



NAMBIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

Country Profile: Namibia

HIV/AIDS in Namibia

Adults and Children Living with HIV: 230,000¹
AIDS Deaths (Adults and Children): 17,000¹
AIDS Orphans: 85,000¹

Namibia has a HIV prevalence of 19.7 percent among pregnant women.² Data compiled by the Ministry of Health and Social Services show that AIDS became the leading cause of death in Namibia in 1996. AIDS accounts for 50 percent of deaths among individuals aged 15-49 and over 75 percent of all hospitalizations in public sector hospitals.³ The HIV epidemic in Namibia is predominantly due to heterosexual and mother-to-child transmission. The highest prevalence rates, up to 43 percent⁴, are in six adjoining rural northern regions where over 50 percent of the population is concentrated.



President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease around the world.

U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

U.S. Government Response

Following the lead of the country's President and Minister of Health, the Government of Namibia is committed to supporting a full range of prevention, treatment and care programs for people living with and affected by HIV/AIDS, including orphans and vulnerable children (OVCs). Since 2000, the U.S. Government (USG) has supported Namibia's efforts to build effective, community-based responses to the HIV/AIDS epidemic.

In 2002, the USG opened an office within the Ministry of Health and Social Services focused on establishing the technical foundations for counseling and testing, prevention of mother-to-child HIV transmission (PMTCT), antiretroviral treatment (ART) and tuberculosis/HIV services, strengthening HIV and TB/HIV surveillance and providing volunteers for distance education and community mobilization. All of the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) activities in Namibia are guided by the National Strategic Plan on HIV/AIDS Medium Term Plan III (2004-2009), which outlines Namibia's comprehensive vision to combat the epidemic.

Key Emergency Plan responses in Namibia include:

- Increasing human capacity development;
- Ensuring sustainability of HIV/AIDS programs and services;
- Engaging new partners and the private sector; and
- Establishing links among prevention, treatment, care and the health network system.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Namibia is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Namibia received nearly \$24.5 million in Fiscal Year (FY) 2004 and more than \$42.5 in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$57.3 million to support Namibia's fight against HIV/AIDS.

¹ UNAIDS, Report of the Global AIDS Epidemic, 2006.

² Ministry of Health and Social Services, 2004.

³ 2000-2001 Ministry of Health and Social Services Health Information System report.

⁴ Republic of Namibia, Ministry of Health and Social Services, Report of the 2002 National HIV Sentinel Survey.

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Emergency Plan Achievements in Namibia to Date

Challenges to Emergency Plan Implementation

Namibia is the second most sparsely populated country in the world. Providing comprehensive HIV/AIDS services to the mostly rural population requires a fully decentralized, community-based approach with strong policies and leadership from the central level. Insufficient numbers of skilled technical personnel and limited managerial capacity at all levels exacerbate the challenges of decentralization, and access to services remains limited, particularly for those living in sparsely populated areas. As the country with the highest level of income disparity in the world, poverty poses a major challenge. Fifty percent of Namibia's population survives on just 10 percent of the national income, while the ratio of per capita income between the top 5 percent and the bottom 50 percent is approximately 50 to 1. Household food security and access to services are limited for the vast majority of the population. Trucking, shipping, mining and fishing industries generate labor migration that is contributing to the spread of the epidemic.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ¹	209,200
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ¹	102,100
# of USG condoms shipped in Calendar Year 2005 ⁶	0
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	19,900
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	3,800
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	76,900
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ³	31,200
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ³	100,800
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 ¹	26,300
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 ²	0

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

³ Total results combine individuals reached through downstream and upstream support.

⁴ It is possible that some individuals were counseled and tested more than once.

⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

⁶ The Government of Namibia procures its own condoms, receives donations from other development partners and also supports a condom social marketing program. The exception to this practice was in FY2003 and FY2004, where at the special request of the Government of Namibia, the USG provided 10 million condoms to the Namibian Government for distribution to NGOs and regional entities.

Critical Interventions for HIV/AIDS Prevention

- Supported a long-term Technical Advisor with extensive experience in blood safety who provided technical assistance to the Blood Transfusion Service of Namibia, the Ministry of Health and Social Services, and the Namibia Institute of Pathology.
- Supported the medical injection safety program, which has made significant gains in reducing excessive use of medical injection drugs in participating health facilities through provider training in the rational use of injection drugs. The practice of discarding needles and syringes without recapping has increased from 47 percent to 76 percent as a result.
- Supported prevention education programs emphasizing abstinence and faithfulness to key groups, including in-school and out-of-school youth, teachers, parents, traditional leaders, and religious leaders, through a wide network of faith- and community-based organizations.
- Supported the assignment of a PMTCT Technical Advisor to the Directorate of Special Programs in the Ministry of Health and Social Services, who has played a pivotal role in supporting national policy and work plan development, monitoring and evaluation of PMTCT services, and facilitating the rapid rollout of PMTCT services to 79 sites across Namibia.

Critical Interventions for HIV/AIDS Treatment

- Supported a total of 187 supplemental doctors, nurses, pharmacists, social workers, and community counselors at antiretroviral treatment (ART) sites.
- Funded the assessment of storage and infrastructure requirements of treatment facilities to support the scale-up and expansion of ART.
- Supported efforts of the Ministry of Health and Social Pharmaceutical Services to strengthen national management and logistical systems for antiretroviral drugs and HIV/AIDS related pharmaceuticals and commodities, and to ensure the maintenance of highest standards of procurement and distribution practice.
- Provided technical assistance and support to the Namibia HIV Clinicians Society, an organization of private and public sector physicians, which is ensuring that physicians administer ART according to the Namibian national guidelines.

Critical Interventions for HIV/AIDS Care

- Supported an assessment that resulted in a plan to strengthen facility and community level palliative care service delivery, national policy and guidelines, and training to support expansion of quality and uniform services for HIV/AIDS palliative care. Supported the establishment of a Namibian palliative care association to ensure the sustainability of the program.
- Worked with local implementing partners to respond to the impact of HIV/AIDS on education of OVCs. Awarded small grants that provided books, learning materials, and classroom improvements, and supported school-based feeding programs at schools with high numbers of OVCs.