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

Namibia
COP 2018 Stakeholder Meeting
HIV Treatment :
"Treat All" Policy, Differentiated Service Models

January 31, 2018

Presentation Outline

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I. **Program Overview**
   - **Update of Test and Treat Policy**
   - **PEPFAR Country Specific COP18 Guidance :Highlights on Treatment**

II. **Update on Outcomes for PEPFAR Namibia FY17**
   - TX New and Tx Curr Results
   - Adherence and Retention Outcomes
   - Viral Load Suppression Outcomes

III. **Differentiated Models of Care**
   - Updates on implementation during FY17
     - Ongoing Evaluations
       - Community-Based ART
       - Community Adherence Clubs

IV. **Questions and Discussion**

Status Treat-All Policy and Transitioning from EFV-based to Dolutegravir-based 1st line regimen

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- **Treat All Policy in Full Implementation in All Districts since early 2017**
- **New DTG Formulations**
  - **Technical Advisory Committee (TAC) meeting convened by MoHSS after the IAS2017 to deliberate technical considerations:**
    - Concerns raised regarding missing data for sub-populations (e.g. Pregnant women, TB patients on Rifampicin)
  - **TAC considered:**
    - Current ARVs Stock-on-hand as well as **Stock already –on-order**
    - Lead times for ordering ARVs
  - **MOHSS working on a transition plan with the ultimate objective of transitioning patients to new; safer DTG-based regimens in due course**

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COP 2018 COUNTRY SPECIFIC POLICY DIRECTIVES AND TECHNICAL APPROACHES

- **Same Day Initiation -** *There are still many districts where same day initiation of ART has not been adequate, including in the capital of Windhoek. PEPFAR Namibia should continue monitoring time to initiation and ensure that implementing partners have plans that utilize efficient linkage methods, following up where progress remains inadequate.*
- **Community Based ART –** *CBART has proven to be a successful method of treatment provision in Namibia. PEPFAR Namibia should continue to scale up CBART and begin cost/impact analysis of the multiple models; determine which models may be most sustainable with different populations.*
- **TLD Optimization:** *Submission of a draft TLD transition and supply plan for FY 2019 is required for the Regional Planning Meeting. These plans must be developed in close consultation with host countries and in collaboration with GF and other key stakeholders.*

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UPDATE ON OUTCOMES FOR PEPFAR NAMIBIA FY17

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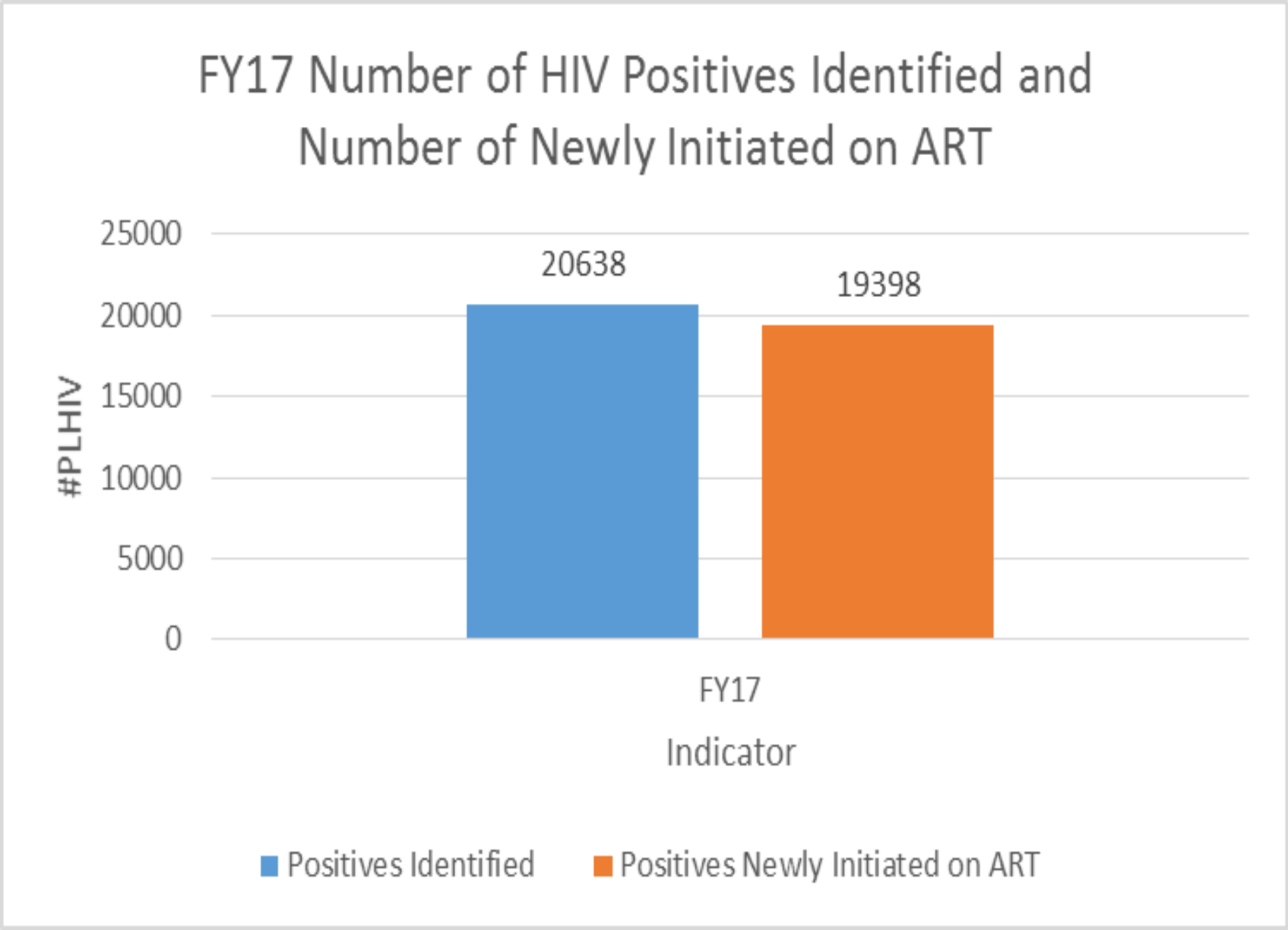
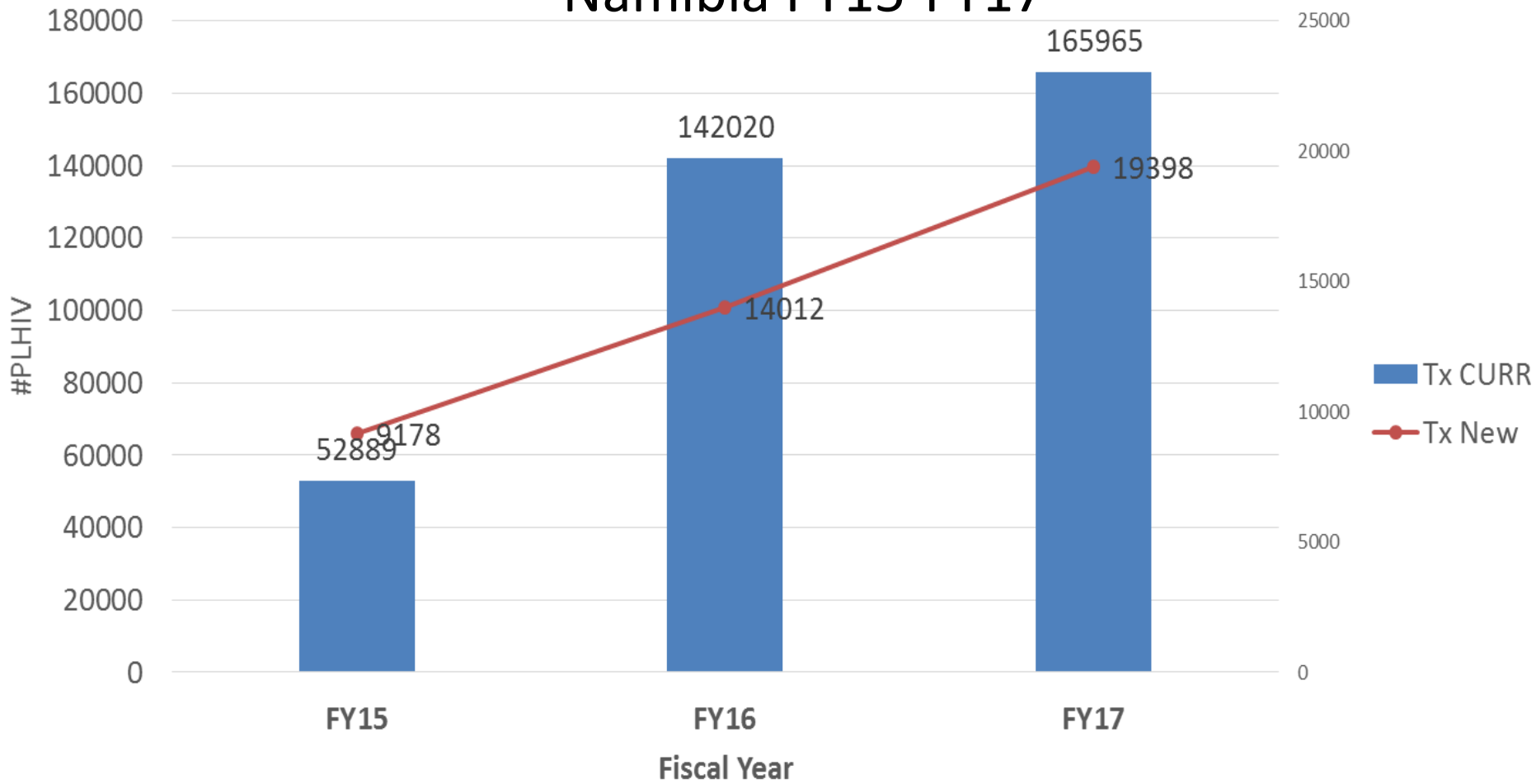
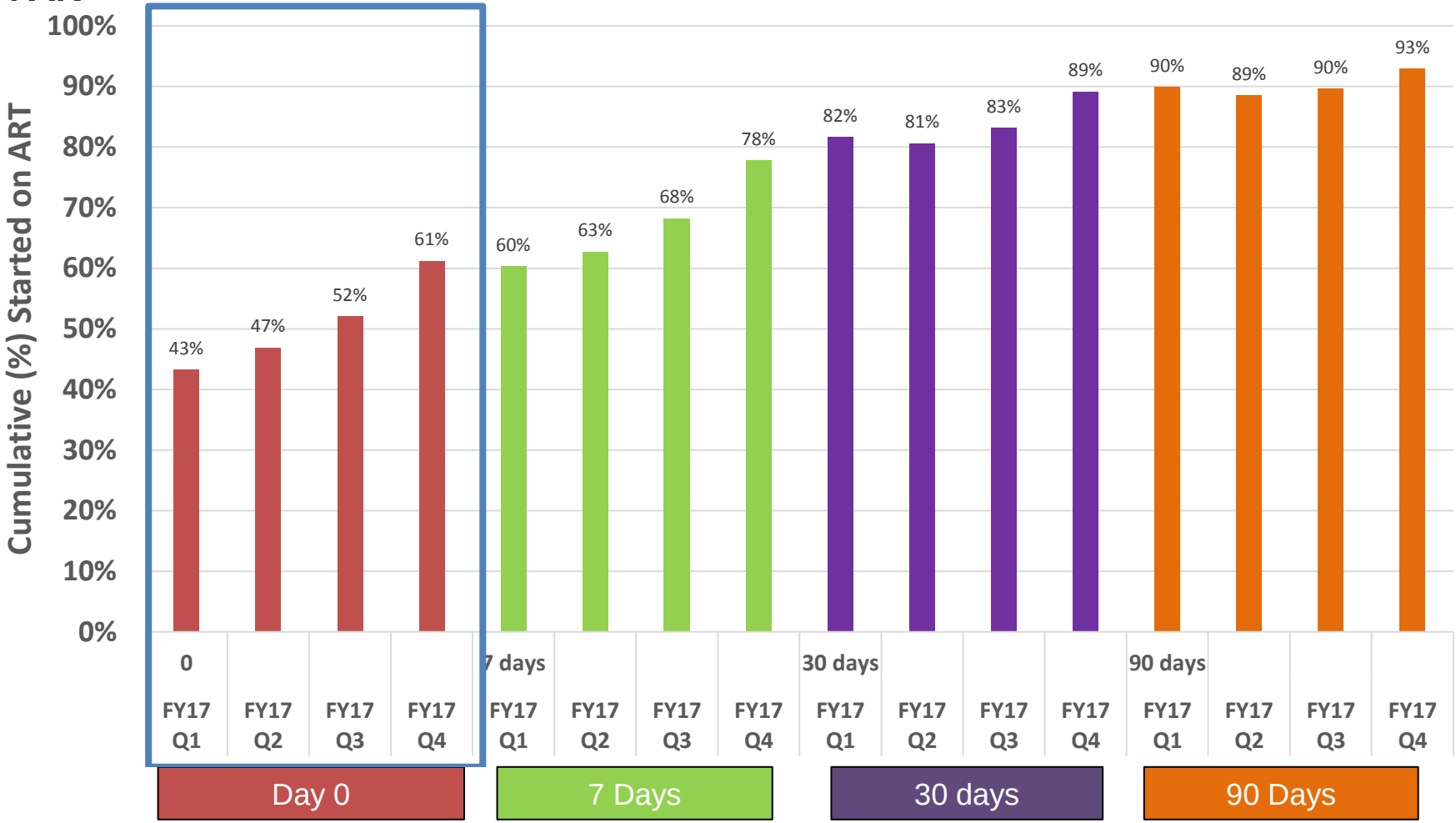

FY17 Number of HIV Positives Identified and Number of Newly Initiated on ART
25000
20000
15000
10000
5000
0
#PLHIV
20638
19398
FY17
Indicator
Positives Identified
Positives Newly Initiated on ART

Trends in Total Current on ART (Tx Curr) and New ART initiation (Tx new): Namibia FY15-FY17



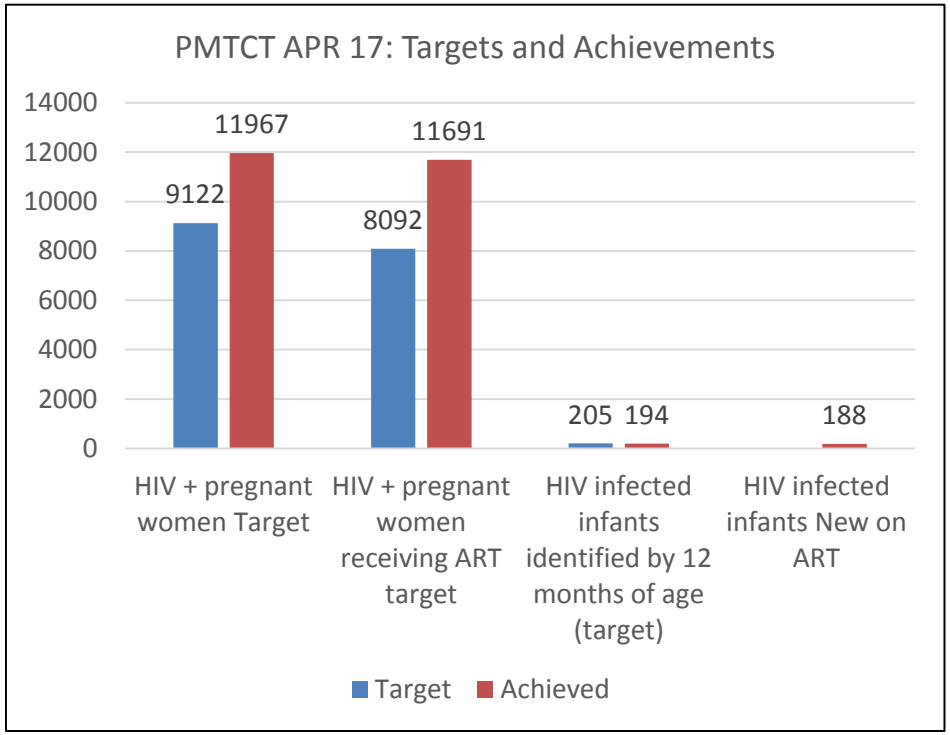
Rapid Increase in patients Current on ART in districts supported by PEPFAR: *(1) During the period FY15-FY17 –Tx Curr number more than tripled the number current on ART. This reflects the highly successful major pivot (from a Technical Assistance program to Direct Service Delivery Support Model) implemented by PEPFAR Namibia beginning in FY15*

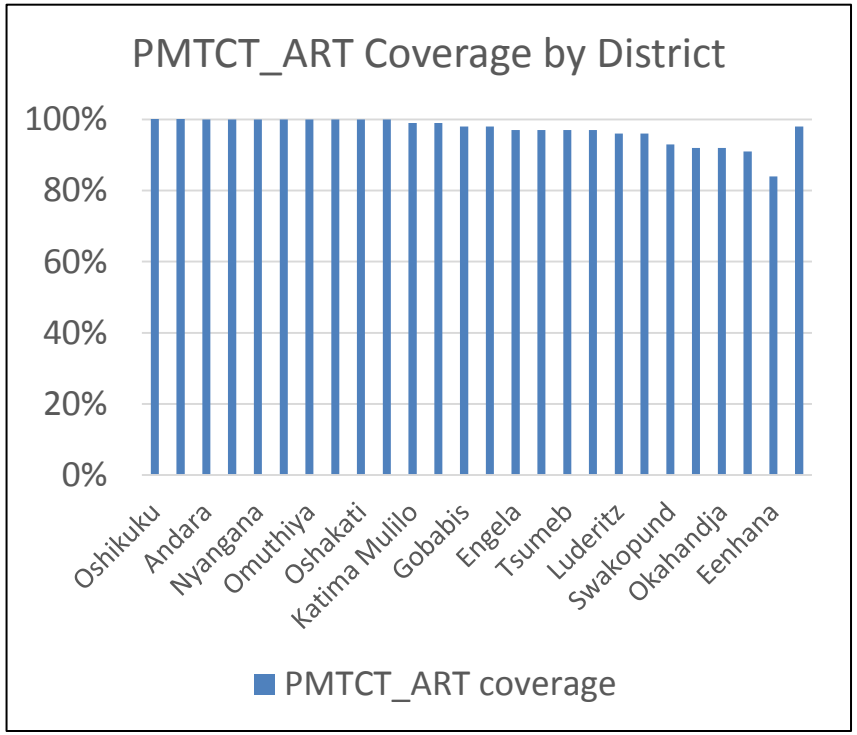
Namibia: FY17 :Time from HIV Diagnosis to ART initiation,FY17 Q1 –Q4



The proportion of patients initiating ART on Same Day (Day 0) has increased from 43% in FY17 Q1 to 61% by FY17 Q4

APR 2017: PMTCT _ ART and Infants <1 Linked to ART



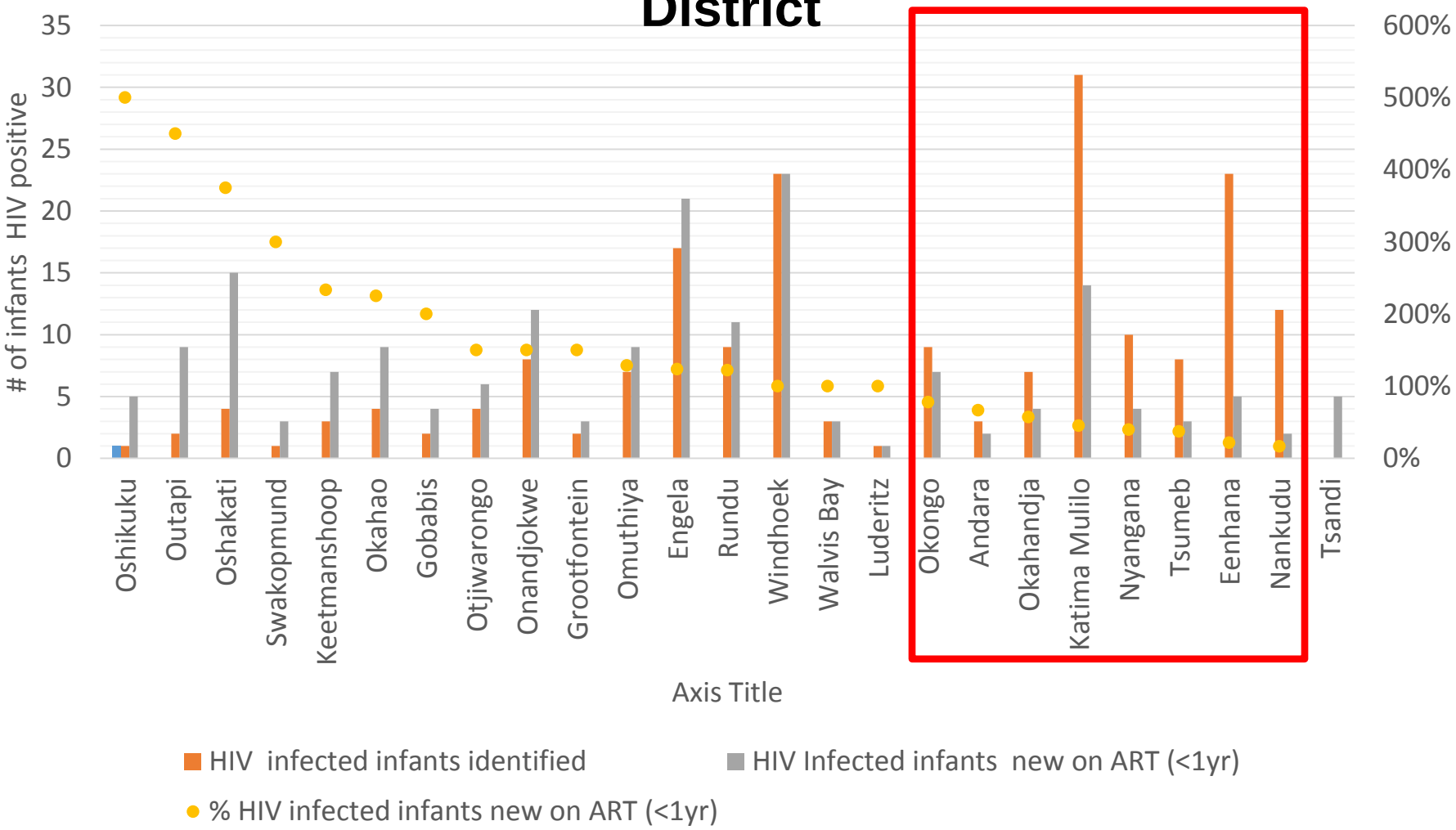


- FY17 PMTCT targets were achieved except for new HIV infected infants identified
- PMTCT-ART coverage was 98%. Ranging from 84% to 100%
- 188 (96%) of identified HIV infected infants were linked to ART

Challenges

- Shortage and periodic rotations of trained staff affecting service delivery
- Inadequate re-testing of pregnant and breastfeeding women
- Data reporting issues
- Lower target set for PMTCT_ ART (adjusted for FY2018)

HIV infected infants identified and linked to ART by District

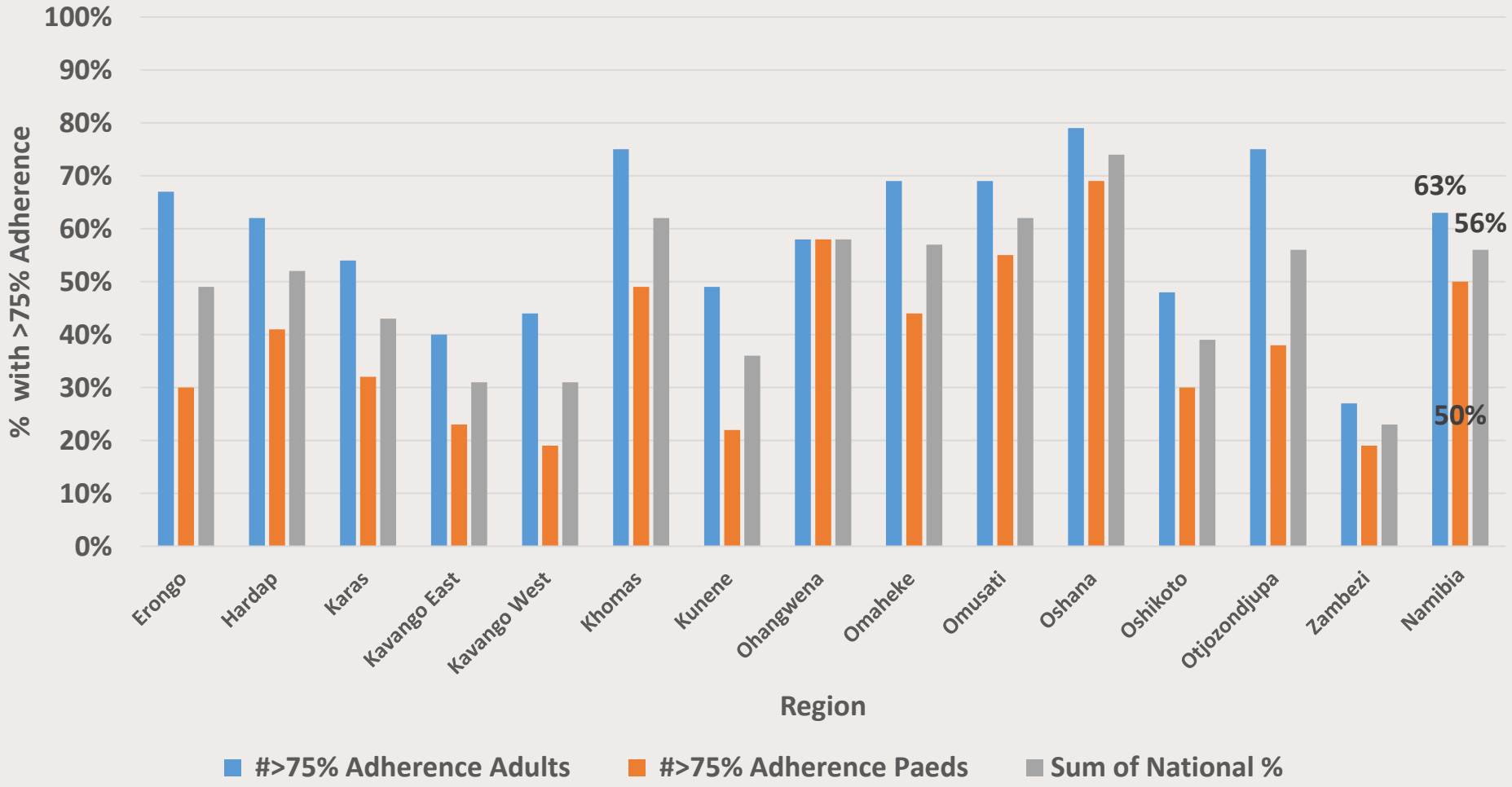


- 15 districts had higher ART linkage and 8 districts had lower ART linkage than HIV infected infants identified
  - Some infants were initiated on ART in clinics other than where diagnosis was made.

Challenges

- Paeds. ART not decentralized to some clinics
- Inadequate re-testing of breastfeeding women and HEIs beyond 6 weeks , 9months and 18 months
- Data reporting issues

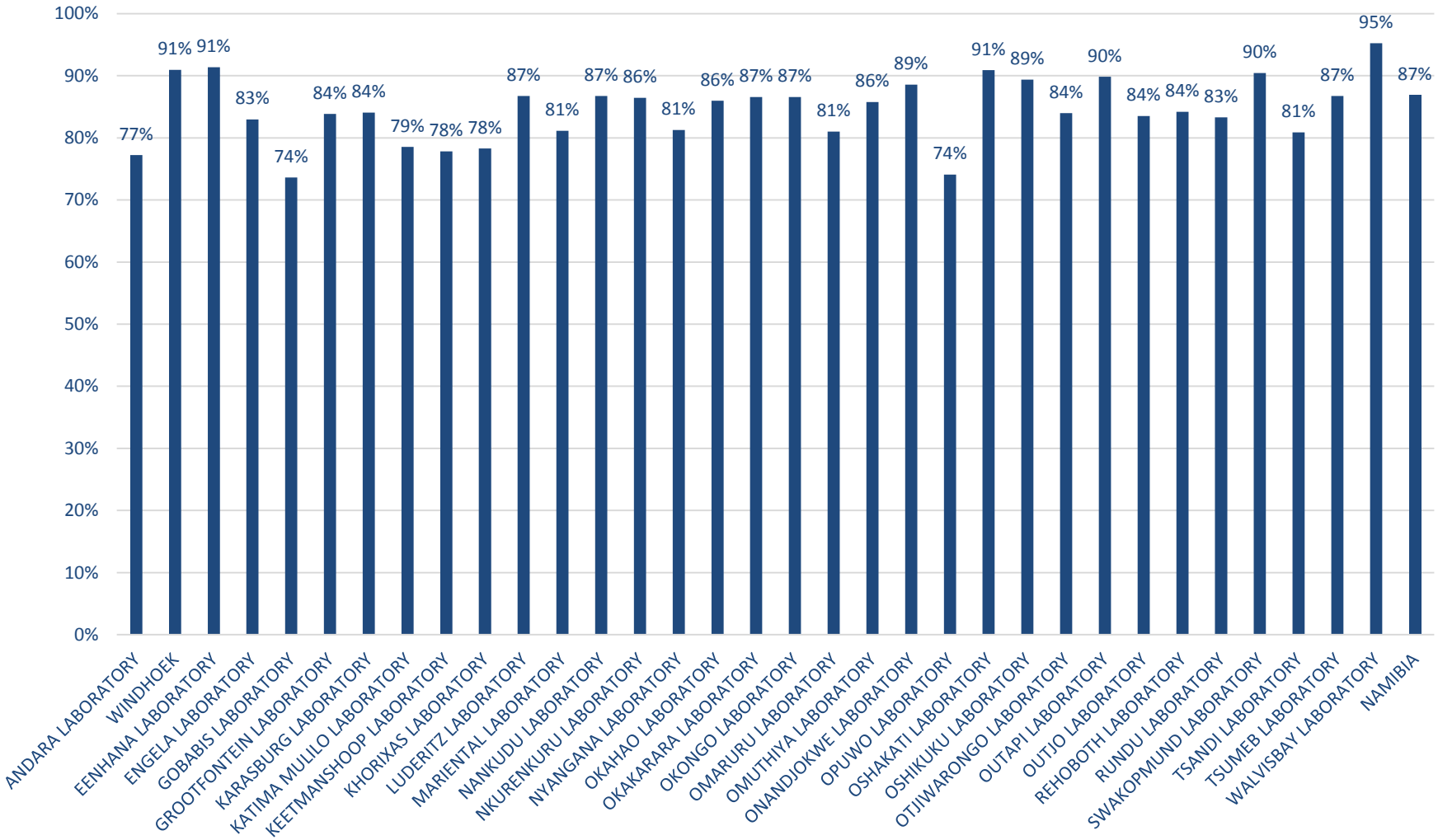
Adherence Estimates based on Pharmacy Pill Count July to September 2017



Aggregate national rates for Adults and Pediatrics patients with >75% adherence are 63% and 50% respectively for the period of July to September 2017

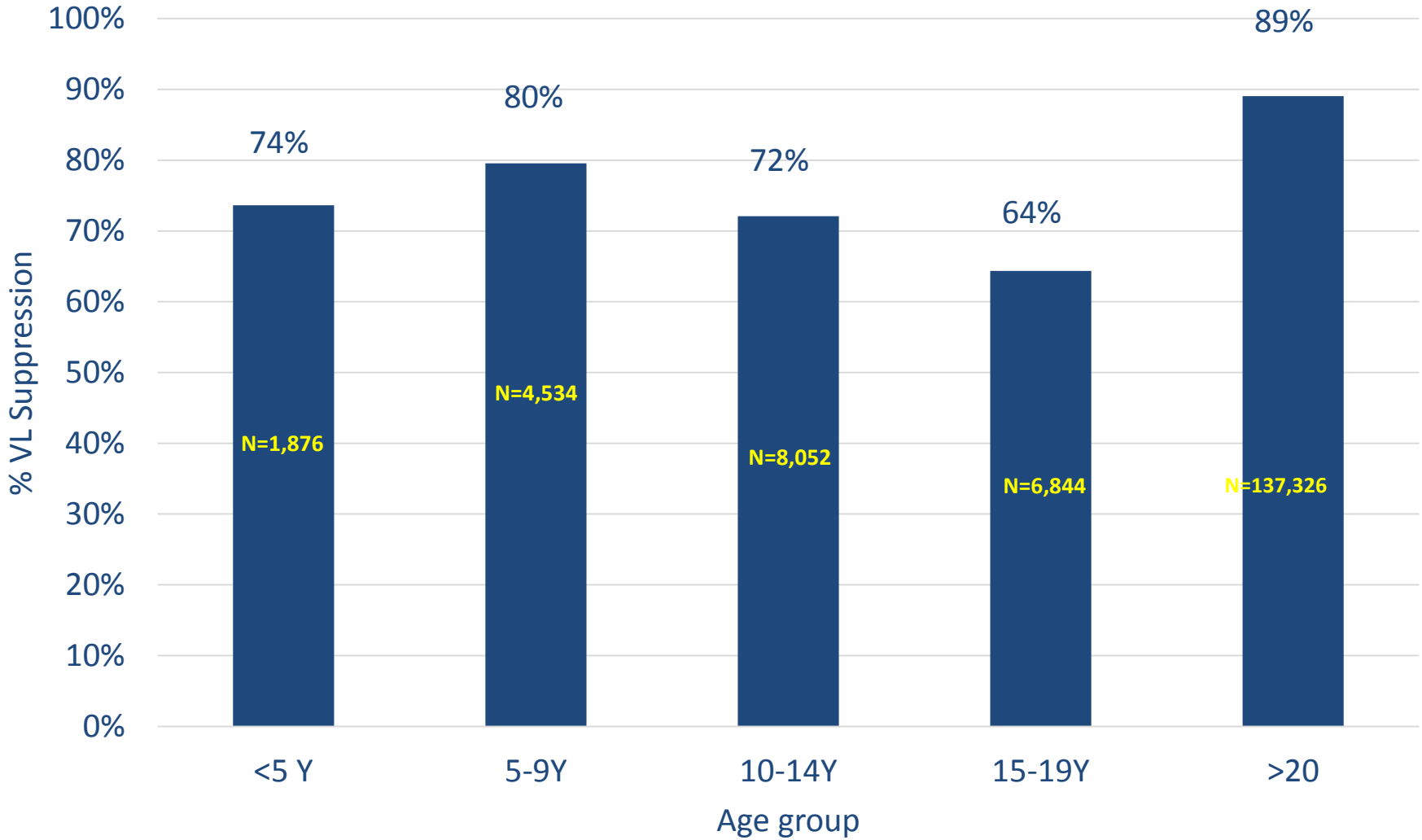
MOHSS, (November, 2017). *Quarterly ART PMIS Feedback Report for the Period July to September 2017.* Windhoek: MoHSS –Division: Pharmaceutical Services.

Namibia Viral Load Suppression Oct16 to Sep 17 (N=191,239)



Source: Laboratory Data from the Namibia Institute of Pathology; MEDITECH

Namibia VLS by Age Group, October 2016 to Sep 2017 : (N=158,632)



Source: Laboratory Data from the Namibia Institute of Pathology; MEDITECH

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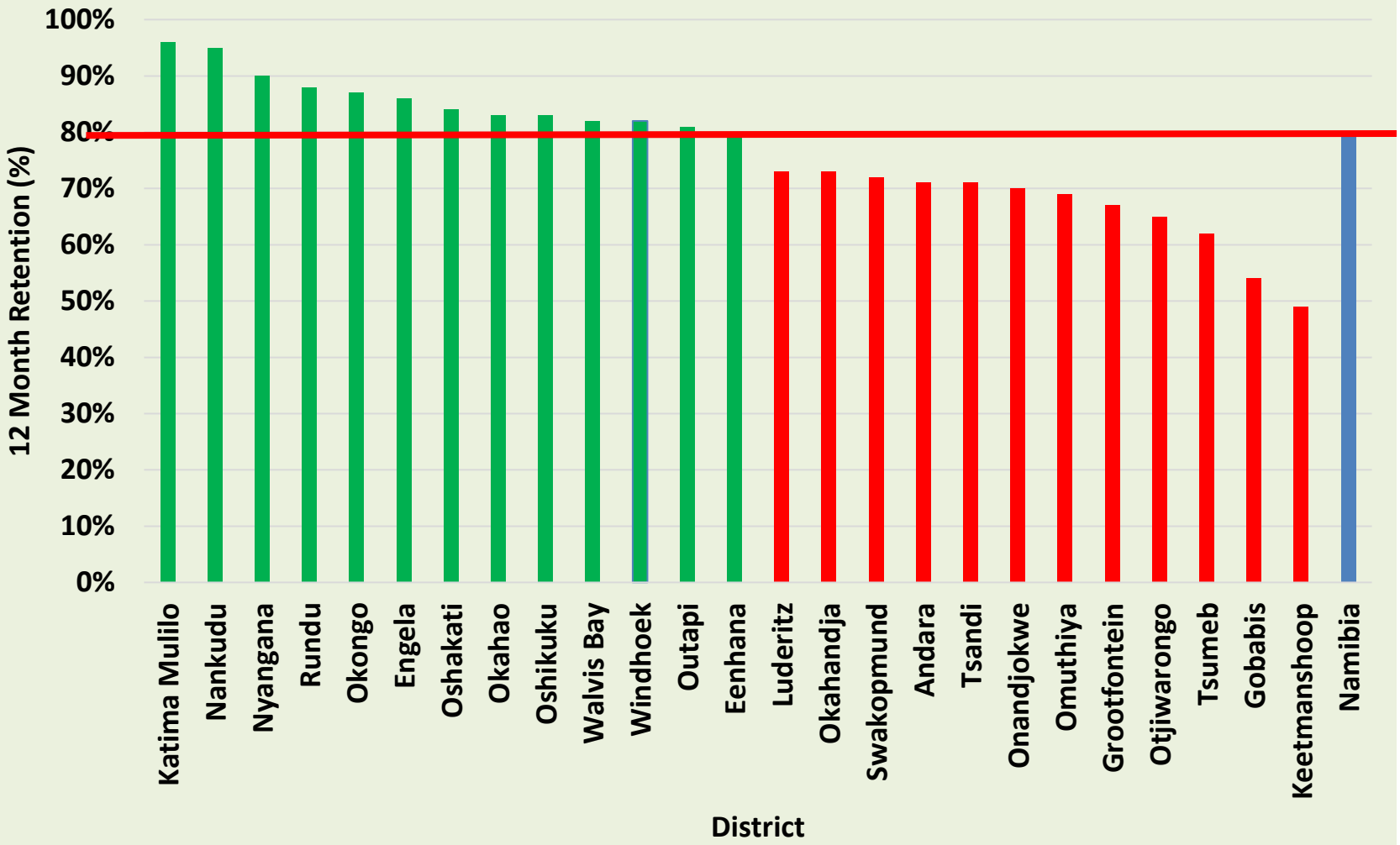
Retention by District Namibia ,October 2016 to October 2017



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DIFFERENTIATED MODELS OF CARE

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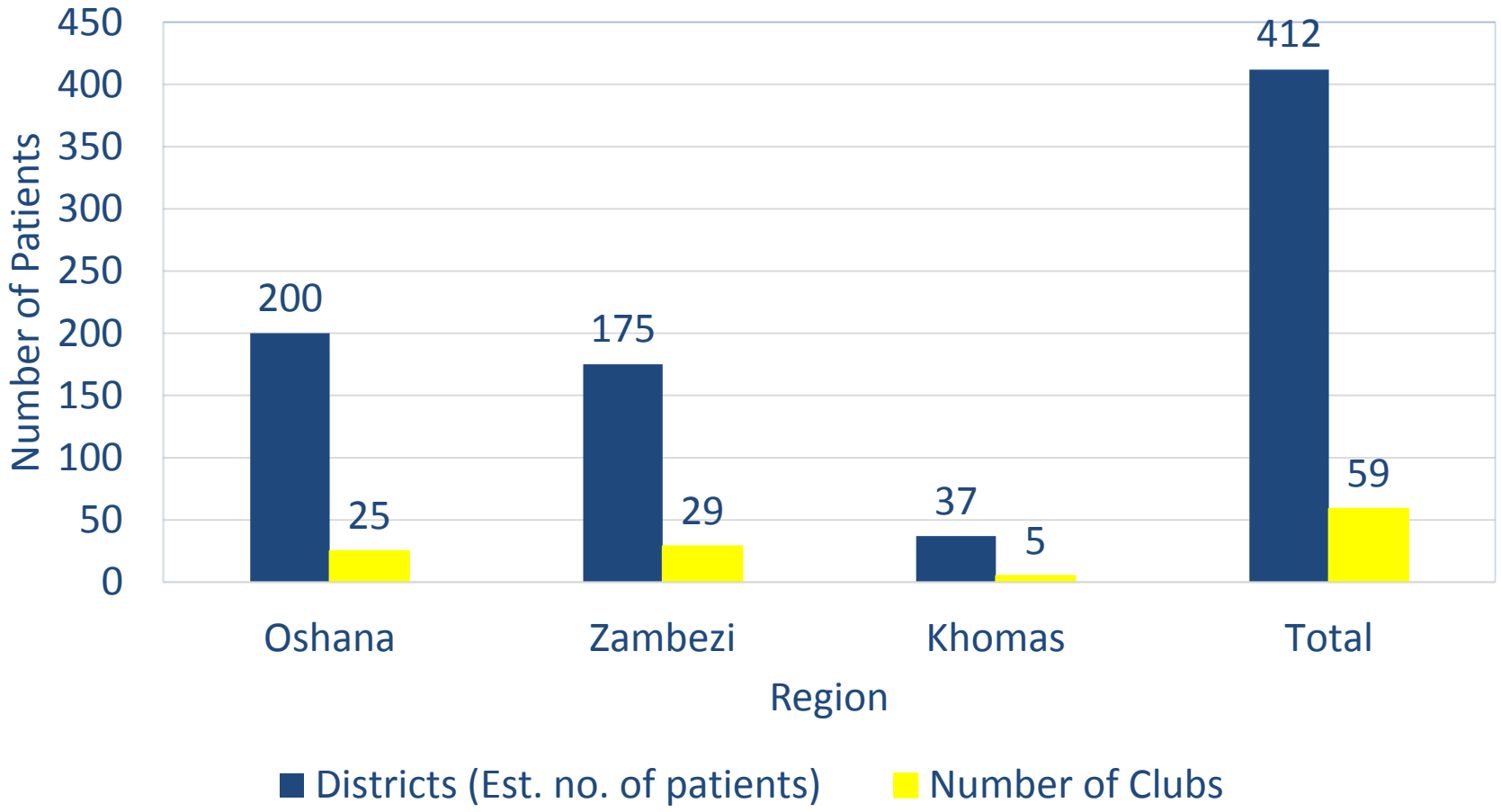
Community-Based ART Management

Community Based ART Model & Description	Districts (Est. no. of patients-December 2017)
Community based ART Delivery (CBARTs)- provider managed	Oshakati (300); Engela; Eenhana (800); Outapi (270); Tsandi (250); and Okahao (250)
Community Adherence Clubs (CACs)- patient-self managed with support from CHWs and HEWs	Oshakati (280); Katima Mulilo (90) Windhoek, Andara , and Nyangana(still forming)

- ***National ART guideline revised*** **and Community based ART delivery models included in the 2016**
- ***ART Curriculum revised*** **and include Community based ART models, Training conducted**
- **PEPFAR facilitated** ***exchange learning visits*** **& best practices sharing (Omusati, Ohangwena, Oshana, Kavango West and East and Zambezi region)**
- ***Used project ECHO platform*** **to share best practices**
- ***SOPs and reporting tools*** **developed and used in demonstration project- to be adapted**

Number of CACS and Patients in CACs by Region: December 2017



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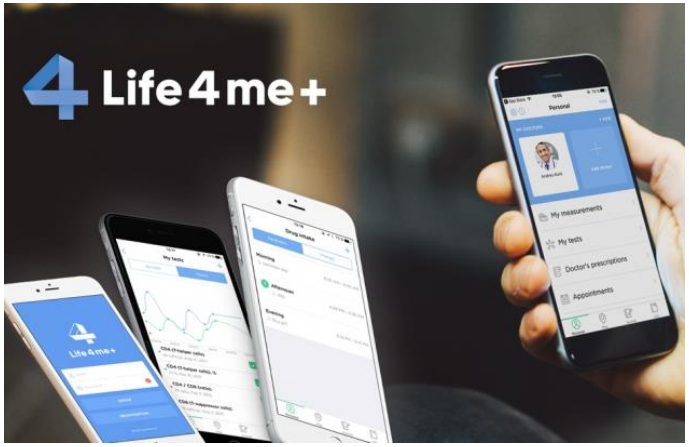
Draft COP18 Proposed Activities

- Facility-Based Community Adherence Clubs targeting Urban Facilities
- Further Expansion of Community-Adherence Clubs
- Standardization of Teen Clubs and expansion of use
- Support for continued ART decentralization especially for Pediatric access
- Use of Technology for Teen Adherence Clubs and others[1]



[1]**New app helps treatment adherence for people living with HIV**
http://www.unaids.org/en/resources/presscentre/featurestories/2017/october/20171030_life4me

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QUESTIONS AND DISCUSSION