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U.S. President's Emergency Plan for AIDS Relief

Media Information Session

June 19, 2018

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U.S. President's Emergency Plan for AIDS Relief

Ending the HIV Epidemic: Update on Progress in Namibia

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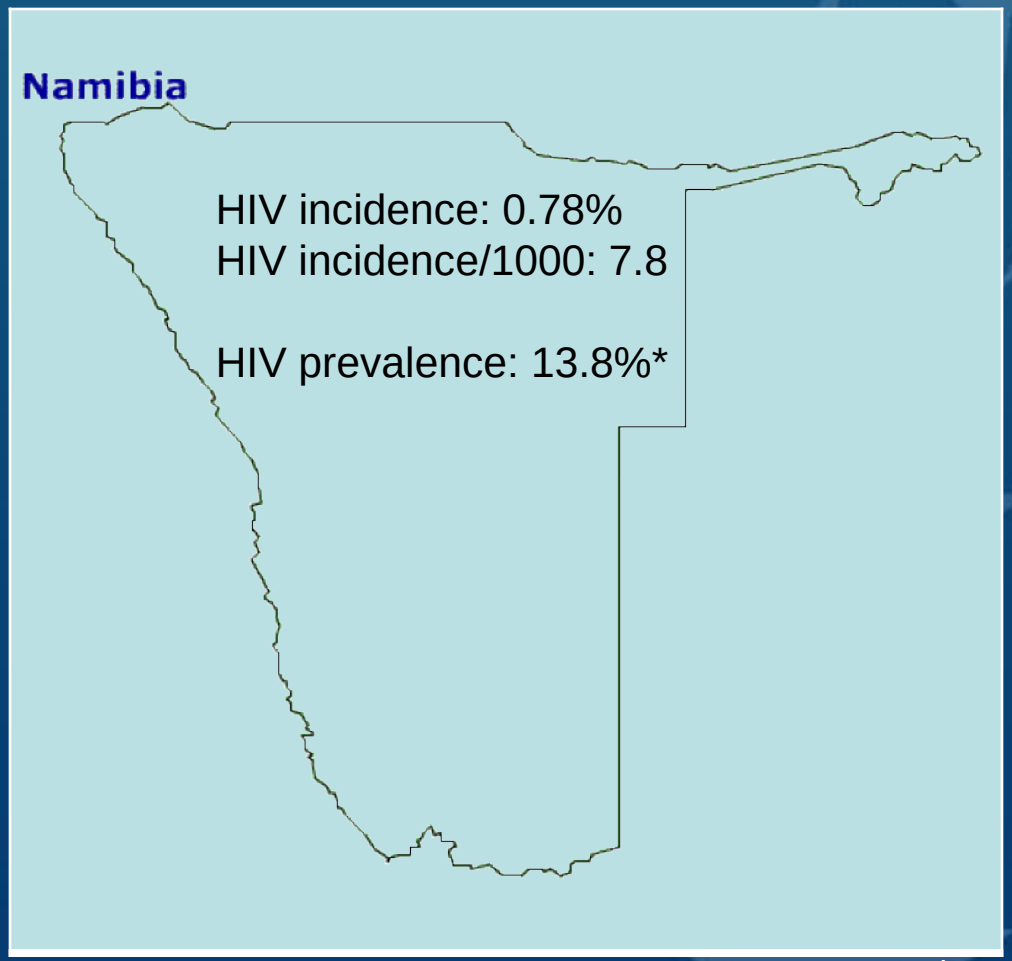
U.S. Centers for Disease Control and Prevention
Windhoek, Namibia

Where do we get HIV data from?

- Data collected directly from health facilities – majority aggregated in DHIS2
- UNAIDS Spectrum model
- Surveys
  - Demographic and Health Survey
  - Bi-annual HIV sentinel survey
  - Coming soon – NAMPHIA results

What is HIV incidence? What is HIV prevalence?

- **HIV incidence** is the measure of new infections of HIV
- **HIV prevalence** is the measure of the proportion of the population currently infected with HIV



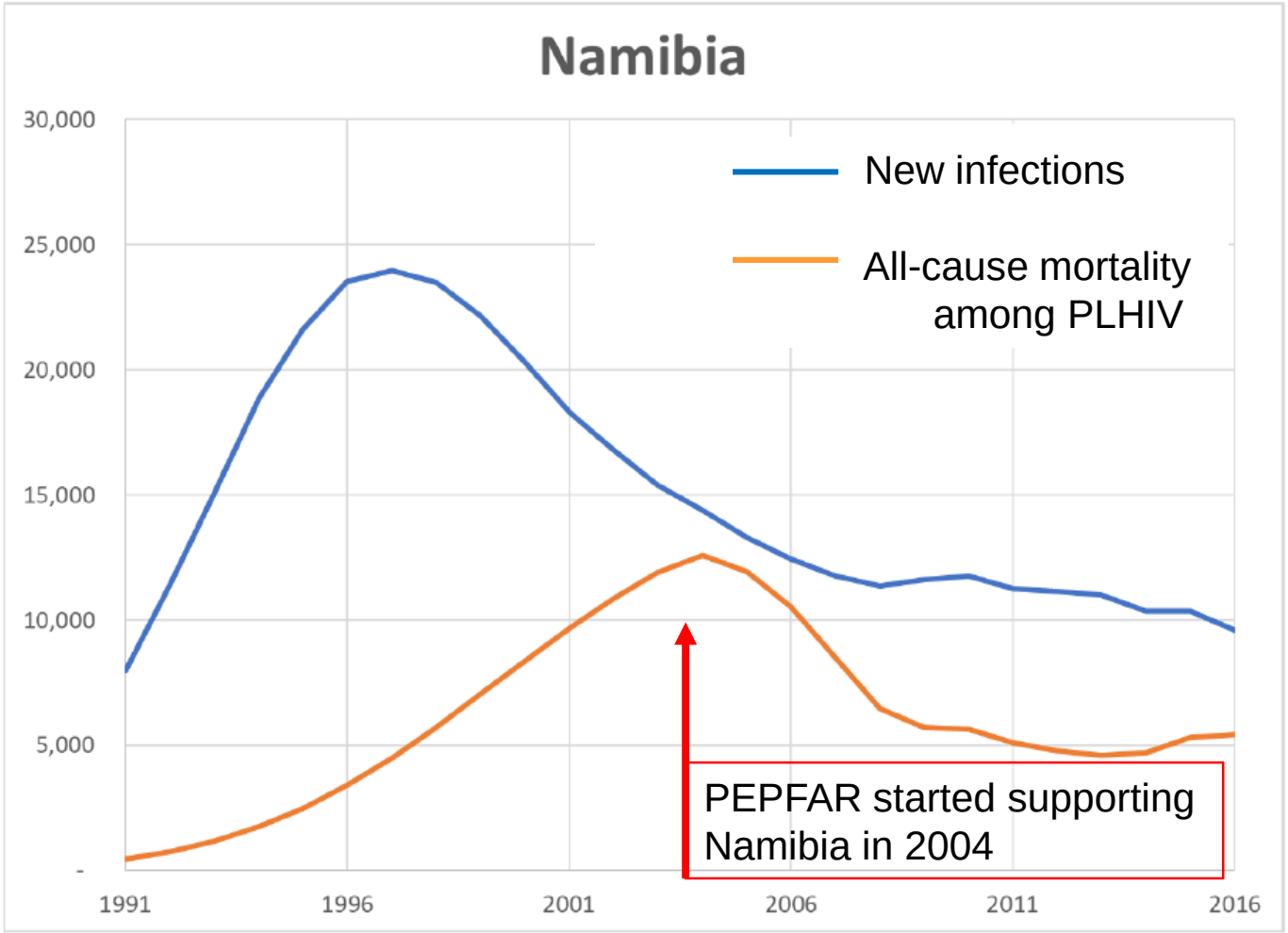
2016 data, adults aged 15-49 http://www.unaids.org/en/regionscountries/countries/namibia/

Namibia in context

	Angola	Zambia	Namibia	Botswana	South Africa
HIV incidence per 1000 population (adults age 15-49)	1.68 [1.23 - 2.24]	7.28 [6.22-8.66]	7.84 [6.51 - 9.16]	9.32 [6.83 - 11.81]	9.90 [9.09 - 10.68]
HIV prevalence rate (adults age 15-49)	1.9 [1.5 - 2.2]	12.4 [11.8 - 13.0]	13.8 [12.1 - 15.1]	21.9 [19.2 - 23.8]	18.9 [16.6 - 21.0]

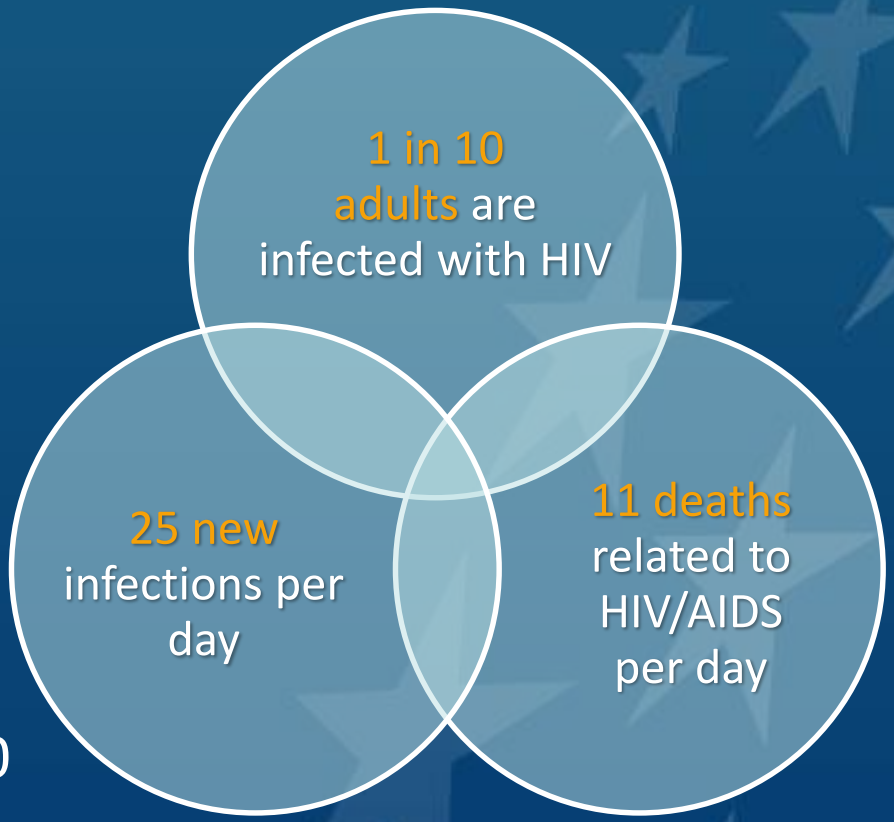
http://www.unaids.org/en/regionscountries/countries

HIV incidence over time



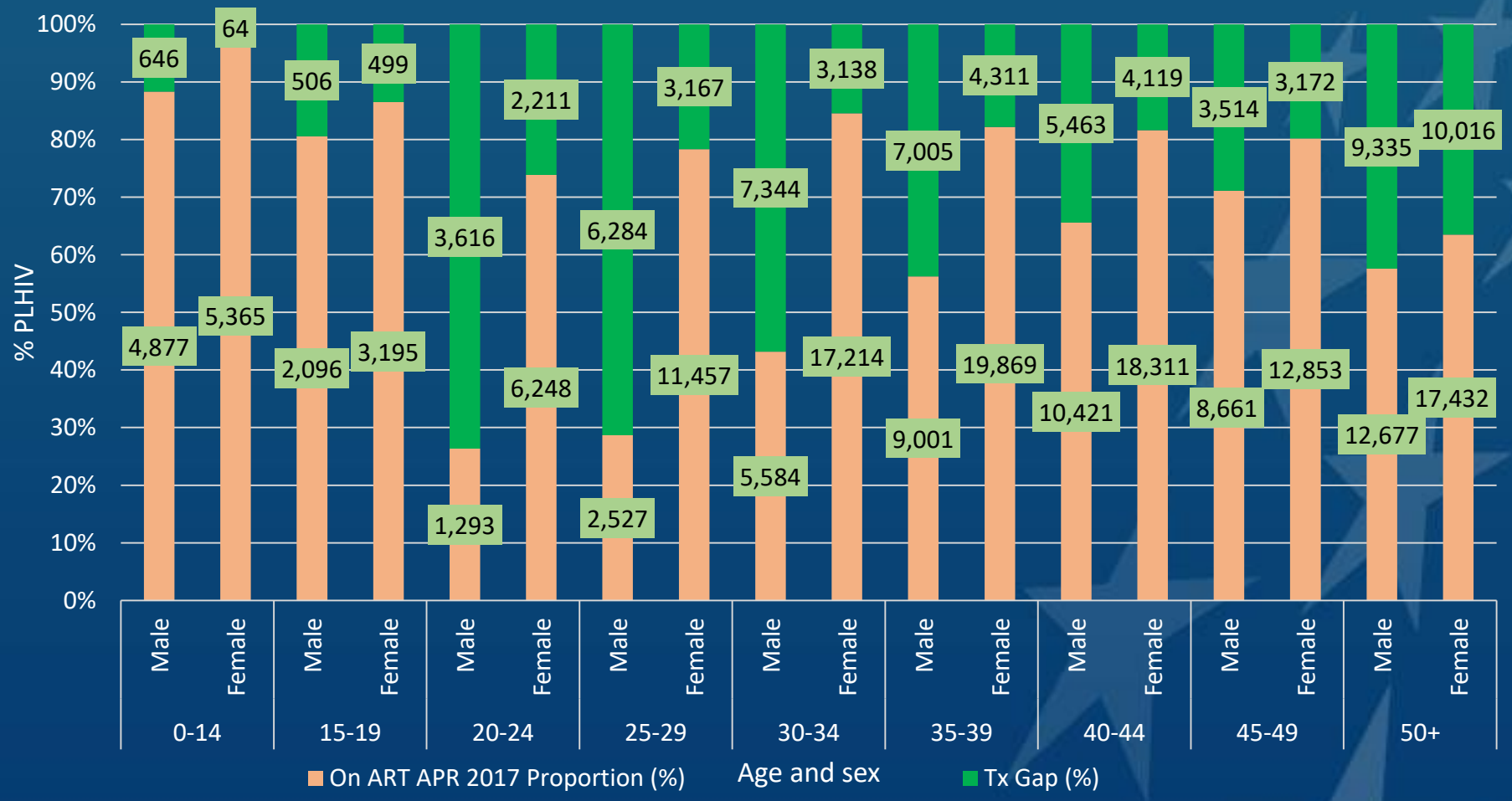
HIV in Namibia

- Adults aged 15 and over living with HIV = 220,000 people [200,000 - 240,000]
- Adults aged 15 and over newly infected with HIV = 9,200 [7,500 - 11,000]
- Deaths due to AIDS among adults aged 15 and over = 3,900 [2,900 - 5,000]



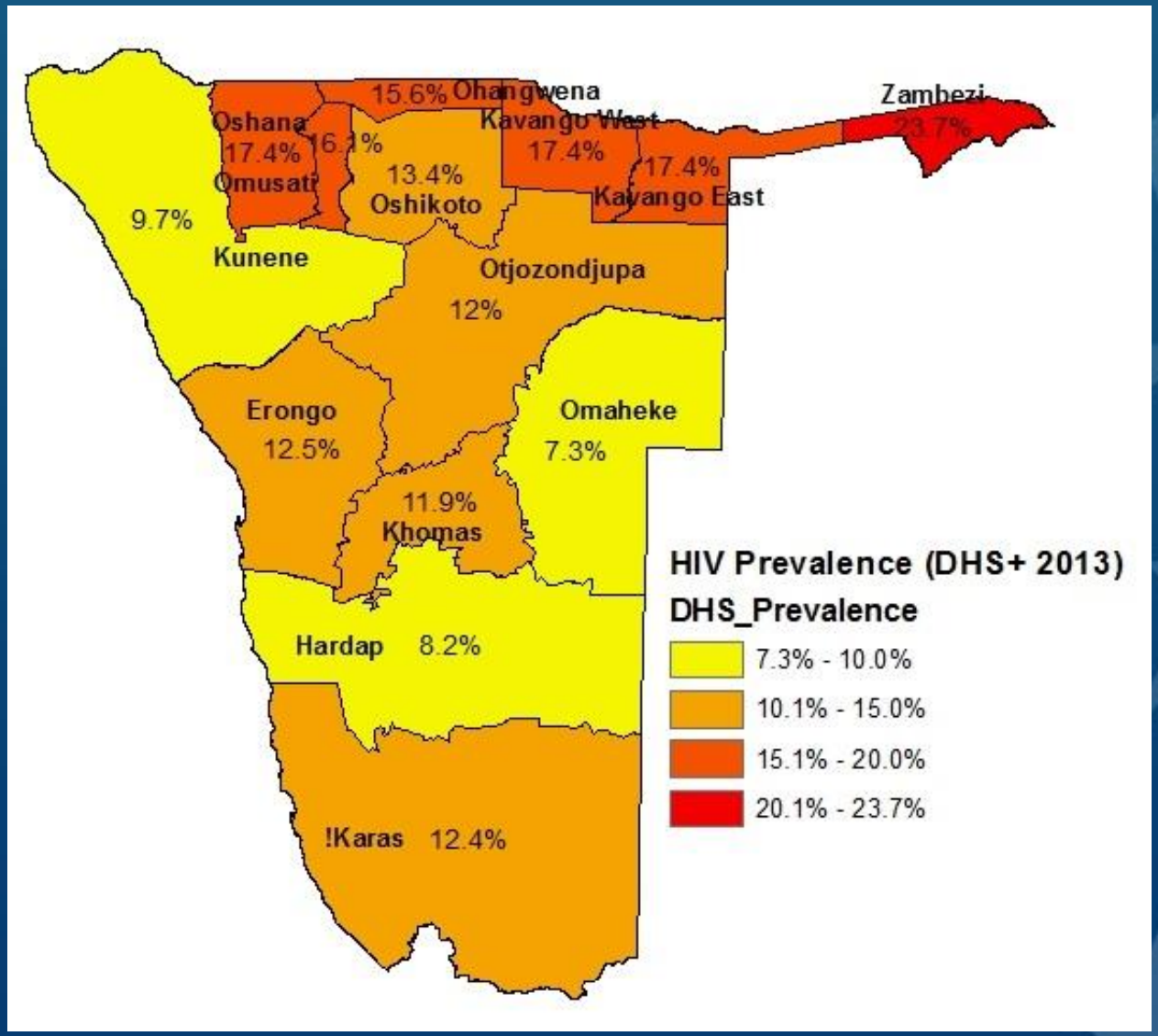
2016 data, adults aged 15-49 http://www.unaids.org/en/regionscountries/countries/namibia/

PLHIV on ART by sex and age

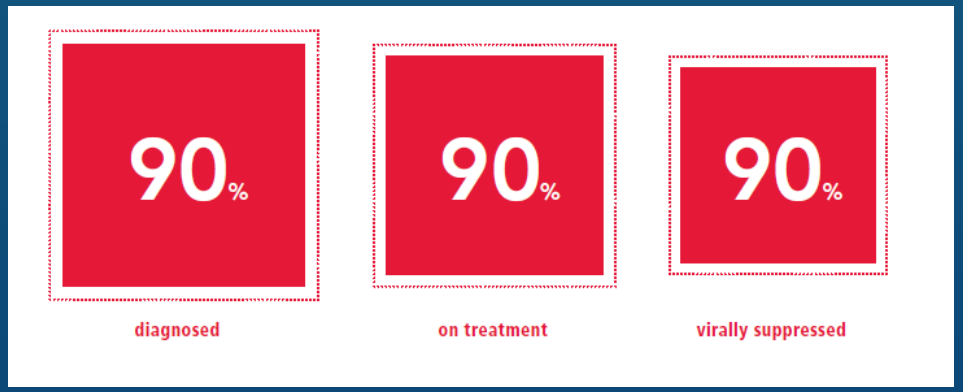


ePMS showed 169,081 people on ART in the public sector as of September 30, 2017, but does not include private sector patients on ART, currently reported to be ~18,600 of all ages. That would be **~185,000 PLHIV on ART.**

PLHIV by region



How else is HIV prevention and treatment measured?



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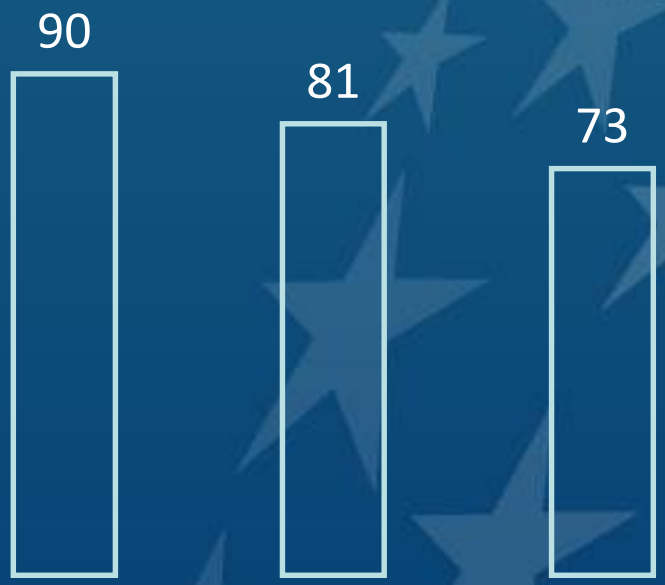
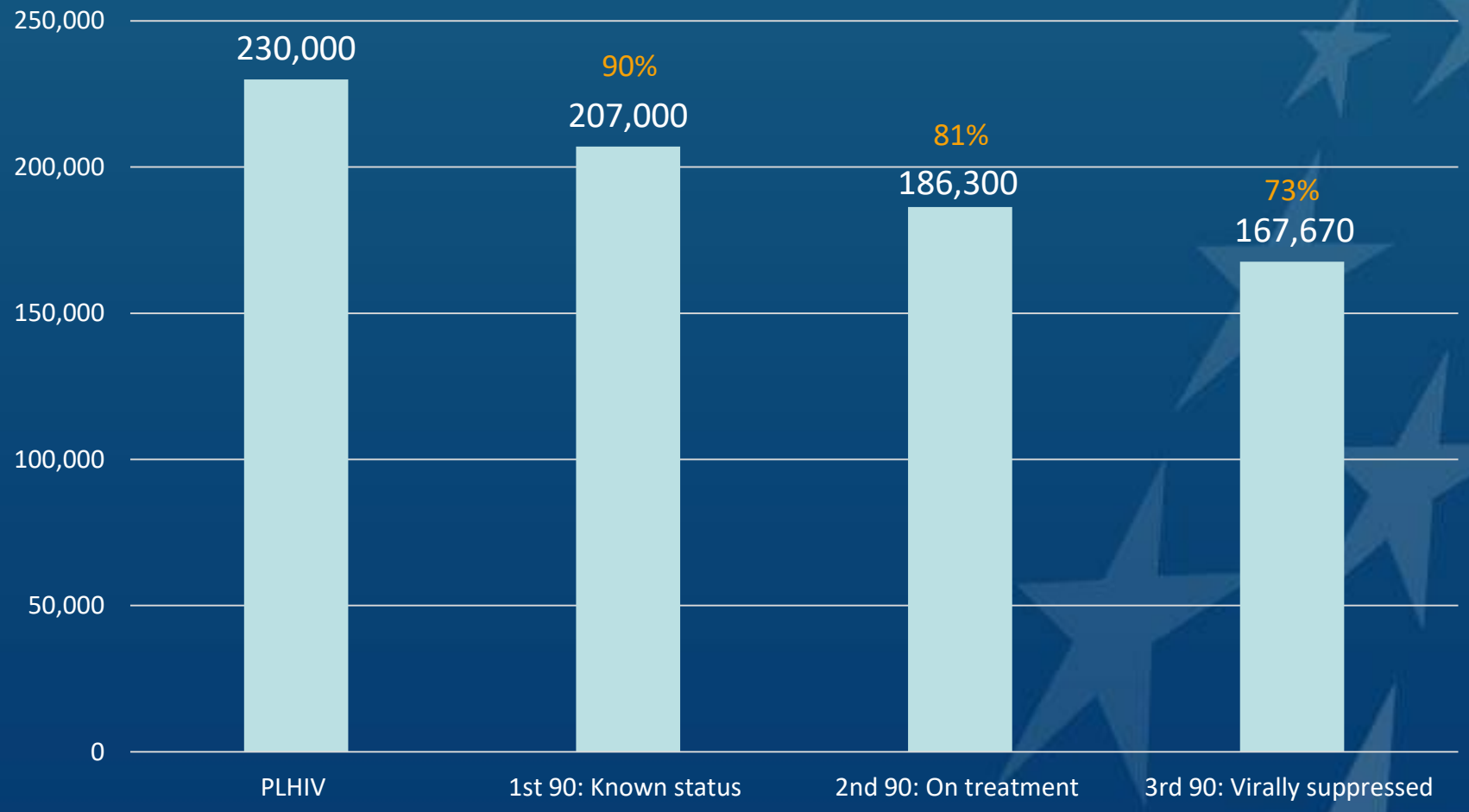


- 90% of all people living with HIV will know their HIV status
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy

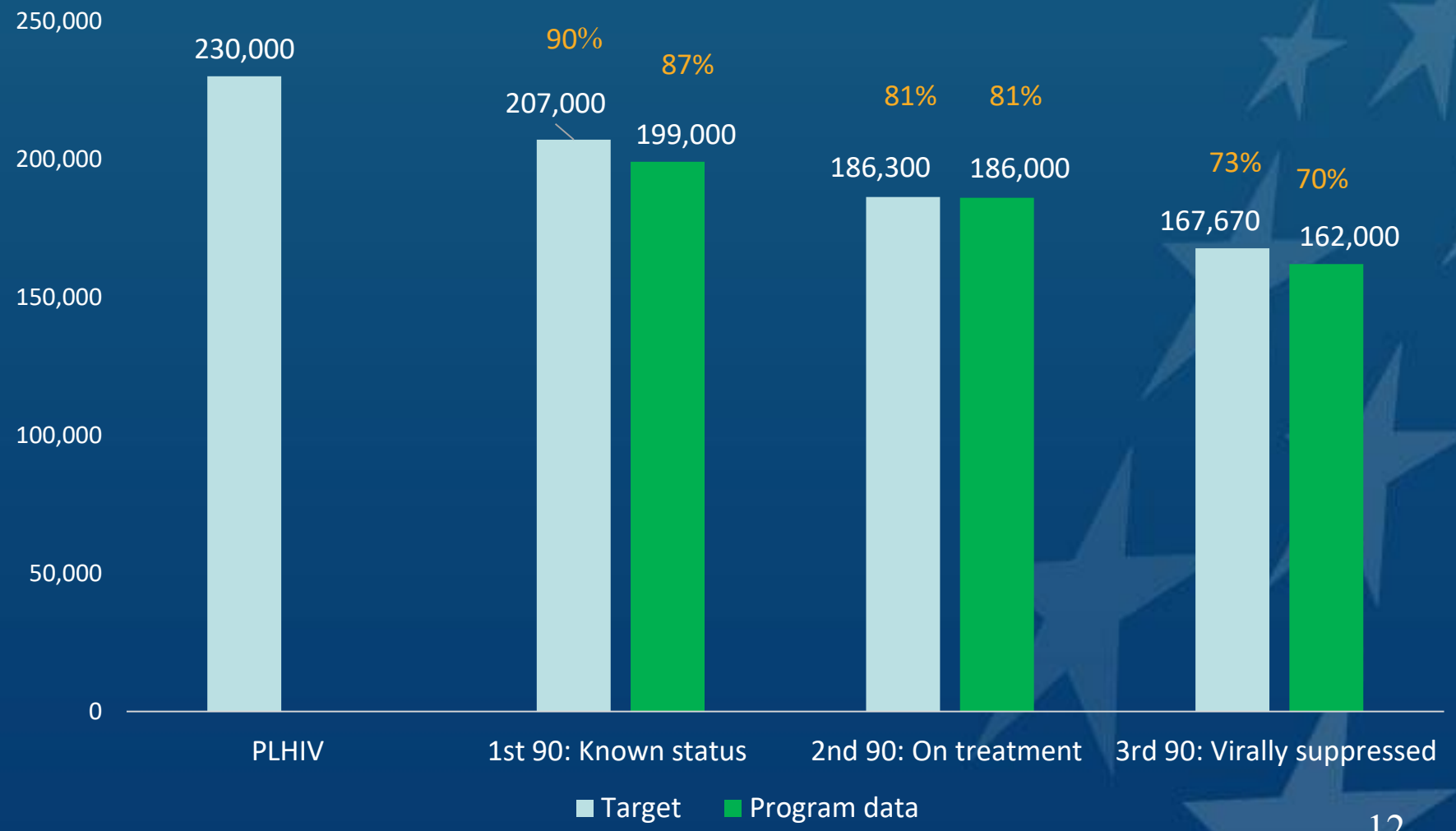
When this three-part target is achieved, at least 73% of all people living with HIV worldwide will be virally suppressed

90:90:90 in numbers for Namibia

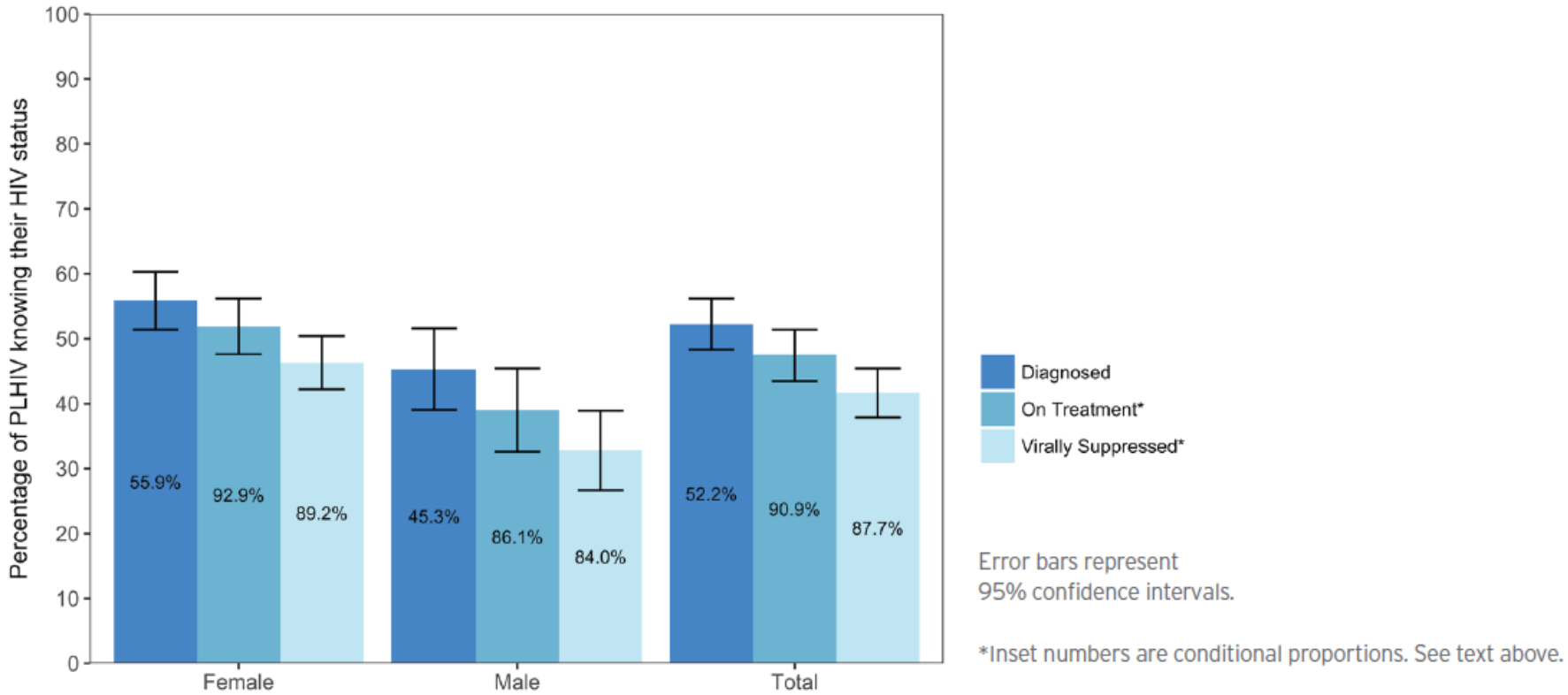


230,000 based on UNAIDS Spectrum estimate (adults and children)

Where is Namibia?

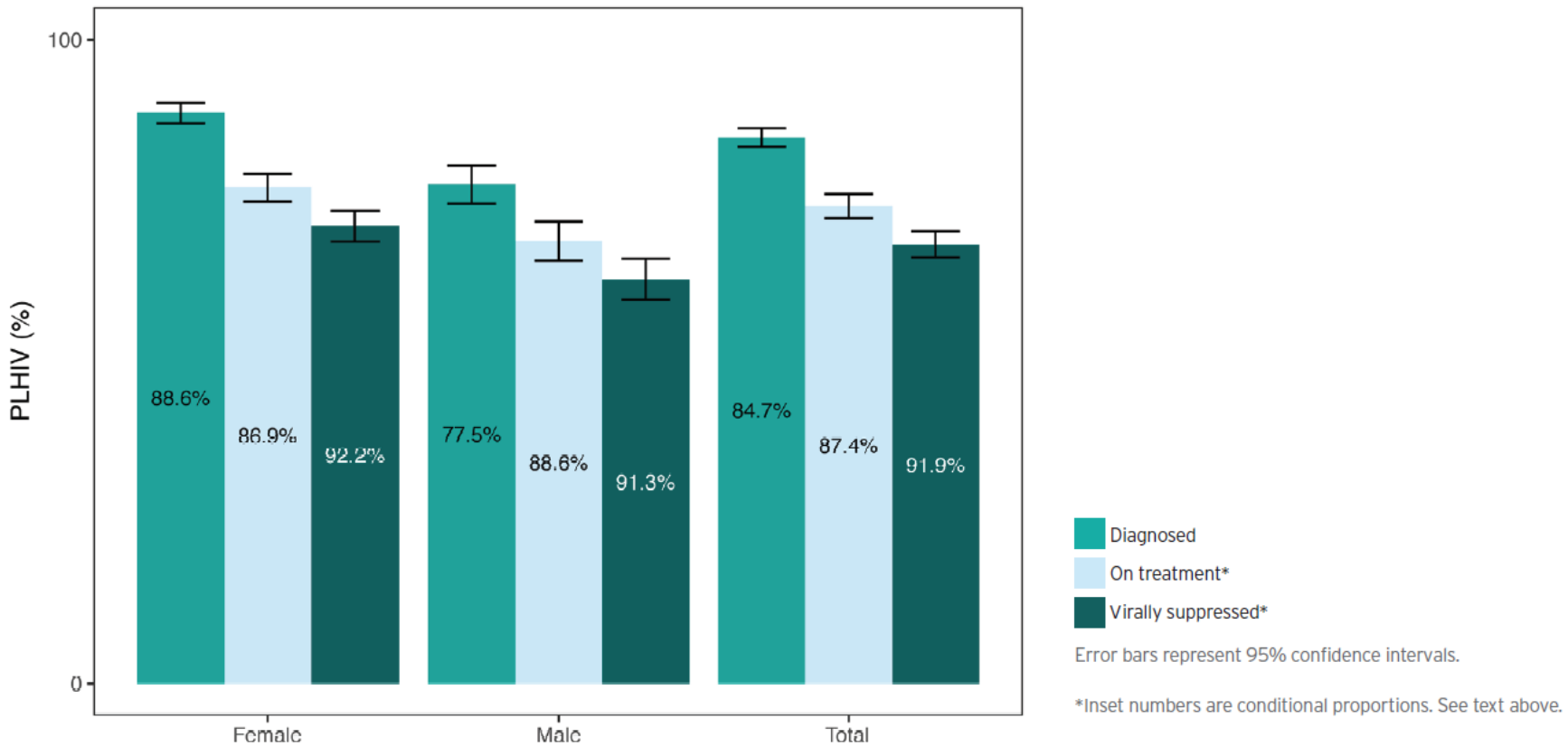


Tanzania PHIA data



http://phia.icap.columbia.edu/wp-content/uploads/2017/11/Tanzania_SummarySheet_A4.English.v19.pdf

Swaziland PHIA data



http://phia.icap.columbia.edu/wp-content/uploads/2017/11/Swaziland_new.v8.pdf

The 3rd 90: The importance of viral load suppression

- Currently data suggests 70% of people living with HIV and who are on treatment are virally suppressed
- A patient who is virally suppressed has every chance of living a healthy life and a greatly reduced risk of transmitting the disease
- VL levels should reach undetectable levels by 6 months of therapy in fully adherent patients and maintain suppression through continued adherence to life-long treatment (VLS = viral load <1,000 copies/ml)
- All patients initiating therapy will routinely have a viral load assay done at 6 and 12 months after beginning therapy and every 12 months thereafter (every 6 months for children/adolescents <19 years).
- Patients with persistent viral loads require healthcare interventions

Conclusion

- Data helps target interventions – critical for best use of resources
- Updated data expected shortly from the NAMPHIA survey
- Namibia is making major strides in ending the epidemic
- Gaps still remain – we still have work to do

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Thank you

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Programs / Activities

Dr. Abeje Zegeye, PEPFAR/USAID Namibia
HIV/AIDS Team Leader

Since PEPFAR began its partnership with GRN in 2004

The number of people getting infected with HIV has reduced from over 15,000 to less than 8,000 per year.

Since PEPFAR began its partnership with GRN in 2004

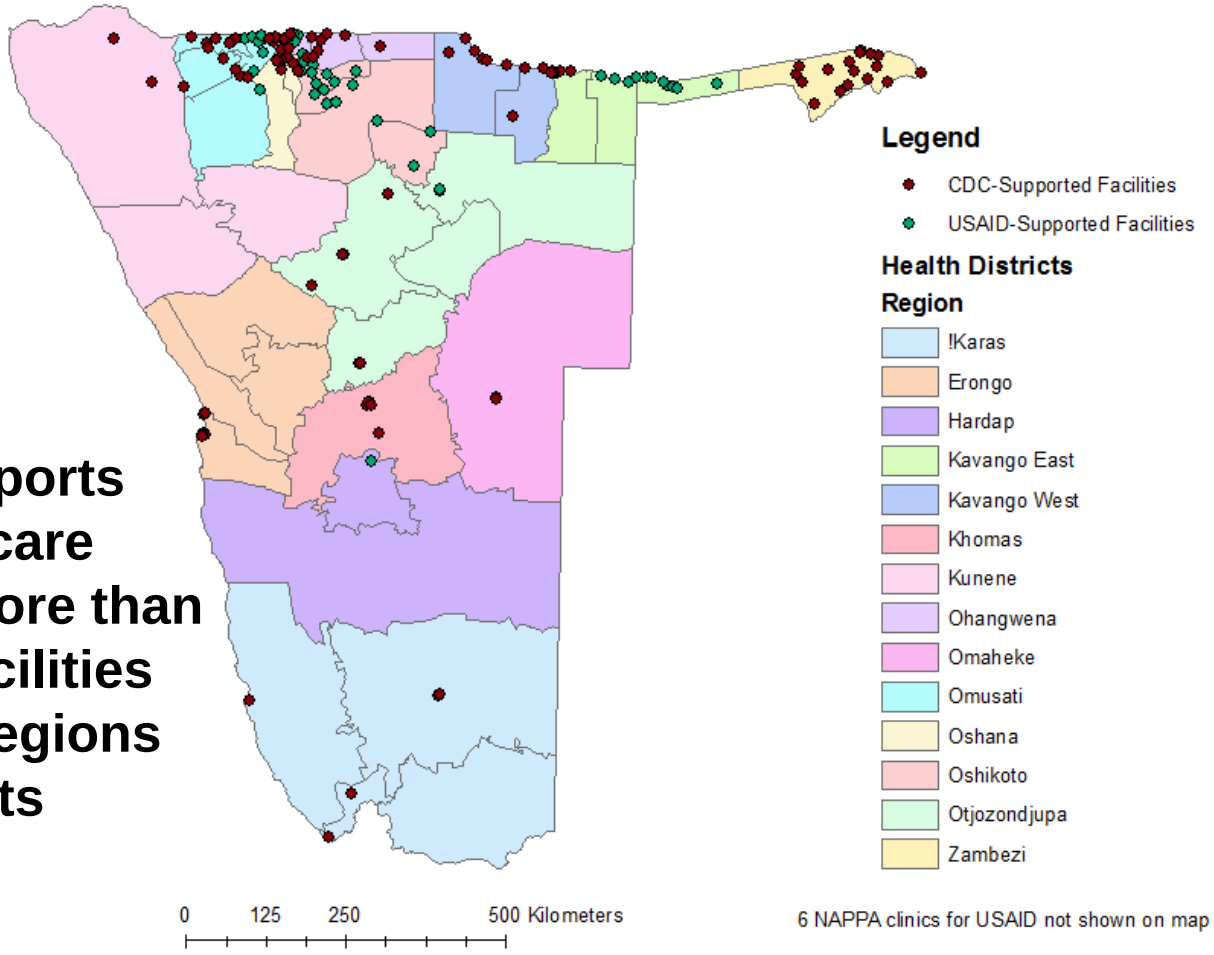
The percentage of HIV-positive babies born to HIV-infected mothers has reduced from 30% to below 5%.

Since PEPFAR began its partnership with GRN in 2004

The number of people dying of HIV/AIDS has more than halved from 10,000 to less than 4,000 per year.

Supported Facilities

PEPFAR supports 1,400 health care workers at more than 250 health facilities in 8 priority regions and 9 hotspots



Programs and Activities

PREVENTION

HIV Testing

PMTCT

VMMC

PrEP

DREAMS

SUSTAINABILITY

Human Resources

Supply Chain

Monitoring & Evaluation

Quality Assurance

Data

CARE

TB/HIV

Orphans & Vulnerable Children

Cervical Cancer

TREATMENT

Treat All

Same-day initiation

Community-Based ART

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Priority Program Area
PREVENTION

- Preventing mother-to-child transmission (PMTCT) primarily through early infant diagnosis
- Adolescent girls and young women - DREAMS and orphans and vulnerable children (OVC)
- Increase coverage and uptake of voluntary medical male circumcision (VMMC)
- Provision of pre-exposure prophylaxis (PrEP) for all individuals who are at substantial risk of acquiring HIV

PMTCT

- 21 PEPFAR-supported sites achieved zero HIV-positive babies born to HIV-positive mothers in 2017

VMMC Mobilization

- 7 roadshows in 3 regions in 2017
- 18 roadshows in 5 regions in 2018
- 27,736 VMMC between Oct 2016 – Sep 2017
- 43,603 VMMC from Oct 2017 – present

Pre-Exposure Prophylaxis

- 1,917 people started on PrEP since Oct 2017
- Focus on HIV-negative people with HIV-positive partners (serodiscordant) and key populations such as female sex workers, men who have sex with men, transgender, etc.

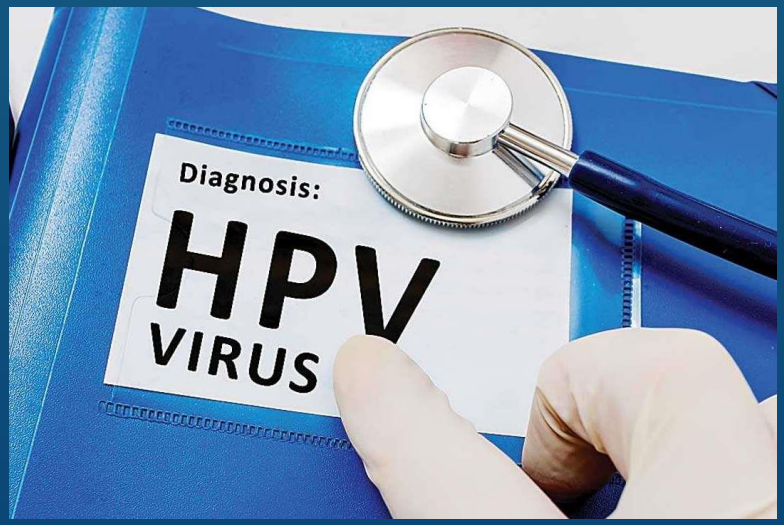
Priority Program Area
CARE

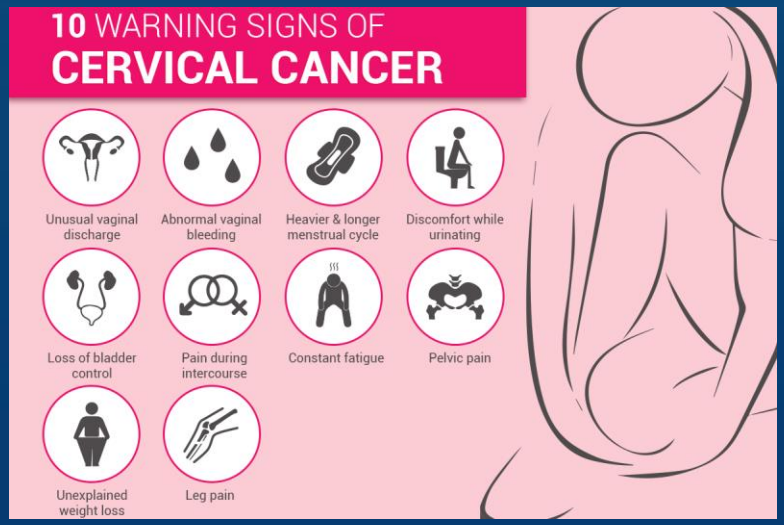
- Test & Treat: Linkage to ART treatment
- Case management (clinical mentors & nurse mentors)
- Patient escorts
- Integrating TB and HIV services to improve linkages to care
- Support for cervical cancer screening and treatment for women living with HIV launched in 2017
- Screen and treat opportunistic infections
- Mitigate the impact of HIV through OVC program

Orphans & Vulnerable Children

- 106,000 orphans and vulnerable children (OVC) have been registered for social grants with MGECW, of which
- 13,066 most vulnerable OVC (<18 years) are also served by Community Health Volunteers

Cervical Cancer Screening





- Additive services for HIV-positive women on ART
- "Visual Inspection of the Cervix – Screen and Treat" for cervical cancer in HIV-positive women as part of in-development National Cervical Cancer Guidelines

Priority Program Area
TREATMENT

- Treat all HIV-positive clients and initiate the treatment on the same day
- Facility and community-based care and treatment
- Provider initiated testing and counseling (PITC)
- Community-based ART (CBART)
- Pediatric case finding and ART treatment services
- Support laboratory services: Viral load suppression

Community-Based ART Services

- PEPFAR brings HIV treatment services closer to the people through decentralization
- 130 Community Support Groups engaged in CBART collecting pre-packed ARV medicines for 4,223 people living in rural areas

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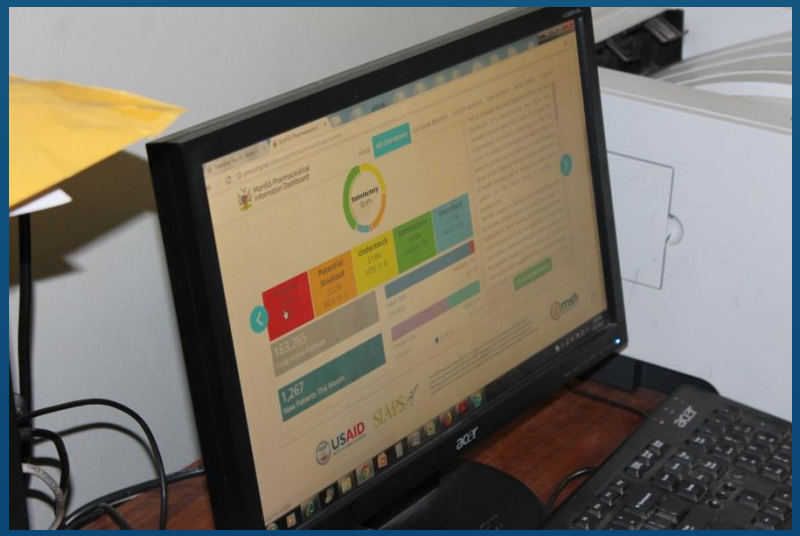
Priority Program Area
SUSTAINABILITY

- Improving supply chain management (eLMIS)
- Emergency procurement of commodities
- Strategic Information (NAMPHIA, IBBS, DHIS2)
- Support GRN plans for long-term human resources for health (HRH) strategy
- Support HRH at high volume ART sites, filling critical gaps
- Provide in-service training of new health graduates
- Onsite mentorship programs
- Sustainable Finance Initiative (NHA, NASA, PPP, PFM, HRH)

Clinical Mentorship

- PEPFAR supports 45 clinical and nurse mentors throughout Namibia
- Improving quality of care, skills transfer to new staff, on-site training

Supply Chain Management



- PEPFAR supports GRN to forecast, quantify, procure and distribute ARVs

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