COP presentation – effect of GF funding reduction 2018-20

COP 18 Meeting 31 Jan presentation by Ministry of Health and Social Services - DSP
Grant Comparison US$

<table>
<thead>
<tr>
<th>HIV/TB combined</th>
<th>Previous Grant</th>
<th>Current Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Average Budget</td>
<td>48,559,186.56</td>
<td>11,912,097.67</td>
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<tr>
<td>HR Annual Average NANASO</td>
<td>2,840,745.08</td>
<td>1,177,160.70</td>
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<tr>
<td>HR Annual Average MoHSS</td>
<td>11,413,420.77</td>
<td>3,981,691.72</td>
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<tr>
<td>HR Annual Average Total</td>
<td>14,254,165.85</td>
<td>4,105,642.67</td>
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<tr>
<td>Sub Recipients NANASO</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Sub Recipients MoHSS</td>
<td>27</td>
<td>4</td>
</tr>
</tbody>
</table>

Annual Allocation reduced by 75%
Comparison of Namibia GF Grants for HIV and TB

- Total Allocation
- Annual Average
- HR Annual Average
- HR Annual Average PMU
- HR Annual Average Total

US$ Millions

NCE July 16 – Dec 17
New 2018 - 20
Focus of 2018 – 20 Support

• More strongly targeted proposal
• AGYW are a core focus population
• MSM, TG and FSW also strongly targeted in NANASO grant
• Fast-Track regions/districts and populations without PEPFAR support
• Linkages to NSF OP
Impacts and Outcomes 2018-20

Goal
To reduce new HIV infections and AIDS related mortality by 75% by 2022 from 2015 levels, and move towards ending AIDS as a public health threat by 2030

Objectives
• To reduce new HIV infections by 75% by 2020
• To reduce HIV related deaths by 75% by 2020
• To enrol and retain 100% of newly identified PLHIV on ART by 2020
• To reduce TB/HIV co-infection rates

Indicators
Based on national targets (NSF 2018-22)
<table>
<thead>
<tr>
<th>Intervention Areas</th>
<th>MoHSS</th>
<th>NANASO</th>
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</thead>
<tbody>
<tr>
<td>Prevention – MSM</td>
<td></td>
<td></td>
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<tr>
<td>Prevention - Sex workers and their clients</td>
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<tr>
<td>Prevention – TG</td>
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<tr>
<td>HIV Testing Services</td>
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<tr>
<td>Prevention adolescents and youth, in and out of school</td>
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<td></td>
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<tr>
<td>Prevention programs for general population</td>
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<tr>
<td>RSSH: Community responses and systems</td>
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<tr>
<td>RSSH: Health management information systems and M&amp;E</td>
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<tr>
<td>RSSH: Procurement and supply chain management systems</td>
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<tr>
<td>TB care and prevention</td>
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<tr>
<td>TB/HIV</td>
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<tr>
<td>Treatment, care and support</td>
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</tbody>
</table>
Intervention Areas

• Areas lost
  – PMTCT
  – Nutrition

• Areas greatly reduced
  – ART Provision
  – Advocacy and communication
  – TB and Malaria
Human Resource

• 131 HIV related Positions lost from MoHSS grant including
  – Doctors
  – Nurses
  – Community Counsellors
  – Data clerks
  – VMMC

• Almost 300 TB Field promoters (knock on impact to HEW and HIV)

• 5 new positions
HR Retention (Selected Positions)

- Nurse Mentors
- Doctors
- Nurses
- Pharmacist
- Pharm Asst
- Pharm wkhd
- Data Clerks

- 2017
- Retained
Key Specific Challenges

- Reliance on GRN for medicines and commodities
- HR reductions directly affect 90-90-90 at Health Facility Level
- Significant data flow challenges
- Training and Mentorship capacity reduced
- Transportation resources limited
- Reduced research agenda support
- Service delivery Impact at regional level
- Impact of TB/Malaria reductions on HIV response
- Knock on effects to wider health response