



Office of the United States Global AIDS Coordinator

Providing leadership, coordination and oversight to the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief

Country Profile — *Namibia*

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



HIV/AIDS in Namibia

HIV Infected: 210,000¹

AIDS Deaths: 16,000¹

AIDS Orphans: 108,470²

Namibia has a HIV prevalence of 19.7 percent among pregnant women (Ministry of Health and Social Services, [MOHSS] 2004). Data compiled by the MOHSS 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.

U.S. Government Response

Following the lead of the country's President and Minister of Health, the Namibian government is committed to providing a full range of prevention, care, support and treatment programs for people living with HIV/AIDS (PLWHA), their families and orphans and vulnerable children (OVC) infected or affected by the epidemic. Since 2000, the U.S. has supported Namibia's efforts to build effective, community-based responses to the HIV/AIDS epidemic.

In 2002, the U.S. opened an office within the MOHSS focused on establishing the technical foundations for voluntary counseling and testing (VCT), prevention of mother-to-child HIV transmission (PMTCT), antiretroviral treatment (ART) and tuberculosis (TB)/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 (the Emergency Plan) activities in Namibia are guided by the National Strategic Plan on HIV/AIDS Medium Term Plan III (2004-2009) (MTP III), 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 program linkages between 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, U.S. Government (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, non-governmental organizations (NGOs) 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 at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Namibia received nearly \$24.3 million in FY2004 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2005, the U.S. is committing more than \$42.6 million to support Namibia's fight against HIV/AIDS.

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¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.

² MoHSS/SIAPAC/UNICEF, A Situation Analysis of Orphan Children in Namibia, 2002.

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

⁴ Republic of Namibia, MoHSS, Report of the 2002 National HIV Sentinel Survey.



Emergency Plan Achievements in Namibia

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 those living in sparsely populated areas. Poverty poses a major challenge. As a country with one of the highest levels of income disparity in the world, 50 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 in the south generate labor migration from the north that is contributing to the spread of the epidemic.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and Being Faithful	101,300
# of pregnant women receiving prevention of mother to child HIV transmission (PMTCT) services	7,800
# of pregnant women receiving antiretroviral prophylaxis	1,300
# of individuals receiving counseling and testing	15,000
# of HIV-infected individuals who received palliative care/basic health care and support	18,100
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	77,100
# of individuals receiving upstream system strengthening support for treatment ¹	800
# of individuals receiving downstream site specific support for treatment ²	8,800

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

¹ Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

² Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.

Critical Interventions for HIV/AIDS Prevention

- ◆ Revised counseling and testing procedures in public health facilities so that 90 percent of women coming to prenatal clinics for the first time agreed to be tested.
- ◆ Introduced a new system for providing lay counselors to work in public health facilities to improve prevention through access to prevention counseling for those who are found to be HIV-positive.
- ◆ Launched a community mobilization program in 2003 that targets communities surrounding treatment/PMTCT facilities with the purpose of helping those communities to address the major behavioral and social factors that are driving the epidemic and address barriers to accessing services using local solutions.
- ◆ Supported implementation by NGOs and faith-based organizations (FBOs) throughout Namibia of standardized faith-based HIV/AIDS prevention curricula for youth with a focus on delay of sexual activity, abstinence and partner reduction.

Critical Intervention for HIV/AIDS Care

- ◆ Provided support to FBOs with volunteer networks of more than 2,000 people to reach people in need of home-based care, treatment adherence monitoring, and identifying orphans and vulnerable children in need of services.
- ◆ Supported an increase in freestanding VCT centers nationwide from one to 15 since 2003, significantly increasing the availability of counseling and testing services for Namibians.

Critical Interventions for HIV/AIDS Treatment

- ◆ Supported the design and launch of Namibia's ART program, including the development of technical standards, training curricula, a national information system, laboratory capacity, and national program management, as well as ART procurement.
- ◆ Strengthened the national and regional systems to procure and distribute quality ART, drugs for treatment of opportunistic infections, condoms, rapid HIV test kits and associated disposable commodities.
- ◆ Provided technical assistance for testing drug quality in the laboratory, upgrading of the existing computerized pharmaceutical management system in the central medical stores and expanding to regional medical stores and hospital pharmacies.