

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Sustainability framework for the HIV/AIDS Response in Namibia

Windhoek, August 2019



CONTENTS

1. Introduction.....	1
2. Sustainability Action plan	2
3. Defining sustainability of HIV/AIDS in Namibia	7
4. Assumptions	7
5. Services	8
6. Systems	12
6.1 Human Resources for Health	12
6.2 Commodity procurement and supply chain	14
6.3 Laboratory services	16
6.4 Strategic information and surveillance	17
6.5 Community services	19
7. Financial Resources.....	20
7.1 Strategic investments.....	20
7.2 Realizing efficiencies	21
7.3 Sustainable financing options	22
8. Governance, leadership and accountability	23

I. INTRODUCTION

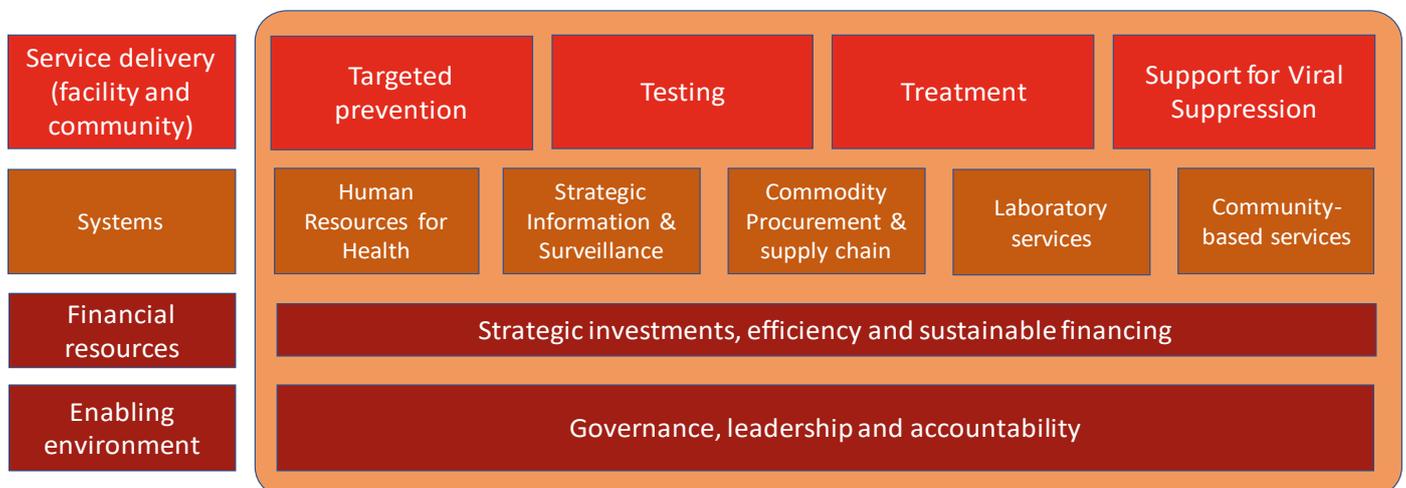
Namibia is performing well in terms of the 95-95-95 targets for epidemic control, which require 95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral treatment (ART), and 95% of all people receiving ART to have viral suppression. The 2019 estimates show that 94% of PLHIV aged 15-64 years know their HIV status, 96% of PLHIV knowing their status are on ART, and 95% of PLHIV on ART are virally suppressed. While nationally the country is close to achieving all of these targets, there are significant differences in the results between males and females as well as between regions, which need to be addressed to fully achieve epidemic control in the country.

Namibia is at a crucial turning point as the country embarks on a path to accelerate the HIV/AIDS response to reach epidemic control. With Namibia being close to achieving the 95-95-95 targets, a final acceleration of targeted interventions is required to fully realize these targets and achieve epidemic control. Once this goal is achieved, it then becomes important to sustain these gains by delivering a cost-effective and affordable response that is able to maintain the targets of epidemic control.

Through this sustainability framework, the Ministry of Health and Social Services aims to provide guidance on how to implement the last push towards the achievement of epidemic control in the country and proactively plan for the requirements to then sustain epidemic control within the context of declining donor funding and pressures on public resources due to an economic downturn. The focus of the sustainability framework is on maintaining the gains that were made in terms of epidemic control, as measured by new HIV infections, HIV-related deaths and the 95-95-95 targets, as opposed to sustaining the current interventions and programs. The primary goal of the sustainability efforts is to ensure a continued reduction of the burden of HIV/AIDS on the country and therefore the response and its interventions need to be responsive to changes in the disease patterns in the country. This framework serves as the primary reference document for the actions required to move the country towards sustainable epidemic control and to inform the development of a national sustainability strategy for health as part of the government’s broader agenda of creating a more sustainable, efficient and integrated health response, which shall include HIV/AIDS as a critical component.

The framework focuses on sustainability from a holistic response perspective, with an analysis that goes beyond just the financial component by also focusing on systems and services, and identifies the sustainability goals and objectives for each component of the HIV response. Adequate financing, an enabling environment and appropriate governance, leadership and accountability are the underlying prerequisites for a sustainable HIV/AIDS response including its systems and services.

Figure 1: Sustainability framework for epidemic control



Source: Adapted from PEPFAR Country Framework for epidemic control, PEPFAR 2019 Country Operational Plan Guidance for all PEPFAR countries

2. SUSTAINABILITY ACTION PLAN

The table below highlights the milestones that are to be achieved to ensure the sustainability of each component within the HIV/AIDS sustainability framework and the actions that need to be taken to move towards a sustainable HIV/AIDS response.

	Component	Sustainability Milestones	Key Actions to Achieve Milestones
Services	Targeted prevention	The number of new HIV infections is reduced annually and remains below the number of deaths among PLHIV	<ul style="list-style-type: none"> • Targeting of high prevalence and high transmission geographic and hotspot areas with combination prevention interventions • Targeting of high-risk populations with targeted and customized combination prevention interventions • Implementation of innovative service provision approaches and best-practices to ensure cost-effective and efficient service provision • Development and implementation of national condoms strategy • Development of recency response strategy for identified hotspots
	Testing	The percentage of PLHIV who know their status is increased to and maintained above 95%	<ul style="list-style-type: none"> • Implementation of focused and targeted testing services provided at health facilities based on behavioral risk screening and counselling • Expansion of targeted testing services at community level • Implementation of innovative service provision approaches and best-practices to ensure cost-effective and efficient service provision
		Testing services are provided to maximise case identification through innovative and targeted testing practices	
	Treatment	The percentage of PLHIV who receive sustained ART is maintained above 95%	<ul style="list-style-type: none"> • Continued implementation of test and treat strategy with efforts focused on same day initiation as far as possible • Implementation of innovative service provision approaches and best-practices to ensure cost-effective and efficient service provision, such as services provided through PLHIV networks, CHWs and support groups • Expansion of treatment services provided through private providers where needed through contracting or PPP arrangements • Scale-up of differentiated care models
ART is provided through Differentiated Service Delivery (DSD) and task-shifted service models that use global best practices and cost-effective regimens			
Support for viral suppression	The percentage of PLHIV on ART who are virally suppressed is maintained above 95%	<ul style="list-style-type: none"> • Develop and implement strategies for improved treatment adherence in cooperation 	

	Component	Sustainability Milestones	Key Actions to Achieve Milestones
		Treatment provision and support is implemented in line with patient needs and global best-practices to minimize treatment defaulting	<ul style="list-style-type: none"> with CSOs Implement strengthened systems for defaulter tracing through use of CHW and improved cooperation with CSOs Support POC viral load monitoring to reduce cost and improve access
Systems	Human resources for Health	Targeted transitioning of donor-supported health workforce required to sustain the HIV/AIDS services is accounted for in the MoHSS HR structure and budget	<ul style="list-style-type: none"> Comprehensive plan for targeted transitioning of health workers from donor payroll to MoHSS payroll developed based on realistic staffing requirements detailing specific positions, job descriptions, training requirements, salary package amounts and timeframes for transitioning Plan for leveraging human resources for health employed in the private sector to contribute to national HIV/AIDS response Development and continuous implementation of a national HRH database to effectively manage the national health workforce
		Optimized use of health workforce to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control in line with established international benchmarks	
	Commodity Procurement and supply chain	At least 90% of ARVs, test kits, condoms, lab reagents and related HIV commodities are funded through domestic resources	<ul style="list-style-type: none"> Continued implementation of CMS turnaround strategy Continuous implementation of improved procurement processes to expedite pharmaceutical and health product procurements and ensure cost-effectiveness Enforce use of available facility-level eLMIS tool and stock monitoring to ensure accountability and budgetary control Transition planning for procurement of HIV commodities Monitor prices paid for HIV commodities against international benchmark prices
		Adequate stock of ARVs, test kits, condoms lab reagents and related HIV commodities are maintained and no stock outs of these items occur at facility, regional or central levels	
		Prices for ARVs, test kits, condoms, essential medicines and supplies are no higher than 20% of international reference prices	
Laboratory services	Adequate national capacity to process laboratory tests (incl. viral load tests) accurately and in a timely manner	<ul style="list-style-type: none"> Capacity building to improve accuracy and time required for processing tests Training to improve the handling, transportation and storage of specimen samples Annual review of input costs and comparison with regional and international benchmarks Annual negotiation of pricing for essential laboratory tests Establishment of national specimen transport and results return system 	
	High quality HIV/AIDS-related laboratory tests are procured and charged at prices that are in line with regional benchmarks		
Strategic Information & Surveillance	National and sub-national HIS are integrated, harmonized and interoperable to systematically generate high quality evidence	<ul style="list-style-type: none"> Integration of M&E systems and implementation of e-health system with expanded internet access to all facilities 	

	Component	Sustainability Milestones	Key Actions to Achieve Milestones
		to support programming and impact analyses MoHSS has the capacity and systems to monitor, analyze and evaluate HIV/AIDS and related programmatic and epidemiological data	<ul style="list-style-type: none"> • Harmonization of data collection at all levels (incl. community and private data) and standardization of tools, systems and data quality assurance protocols • Capacity building of MoHSS M&E staff • Transitioning of donor-funded M&E staff – refer to HRH component • Implementation of unique identifiers for all HIV patients for case-based surveillance
	Community systems and services	Increased number of local civil society and institutions participating in HIV/AIDS service delivery Contracting mechanisms are in place to allow for the outsourcing of community-level HIV/AIDS services to CSOs who have the capacity to effectively and accountably implement community-level HIV/AIDS interventions on behalf of the MoHSS	<ul style="list-style-type: none"> • Development and piloting of social contracting mechanisms • Full roll-out of social contracting mechanisms • Targeted capacity building in areas of program and financial management, and M&E • Reinforce M&E of HIV services in communities by leveraging specific tools
Financial resources	Strategic investments	Allocation of resources is regularly reviewed in line with epidemiological changes, health needs and innovations in prevention and treatment interventions	<ul style="list-style-type: none"> • Review and implementation of resource allocation formula for improved allocations of resources to regions and programs • Implementation of comprehensive program-based budgeting to allow for improved allocation of resources to individual programs
	Efficiencies	Health systems operates as efficiently as possible and wastage of resources is limited	<ul style="list-style-type: none"> • Identification and prioritization of key inefficiencies within the health system and HIV/AIDS response specifically • Development of a standards-based QI tool to measure health system efficiency to systematically identify and address opportunities for improvement • Development and implementation of action plan to address inefficiencies with continuous monitoring of progress made in terms of efficiency gains

	Component	Sustainability Milestones	Key Actions to Achieve Milestones
	Financing options	Financial protection provided for key interventions for epidemic control through predominantly domestically financed resources	<ul style="list-style-type: none"> • Costing of interventions included in minimum package of HIV/AIDS services • Re-prioritization of MoHSS and/or government budget to provide for transitioning of donor funding • Comprehensive assessment of possible health financing options and mechanisms (as part of broader sustainability strategy for health) • Comprehensive transition planning for the HIV/AIDS response
		Donor support is strategically coordinated by the Government to supplement the domestic contributions	<ul style="list-style-type: none"> • Strengthened capacity of Government at all levels to strategically manage donor funding • Establishment of UHC structures and committees within MoHSS with multi-stakeholder engagement to support coordination of health financing decisions and donor resources
Enabling environment	Governance, leadership and accountability	Coordination and management structures, policies, laws and regulations are in place and implemented for the HIV/AIDS response	<ul style="list-style-type: none"> • Review of national coordination framework • NAEC to report to the Health Assembly • Capacity building of MoHSS stakeholders and NAEC members to more effectively lead and coordinate national HIV/AIDS response for sustained epidemic control • Finalize managerial response to the LEA and act on the recommendations
		Strong capacity for the management of the national HIV response exists	<ul style="list-style-type: none"> • Strengthen engagement of HIV response with UHC efforts
		CSOs and private sector are active partners in the HIV/AIDS response with mechanisms in place for feedback and accountability	<ul style="list-style-type: none"> • CSO capacity building on engaging with government on issues of sustainability planning, program management, and fiscal management • Systems developed and implemented to allow CSOs to hold government accountable for funds and results • Platforms established to allow for regular engagement with private sector on planning and the assessment of the HIV response
		Accurate information on the implementation of the HIV/AIDS response is communicated in a timely and reliable manner	<ul style="list-style-type: none"> • Systems and reporting requirements to be developed to ensure regular reporting of key indicators by private sector and civil society • Timely information on progress of implementation and financial accountability to be shared publicly on regular basis

	Component	Sustainability Milestones	Key Actions to Achieve Milestones
	Human rights and gender equality	People living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights	<ul style="list-style-type: none"> • Address all recommendations in Legal Environment assessment managerial response • Provide livelihood empowerment programs for women, especially those most vulnerable to HIV • All HIV-related stigma and discrimination cases are fully reported and addressed • Remove laws, policies, or social norms that create stigma and discrimination against key populations and those vulnerable to HIV transmission
		Elimination of gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations	<ul style="list-style-type: none"> • Introduce policies and mechanisms all domestic and sexual assault cases are fully reported and addressed • Introduce policies and mechanisms to ensure that girls and women receive full community and legal support against gender-based violence cases • Improve law enforcement to reduce gender-based violence and sexual assault

3. DEFINING SUSTAINABILITY OF HIV/AIDS IN NAMIBIA

A common understanding of the definition of a sustainable HIV response in Namibia is critical to guide the strategic planning process and to develop sustainability objectives and actions. Key donors have acknowledged the dependence

Sustained epidemic control within the Namibian context is defined as follows:

The provision of equitable and accessible HIV prevention and treatment services to the entire Namibian population maintaining the 95-95-95 targets and reduced new HIV infections that remain less than the number of deaths attributable to AIDS, adequately funded through domestic resources and strategically coordinated stakeholder support.

that their programs have created and are thus focusing much of their efforts on supporting countries to achieve greater sustainability. As such, they have developed various definitions of sustainability and what it means for their programs. The Global Fund defines sustainability as the “ability to both maintain and scale up service coverage to control the epidemic, even after the removal of external funding.” PEPFAR defines a sustainable response as “the country having the enabling environment, services, systems, and resources required to effectively and efficiently control the epidemic.”

With epidemic control being in the forefront of sustainability planning efforts, it is vital to clearly articulate what is meant by the term and at what point it is deemed to be achieved. Given the complexities and situational variances in the HIV responses of different countries, the definition of sustainable epidemic control is likely to vary from country to country. Namibia’s proposed

definition is based on a combination of the definitions proposed by donors as well as input received from the MoHSS during a sustainability planning workshop held in September 2018. Reaching consensus on the final definition of sustained epidemic control will require further debate and dialogue among stakeholders.

4. ASSUMPTIONS

The HIV/AIDS sustainability framework and the recommendations included herein are based on the following assumptions:

- The NSF mid-term review that is to be conducted in 2019 will reinforce principles of investment thinking to prioritize high-impact, high coverage and high-yield interventions that maximize cost-effectiveness, while also targeting specific populations and geographic areas with client-focused approaches where key indicators fall below target.
- The MoHSS and its implementing partners will continue to ensure that all HIV programs and interventions are client-oriented so that they remain responsive to the client’s needs, ensure adequate access to the services needed and are responsive to changes in disease patterns and sources of new infections.
- HIV/AIDS services will continue to be integrated with sexual reproductive health services and other primary health care services in accordance with MoHSS policies and guidelines on a facility-by-facility basis and are founded on the principles of improving efficiencies and cost-effectiveness of scarce resources without compromising accessibility and quality.
- A minimum package of HIV/AIDS services for epidemic control will be developed, which will guide the provision of HIV/AIDS services upon epidemic control, and will be regularly updated to take into account changes in best practices, treatment regimens, and epidemiological changes.
- Short-term recommendations cover a timeframe of 1 to 2 years, while long-term recommendations should be implemented within a period of 3 to 5 years.

5. SERVICES

Objectives for sustainable HIV/AIDS service delivery

- Deliver these services in a way to achieve high and appropriate coverage of a range of quality, HIV prevention, life-saving treatment and care services and interventions, which are accessible and affordable to poor and vulnerable populations at risk of infection (i.e. key populations, discordant couples, exposed infants), and to those who are infected and/or are affected by the HIV/AIDS epidemic.
- Implement and manage the HIV/AIDS programs and services primarily through the country's health systems, including government, civil society, and the private sector.

	Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Targeted prevention	The number of new HIV infections is reduced annually and remains below the number of deaths among PLHIV	<ul style="list-style-type: none"> • Highest proportion of new infections among women aged 15-29 years and men aged 20-35 years • High new infections among key populations including MSM and FSW • Differences in HIV prevalence and transmission between regions 	<ul style="list-style-type: none"> • Targeted combination prevention activities for AGYW, men and key populations including reduction of stigma and discrimination • Provision of PrEP for high-risk individuals • Recency testing • Targeting of high prevalence and high transmission geographic areas • Scale-up of VMMC services • Promotion and provision of condoms 	<ul style="list-style-type: none"> • Inclusion of comprehensive targeted combination prevention services in the minimum package of HIV services • Development and implementation of national condoms strategy • Integration of PrEP in routine FP/STI/other services and among pregnant and breastfeeding women • Develop a recency response strategy for identified hotspots 	<ul style="list-style-type: none"> • Continued close monitoring of disease patterns, trends of new infections, and international best practices to ensure that prevention interventions are responsive to local disease patterns • Continuous implementation of innovative targeted combination prevention best-practices • Sustained efforts for control of MTCT 	<ul style="list-style-type: none"> • Effective coordination of combination prevention interventions between government and CSOs, with CSOs implementing various interventions and facilitating referral to public health facilities • Mechanisms (e.g. social contracting) in place to allow government to contract CSOs directly once donor funding is reduced leaving significant gaps in the provision of targeted prevention services

	Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Testing	<p>The percentage of PLHIV who know their status is increased and maintained above 95%</p> <p>Testing services are provided to optimize case identification through innovative and targeted testing practices</p>	<ul style="list-style-type: none"> • Positivity yields through general population testing are low • Testing uptake among men is comparatively low • Occurrence of re-testing of known HIV positive patients • Limited information on testing among key populations 	<ul style="list-style-type: none"> • Scale-up of index partner testing • Introduction of HIV self-testing • Introduction of recency testing • Targeted testing programs for key populations • Optimizing PITC with screening tools to ensure testing of high-risk population 	<ul style="list-style-type: none"> • Strengthen the use of unique identifiers in centralized electronic patient management system to prevent re-testing of known positives • Continued expansion of index partner testing and other high-yield testing approaches • Expansion of HIV self-testing with promotion, counselling and referral services by CHW • Implementation and scale-up of recency testing for the identification of sources of new infections 	<ul style="list-style-type: none"> • Expansion of testing services through contracting or Public Private Partnerships • Continued close monitoring of disease patterns, trends of new infections and international best practices for implementation of high-yield testing approaches • Implementation of focused high-yield testing programs based on recency, network testing and other program monitoring results 	<ul style="list-style-type: none"> • Integration of HIV services with other PHC services • Consensus between government and private providers for the provision of HIV/AIDS services • Consistent and adequate supply of diagnostic tests • Comprehensive national testing guidelines

	Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Treatment	<p>The percentage of people diagnosed with HIV who receive sustained ART is maintained above 95%</p> <p>ART is provided through Differentiated Service Delivery (DSD) and task-shifted service models that use global best practices and cost-effective regimens</p>	<ul style="list-style-type: none"> • Transport costs a barrier to access treatment • Patient time requirements for ART prescription collection • Inadequate integration of services 	<ul style="list-style-type: none"> • Multi-month prescriptions and dispensing to reduce visits for stable patients • Community-based ART services (between clinical visits) • Community-based Adherence Groups (CAGs) • Tracking of defaulters • Same-day ART initiation • Active linkage of newly diagnosed patients 	<ul style="list-style-type: none"> • Inclusion of FP services in the minimum package of HIV services • Assessment of feasibility of contracting services to private sector and civil society to improve access and leverage private resources • Scale-up of differentiated care models optimized for population specific needs • Community-based ART starter packs 	<ul style="list-style-type: none"> • Expansion of treatment services through contracting or Public Private Partnerships • Extend multi-month prescriptions and dispensing for stable patients to 6-months, where appropriate • Continued implementation of international best practices for treatment provision, cost-effective treatment regimens and options for task-shifting 	<ul style="list-style-type: none"> • Integration of HIV services with SRH and other PHC services • Social contracting of CSOs for service delivery at community level with standardized procedures to link facility and community-based HIV treatment services • Consensus between government and private providers for the provision of HIV/AIDS services through the private sector on mutually beneficial terms • Consistent and adequate supply of ARVs • Supportive policies for affordable and accessible HIV treatment service delivery

	Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Support for viral suppression	<p>The percentage of PLHIV on ART who are virally suppressed is maintained above 95%</p> <p>Treatment, care and support is provided in a patient-centred approach and in line with global best-practices to optimize treatment outcomes</p>	<ul style="list-style-type: none"> • Persistent treatment interruptions • Food security threatening treatment adherence • Moderate levels of HIV drug resistance • Inconsistent access to viral testing • Lower viral load suppression among children and adolescents • Suboptimal management of co-infection, i.e. TB, hepatitis and cervical cancer 	<ul style="list-style-type: none"> • CSO collaboration with public health facilities for defaulter tracing • Community support groups for improved adherence • Targeted programs for treatment retention • DSD models • TB prevention and treatment • Cervical cancer screening and treatment • Introduction of point of care viral load testing 	<ul style="list-style-type: none"> • Continued collaboration with CSOs for defaulter tracing, support groups and nutritional support • Optimized implementation of differentiated care models • Inclusion of comprehensive support for viral suppression services in the minimum package of HIV services • Scale-up of TB preventive therapy • Expansion of the Screen and Test approach for cervical cancer 	<ul style="list-style-type: none"> • Continuous adaptation of adherence interventions in line with client-needs, innovations in service provision and international best practices • Continuous quality improvement for viral load monitoring and management of elevated viral loads (treatment failure) 	<ul style="list-style-type: none"> • Strong coordination and cooperation between Government and CSOs to maintain treatment adherence • Social contracting mechanisms to allow government to contract adherence and support services to CSOs active in communities • Consistent access to viral load testing • Linkage to existing national drought emergency plan and social welfare services

6. SYSTEMS

6.1 Human Resources for Health

Objectives for a sustainable health system

Within the Human Resources for Health component, a sustainable health system has the following attributes:

- Sufficient numbers and categories of competent health workforce to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community.
- Distribution of staff is in line with the healthcare needs of the population and national plans, and is continuously monitored and managed to optimize their use.
- Health workers providing HIV/AIDS services are trained, deployed and compensated through domestic resources and systems.

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Targeted transitioning of donor-supported health workforce required to sustain the HIV/AIDS services is accounted for in the MoHSS HR structure and budget	<ul style="list-style-type: none"> • High proportion of HIV program employees funded by donors • Financing constraints within MoHSS due to overall government budget cuts resulting from economic constraints • Integration of HIV services with SRH and PHC services to allow for improved efficiencies • Limited multisectoral coordination and engagement by donors and domestic actors 	<ul style="list-style-type: none"> • Transition planning based on stock taking of donor (PEPFAR and GF) HRH support capturing 1,200 positions that are currently funded by PEPFAR and 300 funded by GF • Revised MoHSS organizational structure submitted for approval to OPM • Succession planning and skills transfer related to future limitation of expatriate health workforce 	<ul style="list-style-type: none"> • Evaluate workforce requirements for sustained epidemic control and transitioning requirements taking into account streamlining responsibilities and integration • Feasibility and readiness assessment of outsourcing or contracting of key HIV/AIDS services to private sector or CSOs • Develop comprehensive HRH transition plan and plan for multi-sectoral domestic outsourcing with specific timelines for inclusion in the MoHSS HR structure and annual budgets. 	<ul style="list-style-type: none"> • Implementation of HRH transition plan • Continuous monitoring of staffing requirements to ensure adequate HRH resources are available and budgeted for • Explore opportunities to expand use of private sector HRH workforce for HIV • Approval of MoHSS organizational structure responsive to sustained epidemic control 	<ul style="list-style-type: none"> • Strong coordination and cooperation between donors and MoHSS on development of comprehensive transition plan • Consensus among multi-sectoral stakeholders on integration of HIV/AIDS services and implication on staffing needs

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
<p>Optimized use of health workforce to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control in line with established international benchmarks (e.g. WISN, HOT4ART)</p>	<ul style="list-style-type: none"> • Health workforce shortages • Distribution of staff across regions does not reflect need • Lack of functional HRIS for effective staff management • Most HIV training is funded by donors 	<ul style="list-style-type: none"> • HRH workforce assessment completed for health sector • WISN assessment of workload by region completed • HRH strategy for Namibia under development • Introduction and expansion of CHW program to improve access to multi-sectoral services in communities 	<ul style="list-style-type: none"> • Assessment of HRH utilization, needs and possibility for efficiency gains through improved competency, technology or task shifting • Critical review of distribution of staff against workload, population size and disease burden • Redistribution of staff to rural areas in accordance to health needs through appropriate incentives • Feasibility assessment of outsourcing of selected health services to private sector or CSOs • Develop costed transition plan that includes cost-effective training of staff • Build capacity within MoHSS National Training Center to conduct HIV/AIDS trainings 	<ul style="list-style-type: none"> • Develop and implement HRIS for health worker deployment and management • Review of health worker responsibilities and exploration of further task shifting • Continuous monitoring of staffing requirements to ensure availability of appropriate number of staff and cadres • Incorporate training requirements into national training strategy/agenda • Institutionalize in-service training requirements for epidemic control • Continuous monitoring and quality improvement of HEW program 	<ul style="list-style-type: none"> • Strong coordination and cooperation between donors and MoHSS on development of comprehensive transition plan • Consensus among multi-sectoral stakeholders on integration of HIV/AIDS services and implication on staffing needs

6.2 Commodity procurement and supply chain

Objectives for a sustainable health system

For procurement and supply management component, a sustainable system achieves the following:

- Ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment.
- Efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management, while at the same time reducing costs and maintaining quality.

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Adequate stock of ARVs, test kits, condoms, lab reagents and related HIV commodities are maintained and no stock-outs of these items occur at facility, regional or central levels	<ul style="list-style-type: none"> • Delays in procurement processes resulting in stock outs • Weak governance and management structure and ageing storage infrastructure • Weak inventory management and accountability structures, maldistribution of stock across facilities • No dedicated budget for ARVs and related HIV commodities, which can result in inadequate funding for these products • Shortage of skilled supply chain management professionals 	<ul style="list-style-type: none"> • Implementation of CMS turnaround strategy including integration of IT systems with regional stores • Implementation of pharmaceutical management information system to identify risks of stock outs and options of redistributing stock between facilities being rolled out • Enhancement of site level eLMIS to better determine rational order quantities and monitor expenditures against budget 	<ul style="list-style-type: none"> • Continuous close monitoring of the implementation of the turnaround strategy and remedial actions • Continued coordination with Central Procurement Board (CPB) to continue independent MoHSS/CMS/NIP procurements with exemption from the Public Procurement Act and procurements through pooled procurement mechanisms • Enforce use of available facility-level eLMIS tools and rigorous stock monitoring to ensure accountability and budgetary control from facility level upwards 	<ul style="list-style-type: none"> • Targeted investment, directly or indirectly (outsourcing), in management, human capital and physical infrastructure • Enhance capability of medical stores level order management tools to immediately flag irrational order quantities for management intervention • Review CMS governance structures 	<ul style="list-style-type: none"> • Cooperation between MoHSS and MOF and its CPB to better manage/expedite commodity procurements • Continued exemption for MoHSS/CMS to implement procurement processes and utilize pooled procurement processes

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
At least 90% of ARVs, test kits, condoms, lab reagents and related HIV commodities and condoms are funded through domestic resources	<ul style="list-style-type: none"> Continued reliance on donor support for HIV commodity procurement, especially for emergency procurements 	<ul style="list-style-type: none"> Commitment by government to fully take over funding for procurement of HIV commodities 	<ul style="list-style-type: none"> Planning for the transitioning of donor resources for procurement of HIV commodities Re-allocation of MoHSS budget to ensure availability of adequate financing for HIV commodity procurement Development and implementation of national condoms strategy 	<ul style="list-style-type: none"> Assessment of financing options to secure adequate financing for HIV/AIDS response, including procurement of ARVs Enhanced coordination between CMS/NIP and MoHSS Directorate of Finance and MOF to ensure adequate budgetary provision for commodity procurement 	<ul style="list-style-type: none"> Cooperation between MoHSS and MOF and its CPB to better manage/expedite commodity procurements through specialized pharmaceutical procurement committee Continued exemption for MoHSS/CMS to implement procurement processes and utilize pooled procurement processes
Prices for key ARVs, test kits, condoms, essential medicines and supplies are no higher than 20% of international reference prices	<ul style="list-style-type: none"> Given small quantities procured in Namibia, country prices may be higher than benchmarks, especially for very small quantity items such as pediatric ARVs 	<ul style="list-style-type: none"> Comprehensive comparison of prices paid by CMS against benchmarks Procurement of 90 (and in future 180) count bottles of ARVs in line with multi-months prescriptions approach to reduce cost per unit 	<ul style="list-style-type: none"> Investigate alternative procurement options (direct procurement from manufacturers or pooled procurement) in collaboration with Public Procurement Board Implementation of improved stock forecasting and management practices, including enforcement of budgetary control measures, to reduce need for expensive emergency procurements 	<ul style="list-style-type: none"> Conduct annual market research on new sources and prices for HIV commodities Monitor prices paid for HIV commodities against international benchmark prices annually; renegotiate contracts or retender procurements if benchmark prices are considerably lower 	<ul style="list-style-type: none"> Adequate GRN budgetary allocation made for HIV commodity procurement

6.3 Laboratory services

Objectives for a sustainable health system:

The laboratory services component of a sustainable health system requires:

- Adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
High quality HIV/AIDS-related lab tests are procured and charged at prices that are in line with regional benchmarks and adequate lab supplies are maintained at all levels	<ul style="list-style-type: none"> • High prices charged for HIV-related laboratory tests • Pricing for laboratory services by NIP not transparent 	MoHSS in negotiation with NIP to agree on affordable prices for viral load tests	<ul style="list-style-type: none"> • Prices of various laboratory tests (including input costs of all associated line items) to be shared in transparent manner and monitored against regional benchmark prices 	<ul style="list-style-type: none"> • Annual review of input costs and comparison with regional and international benchmarks • Annually renegotiated pricing for essential laboratory tests 	<ul style="list-style-type: none"> • Cooperation and enhanced coordination between MoHSS, NIP, and other pathology providers • Competitive input costs to ensure that NIP and other providers can reduce the prices for HIV-related tests
Adequate national capacity to process laboratory tests (incl. Viral Load tests) accurately and in a timely manner	<ul style="list-style-type: none"> • Delays in processing of lab tests due to funding gaps • High rejection rates of specimen samples • Frequent unnecessary repeat Viral Load (VL) test requests 	<ul style="list-style-type: none"> • Training to improve the handling, transportation and storage of specimen samples at facility and NIP lab levels • Introduction of near-POC VL testing and near-POC Early Infant Diagnosis (EID) testing 	<ul style="list-style-type: none"> • Capacity building of NIP staff • Monitoring of sample rejection rates to allow for further corrective action prior to arrival at laboratory • Use of patient unique identifiers • Decentralization of EID testing to regional level 	<ul style="list-style-type: none"> • Pre-and in-service training for lab technicians • Continuous capacity strengthening within NIP • Retraining of clinical staff to ensure proper collection of specimens for each needed test • Establishment of national specimen transport and results return system • Establishment of national patient unique identifiers with barcodes 	<ul style="list-style-type: none"> • Stable funding stream/cashflow for NIP

6.4 Strategic information and surveillance

Objectives for a sustainable health system

Within the strategic information and surveillance component, a sustainable health system requires:

- Harmonized and interoperable national and sub-national systems collect, analyze and make available timely, comprehensive, and quality HIV/AIDS and related data (including epidemiological, socio-economic and performance data) to be used to inform policy, program and funding decisions to maximize efficiency and effectiveness for epidemic control.

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
National and sub-national health information systems are integrated, harmonized and interoperable to systematically generate high quality evidence to support programming and impact analyses	<ul style="list-style-type: none"> • Parallel M&E systems that are implemented outside of the HIR Directorate • NSF does not have a comprehensive M&E plan and some baseline figures and targets have not been established • Data collection and reporting tools are not aligned to NSF indicators • Inadequate HIS equipment and infrastructure (IT networks) 	<ul style="list-style-type: none"> • Some efforts from the HIR Directorate to integrate M&E systems after a system inventory was performed • Baseline studies and target setting are being planned • Planned introduction of unique patient identifiers • Planned standardization of data quality approaches and tools • Rolling out of IT infrastructure improvements 	<ul style="list-style-type: none"> • Development of comprehensive national M&E plan in line with NSF • Review M&E tools and methods to collect relevant programmatic indicators in line with NSF on a regular basis • M&E and program personnel to be trained on revised tools • Routine implementation of DQA SOPs • Improve reporting by CSOs and private sector through robust reporting systems and tools • Development of unique patient/client identifier 	<ul style="list-style-type: none"> • Integration of M&E systems into e-health web-based patient-centered system, that has online and off-line capabilities, implemented at site-level, including lower level facilities, local implementing partners and local government • Implement unique patient/client identifiers into all systems (where possible) • HIV focused information systems (ePMS) gradually adapt to accommodate models of integrated service delivery 	<ul style="list-style-type: none"> • Clarification on models and level of integration of HIV/AIDS services into SRH and other PHC services • Coordination with HIRD • Culture of data use for evidence-based decision-making and policy change

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
<p>MoHSS has the capacity and systems to monitor, analyze and evaluate HIV/AIDS and related programmatic and epidemiological data</p>	<ul style="list-style-type: none"> • Limited M&E capacity compromising timely and accurate data collection and reporting • Lack of unique identifiers to aid accurate data collection • Inadequate number of staff and competency dedicated for HIS implementation • Insufficient funding for HIS 	<ul style="list-style-type: none"> • Training and capacity building of MoHSS M&E staff • Alignment of indicator definitions and M&E tools and processes 	<ul style="list-style-type: none"> • Training on NSF indicator requirements • Training of program personnel to be accountable for M&E function if M&E staff is not available 	<ul style="list-style-type: none"> • Strengthen M&E function through improved coordination • Ensure adequate transitioning of M&E staff to MoHSS • Introduce country-wide patient unique identifiers 	<ul style="list-style-type: none"> • Clarification on models and level of integration of HIV/AIDS services into SRH and other PHC services • Coordination with HIRD • Culture of data use for evidence-based decision-making and policy change

6.5 Community services

Objectives for a sustainable health system

In a sustainable health system, community services should:

- Promote participation of local civil society and institutions as active partners in the HIV/AIDS response through advocacy, non-clinical and clinical service delivery when appropriate, as key stakeholders the national HIV/AIDS response.

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
<ul style="list-style-type: none"> • Increased percentage of local civil society and institutions participating in HIV/AIDS service delivery • Contracting mechanisms allow for the outsourcing of community-level HIV/AIDS services to CSOs and institutions who have the capacity to effectively and accountably implement community-level HIV/AIDS interventions 	<ul style="list-style-type: none"> • CSO HIV/AIDS response highly donor dependent with no financial support provided by Government • Government funds RACCOCs, CACCOCs and other local authorities and community structures • Government funding of some CSOs may be inhibiting to their advocacy role 	<ul style="list-style-type: none"> • CSO social contracting diagnosis and stakeholder engagements • Study tour planned to inform strategy/mechanism for social contracting 	<ul style="list-style-type: none"> • Development of social contracting mechanisms for the provision of community-level HIV/AIDS services • CSO capacity building in program and financial management, M&E and community service delivery models to allow for contracting with Government 	<ul style="list-style-type: none"> • Implementation of social contracting mechanisms for the provision of community-level HIV/AIDS services 	<ul style="list-style-type: none"> • Legal environment and regulations to allow Government to contract HIV services to CSOs • Implementation of policies that facilitate service provision to certain key populations and improve accessibility to services by key populations

7. FINANCIAL RESOURCES

7.1 Strategic investments

Objectives for a sustainable health system

From a strategic investments perspective, a sustainable health system requires:

- Government to know the financial resources that are required to effectively and efficiently meet its national HIV/AIDS prevention, care and treatment targets.
- Government actively seeks, solicits and or generates the necessary financial resources, ensures sufficient resource commitments, and uses data to strategically allocate funding and maximize investments.

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Allocation of resources is regularly reviewed in line with epidemiological changes, health needs and innovations in prevention and treatment interventions	Inappropriate criteria for allocation of resources across regions and levels of care	<ul style="list-style-type: none"> • Review of resource allocation criteria • Investment case to be updated • NSF mid-term review is planned • Resource tracking to monitor spending allocations 	<ul style="list-style-type: none"> • Review and planning for the implementation of resource allocation formula for improved allocation of resources to regions and programs • Review of financing allocations to prevention and treatment interventions in line with health needs epidemiological changes, sources of new HIV infection and innovations in intervention approaches 	<ul style="list-style-type: none"> • Regular use of resource allocation formula for budget allocations in line with national priorities, epidemiological changes and innovations in program interventions • Regular review of financing allocations to prevention and treatment interventions in line with health needs epidemiological changes, sources of new HIV infection and innovations in intervention approaches 	<ul style="list-style-type: none"> • Cooperation between Directorate of Finance, PPHRD and individual directorates of MoHSS • Coordination with MOF • Political will for budget reallocations • Availability of comprehensive disease burden and population data/estimates to allow for informed decision-making • Improved budget planning processes • Public service staff rules allow for reallocations of staff in line with budget reallocations

7.2 Realizing efficiencies

Objectives for a sustainable health system

In order to achieve a sustainable response, it is important to:

- Maximize the impact of the HIV/AIDS response by choosing which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time).
- Analyze and use relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions.
- Track unit costs and steps taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Health system operates as efficiently as possible and wastage of resources is limited	<ul style="list-style-type: none"> • Many inefficiencies identified within health system, but limited capacity within MoHSS to implement corrective measures • State finance Act and Central Procurement Act inhibit MoHSS' ability to manage cost-effectiveness 	<ul style="list-style-type: none"> • MoHSS implementing measures to improve efficiencies • Development partners providing support to address individual areas of inefficiencies 	<ul style="list-style-type: none"> • Implement measures to address inefficiencies already identified and prioritized • Development of a standards-based approach for the measurement of health system functions to systematically identify and address key inefficiencies within the health system and HIV/AIDS response specifically • Development and implementation of action plan to address inefficiencies with continuous monitoring of progress made in terms of efficiency gains 	<ul style="list-style-type: none"> • Continuous monitoring of progress made by MoHSS and stakeholders in terms of efficiency gains and innovations for further efficiencies • Cost-effectiveness included as key criteria for decision-making for HIV response 	<ul style="list-style-type: none"> • Coordination of efficiency measures by MoHSS to ensure maximized buy-in and effective management of the change process

7.3 Sustainable financing options

Objectives for a sustainable health system

For a sustainable response, Namibia needs to:

- Budget for its HIV/AIDS response and make adequate resource commitments in terms of expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.

Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Financial protection provided for key interventions for epidemic control through predominately domestically financed resources	Decreasing donor resources available for HIV/AIDS response, need for transitioning donor support and pressures on overall government health budget due to economic constraints	<ul style="list-style-type: none"> • Costing of minimum package of services to identify total resource needs for HIV/AIDS response • Public expenditure review for health completed • Development of UHC framework 	<ul style="list-style-type: none"> • Comprehensive transition planning for HIV/AIDS response • Comprehensive assessment of possible health financing options and mechanisms • Ensure that the national social protection policy and its programmes provide support to at least 75% of people with or affected by HIV 	<ul style="list-style-type: none"> • Implementation of health financing options for generation of additional resources • Provision of HIV services through the private sector targeted at those with willingness to pay to ease burden on public resources 	<ul style="list-style-type: none"> • Cooperation of key stakeholders (OPM, MOF, NPC, MoHSS, medical aid industry, private sector, healthcare providers, CSOs, etc.) in broader health financing discussions (including transition planning)
Donor support is strategically coordinated by the Government to supplement the domestic contributions	Limited financial capacity of government for transitioning of vertical programs and interventions	<ul style="list-style-type: none"> • Public expenditure review for health completed • Technical assistance to support government's efforts for sustainability planning for health 	<ul style="list-style-type: none"> • Capacity strengthening interventions for government at all levels on health financing decisions • Coordination with and engagement of MOF in domestic financing and donor coordination decisions 	<ul style="list-style-type: none"> • Establishment of UHC structures and committees within MoHSS with multi-stakeholder engagement to support the coordination of the response, in particular health financing decisions and donor resources 	<ul style="list-style-type: none"> • Strengthened MoHSS financial management to allow for program-based budgeting • Adequate capacity and coordination of strategic and annual planning and budgeting between MoHSS, MOF, donors and CSOs to effectively manage and guide donor contributions

8. ENABLING ENVIRONMENT

Objectives for a sustainable health system

In a sustainable health system, governance, leadership and accountability include:

- Technical and political leadership by the MoHSS to coordinate an effective national multi-sectoral HIV/AIDS response
- Transparency and accountability by government all stakeholders for achieving planned HIV/AIDS results and the management of finances for the response
- An enabling policy and legal environment with active participation of civil society and the private sector
- Mechanisms for civil society and other stakeholders to review, provide feedback and hold government accountable for the national HIV response
- Civil society's ability to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.

	Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Governance, leadership and accountability	Coordination and management structures, policies, laws and regulations are in place and implemented for the HIV/AIDS response	<ul style="list-style-type: none"> • Current governance structures designed for highly donor dependent response and are not always fulfilling their mandate • Strong legal frameworks and policies with some gaps that need to be addressed for the protection of vulnerable populations, social protection and gender • Need to understand HIV response in context of UHC 	<ul style="list-style-type: none"> • HIV sustainability done under the umbrella of UHC and sustainability for health 	<ul style="list-style-type: none"> • Review of national coordination framework • NAEC to report to National Assembly • Capacity building of MoHSS stakeholders and NAEC members to more effectively lead and coordinate national HIV/AIDS response for sustained epidemic control • Finalize managerial response to the LEA and act on recommendations • Strengthen engagement of HIV response with UHC efforts 	<ul style="list-style-type: none"> • Integrate HIV governance into broader health governance • Governance structures for the HIV/AIDS to be reviewed and strengthened • Legal reforms to ensure protection of vulnerable populations, prevent gender-based violence and discrimination and strengthen social protection • Implementation of HRH strategy in MoHSS 	<ul style="list-style-type: none"> • HIV/AIDS decision-making maintained as key health sector function • Legal reforms to close gaps in protection of vulnerable populations, prevent gender-based violence and discrimination and strengthen social protection

	Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
	CSOs and private sector are active partners in the HIV/AIDS response with mechanisms in place for feedback and accountability	<ul style="list-style-type: none"> • Limited capacity of CSOs to participate in national dialogue and hold government accountable • Limited engagement of private sector in strategic decision-making on HIV/AIDS response 	<ul style="list-style-type: none"> • CSOs represented on most platforms, but participation and engagement need to be strengthened 	<ul style="list-style-type: none"> • CSO capacity building • Increased participation of civil society and private sector in national sustainability dialogue and provision of feedback on public programs, services and fiscal management 	<ul style="list-style-type: none"> • Increased participation of civil society and private sector in national sustainability dialogue • Develop framework for accountability for the provision of HIV service delivery in the private sector • Systems developed and implemented to allow CSOs to hold government accountable for funds and results 	<ul style="list-style-type: none"> • Increased engagement of civil society and private sector in national sustainability dialogue and provision of feedback on public programs, services and fiscal management
	Accurate information on the implementation of the HIV/AIDS response is communicated in a timely and reliable manner	<ul style="list-style-type: none"> • Limited information sharing from private sector with government hampering the monitoring of the national response • Limited feedback on progress of implementing response and financial accountability 	<ul style="list-style-type: none"> • Means of ensuring private sector reporting have been considered 	<ul style="list-style-type: none"> • Systems and reporting requirements to be developed to ensure regular and comprehensive reporting of key indicators by private sector and CSOs 	<ul style="list-style-type: none"> • Systems and platforms developed and implemented to allow for public sharing of information • Timely information on progress of implementation and financial accountability to be shared publicly on regular basis 	<ul style="list-style-type: none"> • Cooperation of civil society and private sector to share data

	Sustainability milestone	Barriers and opportunities	Current/planned interventions	Short-term recommendations	Long-term recommendations	Enabling environment requirements
Human rights and gender equality	People living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights	<ul style="list-style-type: none"> • Discrimination against PLHIV persists in Namibia 	<ul style="list-style-type: none"> • HIV/AIDS charter of rights has been developed 	<ul style="list-style-type: none"> • Address all recommendations in Legal Environment assessment managerial response • Provide livelihood empowerment programs for women, especially those most vulnerable to HIV 	<ul style="list-style-type: none"> • All HIV-related stigma and discrimination cases are fully reported and addressed • Remove laws, policies, or social norms that create stigma and discrimination against key populations and those vulnerable to HIV transmission 	<ul style="list-style-type: none"> • Coordination with law enforcement and legislature
	Elimination of gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations	<ul style="list-style-type: none"> • Gender inequalities and gender-based violence are an increasing threat to the HIV/AIDS response 	<ul style="list-style-type: none"> • Introduction of legislative reforms including Combating of Domestic Violence Act (2003) and the Combating of Rape Act (2000) 	<ul style="list-style-type: none"> • Introduce policies and mechanisms all domestic and sexual assault cases are fully reported and addressed • Introduce policies and mechanisms to ensure that girls and women receive full community and legal support against gender-based violence cases 	<ul style="list-style-type: none"> • Improve law enforcement to reduce gender-based violence and sexual assault 	<ul style="list-style-type: none"> • Coordination with law enforcement and legislature