The Center for Global Health and Prevention (CDC) since 2002, CDC-Namibia has assisted the Namibian Ministry of Health and Social Services (MoHSS) to develop and implement an integrated comprehensive package of HIV/AIDS prevention, care and treatment programs. CDC-Namibia provides targeted technical assistance building the capacity of Namibia’s healthcare workforce to lead and manage its HIV program more effectively. Technical assistance has strengthened national efforts to prevent the sexual and biomedical transmission of HIV and to expand care and treatment services, including the prevention of mother-to-child transmission. In line with PEPFAR mission, the aim of all support to MoHSS is to ensure that Namibia soon sees an AIDS-Free generation as defined in the Namibia’s National Strategic Framework for HIV and AIDS Response (NSF).

HIV/AIDS
Namibia has one of the world’s highest HIV prevalence rates. The 2013 Demographics and Health Survey reported a national population prevalence of 14%. Zambezi Region has the highest overall prevalence in the country at 23.7% and a disproportionate distribution of prevalence between women (30.9%) and men (15.9%) aged 15-49. There are an estimated 215,000 people living with HIV in Namibia, and 131,103 of those individuals are receiving antiretroviral therapy. Programs are guided by a five-year National Strategic Framework for HIV/AIDS. In line with this framework, CDC-Namibia supports a comprehensive portfolio of HIV/AIDS prevention, care, treatment, strategic information, and systems strengthening programs to the national public health sector.

Prevention
CDC provides technical assistance to MoHSS teams to implement evidence-based prevention activities including PMTCT, voluntary medical male circumcision (VMMC), blood safety, and HIV counseling and testing. Key achievements and activities include:
• VMMC: The MoHSS, in partnership with CDC-Namibia, started the scale-up of VMCC on October 1, 2014 in the Zambezi and Oshana Regions of Namibia. More than 500 men between the ages of 15-49 were circumcised in just six weeks. While this is a relatively modest number, it is a significant improvement compared to the average of less than 50 MC conducted per month between 2009 and 2012.


Impact in Namibia

• 92% of HIV-positive women during antenatal care received antiretroviral prophylaxis for prevention of mother-to-child transmission
• Antiretroviral therapy provided to 87% of adults and 65% of children in need
• 97% of HIV+ patients screened for TB in HIV care and treatment settings
• 100% of blood donations screened for HIV
• National laboratory networks supported, enabling improved disease detection and response

Care

CDC supports the continuum of care provided through PEPFAR to infected and affected adults and children via health facilities and community-based organizations. CDC provides technical assistance and financial support to the national EID, Tuberculosis/HIV, and community-based clinical services. Key achievements and activities include:

• Tracing of lost-to-follow-up patients and ART promotion in HIV care and treatment settings has been included in community-based service packages.
• The TB Drug Resistance Surveillance Study was initiated by the MoHSS with collaboration from CDC and other partners.
• The Operations Research Study on the TB Intensive Case Finding Cascade and ART initiation in TB settings commenced.

Treatment

Namibia has adopted the WHO’s 2013 antiretroviral therapy (ART) guidelines. The initiation of treatment at CD4 cell count of 500 is expected to improve the survival rate of people living with HIV and AIDS and decrease HIV transmission to their HIV un-infected partners. CDC-Namibia concentrates on improving the quality of HIV treatment, training, and mentoring.

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