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 to build health system capacity and implement key programs in high HIV and tuberculosis (TB) regions.

Achieving Sustained Epidemic Control: CDC is focused on supporting Namibia to achieve HIV epidemic control in a sustainable manner, optimizing locally led program implementation to reach the last, most challenging hotspots and areas of unmet need.

Strengthening Surveillance and Health Information Systems: CDC provides technical assistance to build capacity to collect and analyze data to improve program decision-making and make timely adjustments to achieve epidemic control goals.

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV Case Finding and Scale Up of Antiretroviral Treatment (ART) Program: CDC Namibia has supported MOHSS to expand HIV index partner testing to find people living with HIV who are not yet diagnosed and to implement immediate linkage to ART for all patients. In 2018, PEPFAR program data showed 74% of patients are linked to ART on the same day as HIV testing. CDC Namibia is supporting long-term care through the rollout of cervical cancer screening and the implementation of community-based care models for stable patients on HIV treatment. CDC is particularly focused on addressing age and geographic disparities in treatment, incorporating mental health into HIV care, and ensuring better outcomes for prisoners and populations near the border.

Strengthened Health Systems: CDC supports MOHSS to strengthen the health system by ensuring an adequate supply of skilled health professionals through the hiring of doctors, nurses, clinical mentors, data monitoring personnel, and other key staff. This supports the decentralization of ART services and ensures that important targets, such as ensuring equal treatment outcomes for young people, are met. 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, the first of its kind in Africa, is an internet-based platform that connects remote sites to specialists and empowers health care providers with advanced skills to treat patients with complex diagnoses.

Data to Inform Decisions: The 2020 UNAIDS 90-90-90 target is: 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV will receive sustained ART; and 90% of all people receiving ART will have viral suppression. CDC provided support for the first Namibia Population-based HIV Impact Assessment (NAMPHIA). The results show Namibia has reduced the adult HIV incidence by 50% in the past five years. Namibia has exceeded the UNAIDS 90-90-90 targets among women, and has attained 86%-96%-91% among adults, and is continuing to improve outcomes in persons living with HIV. Namibia has accomplished this through the strategic expansion of HIV prevention and treatment services with a focus on viral load (VL) suppression as well as by expediting implementation of HIV policy changes. CDC supported the implementation of the first Integrated Bio-Behavioral Surveillance Survey (IBBSS) and is supporting MOHSS to conduct a second IBBSS to identify key factors among key populations. CDC also supported the implementation of the first-ever TB prevalence study in Namibia and is supporting recency HIV testing evaluation and research, which will allow healthcare providers to know how recently a person was infected with HIV.

Technology: CDC procured point-of-care viral load (VL) testing machines and printers that receive input via text message for facilities throughout the country. These technologies reduce the turnaround time from an average of five days to one day.

TB/HIV: CDC supports comprehensive TB/HIV activities in Namibia, including improving and integrating TB and HIV services for co-infected individuals, providing TB preventive treatment (TPT) for all eligible HIV-positive individuals, and supporting TB infection control efforts in health care facilities.

Strengthening Laboratory Systems: CDC Namibia supports the Namibia Institute of Pathology (NIP) to provide accurate, timely, and quality HIV and TB diagnostics and VL testing.

Key Country Leadership
President:
Hage Geingob

Minister of Health:
Kalumbi Shangula

U.S. Ambassador:
Lisa Johnson

CDC/DGHT Director:
Eric Dziuban

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
$5,250 (2018)

Population (million):
2.45 (2018)

Under 5 Mortality:
44/1,000 live births (2017)

Life Expectancy:
65 years (2017)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence (Ages 15-49): 11.8 % (2018)

Estimated AIDS Deaths (Age ≥15): 2,400 (2018)

Estimated Orphans Due to AIDS: 37,000 (2018)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥15): 175,606 (2018)

Global Tuberculosis (TB) Epidemic
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence: 423/100,000 population (2017)

TB patients with known HIV status who are HIV positive: 36% (2017)

TB Treatment Success Rate: 84% (2016)

TB Mortality: 30/100,000 population (2017)

DGHT Country Staff: 47
Locally Employed Staff: 37
Direct Hires: 10
Fellows & Contactors: 0

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