

**Keynote address at the launch of the Namibia YouthNet Program by  
Hon. Richard Nchabi Kamwi, Deputy Minister of Health and Social  
Services, read by Dr N. Forster, Under Secretary: Health and Social  
Welfare Policy.**

**Date: 28 October 2003**  
**Time: 08h30**  
**Venue: Continental Hotel, Windhoek**

Director of Ceremonies,  
Ms. Diana Swain, USAID Director  
Dr. Mathew Kapolo, representing the Council of Churches in Namibia  
Youth representatives  
Invited guests  
Ladies and Gentlemen,

Firstly, let me apologize for the absence of Hon. Richard Kamwi, the Deputy Minister of Health and Social Services. Due to other equally important assignments, he is not able to personally deliver his speech and has therefore requested me to stand in on his behalf. He however sends his best wishes and wishes us all a very successful event.

Director of Ceremonies

It is indeed an honor to be invited to the launch of the YouthNet Program in Namibia, which is yet another important intervention in our national armament against HIV/AIDS.

By this time, I am sure we are all fully aware of the strategies and objectives contained in our Second Medium Term Plan on HIV/AIDS and in the HIV/AIDS chapter of the National Development Plan. It is therefore clear that developing, financing and implementing programmes that will slow down the spread of HIV and reduce the impact of HIV/AIDS are among the highest priority for our country.

HIV/AIDS is currently the most important development challenge we face in Namibia. To date, many Namibians have succumbed and many continue to do so. In fact, while we are gathered here today, there are many families suffering under the impact of the disease. Increasing numbers of children continue to be born with the disease and the number of orphans similarly is rising steadily.

Government is committed to combating HIV/AIDS in all possible ways. This includes the launch of the roll-out of PMTCT and HAART programmes by the Honourable Minister during May this year. To date, these services are offered in

six public hospitals, and we are daily adding patients to the list of those, who are receiving treatment. All these efforts are aimed at improving the quality of life for those infected with the virus and reducing the risk of HIV transmission from the mother to the baby. I believe, as a nation, we have reason to be proud of this achievement.

Similarly, there are various initiatives afoot which address the mitigation of the impact of the disease. This includes the continued strengthening and expansion of workplace programmes in all sectors of the national economy including the public and the private sector. It also includes the provision of care and support services for orphans and other vulnerable children.

But, since we have shifted our focus in recent months – and there has not been much choice, since the epidemic has essentially forced us to do so in view of the huge and still rising needs of our communities – to programmes of treatment and care as well as impact mitigation, it is important that we must continue to strengthen our efforts in the area of prevention.

There is no doubt that we are making progress in this latter area as well however. The 2002 HIV/AIDS Sentinel Survey clearly provides evidence for the fact that the prevalence amongst our 13 to 19 year old population is stabilizing and possibly coming down. Equally, there are some regions, such as Erongo and Khomas, where the prevalence trend for the total population appears to be stabilising. So clearly, we are doing many things right in these regions. Therefore the Honourable Minister has at a number of occasions lauded the governors and their teams in these and other regions for the excellent efforts they have put in to date to combat HIV/AIDS. Our challenge is however to add further impetus to the already ongoing initiatives. It is clear therefore, that programmes, like the YouthNet initiative will have to play an important role in this regard.

Director of Ceremonies  
Ladies and gentlemen

In Namibia, like in other countries, it is a fact that young people become sexually active at a very young age. At this age they often do not have the knowledge and life skills that could make them make better decisions to safe guard their own future. Clearly, despite the wide spread knowledge of the presence of the deadly virus, many of our young people start being sexually active at too early an age. Too many engage in unprotected sex resulting in unplanned and unintended pregnancy or the contraction of a Sexually Transmitted Infection or the Human Immuno- deficiency Virus. In fact, according to our routine Health Information System statistics, the most common reason for a first visit to our maternal health care clinics is pregnancy itself. This means that the majority of Namibian women still delay consulting our reproductive health services until they

have actually fallen pregnant. This further indicates to us, that there remains a huge task for improved and expanded health education amongst the youth of our country.

Furthermore, as part of my ministry's efforts related to the introduction of the Adolescent Friendly Health Services Initiative, we consulted young people on the factors contributing to the incidence of adolescent pregnancies and HIV infection. It became clear from their responses that young people and adolescents require tailor made programmes, that address their specific requirements and that are offered in an environment and by service providers, who are sensitive to their particular needs.

Equally, the Mid Term Review of our Second Medium Term Plan, which was concluded earlier this year, made it very clear that we need to become better at our behaviour change programmes. It specifically pointed out the following, amongst a variety of issues:

- There are a number of limitations to mass media campaigns, which therefore need to be complemented by communication strategies that emphasise one-on-one- and group settings;
- There is considerable need for specific messaging towards various target groups - and the youth were highlighted as one of these;
- There are considerable language, cultural and regional differences, which require sensitive adaptation of behaviour change communication strategies; and finally:
- Prevention information must be coupled with skills training, that can empower individuals to actually commit the behaviour change, which they have learned about so that they feel comfortable and have the confidence that will make them practice what has been preached.

These recommendations come from an external review team of international experts led by the Royal Tropical Institute of Amsterdam, many of whom have intimately worked on issues related to HIV/AIDS for more than two decades mostly on the African continent, but also in Europe and in the Americas.

What also is clear however from the presentation we saw earlier is that what YouthNet intends to do, is essentially to take forward all the above recommendations and more. We are therefore particularly pleased with your envisaged programme efforts.

Ladies and Gentlemen,

But let me come to a further observation. This is related to possibly the most crucial contribution that your programme may make to our national fight against HIV/AIDS. It is the involvement and capacity building of our churches and faith-based organizations. Once again, I am quoting the Mid Term Review report in this regard, which states that the potential of our Namibian churches and faith based organizations in the fight against HIV/AIDS is still by far underutilized.  
Director of Ceremonies

Namibians are by more than 80% christians belonging to various church denominations. Our churches reach every town, every village, and every community. There is hardly any other group of organizations in the country that has such a wide coverage of our communities. There is no doubt that our churches are already doing a great deal for people affected by the epidemic. Churches are involved in prevention, care, support for orphans and families. But there remains a vast and unmet potential for further action in our joint struggle to more fully and comprehensively cover the various interventions against the epidemic.

I am saying this also, because of the following considerations. The experts in HIV/AIDS prevention and behaviour change communication teach us one lesson, which we as a nation, that has come through years of struggle for independence, actually already know very well. This is that in order to fight something as big as the HIV/AIDS epidemic effectively, we need to develop strong partnerships and, yes, smart partnerships. We in fact have to go beyond that to create a broad movement of players, who with regard to prevention (as just one aspect of the fight against AIDS) all spread the same message about HIV/AIDS prevention. The more organizations, leaders, families and individuals transmit the same messages about prevention, the more they will amplify each other. And this is important: we need supportive messages and not contradicting ones. This will make it easier for our youth, and indeed the nation, to do the right things with regard to HIV/AIDS prevention.

Director of Ceremonies  
Ladies and gentlemen

In this regard it is opportune to draw some lessons from the findings of our 2002 HIV/AIDS Sentinel Survey. It is striking to realize that while the prevalence rate in the 13 to 19 year age group stands at 11 %, the next older age group bracket, namely those aged 20 to 25 years, have exactly double the prevalence of the previous group, namely 22%. This is a 100% increase in prevalence over the age span of around 5 years. If we think in terms of the behaviour change paradigm, which I briefly outlined above, what appears to be the main difference

between the two groups in terms of a supportive environment for behaviour change?

It is the fact that in the first group most people are going to school. In other words they spend considerable time in an environment that supports responsible behaviour through both formal education, as well as informal and after hours activities that enhance the same message. And I am saying this, knowing full well of course, that there is never the less still much room for improvement in our school environment with regard to this strategy. In addition, the YouthNet programme that will work with youth in an out-of-school religious environment is very important. It will assist us in reaching our aim of reducing the HIV prevalence amongst the 13 to 19 year olds from 11% to below 10% and perhaps as low as 5%, which is what Uganda has achieved.

Director of Ceremonies

But the lesson to be drawn from this is also another one: It is that once people leave school, they move into environments, where they are clearly more at risk, but where they may find less of the behaviour change support that is required. The two major institutions that have the potential to play this role for the older age groups are on the one hand our places of employment (where our HIV/AIDS workplace programmes should do the job for us), and on the other hand our places of worship, our faith based organizations, and our church congregations, where hundreds of thousands of Namibians actively engage at least once a week. It is clear from this that we can not under emphasise the important role that our churches need to play.

Having said that, I am fully aware, that YouthNet is gearing its programme towards the youth. But I am sure and I do trust that the capacity that will be built within our faith based organizations through this programme, will - before long - also impact on the services offered by our churches to adults and the population at large.

I am also saying this because I believe that the YouthNet programme will further empower our faith-based organizations and churches to do what they do best in the area of HIV/AIDS prevention, namely: to care for and strengthen our families through firstly: the promotion of abstinence and delay of sexual activity amongst the young for as long as possible until they choose to marry; secondly: through the support of mutual faithfulness among marital partners, who know their HIV status (and the promotion of them getting to know their status, i.e. to take a HIV test, would be part of the important role we all have to play), and thirdly: through sharing the correct information - repeat: the correct information - about the various other options of prevention, which do include the use of condoms

and the enrolment of pregnant women and their partners in the prevention of mother to child transmission (PMTCT) programme amongst others.

Director of Ceremonies

I am pleased to be here with you today. This is a great start to an important programme that will train 120 leaders from various faith based organizations to become facilitators, who in turn will reach at least 3,000 youth over the next two years. My ministry fully supports the YouthNet programme. We are confident that you have the understanding and sensitivity that is required to make this programme a real success. Let me wish you all the best with the programme for the sake of all of us in Namibia.

I hereby declare the YouthNet programme officially launched and I thank you for your kind attention.

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