NAMIBIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

FY2008 Country Profile: Namibia

National HIV prevalence rate among adults (ages 15-49) 15.3 percent[1]
Adults and children (ages 0-49) living with HIV at the end of 2007: 200,000[1]
AIDS deaths (adults and children) in 2007: 5,100[1]
AIDS orphans at the end of 2007: 66,000[1]

Under PEPFAR, Namibia received nearly $24.5 million in Fiscal Year (FY) 2004, more than $42.5 in FY2005, $57.3 million in FY2006, and approximately $91.2 million in FY2007 to support comprehensive HIV/AIDS prevention, treatment and care programs. In FY2008, PEPFAR is providing nearly $108.9 million.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 — the largest international public health initiative aimed at a single disease that any nation has ever undertaken. Working in partnership with host nations, over ten years PEPFAR plans to support treatment for at least 3 million people; prevention of 12 million new infections; and care for 12 million people, including 5 million orphans and vulnerable children. To meet these goals, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care.

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 PEPFAR 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 PEPFAR 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.

PEPFAR Results in Namibia	
# of individuals receiving antiretroviral treatment as of September 30, 2008[1]	**56,100**
# of HIV-positive individuals who received care and support in FY2008 (including TB/HIV)[1]	**108,600**
# of orphans and vulnerable children (OVCs) who were served by an OVC program in FY2008[1]	**78,700**
# of pregnant women receiving HIV counseling and testing services for PMTCT since the beginning of PEPFAR[1,2]	**125,200**
# of HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of PEPFAR[1,3]	**23,400**
# of counseling and testing encounters (in settings other than PMTCT) in FY2008[1]	**175,700**
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2008	**321,200**
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2008	**400,400**
# of USG condoms shipped from Calendar Year 2004 to 2008[4]	**0**

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.
[1] Total results combine individuals reached through downstream and upstream support. [2] It is possible that some individuals were counseled and tested more than once. [3] It is possible that some pregnant women received antiretroviral prophylaxis more than once over the four-year period, e.g. HIV positive women who were pregnant more than once. [4] The Government of Namibia procures its own condoms, receives donations from other development partners, and also supports a condom social marketing program.

PEPFAR Activities in Namibia

HIV/AIDS in Namibia

Namibia has an HIV prevalence rate of 15.3 percent in adults ages 15 to 49 and shows signs of HIV epidemic stabilization.[1] The primary mode of transmission is through sexual contact and mother-to-child transmission.[2] 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. Other at-risk populations include migrant workers, people in prostitution, street children, and long distance drivers.[2]

Challenges to PEPFAR 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).[3] 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.

[1] UNAIDS, Report on the Global AIDS Epidemic, 2008.
[2] WHO, Summary Country Profile on HIV/AIDS Treatment Scale-up – Namibia, 2005.
[3] United Nations Development Programme, UN Human Development Report, 2006.