The Centers for Disease Control and Prevention (CDC) established an office in Namibia in 2002, with satellite offices to implement focused HIV programs in high-burden regions. CDC collaborates with the Namibia Ministry of Health and Social Services (MOHSS) to build the capacity of Namibia’s healthcare workforce and systems to prevent, detect, and respond to public health threats, with a primary focus on ending the HIV/AIDS epidemic and maintaining the care and treatment of those living with HIV.

<table>
<thead>
<tr>
<th>CDC in Namibia</th>
<th>CDC provides ongoing support towards establishing a National Public Health Institute. Namibia joined the International Association of National Public Health Institutes in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC supported training for over 3,000 frontline healthcare workers on COVID-19 prevention and management</td>
<td>CDC trained over 25 laboratory staff in molecular biology techniques to increase capacity for COVID-19 testing</td>
</tr>
<tr>
<td>HIV/AIDS related deaths decreased by half from 2002 to 2018 with CDC support</td>
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<tr>
<td>In 2021 Namibia reached the UNAIDS HIV 90-90-90 targets of providing antiretroviral therapy to 90% of those diagnosed with HIV and ensuring 90% of those treated achieve viral suppression by 2020</td>
<td>To reduce the spread of COVID-19 among HIV-positive patients who need TB preventive therapy, implementing partners, with support from CDC, provide a full course of TB preventative medicine to patients. This reduces office visits during the pandemic</td>
</tr>
<tr>
<td>With CDC support, the Namibia Institute of Pathology introduced laboratory innovations such as barcode printers and results delivery via text message. Both innovations speed up the time it takes to get results back to patients</td>
<td>CDC is helping MOHSS launch a new three-month TB preventative therapy regimen. The new protocol reduces treatment time by half, making it easier for patients to complete</td>
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<tr>
<td>CDC is supporting MOHSS to roll out a new urine test for TB. The new test better identifies active TB earlier so treatment can start sooner</td>
<td>From March to June 2020, over 3,600 patients who would otherwise have missed out on HIV treatment received medicine refills to last for two to six months</td>
</tr>
<tr>
<td>Namibia now conducts all of its COVID-19 testing, with capacity increasing from 0 to more than 2,500 per day</td>
<td>Namibia has gone from having a backlog of over 10 days to receive COVID-19 test results, down to 24-72 hours from receipt of samples in the testing laboratory</td>
</tr>
</tbody>
</table>

Accessible version: [https://www.cdc.gov/globalhealth/countries/namibia](https://www.cdc.gov/globalhealth/countries/namibia)
Global Health Security

Countries that have strong and resilient public health systems can quickly prevent, detect, and respond to infectious disease threats before they become epidemics. CDC strengthens the MOHSS health system through workforce capacity building including supporting the Field Epidemiology and Laboratory Training Program (FELTP). Graduates from the FELTP program play a significant role in disease outbreak investigations. CDC Namibia has also directly supported a range of outbreak investigations including Crimean-Congo hemorrhagic fever, rabies among livestock with human exposures, anthrax in animals, cholera, listeriosis, Hepatitis E, and H1N1 influenza.

COVID-19

Global health security investments and decades of global cooperation have built a strong foundation in Namibia to respond to the coronavirus pandemic. CDC has supported past responses to outbreaks, and initiated and evaluated programs to control HIV, TB, malaria, eradicate polio, and prepare for influenza and other pandemic diseases.

CDC’s COVID-19 support in Namibia includes response and logistics coordination; enhancing diagnostic capacity; surveillance and case management; quarantine management; case investigation; infection prevention and control; risk communication; and vaccine activities.

HIV/AIDS

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC works with Namibia to develop and implement a sustainable and integrated, high-impact package of HIV prevention, care, and treatment programs.

CDC’s work with MOHSS includes a focus on building workforce capacity to ensure there are sufficient skilled public health professionals. Additionally, CDC works with MOHSS to strengthen laboratory systems in order to scale up and improve HIV and TB diagnostics as well as timely viral load testing.

CDC also provides technical assistance to strengthen surveillance and health information systems to collect and analyze data for improved program decision-making. CDC works with MOHSS to scale up national antiretroviral treatment programs and improve HIV prevention efforts, including:

- HIV testing services
- Prevention of mother-to-child transmission
- Antiretroviral therapy
- Pre-exposure prophylaxis
- Post-exposure prophylaxis

CDC provides widespread technical assistance to MOHSS and partners to implement evidence-based care and treatment activities. Namibia is near to HIV epidemic control and is now focusing on ensuring all people, particularly underserved groups such as children and adolescents, are receiving the targeted care packages they need. CDC focuses on ensuring that prevention, care and treatment options are optimally designed and client-centered. This ranges from supporting Namibia to offer efficient and effective treatment options for stable patients who do not need intensive support from clinics, to ensuring that people living with HIV who have not yet had their treatment options optimized receive the care they need.

CDC also supports the broader healthcare needs of HIV-positive patients. CDC ensures that life-saving cervical cancer screening and treatment is available to HIV-positive women. They are five times more likely to develop cervical cancer than a woman who is HIV-negative.

CDC places a strong focus on supporting research capacity. CDC supported the Namibia population-based HIV impact assessment (NAMPHIA 2017). Results showed that 77% of all HIV-positive adults achieved viral load suppression, which surpasses the UNAIDS target of 73% by 2020. CDC provided technical assistance to implement the second integrated bio-behavioral surveillance survey in 2019, a data source that can improve program decision-making. Also in 2019, CDC supported Namibia to conduct its first Violence Against Children Survey.

Tuberculosis (TB)

TB is found in every country in the world and kills more people than any other infectious disease. CDC collaborates with MOHSS to protect healthcare workers and reduce the spread of TB through trainings and capacity building, particularly around the correct use of particulate-filtering respirators. CDC also supports comprehensive TB and HIV activities in Namibia, including:

- Improving and integrating TB and HIV services for co-infected individuals
- Providing TB preventative therapy for all eligible HIV-positive individuals
- Supporting TB infection control efforts in healthcare facilities

Laboratory Capacity Building

Strong laboratories allow for better detection of emerging diseases, provide critical health information, and create safer handling and transportation of laboratory samples. CDC supports MOHSS to strengthen the quality of the national laboratory system in Namibia. The Namibia Institute of Pathology (NIP) receives CDC technical support to provide accurate HIV diagnostics and timely viral load testing. As Namibia continues to work toward reaching the target of 95% of all HIV individuals on antiretroviral treatment maintaining viral load suppression, a strong lab system and network is critical. CDC works with NIP to ensure the quality of all HIV and tuberculosis testing nationally. Following the COVID-19 pandemic, CDC has strongly supported the national COVID-19 testing system to design workflow, conduct training, and ensure biosafety in the laboratory at all times.

**CDC STAFF**

10 U.S. Assignees
36 Locally Employed

**AT A GLANCE**

Population: > 2,540,000
Per capita income: > 59,200
Life expectancy: 67 / 61 years
Infant mortality rate: 30/1,000 live births

Sources:
World Bank 2020, Population Reference Bureau

**TOP 10 CAUSES OF DEATH**

1. HIV/AIDS
2. Stroke
3. Lower respiratory infection
4. Ischemic heart disease
5. Neonatal disorders
6. Tuberculosis
7. Diabetes
8. Diarrheal diseases
9. Road injuries
10. COPD

Source: GBD Compare 2019