



**Republic of Namibia**

**MINISTERIAL REMARKS AT THE 17<sup>TH</sup> CONFERENCE  
ON RETROVIRUSES AND OPPORTUNISTIC  
INFECTIONS 2010**

**BY**

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**Y**our Excellency, Dr Eric Goosby, Ambassador at Large and Global AIDS Coordinator at the US Department of State;

**D**r Paul de Lay, Deputy Executive Director, UNAIDS;

**D**r Kevin De Cock, Director, CDC Kenya;

**D**istinguished Participants;

**I**nvited Guests, Professors, Researchers,

**L**adies and Gentlemen;

**I** am honored to be a panelist on this important Roundtable and would like to thank the Organizers of the Conference for their kind invitation for Namibia to be present and to share its thoughts with you.

**N**amibia has come a long way in combating HIV/AIDS with support from PEPFAR and other partners. Our achievements are remarkable, given the tremendous burden HIV/AIDS has imposed on our people, our health care system and our leadership. In 2002, Namibia's HIV prevalence estimates reached an all time high of 22%. Today, thanks to the dedication of thousands of healthcare workers, the generosity of our external partners, and our government's commitment to the health of its people, Namibia is slowly but surely coming back from those dark years.

**W**e have come a long way together. Namibia's success has truly been a team effort. The partnerships Namibia has established with PEPFAR and other donors have helped us – as a country that will celebrate its 20<sup>th</sup> year of independence this year – not only to respond to a crippling epidemic, but to do so in a way that has emphasized our own strengths. Since 2004, the estimated HIV prevalence among young women aged 15 to 24 years has dropped from 15.2% to 10.6% in 2008. We have also achieved nearly universal coverage of ART, with 79% of adults in need and 100% of children in need, now receiving ART in the public sector. Likewise, PMTCT coverage was 70% in 2008, with most of our ANC facilities now providing PMTCT services.

**O**ur epidemic is maturing. With so many on treatment – and a growing pipeline of patients in need – our prevention strategies must evolve. Indeed, prevention must and will be a centerpiece of our response in the coming years. Our diverse society requires multiple HIV prevention approaches. In Namibia, we are strengthening our prevention strategy to include a combination approach that addresses multiple behavioral risk factors and a variety of at-risk populations.

**I**n short, while we will remain focused on ensuring treatment for all in need, the prevention of new infections remains the only realistic hope for stemming the HIV epidemic – in Namibia and around the world.

**T**hese are some of the highlights of progress we have made with support from PEPFAR and others. But as I noted earlier, this has been a true partnership. During this same period, the Government of Namibia has consistently dedicated more than 10% of its annual budget to health care. In short, we are serious about meeting the 15% commitment we signed onto in 2000 at the Abuja summit of African Union Heads of State, and recognize the essential need for our own Treasury to play a leading role in our HIV/AIDS response.

**L**ooking to the future, a changing epidemic – and today's economic downturn – present new challenges for Namibia and for PEPFAR. Areas where PEPFAR support has been critical in the past will become more important as the government absorbs a greater share of these projects. In Namibia, PEPFAR assistance for programme implementation, notably in human resources, has been especially important to our remarkable scale-up. Today, nearly 20% of the clinical work force in the public sector is directly subsidized by PEPFAR.

**T**ransitioning workers, programmes and financial administration from projects to the government will require investments in management and accounting systems, as well as in capacity building for our programme managers. In the coming years, therefore, additional investments in health systems strengthening, coupled with continued programmatic support from PEPFAR, will allow Namibia to consolidate past accomplishments and sustain the government's ability to manage our response.

**P**eople infected with HIV live longer, and have a better quality of life. But the “Lazarus Effect” of ART creates its own burden on the health care system. As lives are saved and extended, we need more doctors, nurses, pharmacists, nutritionists; more medicines; more and better labs; we need community volunteers and clinical officers. Above all – and this is a key point to stress about the success of ART – we increasingly need to think about these patients' health care needs *beyond* their HIV infection. If we are to address the health care needs of our people, we must think outside of the HIV/AIDS response. Preventive medicine, chronic disease medicine, malaria, TB, maternal and child health – these are topics we ignore at our peril.

**A**nd this is where I hope my reflections on the possible future contributions of PEPFAR will continue to make a difference in people's lives.

**F**rom my perspective, we need to seriously consider the future of PEPFAR as a “renaissance” of partnerships with transformed relationships. We must build on the PEPFAR model of mutual respect and partnerships. As recipients of aid, countries like Namibia have much to bring to the table. The country leadership should stop the talk – we need now ensure that reforms are in place and that processes are driven by the country, for the country, and with the country's people.

**A**ll this has to be sustained by a deliberate effort to learn from our successes and from our mistakes, by an increased effort to make evidence-based decisions, let's move to the next level of “thinking and doing” by using reliable, home grown data. And also learn from our neighbors and from the global community of nations.

**I**n conclusion, Chairperson, Namibia welcomes the opportunity to continue its successful partnerships with PEPFAR and other donors. Changing times, a changing epidemic, and the demands of the current economic situation will necessitate change in the way we work together.

If we have learned nothing else combating HIV/AIDS, it is that change is a constant partner – and our programmes and partnerships must evolve in step. Over the coming decade, Namibia looks forward to this evolution – to the development of stronger partnerships, with leadership provided by all levels of our government. “Country-led” and “people centered”: These two slogans will guide our work.

**I** thank you all for your kind attention.