THE ROAD TOWARDS HIV/AIDS EPIDEMIC CONTROL

Introduction & Background

The African Collaborative for Health Financing Solutions (ACS) is a five-year, United States Agency for International Development (USAID)-funded project with the goal of advancing implementation of health financing policies that support movement toward universal health coverage (UHC) in sub-Saharan Africa.

This case study provides lessons learned in defining the HIV prevention, treatment, care and support services to maintain epidemic control in Namibia.

Remaining gaps in the HIV/AIDS response, particularly related to hard to reach geographic locations and/or populations at risk, must be addressed to avoid a resurgent epidemic.

A UNIQUE CHALLENGE

Data revealed that Namibia was well ahead of the UNAIDS 2030 target goal for HIV treatment coverage. Results in 2019 demonstrate that 94% of Namibians living with HIV know their status, 96% who know their status are on antiretroviral therapy and 95% of those on treatment have achieved viral suppression.

Namibia is the first sub-Saharan African country to achieve these targets.
METHODOLOGY

Stakeholder consensus is critical. The team adopted a 10-step process\(^1\) to create a package of HIV/AIDS services for epidemic control:

**STEP 1: Identify the goal of the service package**

A review of key documents capturing Namibia's HIV/AIDS strategic goals and objectives was conducted to determine the criteria and objectives of the package of services for epidemic control.

**STEP 2: Define the criteria**

The following guiding principles underpinned the shape of the package: equity, effectiveness and safety, cost effectiveness and congruence with existing policies and guidelines.

**STEP 3 & 4: Shape the package for epidemic control, gathering and generating evidence**

A review of literature related to priority setting processes in similar settings was conducted, which informed the development of a framework to categorize, refine and apply the services.

The purpose of the multi-stakeholder consultations was to gain a better understanding of the following issues:

- Current services delivered in each HIV/AIDS program as well as complementary or additional services that implementing partners and donors deliver and support:
  - Listing of critical services needed to maintain Namibia’s epidemic control (95/95/95)\(^2\).
  - Classifying these services as either fast-track\(^3\) or maintenance\(^4\).
  - Identifying geographic areas or populations with glaring gaps.

- Identifying the best service delivery modalities.

The process of creating the package of HIV/AIDS services for epidemic control was designed to be consultative. To ensure multi-sectoral input and consensus, participants were divided into 5 thematic groups including:

- HIV testing services
- Condom distribution, PrEP, and voluntary medical male circumcision
- Key populations
- Adolescent girls and young women
- Care and treatment

Participants were asked key questions:

- Identify 4 fast track priorities and strategies.
- What minimum services are required to maintain 95/95/95?
- Which geographic locations should these services be focused in?
- How should the services be delivered and who should deliver them?

In addition to stakeholder interviews, the team worked to gain a deeper understanding of the status of the HIV/AIDS epidemic in Namibia and the health outcomes achieved as a result of the services provided.


\(^2\) 95% of people living with HIV (PLHIV) know their status, 95% of PLHIV who know their status are on antiretroviral therapy and 95% PLHIV who know their status have achieved viral suppression.

\(^3\) An approach for increasing the pace of implementation, focus and change from the global to the city level to reach the UNAIDS 95-95-95 prevention and treatment goals.

\(^4\) The provision of equitable and accessible HIV prevention and treatment services to the entire Namibian population to maintain the UNAIDS 95-95-95 targets and reduce new HIV infections to less than the number of deaths attributable to AIDS.
STEP 5: Undertake appraisal and budget impact assessment

STEP 6: Deliberate the evidence to inform priority services for the package
A multi-sectoral workshop was held to:
- Review the draft comprehensive summary of current HIV/AIDS services based on data collected.
- Obtain multi-sectoral inputs to ensure that all services provided are included in the draft comprehensive summary.
- Adapt evidence-based methodologies to the Namibian context to define a package of services for sustained epidemic control.

![Multi-sectoral workshop to validate package of services](image)

STEP 7: Make recommendations/make a decision
The draft package of services was circulated for input and a final version was submitted to the Ministry of Health & Social Services management committee.

STEPS 8, 9 & 10: Translate decisions into resource allocation and use > manage & implement > review, learn and revise

*Note: Steps 5, 8, 9 and 10 are being addressed through other Ministry of Health activities.*

Highlights of the package of services

- The design of the package was done in a transparent manner, was informed by local and global evidence, and was built from an existing package of interventions and service entitlements that exist within the Namibian health system.
- An explicit priority setting criterion was used to shape the essential package of HIV/AIDS services for epidemic control.
- The focus of the design was on preventive and promotive health services to ensure that there is value for money, which reflects the guiding principle of primary health care per the 1978 Declaration of Alma-Ata.
- The package of services centered on community needs - the needs of the community were identified by the evidence on the fast-track priorities.

Key program components

![Diagram showing key program components]

Lessons learned

- Effective and transparent communication with key stakeholders and the public is necessary for successful adaptation of the package of HIV/AIDS services for epidemic control.
- Making the package of services as explicit as possible can be a daunting task, therefore, it is important to leverage the Ministry of Health's leadership, particularly for contentious and sensitive issues.

Summary

- The package of services is a blueprint for how to maintain the current level of coverage and sustain the low HIV incidence in Namibia.
- For the first time, the package of HIV/AIDS services for epidemic control was a consultative process, where all stakeholders agreed on the essential services to include in the package.

For more information, contact Claire Jones: cjones@synergos.org

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Results for Development, Duke University Global Health Innovation Center, Amref, Synergos, RESADE, and Feed the Children and do not necessarily reflect the views of USAID or the United States Government.