

**HIV AND AIDS
PARTNERSHIP FRAMEWORK**

2010/11 – 2015/16

A FIVE-YEAR FRAMEWORK DEVELOPED

BY

**THE GOVERNMENT OF THE
REPUBLIC OF NAMIBIA**

AND

**THE GOVERNMENT OF THE
UNITED STATES OF AMERICA**

**TO SUPPORT THE FURTHER DEVELOPMENT AND
IMPLEMENTATION OF THE NATIONAL RESPONSE TO
HIV/AIDS IN NAMIBIA**

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List of Acronyms

Annual Program Reviews	APR
Centers for Disease Control and Prevention	CDC
Civil Society Organization	CSO
Commercial Sex Workers	CSW
Community-based Organization	CBO
Community Systems Strengthening	CSS
Constituency AIDS Co-ordinating Committees	CACOCS
Country Coordinating Mechanism	CCM
Country Operational Plan	COP
Directorate of Special Programs	DSP
Early Infant Diagnosis	EID
Faith-based Organization	FBO
Family Planning	FP
Food Security and Nutrition	FSN
German Development Corporation	GTZ
Government of the Republic of Namibia	GRN
Global Fund to Fight AIDS, Tuberculosis and Malaria	GFATM
Healthcare Worker	HCW
Health System Strengthening	HSS
HIV Counseling and Testing	HCT
International Labor Organization	ILO
Male Circumcision	MC
Medium Term Plan 3	MTP III
Medium Term Review	MTR
Men who have sex with men	MSM
Ministry of Defence	MOD
Ministry of Education	MOE
Ministry of Gender Equality and Child Welfare	MGECW
Ministry of Health and Social Services	MOHSS
Ministry of Information and Communication Technology	MICT
Ministry of Regional and Local Government Housing and Rural Development	MRLGHRD
Monitoring and Evaluation	M&E
Most At Risk Populations	MARPs
Multiple Concurrent Partners	MCP
Namibian Global Fund Program	NGFP
Namibia Non-Governmental Organisation Forum	NANGOF
Namibia Network of AIDS Service Organisations	NANASO
National AIDS Committee	NAC
National Development Plan	NDP
National Planning Commission	NPC
National Strategic Framework	NSF
Non-governmental Organization	NGO
Office of the President	OP
Office of the Prime Minister	OPM
Orphans and Vulnerable Children	OVC
Partnership Framework	PF
Partnership Framework	PF
Partnership Framework Implementation Plan	PFIP
People living with HIV/AIDS	PLHIV
Post-exposure prophylaxis	PEP
Prevention of Mother to Child Transmission	PMTCT
Regional AIDS Coordinating Committees	RACOC
Rolling Continuation Channel	RCC
Sexually transmitted infections	STI
Social and Behavior Change	S&BC
States Government	USG
System for Program Monitoring	SPM
Tuberculosis	TB
The United Nations Children's Fund	UNICEF
The United Nations Development Program	UNDP
The United Nations Educational, Scientific, and Cultural Organization	UNESCO
The United Nations High Commissioner for Refugees	UNHCR
The United Nations Joint Programme on HIV/AIDS	UNAIDS
The United Nations Office on Drugs and Crime	UNODC
The United Nations Population Fund	UNFPA
United States Agency for International Development	USAID
US Department of Defense	DOD
US President's Emergency Plan for AIDS Relief	PEPFAR
World Food Programme	WFP
World Health Organization	WHO
Work Place Programs	WPP

1 INTRODUCTION

1.1 Country Context

Namibia is one of the countries in the world most affected by HIV/AIDS. The country has a generalized HIV epidemic with viral transmission occurring primarily through heterosexual contact. According to Namibian government estimates derived from the UNAIDS Spectrum Model, Namibia's national HIV prevalence for adults in 2009 was estimated at 13.3 percent. This estimate is projected to decrease slightly, to 11.3 percent by 2012. In 2008/9 there were an estimated 174,196 adults and children living with HIV/AIDS in Namibia.¹ This number is projected to decline to an estimated 153,292 adults and children by 2014/15, assuming prevention and treatment efforts remain at current levels.

Although Namibia is an upper-middle income country, it has the largest income disparity in the world as evidenced by a Gini Coefficient of 0.6.² This is largely due to the country's colonial history and the hardships of South African apartheid rule which deprived the majority of Namibians of social and economic opportunities for most of the twentieth century. At independence, in 1990, the public health and social systems were skewed in favor of a white minority. Although gains have been made towards improving access to health and social services for all Namibians, challenges remain, particularly in human resources and inadequate health facility coverage.

A recent health sector review found that the public sector has fewer than two healthcare workers per 1,000 population, a level below the World Health Organization's benchmark of 2.5 workers per 1,000 population.³ Chronic staff shortages exist, especially in the Ministry of Health and Social Services (MOHSS), where the overall job vacancy rate exceeds 20 percent. Furthermore, there are marked human resource disparities between urban and rural settings. Only 24 percent of doctors and 39 percent of nurses practice in rural settings. This is significant considering that over 65 percent of Namibia's population resides in rural areas. In addition, the public sector loses up to 5 percent of its healthcare professionals to attrition each year.

Reasons for the HR shortage are varied, and include: 1) limited local training opportunities to pursue careers in health; 2) a lack of incentives to practice in rural settings; 3) a lack of HR retention strategies or an implemented performance management system; 4) a long recruitment processes for government positions; 5) staff burnout due to high disease burdens and workloads and; 6) limited career movement opportunities, particularly in the public healthcare sector. In line with World Health Organization recommendations on health systems strengthening, the United States Government (USG) and the Government of the Republic of Namibia (GRN) recognize that human resources for health (HRH) is a critical component of the healthcare system.

High rates of tuberculosis (TB) and other communicable diseases, especially in the poorer northern regions, are additional strains on the nation's healthcare system, and on the GRN's ability to finance a comprehensive package of services. The situation is further aggravated by an

¹ MOHSS, Directorate of Special Programmes. "2008/2009 Estimates and Projections of the Impact of HIV/AIDS in Namibia." December 2009.

² 2008 World Bank, Country Brief - Namibia

³ MOHSS, Health and Social Services System Review, 2008

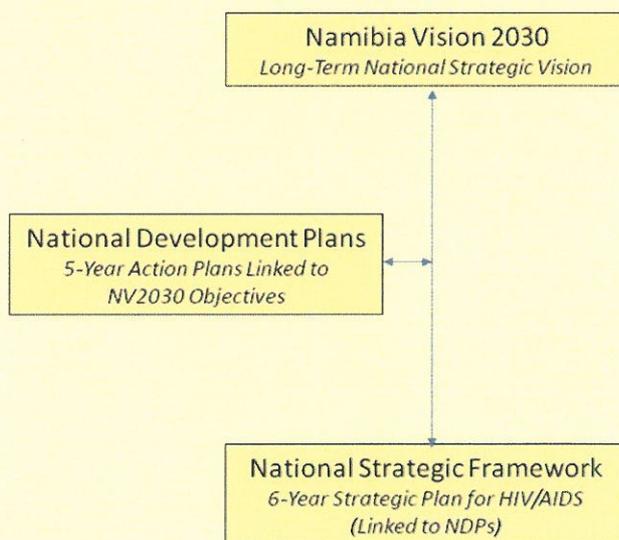
unofficial unemployment rate above 50 percent and widespread poverty⁴. In 2008, the Central Bureau for Statistics defined 27 percent of the country’s population as “poor”, and 13.8 percent as “severely poor.”⁵

1.2 National HIV/AIDS Response

Namibia is one of the few countries in the world that has integrated its national HIV/AIDS response within a longer-term vision and planning framework. This process has two main elements. First, Namibia Vision 2030, published in 2004, sets objectives to improve Namibians’ quality of life by 2030. Vision 2030 is a broad framework to guide the country’s five-year development plans (described below), and provide direction to all levels of government, the private sector and civil society. The five-year National Development Plans (NDPs) constitute the second main element of the long-term development planning process. The NDPs translate the objectives outlined in Vision 2030 into action.

The National Strategic Framework for HIV and AIDS (NSF) is a six-year plan that clearly aligns the national multi-sectoral HIV response to other national socio-economic development frameworks such as Vision 2030, the NDPs, and the Poverty Reduction Strategy and Action Plan (see figure 1). The purpose of the NSF is to articulate a strategic orientation, based on priorities and results, for the national response to HIV/AIDS. The NSF catalogues stakeholders’ comparative strengths and advantages, and defines strategic niches based on those strengths. As such, the NSF helps stakeholders to better understand their mandates and program their resources more effectively. This alignment is necessary to address the cross-cutting drivers of the epidemic and to facilitate a coordinated multi-sectoral response at the national, regional and community levels.

Figure 1. The Relationship between National Development and HIV/AIDS Planning in Namibia



⁴ The official published unemployment rate in Namibia is currently 37 percent; see *National Labor Force Survey*, Ministry of Labour and Social Welfare, 2004. Note that a more recent, unreleased report cites a general unemployment rate of 51 percent.

⁵ Central Bureau of Statistics (2008). *A Review of Poverty and Inequality in Namibia*. National Planning Commission, Windhoek.

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The MOHSS has a mandate to manage and coordinate the national HIV/AIDS response in accordance with the strategies outlined in the NSF. In developing the NSF, Namibia has shifted the primary focus of planning efforts from the rapid scale up of service delivery to the sustainability of the HIV/AIDS response. Measuring the impact of the response and its component activities has also been prioritized in the NSF. Namibia has identified national priorities and articulated national targets (results) to which all stakeholders should contribute. In this new approach, gender and human rights have been integrated into implementation, monitoring and evaluation efforts. Members of the USG team were substantially involved in consultations and planning to develop the NSF. As such, the strategies, objectives and goals described in this PF are harmonized with the NSF. The technical priorities described in this PF are linked to those developed for the NSF.

The governance of the national HIV/AIDS response consists of a multi-sectoral management structure which incorporates public, private (for profit and civil society), and donor partners involved in the response. The mandate of the **National AIDS Council (NAC)** is to provide policy guidance and leadership for the national HIV/AIDS response. The primary function of the NAC is to promote good governance, transparency, effectiveness and efficiency in the coordination of stakeholder activities. The NAC has oversight responsibility to ensure that partner programs addressing HIV/AIDS are aligned and harmonized with national policy frameworks such as Vision 2030, NDP, NSF and the National HIV/AIDS Policy.

The **National AIDS Executive Committee (NAEC)** is the operational arm of the NAC. Its mandate is to provide technical guidance and leadership in the planning, programming and implementation of the response. This mandate includes ensuring that Namibia identifies priority interventions and implements evidence-based activities. Given the complexity of the technical components of the multi-sectoral response, the NAEC has constituted Technical Advisory Committees (TACs) to provide expert advice. Steering Committees, including one dedicated to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), are in place under the NAEC to facilitate special programs and partnerships. Through this tiered approach, the NAEC guides the work of the Namibian Coordinating Committee for HIV/AIDS, Tuberculosis and Malaria (NACCATUM)⁶ and the PEPFAR Steering Committee to ensure that support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and PEPFAR is aligned and harmonized with the national response. At the sector level, Sector Steering Committees coordinate sectoral initiatives and report back to NAEC. At the regional level, Regional AIDS Coordinating Committees (RACOCs) gather inputs from regional leaders and Constituency AIDS Coordinating Committees (CACOCs), and report back to NAEC. At the operational level, NAEC also collaborates with other national committees such as the Permanent Task Force for OVC and the UN Theme Group on HIV/AIDS.

⁶ NACCATUM is Namibia's Global Fund Country Coordinating Mechanism (CCM). It was established to coordinate the Global Fund support to Namibia on the three diseases – HIV and AIDS, TB and Malaria. NACCATUM is a national consensus group intended to promote true partnership in the development and implementation of Global Fund supported programs.

1.3 Partnership Framework Rationale

Between FY2004 and FY2009, the USG has provided over US\$433 million to Namibia through PEPFAR.⁷ The planned funding level for FY2010 is \$102.6 million. USG investments remain the largest source of external HIV/AIDS funding in Namibia.⁸ PEPFAR funds have been invested through partnerships with the GRN and implementing organizations to treat those living with HIV/AIDS, to prevent new infections and to care for affected individuals in Namibia. PEPFAR, which is implemented in Namibia by the Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services, the Department of Defense (DOD), the Peace Corps, the State Department and the U.S. Agency for International Development (USAID), has been recognized by numerous GRN officials for its contributions to HIV prevention, care and treatment services in Namibia. Specific areas in which PEPFAR has been particularly commended include:

- Human capacity development, including a scholarship program that has supported hundreds of Namibian students in academic healthcare programs;
- Financing positions and training healthcare personnel to rapidly scale up services, resulting in Namibia exceeding treatment and prevention of mother-to-child transmission (PMTCT) goals;
- Technical assistance to GRN counterparts and civil society in a variety of programmatic areas, including care and treatment, HIV counselling and testing (HCT), laboratory services, orphans and vulnerable children (OVC), palliative care, monitoring and evaluation (M&E), blood safety, and TB/HIV integration;
- Technical support to NACCATUM as well as GFATM principal and sub-recipients;
- Responsiveness to requests for short-term assistance to address XDR-TB, infection control and reviews of national strategies, and;
- Health systems strengthening, including the strengthening of laboratory infrastructure, national procurement systems, and information technology.

This Partnership Framework is a five-year joint strategy document intended to guide U.S. Government and GRN collaborative efforts to achieve maximum impact in combating HIV/AIDS in Namibia. Given the significance of USG investments to the national HIV/AIDS response, this Partnership Framework provides a critical opportunity for joint strategic planning between the USG, GRN and other key partners to ensure strategic alignment, complementary initiatives and sustainability of programs.

2 PURPOSE AND PRINCIPLES

2.1 Purpose

In July 2008, U.S. legislation (Public Law 110-293) reauthorized USG global efforts to combat HIV/AIDS, tuberculosis and malaria for the period 2009-2013. The law encouraged the USG to establish Partnership Frameworks (PF) with countries receiving PEPFAR assistance. These five-

⁷ PEPFAR approved funding levels for Namibia: \$24.5 million in FY2004, \$42.5 million in FY2005, \$57.3 million in FY2006, \$91.2 million in FY2007, \$108.8 million in FY2008, \$107.1 million in FY2009 and \$102.6 million in FY2010.

⁸ GFATM contributions for HIV/AIDS are the second largest source of external funding and total approximately \$104 million since 2004.

year joint strategic frameworks are designed to promote sustainable national ownership and leadership for HIV/AIDS programs, and to coordinate USG support with the GRN and other stakeholders. This approach represents a substantial new direction, shifting PEPFAR's focus from emergency relief to the promotion of long-term sustainability for national HIV/AIDS responses.

The PF builds on the collaboration established between the GRN and the USG over time, but also seeks to strengthen GRN leadership in the national HIV/AIDS response. To this end, the PF has been developed alongside the NSF and reflects the objectives, targets and performance indicators in that document.

Efforts have been made to ensure the PF is developed with transparency, accountability, and the active participation of key partners from civil society, the private sector, and international organizations. Briefing meetings and consultations have taken place over an 18 month period with these stakeholders and with the GRN ministries expected to implement the NSF and PF.

Operationally, a Partnership Framework Implementation Plan (PFIP) should match the PF's strategic objectives to intended contributions by the USG, GRN and other stakeholders. An annual review of the PFIP should be conducted through the PEPFAR Steering Committee and under the leadership of the NAEC. The PFIP may be revised as needed based on changing conditions of the HIV/AIDS response and epidemic in Namibia. PEPFAR Country Operational Plans (COP) should use the PF and the PFIP as guiding documents. COPs are intended to present the annual work plan for USG-supported interventions to achieve the results detailed in the PF and PFIP. Annual Program Results reports (APRs) should present results achieved within the context of the PFIP's monitoring and evaluation plan.

As an overarching five-year year strategic document, the PF is not intended to encompass every aspect of the HIV/AIDS response in Namibia. Its focus on sustainability, systems strengthening, and capacity development in the national HIV/AIDS response is intended to support improved health and healthcare for all Namibians. The strategies described in the PF should also contribute to broader development goals described in *Namibia Vision 2030* and other development plans, as well as to PEPFAR's ten-year goals for prevention, care and treatment.⁹

The USG is also emphasizing global health in its diplomacy and development work around the world. As part of the new USG Global Health Initiative (GHI), PEPFAR aims to contribute to efforts in maternal and child health, neglected tropical diseases, tuberculosis, gender, and other key global health challenges.¹⁰ When appropriate, other health and development activities that are consistent with the guiding principles of the GHI may be integrated into the PFIP and COP documents.

⁹ PEPFAR's ten-year global goals are as follows: treatment for at least 3 million people; prevention of 12 million new infections; care for 12 million people, including 5 million orphans and vulnerable children; and training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care.

¹⁰ For more information on GHI: <http://www.pepfar.gov/ghi/index.htm>

2.2 Principles

The GRN, USG and other partners should be jointly invested in ensuring that the PF is guided by the following principles:

Harmonization

All PF goals and strategies should be aligned with existing national strategy documents and associated priorities, including Vision 2030, NDP 3, the National Health Policy, the National Policy on HIV/AIDS and the NSF. In addition, the PF supports the sentiments and values inherent in broader international level agreements, such as the Southern Africa Development Community Convention, the Millennium Development Goals, the Abuja Declaration, the Monterrey Accords, the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action, and GFATM grant provisions.

Sustainability

The PF aims to support the national HIV/AIDS response to mobilize and sustain financial, human and organizational resources to provide HIV/AIDS services at a desired scale and quality over time. In doing so, the PF seeks to strengthen country ownership, coordination, capacity, systems, civil society, and long-term solutions for HIV/AIDS financing and management. To this end, domestic sources of funding (public and private) should be sought, and local implementing partners should be engaged where possible. Over time, the PF should guide PEPFAR's transition in Namibia from an "emergency" program designed to rapidly scale-up and implement HIV/AIDS services, to a technical assistance program designed to enhance and sustain the GRN's HIV/AIDS strategy.

Financing

The USG and GRN recognize that resources are limited and that financial contributions are subject to the availability of funds. Both further recognize that achievement of Framework goals may require resource flows beyond the ability of any one partner. Therefore, constraints on availability of funding from either signatory or from other key partners may lead to a review and revision of goals. Details regarding GRN and USG financial and in-kind contributions to programs under this Framework are to be provided in the PFIP. The GRN intends to track resource availability with input from all donors and other stakeholders making contributions to the national response. This is intended to include the development of a donor and NGO resource tracking database.¹¹ The USG and other partners intend to work with the GRN to maintain an updated costing document linked to activities described in the NSF. These costing and resource mapping documents should inform any necessary updates to partners' contributions in the PFIP. To ensure evidence-based budgeting, the Technical Advisory Committees under the NAEC intends to perform regular programmatic and technical reviews to ensure that adequate resources are allocated to the strategic priorities described in the NSF.

Country Ownership & Capacity Development

The GRN is ultimately responsible for decision-making, leadership and management of the national HIV/AIDS response in Namibia. However, due to limited human and financial

¹¹ These activities are to be accomplished in the context of ongoing work by the USG, UNAIDS, the GRN and other stakeholders on National Health Account and National AIDS Spending Account reports.

resources, Namibia is currently heavily reliant on external assistance. Many of the professionals in the public healthcare system are expatriates, particularly in the most highly skilled professions. A key aim of the PF is to strengthen GRN human resource capacity through a focus on healthcare worker development, recruitment and retention via training, and technical support for long-term workforce strategies. Furthermore, the PF intends to re-orient USG assistance toward sustainable, evidence-based and cost effective programs, including a gradual, strategic absorption of PEPFAR-funded human resources by the GRN. These objectives are intended to promote greater country ownership and reduce Namibia's dependence on external assistance.

Over the five-year time period covered by this framework, the GRN intends to assume greater responsibility for the management and financing of activities currently funded by PEPFAR. This may call for efforts by all stakeholders to outline transition plans for PEPFAR activities including a careful review of available public, private and external resources which may be mobilized to compensate for declining contributions from PEPFAR. Recognizing that the USG is currently Namibia's largest bilateral donor in the fight against HIV/AIDS, the USG intends to support GRN efforts to increase domestic health spending and investigate new bilateral and multi-lateral sources of financing or assistance. Given PEPFAR's substantial role in financing the national response, the joint annual reviews by the Technical Advisory Committees should pay special attention to the impact of changes in PEPFAR funding levels. These changes – often referred to as “hydraulics” – may require careful modelling to ensure that reductions in PEPFAR funding in key programmatic areas are matched by appropriate increases in funding by the GRN or other partners.

Differences between the PEPFAR fiscal year (October 1-September 30) and the GRN fiscal year (April 1 – March 31) should allow for coordinated budgeting. The time lag between the approval of PEPFAR budget figures in the annual COP and the finalization of the annual GRN budget has historically allowed PEPFAR planning to inform the GRN budgeting process. This coordinated budgeting and planning process is expected to continue throughout PF implementation.

Three Ones

The “Three Ones” are supported by UNAIDS and the international community to achieve the most effective and efficient use of resources, ensure rapid action and promote results-based management of national HIV/AIDS responses. The three ones are: 1) One HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; 2) One National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate, and; 3) One country-level Monitoring and Evaluation system. This PF is expected to support the implementation of the “Three Ones” to continue strengthening Namibia's national HIV/AIDS response.

Civil Society

The PF acknowledges the important role of civil society in the national HIV/AIDS response. The GRN and USG intend to support national and local non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), and the private sector to further strengthen community ownership and involvement in preventing new infections and caring for People Living with HIV/AIDS (PLHIV). Capacity development should focus on strengthening civil society's ability to support the National HIV/AIDS response, and to

continue the important work of speaking on behalf of marginalized elements of society. The PF intends to support community systems strengthening in alignment with Global Fund efforts in Namibia.

Collaboration, Transparency, Efficiency and Participation

PF design, implementation, and monitoring and evaluation should be a collaborative effort between the relevant GRN ministries and agencies, the interagency USG team, civil society, the private sector and other development partners. Collaboration should be conducted with transparency and accountability, and with the active participation of all the relevant stakeholders to maximize efficiencies and increase the effectiveness of HIV/AIDS activities. To ensure further transparency, the USG intends to submit the signed PF to the U.S. Congress, publish it in the U.S. Federal Register and post it on PEPFAR's public website. The PF may also be disseminated publicly by the USG and GRN in Namibia.

The PF is a joint strategic planning document that outlines goals and objectives, and the expected contributions of the main stakeholders. The PF does not alter existing GRN or USG rules, regulations, cooperative agreements or contracts, but recognizes and supports them.

Maximizing Resource Mobilization and Ensuring Sound Financial Management

Transparent and evidence-based budgeting of HIV/AIDS programs, equitable distribution of resources, accountability for financial resources, quality, cost efficiency and effectiveness are major considerations for all PF stakeholders. The PF is an opportunity for the GRN and the USG to track HIV/AIDS and overall health financing in Namibia. By strengthening and institutionalizing resource tracking systems, stakeholders should be better able to cost and monitor the NSF.

Another important principle of the PF is increased domestic financial contributions to the national HIV/AIDS response. These contributions may come from public and private sources. As the partnership matures, a progressive decrease in reliance on PEPFAR financing is anticipated. For a number of years, the GFATM has worked closely with the MOHSS and PEPFAR to maximize the leveraging of resources. The PF is designed, and should be implemented, to promote the success of the national response in coordination with GFATM grants.

HIV/AIDS Integration and Health System Strengthening

The PF intends to contribute to the integration of HIV/AIDS services into Namibia's broader healthcare system. A health system, as defined by the World Health Organization, is comprised of six building blocks: 1) Financing, 2) Health workforce, 3) Governance, 4) Information, 5) Service delivery, and 6) Medical products, vaccines and technology. Strengthening these building blocks should benefit the sustainability of the HIV/AIDS response. Investments in HIV/AIDS services should be designed and implemented, where possible, within the context of the national (or local) healthcare system. In addition to the building blocks, health systems strengthening (HSS) efforts should target stakeholders involved in financing, managing, and delivering healthcare. In addition to the public sector, these stakeholders include parastatal organizations, private firms, insurance schemes, civil society, NGOs, community-based organizations, households, and traditional healers. In keeping with the National Health Policy,

HSS activities should engage the healthcare system at the national, regional and community levels and promote greater involvement in governance and coordination by community groups and other members of civil society, by, for example, strengthening RACOCs, CACOCs and other community structures.

Monitoring and Evaluation

The PF and PFIP are intended to set measureable impact level results and targets for the GRN, the USG and other development partners consistent with the national M&E Plan. As a multi-stakeholder partnership, the reporting burdens and needs of all stakeholders should be considered in order to avoid duplication and redundancy of M&E information requests. In doing so, the PF intends to harmonize its indicators and reporting processes with national systems to the greatest degree possible.

Addressing Gender Norms and Cultural Practices

The PF intends to support the advancement of policies to address gender-related norms and practices that hinder equitable access to services and increase the vulnerability of men, women and girls to HIV infection. Gender is a cross-cutting issue that should be integrated within all program and focus areas. This integration should be accomplished in alignment with GRN, PEPFAR, GFATM, and GHI objectives. Focused and dedicated programs reducing gender-based violence and increasing women's and girls' legal rights and protection are expected to continue. Further, the PF promotes approaches that ensure men and women have equal access to prevention, care, treatment and support; address social and cultural norms fuelling HIV transmission; and recognize that women and girls are key stakeholders in the health of families.

Addressing Stigma, Discrimination and Policy Reform

Worldwide, people living with HIV have been subjected to discrimination and human rights abuses, including loss of employment and housing, rejection by family and friends, denial of insurance and other benefits, and physical violence. Stigma and discrimination, whether rooted in actual legal instruments or in normative rules, have been barriers to an effective global response to the epidemic. Experience worldwide shows that a strong movement of PLHIV is particularly effective in reducing stigma and assuring infected people have a voice in national policymaking decisions. Several PLHIV groups exist in Namibia, and the GRN has taken steps against HIV/AIDS employment discrimination through the Labor Commission. The PF supports these existing programs to address stigma and discrimination and aims to assist the GRN to expand the integration of HIV/AIDS stigma and discrimination awareness programs throughout and beyond the healthcare sector. In addition, the USG intends to support ongoing multi-sectoral efforts to identify and amend discriminatory or punitive laws, regulations, policies and practices related to PLHIV.

Human Rights

Strategies that address and promote political, legal, and social rights that protect individuals are essential for an effective HIV/AIDS response in Namibia. Human rights principles are critical to the PF and should be integrated at every level of programming in accordance with the UNAIDS *International Guidelines on HIV/AIDS and Human Rights* and other international and Namibian human rights standards.

Human Subjects Protection

When HIV/AIDS operational research and other data collection projects are commenced to bolster the evidence base of Namibia's national response, a focus on human subjects protection is planned to help ensure these activities are conducted in an ethical manner.

Public-Private Partnerships

The PF seeks to promote public-private partnerships within the national HIV/AIDS response in order to mobilize private sector stakeholders, including local and international commercial and not-for profit entities; promote national quality of care standards across the public and private healthcare systems; expand workplace programs in the private and public sectors; increase business advocacy and participation in the national HIV/AIDS response; mobilize private sector financial resources and expertise for HIV/AIDS services, and; build local capacity and financial resources to enhance sustainability and country ownership. The PF recognizes current private sector contributions to HIV/AIDS programs, and seeks to expand private sector partnerships in HIV/AIDS in the health, education, small enterprise and labor sectors. Local private sector stakeholders have a critical role in sustaining components of the national HIV/AIDS response. Through the PF, the USG intends to support the GRN to engage the local and international private sector to support service delivery and innovation in HIV/AIDS programs.

3 FIVE-YEAR STRATEGIC REVIEW

The NSF is comprised of four Thematic Areas: Prevention, Treatment, Care and Support, HIV Impact Mitigation, and Response Management. A summary of the NSF strategies in these four thematic areas is provided below. Additional detail on the strategies and expected contributions from the GRN, USG and other partners is provided in Annex I.

3.1 Prevention

HIV prevention remains the cornerstone in any HIV response. The PF is aligned with prevention strategies described in the NSF. The behavioral drivers identified in the NSF include multiple and concurrent partnerships, inconsistent condom use, excessive alcohol use, inter-generational sex, transactional sex, and mobility and migration.¹² Other drivers of the epidemic include gender and income inequalities, gender based violence and sexual abuse. The NSF clearly identifies these drivers to ensure that populations at greatest risk are prioritized in prevention strategies.

The NSF has articulated a strategy of combined, evidence-based behavioral, biomedical, and structural interventions. This combination strategy focuses on reducing the risk of HIV transmission by promoting changes in sexual behavior, underlying social and cultural norms, poverty, and gender inequalities. Biomedical interventions, including male circumcision (MC), prevention of mother to child transmission (PMTCT), HIV counseling and testing (HCT), increased male and female condom use, control of sexually transmitted infections (STIs), and blood and injection safety, should promote reduced transmission risk within the healthcare system. Creating an enabling policy and legal environment is also needed to support the successful implementation of these strategies.

¹² HIV/AIDS in Namibia: Behavioural and Contextual Factors Driving the Epidemic, MOHSS

The PF, in alignment with the NSF, intends to focus on the following Prevention areas (See Annex I for detailed tables):

1. Social and Behavior Change
2. HIV Counselling and Testing
3. Condom Social Marketing and Distribution Program
4. Prevention of HIV among the Most-At-Risk Populations and Vulnerable Groups
5. Involvement of People Living With HIV in Prevention (Positive Health, Dignity and Prevention)
6. Medical Male Circumcision
7. Prevention of Mother-To-Child Transmission of HIV
8. Post-Exposure Prophylaxis
9. Prevention of Sexually Transmitted Infections
10. Blood Safety
11. Universal Precautions (Prevention of Medical Transmission)

Since 2008, the USG and the GRN have worked together to formalize HIV Prevention within the GRN. The USG has supported both the National Prevention Advisor and a National Prevention Committee to plan, coordinate and review prevention interventions among the GRN, civil society organizations and health donors. Over the next 5 years, the USG intends to continue this support by working with the GRN to strengthen the coordination and capacity of national and regional authorities to execute multi-sectoral prevention activities. In addition, the recent completion of the NSF provides an opportunity for the USG to take on a new strategic focus by emphasizing prevention activities that were previously not part of the national strategy, such as male circumcision, prevention of HIV among most-at-risk populations, and prevention with PLHIV.

3.2 Treatment, Care and Support

To date, significant progress has been made in ensuring availability, access and utilization of treatment, care and support services. The following achievements are notable:

- i. **Antiretroviral Therapy (ART):** By the end of April 2010, 62,628 PLHIV were receiving ART in public health and mission facilities.¹³ Of the people that are actively receiving ARVs, 58 percent were adult females, 30 percent were adult males and 12 percent were children (0-14 years).¹⁴ The number of PLHIV on treatment represented 82 percent of the estimated 76,727 PLHIV in need.¹⁵ By 2010, forty-six ART facilities (34 district hospitals, eight health centers, and four clinics) and 89 outreach sites had been established. Of the cohort of patients starting ART in the last 12 months, 55.86 percent were still alive.¹⁶
- ii. **Tuberculosis:** The proportion of TB patients tested for HIV increased from 16 percent in 2005 to 66.9 percent in 2008. Of those tested, 59 percent tested HIV positive. The TB

¹³ e-PMS results for people on active ART as of April 2010 provide numerator data, while denominator data is provided by the SPECTRUM estimates

¹⁴ April 2010 results, MOHSS Response M&E unit.

¹⁵ Based on high bound estimates. MOHSS, December 2009.

¹⁶ MOHSS April 2010 results, MOHSS RM&E unit.

treatment success rate for new smear positive cases was 82 percent by 2008. The default rate for all categories of TB patients ranged from 3 percent to 4.1 percent.¹⁷

- iii. **Home Based Care (HBC):** HBC services were provided to 72,343 chronically ill persons (including PLHIV and non-infected persons) in all 13 Regions of the country by December 2009. Within the HIV/AIDS response, HBC emphasizes ART adherence and integration with primary healthcare services.

Universal access to care and treatment for HIV positive people remains a major component of the national response to HIV/AIDS. Following the country's successful roll-out of ART, Namibia faces a continuing challenge of ensuring that a growing population of patients receive quality care. Over the next five years, increased demand for ART services is anticipated as a result of strengthened HCT activities, particularly the introduction of PITC. The following factors are also expected to increase demand for ART:

- Shifting the ART eligibility threshold from a CD4 count of 200 cells per μ l to 350 cells per μ l.
- Expanded provision of ART to people with HIV/Hepatitis B co-infection, and to individuals in PMTCT and PEP programs.

These factors influencing demand for treatment are expected increase the number of persons in need of treatment by approximately 16 percent to 59 percent by 2015.¹⁸ As ART demand increases, support services, notably home-based and other care outside of healthcare facilities, are expected to become more important to the national HIV/AIDS response. GFATM and GRN support for the procurement of ART medications is also expected to undergo strain due to this increased patient load.

Even with significant community support, the impact of the epidemic on the health system, both public and private, continues to be considerable. Support for civil society organizations should also be increasingly important, as well as cross-cutting interventions that impact the broader healthcare system in addition to addressing HIV/AIDS. The rise in the number of people needing ART is expected to require more efficient monitoring, pharmaceutical, referral, surveillance and laboratory systems. The PF and PFIP intends to promote sustainable investments in these systems to broaden the impact of HIV/AIDS programs across multiple program areas (e.g., maternal and child health). Lastly, the PF intends to support an expanded and well-qualified workforce to ensure effective implementation of these programs and systems.

The PF, in alignment with the NSF, intends to focus on the following areas of Treatment, Care and Support (See Appendix I for detailed tables):

1. Pre-Antiretroviral Therapy
2. TB/HIV Co-Infection
3. Antiretroviral Therapy
4. Care and Support

¹⁷ National TB and Leprosy Control Programme 2009/10 Annual Report

¹⁸ Based on average and high bound estimates. MOHSS, December 2009.

3.3 HIV Impact Mitigation

HIV/AIDS, coupled with poverty and gender inequality, continue to destabilize households, traditional livelihood systems, and community safety nets. Individuals most affected and impacted by the epidemic are PLHIV, OVC, the physically and mentally disabled, and the elderly. Women and children are the majority among these vulnerable groups. There were approximately 204,000 PLHIV in Namibia in 2008.¹⁹ The latest estimate of the number of OVC is approximately 250,000²⁰ as a result of a variety of causes including HIV/AIDS.

Approximately 59% of OVC do not possess all three basic needs (pair of shoes, set of clothes and a blanket).²¹

The care of OVC and PLHIV remains the greatest challenge for vulnerable households as they struggle to obtain basic needs including food, shelter, education, clothing, social protection, access to healthcare and sanitation. These challenges are compounded by the social impacts of HIV/AIDS and poverty, including psychological and mental trauma related to the loss of loved ones, gender based violence, and physical, emotional, and sexual abuse.

The NSF acknowledges that existing interventions and strategies targeting children are fragmented, largely uncoordinated and under resourced, with gaps in capacity and technical skills. While government cash transfers provide an essential safety net (especially child welfare grants and old age pensions), many families lack sustainable livelihood systems due to high levels of unemployment and the nutritional challenges associated with living in a semi-arid environment. The NSF seeks to strengthen and improve the coping mechanisms for individuals and households affected by HIV/AIDS. The NSF aims to align impact mitigation strategies across ministries and within national policy documents including NDP 3, the Poverty Reduction Strategy, the National HIV/AIDS Policy, the National OVC policy (2004), the National Plan of Action for OVC, and the Education Sector Policy for OVC (2008).

Through implementation of this PF, the USG intends to support the GRN to strengthen coordination of the multi-sectoral OVC response through implementation of the National Plan of Action for OVC. The USG also intends to strengthen civil society organizations to support community capacity to provide adequate material, health and psycho-social care to PLHIV and vulnerable children impacted by HIV/AIDS. USG support should also focus on protection services addressing gender-based violence as well as neglect and abuse of children. Finally, the USG also intends to provide technical support for economic strengthening to improve family livelihoods and food security for PLHIV and OVC.

The PF, in alignment with the NSF, intends to focus on the following areas of Impact Mitigation (See Appendix I for detailed tables):

1. Vulnerable Households and Sustainable Livelihoods
2. Care and Support for OVC
3. Legal Rights and Protection Services for Vulnerable Persons

¹⁹ Estimates and Projections of the Impact of HIV/AIDS in Namibia

²⁰ NPA 2006 to 2010 for OVC: Annual Progress Report April 2007 to March 2008, March 2008, Ministry Gender Equality and Child Welfare.

²¹ NDHS 2006-2007

4. Food Security and Nutrition Support Programs for Vulnerable Households

3.4 Response Management

The NSF's strategy to coordinate the national multi-sectoral HIV/AIDS response seeks to improve the efficiency and effectiveness of governance and coordination structures, as well as strengthen leadership and resource accountability. The 2007 National HIV/AIDS Policy reaffirms the GRN priorities of promoting good governance, transparency, efficiency, accountability and meaningful participation and involvement by all stakeholders.

The PF intends to support an effective coordination mechanism, through which the GRN may leverage additional resources and technical assistance. At the operational level, effective coordination should promote a strategic, evidence-based and equitable distribution of resources and services, especially to vulnerable and most at risk populations. Strengthening an enabling policy, social, and legal environment is necessary for an expanded and decentralized multi-sectoral response.

The PF, in alignment with the NSF, intends to focus on the following areas of Response Management (See Appendix I for detailed tables):

1. Institutional Arrangement, Coordination and Management
2. Enabling Policy and Legal Environment
3. Capacity Development
4. Community Systems Strengthening
5. HIV Mainstreaming, Policy and Advocacy
6. Resource Mobilization and Management
7. Monitoring and Evaluation (including Research and Epidemiology)

4 PARTNER ROLES

The central partners of the PF are to be the GRN and the USG. Overall GRN leadership for the PF is to rest with the National Planning Commission in the Office of the President, as well as the NAEC which coordinates implementation of the NSF. Additionally, the government agencies listed below are to partner with the USG to develop, implement, and monitor PF activities as part of the national HIV/AIDS response. Table 1 describes the broad areas of engagement and partnership for each GRN office or ministry.

4.1 GRN Roles

The NSF describes specific roles for the Ministries of Education (MOE); Health and Social Services (MOHSS); Gender Equity and Child Welfare (MGECW); Regional and Local Government, Housing and Rural Development (MRLGHRD); and Youth, National Service, Sport and Culture (MYNSSC). These ministries are expected to contribute to the PF through an integrated response with other key GRN ministries, agencies and offices. A short list of the principal GRN entities and associated roles is provided below (Table 1).

Table I: GRN Roles

GRN Office/Ministry	Intended Role
National Planning Commission, Office of the President (NPC)	Lead agency within the GRN for the PF; provides liaison with the leadership of the USG team; ensures that the PF is aligned with other GRN health and development policies and responsible for the mobilization and management of official development assistance. All contributions from stakeholders are channelled through or coordinated with the NPC. The NPC serves a co-chair of the PEPFAR Steering Committee.
Office of the Prime Minister (OPM)	Provides strategic coordination for the multi-sectoral response; oversees the HIV/AIDS interventions of all GRN ministries; hosts the Public Service Commission and approves revisions to the civil service workforce; a key partner on PF monitoring and evaluation and the development of harmonized information systems.
Ministry of Health and Social Services (MOHSS)	Chairs the National AIDS Council, which is responsible for the implementation and coordination of the multi-sectoral HIV/AIDS response. A key partner on care, treatment, support, impact mitigation, health system strengthening, and prevention in the health and social services sector. The MOHSS serves as a co-chair of the PEPFAR Steering Committee as well as Principal Recipient for the RCC HIV/AIDS grant.
Ministry of Gender Equality and Child Welfare (MGE CW)	Key partner on gender norms, OVC, impact mitigation and prevention in the MGE CW
Ministry of Mines and Energy (MME)	Key partner on prevention in the mining and energy sectors
Ministry of Information and Communication Technology (MICT)	Key partner on social and behaviour change communication and prevention in the Ministry of Information and Communication Technology
Ministry of Education (MOE)	Key partner on youth prevention, youth care and support and prevention in the education sector; national scale up of the MOE's workplace program; continued support for OVC
Ministry of Safety and Security (MSS)	Key partner on prevention, care, and support in correctional facilities in the Ministry of Safety and Security
Ministry of Defense (MOD)	Key partner on prevention, and care and support across all branches of the armed forces
Ministry of Finance (MOF)	Key partner on resource mobilization.
Ministry of Justice (MOJ)	Key partner on legal and social protection and prevention in the criminal justice system
Ministry of Works and Transport (MOWT)	Key partner on mobile populations and prevention in the Ministry of Works and Transport
Ministry of Youth, National Services, Sport and Culture (MOY)	Key partner on youth prevention and prevention in the Ministry of Youth, National Service, Sport and Culture
Ministry of Agriculture (MOA)	Key partner for impact mitigation in food security and nutrition and prevention within the Ministry and the agriculture sector
Ministry of Environment and Tourism (MOET)	Key partner in addressing some of the factors that impact most at risk populations, and prevention in the environment and tourism Ministry and sector
Ministry of Regional, Local Government, Housing, and Rural Development (MRLGHRD)	Key partner in managing the decentralization of the national HIV/AIDS response.
Ministry of Labour and Social Welfare	Key partner in ensuring harmonious labour relations and coordination of HIV/AIDS workplace response by employers, workers and their organizations.

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4.2 USG Roles

Within the U.S. Embassy, the Ambassador is to have overall leadership responsibility for PF implementation. The PEPFAR Coordinator's office plays an ongoing role in coordinating interagency planning and also serves as co-chair of the PEPFAR Steering Committee. The interagency PEPFAR team, which includes management and technical staff from CDC, USAID, the Peace Corps, DOD and the State Department, is to be responsible for the design, implementation, management, and M&E of PEPFAR-supported programs associated with the PF.

4.3 Other Partner Roles

Other stakeholders in the national HIV/AIDS response are to include civil society organizations, the private sector and bilateral, multi-lateral and private donors. In the past, bi-lateral and multi-lateral donors were coordinated through the National Partnership Forum. This forum has now merged with the NAEC. While the signature of this PF rests solely with the GRN and the USG, successful implementation of the PF may require contributions from other partners who are also involved in the national HIV/AIDS response. These partners, who are listed below, have been actively involved in PF multi-sectoral meetings and are expected to play an important role in the development and execution of the PFIP. These partners include:

- GFATM via NACCATUM;
- Joint UN Team on AIDS²²;
- Spanish Development Corporation;
- German Development Corporation (GTZ);
- European Commission;
- Namibia Non-Governmental Organisation Forum (NANGOF), which is the civil society NGO umbrella body in Namibia;
- Namibia Network of AIDS Service Organisations (NANASO), which is the HIV/AIDS civil society umbrella body representing over 400 NGOs, CBOs, PLHIV groups, and FBOs in Namibia;
- Private sector companies and unions through Employers' Organizations including the Namibian Employers Federation as well as through the Chamber of Commerce and Industry and union federations;
- Academic institutions;
- Other bilateral donors as appropriate.

Collaboration with the Global Fund is a central component of the PF. As the two largest donors, PEPFAR and the GFATM have a unique opportunity through collaboration to foster a sustainable response in alignment with the National Strategic Framework for HIV and AIDS. The PEPFAR Coordinator intends to continue serving as the USG Representative on the Country Coordinating Mechanism (NACCATUM), while both USAID and CDC intend to continue

²² The purpose of the UN Joint Team on AIDS is to promote coherent and effective UN action in support of an expanded national response to HIV. The UN Joint Team on AIDS (JUTA) serves as the platform for coordination and for the development, implementation and monitoring of the UN Joint Programme of Support to the national response to HIV and AIDS aligned to the country UN Development Assistance Framework (UNDAF) and the national HIV/AIDS policies and frameworks. In Namibia the JUTA is composed of: UNAIDS, UNESCO, UNDP, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO and two non-resident agencies including ILO and UNIFEM.

working directly with Principal Recipients to build capacity and leverage resources for greater impact. The USG has provided technical assistance to Namibia's PRs to improve performance; this support is expected to continue as long as necessary during PF implementation. In addition, work is underway to strengthen joint programming and monitoring of Sub-Recipients, including the use of common indicators. Lastly, the USG expects to continue its support for grant development and capacity building of principal recipients should the NACCATUM apply for and secure GF grants in the future.

4.4 Partner Contributions

The tables in Annex 1 broadly describe the contributions made by the GRN, the USG and other development partners in relation to the key objectives of the PF. These contributions have been reinforced through ongoing collaboration and consultation and are structured according to the NSF. More detailed partner contributions are to be provided in the PFIP.

5 PLANS FOR FURTHER DEVELOPMENT OF THE PARTNERSHIP FRAMEWORK IMPLEMENTATION PLAN

This PF provides the opportunity to further harmonize and align PEPFAR HIV/AIDS programming with national priorities by continuing to support prevention, care and treatment of HIV/AIDS as well as health systems strengthening. This Framework is to be supported by a comprehensive implementation plan that is expected to explain how the PF is to be implemented by USG agencies, the GRN and other partners. The PFIP should include the following:

1. National HIV/AIDS profile with baseline data and gap analysis
2. Specific activities by program area
3. Clarification of contributions from GRN, USG and partners
4. Indicators and five-year targets
5. Projected GRN and PEPFAR funding trends over time
6. Monitoring and evaluation plan

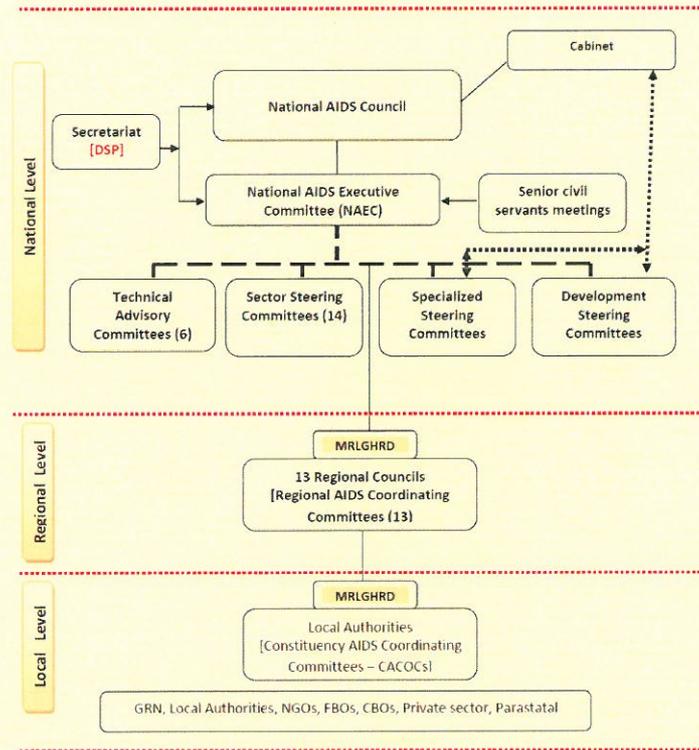
The PFIP should be aligned with the PF and developed in close consultation with the GRN and key partners. The PFIP is expected to provide the level of detail necessary to guide the development of annual PEPFAR Country Operational Plans. If U.S. assistance is provided directly to the GRN under this Partnership Framework, GRN contributions should be expected to meet host country cost sharing requirements for U.S. foreign assistance programs. Details regarding the GRN's financial and/or in-kind contributions to programs under this Partnership Framework are to be provided in the Partnership Framework Implementation Plan.

In line with the "Three Ones" principles, all indicators and targets described in the PFIP should be derived from the NSF. These indicators and targets are expected to be used to monitor progress in the four thematic areas of the NSF in concert with national M&E efforts. PEPFAR has participated in an extensive harmonization process to ensure that all essential and reported PEPFAR indicators are integrated into the NSF M&E Plan. Partner contributions with respect to national targets and roles are to be described in greater detail in the PFIP.

6 MANAGEMENT AND COMMUNICATIONS

The implementation of the PF is intended to be coordinated by the PEPFAR Steering Committee which has multi-sectoral representation from the USG, the GRN and other key stakeholders. See Annex II for the Steering Committee terms of reference. This Steering Committee should meet twice a year to review progress and clarify relevant implementation issues. The Steering Committee is expected to report regularly through the National AIDS Executive Committee (NAEC) to the National AIDS Council on PF implementation. On occasion, the PEPFAR Steering Committee may also be requested to report to the Cabinet on PEPFAR investments and progress to date. See Figure 2 below for a graphical representation of the Coordination structure for the NSF which includes the PEPFAR Steering Committee under the heading of development steering committees. This management structure is expected to guide the implementation of the PF over the next five years.

Figure 2: NSF Coordination Structure for the National Multi-Sectoral HIV and AIDS Response



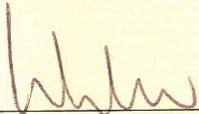
In addition, the Steering Committee is expected to report to the GRN’s National Planning Commission Secretariat in the Office of the President through an Annual Bilateral Review Meeting. As detailed in the NSF, the National Planning Commission Secretariat promotes the mainstreaming of HIV and AIDS into national planning initiatives such as the NDPs. Similarly, the NPC liaises with the Ministry of Finance to ensure coordination of domestic and external partners and programs, and advocates for increased domestic spending on healthcare.

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Over the past 12 months, consultations, meetings and workshops have been held with the GRN and other key stakeholders. USG and GRN staff serve together on the PEPFAR Steering Committee, Technical Advisory Committees, Task Forces, boards and other stakeholder bodies on an ongoing basis to coordinate program direction, implementation and evaluation. The USG also works closely with the Global Fund NACCATUM to ensure complementary activities. In addition, USG staff have forged close working relationships with the Permanent Secretaries of the Office of the President, the Office of the Prime Minister and the MOHSS. These officials have embraced the PF concept and facilitated discussions with other Permanent Secretaries and senior officials in other GRN ministries. Communications and consultations are expected to continue with all these stakeholders and entities throughout PF implementation to further harmonize and evaluate progress within the context of the national response.

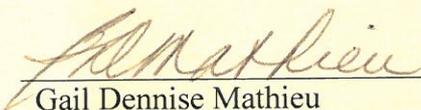
7 SIGNATURES



Mr. Tom K. Alweendo
Director-General
National Planning Commission
Office of the President
Government of the Republic of Namibia

3 Sept. 2010

Date



Gail Dennise Mathieu
Ambassador to Namibia
Government of the United States of America

3 Sept 2010

Date

ANNEX 1: PARTNER CONTRIBUTION TABLES

<p>National Impact Level Result: Namibia Human Development Index (HDI) is improved from 0.542 in 2008 to 0.55 in FY2015</p> <p>Thematic Area 1: Prevention Impact Level Results:</p> <ul style="list-style-type: none"> i. Annual number of new infections has reduced by 50 percent between FY2010/11 and FY2015/16 ii. Percent of pregnant women attending ANC aged 15-24 who are HIV infected reduced from 11 percent in 2008 to 5 percent by FY2015/16 iii. Percent of HIV infected infants born to HIV positive mothers is reduced from 12 percent in 2007 to 4 percent by 2015/16 iv. HIV prevalence among sex workers reduced from 70 percent²³ in 2007 to 40 percent by FY2015/16
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Prevention		
Program Areas	GRN Intends To:	USG Intends To:
<p><i>Social and Behavior Change</i></p>	<ul style="list-style-type: none"> • Support the National Prevention Technical Advisory Committee (TAC) and Regional/local AIDS Coordination bodies, and provide leadership through a National Prevention Strategy. • Implement health communications strategy. • Implement and assess prevention programs to ensure adequate coverage and intensity of interventions for key populations. • Review coordination mechanisms in public sector. • Encourage greater participation of Faith Based organisation in HIV prevention. 	<ul style="list-style-type: none"> • Support existing coordination and management structures at the national, regional and local levels. • Provide technical assistance to enhance the quality of prevention interventions by government and civil society partners.
		<p style="text-align: center;">Other Intended Partner Roles</p> <ul style="list-style-type: none"> • Provide TA to the national Technical Advisory Committee for Prevention. • TA and guidance for design, implementation, and monitoring of HIV programs addressing MCP and other drivers, with a special focus on young people. • TA and capacity building for evidence-based social and behavior change communication for HIV prevention and healthy sexual and reproductive behavior.

²³ The 70 percent was calculated based on a study of sex workers in Katutura (n=1240 sex workers). It is therefore not a generalized percentage. International guidelines recommend that sentinel sites could be chosen and surveyed on an annual basis.

Prevention			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<i>HIV Counseling and Testing</i>	<ul style="list-style-type: none"> Support the national Prevention TAC and Regional / local AIDS Coordination bodies, and provide leadership through a National Prevention Strategy. Scale up HCT and PITC in public and private healthcare facilities including improved referral systems. Strengthen human capacity through training on rapid testing and quality control. Strengthen HIV referral mechanisms. Strengthen supply chain management of HCT commodities. 	<ul style="list-style-type: none"> Support existing coordination and management structures at the national, regional and local levels. Enhance the quality of HCT programming through targeted TA. Promote HCT best practices. Strengthen laboratory systems for HCT. 	<ul style="list-style-type: none"> Continued support for national HCT coordinator- Provide TA, M&E, training and support for National Testing Day. Continue support for the HCT working group. Solicit support for shared financing of RT kit procurement. Solicit support for expansion and transition strategies of community counselor program. Enhance the quality of HCT programming through targeted TA, including emphasis on adolescents and youth.
<i>Prevention of HIV among the Most at Risk and Vulnerable Groups</i>	<ul style="list-style-type: none"> Support the National Prevention TAC and Regional/local AIDS Coordination bodies to program for MARPs (e.g., MSM and Commercial Sex Workers). Initiate a policy review to create an enabling environment for HIV programs to address the health needs of MARPs as outlined in the NSF. 	<ul style="list-style-type: none"> Support existing coordination and management structures at the national, regional and local level to build country ownership of MARPs programming Support policy review to establish an enabling environment for MARPS programming. Provide technical assistance to enhance the quality of MARPs interventions to government and civil society partners. 	<ul style="list-style-type: none"> Provide technical support for innovative and evidence-informed comprehensive HIV prevention approaches for MARPs. Provide TA and guidance for comprehensive and evidence-informed HIV prevention programs for vulnerable adolescents and youth. Support community initiatives for establishment of peer support groups, community-based risk reduction interventions and empowerment for most at-risk populations including sex workers and MSM Support scale up of evidence based HIV prevention programs in urban areas with a focus on community-led interventions for most at-risk and vulnerable populations.
<i>HIV Prevention Involving People Living with HIV and AIDS</i>	<ul style="list-style-type: none"> Support the National Prevention TAC and Regional/local AIDS Coordination bodies to effectively program for PLHIV. Implement prevention for PLHIV interventions in all health facilities and communities. Strengthen national, regional and local PLHIV organizations. 	<ul style="list-style-type: none"> Support coordination and management structures at the national, regional and local levels. Provide TA to enhance the quality of prevention for PLHIV interventions by government and civil society partners. Strengthen linkages for prevention for PLHIV between health facilities and community settings. 	<ul style="list-style-type: none"> Work with PLHIV to enhance support for prevention for PLHIV, especially youth. Provide TA and funding to support provision of adolescent-friendly health, social and psychosocial services and peer support for adolescents living with HIV.

Prevention			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<i>Medical Male Circumcision</i>	<ul style="list-style-type: none"> Support the National Prevention TAC and Regional/local AIDS Coordination bodies to roll-out MC services. Establish the National Policy and Standard Operating Procedures for MC. Strengthen the capacity of public and private health facilities to conduct MC procedures. Use government systems and forums to promote MC among the staff, families & public. 	<ul style="list-style-type: none"> Facilitate the expansion of MC services in the public and private sectors. Provide TA to enhance quality control. 	<ul style="list-style-type: none"> Provide TA to the National Male Circumcision Task Force. Provide TA, funding, and capacity building for MC policies, programs, training, guidance, equipment (MC toolkits), M&E, and/or communications materials, where needed.
<i>Prevention of Mother-to-Child Transmission of HIV Program</i>	<ul style="list-style-type: none"> Ensure universal access to PMTCT services. Integrate PMTCT services with other services including sexual and reproductive health, maternal, child and male health. Institutionalise paediatric HCT and follow up in coordination with care and treatment services. Use workplace programmes to promote PMTCT. 	<ul style="list-style-type: none"> Facilitate the expansion of integrated PMTCT services in the public and private sectors. Provide TA to enhance coverage and quality. Leverage HIV/AIDS programs in support of the Roadmap to Accelerate the Reduction of Maternal and Neonatal Morbidity and Mortality. Support to strengthen laboratory systems to enhance PMTCT services. 	<ul style="list-style-type: none"> Provide HIV DNA PCR test kits. Support TA, M&E, training and provide HBC kits. Provide TA and guidance for increased coverage and quality of PMTCT and focus on infant feeding, and M&E for PMTCT programs. Leverage HIV/AIDS programs in support of the Roadmap to Accelerate the Reduction of Maternal and Neonatal Morbidity and Mortality. Advocate and provide guidance on integration of PMTCT and EID in MCH services
<i>Post-Exposure Prophylaxis</i>	<ul style="list-style-type: none"> Support the National Prevention TAC and Regional/local AIDS Coordination bodies to roll-out PEP services. Expand PEP services to all health facilities offering ART and PMTCT. Develop effective tools to collect data from the workplace and related to survivors of rape. Educate communities on accessing PEP, especially survivors of sexual abuse and rape. Further educate the public, private & community on the advantages & importance of PEP. 	<ul style="list-style-type: none"> Facilitate the expansion of integrated PEP services in the public and private sectors. Provide TA and resources to expand access to PEP for healthcare workers and victims of sexual violence. 	<ul style="list-style-type: none"> Provide support for the integration of SRH and HIV/AIDS services Provide TA and guidance on effective implementation of PEP services in line with the Joint ILO/WHO Guidelines on PEP.
<i>Condom Social Marketing and Distribution</i>	<ul style="list-style-type: none"> Support the National Prevention TAC and Regional/local AIDS Coordination bodies to improve condom distribution and utilization Strengthen central supply chain activities for 	<ul style="list-style-type: none"> Support the National Prevention TAC and Regional/local AIDS Coordination bodies to increase coverage and use of condoms and lubricants. 	<ul style="list-style-type: none"> Advocate for and provide support for further scale up of availability and accessibility of female and male condoms. Provide TA for the development of a national

Prevention			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
	<p>male and female condoms.</p> <ul style="list-style-type: none"> • Ensure condoms are available and accessible to MARPs, including prison inmates, MSM, schools and out-of-school youth. • Intensify education and awareness of condom use especially among key populations (e.g., sex workers, out of school youth). • Continue condom supplies to public sector staff & communities in general. 	<ul style="list-style-type: none"> • Provide TA to enhance the quality of condom social marketing and programs by government and civil society partners. • Support communications on consistent and correct use of condoms and misconceptions. • Provide TA on the dual use of condoms as a FP and HIV prevention. 	<p>condom strategy.</p> <ul style="list-style-type: none"> • Support promotion and communication regarding condoms for dual protection and consistent and correct condom use. • Support the procurement and placement of condom distribution machines. • Advocacy and TA for the promotion and development of action plan on condoms in schools and other young people venues. • Support STI prevention interventions.
<i>Prevention of Sexually Transmitted Infections</i>	<ul style="list-style-type: none"> • Support the National Prevention TAC and Regional/local AIDS Coordination bodies to expand STI services. • Develop public education campaigns to promote early treatment for STIs. • Strengthen partner tracing and referral networks systems with an emphasis on HCT. • Develop guidelines to promote the involvement of traditional healers and community members in STI referrals. 	<ul style="list-style-type: none"> • Support the National Prevention TAC and Regional/local AIDS Coordination bodies to strengthen STI services. • Provide TA to enhance the quality of facility and community interventions by government and civil society partners. • Collaborate with stakeholders to implement and maintain an STI surveillance system. 	
<i>Blood Safety Program</i>	<ul style="list-style-type: none"> • Strengthen the national strategy for screening all donating blood for HIV and other transmission-transmissible infections (TTI). • Provide financial support to the Blood Transfusion Service of Namibia (NAMBTS) via the NAMBTS cost-recovery system. • Support National Blood Authority and enforce the National Blood Policy. • Support NAMBTS trainings in appropriate blood utilization for clinicians. 	<ul style="list-style-type: none"> • Continued financial assistance to NAMBTS. • Continued technical assistance, as requested by NAMBTS, in technical areas described in GRN 5-year priority actions. 	
<i>Universal Precautions (Prevention of Medical Transmission)</i>	<ul style="list-style-type: none"> • Oversee the implementation of national policies on universal precautions, infection control and waste management. • Enforce policies and procedures. • Procure adequate supplies and equipment for universal precautions and waste management. 	<ul style="list-style-type: none"> • Support implementation of universal precautions and infection control through injection safety program and other TA. • Strengthen GRN capacity to monitor and maintain waste management equipment (e.g., incinerators). 	<ul style="list-style-type: none"> • Respond to GRN requests for technical assistance as needed.

Thematic Area 2: Treatment, Care and Support

Impact Level Results:

- i. Life expectancy has increased from 51.6 years in 2008 to 55 years in FY2015/16
- ii. Percent of people reported dying from AIDS has decreased from 23 percent in 2008 to 18 percent in FY2015/16

Treatment, Care and Support			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<p><i>Pre-Antiretroviral Therapy</i></p> <p>Enhance quality of care</p> <p><i>TB/HIV Co-Infection</i></p> <p>Strengthen coordination between HIV and TB</p>	<ul style="list-style-type: none"> • Scale-up the Pre-ART program. • Establish linkages with other relevant services. • Provide treatment for OIs including TB. • Develop a national TB/HIV strategy and coordinating mechanism. • Develop a joint TB/HIV M&E plan. 	<ul style="list-style-type: none"> • Support GRN to define an appropriate and comprehensive model for Pre-ART and a minimum service package. • Support laboratory systems strengthening. • Continued support for TB/HIV programs. 	<ul style="list-style-type: none"> • Support HRH, Training, ARVs. • Support development and adaptation of Treatment and Care guidelines. • Financial support for TB programs. • Financial support to TB/HIV services. • TA and guidance for implementation and monitoring of TB/HIV collaborative activities. • TA and guidance for employers and workers' organizations on the implementation of comprehensive approaches to workplace TB control.
<p><i>TB/HIV Co-Infection</i></p> <p>Scale up implementation of the Three I's strategy</p>	<ul style="list-style-type: none"> • Scale up intensified TB case finding. • Scale up IPT to minimise the incidence of TB among HIV patients. • Increase coverage of HIV surveillance among TB patients. • Implement infrastructure changes and other recommended activities for infection control. 	<ul style="list-style-type: none"> • Provide support for the implementation and scale up of the three I's. • Support laboratory systems strengthening for TB surveillance and diagnostics (and for other OIs). 	
<p><i>Antiretroviral Therapy</i></p> <p>Improve ART coverage and the service provision environment (human resources and infrastructure)</p>	<ul style="list-style-type: none"> • Strengthen and improve human resource capacity in ART service delivery (recruitment, distribution, training and retention). • Continue to scale up ART coverage. • Engage private sector in ART service delivery. • Continue to invest in infrastructure. 	<ul style="list-style-type: none"> • Provide support to HRH transition process. • Provide support for adult and pediatric ART services (e.g., quality assurance). • Continue to support GRN through scholarships for health professionals. • Support pre-service training in ART services. • Support laboratory systems strengthening. 	<ul style="list-style-type: none"> • Provide financing for ARV drug cost, TA, lab costs, M&E and coordination. • Financial support to the development of the HIV drug resistance strategy. • TA, guidance and training for ART management, lab support and HIV drug resistance monitoring. • Provide TA, guidance and training for strengthened human resource capacity to provide appropriate child and adolescent ART services • Provide specific TA, guidance and (funding) support for the adolescent peer support groups.

Treatment, Care and Support			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<p><i>Antiretroviral Therapy</i></p> <p>Encourage adherence to treatment schedules to minimise defaulters and drug resistance over time</p>	<ul style="list-style-type: none"> • Implement treatment literacy activities to improve ART adherence. • Update and disseminate guidelines for client management changes in non-first line drugs. • Promote partnerships between health facilities and community organisations that promote adherence and tracking of lost to follow-ups. • Increase monitoring of HIV Drug Resistance per WHO recommendations. • Ensure compliance with quality standards. • Review guidelines in line with international guidelines and best practices. • Implement treatment programs to ensure quality ART services. • Standardise a comprehensive prevention package to ART patients. • Integrate interventions for infants and children exposed to or with HIV.²⁴ 	<ul style="list-style-type: none"> • Support mechanisms to enhance adherence to treatment and patient tracking. 	<p>buddy systems and age-appropriate patient tracking systems.</p> <ul style="list-style-type: none"> • Provide specific TA, guidance and (funding) support for adolescent peer support groups, buddy systems and age-appropriate patient tracking systems.
<p><i>Antiretroviral Therapy</i></p> <p>Enhance quality of HIV care</p>	<ul style="list-style-type: none"> • Develop a collaboration framework with civil society groups providing support services. • Develop and up-date OI guidelines. • Establish systems to ensure HIV positive patients are placed on ART or Pre-ART programs. 	<ul style="list-style-type: none"> • Provide support to enhance quality management and quality improvement of ART services. • Provide TA to monitor adverse drug events through pharmacovigilance. 	<ul style="list-style-type: none"> • Support the MoHSS in the development/review of policies, guidelines, norms and standards as well as building health workers capacities. • Provide support for monitoring of TB and HIV-related drug resistance.
<p><i>Antiretroviral Therapy</i></p> <p>Strengthen linkages across key response areas for treatment care and support, particularly referral to the ART program and the management of OIs</p>	<ul style="list-style-type: none"> • Support GRN and stakeholders in the development of a collaboration framework to strengthen treatment, care and support 		
<p><i>Antiretroviral Therapy</i></p> <p>Develop more reliable</p>	<ul style="list-style-type: none"> • Establish systems to monitor private sector providers and enforce national ART policies. • Establish reporting systems for the private 	<ul style="list-style-type: none"> • Support harmonisation and integration of HIS and patient tracking and laboratory information systems. 	<ul style="list-style-type: none"> • Provide TA and support for strengthened ICT – based monitoring and tracking systems.

²⁴ Scale up of HIV-related prevention, diagnosis, care and treatment for Infants and children. A programming framework –UNICEF and WHO, 2008 (http://www.who.int/hiv/pub/paediatric/paediatric_program_fmwk2008.pdf)

Treatment, Care and Support			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<p>monitoring and tracking systems for ART patient management</p>	<p>sector to contribute to national reporting.</p> <ul style="list-style-type: none"> • Harmonise record management for ART patients across the private and public sectors. • Address reporting challenges related to the retention on first line ART at 12 months, on-time pill pick up and drug supply indicators. 		
<p><i>Antiretroviral Therapy</i></p> <p>Strengthen the pharmaceutical supply system throughout all the levels of the supply chain</p>	<ul style="list-style-type: none"> • Upgrade CMS infrastructure and health facilities' pharmaceutical stores to meet increased demand for ART services. • Review and revise staff establishments to meet pharmaceutical personnel needs. • Procure laboratory equipment for quality surveillance / quality control. 	<ul style="list-style-type: none"> • Provide support for strengthening pharmaceutical systems management, inventory control, and warehouse management systems. • Support the GRN transition strategy for HR in the pharmaceutical system. 	
<p><i>Care and Support</i></p> <p>Strengthen Community Home Based Care and Palliative Care</p>	<ul style="list-style-type: none"> • Strengthen CHBC operations at community level • Implement a comprehensive package as prescribed in the National Standards for Community HBC (NSCHBC) including training of community care providers, provision of fair and standardized incentives for volunteers • Implement the M&E and reporting requirements of the National Community HBC Standards • Integrate the procurement and supply management of HBC kit items into the MoHSS Pharmaceutical management and logistics operations • Strengthen the capacity for providing quality palliative care interventions 	<ul style="list-style-type: none"> • TA for improved coordination of RACOCs, DACOCs and CACOCs • Provide TA for organizational strengthening for CSOs as they implement comprehensive HBC packages • TA to integrate Home Based Care logistics systems into existing MoHSS systems • Continue TA to support implementation of a comprehensive care and support package including palliative care and nutrition 	<ul style="list-style-type: none"> • Provide TA, training and coordination support for MOHSS and civil society organizations with CHBC and PLHIV programs. • Support strengthening national network of PLHIV. • TA and guidance for Home Based Care. • Provide Home Based Care kits. • Provide TA, guidance and support for integration of HBC into continuum of care approach.

Thematic Area 3: Impact Mitigation

Impact Level Results:

- i. Percent of poor households has decreased from 28 percent in 2003/4 to 20 percent in FY 2014/ 2015
- ii. Percent of households with vulnerable individuals²⁵ that are able to cope with the impact of HIV²⁶ has increased to 50 percent by FY2015/16²⁷

Impact Mitigation			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<p><i>Vulnerable Households</i></p> <p>Improve sustainable livelihoods for households with vulnerable persons</p> <p><i>Care and Support for OVC</i></p> <p>Increase access to comprehensive care and support for OVC and PLHIV</p>	<ul style="list-style-type: none"> • Increase access to pension and welfare grants for elderly and OVC, and develop a national framework to address vulnerability. • Establish a mechanism to monitor and coordinate responses to vulnerability. • Empower vulnerable households with skills and resources to reduce vulnerability. • Review National Plan of Action for OVC and develop successor plan. • Accelerate the registration of births and deaths. • Strengthen the coordination and management of OVC and social welfare grants. • Accelerate the enactment and implementation of the Child Care and Protection Bill and the Child Justice Bill. • Expand the capacity of the Early Childhood Development (ECD) program. • Strengthen human resources to support comprehensive OVC services. • Develop and implement a Vocational Training Program for out-of-school OVC. • Strengthen the capacity of shelters, community hostels and care facilities. 	<ul style="list-style-type: none"> • Provide TA to implement recommendations from grant effectiveness study. • Support community capacity to implement sustainable income generating activities. • TA to explore public-private partnerships and market research for income generation activities (crafts, etc.) • Support implementation and monitoring of National Plans of Action for OVC. • Support coordination capacity of the national OVC Permanent Taskforce. • Provide TA for the implementation of the Child Care and Protection Act. • Support MGEWC HR strategies and systems. • Support strategies to increase access to social welfare grants. • Support access to vocational training for adolescents. • Strengthen NGOs and community groups to provide care and support to OVC and PLHIV. • Provide TA to expand Early Childhood Development Programs targeting OVC. • Support MGEWC procedures for registration and monitoring of residential care facilities. 	<ul style="list-style-type: none"> • Support for PLWHA and CHBC support groups through CSO. (NGFP) • TA and guidance for livelihood programs for households affected by HIV. • Provide TA, guidance and support for a comprehensive social protection system. • Support social worker training. • Support MGEWC with coordination, scholarships, TA, training, and income generating activities. • Support social welfare and social protection systems. • TA and guidance for birth and death registration including strengthening systems and coverage. • Support implementation and monitoring of National Plans of Action for OVC and integration into the NDP IV. • Support coordination capacity of the national OVC Permanent Taskforce. • Provide TA for the implementation of the Child Care and Protection Act. • Support MGEWC HR strategies and systems. • Support strategies to increase access to social welfare grants. • Strengthen NGOs and community groups to provide care and support to OVC and PLHIV.

²⁵ This individuals include OVC, PLHIV, and the elderly

²⁶ “able to cope” is defined by a composite measure asked in a survey, where vulnerable persons are asked about a number of aspects of their lives, so as to determine whether they can cope with the impact of HIV in their lives.

²⁷ The number of households in Namibia calculated from the CBS and NPC 2008 report on “A review of poverty and inequality in Namibia”

Impact Mitigation			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<p><i>Legal rights and protection services for Vulnerable Persons</i></p> <p>Ensure legal rights and protection services for vulnerable individuals</p>	<ul style="list-style-type: none"> Review existing policies, bills and laws to mainstream responses OVC vulnerability. Strengthen the capacity of Women and Child Protection Units (WACPU). Review relevant laws to ensure legal protection and access to services by MARPs. Strengthen HIV/AIDS research for MARPs to inform policies and laws. Conduct public awareness and education on the legal issues related to HIV and AIDS. Advocate for CRC and CEDAW conventions and the adoption of the Child Care and Protection Bill. Raise awareness and knowledge of the rights for marginalized and vulnerable groups. Provide training on justice for children to community leaders & practitioners. 	<ul style="list-style-type: none"> Strengthen NGOs/CSOs and networks to advocate for rights of MARPS (notably MSM, CSW). Support communication efforts on rights of MARPS. Advocate for policy reform on PLHIV Support training of line ministry staff on the Child Care and Protection Act. Strengthen capacity and community linkages of Women and Child Protection Units (WACPU). Support research studies on OVC and gender based violence. 	<ul style="list-style-type: none"> Support strengthening of alternative care systems. Support MGECW procedures for registration and monitoring of residential care facilities. Provide continued TA and support for improved quality of all 15 WACPU. Provide TA and support for development of integrated child and adolescent protection systems. Support training of line ministry staff, judges and magistrates on the Child Care and Protection Bill, and on Hague Conventions on inter-country adoption and trafficking. Support a multi stakeholder working group for the removal of HIV related punitive and discriminatory laws, regulations and practices or that may hinder delivery and access to HIV/AIDS services for all. Review the relevant laws, regulations, policies and practices to ensure social and legal protection, and access to services by vulnerable groups such as sex workers, MSM, and prisoners. Strengthen HIV/AIDS research for vulnerable groups such as MSM, sex workers, and prisoners to gather empirical and scientific evidence to develop policies and laws.
<p><i>Food Security and Nutrition Support Programs for Households with Vulnerable Persons</i></p> <p>Enhance Food Security and Nutrition (FSN) for Vulnerable Households</p>	<ul style="list-style-type: none"> Expand and improve the National School Feeding Program for OVC. Develop a National Plan for strengthening household food security for vulnerable households, and build vulnerable households' capacity to practice sustainable food production techniques. Implement capacity building programs to teach sustainable food production techniques for vulnerable household and communities. Provide relief rations to vulnerable households during droughts /floods. 	<ul style="list-style-type: none"> Provide TA to national strategies to increase food security and nutrition for vulnerable households. Support livelihood and food security interventions for households with vulnerable members. TA to explore public-private partnerships to increase food production for vulnerable households and communities. 	<ul style="list-style-type: none"> TA and guidance for policies and strategy development. TA for designing and strengthening national food support programs and projects. Strengthen community capacity to address livelihood issues, food security and nutrition to respond to the impact of HIV/AIDS.

Thematic Area 4: Response Management

Impact Level Results:

- i. Percent of NSF service coverage targets (output level results) that have been met in the areas of HIV prevention, treatment care and support and impact mitigation has increased from 0 percent in 2009 to 60 percent in FY 2012/13 and to 90 percent in FY 2015/16
- ii. Percent of stakeholders that have expressed satisfaction with the level and type of services provided by HIV coordination structures²⁸ has increased from 60 percent²⁹ in 2009 to 80 percent in FY 2015/16

Response Management			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<p><i>Institutional Arrangement</i></p> <p>Strengthen GRN committees responsible for implementing the National HIV/AIDS response</p>	<ul style="list-style-type: none"> • Adopt international best practices on the coordination and management of a multisectoral response. • Strengthen human and financial capacity in existing coordinating structures. 	<ul style="list-style-type: none"> • Support GRN committees to implement the Three Ones Principles. • Program USG funding (with GRN and other stakeholders) in accordance with the NSF. • Strengthen capacity of civil society and PLHIV to participate in national policy processes. 	<ul style="list-style-type: none"> • Advocacy and capacity development for leadership and coordination at all levels (national, regional, and local) and across all sectors. • Provide technical assistance to the National AIDS Coordination mechanisms (NAC, NAEC, TACs and Sector Committees, NACCATUM, RACOCs and CACOCs) to strengthen their capacity to coordinate, guide and support the effective implementation and monitoring of the NSF.
<p><i>Enabling Policy and Legal Environment</i></p> <p>Create and sustain an enabling policy and legal environment</p>	<ul style="list-style-type: none"> • Empower multisectoral coordinating bodies, particularly the National AIDS Council, to develop policies. • Support active involvement of non-governmental stakeholders in the development of policies. • Strengthen and link the national response M&E unit to broader government data systems. 	<ul style="list-style-type: none"> • Support an enabling policy environment for civil society and people affected by and infected with HIV/AIDS to participate in the development, implementation, and monitoring of HIV/AIDS programs. • Support greater private sector involvement in the national response. • Harmonize USG M&E systems with the NSF. 	<ul style="list-style-type: none"> • Assess the legal environment for the NSF, HIV/AIDS and PLHIV; identify obstacles and opportunities for resolving them.
<p><i>Enabling Policy and Legal Environment</i></p> <p>Strengthen and Sustain</p>	<ul style="list-style-type: none"> • Take greater financial and programmatic ownership of the national response. • Strengthen leadership capacity. 	<ul style="list-style-type: none"> • Support organizational and leadership capacity in civil society, the GRN, and private sector. 	<ul style="list-style-type: none"> • Build capacity among stakeholders, including RACOCs, on governance for national multi-sectoral AIDS response through leadership for development programs.

²⁸ For response management, outcome level results are to be assessed through the DSP client satisfaction survey, a qualitative assessment of the extent to which each result has been achieved, case studies vignettes that show how the HIV response has been managed in the regions, sectors, communities, and at a national level. This baseline is based on MOHSS statistics as per MOHSS strategic plan. MOHSS has been designated the coordinating body of national HIV and AIDS multi-sectoral response.

²⁹ This baseline is for the MOHSS only, as per MOHSS strategic plan.

Response Management			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
Leadership Capacity	<ul style="list-style-type: none"> Implement performance based management strategies. 	<ul style="list-style-type: none"> Promote PLHIV involvement inPEPFAR-supported programs, on national advisory bodies (e.g, TACs), and within GRN and civil society. 	<ul style="list-style-type: none"> Conduct the PLHIV Stigma Index. Inventory and assess organizational capacity of PLHIV groups; identify options for national PLHIV forums. Provide support to build institutional capacity of organizations of PLHIV to participate fully in the coordination mechanisms of the national AIDS response.
<p><i>Enabling Policy and Legal Environment</i></p> <p>Promote involvement of People Living with HIV/AIDS in the National Response.</p>	<ul style="list-style-type: none"> Develop and implement PLHIV advocacy and engagement agenda. Strengthen PLHIV group leadership. Involve PLHIV in policy and program development and implementation. 	<ul style="list-style-type: none"> Engage donor community and domestic stakeholders to support HRH evaluations and the development and implementation of national HRH strategies. Promote private sector involvement in HRH workforce planning. Support the capacity development of health and social service professionals through local academic institutions and twinning projects. Support stronger linkages between public and private health systems. 	<ul style="list-style-type: none"> Support NANASO & civil society through staffing, training, and M&E. TA for community HRH development. Support HR development, recruitment and retention activities (e.g. task shifting, pre-service training).
<p><i>Capacity Development</i></p> <p>Strengthen human resources and capacity development</p>	<ul style="list-style-type: none"> Conduct continuous evaluations of HRH needs and capacity within GRN and among partners. Develop an HRH framework for capacity building, recruitment and retention strategies, and to describe the career ladder. Promote effective public-private partnerships. Strengthen HR information systems. 	<ul style="list-style-type: none"> Provide technical support to monitor mainstreaming efforts in all line ministries. Promote mainstreaming efforts within the private sector (e.g. workplace programs). 	<ul style="list-style-type: none"> TA and guidance for mainstreaming. Support the development and implementation of evidence-based sector plans and aligned thematic interventions such as Health, Education, Youth, Communication and Information, Justice, PMTCT, Pediatric AIDS, HIV prevention and young people and protection for the most vulnerable including OVC. Build the capacity of key stakeholders to strengthen HIV prevention and impact mitigation efforts. Support implementation of the public sector policy on HIV/AIDS prevention and finalization of the impact assessment report within the public sector. TA and guidance for employers and worker organizations to mainstream, expand and integrate
<p><i>Mainstreaming HIV/AIDS</i></p> <p>Mainstream HIV/AIDS in development programs</p>	<ul style="list-style-type: none"> Ensure HIV/AIDS programs and policies are integrated into non-health sector agendas and programs, and promoted within the private sector. 		

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Response Management			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
<p><i>Mainstreaming HIV/AIDS</i></p> <p>Expand and Integrate HIV/AIDS Workplace Programs (WPP)</p>	<ul style="list-style-type: none"> Establish sector strategies and a coordinating mechanism for WPP. Strengthen senior and mid-level leadership investment in WPP in the public and private sectors. Support WPP monitoring and advocacy. Build an enabling policy environment for private sector WPP. 	<ul style="list-style-type: none"> Provide TA to WPP coordinating mechanisms. Support the promotion of affordable insurance coverage, that includes HIV/AIDS services, for employees. 	<p>HIV/AIDS Workplace Programs (WPP).</p> <ul style="list-style-type: none"> Technical assistance for WPP. Support NABCOA and AMICAAAL to provide outreach and mobile testing in the private and public sectors. Support WPP in the public sector. Support the integration of the new International Labour Standard on HIV/AIDS and the world of work into National laws and regulations.
<p><i>Resource Mobilization and Management</i></p> <p>Strengthen resource mobilization and management</p>	<ul style="list-style-type: none"> Cost the NSF, conduct annual resource assessments, and update the resource mobilization plan. Institutionalize expenditure tracking for all stakeholders. 	<ul style="list-style-type: none"> Provide TA for costing, resource and expenditure tracking, and modeling analyses. Support innovative resource mobilization strategies/interventions Maximize efficiencies within USG-supported programs. 	<ul style="list-style-type: none"> Provide TA to conduct the National AIDS Spending Account at regular intervals (every 2 years).
<p><i>Resource Mobilization and Management</i></p> <p>Develop a sustainability strategy that takes cognisance of the current economic environment</p>	<ul style="list-style-type: none"> Establish and empower a sustainability committee to foster innovative solutions. Conduct quantitative analyses of existing and potential financing mechanisms. Integrate costing information into sustainability plans. Coordinate and encourage action among stakeholders (public, private and external) to address financing gaps and diversify domestic and external funding base. 	<ul style="list-style-type: none"> Provide organizational and technical support to sustainability committee. Provide technical support for sustainability-related analyses. Support development of transition plans for USG supported programs. Support resource mobilization strategies for HRH and other key sustainability issues. 	<ul style="list-style-type: none"> Support the development of a sustainable financing plan.
<p><i>Monitoring and Evaluation</i></p> <p>Strengthen and harmonize Monitoring and Evaluation</p>	<ul style="list-style-type: none"> Establish an appropriate M&E reporting structure for clinical and community data and develop the next national M&E plan in line with the NSF. Build comprehensive M&E capacity through training and supportive 	<ul style="list-style-type: none"> Provide TA to strengthen performance management, integration of GRN Health Information Systems, data quality and data utilization. Revise and implement the System for Programme Monitoring TA to strengthen GRN bursaries for M&E and 	<ul style="list-style-type: none"> Provide technical support to strengthen all components of the National M&E system including major surveys and M&E frameworks. Provide support for the generation and use of evidence and strategic information to guide the national response.

Response Management			
Program Areas	GRN Intends To:	USG Intends To:	Other Intended Partner Roles
	<p>supervision.</p> <ul style="list-style-type: none"> • Strengthen capacity to generate and disseminate annual reports. • Promote evidence-based planning and programming. 	<p>research education.</p>	
<i>Monitoring and Evaluation</i> Support Joint Monitoring and Coordination	<ul style="list-style-type: none"> • Develop Joint Annual Reviews (JAR) for all programs. • Disseminate and utilize information from the JAR for annual planning and proposals. 	<ul style="list-style-type: none"> • Support and participate in the JAR process. 	<ul style="list-style-type: none"> • Support to JAR process.
<i>Monitoring and Evaluation</i> Support Periodic and Mid-term Reviews of the NSF	<ul style="list-style-type: none"> • Develop and cost the NSF Mid-Term Review plan. 	<ul style="list-style-type: none"> • Support and participate in the NSF Mid-Term Review. 	<ul style="list-style-type: none"> • Support the organization and follow-up for NSF reviews.
<i>Monitoring and Evaluation</i> Strengthen and Develop HIV Research	<ul style="list-style-type: none"> • Develop a national research and study agenda for HIV and AIDS. • Establish a mechanism to oversee and implement quality control for research. • Develop a centralized, national database for HIV/AIDS. • Adopt greater ownership of planning and implementation of key surveys that inform NSF indicators. • Build GRN capacity to conduct population-based surveys on HIV/AIDS. 	<ul style="list-style-type: none"> • Build capacity for research, evaluation, surveillance, and data management. • Continuing TA to support population-based surveys. • Promote discussion, coordination, and collaboration between national universities and PEPFAR partners on research projects. • Provide TA to develop cost-recovery strategies for research • Support the GRN Research and Surveillance Group, and support integrated HIS activities and data systems across GRN. 	<ul style="list-style-type: none"> • Support development of national research and study agenda for HIV and AIDS. • Strengthen quality control measures for research. • Support a centralized, national database for HIV/AIDS research.

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ANNEX II: PEPFAR STEERING COMMITTEE TERMS OF REFERENCE

UNITED STATES GOVERNMENT (USG) AND THE GOVERNMENT OF THE REPUBLIC OF NAMIBIA (GRN) STEERING COMMITTEE FOR THE U.S. PRESIDENT’S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

PREAMBLE

The U.S. President’s Emergency Plan for HIV/AIDS Relief (PEPFAR) supports the Government of Namibia’s National Strategic Framework (NSF) for HIV and AIDS (2010 – 2015) through various local and international partners in Namibia. It is therefore imperative to reestablish a Steering Committee to ensure the optimal coordination of activities amongst all partners, to obtain strategic and policy direction from relevant stakeholders, and to maintain clear and open channels of communication. The Steering Committee is to be composed of representatives of the USG agencies involved in implementing PEPFAR and representatives of the GRN involved in the implementation of the NSF and HIV/AIDS activities in the relevant ministries, directorates, departments and/or facilities.

SPECIFIC INTENDED FUNCTIONS OF THE USG/GRN STEERING COMMITTEE FOR PEPFAR

1. Ensure that USG assistance under PEPFAR continues to align closely with the GRN HIV/AIDS vision, strategy and operational plans as articulated in Vision 2030, the NSF (2010 – 2015), and other relevant health policy or HIV/AIDS-related strategy documents;
2. Review and discuss PEPFAR country strategies and provide technical input and oversight to improve program implementation and management in alignment with the national HIV/AIDS response;
3. Review annual PEPFAR Country Operational Plans, budgets and other strategic documents as needed and provide recommendations to the relevant GRN authorities regarding final approval of these documents;
4. Coordinate an annual review of the PEPFAR-GRN Partnership Framework Implementation Plan (PFIP) and make recommendations for technical, financial or policy updates and course corrections as needed;
5. Review and discuss annual and semi-annual progress reports and make appropriate recommendations;
6. Appoint sub-committees, task forces or teams for specific duties or projects when deemed necessary; and
7. Identify and resolve significant implementation constraints.

PLANNED MEMBERSHIP

1. Government of Namibia Representation

- A. Ministry of Health and Social Services
 - i. Deputy Permanent Secretary
 - ii. Directors of:
 - a. Policy Planning and Human Resource Development
 - b. Primary Health Care Services
 - c. Special Programs
 - d. Tertiary Health Care
 - e. Clinical Support Services
 - Namibia Institute of Pathology
 - Namibia Blood Transfusion Service
- B. Other Government Institutions
 - i. National Planning Commission (NPC) Secretariat
 - ii. Office of the Prime Minister
 - iii. Ministry of Education
 - iv. Ministry of Gender Equality and Child Welfare
 - v. Ministry of Finance
 - vi. Ministry of Defense
 - vii. Ministry of Youth, National Service, Sport and Culture
 - viii. Ministry of Regional and Local Government & Housing and Rural Development
 - ix. Ministry of Information and Communication Technology
 - x. Ministry of Safety and Security
 - xi. Ministry of Labor and Social Welfare

2. U.S. Government Representation

- A. Department of State
- B. Agency for International Development (USAID)
- C. Centers for Disease Control & Prevention (CDC)
- D. Peace Corps
- E. Department of Defense

3. Partners

- A. Namibia Network of AIDS Services Organizations (NANASO)
- B. Namibia Business Coalition on AIDS (NABCOA)
- C. UNAIDS
- D. World Health Organization

- E. UNICEF
- F. European Union
- G. National Youth Council
- H. Global Fund Project Management Unit

4. Co-Chairs of Steering Committee

- A. Director of Bilateral Cooperation, NPC
- B. Deputy Permanent Secretary, MOHSS
- C. PEPFAR Country Coordinator, Department of State

FREQUENCY OF MEETINGS

- The Steering Committee is expected to hold two full day meetings twice a year.
- Extraordinary meetings may be called as necessary.

SECRETARIAT

The Secretariat is to be staffed by the Ministry of Health and Social Services within the Directorate of Special Programs, Division of Multisectoral Coordination. The Secretariat's specific intended duties are to be as follows:

1. Keep an up-to-date inventory of all Steering Committee members and alternate members;
2. Provide logistical arrangements for meetings. These may include the following:
 - a. Forward invitations for meetings and requests for agenda points from all members at least one month before the meeting;
 - b. Compile the agenda and forward to all members at least one week before the meeting;
 - c. Prior to Steering Committee meetings, distribute electronic or printed copies of all necessary documents, e.g. agenda, minutes, reports, etc.
 - d. Prepare the meeting venue, refreshments, etc.
 - e. Take minutes during the Steering Committee meetings;
 - f. Draft the minutes and forward to all members for inputs within two weeks after each meeting;
 - g. Upon receiving inputs, incorporate all appropriate changes to the minutes and distribute the final version to all members;
 - h. Ensure that final minutes are signed by the Chairperson and secretary respectively; and
 - i. Keep on file all PEPFAR planning documents, reports, agendas and minutes for Steering Committee proceedings.
3. Minutes of Steering Committee meetings should be kept brief and to the point, focusing on the main resolutions and decisions taken and on recommendations for action.