Antiretroviral therapy target declared by country: not declared

WHO estimate of number of people requiring treatment - end 2004: 32 000*

* 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 community-based care programmes and social mobilization and awareness campaigns.

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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 adapted 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

1. Demographic and socioeconomic data

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (millions)</td>
<td>2004</td>
<td>2.0</td>
</tr>
<tr>
<td>Population in urban areas (%)</td>
<td>2003</td>
<td>32.2</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td>2002</td>
<td>49.0</td>
</tr>
<tr>
<td>Gross domestic product per capita (US$)</td>
<td>2002</td>
<td>1481</td>
</tr>
<tr>
<td>Government budget spent on health care (%)</td>
<td>2002</td>
<td>12.9</td>
</tr>
<tr>
<td>Per capita expenditure on health (US$)</td>
<td>2002</td>
<td>99</td>
</tr>
<tr>
<td>Human Development Index</td>
<td>2002</td>
<td>0.607</td>
</tr>
</tbody>
</table>

2. HIV indicators

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult prevalence of HIV/AIDS (15-49 years)</td>
<td>2003</td>
<td>18.2% - 24.7%</td>
</tr>
<tr>
<td>Estimated number of people living with HIV/AIDS (0-49 years)</td>
<td>2003</td>
<td>180 000 - 250 000</td>
</tr>
<tr>
<td>Reported number of people receiving antiretroviral therapy (15-49 years)</td>
<td>June 2005</td>
<td>17 000</td>
</tr>
<tr>
<td>Estimated total number needing antiretroviral therapy in 2004</td>
<td>December 2004</td>
<td>32 000**</td>
</tr>
<tr>
<td>HIV testing and counselling sites: number of sites</td>
<td>2004</td>
<td>45</td>
</tr>
<tr>
<td>HIV testing and counselling sites: number of people tested at all sites</td>
<td>2004</td>
<td>22 000</td>
</tr>
<tr>
<td>Prevalence of HIV among adults with tuberculosis (15-49 years)</td>
<td>2002</td>
<td>63.5%</td>
</tr>
</tbody>
</table>

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.

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Critical issues and major challenges

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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 populations. Voluntary counselling and testing services for HIV needs to be made widely available. Counselling and peer group support are important for stigma and discrimination reduction and support for stigma-laden and community-based strategies. An effective antiretroviral therapy (ART) programme 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 NVPs in all levels of decision-making and that ensures outright accountability and voice for experience and expertise. Community-based organizations need to be supported in their work to address discrimination and stigma 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. WHO/UNAIDS estimated that 12 000 people needed antiretroviral therapy at the end of 2004.
- WHO/UNAIDS estimated 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 2004.
- 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 in collaboration with the Namibian Red Cross 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.

### 5. Antiretroviral therapy coverage

- In 2003, WHO/UNAIDS estimated Namibia's total antiretroviral therapy need to be about 29 900 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 12 000 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 estimated 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 2004.

### 6. Implementation partners involved in scaling up antiretroviral therapy

**Leadership and management**

The Ministry of Health and Social Services represents the national and regional level in the multisectoral planning and decision-making process, as well as the representatives of the respective sectors. The Ministry of 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 National Technical Advisory Committee on Prevention and Control of AIDS (NATAC) is mandated to coordinate all activities related to the prevention and control of 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 to the 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 healthcare workers and 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. Non-governmental organizations offer socially marketed voluntary counselling and testing services, including the Namibian Red Cross, the Nutrition Association, the Council of Churches of Namibia and Catholic AIDS Action. Accessibility to these services, 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 other 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 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, Linonga Epupa (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 national region to aggregation. The Namibia Institute of Pathology is in the process of establishing surveillance for HIV/AIDS treatment in Namibia.

### 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
- Supporting 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 national programme coordinators and cooperation with nongovernmental organizations
- Supporting the training of home-based care workers 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.