Health Systems Strengthening

Namibia COP 2018 Stakeholder Meeting

January 31, 2018

Abeje Zegeye and Souleymane Sawadogo
Outline

• Sustainability Index and Dashboard - SID 2015 vs 2017

• Key Achievements (APR17)
  – Strategic Information
  – Commodities
  – Human Resources for Health (HRH)

• Key proposed Activities COP18
Health Systems Strengthening

SI, HRH and Commodities are major cost drivers in HIV/AIDS responses and key sustainability issues

Priority 6: Domestic contribution towards the national multi-sectoral HIV/AIDS response increased to 80%

Premised on Principles:

• Promote efficiency and effectiveness, strategic partnerships and meaningful participation by all stakeholders to ensure nobody is left behind.
• Leverage resources (financial, technological, information, and human) to sustainably support the HIV multisectoral response.
Linking PEPFAR Results: SID, Table 6 and Q4 POART

Governance
– CSO engagement and domestic funding
– Improve private sector engagement and public access to information

Service Delivery
– Support HRH, ARVs and RTKs, viral load specimen transport and pricing
– Roll out differentiated service delivery models; HIV self testing
– Improve pediatric treatment coverage and teens clubs for adolescents

Strategic Investment, Efficiency and Sustainable Financing
– Technical and allocative efficiency

Strategic Information:
– Epidemiology and health data
– Performance data, integrated information systems, M&E
Sustainability Analysis for Epidemic Control: Namibia

Epidemic Type: Please Select
Income Level: Upper middle income
PEPFAR Categorization: Targeted Assistance (Co-finance)
PEPFAR COP 17 Planning Level: Please Enter

<table>
<thead>
<tr>
<th>2015 (SID 2.0)</th>
<th>2017 (SID 3.0)</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and Coordination</td>
<td>8.20</td>
<td>9.50</td>
<td></td>
</tr>
<tr>
<td>Policies and Governance</td>
<td>6.32</td>
<td>7.55</td>
<td></td>
</tr>
<tr>
<td>Civil Society Engagement</td>
<td>6.83</td>
<td>6.33</td>
<td></td>
</tr>
<tr>
<td>Private Sector Engagement</td>
<td>5.54</td>
<td>4.21</td>
<td></td>
</tr>
<tr>
<td>Public Access to Information</td>
<td>6.00</td>
<td>5.00</td>
<td></td>
</tr>
</tbody>
</table>

National Health System and Service Delivery

<table>
<thead>
<tr>
<th>2015 (SID 2.0)</th>
<th>2017 (SID 3.0)</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources for Health</td>
<td>5.68</td>
<td>6.88</td>
<td></td>
</tr>
<tr>
<td>Commodity Security and Supply Chain</td>
<td>6.93</td>
<td>8.02</td>
<td></td>
</tr>
<tr>
<td>Quality Management</td>
<td>7.76</td>
<td>7.10</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>8.01</td>
<td>8.92</td>
<td></td>
</tr>
</tbody>
</table>

Strategic Investments, Efficiency, and Sustainable Financing

<table>
<thead>
<tr>
<th>2015 (SID 2.0)</th>
<th>2017 (SID 3.0)</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Resource Mobilization</td>
<td>8.06</td>
<td>7.10</td>
<td></td>
</tr>
<tr>
<td>Technical and Allocative Efficiencies</td>
<td>5.12</td>
<td>7.78</td>
<td></td>
</tr>
</tbody>
</table>

Epidemiological and Health Data

<table>
<thead>
<tr>
<th>2015 (SID 2.0)</th>
<th>2017 (SID 3.0)</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Epidemiological and Health Data</td>
<td>5.62</td>
<td>6.63</td>
<td></td>
</tr>
<tr>
<td>14. Financial/Expenditure Data</td>
<td>6.67</td>
<td>7.50</td>
<td></td>
</tr>
<tr>
<td>15. Performance Data</td>
<td>6.78</td>
<td>6.36</td>
<td></td>
</tr>
</tbody>
</table>

Financing the HIV Response

GNI Per Capita (Atlas Method)

Population Pyramid (2017)

Dark Green Score (8.50-10.00 pts)
(sustainable and requires no additional investment at this time)

Light Green Score (7.00-8.49 pts)
(approaching sustainability and requires little or no investment)

Yellow Score (3.50-6.99 pts)
(emerging sustainability and needs some investment)

Red Score (<3.50 pts)
(unsustainable and requires significant investment)
Strategic Information (SI)
Strategic Information:
FY 17 Achievements & Current Activities

• Deployed data clerks to improve reporting and data quality
• Supported the redesign of the electronic patient monitoring system (ePMS)
• Deployed management tools (Improved Pharmadex, EDT)
• Implement Namibia Population-Based HIV Survey (NamPHIA)
• Assessments, surveys, and evaluations: “Treat All”, Community-based ART
Commodities
Commodity Service and Supply Chain – SID Dec 2017:
Core assessed areas and Scoring system

### Sustainability Analysis for Epidemic Control: Namibia

#### Epidemic Type: Please Select
Income Level: Upper middle income
PEPFAR Categorization: Targeted Assistance (Co-finance)
PEPFAR COP 17 Planning Level: Please Enter

<table>
<thead>
<tr>
<th>Sustainability Domains and Elements</th>
<th>2015 (SID 2.0)</th>
<th>2017 (SID 3.0)</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance, Leadership, and Accountability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Planning and Coordination</td>
<td>8.20</td>
<td>9.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Policies and Governance</td>
<td>6.32</td>
<td>7.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Civil Society Engagement</td>
<td>6.83</td>
<td>6.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Private Sector Engagement</td>
<td>5.54</td>
<td>4.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Public Access to Information</td>
<td>6.00</td>
<td>5.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>National Health System and Service Delivery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Service Delivery</td>
<td>5.93</td>
<td>7.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Human Resources for Health</td>
<td>5.08</td>
<td>6.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Commodity Security and Supply Chain</td>
<td>6.93</td>
<td>8.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strategic Investments, Efficiency, and Sustainable Financing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Domestic Resource Mobilization</td>
<td>8.05</td>
<td>7.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Technical and Allocative Efficiencies</td>
<td>5.12</td>
<td>7.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strategic Information</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Epidemiological and Health Data</td>
<td>5.62</td>
<td>6.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Financial/Expenditure Data</td>
<td>6.67</td>
<td>7.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Performance Data</td>
<td>6.78</td>
<td>6.96</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scoring System**
- **Dark Green Score (8.50-10.00 pts)**: (sustainable and requires no additional investment at this time)
- **Light Green Score (7.00-8.49 pts)**: (approaching sustainability and requires little or no investment)
- **Yellow Score (3.50-6.99 pts)**: (emerging sustainability and needs some investment)
- **Red Score (<3.50 pts)**: (unsustainable and requires significant investment)
Commodities: FY 17 Achievements and Current Activities

• Majority of HIV commodities are procured by MoHSS and Global Fund grant
• No recurrent stock-out of 1st line Adult ARVs
• Supported the MOHSS in forecasting, quantification and distribution of ARVs
• Provided stop-gap RTK procurement
• Training of HCW and scaling-up of mobile EDT
Stock status of the 10 top products used for the management of patients with HIV and AIDS
### Percentage of Patients at Risk

**Total Patients:** 152,630

*Number of patients at risk should the at risk products run out of stock*

![Percentage of Patients at Risk](chart.png)

**Patients At Risk:** 15,116

<table>
<thead>
<tr>
<th>SL</th>
<th>Formulation</th>
<th>Regimen</th>
<th>Patient At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1st Line Adult</td>
<td>ABC/3TC/EFV</td>
<td>2,187</td>
</tr>
<tr>
<td>2</td>
<td>2nd Line Adult</td>
<td>AZT/3TC/TDF/ATV/r</td>
<td>1,795</td>
</tr>
<tr>
<td>3</td>
<td>2nd Line Adult</td>
<td>AZT/3TC/TDF/LPV/r</td>
<td>1,722</td>
</tr>
<tr>
<td>4</td>
<td>1st Line Paediatric</td>
<td>ABC/3TC/EFV</td>
<td>1,010</td>
</tr>
<tr>
<td>5</td>
<td>1st Line Paediatric</td>
<td>ABC/3TC/EFV</td>
<td>826</td>
</tr>
<tr>
<td>6</td>
<td>1st Line Adult</td>
<td>TDF/3TC/ATV/r</td>
<td>817</td>
</tr>
</tbody>
</table>
Supporting the Transition Plan to EFV400 & DTG

On November 1, 2017, the MOHSS HIV Treatment and Care Technical Working Group (TWG) approved:

1. the transition from TDF/FTC/EFV600 to Efavirenz fixed dose combination regimen (TDF/3TC/EFV400) as the preferred first-line regimen*

2. The transition to a Dolutegravir containing fixed dose combination (TDF/3TC/DTG)**

*pending FDC approval
**pending market availability
Human Resource for Health (HRH)
The document provides a sustainability analysis for epidemic control in Namibia, with a focus on human resource for health (HRH) areas and scoring systems. The core assessed areas include:

1. HRH Supply - Distribution
2. Role of CHWs
3. HRH Transition Planning
4. Domestic funding for HRH
5. Pre-Service – HIV/AIDS
6. In-service- HIV/AIDS; Training Database
7. HR data collection and use

The scoring system categorizes sustainability levels as follows:

- **Dark Green Score (8.50-10.00 pts)**: Sustainable and requires no additional investment at this time.
- **Light Green Score (7.00-8.49 pts)**: Approaching sustainability and requires little or no investment.
- **Yellow Score (3.50-6.99 pts)**: Emerging sustainability and needs some investment.
- **Red Score (<3.50 pts)**: Unsustainable and requires significant investment.

The table below outlines the specific areas assessed and their corresponding scores for the years 2015 (SID 2.0), 2017 (SID 3.0), and projected for 2019 and 2021.
Human Resources for Health: FY 17 Achievements and Current Activities

GRN funds most of HRH:

– Community Health Worker Cadre
– Pre-service health care provider education (producing a mix of HCPs and includes HIV/AIDS)
– Has a plan to hire new doctors, medical officers and Nurses

Currently, PEPFAR support 599 healthcare workers
Human Resources for Health Opportunities

• Address HRH supply and distribution imbalance
• Institutionalize HRH database (HRH trainings and HRH data availability by number; location; cadre)
• Reduction in Global Fund Grant resulting in HRH gaps
• Implement the HRH strategy
Preliminary Proposed Activities (COP 18)
Strategic information: COP18

- Assist with personnel support (data clerks)
- Finalize NamPHIA for decision making use
- SI: Response, Monitoring and Evaluation
- National implementation of redesigned ePMS
- Implementation of data alignment between PEPFAR/GRN
Commodities: COP18

- HIV drugs transition: Support GRN transition & supply planning, in collaboration with GF
- Laboratory optimization: Support the GRN in mapping/inventory of conventional and point-of-care instruments
- Supply chain: Technical support to improve supply chain and logistics management
Human Resources for Health: COP18

• Continue current HRH deployment support
• Support the implementation of the long-term HRH strategy
• Support MoHSS in training, mentorship and supervision of newly graduated health workers
Thank you

Q&A