



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Namibia

July, 2008

Country Situation

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HIV/AIDS prevalence among pregnant women attending antenatal care was 19.7% at the end of 2004 and 19.9% at the end of 2006 (MoHSS, 2007). 157 369 people aged 15-49 were estimated to be living with HIV in 2005. A greater burden of the epidemic falls on women. Women who become infected at a younger age account for more than 50% of all reported HIV infections. Current estimates for orphans stand at about 150 000. (MoHSS 2005) of which close to 100 000 have lost one or both parents to AIDS (UNICEF). In collaboration with Soul City, the Namibian Red Cross Society has just started a radio and TV campaign "Desert Soul" designed to reach out to young people aged 15-19. Despite this, AIDS remains relatively invisible in the country.

In July 2007, the president of Namibia launched the National HIV/AIDS Policy. It is expected to provide an environment that enables the national response.

Namibia started implementing an antiretroviral therapy program through the public sector in 2003 and has quickly rolled out the program to over 35 health facilities. Ministry of Health estimates that about 40 000 PLHIV are currently receiving antiretroviral therapy through both the public and private sector. The treatment of opportunistic infections forms an integral part of the antiretroviral therapy programme. Case management is based on 2003 Guidelines on antiretroviral therapy and PMTCT. However, access remains an issue due to a sparsely distributed population and long distances that PLHIV need to cover to get to the next health facility.

In 2007, the government led an independent mid-term review of MTP3, the current national HIV/AIDS strategic framework. Findings include a weak national response, particularly in the areas of strategic planning, budgeting, overall coordination, HIV prevention, multisectoral response, and M&E. It is anticipated that recommendations from the review will be taken forward in the development of MTP4 through a broad process of stakeholder endorsement.

The biggest obstacle to increasing access to antiretroviral therapy, PMTCT and VCT is human capacity. From the perspective of clients, distance, the negative attitude of health professionals and fees constitute significant obstacles.

The following resources were spent on antiretroviral therapy: US\$ 30.1 million from PEPFAR in 2004-2006; US\$ 7.4 million from the Global Fund 2005-2006; and US\$ 5.3 million from Bristol Myers-Squibb 2003-2006 (Source: Ministry of Health). PEPFAR planning figures for 2007 and 2008 are US\$ 91 M and 112 M respectively. There is concern that the country relies heavily on

donor funding to finance its national response. In 2007, the HIV/AIDS Partnership Forum engaged the NAC Chair on this and on the need to scale-up HIV prevention.

UNAIDS Support to the National Response

UNAIDS activities at country level during 2007

UNAIDS facilitated the development of a Joint UN Programme of Support on HIV/AIDS. Based on the UN Development Assistance Framework 2006-2010, the Programme included milestones to 2010 and key results for 2007. A Joint annual plan 2007 was developed on that basis. A Joint UN Team was established and formally launched to oversee the implementation of the joint annual plan. Regular updates on the progress of the joint annual workplan were provided to the UN Country Team. A Retreat of the Joint Team was organized in November to take stock on implementation of the joint annual workplan and to develop another for 2008. UNAIDS facilitated a joint UN/government review of UNDAF.

UNAIDS also coordinated UN technical and financial support for the mid-term review of the current national strategic plan. Through the HIV/AIDS Partnership Forum, UNAIDS facilitated strategic discussions on HIV prevention and on the financial sustainability of the national AIDS response. With support from the Regional Support Team, UNAIDS facilitated a review to assess the capacity of the UN to support HIV prevention. This was followed by training UN staff on HIV prevention where UN Namibia sent 7 participants. UNAIDS also facilitated a situation analysis on male circumcision (MC) to inform programming on MC and enhance HIV prevention. In collaboration with UNDP and USAID, UNAIDS supported a study on the impact of HIV/AIDS in the public sector. Findings from the study will be used for the purpose of advocacy to strengthen a multisectoral response. UNAIDS has also continued to facilitate the implementation of a Joint UN HIV/AIDS Workplace Programme that includes the UN Learning Strategy.

Through the UNAIDS M&E Adviser seconded to government, UNAIDS continued to support efforts to unify and operationalize AIDS M&E efforts.

UNAIDS achievements at country level during 2007

Joint UN planning and programming

The establishment of a Joint UN Team on AIDS with a Joint Programme of Support was a key milestone towards UN Reform and joint action on HIV/AIDS. This was especially important in a country like Namibia where the UN Development Assistance Framework 2006-2010 centers around HIV/AIDS through the so-called Triple Threat (HIV/AIDS, food insecurity, and weakening capacity of government to provide critical services). The process that agencies went through to achieve this was almost as important as the outcome. On the one hand, it provided insights into the real potential of the UN if it delivers as one. On the other hand, it also provided interesting lessons regarding moving from a project to a programme approach and building more coherence into UN support of the national response.

Participation of PLHIV, civil society and other non-state actors

In 2007, UNAIDS coordinated two important activities with civil society organizations.

1. UNAIDS and WHO facilitated the organization of an orientation workshop on universal access for civil society organizations. The purpose of this activity was to provide an opportunity to CSO to understand what universal access is and what role they are expected to play in achieving it. Previous attempts to organize a multi-stakeholder national consultation on UA had proved unsuccessful. So it was important to ensure that frontline actors have a clear and operational understanding of the concept.

Participants decided to feed the conclusions of the workshop into the government coordination mechanisms

2. UNAIDS concentrated part of PAF resources (US\$ 50 000) to supporting treatment literacy. Building on the country's outstanding achievements in rolling out antiretroviral therapy, the purpose of this activity was to generate informed demand for antiretroviral therapy and to contribute to treatment compliance. This activity reached PLHIV through 20 support groups and provided training using innovative methods that enhance positive living (e.g. "AIDS and me" and body mapping)

Main challenges / activities for 2008

Emerging challenges to be considered in 2008 include: strengthening national coordination; scaling-up HIV prevention; addressing the financial sustainability of the national response; addressing human resources issues; and mitigating the deepening socioeconomic impact of the epidemic. The National Coordinating Authority (NAC) needs to be much stronger to be able to guide and manage the national response. As suggested by the reviewers of the current national strategy, it may be useful to review the national coordination architecture to strengthen a multisectoral response. Namibia is doing very well on treatment. However, to curb the pandemic and make treatment sustainable, it is critical to develop and implement a massive HIV prevention programme. Less than 15% of the national budget has been allocated to health; the HIV/AIDS budget is but a fraction of it. The financial investment of government in the AIDS response needs increasing to strengthen ownership. Due to lower middle income status, many bilateral donors are phasing out and leaving, which increases dependence on the Global Fund and PEPFAR. Human resources limitations constitute one of the biggest obstacles to scaling-up the national response. The Education and Training Sector Improvement Plan is a potential long term solution. Short to medium-term plans that could be submitted for Global Fund funding are necessary.