PEPFAR
U.S. President’s Emergency Plan for AIDS Relief

Namibia
COP 2018 Stakeholder Meeting

January 31, 2018
NSF 2017-2022

• 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.

• Program Objective
  – To target Key populations with high impact HIV testing and prevention; treatment and care interventions necessary to achieve 90-90-90 fast track targets by 2022.

• Target population:
  – Primary Target populations: FSW, MSM, TGs
  – Secondary Target population: law enforcement, law makers and health care workers
Program approach

• PEPFARs’ KP programming is guided by the World Health Organization (WHO) KP Consolidated Guidelines containing recommended intervention package, which may be adapted to the specific country context as appropriate
COP18: Technical Guidance for Key populations

• High risk Men (Clients of sex workers)
  – Target High risk men or clients of sex workers can be effectively through PP_PREV or HTC.

• Children of Key Populations
  – Built upon current platforms of service delivery, by including children of KP and integrate PMTCT, pediatric HIV, and orphan and vulnerable children (OVC) services;

• PrEP
  – Use of PrEP as part of a package of comprehensive prevention services and integration of PrEP services into existing prevention or treatment services for KPs
FY17 Key populations Reached with Prevention

- KP_PREV:
  - MSM/TG: 1408
  - FSW: 6551
- Target:
  - FSW: 7000

Total Achievement: 114%
FY17 Key populations Reached: By SNU and Typology

- Oshakati: 215
- Keetmanshoop: 207
- Rundu: 84
- Walvis Bay: 218
- Ohangwena: 250
- Katima Mulilo: 375
- Windhoek: 1370
- Monthly Status Update October 2016

- MSM/TG
- FSW

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HIV Testing among Key populations

- Walvis Bay: 5.3%
- Keetmanshoop: 18.5%
- Windhoek: 9.5%
- Ohangwena: 10.7%
- Oshakati: 5.4%
- Katima Mulilo: 9.9%
- National: 53.1%
## Improving case findings among Key populations

<table>
<thead>
<tr>
<th>Location</th>
<th>&lt;12</th>
<th>&gt;12</th>
<th>Never</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katima Mulilo</td>
<td>230</td>
<td>56</td>
<td>24</td>
<td>74</td>
</tr>
<tr>
<td>Oshakati</td>
<td>21</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Oshikango</td>
<td>272</td>
<td>30</td>
<td>23</td>
<td>46</td>
</tr>
<tr>
<td>Windhoek</td>
<td>127</td>
<td>70</td>
<td>14</td>
<td>73</td>
</tr>
<tr>
<td>Rundu</td>
<td>13</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Walvis Bay/Swakopmund</td>
<td>203</td>
<td>163</td>
<td>19</td>
<td>36</td>
</tr>
<tr>
<td>Keetmanshoops</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

- Katima Mulilo: 74 (24%)
- Oshakati: 2 (7%)
- Oshikango: 46 (14%)
- Windhoek: 73 (35%)
- Rundu: 5 (38%)
- Walvis Bay/Swakopmund: 36 (9%)
- Keetmanshoops: 2 (100%)
Q4: Improving case findings among Key populations  

\[ n = 1275; \text{HIV+} = 238 \]
Improving Case findings and Access to Treatment

Yield

Q1 Q2 Q3 Q4

0 0.0% 8.5% 10.5% 32.5%

Yield

TX_NEW

Q1 Q2 Q3 Q4

0 10 20 30 40 50 60 70 80

TX_NEW
FY18 Key Populations Targets

- **MSM**
- **FSW**

PREVENTION TOOL BOX
- Risk Reduction
- Health Communication
- STI Screen/Rx
- PrEP

Strengthen Case management for improved linkage to care and treatment
Improving Key populations reach, Testing and Linkage to Care

• PLACE Study
  – PLACE study has been completed. Final data is expected in Feb. This will inform planning outreach and improve reaching hidden and unique groups

• IBBS
  – Protocol in Design. This activity will provide critical behavioral and biomedical data for improved planning. Specifically on linkage to care

• Strengthened Case management
  – Training and orientation of case management for improved case tracking and management

• HIVST
  – HIVST for reaching hidden groups.
  – Facilitate index testing
Improving Key populations Linkage to Care

Community
- Sustained peer education and health promotion
  - Perceived stigma,
  - Fear to be seen at outreach HIV clinics,
  - Fear and myths about antiretroviral therapy
- Lack of time to attend clinic

H. Facility
- Health worker sensitivity training
- Perceived stigma
- Work flow to minimize waiting time
- M&E tools to capture key populations
- Flexible working hours

Structural
- Societal stigma and discrimination
- Working with law enforcement
- Community Empowerment.
Comments/Discussions
Thank You