

NAMIBIA

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) Namibia office was established in 2002, followed by the opening of satellite offices in Zambezi, Kavango East, and Oshana regions. CDC works with the Ministry of Health and Social Services (MOHSS), providing support and technical assistance (TA) to build health system capacity and implement key programs.

Achieving Sustained Epidemic Control: CDC is focused on supporting Namibia to achieve HIV and Tuberculosis (TB) epidemic control in a sustainable manner, optimizing locally led program implementation to maintain the gains of the past two decades.

Strengthening Quality Management, Surveillance, and Health Information Systems: CDC provides TA to build capacity to strengthen quality management of programs, collect and analyze data to improve program decision-making, and make timely adjustments to achieve epidemic control goals.

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV and TB Case Finding: CDC-Namibia is supporting MOHSS to expand HIV index partner testing and self-testing to find people living with HIV (PLHIV) who are not yet diagnosed and to implement immediate linkage to antiretroviral therapy (ART) for all patients. CDC is also supporting the MOHSS to expand recency testing and the public health response to address hotspots of new infections. Through these key activities, CDC works with the MOHSS to identify PLHIV who are not yet linked to treatment. Moreover, CDC supports efforts to enhance TB case finding and improve patient outcomes by assisting with the implementation of systematic screening for TB disease and testing for TB using molecular WHO-recommended rapid diagnostic tests. CDC supports the MOHSS in the rollout and scale-up of LF-LAM assay use in patients with HIV to assist in the identification and early initiation of treatment of persons with active TB.

Optimized ART Program and Scale Up of Differentiated Service Delivery: CDC supports the care and treatment of PLHIV by introducing new, effective, and better tolerated ART regimens for children and adults with HIV. CDC also supports strengthening differentiated service delivery methods such as patient support groups, outreach points to deliver medicine, and multi-month dispensing so that patients may receive their medicine for up to six months. CDC is also supporting the MOHSS to establish Chronic Medicine Dispensing smart lockers where patients can collect their medicine, which is quicker and more convenient for patients and healthcare providers. CDC also focuses on supporting children, adolescents, and young people living with HIV to improve viral load (VL) suppression through peer support. Overlaid on all activities, CDC-Namibia supports a holistic and sustainable approach to quality management founded on national policies and strategic plans throughout the country.

Strengthened Health Systems: CDC supports MOHSS to strengthen the health system by ensuring an adequate supply of skilled health professionals by hiring doctors, nurses, clinical mentors, pharmacists, data clerks, and other key staff. CDC supports the weekly use of the Extension for Community Healthcare Outcomes (Project ECHO) platform as an effective means of building expertise in the country. Project ECHO is an internet-based digital learning platform that connects remote sites to specialists and empowers health care providers with advanced skills to treat patients with complex diagnoses. CDC also supports the Namibia Institute of Pathology (NIP) to provide accurate, timely, quality HIV and TB diagnostics and VL testing to ensure that adults and children living with HIV manage their condition and stay healthy.

Data to Inform Decisions: The UNAIDS 95-95-95 targets are: 95 percent of all people living with HIV will know their HIV status; 95 percent of all people with diagnosed HIV will receive sustained ART; and 95 percent of all people receiving ART will have viral suppression. By 2022, Namibia had mostly achieved these targets, with the country figures currently at 94:97:93 (Namibia MOHSS HIV Estimates 2022). CDC has supported the implementation of numerous national-level surveys, including the Namibia Population-based HIV Impact Assessment (NAMPHIA), two successive Integrated Bio-Behavioral Surveillance Surveys (IBBSS) to identify specific needs of key populations, a Violence Against Children Survey, and a TB prevalence study. CDC also supports efforts to improve quality, access, and use of routine data from health information systems, including electronic medical records; these efforts facilitate MOHSS staff efforts to monitor gaps in services and facilitate quality improvement efforts.

Key Country Leadership

President:
Hage Geingob

Minister of Health:
Kalumbi Shangula

Chargé d'Affaires:
Jessica Long

CDC/DGHT Director:
Brian Baker

[Country Quick Facts](https://worldbank.org/en/where-we-work)
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$4,550 (2021)

Population (millions):
2.59 (2021)

Under 5 Mortality:
40/1,000 live births (2020)

Life Expectancy:
64 years (2020)

[Global HIV/AIDS Epidemic](https://aidsinfo.unaids.org)
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 11.8 % (2021)

Estimated AIDS Deaths
(Age ≥15): 2,700 (2021)

Estimated Orphans Due to
AIDS: 60,000 (2021)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
189,493 (2021)

[Global Tuberculosis
\(TB\) Epidemic](https://who.int/tb/country/data/profiles/en)
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
460/100,000 population
(2020)

TB patients with known HIV
status who are HIV-positive:
31% (2020)

TB Treatment Success Rate:
87% (2019)

DGHT Country Staff: 38
Locally Employed Staff: 28
Direct Hires: 10
Fellows & Contractors: 0

Our success is built on the backbone of science and strong partnerships.

September 2022 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

