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Namibia : HIV as a National Issue

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Public Health in Namibia

HIV as a national issue

Elisabeth Vlasak



General and Political Information

Location:

Southwestern coast of Africa. Borders Angola, Botswana, Zambia, South Africa, and the Atlantic Ocean (Demographics of Namibia, 2007)

Political Structure:

Presidential Representative Democratic Republic

- President of Namibia is both head of state and head of government, and of a multi-party system (Namibian Political System. 2011)
- The Supreme Court judges are appointed by the President on the recommendation of the Judicial Service Commission (Namibian Political System. 2011)



Major Challenges:

Internal

- Food insecurity and malnutrition
- Difficulty accessing health services
- Unequal distribution of wealth
- High child mortality
- Malaria
- Tuberculosis

Top 10 Causes of Death in Namibia

1. HIV	23%	6. Tuberculosis	5%
2. Cancer	8%	7. Ischemic Heart Disease	4%
3. Stroke	7%	8. Diabetes	3%
4. Lower Respiratory Infections	5%	9. Interpersonal Violence	3%
5. Diarrheal Diseases	5%	10. Malaria	3%

Source: GBD Compare (<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

External

- HIV/AIDS
- Easy access to South Africa's technology and resources, but there is a ripple effect from financial struggle there (Republic of Namibia Country Paper. 2013)

Namibian Demographic Information

2016 Population: 2,265,000

Race and Ethnicity (%) (Demographics, 2007):

- Ovambo - 50
- Kavango - 9
- Herero/Himba - 7
- Damara - 7
- Mixed race (Coloured and Rehoboth Baster) - 8
- White (Afrikaner, German, and Portuguese) - 8
- Nama - 5
- Caprivian - 4
- Bushmen 3
- Tswana 0.5

Religion:

- Christian – 80 - 90%
- Indigenous beliefs – 10 – 20%

HIV in Namibia

Namibia is considered to be an at-risk country for HIV infection. Estimates for overall adult infection rates are 15.4% of the total population. Adults ages 18-24 are the most at risk population group in Namibia. (De Beer et al., 2012) During a university study of HIV with student participants, the number of students screened versus those who were HIV positive seems to be related to the age of the students.

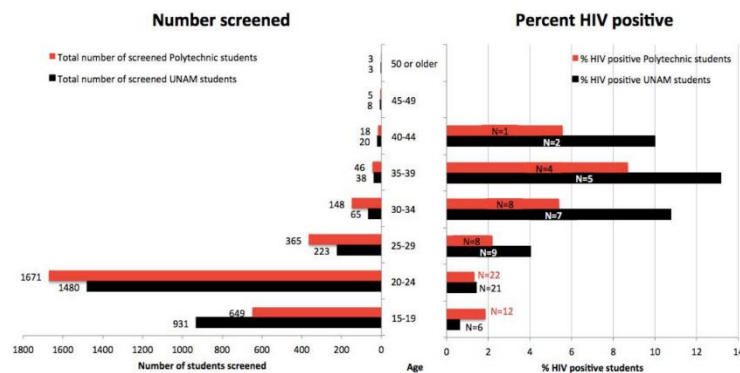


Figure 2 Number of students screened, and distribution of HIV-positive students according to age and institution. The size of the bars on the right depict the prevalence. The absolute numbers of HIV-positive students are depicted in the bars as "n=...". In total, 2,905 of 3,680 (79%) participating Polytechnic students and 2,774 of 3,055 (91%) participating UNAM students disclosed their age and were included in this analysis. Note that although the overall percentage of HIV-positive students was higher at the Polytechnic with 2.8%, compared with 1.8% at UNAM, the percentage of HIV-positive students at the Polytechnic who disclosed their age was lower than among the UNAM students who disclosed their age. See also Figure 3.

(Figure taken from H de Beer et al., 2012)

Although much of the ages 18-24 population reported having only one sexual partner, many other increasing risk factor behaviors (alcohol use, declining condom use, misinformation and social stigma) were commonly reported in this demographic. (Gouws et al., 2008)

Identification, Intervention, Challenges and Personal Suggestion

HIV/AIDS are tested for with at-home test kits and at various testing clinics. HIV is identified by using a simple blood test or through oral fluid testing.

Antiretroviral therapy can slow the multiplication of the disease. UNAIDS has implemented a 90-90-90 target for the next couple years where 90% of people living with HIV are informed of their HIV status, 90% of people who know their status accessing HIV treatment and 90% of people on HIV treatment having a suppressed viral load. (Accelerating HIV Prevention, 2014)

Lack of awareness regarding disease status negatively affects motivation to receive treatment. Additionally, Namibia faces issues with consistent use of preventative measures (education, condom use).

The World Health Organization has worked to implement family planning services, disclosure between partners about their disease status, and enforce voluntary testing throughout the country (Guidance on Couples HIV Testing and Counselling)

Personal Suggestion:

Citizens should be voluntarily tested before symptoms start to show. Government implementation of informative programs about HIV/AIDS transmission and prevention is necessary. Address citizens' lack of awareness of disease status and HIV/AIDS stigma. Better knowledge of personal disease status will prevent the spread of HIV/AIDS in Namibia.

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