



UNCLASSIFIED

May 27, 2021

MEMO FOR LISA JOHNSON, U.S. AMBASSADOR TO NAMIBIA

SUBJECT: PEPFAR Namibia Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Namibia Country Operational Plan (COP) 2021 planning, development, and submission. PEPFAR Namibia, together with the partner government, civil society, and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, informed by further data-driven decisions made during the in-country retreat and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Namibia COP 2021 with a total approved budget of \$94,900,000, 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:

| | New Funding (All Accounts) | Pipeline | Total Budget FY 2022 Implementation |
|------------------|----------------------------|-------------------|-------------------------------------|
| TOTAL | 83,456,676 | 11,443,324 | 94,900,000 |
| Bilateral | 83,056,676 | 11,443,324 | 94,500,000 |
| Central | 400,000 | | 400,000 |

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$94,900,000 without additional written approval. Any prior year funds that are not included within this COP 2021 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 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 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 2022– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to the country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders, and partners during the April 20-21, 2021 virtual planning meetings and participants in the May 11, 2021 virtual approval meeting and the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Namibia's COP 2021 will support PEPFAR Namibia, in partnership with the Government and the people of Namibia, to efficiently identify people living with HIV (PLHIV) through targeted testing, ensure all newly diagnosed PLHIV are immediately linked to treatment, and retain all PLHIV on treatment to achieve and maintain viral suppression. During COP 2021 implementation, PEPFAR Namibia will work to maintain epidemic control across all ages and sexes, with the overarching goal of ensuring 206,980 PLHIV are on life-saving treatment by the end of FY 2022. In order to achieve this goal, PEPFAR Namibia will newly enroll 7,994 PLHIV on treatment and ensure 198,354 of those currently on treatment (96%) are virally suppressed by the end of FY 2022. While PEPFAR Namibia's program supports all 14 regions of the country, intensive efforts will focus on the highest burdened regions along the Angolan border in the north and the capital region.

The PEPFAR Namibia strategy to be implemented during FY 2022 will focus on retaining PLHIV on ART and continuing to prevent new HIV infections through: (1) Continuing to provide support for orphans and vulnerable children (OVC) and increasing the number of children living with HIV (CLHIV) reached through the OVC program; (2) Refining and expanding the DREAMS program in the northern districts; (3) Safely increasing voluntary medical male circumcision (VMMC) for men over the age of 15 in the context of COVID-19 program recovery; (4) Linking populations at higher risk of acquiring HIV, i.e., key populations, adolescent girls young women, serodifferent couples, and pregnant and breastfeeding women, to prevention interventions, including pre-exposure prophylaxis (PrEP); and (5) Continuing to improve partner management through improved data use to sustain gains and retain patients in care in COP 2021.

PEPFAR funds for Namibia will also focus on improving retention and viral suppression through: (1) Optimized ART, including pediatric DTG-10 for eligible children; (2) Expanded patient-centered models, including multi-month dispensing, community based ART, and adherence groups; (3) Improved patient tracking for those who miss appointments; (4) Targeted support for diagnostic platforms with point-of-care viral load testing and early infant diagnosis; and (5) Strengthened site level experience of quality through health care worker trainings, community-led monitoring, and integrating programs such as MenStar to adapt services to better reach men where they are.

In COP 2021, PEPFAR Namibia will continue to prioritize sustainability in program interventions. Leveraging PEPFAR's close collaboration with the Ministry of Health and Social Services (MOHSS) to finalize the HIV sustainability framework, PEPFAR Namibia will continue to strengthen the human resources information system (HRIS), a key component of the

framework, helping to ensure strategic deployment and maintenance of the workforce who serve the treatment cohort. PEPFAR Namibia will also support the MOHSS to strengthen the commodity procurement system while supporting expanded access to optimized HIV prevention, treatment, and diagnostic products in Namibia.

All interventions will be aligned to the 2017-2022 Namibia National Strategic Framework for HIV, the UNAIDS 90-90-90 goals, WHO guidelines and global best practices, and the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020) and will be implemented in close collaboration with the Government of Namibia and other stakeholders.

During COP 2021, no significant shifts are planned for PEPFAR Namibia. Program interventions will continue to focus on closing the remaining gaps in the clinical cascade through targeted testing, further refining of program interventions, addressing barriers to prevention and treatment access among higher risk populations, including men who have sex with men, female sex workers, and transgender populations, and reducing mortality/morbidity through cervical cancer screening and expanding TB preventative therapy (TPT) among ART clients. PEPFAR Namibia will also continue to improve case-based surveillance by advancing the electronic medical record (EMR) system interoperability with other health information systems; a unique identifier is rolled out nationally; and recency testing is expanded and linked to the index testing program.

American Rescue Plan Act (ARPA) of 2021 Summary Description

This memo approves \$4,500,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$4,500,000 in ARPA funds, \$4,500,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

| Agency/OPDIV | ARPA Funds Programmed in COP21 FAST for COP21 Outlay | ARPA Funds To be Added to COP20 for COP20 Outlay | TOTAL ARPA Funds |
|---------------------|---|---|-----------------------------|
| TOTAL | \$4,500,000 | \$0 | \$4,500,000 |
| DOD | \$0 | \$0 | \$0 |
| HHS/CDC | \$2,385,000 | \$0 | \$2,385,000 |
| HHS/HRSA | \$115,000 | \$0 | \$115,000 |
| PC | \$0 | \$0 | \$0 |
| USAID | \$1,900,000 | \$0 | \$1,900,000 |
| USAID/WCF | \$100,000 | \$0 | \$100,000 |

Any ARPA funds not outlaid in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlaid during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID-19 to mitigate COVID-19 impact on PEPFAR programs and beneficiaries and to support

PEPFAR program recovery from the negative impacts of the coronavirus. Over the course of COP 2020 and COP 2021, the ARPA funds will support:

- The capacity of key above site interventions (supply chain management, laboratory, and strategic information) which have been severely strained by additional demands to support the COVID-19 outbreak, or noted emerging priorities due to COVID-19 impact.
- The acceleration of interventions and programming that have been disrupted by COVID-19 containment measures, which impacted implementation of both the prevention and treatment portfolios, including HIV testing, VMMC, viral load sample transportation and processing, interventions around gender-based violence, and services for vulnerable populations.

Recency

The implementation of the Recency activities has also been significantly delayed by COVID. Accordingly, any remaining Recency funds at the end of COP 2020 will be allowed to carry over into COP 2021. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 2021 envelopes will be updated to account for this carryover.

Funding Summary

All COP 2021 funding summarized in the charts 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.

| | Total | of which, Bilateral | | | | | | | | Applied Pipeline | Total COP21 Budget (Bilateral + Central) |
|----------------|------------|---------------------|------------|------------|-----|-----------|-----------|-----------|---|------------------|---|
| | | New Funding | | | | | | | | | |
| | | Total | FY 2021 | | | | FY 2020 | FY 2019 | | | |
| | Total | Total | GHP-State | GHP-USAID | GAP | ESF | GHP-State | GHP-State | | | |
| TOTAL | 94,500,000 | 83,056,676 | 83,056,676 | 77,069,176 | - | 1,487,500 | 4,500,000 | - | - | 11,443,324 | 94,900,000 |
| HHS Total | 52,417,647 | 47,258,468 | 47,258,468 | 43,270,968 | - | 1,487,500 | 2,500,000 | - | - | 5,159,179 | 52,417,647 |
| HHS/CDC | 51,302,647 | 46,143,468 | 46,143,468 | 42,270,968 | - | 1,487,500 | 2,385,000 | - | - | 5,159,179 | 51,302,647 |
| HHS/HRSA | 1,115,000 | 1,115,000 | 1,115,000 | 1,000,000 | - | - | 115,000 | - | - | - | 1,115,000 |
| PC Total | 1,741,834 | - | - | - | - | - | - | - | - | 1,741,834 | 1,741,834 |
| PC | 1,741,834 | - | - | - | - | - | - | - | - | 1,741,834 | 1,741,834 |
| STATE Total | 846,323 | 182,454 | 182,454 | 182,454 | - | - | - | - | - | 663,869 | 846,323 |
| State | 182,454 | 182,454 | 182,454 | 182,454 | - | - | - | - | - | - | 182,454 |
| State/AF | 663,869 | - | - | - | - | - | - | - | - | 663,869 | 663,869 |
| USAID Total | 39,494,196 | 35,615,754 | 35,615,754 | 33,615,754 | - | - | 2,000,000 | - | - | 3,878,442 | 39,894,196 |
| USAID, non-WCF | 35,794,196 | 31,915,754 | 31,915,754 | 30,015,754 | - | - | 1,900,000 | - | - | 3,878,442 | 35,794,196 |
| USAID/WCF | 3,700,000 | 3,700,000 | 3,700,000 | 3,600,000 | - | - | 100,000 | - | - | - | 4,100,000 |

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

| | Total | of which, Central | | | | | | | | Applied Pipeline | Total COP21 Budget (Bilateral + Central) |
|----------------|---------|-------------------|-----------|-----------|---------|-----|-----------|-----------|---|------------------|---|
| | | New Funding | | | | | | | | | |
| | | Total | FY 2021 | | | | FY 2020 | FY 2019 | | | |
| | Total | Total | GHP-State | GHP-USAID | GAP | ESF | GHP-State | GHP-State | | | |
| TOTAL | 400,000 | 400,000 | 400,000 | - | 400,000 | - | - | - | - | - | 94,900,000 |
| HHS Total | - | - | - | - | - | - | - | - | - | - | 52,417,647 |
| HHS/CDC | - | - | - | - | - | - | - | - | - | - | 51,302,647 |
| HHS/HRSA | - | - | - | - | - | - | - | - | - | - | 1,115,000 |
| PC Total | - | - | - | - | - | - | - | - | - | - | 1,741,834 |
| PC | - | - | - | - | - | - | - | - | - | - | 1,741,834 |
| STATE Total | - | - | - | - | - | - | - | - | - | - | 846,323 |
| State | - | - | - | - | - | - | - | - | - | - | 182,454 |
| State/AF | - | - | - | - | - | - | - | - | - | - | 663,869 |
| USAID Total | 400,000 | 400,000 | 400,000 | - | 400,000 | - | - | - | - | - | 39,894,196 |
| USAID, non-WCF | - | - | - | - | - | - | - | - | - | - | 35,794,196 |
| USAID/WCF | 400,000 | 400,000 | 400,000 | - | 400,000 | - | - | - | - | - | 4,100,000 |

GHP-State Funds: Upon the clearance of a FY 2021 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

ARP ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Namibia has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Namibia. Upon approval of this memo, the amounts below will become the new earmark controls for Namibia. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

| Earmarks | COP21 Funding Level | | | |
|--|---------------------|------------|---------|---------|
| | TOTAL | FY 2021 | FY 2020 | FY 2019 |
| Care & Treatment | 39,415,838 | 39,415,838 | - | - |
| Orphans and Vulnerable Children | 21,082,179 | 21,082,179 | - | - |
| Preventing and Responding to Gender-based Violence | 1,600,000 | 1,600,000 | - | - |
| Water | 50,000 | 50,000 | - | - |

| AB/Y Earmark | COP21 Funding Level | | | | |
|---|---------------------|-----------|---------|---------|------------------|
| | TOTAL | FY 2021 | FY 2020 | FY 2019 | Applied Pipeline |
| TOTAL Prevention Programming | 8,048,490 | 8,048,490 | - | - | - |
| Of which, AB/Y | 5,620,933 | 5,620,933 | - | - | - |
| % AB/Y of TOTAL Sexual Prevention Programming | 69.8% | 69.8% | N/A | N/A | N/A |

Initiatives by Agency

| | Total Central Applied Pipeline | Total Bilateral Applied Pipeline | Total Central - New Funding | Total Bilateral - New Funding | Total COP21 Budget |
|--|--------------------------------|----------------------------------|-----------------------------|-------------------------------|--------------------|
| TOTAL | - | 11,443,324 | 400,000 | 83,056,676 | 94,900,000 |
| <i>of which, Cervical Cancer</i> | - | - | - | 1,250,000 | 1,250,000 |
| <i>of which, Community-Led Monitoring</i> | - | - | - | 350,000 | 350,000 |
| <i>of which, Condoms (GHP-USAID Central Funding) (Central)</i> | - | - | 400,000 | - | 400,000 |
| <i>of which, Core Program</i> | - | 9,435,379 | - | 58,932,469 | 68,367,848 |
| <i>of which, DREAMS</i> | - | 575,172 | - | 20,121,311 | 20,696,483 |
| <i>of which, VMMC</i> | - | 1,432,773 | - | 2,402,896 | 3,835,669 |
| HHS Total | - | 5,159,179 | - | 47,258,468 | 52,417,647 |
| <i>of which, Cervical Cancer</i> | - | - | - | 1,250,000 | 1,250,000 |
| <i>of which, Community-Led Monitoring</i> | - | - | - | 350,000 | 350,000 |
| <i>of which, Core Program</i> | - | 5,159,179 | - | 45,658,468 | 50,817,647 |
| PC Total | - | 1,741,834 | - | - | 1,741,834 |
| <i>of which, Core Program</i> | - | 1,166,662 | - | - | 1,166,662 |
| <i>of which, DREAMS</i> | - | 575,172 | - | - | 575,172 |
| STATE Total | - | 663,869 | - | 182,454 | 846,323 |
| <i>of which, Core Program</i> | - | 663,869 | - | 182,454 | 846,323 |
| USAID Total | - | 3,878,442 | 400,000 | 35,615,754 | 39,894,196 |
| <i>of which, Condoms (GHP-USAID Central Funding) (Central)</i> | - | - | 400,000 | - | 400,000 |
| <i>of which, Core Program</i> | - | 2,445,669 | - | 13,091,547 | 15,537,216 |
| <i>of which, DREAMS</i> | - | - | - | 20,121,311 | 20,121,311 |
| <i>of which, VMMC</i> | - | 1,432,773 | - | 2,402,896 | 3,835,669 |

FY 2022 Target Summary

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FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

| Namibia | | Attained | SNU Prioritizations | | | | Total |
|----------------|--------------|----------------|-------------------------|-------------------------|-----------|------------------------|----------------|
| | | | Scale-Up: Saturation | Scale-Up: Aggressive | Sustained | Centrally Supported | |
| HTS_INDEX | <15 | 865 | - | - | - | - | 865 |
| | 15+ | 13,109 | - | - | - | - | 13,109 |
| | Total | 13,974 | - | - | - | - | 13,974 |
| HTS_TST | <15 | 1,900 | - | - | - | - | 1,900 |
| | 15+ | 127,900 | - | - | - | - | 127,900 |
| | Total | 129,800 | - | - | - | - | 129,800 |
| HTS_TST_POS | <15 | 516 | - | - | - | - | 516 |
| | 15+ | 7,669 | - | - | - | - | 7,669 |
| | Total | 8,185 | - | - | - | - | 8,185 |
| TX_NEW | <15 | 654 | - | - | - | - | 654 |
| | 15+ | 7,340 | - | - | - | - | 7,340 |
| | Total | 7,994 | - | - | - | - | 7,994 |
| TX_CURR | <15 | 8,345 | - | - | - | - | 8,345 |
| | 15+ | 198,635 | - | - | - | - | 198,635 |
| | Total | 206,980 | - | - | - | - | 206,980 |
| TX_PVLS | <15 | 7,899 | - | - | - | - | 7,899 |
| | 15+ | 190,455 | - | - | - | - | 190,455 |
| | Total | 198,354 | - | - | - | - | 198,354 |
| CXCA_SCRN | Total | 48,686 | - | - | - | - | 48,686 |
| OVC_SERV | <18 | 49,492 | - | - | - | - | 49,492 |
| | 18+ | 3,816 | - | - | - | - | 3,816 |
| | Total | 53,308 | - | - | - | - | 53,308 |
| OVC_HIVSTAT | Total | 26,180 | - | - | - | - | 26,180 |
| PMTCT_STAT | <15 | 72 | - | - | - | - | 72 |
| | 15+ | 86,020 | - | - | - | - | 86,020 |
| | Total | 86,092 | - | - | - | - | 86,092 |
| PMTCT_STAT_POS | <15 | - | - | - | - | - | - |
| | 15+ | 13,306 | - | - | - | - | 13,306 |
| | Total | 13,306 | - | - | - | - | 13,306 |
| PMTCT_ART | <15 | - | - | - | - | - | - |
| | 15+ | 13,241 | - | - | - | - | 13,241 |
| | Total | 13,241 | - | - | - | - | 13,241 |
| PMTCT_EID | Total | 13,348 | - | - | - | - | 13,348 |
| PP_PREV | <15 | 40,507 | - | - | - | - | 40,507 |
| | 15+ | 55,722 | - | - | - | - | 55,722 |
| | Total | 96,229 | - | - | - | - | 96,229 |
| KP_PREV | Total | 23,125 | - | - | - | - | 23,125 |
| KP_MAT | Total | - | - | - | - | - | - |
| VMMC_CIRC | Total | 23,000 | - | - | - | - | 23,000 |
| HTS_SELF | <15 | - | - | - | - | - | - |
| | 15+ | 67,519 | - | - | - | - | 67,519 |
| | Total | 67,519 | - | - | - | - | 67,519 |
| PrEP_NEW | Total | 28,460 | - | - | - | - | 28,460 |
| PrEP_CURR | Total | 32,721 | - | - | - | - | 32,721 |
| TB_STAT | <15 | 933 | - | - | - | - | 933 |
| | 15+ | 7,936 | - | - | - | - | 7,936 |
| | Total | 8,869 | - | - | - | - | 8,869 |
| TB_ART | <15 | 126 | - | - | - | - | 126 |
| | 15+ | 2,719 | - | - | - | - | 2,719 |
| | Total | 2,845 | - | - | - | - | 2,845 |
| TB_PREV | <15 | 3,000 | - | - | - | - | 3,000 |
| | 15+ | 65,048 | - | - | - | - | 65,048 |
| | Total | 68,048 | - | - | - | - | 68,048 |
| TX_TB | <15 | 8,999 | - | - | - | - | 8,999 |
| | 15+ | 205,975 | - | - | - | - | 205,975 |
| | Total | 214,974 | - | - | - | - | 214,974 |
| GEND_GBV | Total | 6,238 | - | - | - | - | 6,238 |
| AGYW_PREV | Total | 28,912 | - | - | - | - | 28,912 |

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

Partner Management and Stakeholder Engagement:

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Agreements made during COP 2021 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 (IP) on a regular basis to ensure achievement of targets, outcomes, and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up.

In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in a country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator.

Work plans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP work plans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. These elements (i.e., review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, IPs should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC of the options the agency is implementing to address partner non-performance, including options for a shift to new partners. 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 2021 implementation.

Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. 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.

Pending Congressional Approval