets for FY 2018



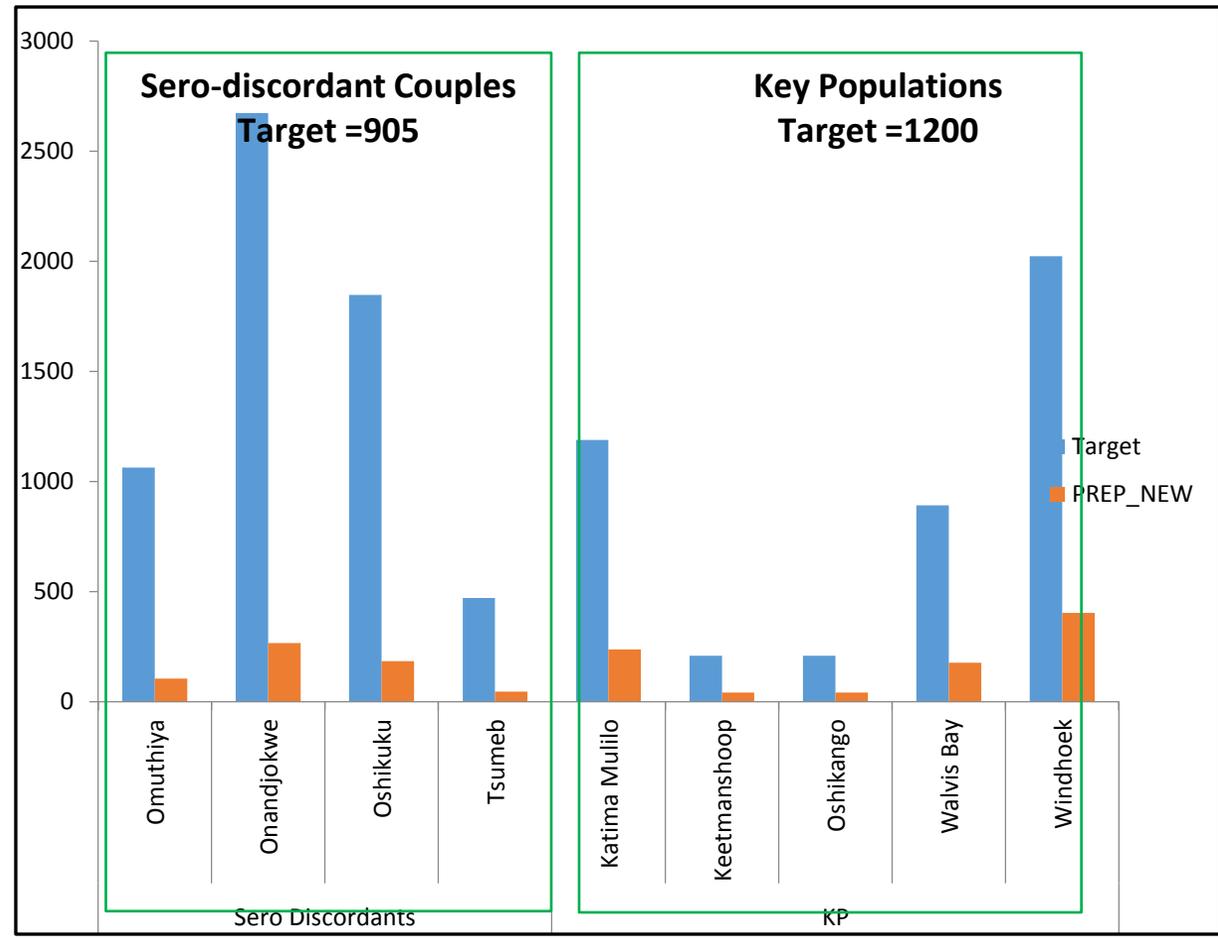
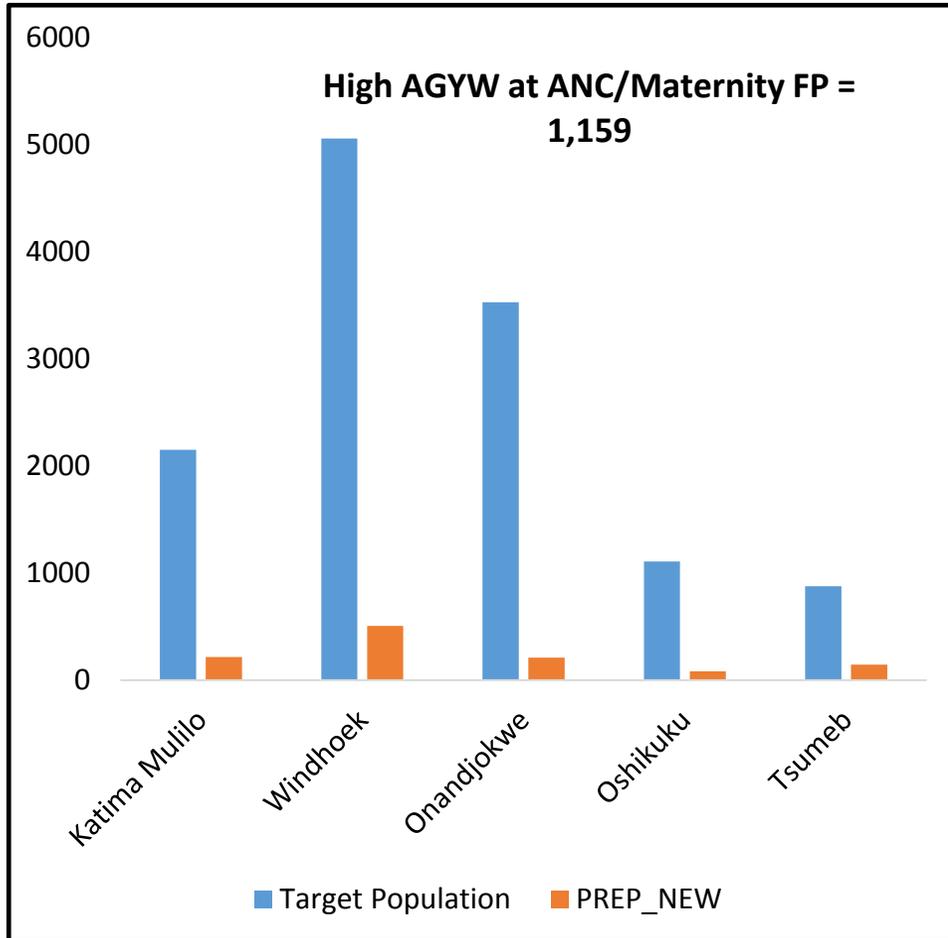
	Onandjokwe	Omuthiya	Tsumeb	Katima Mulilo	Windhoek	TOTAL
PP_PREV	6,451	2,547	4,175	5,759	12,879	30,811
PREP_NEW	210	84	144	215	506	1,053
GEND_GBV	210	84	144	200	200	838
OVC_SERV	2,839	1,925	1,837	1,945	1,945	10,491

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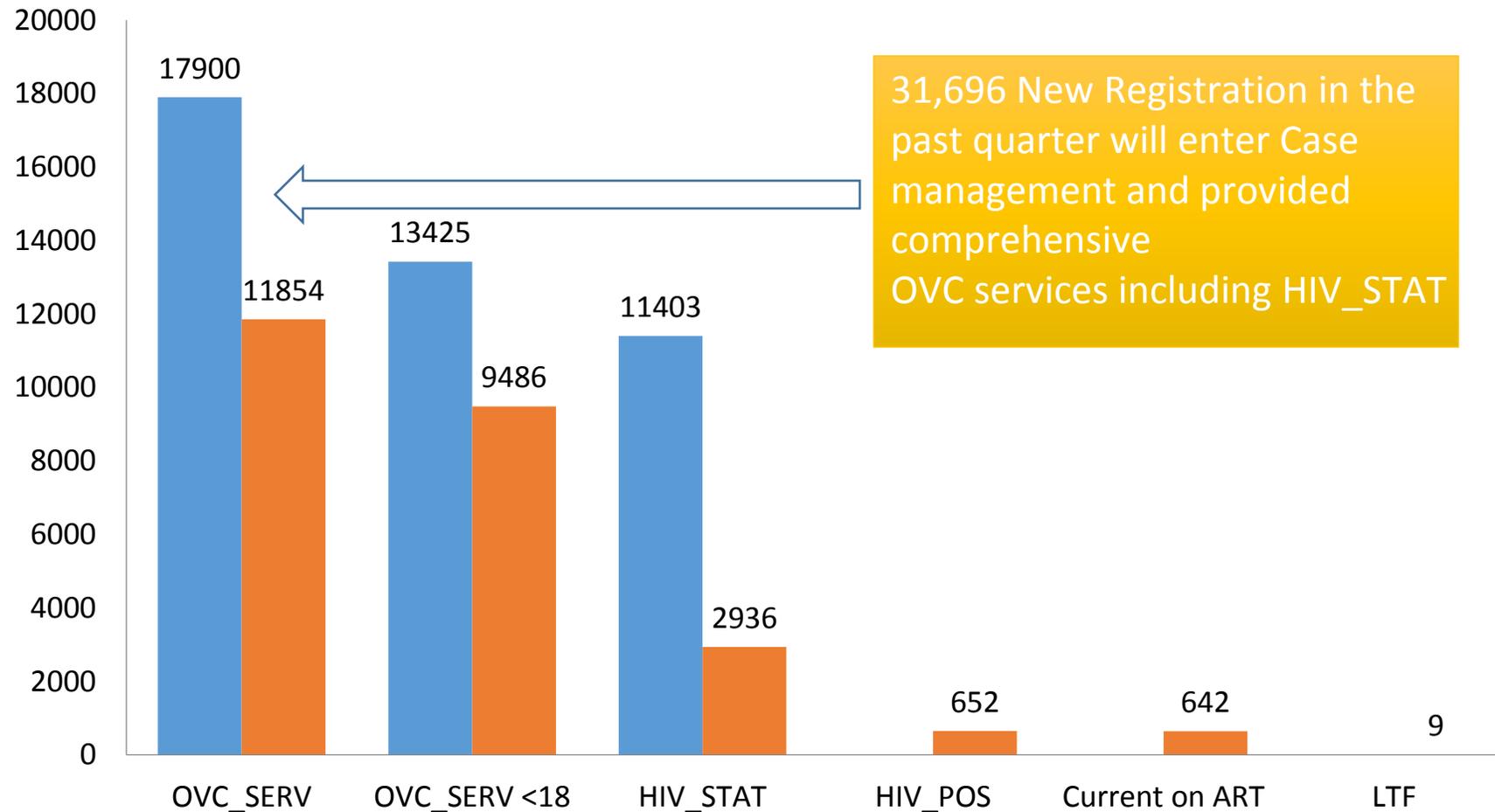
FY 2018 Layered DREAMS-like Activities by Age

Interventions	Females 9-14	Females 15-19	Females 20-24
Empower AGYW and risk avoidance/reduction	School-based HIV and GBV prevention education and social asset building via roving school nurses ; provision of reusable sanitary pads	School-based HIV and GBV prevention education and social asset building via school nurses ; provision of reusable sanitary pads Expand youth friendly SRH services PrEP for high risk adolescent girls	Expand youth friendly SRH services Improve contraceptive method mix Evidence based empowerment programming for young women PrEP for high risk young women
	Linkage to post-GBV clinical care and community support services; linkage to HTS ; Clinical and psychosocial care for post-GBV ; Demand creation for condoms with youth friendly condom promotion		
Strengthen Families	Parent/Family programs – Adult/child communication, GBV risk avoidance Linkages to Social Grants and OVC programs	Parent/Family programs – Parent/teen communication, GBV risk avoidance Linkages to Social Grants and OVC programs	Linkages to Social Grants and OVC programs
Mobilize communities for change	Community dialogue/targeting community leaders to identify and address norms that increase AGYW risk for HIV and violence including blessers and cross-generational relationships Mentoring/motivational programming addressing GBV and keeping girls in school		
Reduce risk of sex partners	Refer for HTS and VMMC		

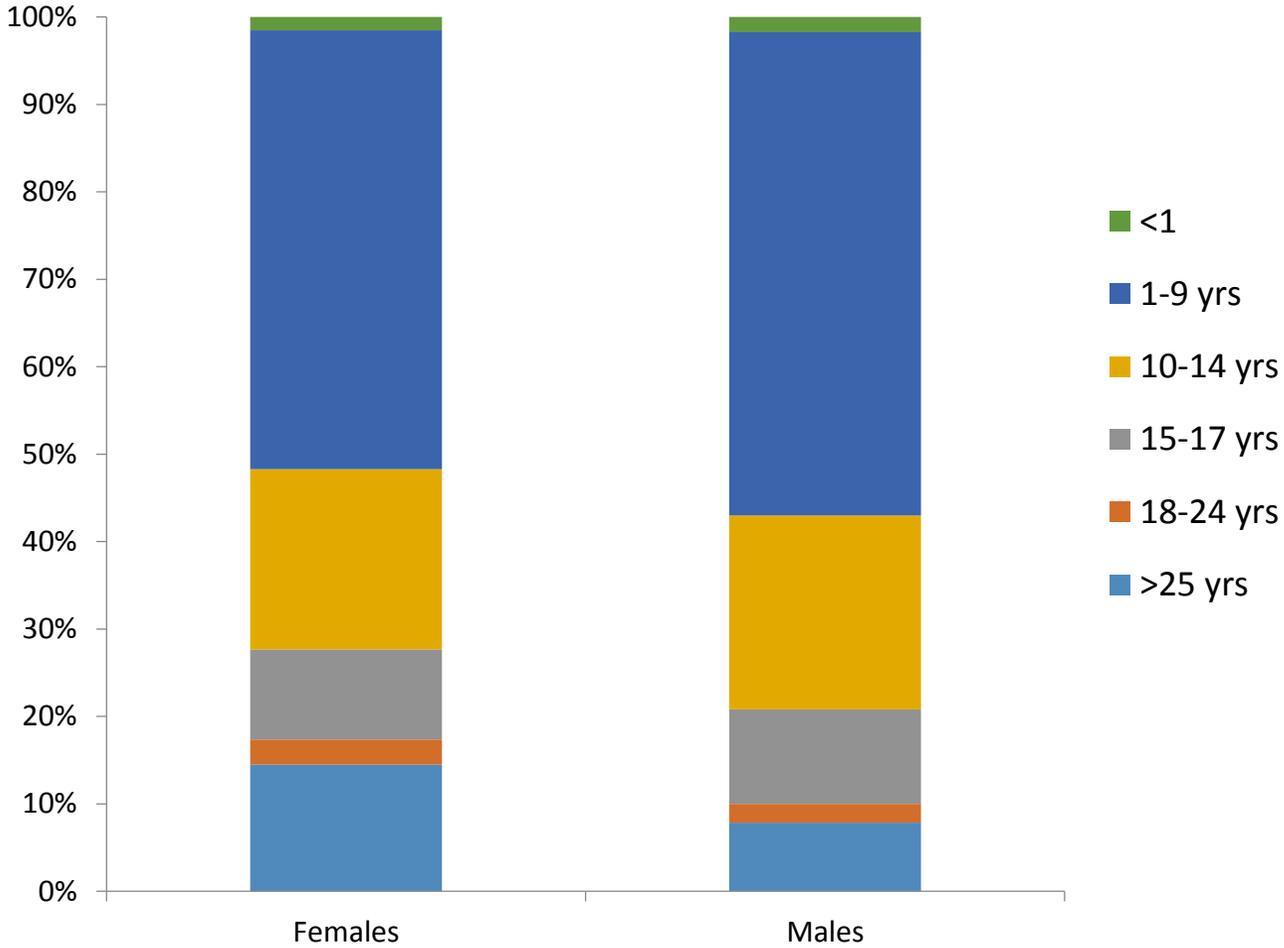
FY18 Direction for PrEP



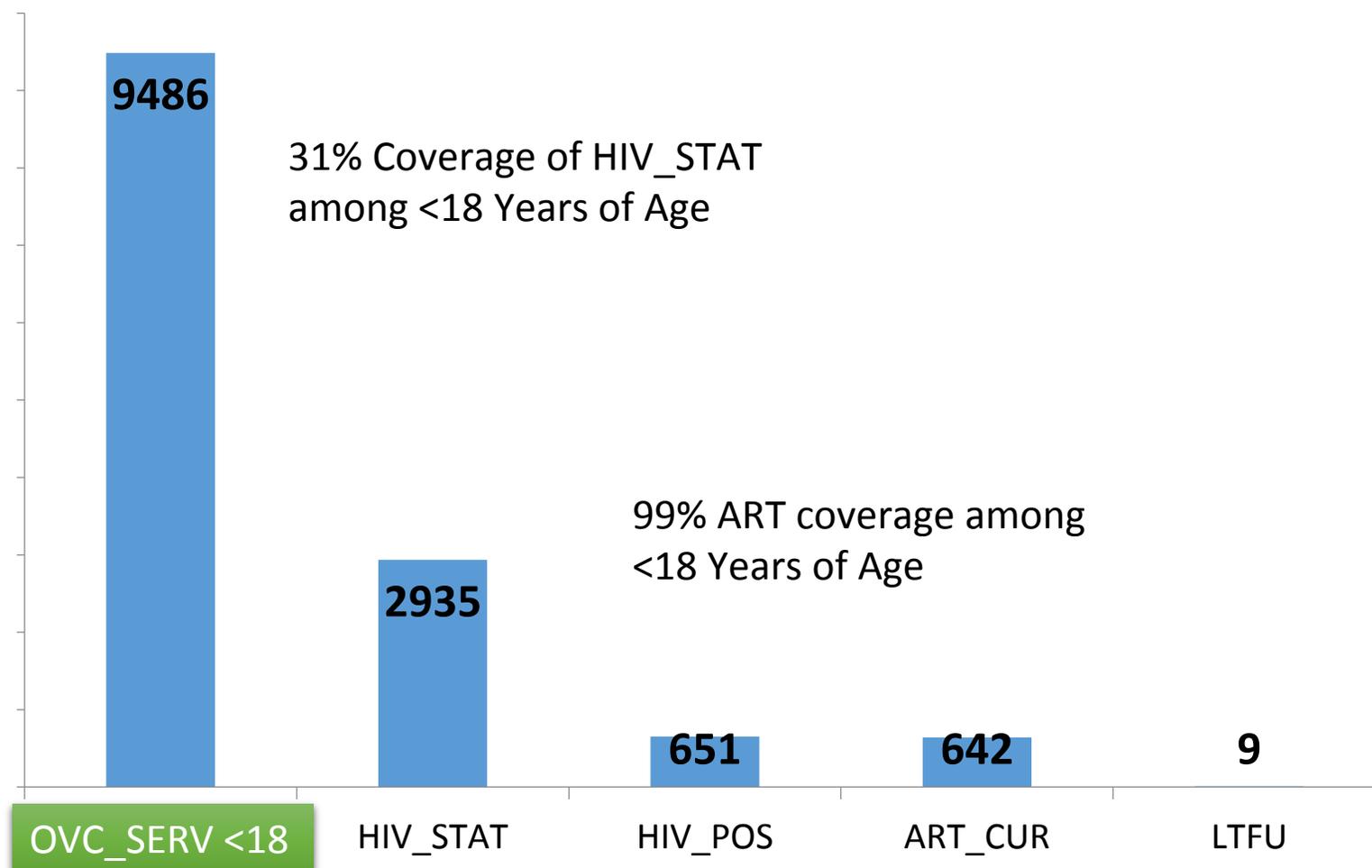
OVC Program Performance FY17 Q1 – Q2



OVC_SERV Distribution by Age and Sex



FY 2017 Performance: Targets vs Results



FY 2018 OVC Interventions

OVC Priorities

- Improve access to a comprehensive package of prevention/treatment services among 9-14 years
- Increase facility-community linkage for increased access to clinical services and social grants
- Expand HIV testing for OVC
- GBV interventions

OVC and DREAMS-like Layering

- Economic strengthening for caregivers and AGYW
- Evidence-based parenting programs
- Education support to help girls transition in secondary school
- Linkages to social protection efforts

Summary of FY 2018 Targets by Prioritization

Priority	HTS_Test	HTS_Pos	Tx_New	Tx_CURR	OVC_Serv	KP_Prev	PP_Prev	VMMC
TOTAL	342,968*	27,569*	31,040	193,218	35,021	13,212	150,709	43,603
Attained	10,570	585	760	10,862	2,008	0	7,547	0
Saturation	136,884	9,929	11,184	72,572	9,745	6,220	39,927	26,331
Aggressive	157,900	14,831	16,358	80,665	22,518	4,337	101,322	9,402
Sustained	37,615	2,225	2,739	29,120	250	2,655	1,663	7,870
Other	0	0	0	0	500	0	250	0

* Excluding PMTCT



Above-Site Investments

Above Site Level Funding by Program Gaps -FY 2018 (Table 6)

Key Programmatic Gap	COP 2016	COP 2017
Gap #1: Plateauing of current testing models in the scale-up districts	3,528,000	1,871,741
Gap #2: Low treatment coverage in scale-up districts	7,639,000	1,980,130
Gap #3: Need to scale up and sustain viral load suppression	2, 285,000	890,000
Test and Start	2,700,000	337,701
New and efficient service delivery models	1,600,000	0
Other system investments	700,000	2,827,227
Total	18,452,000	7,906,799

Above Site Level Funding : Strategic Direction- FY 2018

	Key Programmatic Gaps & Strategies
1st 90	GAP: Plateauing of current testing models in the scale-up districts <ul style="list-style-type: none">• Mini-SEARCH ; Partner testing• Outreach for Men Campaign; PITC-OPD;
2nd 90	GAP: Low treatment coverage in scale-up districts & Test and Start <ul style="list-style-type: none">• Same Day initiation ; NIMART• Pediatrics Center of excellence; ART reporting integration in DHIS2;
3rd 90	GAP: Need to scale up and sustain viral load suppression <ul style="list-style-type: none">• Viral Load result linked to Individual patient- Unique ID – Lab system; Pediatric Disclosure; Teen Clubs; Infant HIVDR
Sustained Epidemic Control	GAP: Inadequate system to support a sustained epidemic control <ul style="list-style-type: none">• Subnational HIV estimates; GRN Expenditure Tracking• OVC MER Study; Place Study• Regulation new ARV; Routinization of M&E for Key pop

Summary of Final PBAC and Budget

SUMMARY										
PEPFAR Budget Code	TBB	Commodities	Above	Site	PM,SI	M&O	Total	Applied Pipeline	Central funds	New
CIRC	\$4,559,146	\$1,059,572	\$133,333	\$325,752	\$1,845,504	\$71,805	\$7,995,112	\$0	\$4,014,136	\$3,980,976
HBHC	\$77,876	\$0	\$174,000	\$1,847,696	\$27,330	\$396,061	\$2,522,963	\$5,206		\$2,517,757
HKID	\$1,423,551	\$0	\$645,000	\$1,839,601	\$499,575	\$69,540	\$4,477,267	\$23,126		\$4,454,141
HLAB	\$0	\$0	\$20,000	\$752,889	\$0	\$157,402	\$930,291	\$0		\$930,291
HTXS	\$12,302,880	\$0	\$695,000	\$4,312,301	\$2,347,766	\$3,557,037	\$23,214,985	\$0		\$23,214,985
HTXD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
HVCT	\$1,439,117	\$104,800	\$297,741	\$884,720	\$478,682	\$434,653	\$3,639,713	\$0		\$3,639,713
HVMS	\$0	\$0	\$0	\$0	\$0	\$6,898,222	\$6,898,222	\$1,636,631		\$5,261,591
HVOP	\$716,138	\$0	\$711,034	\$3,960,000	\$251,319	\$95,283	\$5,733,774	\$83,449		\$5,650,325
HVSI	\$544,808	\$0	\$561,115	\$1,704,022	\$191,192	\$817,956	\$3,819,093	\$0		\$3,819,093
HVTB	\$860,145	\$0	\$287,600	\$1,450,000	\$301,855	\$760,907	\$3,660,507	\$0		\$3,660,507
IDUP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
MTCT	\$70,322	\$0	\$0	\$1,293,200	\$24,678	\$416,217	\$1,804,417	\$0		\$1,804,417
OHSS	\$323,198	\$0	\$561,056	\$740,000	\$113,422	\$257,362	\$1,995,037	\$0		\$1,995,037
PDCS	\$197,037	\$0	\$200,000	\$257,000	\$69,147	\$463,676	\$1,186,860	\$0		\$1,186,860
PDTX	\$523,435	\$0	\$495,130	\$613,976	\$183,692	\$1,019,662	\$2,835,896	\$0		\$2,835,896
HMBL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
HMIN	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
HVAB	\$0	\$0	\$0	\$1,600,000	\$0	\$0	\$1,600,000	\$0		\$1,600,000
TOTAL	\$23,037,653	\$1,164,372	\$4,781,009	\$21,581,157	\$6,334,163	\$15,415,783	\$72,314,136	\$1,748,412	\$4,014,136	\$66,551,588

PBAC v18

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

FY 2018 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Central Funds	Applied Pipeline	Total Planning Level
HHS/CDC	\$33,460,845	\$2,809,600	\$0	\$36,270,445
HHS/HRSA	\$300,000		\$0	\$300,000
Peace Corps	\$0		\$1,266,000	\$1,266,000
State	\$157,299		\$482,412	\$639,711
State/AF	\$100,000		\$0	\$100,000
USAID	\$32,533,444	\$1,204,536	\$0	\$33,737,980
TOTAL	\$66,551,588	\$4,014,136	\$1,748,412	\$72,314,136

PBAC v18

COP16 vs COP17 Budget Code Totals

	COP16	COP17	Change
CIRC	\$6,707,839	\$7,995,112	\$1,287,273
HBHC	\$1,991,784	\$2,522,963	\$531,179
HKID	\$2,742,838	\$4,477,267	\$1,734,429
HLAB	\$711,531	\$930,291	\$218,760
HTXS	\$21,229,807	\$23,214,985	\$1,985,178
HTXD	\$1,500,000	\$0	(\$1,500,000)
HVCT	\$3,611,068	\$3,639,713	\$28,645
HVMS	\$8,049,359	\$6,898,222	(\$1,151,137)
HVOP	\$2,365,348	\$5,733,774	\$3,368,426
HVSI	\$2,619,714	\$3,819,093	\$1,199,379
HVTB	\$2,348,398	\$3,660,507	\$1,312,109
IDUP	\$0	\$0	\$0
MTCT	\$1,433,756	\$1,804,417	\$370,661
OHSS	\$1,277,440	\$1,995,037	\$717,597
PDCS	\$839,247	\$1,186,860	\$347,613
PDTX	\$2,111,535	\$2,835,896	\$724,361
HMBL	\$0	\$0	\$0
HMIN	\$0	\$0	\$0
HVAB	\$173,471	\$1,600,000	\$1,426,529
TOTAL	\$55,673,935	\$72,314,136	\$16,640,201

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Earmark Allocations

- New FY 2017 funds allocated to care and treatment: **\$35,049,243**
 - COP17 requirement: \$35,049,243
- New FY 2017 funds allocated to OVC: **\$4,454,141**
 - COP17 requirement: \$2,561,323
- New FY 2017 funds allocated to water: **\$50,000**
 - COP17 requirement: \$50,000
- New FY 2017 funds allocated to GBV: **\$110,000**
 - COP17 requirement: \$110,000

Key updates since DCMM

CARE & TREATMENT

- Entry stream: data analysis led to modified pre-ART pool estimate from 15% to 7%
- Earmark changed from \$35,629,008 to \$35,049,243

TESTING

- Increased testing targets by 11,000
- Table 6 reallocation

DREAMS-Like

- Geographic refocus from 7 to 5 districts
- 9% decrease in PP_Prev target as per DREAMS Taskforce

THANK YOU!

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Partner Performance APR16

Partners	Development Aid from People to People, Namibia		IntraHealth International, Inc		Jhpiego DOD VMMC Project	Technical Assistance to provide High Quality VMMC		Maternal and Child Survival Program		KNCV Tuberculosis Foundation		Ministry of Health and Social Services		Project HOPE		Society for Family Health		PEACE CORPS NAMIBIA		University of Washington		HRSA/I-TECH		AIDSFree	
	Target	Achievement	Target	Achievement	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
HTC_TST	49500	118%	69199	92%				11000	165%			116711	75%	7000	99%	4700	488%			34032	105%				
HTC_TST_POS	2539	56%	5537	63%				550	131%			8014	72%	352	115%	490	203%			2171	96%				
KP_PREV														6500	114%										
PMTCT_ARV			1935	210%								8069	90%												
PMTCT_EID			1812	89%								7258	109%												
PMTCT_EID_POS			68	25%								287	59%												
PMTCT_FO												44676	100%												
PMTCT_STAT			11150	184%								8139	103%												
PMTCT_STAT_POS			2010	194%																					
PP_PREV	149999	21%						39000	128%									3700	953%						
TB_ART										2875	44%														
TB_STAT										8922	54%														
TX_CURR										40878	106%	59518	159%								17035	156%			
TX_NET_NEW																									
TX_NEW			4913	46%				500	0%			7276	102%							3086	109%				
TX_RET			35117	9%								59661	11%							17033	17%				
TX_UNDETECT			34523	37%																					
TX_VIRAL			1058	1019%																					
VMMC_CIRC							2500	71%														14002	55%	7500	81%
FY 2016 budget Spent		81%		72%		Central funds			78%		100%		66%		65%		40%					74%	Central funds		80%

<50-  <74-
 50-75  74-89
 >75  >90

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Partner Performance Monitoring

Annual: SIMS, Financial, Activity performance report

Quarterly: MER indicators, site visit report, Quarterly Performance Reviews

Monthly: Performance monitoring tool

Monthly Partner Monitoring Tool

Partner Name:

Previous Month 2	Previous Month 1	Current Month								
January	February	March								
Previous Month's Percent Achievement	Previous Month's Percent Achievement	Indicator	Description	Coarse Age Disag	Current Month's Achievement	Monthly Target*	% Achieved this Month	Cumulative Achievement	Annual Target	% Achieved by Year
		1 HTC_TST	Number of individuals who received HIV Testing Services and received their test results	Adult (15+yrs)			0%			0%
		2 VMMC_CIRC	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period				0%			0%
		3	#N/A				0%			0%
		4	#N/A				0%			0%
		5	#N/A				0%			0%
		6	#N/A				0%			0%
		7	#N/A				0%			0%
		8	#N/A				0%			0%

* this is equal to 1/12 of the annual target

What challenges have you encountered in reaching monthly targets?

New Epi Data to Inform FY 2018 Strategy and Beyond

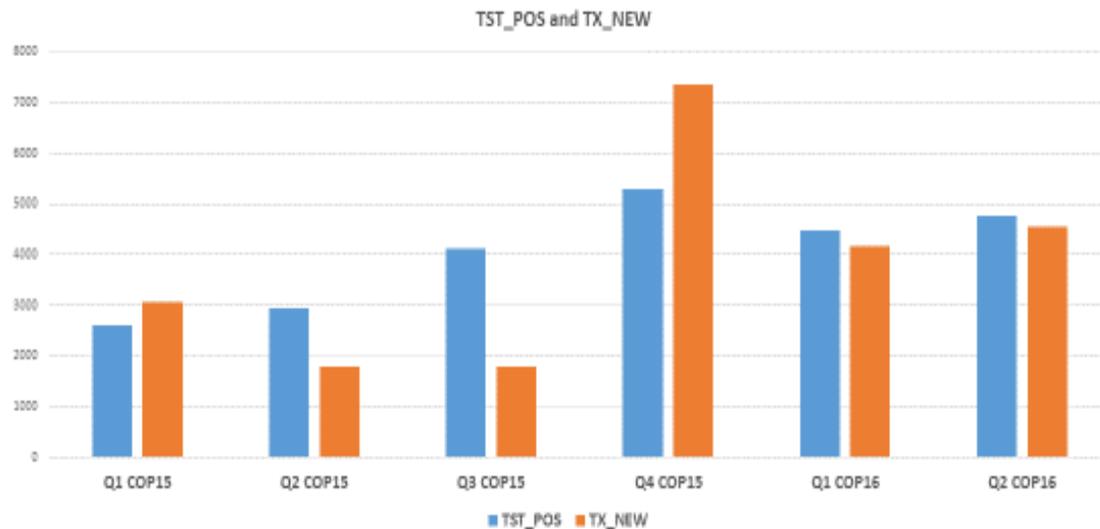
- **Small Area Estimation** (2016) to redistribute PLHIV estimates by districts within regions
- **NaMPHIA**



- Phase II **IBBSS** (Starts Nov 2017; Results end of FY 2018) will include respondent-driven sampling linked to peer-driven interventions for FSW and MSM/TG
- **VACS** (Begins early 2018; Results by April 2019)

Using Data to Improve Target Setting

Nearly all new positives are being initiated on ART



- After data review, realized the pool of pre-ART patients was smaller than anticipated
- Adjusted % of TX_NEW coming from pre-ART from 15% to 7%
- Increased Linkage assumption from 94% to 95%
- Increased HTS_TST by 17,000 and HTS_TST_POS by 3,000 to fill the gap