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INFORMATION MEMO FOR CHARGE JESSICA LONG, NAMIBIA

FROM: **S/GAC – Acting U.S. Global AIDS Coordinator, Principal Deputy Assistant Secretary, Dr. Angeli Achrekar, DrPH, MPH**

THROUGH: **Therese Wingate, S/GAC Chair and Elizabeth Baldwin, PEPFAR Program Manager**

SUBJECT: **Fiscal Year (FY) 2023 PEPFAR Planned Allocation and Strategic Direction**

Dear Charge Long,

First and foremost, I sincerely hope that you and your team are safe and healthy. I am extremely grateful for your leadership of the PEPFAR program and additional COVID-19 response efforts during this difficult year.

While countries around the world continue to manage the effects of the COVID-19 pandemic, and the U.S. government acts on its commitment of support, it is encouraging to see vaccines making their way around the globe. The COVID response efforts – and continued use of the PEPFAR platform to support testing and vaccine delivery and uptake at point of care settings - are essential to our ability to provide ongoing care and life saving support for people living with HIV. The PEPFAR program has faced many challenges as a program during this period. Nevertheless, the PEPFAR family and partners have carried the mission forward while enduring significant personal impacts of COVID-19. Despite these challenges, what remains true is the strength and resilience of PEPFAR in partnership with countries and communities – through our teams, and our programs in the midst of dueling pandemics.

Tremendous effort has been made by PEPFAR over the year to protect and accelerate the HIV gains, while leveraging the platform to respond to COVID-19 as well.

PEPFAR Country Operational Plan (COP 2022) (for implementation in FY2023) represents a pivotal year in PEPFAR, as several countries are reaching or approaching the agreed upon UNAIDS 95/95/95 benchmarks for attaining epidemic control. As countries approach these benchmarks, while pivoting from “scaling to close gaps” to “sustaining” epidemic control, we must ensure HIV program and population equity, address outstanding barriers that threaten to derail progress made in reducing new HIV infections and associated mortality, and tailor our programs to serve all populations.

This year it is particularly important to plan COP22 together with the country government, civil society, and multilateral partners. Across PEPFAR, the focus on equity requires vigilant attention to program data demonstrating results and gaps. A focus on equity also means a focus on population groups where our efforts to date have not closed gaps, and specific planning, resource allocation, and program tailoring are needed – depending on what the data reveal for each country – focusing on: children, adolescent girls and young women, and key populations.

While implementation continues, or in many cases, has started to scale up, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach COP22 planning and implementation:

1. Achieve and sustain epidemic control using evidence-based, equitable, people-centered HIV prevention and treatment services.
2. Support resilient and capacitated country health systems, communities, enabling environments, and local partners to build enduring capabilities.
3. Strengthen cooperation and coordination for greater impact, burden sharing, and sustainability.
4. Employ an equity lens with a persistent focus on reducing persistent inequalities experienced by children, key populations, and adolescent girls and young women.

I want to applaud the PEPFAR team for:

- Maintaining viral load coverage and increasing viral load suppression among men in spite of COVID-related challenges.
- Community-led Monitoring roll out with capacity building and data collection, including 1,729 individual interviews and 170 group interviews with initial results informing site level program quality assurance.
- Expanding access to PrEP, particularly for vulnerable key populations plus adolescent girls and young women.

As you will see in COP guidance this year, changes in program direction will vary depending on where countries are in reaching epidemic control and the continued COVID-19 mitigations efforts each team is facing. While assessing possible shortfalls in programming arising from COVID-19, overarching challenges still exist.

Together with the Government of Namibia and civil society leadership we have made tremendous progress on the HIV response. Namibia should be proud of the progress made over the past 18 years of PEPFAR implementation and we are deeply grateful for the ongoing and deep coordination with the Global Fund and UNAIDS. Namibia has been especially successful and is one of a number of countries to have achieved the UNAID 90-90-90 goals and effective control of the HIV epidemic. We now must work to sustain the HIV impact and begin the long-term, gradual transformation of the program including the merging, management, and oversight of HIV services in more intentional alignment and integration with domestic systems. COP 22 will represent the first step in this journey.

Despite the achievement of the UNAIDS high level goals, our work is not done. In COP22 guidance, changes in program direction will vary depending on where countries are in reaching epidemic control and the continued COVID-19 mitigations efforts each program is facing.

Specifically, more focus and attention should be given to the following key challenges in PEPFAR Namibia:

- Linkage rates among adults, have been consistently lower than targets
- TB case finding, with reporting and quality assurance for TB screening

- Data reporting and quality assurance for Cervical Cancer screening and treatment of pre-cancerous lesions

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP22 PEPFAR Planned Allocation and Strategic Direction Summary.

Consistent with the approach from years past, PEPFAR teams will once again be responsible for setting their own targets across PEPFAR program areas (with the treatment current target no less than the result that was to be achieved in COP 2021) in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's but flow directly from the partner country government's commitment to the UNAIDS and SDG 3 goals.

The PEPFAR COP 22 notional budget for Namibia is **$90,000,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program directives provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Government of Namibia and civil society of Namibia, believes is critical for the country's progress towards controlling the pandemic and maintaining control.

Finally, in alignment with efforts by the U.S. government to support diversity, equity, inclusion, and accessibility as well as to advance equity for underserved communities and prevent and combat discrimination or exploitation on the basis of race, religion, gender identity or sexual orientation, PEPFAR will work to ensure that these principles are upheld, promoted, and advanced in all PEPFAR programs and in how we do business.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will review this planning letter and details contained, herein, with your wider PEPFAR country team. Stakeholder engagement is essential for a productive and impactful planning process, and civil society engagement will continue to be an integral part of this planning process. Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual COP22 planning and approval process.

Once again, thank you for your continued leadership and engagement during the COP22 process.

Sincerely,

Angeli Achrekar

Attachment: **COP 2022 PEPFAR Planned Allocation and Strategic Direction Summary.**

CC: **S/GAC – Therese Wingate, S/GAC Chair and Elizabeth Baldwin, PEPFAR Program Manager**
Cary Spear, PEPFAR Namibia Coordinator

Overview: COP 2022 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly monitoring POARTs, as well as Headquarters Country Accountability and Support Teams (CAST) input, a thorough program review of your country over time has been conducted. This includes the end of year results of the Country Operational Plan (COP) 2020 and current COP 2021 implementation as we plan for COP 2022. We have noted the following key successes and challenges:

Successes

- PEPFAR Namibia continued growth in the number of individuals on HIV treatment in the midst of COVID-19 with decreasing interruption in treatment in FY2021. Focus use of SOPs for tracing and post-tracing services with targeted follow-up when needed to maintain high rates of TX_RTT and improve return to care in regions with lower rates of return.
- The program expanded access to PrEP, particularly for vulnerable key populations plus adolescent girls and young women. PEPFAR Namibia also is commended for progress made in supporting the Ministry of Health and Social Services to have a functional PrEP M&E system in order to effectively report on MOHSS PrEP data in FY2022.
- While reaching under 80% of targets due to COVID barriers, the Namibia VMMC program should continue reaching saturation and use successful adaptations responding to the ongoing COVID situation in COP20 and COP21. This includes innovations that ensured clients had minimal exposure to COVID-19 during services with an online appointment system, and utilizing mobile devices and social media platforms to increase demand for services in target age groups.

Challenges

- PEPFAR Namibia's linkage rates for adults continue to be below the expected target. This indicates a need to identify, tailor, and implement evidence-based strategies to improve linkage to treatment for groups and sites with lower results.
- A focus on strengthening TB case finding should seek to improve screening, identify specific gaps leading to low positive yield of TB cases, and ensure linkage to TB care (e.g., referrals made to TB clinics and are client records linked). Gaps remain in reporting TB laboratory test results, so data management should be assured, with reporting and monitoring systems in place before significant expansion of GenXpert use if planned.
- The cervical cancer program has good rates of treating women who screen positive for precancerous lesions; however the team should focus attention to assure quality for VIA, treatment and results interpretation to ensure most accurate data reporting, cervical cancer screening and treatment.

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

1. Optimized workforce support: Utilize the HRH inventory analysis, expenditure results and other data to consider opportunities to optimize human resources investment and deployment strategies.
2. Efficient use of resources: Continue to advance and utilize results of sustainable financing activities begun in COP21, with a focus on supporting efficiency of domestic spending and using Activity-Based Costing and other data to improve value for Government of Namibia HIV investments.

3. The two lowest scoring elements in the most recent 2021 Sustainability Index and Dashboard (SID) were Civil Society Engagement and Private Sector Engagement elements. All of the four Strategic Information elements as well as HRH and Service Delivery have consistently scored lower than other elements. These are all critical elements to consider strategies to strengthen and ensure sustained systems to deliver equitable, quality HIV programming. Please analyze the current portfolio of activities and consider opportunities for COP22 to address these elements to increase 2023 SID scores.
4. At this point in the program, PEPFAR funding should not be used to construct a new central medical stores warehouse, though consider opportunities to advocate for government resource mobilization and other donor, public and private sector resources to complement targeted efforts to improve person-centered supply chain modernization efforts.

SECTION 1: COP 2022 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2021 (EOFY) tool, and performance data, the total COP 2022 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

TABLE 1: All COP 2022 Funding by Appropriation Year

	Bilateral				Central				Total
	FY22	FY21	FY20	Unspecified	FY22	FY21	FY20	Unspecified	TOTAL
Total New Funding	$ 79,927,298	$ -	$ -	$ -	$ 803,000	$ -	$ -	$ -	$ 80,730,298
GHP-State	$ 78,439,798	$ -	$ -		$ 403,000	$ -	$ -		$ 78,842,798
GHP-USAID	$ -				$ 400,000				$ 400,000
GAP	$ 1,487,500				$ -				$ 1,487,500
Total Applied Pipeline	$ -	$ -	$ -	$ 9,269,702	$ -	$ -	$ -	$ -	$ 9,269,702
DOD				$ -				$ -	$ -
HHS/CDC				$ 8,039,769				$ -	$ 8,039,769
HHS/HRSA				$ -				$ -	$ -
PC				$ 660,534				$ -	$ 660,534
USAID				$ 569,399				$ -	$ 569,399
TOTAL FUNDING	$ 79,927,298	$ -	$ -	$ 9,269,702	$ 803,000	$ -	$ -	$ -	$ 90,000,000

SECTION 2: COP 2022 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

PEPFAR Namibia should plan for the full Care and Treatment (C&T) level of $35,474,300 and the full Orphans and Vulnerable Children (OVC) level of $20,096,400 of the PLL across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

TABLE 2: COP 2022 Earmarks by Appropriation Year*

	Appropriation Year			
	FY22	FY21	FY20	TOTAL
C&T	$ 35,474,300	$ -	$ -	$ 35,474,300
OVC	$ 20,096,400	$ -	$ -	$ 20,096,400
GBV	$ 1,120,000	$ -	$ -	$ 1,120,000
Water	$ 50,000	$ -	$ -	$ 50,000

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

***Only GHP-State will count towards the GBV and Water earmarks*

TABLE 3: COP 2022 Initiative Controls: Each dollar planned in COP can belong to only one initiative. Most COP funding will be budgeted as Core Program. In general, initiatives other than Core Program are used to track activities/programs that cannot be tracked by the combination of program area and beneficiary alone. See Appendix 1 for more detailed information on initiatives.

	Bilateral	Central	TOTAL
Total Funding	**$ 89,197,000**	**$ 803,000**	**$ 90,000,000**
Core Program	$ 61,367,917	$ -	**$ 61,367,917**
Cervical Cancer	$ 1,000,000	$ -	**$ 1,000,000**
Condoms (GHP-USAID Central Funding)	$ -	$ 400,000	**$ 400,000**
DREAMS	$ 20,036,483	$ -	**$ 20,036,483**
OVC (Non-DREAMS)	$ 3,546,900	$ -	**$ 3,546,900**
USAID Southern Africa Regional Platform	$ -	$ 403,000	**$ 403,000**
VMMC	$ 3,245,700	$ -	**$ 3,245,700**

TABLE 4: Programmatic Controls: Programmatic controls are used to track programmatic directives that can be tracked by a combination of program area and/or beneficiary. Programmatic controls may overlap with Initiatives, for example PrEP for Adolescent Girls and Young Women may count towards both the DREAMS Initiative and the PrEP (AGYW) programmatic control. See Appendix 1 for more detailed information on programmatic controls.

	Bilateral	Central	TOTAL
Total Funding	**$ 2,420,800**	**$ -**	**$ 2,420,800**
PrEP (AGYW)	$ 2,420,800	$ -	**$ 2,420,800**

TABLE 5: State ICASS Funding

	Appropriation Year
	FY22
ICASS	$ 162,628

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

SECTION 3: PAST PERFORMANCE – COP 2020 Review

TABLE 6. COP OU Level FY21 Program Results (COP20) against FY22 Targets (COP21)

Indicator	FY21 result (COP20)	FY22 target (COP21)
TX Current <15	6,221	8,345
TX Current 15+	190,177	198,635
VMMC 15+	17,784	23,000
DREAMS (AGYW PREV)	55,259	38,547
Cervical Cancer Screening	20,189	48,686
TB Preventive Therapy	17,823	68,048

TABLE 7. COP 2020 | FY 2021 Agency-level Outlays versus Approved Budget

OU/Agency	Approved COP/ROP 2020 Planning Level	Total FY 2021 Outlays	Over/Under Outlays
Namibia	**$90,032,323**	**$82,215,766**	**$7,816,557**
HHS/CDC	$49,135,051	$42,997,922	$6,137,129
HHS/HRSA	$650,000	$649,672	$328
PC	$1,741,834	$372,847	$1,368,987
State	$591,742	$434,310	$157,432
USAID	$33,163,696	$33,741,294	-$577,598
USAID/WCF	$4,750,000	$4,019,721	$730,279
Grand Total	**$90,032,323**	**$82,215,766**	**$7,816,557**

TABLE 8. COP 2020 | FY 2021 Results & Expenditures

Agency	Indicator	FY21 Target	FY21 Result	% Achievement	Program Classification	FY21 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	135,206	445,699	323%	HTS Program Area	$3,168,181	84%
	HTS_TST_POS	5,957	15,901	267%			
	TX_NEW	7,241	13,070	181%	C&T Program Area	$22,008,334	53%
	TX_CURR	280,828	268,659	96%			
	VMMC_CIRC						
	OVC_SERV						
PC	HTS_TST						
	HTS_TST_POS						
	TX_NEW						
	TX_CURR						
	VMMC_CIRC						
	OVC_SERV	1,696					
USAID	HTS_TST	36,221	31,188	86%	HTS Program Area	$650,694	100%
	HTS_TST_POS	455	1,323	291%			
	TX_NEW	1,253	1,292	103%	C&T Program Area	$3,867,656	93%
	TX_CURR	2,223	2,169	98%			
	VMMC_CIRC	22,695	17,786	78%	VMMC Beneficiary	$0	N/A
	OVC_SERV	53,172	50,050	94%	OVC Beneficiary	$3,348,699	97%
					Above Site Programs	$5,188,653	N/A
					Program Management	$13,351,379	N/A

SECTION 4: COP 2022 DIRECTIVES

The following section has specific directives for COP 2022 based on program performance noted above. Please review each section carefully including the minimum program requirements.

Minimum Program Requirements (MPR)

All PEPFAR programs – bilateral and regional– must ensure the following minimum program requirements are in place. Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g. facility, school, community). Evidence demonstrates that lack of any one of these policies/practices significantly undermines HIV impact and results in inefficient and ineffective programs.

All PEPFAR programs are expected to meet all of the requirements below, and the COP22 Planning Meeting will include a review of the status of each requirement, including assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met

by the time of the COP22 Planning Meeting, the PEPFAR OU team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2023. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY2023 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table below.

TABLE 9. COP 2022 (FY 2023) Minimum Program Requirements

Care and Treatment
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to uninterrupted treatment across age, sex, and risk groups. Status: In Process Issues or Barriers: While significant progress has been made, same day initiation on treatment for newly identified HIV positive patients is 84% and within 7 days it is 90%. Linkage proxy rates remain consistent over several quarters around 80%.
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens. Status: In Process Issues or Barriers: Pediatric optimization was slowed due to delayed stock arrivals. It is now moving again with stock arrivals in mid-2021.
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups. Status: In Process Issues or Barriers: The majority of patients are on 3+MMD, while 6MMD continues to increase dependent on stock availability.
4. All eligible PLHIV, including children and adolescents, should complete TB preventive treatment (TPT), and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Status: In process Issues or Barriers: There is high TPT coverage; however there is a need to improve TB case finding through improved screening.
5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks. Status: In process Issues or Barriers: Progress has been delayed by disruptions due to COVID-19, including limited ability to conduct site visits, and to on-board trained staff for coordinator positions.
Case Finding
6. Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent should be offered testing for HIV.

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	Status: In process Issues or Barriers: Offer rates for children of index cases continues to be suboptimal, though the release of the MOH circular on testing HIV-exposed children in 2020 has increased pediatric trends.
Prevention and OVC	
7.	Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices) Status: In process Issues or Barriers: Relatively strong performance given COVID-19 disruptions, but need to continue to scale PrEP for AGYW, KPs, and partners of index clients.
8.	Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 10-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV. Status: Completed
Policy & Public Health Systems Support	
9.	In support of the targets set forth in the Global AIDS strategy and the commitments expressed in the 2021 political declaration, OUs demonstrate evidence of progress toward advancement of equity, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, and other vulnerable groups. Status: Completed
10.	Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services affecting access to HIV testing and treatment and prevention. Status: Completed
11.	OUs assure program and site standards, including infection prevention & control interventions and site safety standards, are met by integrating effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) practices into site and program management. QA/CQI is supported by IP work plans, Agency agreements, and national policy. Status: Completed
12.	Evidence of treatment literacy and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other partner country leadership offices with the general population and health care providers regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention. Status: Completed
13.	Clear evidence of agency progress toward local partner direct funding, including increased funding to key populations-led and women-led organizations in support of Global AIDS Strategy targets related to community-, KP- and women-led responses. Status: Completed
14.	Evidence of partner government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended. Status: In Process Issues or Barriers: While the Government of Namibia leads and funds the majority of the National Response,

economic growth has been weaker than expected and further compounded by COVID-19. This limits the Government's ability to continue to increase its funding toward public health and HIV.
15. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity. Status: In process Issues or Barriers: Patient mortality is captured in ePMS as a date of death; however the cause of death is not captured. This may change with the integration of the national eDeath registration system in Quantum ePMS and related patient management systems.
16. Scale-up of case surveillance and unique identifiers for patients across all sites. Status: In process Issues or Barriers: The unique patient identifier has slowed due to COVID-19. Additionally, legal and policy data security guidelines need to be drafted and approved.

In addition to meeting the minimum requirements outlined above, it is expected that Namibia will consider all the following technical directives and priorities. A full list of COP 2022 Technical Priorities and Considerations are listed in COP guidance and can be referenced in Section 6.

Table 10. COP 2022 (FY 2023) Technical Directives

Namibia –Specific Directives
HIV Testing Services
1. PEPFAR Namibia experienced improvements in index testing from FY2020 to FY2021 as evidenced by HTS_INDEX and HTS_INDEX_NEWPOS. Despite these notable increases, the program underperformed against its targets. Therefore, PEPFAR Namibia should continue to scale up index testing in a safe and ethical manner across all age-bands. Additionally, PEPFAR Namibia completed approximately 240 site assessments to ensure safe and ethical index testing across PEPFAR-supported sites. Per REDCap entries, only 11% of the sites fell below the cutoff that requires a follow up assessment. It is recommended that PEPFAR Namibia work with the implementing partners, MOHSS, and civil society to reassess if these sites have addressed the identified gaps to be compliant with the Safe and Ethical Minimum Standards. Sites not compliant should pause Index Testing until they meet these requirements. 2. PEPFAR Namibia had nearly a 15% increase in the number of HIV self-test kits distributed in FY2021 compared to FY2020. While it is important to budget appropriately, consider targeted use with case identification in gap populations, including integrating caregiver-assisted HIVST as a part of one option for index testing of positive females and positive males with partners of unknown status to screen their biological children <19 years of age at home. Furthermore, as COVID-19 continues to compromise case-finding gains in the facility and in the community, the use of HIVST becomes even more integral as an additional HTS strategy to ensure adequate coverage among persons at risk for HIV both in facilities and in communities. 3. Although supply chain issues experienced during three of the past four quarters led to multiple interruptions in EID testing, it is important to increase EID 0-2 months testing to 80% and focus efforts on improved EID testing coverage and early diagnosis of positive infants, increased results returned to caregiver, increased final test result of infant documented and results returned to the caregiver.
HIV Clinical Services

1. Review SOPs and targeted tracing and post-tracing services to maintain high rates of TX_RTT and improve return to care in regions that are showing lower rates of return.
2. Consider expanding access to differentiated service delivery models for people on ART who can benefit and advance offer of 6 months multi-month dispensation as an option for all eligible clients to continue providing the program's strong focus on person-centered care.
3. Continue to identify opportunities and advance plans to integrate HIV clinical and prevention services, and quality management activities into the Ministry of Health and Social Services, and other Ministry and local structures, including into chronic care management. Capacitate the government to absorb services for people living with HIV over time.

HIV Prevention Services

1. PrEP for Key Populations and Adolescent Girls and Young Women: In COP 2022, PrEP should continue to be scaled up with a focus on ensuring policy and programmatic access to PrEP for higher incidence populations. Populations prioritized for PrEP should be tailored to the epidemic context with a focus on Key Populations (including sex workers, men who have sex with men, transgender people, people in prisons and other closed settings, people who inject drugs), adolescent girls and young women including pregnant and breastfeeding AGYW, and other identified higher-incidence populations.
2. As a leader in PrEP implementation to date, PEPFAR/Namibia should continue with planning and introduction activities to incorporate new PrEP products as they become ready for programming.

Recency

1. The team is congratulated for developing an SOP to facilitate data use and transmission hotspot identification, investigation, and response while also increasing coverage to over 30% of sites and 30% of HTS_POS in challenging circumstances. PEPFAR Namibia should continue planned expansion to ensure recency testing at additional ART sites, building on COP21 efforts and reaching additional sites to investigate potential transmission hotspots and work with the MOHSS to use results and address programmatic gaps.

OVC

1. Minimum requirements for OVC programs include actively facilitating testing for all children at risk of HIV infection, and linkage to treatment and, providing support and case management for vulnerable C/ALHIV. Based on FY21Q4 data, the proxy coverage of existing PEPFAR OVC programs in Namibia is 144% for TX_CURR <15 and 71% for TX_CURR <20 in OVC PSNUs. True coverage falls somewhere in between these two estimates since the OVC program enrolls C/ALHIV 17 years of age and younger. While crude, the "proxy coverage" provides an estimate of how well OVC partners are doing at reaching C/ALHIV current on treatment in the same geographic areas where they are providing OVC program services.

   It is important to also consider the total estimated coverage of OVC programs compared to the number of C/ALHIV current on treatment across the OU and supported by PEPFAR. For Namibia this is estimated at 126% for TX_CURR <15 and 63% for TX_CURR <20. As part of COP22 planning, all OUs with OVC programs should conduct analyses to understand how well the OVC program is geographically aligned with clinical programs/sites. OUs that do not already have a consensus definition for high-volume pediatric sites should reach out to their SI and PEDS, OVC liaisons for further guidance and support. Pending the results of these analyses, and key factors such as A/CLHIV population dispersion, shifts in geographic placement and target allocation for OVC partners may be necessary.

Other Government Policy, Systems, or Programming Changes Needed

1. Address structural barriers for Key Populations Service Delivery: COP 2022 plans should prioritize and take specific steps to address the structural barriers that impede scale up of KP-led and KP-competent differentiated HIV services, as well as the lack of robust data to guide key populations programming. To strengthen strategic information to guide KP responses, plans may include efforts to strengthen individual level data systems and analyses and address gaps in subnational data. Addressing structural barriers should entail improving the enabling environment for HIV service delivery; mitigating harmful policy and social norms that fuel stigma, discrimination and violence faced by key populations; strengthening the capacity of key populations organizations; and strengthening the KP competency of HIV service providers. PEPFAR teams should ensure they are coordinating strategically with relevant State and U.S. government units (e.g., DRL), partner government, multilateral, and other donor funding streams and institutions. As part of the new COP 2022 MPR, PEPFAR teams will be expected to describe and present their approach to improving KP data and addressing barriers to accelerated KP-centered HIV services during COP 2022 planning meetings.
2. Consider working with the government, Global Fund and others to advance a social contracting policy and a strategy for potential mechanism for CSO partners. Additionally, explore opportunities to promote social enterprise schemes that increase community ownership of programs by key populations.
3. Use HRH inventory analysis, expenditure and MER results with other available data to build on COP 2021 work supporting a human resources information system and consider opportunities to plan for optimized human resources investment and deployment.
4. Consider conducting a compensation analysis to assess alignment of partner-supported clinical and ancillary staff with government equivalent pay scales and identify where adjustments may be required to guide plans to sustain impact with increased local responsibility over time.
5. In COP 2022, consider initial support to advance a digital health platform and utilize results of the COP 2021 funded Health Information Systems Assessment with responsibility matrix, resource alignment and other available data to guide data systems investment prioritization and integration planning with the government of Namibia and other stakeholders – particularly for the availability and use of individual level data with unique identifier for clinical management, program monitoring and public health response.

COP 2022 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

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

Civil society organizations are essential and to be invited to participate in the virtual COP22 strategic retreats, planning meetings, as well as approval meetings. In particular, engagement with local CSOs at the country-level is required and should begin early and continue during the entirety of the COP planning, monitoring, and implementation process.

This engagement of civil society, including faith-based organizations/faith communities, specifically includes the sharing of FY 2021 Q4 and FY 2021 Annual Program Results (APR), analyses, and the convening of an in-country planning retreat with local stakeholders, no later than the week of February 7, 2022, in order to introduce and discuss all COP 2022 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2022. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund, with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In March 2022, PEPFAR will convene virtual meetings where outstanding decisions will be discussed and finalized. In addition to partner country representatives, the meetings will also include representatives from local and international civil society and community organizations, faith-based organizations/faith communities, private sector, and multilateral partners. Specific guidance for the 2022 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP 2022 development, finalization, and implementation. As in COP 2021, the draft Strategic Direction Summary (SDS) is required to be shared with both CSO and FBO stakeholders for their input and comments at least 7 days prior to submission to S/GAC. Please refer to the COP 2022 Guidance for a full list of requirements and engagement timelines. In addition, a more detailed timeline for sharing key data visualizations and other information with stakeholders is forthcoming.

Community-led Monitoring (CLM)

In addition to prescribed and routine engagement during PEPFAR's annual business cycle, including around COP planning and quarterly POART processes, all PEPFAR programs are required to develop, support, and fund community-led monitoring (CLM) in close collaboration with independent, local civil society organizations and host country governments. Community-led monitoring in COP22 should build on prior activities in COP21 and be designed to help PEPFAR programs and health institutions pinpoint persistent problems, challenges, barriers, and enablers to effective client outcomes at the site level. In addition to being data-driven and action-oriented, CLM should continue to ensure indicators are defined by communities and health service users, and data should be additive and not a duplicate collection of routine data already available to PEPFAR through MER or SIMS. New in COP22, PEPFAR-supported community-led monitoring programs must include an explicit focus on key populations. CLM should be utilized to advance equity and to support improvement in programs, especially for populations who have not yet fully experienced the benefits of HIV epidemic control. For example, OUs with pediatric care and treatment programs should consider utilizing CLM to track and ensure accountability for child, adolescent, and family-centered care.

APPENDIX 1: Detailed Budgetary Requirements

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Care and Treatment: Each OU's COP/ROP 2022 minimum requirement for the care and treatment earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2022 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2022 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

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

Orphans and Vulnerable Children (OVC): Each OU's COP/ROP 2022 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2022 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

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

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. Generalized epidemic countries which do not meet the 50 percent threshold must provide a brief written justification in FACTS Info, explaining the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors.

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

Numerator

Prevention: primary prevention of HIV and sexual violence

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

+

Prevention: community mobilization, behavior, and norms change

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

Denominator

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

+

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

+

50 % Prevention: Not disaggregated (all populations)

Gender Based Violence (GBV): Each OU's COP/ROP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2022** funding programmed to the GBV cross-cutting code. Your COP/ROP 2022 earmark is derived by using the final COP/ROP 2021 GBV earmark allocation as a baseline. The COP/ROP 2022 planned level of new FY 2022 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Each OU's COP/ROP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2022 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2021 water earmark allocation as a baseline. The COP/ROP 2022 planned level of new FY 2022 funds for water can be above this amount; however, it cannot fall below it.

Initiative Controls: Table 3 shows initiative controls where S/GAC has directed funding for a set of activities that cannot be accounted for through program areas and/or beneficiaries alone. These controls can be exceeded without a control change, but a control change would be required before a lower level for these activities can be planned.

The four initiative controls below (**Cervical Cancer**, **DREAMS**, **OVC (non-DREAMS)**, and **VMMC**) have been assigned to the appropriate OUs. For OUs where these controls are designated in the PLL, the amounts reflect the minimum required. These initiative controls can be exceeded without a control change, but a control change request would be required before a lower level for these activities can be planned.

Cervical Cancer - This initiative provides funding for all activities related to cervical cancer screening and diagnosis and treatment of precancerous cervical lesions for women living with HIV as outlined in the COP Guidance.

DREAMS - The DREAMS initiative should capture all funding specifically allocated as DREAMS in the OU's planning level and must be used for the goal of HIV and sexual violence prevention among adolescent girls and young women (AGYW) ages 10-24 years (unless otherwise approved) in approved DREAMS SNUs in accordance with the DREAMS and COP Guidance. The DREAMS initiative can also include prevention interventions in DREAMS geographic areas for girls and boys aged 10-14 which may be cost shared with the OVC (non-DREAMS) initiative as noted in the COP guidance.

OVC (non-DREAMS) - OVC (non-DREAMS) is a new initiative in COP/ROP 2022. OUs should use the initiative to budget for OVC (non-DREAMS) programming, including all OVC comprehensive activities as outlined in the COP Guidance. The OVC (non-DREAMS) initiative should include ASP, SE, and PREV costs (except PrEP and VMMC) linked to any OVC beneficiary (including sub-beneficiaries such as OVC caregivers). As the initiative is new for COP/ROP 2022, OUs should pay particular attention to funds programmed under OVC (non-DREAMS) to ensure that the current cohort of children enrolled in the comprehensive program receive continuity of care for FY 2023. The OVC (non-DREAMS) initiative can also include prevention interventions for girls and boys aged 10-14 which may be cost-shared with the DREAMS initiative as noted in the COP guidance. The OVC (non-DREAMS) initiative cannot be met with any HTS, C&T, PM or commodities costs.

VMMC - All services and equipment related to providing surgical and ShangRing VMMC for boys/men ages 15 and above, and ShangRing circumcision only for boys age 13 and 14 years, should be budgeted using the VMMC initiative.

While the CLM initiative does not appear in PLL budget tables, as CLM remains a requirement in COP/ROP 2022 for all OUs, each OU is responsible for programming a portion of funds under the **Community-Led Monitoring** initiative.

Community-Led Monitoring - During COP/ROP 2020, PEPFAR invested in expansion of community-led monitoring, making it a requirement of all OUs, as a critical way to listen to community voices in assessment of program quality and design of client-centered services. Community-led monitoring remains a requirement in FY 2023.

In addition to the five initiatives above, S/GAC may also allocate funding to OUs under two additional initiative controls: **Condoms (GHP-USAID Central Funding)** and **One-Time Conditional Funding**. If the OU was designated to receive funding under either one or both these initiatives in COP/ROP 2022, Table 3 will reflect these amounts. Unless otherwise noted, country teams should meet these funding controls when programming in their FAST.

Condoms (GHP-USAID Central Funding) - This initiative control denotes the amount of GHP-USAID central funding the country team may use to procure male and female condoms, lubricants, and to ship these commodities to the OU. Any additional condoms and lubricants to be procured with PEPFAR funding should be budgeted in the FAST with bilateral funding.

USAID Southern Africa Regional Platform - This initiative is for the country's share of the costs to operate the USAID Southern Africa Regional Platform, which provides administrative and technical support for Angola, Botswana, Eswatini, Lesotho, and Namibia. These funds were previously planned as part of the bilateral COP funding, but are now budgeted and notified centrally, with country amounts included as central funding in the overall COP levels for Angola, Botswana, Eswatini, Lesotho, and Namibia. Only these 5 countries may use this initiative, and this initiative can only be used with central funding specifically provided as part of the PLL controls.

One-Time Conditional Funding - The release of any funding made available under this initiative is contingent upon the OU's ability to meet all requirements outlined in their final COP/ROP approval memo. OUs that fail to meet these minimum standards may be ineligible to receive these funds for programmatic implementation in FY 2023.

No control is set in the PLL for the **HBCU Tx** and **Surveillance and Public Health Response** initiatives, but OUs may include relevant funds under these initiatives instead of Core Program as appropriate.

All funding not attributed to one of the nine COP/ROP 2022 initiatives above should be attributed to the **Core Program** initiative.

For additional details on initiatives, see the PEPFAR Financial Classifications Reference Guide.

Programmatic Controls: Table 4 shows programmatic controls where S/GAC has directed funding for certain programmatic activities. These controls can be exceeded without a control change, but a control change would be required before a lower level for these activities can be planned. Since every dollar programmed in COP must belong to one initiative, programmatic controls will be a subset of one or more initiative controls, even if the standard Core Program initiative.

PrEP (AGYW) – The PrEP (AGYW) programmatic control tracks all funding budgeted under the Prevention – PrEP program area and sub-program area for the Females – Adolescent Girls and Young Women sub-beneficiary. The control encompasses both service delivery (SD) and non-service delivery (NSD) activities, inclusive of any commodities costs. OUs should tailor the distribution of funds to SD and NSD based on the country context prioritizing the provision of PrEP services and increasing the number of AGYW on PrEP wherever possible. Countries with a PrEP (AGYW) control should expect to program no more than 10 to 30 percent of their control as non-service delivery.

PrEP (KPs) – The PrEP (KPs) programmatic control tracks all funding budgeted under the Prevention – PrEP program area and sub-program area for all sub-beneficiaries under the KP beneficiary. The control encompasses both service delivery (SD) and non-service delivery (NSD) activities, inclusive of any commodities costs. OUs should tailor the distribution of funds to SD and NSD based on the country context prioritizing the provision of PrEP services and increasing the number of KPs on PrEP wherever possible. Countries with a PrEP (KPs) control should expect to program no more than 10 to 30 percent of their control as non-service delivery.

State ICASS: Table 5 shows the amount that the OU must program under State for ICASS Costs.

Funds Programmed under State/SGAC (S/GAC TBDs)

No funding may be programmed under State/SGAC without prior approval from S/GAC M&B. In general State/SGAC TBDs are only used in extraordinary and or unusual circumstances. To the degree that funding is approved, the rationale and any conditions attached to the funding will be documented by M&B. Any S/GAC TBDs approved during COP/ROP 2022 planning will require supplemental language in the OU's COP/ROP 2022 approval memo, clearly outlining the process for how these funds can be accessed. Any funds that have not been distributed to agencies before the end of FY 2023 may be subject to reprogramming in future planning cycles towards the same OU or another OU.

COP/ROP 2022 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

Whenever possible, all agencies within an OU should hold several months of pipeline at the end of COP/ROP 2022 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU COP envelope has increased in recent years, there may not be sufficient funding to maintain this buffer. With the exception of Dominican Republic, Ethiopia, Haiti, South Sudan, Zimbabwe, Asia Regional Program, and Western Hemisphere Regional Program, which should hold up to four months of pipeline, all other OUs are permitted to hold no more than three months of buffer pipeline.

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Any agency that anticipates ending COP/ROP 2021 implementation (end of FY 2022) with a pipeline in excess of three or four months is required to apply this excessive pipeline to COP/ROP 2022, decreasing the new funding amount to stay within the planning level.

Transitioning HIV Services to Local Partners

To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. In COP19 Guidance, PEPFAR set a goal that 40% of partners must be local by the end of FY19, and 70% by the end of FY20.While considerable progress was made in this effort, the 70% mark was not achieved by all agencies in all OUs, and thus in FY22 and FY23, teams must continue to prioritize this so that the 70% goal can be realized. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY23 as appropriate through their COP/ROP 2022 submission.