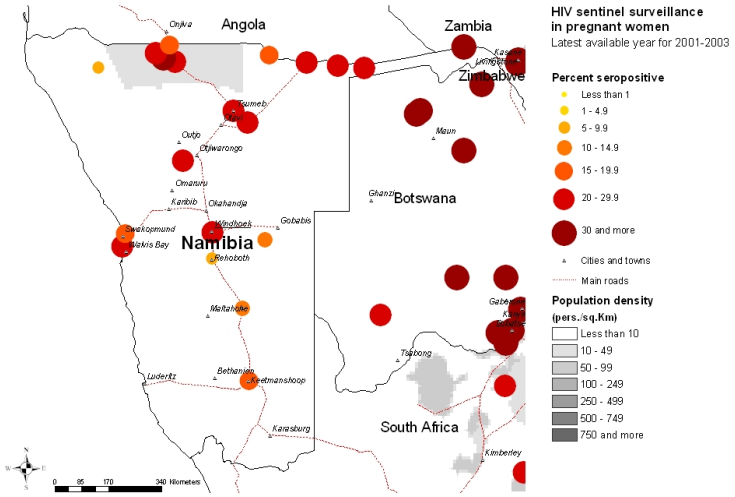
NAMIBIA

June 2005

WHO estimate of number of people requiring treatment - end 2004: 32 000**
Antiretroviral therapy target declared by country: not declared



Map Data Source:
WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	2.0	United Nations
Population in urban areas (%)	2003	32.2	United Nations
Life expectancy at birth (years)	2002	49.0	GRN*
Gross domestic product per capita (US$)	2002	1481	United Nations
Government budget spent on health care (%)	2002	12.9	WHO
Per capita expenditure on health (US$)	2002	99	WHO
Human Development Index	2002	0.607	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	18.2% - 24.7%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	180 000 - 250 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	June 2005	17 000	GRN
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	32 000**	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	45	SMA/CDC/ USAID
HIV testing and counselling sites: number of people tested at all sites	2004	22 000	SMA/CDC/ USAID
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	63.5%	WHO

* Government of the Republic of Namibia
** The Ministry of Health and Social Services along with the United States Centers for Disease Control and Prevention estimate that 57 000 people needed antiretroviral therapy at the end of 2004.

3. Situation analysis

Epidemic level and trend and gender data
With an adult HIV/AIDS prevalence averaging 20% and close to 210 000 adults and children living with HIV/AIDS in 2004, Namibia is one of the five most severely affected countries in the world. An estimated 57 000 children had lost one or both parents to AIDS by the end of 2003. Infection occurs primarily through sexual intercourse and mother-to-child transmission. Infection rates among men and women are nearly equal, but women risk being infected at a younger age and bear a disproportionately higher burden of the epidemic due to inequality in social and economic status. National sentinel surveys have been conducted among antenatal clinic attendees in Namibia since 1992. The average HIV prevalence among women attending antenatal care services increased from 3% in 1991-1992 to 17% in 1996 and 22% in 2002. Between 2002 and 2004, the national HIV prevalence rate began to stabilize for the first time. The 2004 sentinel survey showed a prevalence rate of 20% among women attending antenatal care services, but the rates in various sentinel sites vary considerably. Infection rates are high in urban areas, including Windhoek and Walvis Bay.

Major vulnerable and affected groups
Vulnerable population groups known to practice high-risk behaviour include migrant workers, sex workers and truck drivers. However, information available on HIV prevalence among these groups is very limited.

Policy on HIV testing and treatment
The Government of Namibia has committed to providing comprehensive treatment and care to everyone living with HIV/AIDS, including providing antiretroviral therapy. In 2003, Namibia launched national guidelines and training programmes for antiretroviral therapy and introduced access to antiretroviral therapy in the public sector.

Antiretroviral therapy: first-line drug regimen, cost per person per year
Recommended first-line drug regimen in the public sector: stavudine + lamivudine + nevirapine. Recommended first-line regimen for pregnant women and children: zidovudine + lamivudine + nevirapine. The government covers the cost of antiretroviral medicines for members of the Public Service Employees Medical Aid Scheme and their dependants.

Assessment of overall health sector reponse and capacity
Political commitment in Namibia to fight HIV/AIDS has been strong since independence in 1990. The national response is decentralized, and regional and local authorities are involved in the decision making structures. The National AIDS Committee (NAC) was created in 1990 to lead the national response to the epidemic, and the National AIDS Coordination Programme was created in 1999 to incorporate a multisectoral approach. The NAC is also the key policy-making body on HIV/AIDS. The Minister for Health and Social Services is the Chairperson of the NAC, and the Minister for Regional and Local Government and Housing is the Deputy Chairperson. Three multisectoral national AIDS plans have been launched, the third covering the period 2004-2009. A Charter of Rights on HIV/AIDS was launched in 2000 to provide guidelines on confidentiality and privacy for people living with HIV/AIDS. In 2003, Namibia launched the national antiretroviral therapy programme to provide treatment for people living with HIV/AIDS in government health facilities. Since the programme was launched, the Ministry of Health has trained medical practitioners from both the public and private sectors. The Ministry has also developed extensive prevention programmes, especially for women and young people, including preventing mother-to-child transmission, and workplace programmes. In July 2004, the government launched the Namibia Business Coalition on HIV/AIDS to strengthen collaboration with the private sector. The government has also adopted the National Code on HIV/AIDS and Employment, which prohibits discrimination based on an individual's HIV status. With financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the government plans to extend access to antiretroviral therapy, voluntary testing and counselling services, programmes for preventing mother-to-child transmission, workplace programmes, home- and community-based care programmes and social mobilization and awareness campaigns.

Critical issues and major challenges

Namibia's health care system is burdened by the escalating impact of the HIV/AIDS epidemic. Human resource capacity and infrastructure need to be reinforced for the country to be able to administer and supervise care and support programmes, especially in resource-constrained regions. In addition, incentive and support schemes need to be introduced to enhance the retention of critical personnel, and a comprehensive quality assurance system is required to ensure competence among health care workers. There is considerable need for expansion and greater coverage of community- and home-based care programmes that are integrated through a coherent district health system to service provision points in health facilities. Voluntary counselling and testing facilities need to be expanded further, integrated with other entry points for care and support and made more accessible to low-income population groups and vulnerable groups. Rapid testing for HIV needs to be made widely available. Counselling and peer group support for people living with HIV/AIDS through facility - and community-based approaches need to be scaled up considerably, and dedicated psychosocial and material support for orphans and vulnerable children needs to be extended. The monitoring and evaluation system needs to be strengthened further. An enabling environment needs to be developed that promotes the inclusion of people living with HIV/AIDS and the reduction of stigma and discrimination and that enhances consistent and strong leadership at all levels and in all settings. Prevention measures require further scaling up, with particular focus on strengthening targeted behavioural change communication programmes at the community level. Further, both socially marketed as well as free condoms are currently not continuously available, and the number of readily accessible outlets and community-based distribution mechanisms needs to be increased.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

• WHO estimates that between US$ 57.9 million and US$ 58.7 million is required to support scaling up treatment in Namibia during 2004-2005 to meet the WHO "3 by 5" target of 14 500 people.
• Namibia submitted a successful proposal to the Global Fund in Round 2 to scale up the fight against HIV/AIDS. The proposal, with a total funding request of US$ 105.3 million and a two-year approved funding of US$ 26 million, includes increasing access to voluntary counselling and testing services, antiretroviral therapy and treatment of opportunistic infections. The funds disbursed so far totals US$ 0.8 million.
• Namibia is a focus country for the United States President's Emergency Plan for AIDS Relief. In 2003, an initial funding of US$ 5.45 million was disbursed to Namibia for activities focused on preventing mother-to-child transmission, and in 2004, US$ 21.2 million was allocated to Namibia for HIV/AIDS prevention, care and treatment programmes. During 2004-2005, an estimated US$ 9.9 million is expected to be available for scaling up access to antiretroviral therapy.
• The funds available to support scaling up antiretroviral therapy under the Global Fund Round 2 grant are expected to total about US$ 4.1 million. Bilateral and multilateral partners are expected to commit about US$ 1.8 million. An estimated US$ 0.8 million is expected to be available from nongovernmental organizations and foundations during 2004-2005 for antiretroviral therapy.
• Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the funding gap for Namibia to reach 14 500 people by the end of 2005 would be between US$ 41.3 million and US$ 42.1 million.

5. Antiretroviral therapy coverage

• In 2003, WHO/UNAIDS estimated Namibia's total antiretroviral therapy need to be about 29 000 and the "3 by 5" treatment target for 2005 was set at 14 500 people (based on 50% of estimated need). WHO/UNAIDS estimated that 32 000 people needed antiretroviral therapy at the end of 2004.
• As of June 2004, 2500 people were estimated to be receiving antiretroviral therapy, mostly through the public sector. By September 2004, the reported number had grown to 4000. WHO/UNAIDS estimate that a total of 9600 patients were receiving treatment as of March 2005. National estimates indicate that 17 000 people were receiving antiretroviral therapy at the end of June 2005.
• Thirty-one public hospitals currently provide antiretroviral therapy under the government's treatment roll-out scheme. It is planned to extend this facility to an additional four centres, ensuring that all of the country's 35 state hospitals will be able to provide treatment in 2005. A collaborative project of the Ministry of Health and Social Services, the Namibian Red Cross and the pharmaceutical company Bristol-Myers Squibb in the Caprivi region plans to provide treatment to 750 people by the end of 2005 as part of Bristol-Myers Squibb's "Secure the Future" initiative. By the end of 2004, about 400 people in Caprivi were receiving treatment as part of this initiative. Private companies, nongovernmental organizations and faith-based institutions provide some treatment.
• The Global Fund Round 2 proposal plans to provide antiretroviral therapy to 13 000 people by 2009 in 35 health facilities across the country.

6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management
The Ministry of Health and Social Services represented by the recently established Directorate of Special Programmes leads the national response to the HIV/AIDS epidemic. The NAC, chaired by the Minister for Health and Social Services, provides leadership in policy issues related to HIV/AIDS. A national Technical Advisory Committee on Patient Care and Disease Management develops guidelines, and a national Management Committee on Patient Care and Disease Management deals with management issues related to antiretroviral therapy. The United Nations Theme Group on HIV/AIDS in Namibia has facilitated the establishment of the Partnership Forum with the overall purpose of sharing information and supporting the national response. The Partnership Forum integrates all United Nations agencies represented in the country, development partners, the Namibia Business Coalition on HIV/AIDS, government ministries and the Organization of People Living with HIV/AIDS.

Antiretroviral therapy service delivery
The Ministry of Health and Social Services provides leadership in service delivery for antiretroviral therapy. It has put in place the multisectoral strategic plan, which also covers all health sector interventions. In addition, national guidelines and training modules for preventing mother-to-child transmission, antiretroviral therapy and managing opportunistic infections have been developed and are in use both in the public and private sectors. The Namibia Institute of Pathology is responsible for medical laboratory services. The National Health Training Centre and the University of Namibia support the training of counsellors and various other personnel. Drugs and diagnostics for the public sector are procured through the Central Medical Stores of the Ministry of Health and Social Services. As part of the currently ongoing roll-out, the need for improving and expanding infrastructure has been identified. Voluntary counselling and testing services remain a bottleneck in the provision of services both in terms of human resources and infrastructure availability in the public sector. Nongovernmental organizations offer socially marketed voluntary counselling and testing services, including the Namibian Red Cross, the Social Marketing Association, the Council of Churches of Namibia and Catholic AIDS Action. Accessibility to these, however, is not readily available in all regions and constituencies of the country.

Community mobilization
Several nongovernmental organizations are engaged in providing psychosocial and nutritional support to people receiving treatment. However, these services are not readily available around all the centres that currently offer antiretroviral therapy. The Ministry of Women's Affairs and Child Development coordinates community mobilization activities to support orphans and vulnerable children, supported by UNICEF and nongovernmental organizations such as Catholic AIDS Action. Members of the Partnership Forum on HIV/AIDS established the Small Grants Fund to be used by nongovernmental organizations and community-based organizations currently supporting the national response to fight HIV/AIDS. These organizations are called to apply for funds through the development of high-quality projects. At this stage the main contributors are Sweden, Finland and the Netherlands. Currently more then 48 nongovernmental organizations are being supported through the Small Grants Fund Initiative. The Namibian Network of AIDS Service Organizations is currently in the process of being strengthened to fulfil a more comprehensive role as an umbrella organization for nongovernmental organizations. Similarly, Lironga Eparu (the main organization of people living with HIV/AIDS) and other networks of people living with AIDS are involved in community mobilization activities. However, they require considerable further organizational development and support to play an effective advocacy role.

Strategic information
The Ministry of Health and Social Services has developed simple district-based information systems to monitor the uptake of antiretroviral therapy services by site. This includes an individual patient record that is computerized at each site, and data are submitted from the district to the region to the national level for aggregation. The Namibia Institute of Pathology is in the process of establishing surveillance for HIV resistance monitoring.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far
• Assessing the situation in relation to scaling up access to antiretroviral therapy and recommending WHO action

Key areas for WHO support in the future
• Establishing a "3 by 5" country team to support the government and national partners in scaling up access to antiretroviral therapy
• Support for adapting the WHO guidelines on Integrated Management of Adult and Adolescent Illness (IMAI), and training health workers
• Supporting policy formulation, the development of guidelines and the review of training curricula
• Supporting the development of the National Blood Safety Policy and Strategic Plan
• Supporting the identification of needs related to the strengthening of the health system
• Strengthening the coordination mechanisms, monitoring and evaluation, training of the regional programme coordinators and cooperation with nongovernmental organizations
• Supporting the training of home-based caregivers and community-based programme coordinators

Staffing input for scaling up antiretroviral therapy and accelerating prevention
• Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS. An international "3 by 5" Country Officer has been recently recruited.

This country profile was developed in collaboration with national authorities, the WHO Country Office for Namibia and the WHO Regional Office for Africa.