



Republic of Namibia

KEYNOTE ADDRESS

BY

HON. DR RICHARD NCHABI KAMWI, MP
MINISTER OF HEALTH AND SOCIAL SERVICES

AT WORLD TB DAY COMMEMORATION

28 MARCH 2008
Mariental, Hardap Region

Director of Ceremony & Regional Director:MOHSS Ms Bertha
Katjivena

Governor for Hardap region Honourable Katrina Hanse-Himarua

Hon. Regional Councillors

Her Worship the Mayor of Mariental, Ms. Priscilla Beukes

WHO country Representative, Dr Magda Robalo

The Ambassador of the USA, H.E. Denise Mathieu

Director of US Agency of International Development, Mr Gary
Newton

Director of the U.S. Centres for Disease Control and Prevention, Mr
Jeff Hanson

Distinguished Development Partners

Members of the civil society

Distinguished invited guests

Members of the Media

Ladies and Gentlemen,

I am honoured to be with you at this commemoration of World TB
Day in Mariental, Hardap Region. This day honours the discovery
of the germ that causes TB by a German scientist, Robert Koch, on
the 24th March 1882.

Let us parallel this scientist's tireless endeavour to find the source of the disease by committing ourselves to sustaining and winning the fight against this disease.

Indeed, this commemoration is of vital importance considering the serious situation and disease burden of tuberculosis in Namibia.

According to the 2008 Global TB Control Report compiled by WHO, Namibia is ranked as the country with the second highest TB incidence in the world. Last year a total of 15,244 cases of TB were reported nationwide. This translates into a Tuberculosis case notification rate of 722 cases per 100,000 population. Of this total number of reported cases, five-thousand-one-hundred-and-fourteen (5,114) had infectious form of TB; this form can be transmitted from one person to another.

There are 254 cases of Multi Drug Resistant TB under treatment throughout the country. This is a great concern and is a clear indication that it is only a matter of time before we will have extremely drug resistant cases, known as XDR Tuberculosis, in Namibia.

In fact, the relevant expert staff within the Ministry is currently in the process of reviewing all cases with drug resistance to verify the situation. Given the large number of cases, we may well find some incurable XDR TB amongst this group.

Further to this, the regions with the highest burden of TB per 100 000 population are Hardap, Erongo, Karas, Oshikoto, Caprivi and Khomas. In particular, Hardap region, the host for the World TB day Commemoration this year had the highest incidence of TB in Namibia last year reporting a worrisome 1,294 cases per 100 000 population.

Distinguished ladies and gentlemen,

It is for this reason that we are here in Mariental on this commemorative day. We are here accepting the challenge to help stop TB. I am therefore grateful to the Hon. Governor for accepting to host such a landmark WHO event. Our being here today will create an opportunity for stakeholders to refocus attention toward the disease burden of tuberculosis. It will also direct stakeholders to commit more human and financial resources toward scaling up our responses to TB in the Hardap Region and Namibia at large.

Director of Ceremonies, Ladies and Gentlemen

Tuberculosis is an airborne disease, and is transmitted from person to person. This means that anyone can get TB. The fight against TB therefore involves each and every one of us.

Consequently, this year's global theme is directed at each and every one of us, and it is: "I am helping to stop TB". We are meeting here to ask ourselves, individually and collectively: Am I helping to stop the spread of TB? How much effort are we putting in toward the fight against TB, as a Ministry, as Local & Regional Councils, as farmers, as business owners, teachers, and so on?

Director of Ceremonies,

The current TB situation is exacerbated by the challenge of the HIV/AIDS epidemic in our country. HIV infection is the major known individual risk factor for the development of TB disease. Last year 8 186 TB patients representing (54%) of the total notified patients were tested for HIV and 59% were HIV positive.

The impacts of the dual infection of TB with HIV/AIDS are a major cause for concern in particular as it affects the Namibian workforce. We are experiencing a decline in work productivity; this then results in a decrease in household incomes, which jeopardises health, nutrition, sanitation, safety, education and care in our nation. The effect of disease-burdens on the workforce can essentially stunt the necessary socio-economic growth on our path toward Vision2030. We therefore need to remain proactive, focussed, tireless and united in our responses against these two disease epidemics.

The Ministry of Health and Social Services has actively put in place measures to address the Tuberculosis epidemic through a national TB Control Programme, established to implement countrywide activities.

TB treatment is provided free of charge in all public health facilities fully supported by the Government of Namibia. 75% percent of our TB cases are treated successfully; 10 % short of the WHO recommended target.

Our national TB response has been expanded to include all stakeholders. Considerable bilateral and multilateral support in the fight against TB in Namibia has been forthcoming during the past three years, especially from the US Government, the Global Fund, WHO and UNICEF. However, more inter-sectoral collaboration and involvement of our communities is required to a multi-sectoral approach and an approach in line with that of HIV/AIDS.

For this reason, I call upon all stakeholders to refocus our attention to the dual epidemic of TB and HIV/AIDS. My emphasis in the fight against TB is that of a multi-sectoral approach. It calls for resolute commitment at all levels: Public, Private, NGOs, Church, Civil Society, Community, grassroots and with our development Partners. The actions of each one of us should clearly be “helping to stop TB”.

To Healthcare workers: I urge you to stay alert, diagnose promptly and give appropriate treatment. Please ensure that patients with HIV infection are counselled and tested for TB. Make it a point to educate all patients, family members and our community on all aspects of TB, and empower them by teaching them the signs and symptoms of TB.

Director of Ceremonies,

Our community members and family members have a key role to play in “helping to stop TB”. They must encourage those individuals with persistent coughs for more than 3 weeks to be tested for TB. Furthermore, assist your family members and co-workers in complying with their TB treatment, remembering the TB and DOTS Strategy.

Finally, we want to see role model patients, those who will educate others on adherence and completion of the TB treatment. We know for certain that TB is curable, even in the presence of HIV infection or AIDS. Therefore, we encourage TB patients to know their HIV status and vice versa for those who are HIV positive.

Director of Ceremonies, Ladies and Gentlemen,

I wish to acknowledge with sincere thanks the technical and financial support received from our development partners in our fight against TB. Thanks goes to the United States Agency for International Development (USAID) which increased support to our national TB programme from US\$1.2million to US\$2million last year.

In addition, we are grateful to the Global Fund for the sum of US\$19million in support to the TB Programme for the next five years. Similarly, we remain grateful to the World Health Organization and the U.S. Centres for Disease Control and Prevention for the continued valuable technical support to the TB program.

While we remain grateful for the financial and technical assistance from our most valued development partners, I wish to acknowledge that we remain constrained in the fight against TB. In particular, we must appreciate that as a result of the shortage of health care workers and this high disease burden, our nursing, clinical and support staff are over-worked. Clearly, if we are to make an impact in the control of TB, and considering the reported MDR-TB and the concern related to the XDR-TB, we need more skilled health care workers.

Therefore, we wish to appeal for assistance as we scale up our endeavours in procurement of medicines; in strengthening the hospital infrastructure both in terms of medical doctors with expert technical knowledge in TB and enhancing control in TB wards; and in strengthening grassroots interventions through Community Counsellors.

Our sincere gratitude goes to the immense assistance received from the NGOs for dedicating your time in the control of TB in Namibia: Red Cross, Penduka, Johanniter Hilfswerk, COHENA, CESTAS, Health Unlimited and Medicos del Mundos. Your continued support to the programme areas including expansion of community Directly Observed Treatment, Voluntary Counselling and Testing, Home Based Care Service, health education and much more are highly appreciated and indeed are registering the desired results.

Director of Ceremonies, ladies and gentlemen,

With this, I trust that we appreciate that TB is a serious disease which demands our urgent attention and united action. Let us keep this in mind when we commemorate World TB Day this week. Therefore, we recognise the importance each one of us has to play. Let us work hard so that we will be able to confidently state that “I am helping to stop TB”.

I now have the singular honour to declare the World TB Day Commemoration officially opened.

I thank you.