

NAMIBIA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UNESCO, WHO, UNAIDS SECRETARIAT, FAO, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In 2020-2021, the Joint Team in Namibia made impactful contributions to overcome the effects of the COVID-19 pandemic and sustain the resilience of the HIV response. Innovative HIV testing methods, such as index testing and recency testing were scaled up in priority locations to reach populations who are at high risk of HIV infection. Support to community-led differentiated service delivery and establishment of teen clubs in priority regions helped increase ART coverage among people living with HIV and ensured adherence to treatment. A new national roadmap was rolled out to accelerate HIV prevention services and eliminate vertical transmission of HIV and congenital syphilis; and advocacy has been intensified to scale up community-led continuum of services, including nutrition to curb the persisting high rate of HIV infection during the breastfeeding period. The Joint Team together with partners strengthened implementation of HIV combination prevention and programmes, including comprehensive sexuality education and youth-friendly sexual and reproductive health services for adolescents and young people, men, and key populations. Intensive advocacy and technical support led to the adoption of a national policy that mandates life skills education and dedicated teacher in schools. Hundreds of service providers and community volunteers were also trained on managing sexual and gender-based violence cases in six targeted regions.

HIV TESTING AND TREATMENT

During the COVID-19 pandemic, the Joint Team organized its support to Namibia around six strategic pillars—political leadership, advocacy and coordination, case management, community engagement, resources mobilization, and surveillance and monitoring—to sustain national gains specifically in terms of ensuring continuity of HIV testing and treatment services. A Socioeconomic Response and Recovery Plan was also developed and rolled out minimizing the impact of COVID-19 on health, economic and social sectors. For example, over 100 000 people living with HIV enrolled on antiretroviral treatment (ART) received nutrition supplies and sanitization packs in eight affected regions.

In 2021, Namibia served as the Chair of the UNAIDS Programme Coordinating Board (PCB). During her tenure, the Government worked closely with the UN leadership, member states and the Joint Team to mobilize the global and continental political advocacy which resulted in

adoption of the End Inequalities End AIDS Global AIDS Strategy 2021-2026 and the 2021 UN Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. The Government also reaffirmed its commitment to accelerate investments aimed at supporting adolescents and young people as part of the East and Southern Africa Ministerial Commitment 2022-2030.

Technical support was provided to ensure access to HIV testing and counselling (HTC) for all people, including children, adolescents, and young people to know their status and subsequently offering them immediate, sustained and affordable quality HIV treatment services. In the past two years, the number of people living with HIV, who know their status increased by 3% due to the scale up of new testing approaches, such as targeted, index testing, and recency testing with focus on high HIV incidence populations and locations (HIV Estimates, Ministry of Health, 2022).

The Namibia Ministry of Health and Social Services, with technical assistance from the Joint Team, adopted the Dolutegravir-based treatment regimen as first line of treatment in line with the World Health Organisation's recommendations. Efforts made to strengthen the capacity of civil society organizations (CSOs) led to the expansion of community-led differentiated service delivery—enabling 195 715 people living with HIV to access ART in 2021, representing an increment of 8% of the active cohort of people accessing treatment. Community-led support also helped to maintain people on ART and reduce the number of people living with HIV who are lost to follow up.

High HIV-impacted regions were supported to increase the number of teen clubs ensuring access and continuity of community-led HIV treatment and care services for adolescents living with HIV. In Oshana region, 34 teen clubs were supported to reach 2134 children and adolescents living with HIV in 2021.

In 2020-2021, the Joint Team actively promoted the expansion of differentiated HIV service delivery to increase efficiency and impact, and the implementation of the multimonth dispensing of antiretroviral drugs during COVID-19 related lockdown periods. The Government further dedicated some facilities providing HIV services, such as the Robert Mugabe clinic, Katutura State Hospital, and other strategic HIV facilities to provide COVID-19 services as part of the Emergency Response to COVID-19.

An assessment on the impact of COVID-19 pandemic on availability and accessibility of HIV services in 2020 identified negative effects on the access to HIV prevention and counselling services in prison settings. It also revealed that former inmates living with HIV encountered challenges accessing HIV treatment and care services after they were released from prisons. In response, the Joint Team supported mapping of HIV service facilities and reorientation of clients, including former inmates. In collaboration with the Ministry of Health and Centers for Disease Control and Prevention (CDC) Namibia, ART services were scaled up in 14 Namibia Correctional Services facilities through the establishment of a client-centred electronic health information system; and 33 data management focal persons were trained on the utilization of the database. The Namibia Correctional Service was also supported to develop and distribute information, education, and communication (IEC) materials on COVID-19 prevention and personal protection equipment (PPE) to all prisons in Namibia, increasing awareness and reducing COVID-19 infection among prisoners and staff members.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

In 2020, the Joint Team supported the development and implementation of the National Roadmap for the Elimination of Mother-to-Child transmission of HIV (EMTCT) and Congenital Syphilis 2020-2024. Technical assistance was provided to establish a National Validation Committee (NVC) and train members of the committee improving coordination, oversight, and technical guidance on the implementation of the roadmap, including in-country preparations for the EMTCT of HIV and congenital syphilis validation processes.

The implementation of EMTCT acceleration interventions comprised in the roadmap have shown encouraging results. In 2021, 98 222 pregnant women attended antenatal services and 99% of the pregnant women were able to know their HIV status. Similarly, 13 433 pregnant women tested HIV-positive and were enrolled in the prevention of mother-to-child transmission of HIV (PMTCT) services, reducing the vertical transmission from 12% in 2010 to 4.6% in 2021 representing about 420 children newly infected with HIV (HIV Estimates, 2022).

However, 35% of the new HIV infections among newborn babies in 2021 occurred during the breastfeeding period (HIV Estimates, 2022). Hence, the Joint Team increased advocacy to scale up effective resources for the provision of community-based services, including nutrition during the breastfeeding period. Using an area-based programming approach, the Kunene region, which has low uptake of HIV and tuberculosis services attributed to long distance to service sites, was assisted to rollout a community health extension programme, and provided with equipment to support field supervisions. These efforts contributed to an increased access to quality antenatal care, and HIV and tuberculosis screening among pregnant women.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

While new HIV infections over the last decade continued to decline among adolescent girls and young women, inequalities persist among this group, as well as among key populations. In this regard, a national dialogue was conducted for adolescent and young people, parents, teachers and school staff, religious leaders, and the media to discuss the critical role of comprehensive sexuality education in promoting the health and well-being of children and young people. Consorted advocacy secured Government's commitment to adopt life skills education as a national policy, which will require schools to have a dedicated life skills teacher—in line with the framework of the ESA Ministerial Commitment on Education, Health and Well-being for Adolescents and Young People (2022-2030). This will accelerate efforts to eliminate new HIV infections, prevent early and unintended pregnancies, help keep girls in school longer, and eliminate child marriage, gender-based violence (GBV), and other harmful norms and practices among adolescents and young people.

The Joint Team supported the Ministry of Health to develop and launch the COVID-19 Communication Centre offering an interactive platform for all government sectors to inform the public and media about arising issues during the pandemic, including prevention, lockdown, and travel restriction guidelines. Telecom Namibia was also assisted for the implementation of the Zero Communication Short Message Service (Zero SMS) app to facilitate questions and answers on COVID-19, HIV and SRH with a focus on adolescents, young people and people living with HIV.

GENDER INEQUALITY AND GENDER-BASED VIOLENCE

To address the high level of sexual violence against women in Namibia, the Joint Team engaged with the First Lady and women leadership, and the ministries of Gender, Education, and Security. In October 2020, at a Parliament meeting, the Namibia Prime Minister reiterated the seriousness of sexual and gender-based violence (SGBV) and requested the Parliament's support to strengthen the legal and policy environment to eliminate SGBV.

Six trainings on GBV and prevention of sexual exploitation and abuse were conducted to improve the capacity of 537 service providers and community volunteers on managing SGBV cases in six targeted regions. Around 4620 pamphlets, five social media infographics, and a radio drama in four local languages were produced and widely disseminated to create community awareness on GBV including types, forms, causes, consequences, prevention measures and response actions.

INVESTMENT AND EFFICIENCY

Extensive technical support provided by the Joint Team and effective partnership with the Government, the country coordinating mechanism (CCM), and civil society organizations helped to mobilize US\$ 300 million for the national response—US\$ 260 million from the US President's Emergency Plan for AIDS Relief (PEPFAR) and US\$ 40 million from the Global Fund. The CCM was also supported in securing an additional US\$ 11 million from the Global Fund COVID-19 Response Mechanism for the national COVID-19 response.

Moreover, the Joint team in collaboration with PEPFAR and the Global Fund strengthened community systems through successful rollout of community-led monitoring mechanisms; and engagement with CSOs, community support groups and people living with HIV to monitor programme implementation, identify bottlenecks, and improve access and uptake and quality of HIV, nutrition, and care services. Besides, three high impact regions—Khomas, Erongo and Oshana—that have 35% of people living with HIV and 54% of the COVID-19 infections in the country, were supported with the implementation of community engagement initiatives using the catalytic funds of US\$ 200 000 mobilized from Africa CDC.

The Government of Namibia was also supported to design and implement an effective and coordinated data-driven multisectoral COVID-19 response using community-based HIV service delivery mechanisms and Global Fund grants. These efforts helped leverage active community engagement in ensuring the continuity of SRH and HIV programmes and delivery of differentiated services for people living with HIV and key populations.

Technical assistance was provided to the central medical stores and the 14 regions to undertake sound forecasting and quantification of reproductive health commodities and strengthen the supply chain management. US\$ 7 million (18%) of the Global Fund HIV grants were also allocated to fast-track combination HIV prevention services targeting adolescent girls and young women and key populations as result of intense advocacy conducted using results from the 2019 IBBS, and midterm reviews of the national strategic plan and municipalities HIV plans.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team contributed to the second voluntary national assessment on the progress towards the realization of Agenda 2030 and continued to support the country in achieving the Sustainable Development Goals (SDGs) through the implementation of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2023.

Guided by the principle of leaving no one behind, the Joint Team engaged the Government and CSOs to empower people with disabilities and ensure their inclusion in the national health and development programmes aimed at achieving the SDGs. A strategic partnership was established with the National Federation of People with Disabilities in Namibia (NFPDN) to strengthen the inclusion and the protection of their rights. People with disabilities were also recruited in the United Nations offices in Namibia, technical working groups, and represented at CCM participating in country dialogue for prioritization and resources allocations. Communities were mobilized at local level to increase awareness, ensure children with disabilities are in school and increase access to adapted and affordable and friendly HIV, SRH and COVID-19 services.

The draft National Social Protection Policy (SPP), which includes HIV dimensions, was submitted to Cabinet for approval through heightened advocacy and successful engagement with the Ministry of Poverty Eradication, the Ministry of Gender Equality, the National Planning Commission, and CSOs.

CHALLENGES AND LESSONS LEARNED

Progress towards prevention of new HIV infection remains slow. Namibia recorded a 40% reduction in new HIV infections since 2010 against a target of 75% (HIV Estimates 2022). HIV incidence continues to be particularly high among adolescent girls and young women—contributing to 31% of new HIV infections in the country. Insufficient analysis of inequalities driving epidemics, including high incidence in geographic areas and communities at higher risk of HIV infection, such as key populations, men, adolescents and young people, remains a challenge in the HIV response. HIV programmes targeting key populations continue to heavily rely on international funds, such as the PEPFAR and the Global Fund. There is limited national capacity to implement validation of dual elimination of HIV and syphilis.

The COVID-19 pandemic presented multiple challenges in the national HIV response. The Government and international donors diverted HIV resources towards the COVID-19 response leading to HIV and other essential health service disruptions. National lockdown and travel restrictions hampered most of the technical support, capacity building trainings and consultations planned for 2020. Experiences underscored that the collaborative mitigation efforts of Government and health development partners are critical in maintaining service delivery and progress towards national and international targets. Community-led monitoring created a platform and transparency mechanism for people to raise their concerns and provide feedback on HIV services and programmes improving HIV and health outcomes.

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