

## **RM Narrative Cover Sheet – Namibia**

The government of Namibia funds the bulk of the HIV/AIDS response, and provides strong political leadership in policy formulation, strategy development and oversight as well as service delivery. This has allowed Namibia to make rapid decisions based on the best available data and clinical practice guidelines.

The government is takes primary responsibility for almost all Service delivery, with the exception of:

- Key Populations;
- Male circumcision kits and supplies; and
- Health Workforce training and supervision for HIV/AIDS.

PEPFAR is the next big player, with a U\$71.5 Million program in FY2019, with primary responsibility for, but not limited to:

- Some Non-Service Delivery Assistance;
- CSO community health workforce; and
- Strategic Information.

The Global Fund grant was developed to complement the work of the government and PEPFAR, often implementing the same programs as PEPFAR, but in different geographic areas.

The UN while not listed separately as a major actor under the various dimensions, plays a significant role in strategy formulation and in supporting above site systems, particularly UNAIDS, WHO, UNFPA and UNICEF, but the UN is

# HIV/AIDS Responsibility Matrix

Country: Namibia  
 Epidemic Type: Generalized  
 Income Level: Upper Middle Income  
 PEPFAR Categorization: Long-Term Strategy

## Legend

Primary=Primary responsibility for/contribution to element  
 Secondary=Secondary responsibility for element (i.e., doesn't lead, but offers substantial level of support)  
 Nominal=Contributes to this effort, but offers a nominal/marginal level of support  
 None=No responsibility/level of support

FUNCTIONAL ELEMENTS	DIMENSIONS								
	SERVICE DELIVERY <sup>1</sup>			NON-SERVICE DELIVERY ASSISTANCE <sup>2</sup>			STRATEGY FORMULATION AND PLANNING <sup>3</sup>		
	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt.	PEPFAR	GFATM
<b>Programs</b>									
<b>Care and Treatment</b>	Primary	Secondary	Nominal	Secondary	Primary	Nominal	Primary	Secondary	Nominal
Clinical Interventions	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Secondary	Primary	None
Laboratory	Primary	Secondary	None	Primary	Secondary	Nominal	Primary	Secondary	None
Linkage, Retention, Adherence	Primary	Secondary	Nominal	Secondary	Primary	Nominal	Primary	Secondary	None
TB-HIV	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary	None
<b>HIV Testing Services</b>	Primary	Secondary	Nominal	Secondary	Primary	Nominal	Primary	Secondary	None
<b>Prevention</b>	Primary	Secondary	Nominal	Secondary	Primary	Nominal	Primary	Secondary	Nominal
Prevention of Mother-To-Child Transmission	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary	None
Male Circumcision	Primary	Secondary	Nominal	Secondary	Primary	Nominal	Secondary	Primary	None
Other Biomedical Prevention	Primary	Secondary	Nominal	Secondary	Primary	None	Secondary	Primary	None
Key and Priority Populations	Nominal	Primary	Secondary	None	Primary	Secondary	None	Primary	Nominal
<b>Orphans and Vulnerable Children</b>	Primary	Secondary	None	Primary	Secondary	Nominal	Primary	Secondary	Nominal
<b>Commodities</b>									
<b>Condoms</b>	Primary	Secondary	None	Primary	Nominal	Nominal	Primary	Secondary	Nominal
<b>Male Circumcision Kits and Supplies</b>	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Secondary	Primary	Nominal
<b>Rapid Test Kits</b>	Primary	Nominal	Nominal	Primary	Nominal	Nominal	Primary	Secondary	Nominal
<b>Antiretroviral Drugs</b>	Primary	Nominal	Secondary	Primary	Secondary	Secondary	Primary	Secondary	Secondary
<b>Other Essential Drugs</b>	Primary	Nominal	Nominal	Primary	Nominal	Nominal	Primary	Nominal	Nominal
<b>CD4</b>	Primary	None	None	Primary	None	None	Primary	None	None
<b>Viral Load</b>	Primary	None	Nominal	Primary	Nominal	Nominal	Primary	Secondary	Nominal
<b>Reagents and Supplies</b>	Primary	None	None	Primary	Nominal	None	Primary	Nominal	None
<b>Health Equipment</b>	Primary	Nominal	Nominal	Primary	Nominal	Nominal	Primary	Nominal	Nominal
<b>PSM Costs</b>	Primary	Nominal	Nominal	Primary	Nominal	Nominal	Primary	Secondary	Secondary
<b>Health Workforce</b>									
<b>Service Delivery Personnel: Facility-level staff total</b>									
Salary and Benefits	Primary	Secondary	Nominal				Primary	Secondary	Nominal
Salary Top-Ups	None	None	None				None	None	None
Training and Supervision	Secondary	Primary	Nominal				Primary	Secondary	Secondary
<b>Non-Service Delivery Personnel: Facility-level staff total</b>									
Salary and Benefits				Primary	Secondary	Nominal	Primary	Secondary	Nominal
Salary Top-Ups				Nominal	None	None	None	None	None
Training and Supervision				Primary	Secondary	Nominal	Primary	Secondary	Nominal
<b>Community Health Workers/Lay Cadres staff number</b>									
Salary and Benefits	Primary	Secondary	None	Primary	Primary	None	Primary	Secondary	Nominal
Salary Top-Ups	None	Primary	Secondary	None	Primary	Secondary	None	None	None
Training and Supervision	Secondary	Primary	Secondary	Secondary	Primary	Nominal	Primary	Secondary	Nominal
<b>Secondment Staff number</b>									
<b>Above Site (Systems)</b>									
<b>Health Workforce</b>				Primary	Secondary	Secondary	Primary	Secondary	Nominal
<b>Governance</b>				Nominal	Nominal	Nominal	Primary	Nominal	Nominal
<b>Institutional and Organizational Development</b>				Primary	Nominal	Nominal	Primary	Nominal	Nominal
<b>Health Financing</b>				Primary	Secondary	Nominal	Primary	Secondary	Secondary
<b>Health Management Information Systems</b>				Primary	Secondary	Nominal	Primary	Secondary	None
<b>Supply Chain Systems</b>				Primary	Secondary	Secondary	Primary	Secondary	Secondary
<b>Laboratory Systems</b>				Primary	Secondary	None	Primary	Nominal	Nominal
<b>Other Systems Support</b>									
<b>Disease Surveillance</b>				Primary	Nominal	None	Primary	Nominal	None
<b>Strategic Information</b>									
<b>Monitoring and Evaluation</b>	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary	None
<b>Surveys and Surveillance</b>	Primary	Secondary	Nominal	Secondary	Primary	None	Primary	Secondary	None
<b>Research and Other Surveys</b>	Primary	Secondary	Nominal	Secondary	Primary	None	Primary	Secondary	None
<b>Program Implementation, Management, and Support</b>									
<b>At the Implementation Level</b>	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Nominal
<b>At the Donor Level</b>	Nominal	Primary	Secondary	Nominal	Primary	Nominal	Nominal	Primary	Nominal

## Definitional guidance for dimension categories:

1. Service Delivery - Activities that involve direct contact with patients; or direct involvement in this activity.
2. Non-Service Delivery Assistance - Advice, training, etc. provided to ensure service is successful.
3. Strategy Formulation and Planning - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.

<b>HIV/AIDS Responsibility Matrix</b>		<b>Supplementary Comments/Notes</b>
<b>Country: Namibia</b>		
<b>Programs</b>		
<b>Care and Treatment</b>		
Clinical Interventions		
Laboratory		Most of the public health sector laboratory services are provided through a state owned enterprise (NIP), outside the control of the ministry of health.
Linkage, Retention, Adherence		CSOs conduct a significant amount of linkage to care and adherence work.
TB-HIV		
<b>HIV Testing Services</b>		
<b>Prevention</b>		
Prevention of Mother-To-Child Transmission		
Male Circumcision		The VMMC program is heavily supported by PEPFAR and Global Fund
Other Biomedical Prevention		PrEP was initially piloted by PEPFAR, but has now been rolled-out nationally by the ministry of health.
Key and Priority Populations		Programs for Key and Priority Populations are almost exclusively funded and supported by PEPFAR and Global Fund, with the exception of commodities
<b>Orphans and Vulnerable Children</b>		
<b>Commodities</b>		
<b>Condoms</b>		
Male Circumcision Kits and Supplies		PEPFAR and Global Fund are responsible for the majority of VMMC supplies
Rapid Test Kits		
Antiretroviral Drugs		The government is responsible for virtually all ARVs, with the PEPFAR and Global Fund providing some stop-gap supplies on occasion.
Other Essential Drugs		
CD4		
Viral Load		Viral Load tests are conducted through the NIP
Reagents and Supplies		
Health Equipment		
PSM Costs		PEPFAR and Global Fund support a significant amount of PSM cost, covering several staff positions and functions
<b>Health Workforce</b>		
<b>Service Delivery Personnel: Facility-level staff total</b>		
Salary and Benefits		Clinical mentors are considered service delivery in Namibia
Salary Top-Ups		
Training and Supervision		
<b>Non-Service Delivery Personnel: Facility-level staff total</b>		
Salary and Benefits		clinical mentors are considered service delivery in Namibia
Salary Top-Ups		
Training and Supervision		
<b>Community Health Workers/Lay Cadres staff number</b>		
Salary and Benefits		UNAIDS provides primary support for strategic formulation for CSOs
Salary Top-Ups		
Training and Supervision		
<b>Secondment Staff number</b>		
<b>Above Site (Systems)</b>		
The government has the mandate for all systems listed below, but donor provide a significant amount of technical assistance		
<b>Health Workforce</b>		
<b>Governance</b>		
<b>Institutional and Organizational Development</b>		
<b>Health Financing</b>		
Health Management Information Systems		Most systems developed and supported through PEPFAR
Supply Chain Systems		GHSC has supported the Ministry of Health in developing and managing their supply chain for over a decade
Laboratory Systems		
Other Systems Support		
Disease Surveillance		WHO provides significant support towards disease surveillance
<b>Strategic Information</b>		
Monitoring and Evaluation		PEPFAR provides significant support for the maintenance and development of monitor systems, such as DHIS2 and ePMS
Surveys and Surveillance		
Research and Other Surveys		PEPFAR has backed almost all major research efforts related to HIV in Namibia, and in some instances is joined by Who and Global Fund (TB survey)
<b>Program Implementation, Management, and Support</b>		
At the Implementation Level		UN agencies (especially WHO and UNAIDS) provide a significant amount of TA, such as: Treatment guidelines and other policies. Should be considered secondary in providing TA.
At the Donor Level		UN agencies (especially WHO and UNAIDS) provide a significant amount of TA, such as: Treatment guidelines and other policies. Should be considered secondary in providing TA.