



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

NAMIBIA

HIV/AIDS is the primary cause of death and hospitalization in Namibia. According to UNAIDS, by the end of 2001, adult HIV prevalence was 22.5 percent, making Namibia one of the top five HIV/AIDS-affected countries in the world.

Exacerbating the spread of the disease is a complex array of socioeconomic and cultural factors such as poverty, internal labor migration, sexual norms and attitudes, geographic inequities in access to services and information, major transportation corridors that connect Namibia to other high-prevalence countries, and unequal power dynamics between men and women.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	230,000
Total Population (2001)	1,788,000
Adult HIV Prevalence (end 2001)	22.5%
HIV-1 Seroprevalence in Urban Areas	
Population at high risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors)	44.6%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	26.7%

Sources: UNAIDS, U.S. Census Bureau

In 2000-2001, according to the latest Ministry of Health and Social Services Health Information System report, AIDS accounted for 22 percent of all deaths and 50 percent of deaths among individuals aged 15-49. As a direct result of AIDS, life expectancy at birth—61 years in 1991—is projected to drop to 40 by 2005. Moreover, the circumstances of two-thirds of Namibia's estimated 115,000 orphans and vulnerable children are attributable to AIDS.

HIV infection in Namibia occurs primarily via sexual intercourse and mother-to-child transmission. With an estimated 70,000 births a year, a 23 percent seroprevalence among mothers, and a 40 percent mother-to-child transmission rate, approximately 6,000 infants are likely to be infected each year. HIV transmission via blood and blood products and between men who have sex with men is believed to be negligible. Seroprevalence is currently 3 percent among new blood donors, 38.6 percent among patients seeking care for a sexually transmitted infection, and 50 percent among patients with tuberculosis.



Map of Namibia: PCL Map Collection, University of Texas

Serological surveys have not been performed among truckers, commercial sex workers, or migrant workers—population groups known to practice high-risk behaviors. HIV prevalence among military and other uniformed service personnel is classified by the government, and thus is not publicly available.

Women in Namibia bear a disproportionate brunt of the epidemic. They are not only victims of the disease, but also the primary caregivers for others who are infected. Moreover, their unequal social and economic status places them at risk for earlier infection, leads to their being stigmatized, and allows them to be unfairly blamed for disease transmission. Overall, male-to-female infection is about 1:1. However, women under 30 have a higher

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HIV prevalence than men in the same age cohort (39 percent versus 29 percent), whereas men over 30 have a higher prevalence than women (48 percent versus 41 percent).

National Response

Although the Namibian government has made heavy investments in health and education, these gains are threatened by the toll of HIV/AIDS. The epidemic is exacerbating shortages of Namibia's most skilled workers, teachers, and health care personnel. After a slow start, Namibia made a strong commitment to the battle against HIV/AIDS, assembling a broad coalition of public and private sector organizations, multilateral and bilateral donors, and national and international faith-based and secular organizations to assist in its nationwide fight against the disease.

Namibia's National Strategic Plan on HIV/AIDS for 1999–2004 recognizes the need for a multisectoral strategy. The plan stipulates that all public and private sectors should have objectives and strategies for addressing the HIV/AIDS epidemic. Priority HIV prevention strategies in the plan include the following:

- Developing and disseminating information, education, and communication materials on HIV/AIDS;
- Strengthening condom supply and distribution channels; and
- Providing care and support to people affected by HIV/AIDS through counseling, home-based care, and general care, as well as through physical, social, moral, and spiritual care.

With coordination by the Ministry of Health and Social Services Health Information System, government, business, labor, and the nongovernmental organization communities were asked to develop plans, allocate resources, educate members, procure and distribute condoms, provide care and support to persons infected and affected by HIV/AIDS, eliminate discrimination, and submit annual progress reports. In 2002, the ministry added to this list services for voluntary counseling and testing and the prevention of mother-to-child transmission. In early 2003, the Ministry of Health and Social Services announced it would offer highly active antiretroviral therapy in its 35 hospitals.

USAID Support

In 2003 the United States Agency for International Development (USAID) provided \$2.15 million for general HIV/AIDS activities and \$5.45 million for services to prevent mother-to-child transmission in Namibia. Since 2000, USAID has supported the Namibian government's efforts to build effective, community-based responses to the HIV/AIDS epidemic in three areas: behavioral change, capacity building for organizations working in prevention and care, and support to orphans and vulnerable children. Most of these efforts have been concentrated in the communities of Ongwediva, Oshakati, Swakopmund, Walvis Bay, and Windhoek. Within these areas, USAID has targeted youth and the labor force, and many programs are exceeding targets for program coverage and numbers of willing partners.

Given that the HIV/AIDS epidemic in Namibia is generalized and still on an upward trajectory, USAID is committed to providing a full range of prevention, care, support, and treatment programs for vulnerable populations, people living with HIV/AIDS and their families, and orphans and vulnerable children affected by the epidemic.

Faith-based organizations, their government-supported hospitals and health care facilities, and local and regional governments are USAID's primary partners. USAID also works closely with the central and regional arms of the Ministry of Health and Social Services, the Ministry of Women's Affairs and Child Welfare, the Ministry of Basic Education, Sports, and Culture, and other governmental entities to ensure they have the capacity to support the range of community initiatives envisioned by the government of Namibia and by USAID.

USAID's strategic objective is to reduce the spread and impact of HIV/AIDS in Namibia through a variety of interventions. Outcomes will be assessed through the following measurements:

- The number of people requesting an HIV test and receiving results in the past 12 months;
- The number of individuals covered by mother-to-child HIV transmission prevention programs;
- The number of individuals receiving medical, psychological, or social support for a chronic illness in a 12-month period;
- The percentage of orphans and vulnerable children receiving assistance;

- Namibia’s performance on the AIDS Program Effort Index; and
- The number of individuals with HIV infection receiving antiretroviral therapy.

President’s international mother and child HIV prevention initiative

USAID and the Centers for Disease Control and Prevention are helping Namibia develop and deliver comprehensive mother-to-child HIV transmission prevention services nationwide, but USAID efforts are focused in four regions. Maternity centers with the highest number of childbirths to women with HIV infection receive priority for support.

USAID continues to support primary HIV prevention services and reproductive health services for HIV-positive women, and to provide comprehensive services to prevent mother-to-child HIV transmission, and these are carried out through mission health facilities, community nongovernmental organizations, and faith-based organizations.

Behavior change communication

Although HIV/AIDS awareness in Namibia is high, this knowledge has not yet translated into internalization of risk, which is key to changing sexual risk behaviors to slow the spread of the epidemic. To prompt sexual behavior change, USAID works to ensure an adequate quantity and quality of information, along with broader services and products. Efforts will increasingly target youth aged 12–24, who will determine the future course of the epidemic.

Building on achievements thus far, and working with existing networks of faith-based, nongovernmental, and media organizations, USAID is developing an evidence-based, strategic prevention program with a central focus on increasing the mean age of sexual debut, reducing the number of sexual partners and promoting mutual fidelity among people, while also promoting consistent condom use where appropriate.

USAID/Namibia works closely with the national “Take Control” campaign by assisting in the development of multimedia and mass media programming information, education, and communication materials, and through social marketing campaigns to promote voluntary counseling and testing, condom use, prevention of mother-to-child transmission, and highly active antiretroviral therapy.

USAID-funded workplace programs are being expanded to the transportation sector and to vulnerable populations, including truckers and commercial sex workers along major routes. Further, the Mission is working to build the capacity of the National Center for Communications and Research to conduct polls and focus groups, analyze data, and to ensure the incorporation of findings into intervention designs.

Care and support

A stronger drug and commodity logistics system is required to meet a greater demand for drugs to treat opportunistic infections and for antiretroviral therapy. USAID procures HIV test kits and related commodities, antiretroviral drugs, and other pharmaceuticals. The Mission is funding an assessment of the Central Medical Stores system and provides logistics management training and long-term technical assistance to enable central stores managers to serve as trainers of trainers at the regional and local levels. In a related activity, USAID is assisting with the installation of a fully computerized forecasting and distribution system, which links the national office to regional units.

The Mission in Namibia supports training of health care professionals to provide care for those with HIV-related conditions and to employ highly active antiretroviral therapy for those with HIV. USAID is also expanding and developing community-based advocacy and support programs for people living with HIV/AIDS and ensuring that workplace programs to protect the rights of those living with HIV/AIDS are in place.

Orphans and vulnerable children

The USAID program for orphans and vulnerable children in Namibia aims to achieve four critical results:

- Better school attendance and retention for all orphans and vulnerable children;
- Better advocacy programs to promote education, care, and support for orphans and vulnerable children at the national, regional, and local government levels;

- Expanded education, care, and support services, including psychological support, by faith-based organizations, non-governmental organizations, and local governments; and
- Greater capacities at the national, regional, and local levels to plan, manage, and monitor programs for orphans and vulnerable children.

In particular, USAID supports the Catholic AIDS Action “Full School” concept, which encompasses:

- Advocacy for basic rights and government entitlements, including exemption from school fees and examination fees;
- Psychosocial support (i.e., referral systems for specialized services, support groups, bereavement counseling, and care for caregivers);
- Feeding programs;
- Provision of uniforms, school books, and other materials; and
- Partnerships to build the capacity of other faith-based organizations and communities to support and implement the program.

Mother-to-child transmission

The Ministry of Health and Social Services launched its first prevention of mother-to-child transmission pilot program in March 2002, but quickly recognized the need to expand the program to cover the entire country. In 2003, Namibia was designated as one of 14 countries to receive expanded assistance through President Bush’s Prevention of Mother-to-Child Transmission Initiative. The Ministry of Health and Social Services has now requested USAID assistance to implement prevention of mother-to-child transmission programs in ministry-supported, faith-based health facilities. USAID assistance is being directed to five hospitals and approximately 30 health care facilities.

USAID/Namibia works with Catholic, Lutheran, and Anglican health services and their faith-based organization counterparts to develop their capacity to provide expanded services to prevent mother-to-child transmission (referred to as prevent mother-to-child transmission plus). These services include antenatal, postnatal, and child health services; voluntary counseling and testing; safe-feeding counseling; obstetrical and family planning services; antiretroviral therapy; and community counseling and support services.

Voluntary counseling and testing

Until recently, Namibia did not have a voluntary counseling and testing program. The Ministry of Health and Social Services recently requested that one voluntary counseling and testing center be established in each of the 13 regions and that, ultimately, centers be established in 35 government hospitals. USAID is working to establish these centers in 51 faith-based hospitals and in approximately 30 health facilities, colleges, and communities along major transportation routes.

USAID is also assisting local government authorities and faith-based and nongovernmental organizations to establish voluntary counseling and testing centers and develop their capacity to provide supportive services through training and workshops designed to develop staff skills. These supportive services include antiretroviral therapy, prevention of mother-to-child transmission, psychosocial and safe-feeding counseling, delay of sexual debut programs, reproductive health, and referrals for HIV-positive women.

USAID, along with the Centers for Disease Control and Prevention and Population Services International, is assisting national, regional, and community organizations to identify, train, and deploy more voluntary counseling and testing and lay counselors in health facilities and communities throughout Namibia.

For More Information

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For more information, see www.usaid.gov/pop_health/aids or www.synergyaids.com.

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