

Assessment of the Implementation of the Treat-All Guidelines (Test and Start) in Namibia

According to recent data, 14.3 percent of adults age 15 to 49 in Namibia are living with HIV, yet only slightly more than half (54.2 percent) of females and a third (36.3 percent) of males living with HIV are currently receiving antiretroviral therapy (ART). Of those who initiate ART, 77.5 percent are retained in care after 12 months.

In late 2015, the World Health Organization (WHO) announced new treatment guidelines recommending that anyone who has tested positive for HIV should begin ART as soon as possible. These “treat all” guidelines are commonly referred to as *test and start* (TnS). The Government of Namibia has adopted the TnS guidelines as national policy, effective



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As health facilities in Namibia begin operationalizing the test and start policy, reaching Namibians in rural areas will be critical for success.

Research Partners: Population Council, IntraHealth International, Avenir Health, Survey Warehouse, Ministry of Health and Social Services, and USAID/Namibia

Location: Andara, Nyangana, Oshikuku, Onandjokwe, and Tsumeb districts, Namibia

Study Duration: April 2017–September 2018

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from April 2017. As health facilities in Namibia begin operationalizing TnS policy, there are many unanswered questions about its broader effects—not only on client-level treatment outcomes, but also on the health system, including human and financial resources.

ART Services in Namibia and at IntraHealth-supported Sites

Through the U. S. Agency for International Development (USAID) Technical Assistance Project (UTAP), IntraHealth provides training, mentoring, and supportive supervision to help clinicians in 75 ART facilities across eight districts deliver high-quality, comprehensive clinical health services, including HIV

testing, treatment, and support services. In addition, IntraHealth strengthens health information systems and data use, and helps the government estimate health and human resources for health needs. In addition, because Namibia has a very low population density and many people living with HIV (PLHIV) live in rural areas, their home communities are sometimes very distant from ART treatment facilities. To overcome this barrier to accessing care and treatment, the Namibian government has begun to transition ART services to decentralized, community-based health facilities. The government has also begun to expand ART initiation and management responsibilities beyond physicians through nurse-initiated management of ART. Through the UTAP project, IntraHealth also provides support to this decentralization effort.

Our Research

The study's aim is to generate evidence on how the national rollout of the TnS guidelines and decentralization of ART services affect client-level treatment outcomes, quality of ART services, and treatment costs in Namibia. The study is being conducted in five IntraHealth-supported district-level hospitals and health facilities, and five health centers (which are smaller and in closer proximity to communities compared to district-level facilities), including facilities that are part of the community-based ART (cBART) program. Data will be collected on HIV testing, treatment initiation, retention, and viral load from routine clinic records. We will also collect service quality data from client exit surveys, client in-depth interviews, and

service provider focus group discussions at baseline, six months post-TnS, and again at 12 months. ART-related cost data will be collected at baseline and 12 months. Quantitative data analysis will compare key outcomes *before* and *after* TnS implementation, and among clients who access different types of services (e.g., district-level facilities, health centers, or cBART). Qualitative data from service providers and ART clients will provide additional insight on service quality and factors influencing implementation of TnS. Costing data analysis will focus on estimating annual ART-related cost per client, and incremental unit cost per output.

Research Utilization

The study team will form a Research Advisory Committee consisting of key stakeholders, including representatives of the Ministry of Health and Social Services, IntraHealth, USAID/Namibia, and others. The committee will provide input into implementation of the study and ensure that findings will address relevant evidence gaps. Throughout the life of the study, committee members will also have an opportunity to provide input into interpretation of data and implications for programs and policy. At the end of the study, we will convene a national stakeholders' meeting to share research results and lessons learned, and to discuss implications.

The results of this study will inform the implementation and scale-up of TnS as well as efforts to decentralize ART services in Namibia and sub-Saharan Africa.