



NAMBIANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

## 2007 Country Profile: Namibia

**National HIV prevalence rate among adults (ages 15-49) 19.6 percent<sup>1</sup>**  
**Adults and children (ages 0-49) living with HIV at the end of 2005: 230,000<sup>1</sup>**  
**AIDS deaths (adults and children) in 2005: 17,000<sup>1</sup>**  
**AIDS orphans at the end of 2005: 85,000<sup>1</sup>**

Namibia is one of the Emergency Plan's 15 focus countries, 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, more than \$42.5 in FY 2005, and approximately \$57.3 million in FY 2006 to support comprehensive HIV/AIDS prevention, treatment and care programs. PEPFAR is providing \$91.2 million in FY 2007.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. The United States is changing the paradigm for development, rejecting the flawed “donor-recipient” mentality and replacing it with an ethic of true partnership. These partnerships are having a global impact and transforming the face of our world today.

### Partnership to Fight HIV/AIDS

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. 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 to establish the technical foundations for counseling and testing, prevention of mother-to-child HIV transmission (PMTCT), antiretroviral treatment (ART), tuberculosis (TB) and HIV services, surveillance strengthening, and volunteer training. All activities in Namibia supported by the Emergency Plan are guided by the government of Namibia's National Strategic Plan on HIV/AIDS (Medium Term Plan III — 2004-2009), which outlines its 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.

### Emergency Plan Results in Namibia

# of individuals receiving antiretroviral treatment as of September 30, 2007	43,700
# of HIV-infected individuals who received palliative care/basic health care and support in FY2006 (including TB/HIV) <sup>1</sup>	54,000
# of orphans and vulnerable children (OVCs) who were served by an OVC program in FY2006 <sup>1</sup>	88,700
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan <sup>1,2</sup>	51,800
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan <sup>1,3</sup>	9,900
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2006 <sup>1,2</sup>	107,600
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2006 <sup>4</sup>	233,000
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2006 <sup>4</sup>	218,700
# of USG condoms shipped in Calendar Year 2006 <sup>5</sup>	0

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

<sup>1</sup> Total results combine individuals reached through downstream and upstream support. <sup>2</sup> It is possible that some individuals were counseled and tested more than once. <sup>3</sup> 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. <sup>4</sup> Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites. <sup>5</sup> 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.

# Emergency Plan Activities in Namibia

## HIV/AIDS in Namibia

Namibia has an HIV prevalence rate of 19.6 percent in adults ages 15 to 49 and shows signs of HIV epidemic stabilization.<sup>1</sup> The primary mode of transmission is through sexual contact and mother-to-child transmission.<sup>2</sup> Data compiled by the Ministry of Health and Social Services show that AIDS became the leading cause of death in Namibia in 1996. It is estimated that AIDS accounts for at least 50 percent of deaths among individuals ages 15 to 49.<sup>1</sup> There is great variation in HIV prevalence rates from region to region in Namibia. Infection rates also differ by gender, with UNAIDS estimating that women account for 58 percent of all HIV infections.<sup>1</sup> Other at-risk populations include migrant workers, people in prostitution, street children, and long distance drivers.<sup>2</sup>

## 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 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. The United Nations reports that the poorest 20 percent of Namibia's population earns only 1.4 percent of the national income versus the richest 20 percent of the population that earns 78.7 percent of the national income. Household food security and access to services are limited for the vast majority of the population. There is a considerable need for expansion of health services in particular, including community- and home-based care programs, HIV testing and counseling services, and support for orphans and vulnerable children (OVCs).<sup>3</sup> Trucking, shipping, mining and fishing industries generate labor migration that is contributing to the spread of the epidemic.



## Critical Interventions for HIV/AIDS Prevention:

- Supported a prevention of mother-to-child transmission (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 sites across Namibia.
- Supported prevention education programs emphasizing abstinence and faithfulness to key groups, including in-school and out-of-school youth, teachers, parents, police, military, traditional leaders and religious leaders, through a wide network of government ministries and faith-based, community-based and non-governmental organizations.
- Supported a long-term Technical Advisor 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.

## Critical Interventions for HIV/AIDS Treatment:

- Supported supplemental doctors, nurses, pharmacists, social workers and community counselors at hospitals and clinics and increased the numbers of patients receiving ART.
- Supported efforts of the Ministry of Health and Social Services to strengthen national health management and logistical systems for antiretroviral drugs and HIV/AIDS-related pharmaceuticals and commodities, and to ensure the maintenance of the highest standard of procurement and distribution practices.
- 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:

- Worked with local implementing partners to respond to the impact of HIV/AIDS on education of OVCs. Awarded small grants that provide books, learning materials, and classroom improvements, and support school-based feeding programs at schools with high numbers of OVCs.
- Worked with diverse faith-based and non-governmental organization partners to expand the availability of community-based OVC and palliative care services in Namibia, focusing on improved quality and the establishment of minimum service standards.
- Supported partners using innovative approaches to address the economic and capacity strengthening needs of OVCs and their caregivers, such as village health banking and vocational training.

<sup>1</sup> UNAIDS, Report on the Global AIDS Epidemic, 2006.

<sup>2</sup> WHO, Summary Country Profile on HIV/AIDS Treatment Scale-up – Namibia, 2005.

<sup>3</sup> United Nations Development Programme, UN Human Development Report, 2006.