



Republic of Namibia

Keynote Address

by

**Dr. Richard Nchabi Kamwi, MP
Minister of Health and Social Services**

During the

**Consultation on World Health Organization Global Health Sector
Strategy for HIV/AIDS 2011-2015 and Launch of the Third Edition
of the National Guidelines for Antiretroviral Therapy**

**15 September 2010, Safari Hotel
Windhoek, Namibia**

Programme Director - Dr. Norbert Forster, DPS - MoHSS

World Health Organization Representative - Dr Magda Robalo

Representatives of International Organizations, Bilateral Agencies and Development Partners

Members of the Namibia AIDS Executive Committee Members

Senior Officials of the Ministry of Health and Social Services and other line Ministries

Programme Officers from various Government, multilateral, civil society and non-governmental health organizations

Members of the Media

Distinguished invited guests

Ladies and Gentleman

At the outset, let me express my gratitude for the opportunity accorded to me to address the National AIDS Executive Committee (NAEC) Extraordinary Meeting which is called to deliberate on the draft World Health Organization Global Health Sector Strategy for HIV/AIDS 2011-2015. I am also pleased to announce that we have seized this opportune moment where leaders in HIV care are gathered, to simultaneously launch the third edition of our National Guidelines for Antiretroviral Therapy.

Programme Director,

This year in May, the 63rd Session of the World Health Assembly (WHA) which I attended, adopted Resolution WHA63/9 requesting the WHO Director-General to develop a WHO HIV/AIDS

Health Sector Strategy for the period 2011-2015, through a broad consultative process. Accordingly, WHO has embarked on the consultation process at all levels, i.e. at global, regional, sub-regional and country levels. Today's extraordinary NAEC meeting is called as part of WHO's endeavour to have a wider consultation among the key stakeholders in Namibia. In Namibia, the choice of NAEC for the consultation is well suited for the purpose as it has a broad representation of key constituencies in the fight against HIV/AIDS in this country.

Ladies and Gentlemen,

Since 1990, Namibia has been monitoring the HIV prevalence among pregnant women regularly every two years. The trend in the HIV prevalence went up gradually from 4.2% in 1992 to 22% in 2002. A slow but steady decline started to be registered from 2004 and the prevalence was recorded at 17.8% in 2008. The field work for the 2010 survey is just being completed and I shall announce its results within the next month.

According to the 2009 AIDS update released by UNAIDS and WHO, although important progress has been achieved in preventing new HIV infections and in lowering the annual number of AIDS related deaths, the number of people living with HIV continues to increase. AIDS-related illnesses remain one of the leading causes of death globally and are projected to continue as a significant global cause of premature mortality in the coming decades. Although AIDS is no longer a new syndrome, global solidarity in the AIDS response will remain a necessity.

Next week, the entire world, developed and developing countries alike will gather in New York to take stock on progress made towards achieving the Millennium Development Goals. We know that we have come a long way in addressing the challenges and particularly Goal 6 of halting and starting to reverse the spread of HIV/AIDS, Malaria and other diseases. It is our firm conviction that with the help of our partners, we shall come close or even meet the 2015 targets. The draft document you will be discussing today will go a long way in contributing to that goal.

Programme Director,

It is the particular role and responsibility of the World Health Organisation to guide the global health sector response to HIV/AIDS and to achieve universal access to comprehensive HIV services. Therefore, the main objectives of the WHO Global Health Sector Strategy are to set global goals, provide assistance to Member States in their national HIV response and to provide a framework for action at all levels. These objectives are set in line with the World Health Organization's mandate and respond directly to the request of the 63rd World Health Assembly.

I commend the WHO Director-General for the speedy and elaborate consultations the Organization is engaged around the globe. Similarly, I would like to congratulate the WR, Dr. Robalo and her team, for making the country consultations in Namibia a

reality. These consultations will ensure that the concerns and needs of every Member State and its key stakeholders are taken into account in responding to the HIV pandemic within the health sector. It is my strong belief and conviction that these dialogues will eventually result in a comprehensive strategy that caters for the needs of all WHO Member States.

Programme Director,
Ladies and Gentlemen,

According to the information I have, in addition to the consultations that are taking place at regional, country levels, further consultations are planned to enrich the document before it is presented for endorsement to the next World Health Assembly in May 2011. These planned major consultations will take place as follows:

1. October 2010 - Consultation with Development Partners, The Hague, Netherlands
2. 17-22 January 2011 - 128th WHO Executive Board, Geneva Switzerland
3. 16-20 May 2011 - Sixty-fourth Session of WHO World Health Assembly, Geneva Switzerland

Therefore, I am appealing to all of you present here to thoroughly review the draft Strategy and to provide your sincere and invaluable inputs to make this important guiding document

relevant to Namibia and the major challenges we are currently facing in the country.

Ladies and Gentleman

As I have earlier alluded to, the purpose of our gathering today is twofold; the second reason is that of launching the third edition of our Namibian National Guidelines on Antiretroviral Therapy.

The Government of the Republic of Namibia through the Ministry of Health and Social Services and in close partnership with civil society, the private sector and our development partners has been implementing a highly successful antiretroviral programme in Namibia over the past decade. Antiretroviral treatment roll out has considerably increased the survival rate of Namibians living with HIV apart from improving their quality of life and that of our families and communities.

The success of the ARV programme has resulted in increased community acceptability and utilisation of other related services such as Voluntary Counselling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) of HIV. Let me at this juncture recognise and acknowledge the magnificent work that our community counsellors are doing. Community counsellors are strong pillars on which our VCT programme is anchored, without their hard work and commitment we would not have been able to have reached the remarkable milestones in rolling out the Anti-retroviral Therapy. Well done!

Programme Director;

Treatment should not be seen in isolation of other health and community services. Treatment forms part and parcel of a comprehensive primary health care approach that supports families and communities affected by HIV/AIDS. Good treatment results can only be achieved if patients adhere to treatment as per our standard guidelines. To that extent I call upon families, friends, employers and other partners to render support to HIV/AIDS and TB patients to comply with treatment in order to curtail emergence of drug resistance.

Given that the latest ARV regimen has much fewer side effects, better toxicity profile, a lower pill burden and less medication interactions, I have felt it imperative to revise the national guidelines so that our patients could derive the greatest benefit from the latest advances in HIV/AIDS medicine also proposed by the WHO.

I wish to acknowledge with thanks Dr Ismael Katjita the Chairperson of the National Technical Advisory Committee and his team, for being vigilant in monitoring the research processes and debates to ensure revision and updating our guidelines whenever new information and evidence becomes available. The team is applauded for their tireless efforts in guaranteeing that our guidelines are in accordance with the latest evidence – based best practices.

To all the partners present here once again thank you for your immense continued support towards provision of quality care for all people living with HIV and AIDS in Namibia. I urge all doctors, nurses and other health care professionals in both the public and private sectors to familiarise themselves with the content of our new guidelines in order to provide quality care to fellow Namibians.

Programme Director

Ladies and Gentlemen

It is now my distinct honour to declare this consultation officially open and to launch the new third edition of the Namibia Anti retroviral Therapy Guidelines.

I thank you for your attention!