



**Republic of Namibia**

**Ministerial Statement**

**To**

**Parliament**

**By**

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Minister of Health and Social Services**

**On The National Strategic Framework for HIV/AIDS  
2010/11 – 2015/2016**

**6 October 2010  
Windhoek**

**Hon. Speaker,**

**Hon. Members of the National Assembly,**

**I** would like to start by acknowledging with thanks the interest shown on the debate around the National Strategic Framework (NSF) for HIV/AIDS, 2010/11 – 2015/16. I wish to thank all those who took the floor to raise concerns, offer comments or simply support the document. I also would like to thank all those who remained silent on the proposed Framework. It is said that silence means consent; therefore I take it that they consider the document to be well articulated and are in agreement with its content.

**Hon. Speaker,**

**O**n his foreword on the Vision 2030 document, the Founding Father and First President of the Republic of Namibia, Comrade Sam Nujoma had this to say, “If we are to survive as a nation, perhaps the greatest challenge we face now is to eradicate HIV and AIDS...” , unquote.

**D**uring the official opening of the National Employment Creation Summit, H.E. President Hifikepunye Pohamba had this to say: “Namibia, like many other countries in the world, is threatened by the HIV/AIDS pandemic, which is also a major contributing factor to the slow growth rate of the labour market. However, I believe this can be stabilized through proper implementation of our HIV/AIDS policies and successful roll-out

of the Antiretroviral programme. I urge all stakeholders involved to ensure that such policies and programmes are successfully implemented”.

**Hon. Speaker,**

**Hon. Members**

**I** am deeply convinced that these two reflections from our most Senior citizens in Government should guide our actions. They are not only reflections but also directives and have to be heeded. As I sat at the Employment Summit last week, I carefully listened to the various speakers who so eloquently spoke about how we should, as a nation, work together to boost our economic growth, create employment and reduce poverty. I enjoyed listening to the statements and to the various options that were proposed. But, Honorable Speaker, I must say that at the same time, I was greatly taken aback by the fact that none of the speakers did refer to or consider HIV/AIDS as the most formidable challenge to economic growth, employment creation and poverty reduction or articulate proposals that takes into consideration the impact of HIV/AIDS.

**O**n the other hand, the National Policy on HIV/AIDS encourages that we all factor HIV/AIDS into our policies and plans and our developmental strategies; all our options and approaches to development should include and consider the HIV/AIDS challenge as an important variable and identify programme components to deal with it. Otherwise, we are setting ourselves for a failure.

**Hon. Speaker,**

**T**his is what the multisectoral approach about HIV/AIDS is all about. We need to consider HIV/AIDS in all our policies. Thus, I would like to urge Hon. Members to join hands in our efforts to turn around the tide. We have the responsibility to coordinate the multisectoral response, individually and collectively. The roles of each sector are clearly defined and spelt out in the NSF, and this was done in close consultation and collaboration with your designated experts and focal points.

**Hon. Speaker,**

**I** would now like to address some of the concerns raised by some Hon. Members on the National Strategic Framework for HIV/AIDS. The document was introduced by the Hon. Deputy Minister of Health and Social Services, Cde. Petrina Haingura. I would like to thank her most sincerely for ably doing so.

**L**et me share with you in terms of where we are with the national response to HIV/AIDS. As we speak, Namibia made a pledge, a sum of US\$750 000 to the Global Fund to fight AIDS, Tuberculosis and Malaria during the Global Fund replenishment Conference which took place yesterday in New York. This pledge will be disbursed over a period of three years, as a contribution of our nation to the efforts of the international community to fight these three scourges of humanity.

**I** would like the Hon. Members to know that to date; the Global Fund has approved over US\$225 million in grants to Namibia to help tackle AIDS, Tuberculosis and Malaria.

**A**nother important contributor to the fight against HIV/AIDS has been the United States Government, through the Presidential Emergency Programme for AIDS Relief (PEPFAR). From 2004 to 2011, the PEPFAR programme in Namibia will have disbursed over US\$630 million to fight AIDS and strengthen the health systems.

**A**s you also know, 50% of the financial needs to implement the national response is provided by the Government of the Republic of Namibia.

**T**o complete my overview on the progress of the response to date, I would like to state that this country has over 80% of people who need treatment of Antiretroviral therapy. Of the estimated 202,000 people living with HIV/AIDS, around 140,000 are under care and treatment. I am proud to say that the Ministry of Health and Social Services has managed to treat, care for and support people living with HIV/AIDS to the extent that 85% of those put on treatment are alive and leaving productive lives. Thus, I would like to join the Rt. Hon. Prime Minister in saying that we should appreciate what has been achieved to date. On the African continent, Namibia is among the top countries in terms of provision of treatment, care and support to those in need. Indeed, this is recognized worldwide.

**H**on. Speaker,

**W**e had just come from New York, together with my colleagues, Hon. Minister for Education, Dr A. Iyambo and the Director General of the National Planning Commission, Mr. T. Alweendo where we accompanied His Excellency President Pohamba to the United Nations Summit on the Millennium Development Goals. I must inform this august House that for the first time the Namibian President was a special guest to a breakfast meeting of Heads of UN Agencies and invited guests and experts on the Elimination of Mother-to-Child transmission of HIV and Synergies for Achieving MDGs 4, 5 and 6. During this breakfast meeting, His Excellency was showered with praises for his commitment and quality leadership and the enviable progress his country is making towards conquering HIV/AIDS.

**H**on Members, let's appreciate that we are making great efforts and that we are making progress. We know that much more remains to be done, but we should not see the glass as half empty, but rather half full. Treatment, care and support of people living with HIV/AIDS is a responsibility of all sectors, public and private, including the civil society. Each and every Ministry, sector has a role to play.

**H**on. Speaker,

**T**he Hon. Members of this august House also expressed concern over the lack of human resources. I think we are all

aware of the historical background of the Bantu education and are all able to relate to the root causes of the scarce skills not only in the health sector, but across the board, in most if not all the service providing institutions. However, with the help of our partners, we have managed to recruit over two thousand (2,000) complementary staff to assist with service provision. As a long term solution, you are all aware that we have established a School of Medicine to train our medical doctors locally and are in a process of establishing a School of Pharmacy come February, 2011. This morning, together with the Hon. Deputy Minister of Education, Dr David Namwandi, were privileged to inspect the progress being made in the company of the Vice-Chancellor, Prof Lazarus Hangula.

**O**n the issue of increasing the number of people tested for HIV/AIDS and testing all patients who appear to have signs and symptoms: you should be aware by now that we have a National Testing Day campaign on an annual basis, to encourage people to know their status. The Ministry has introduced the WHO recommended Provided Initiated Testing and Counseling (PITC) strategy, where all those who visits a health facility are offered counseling and if agreed, they are offered testing for HIV. We will also be rolling-out outreach units which will include HIV testing. But as you know, HIV testing is not mandatory by Law in Namibia.

**Hon. Speaker,**

**T**here was also a concern over targeting our uniformed men and women with HIV/AIDS prevention and control services. I would like to inform this august House that not only the National Strategic Framework has clearly articulated actions in this regard, but there are already programmes in place directed towards our uniformed men and women. This is a result of a very close collaboration between the Ministry of Health and Social Services, the Ministry of Defence and the Ministry of Safety and Security. I believe you all remember Eliphaz, a prominent film targeting the uniformed forces. The Correctional Services under the Ministry of Safety and Security is implementing HIV counseling and testing in prisons, with support from the Ministry of Health and Social Services. I am sure you are also aware of the military branded condoms, the opening of ARV clinics in Windhoek and Grootfontein, just to mention a few of the actions targeting the uniformed men and women.

**I**t was also mentioned that People living with HIV/AIDS (PLWHA) are voiceless and not involved in awareness creation. I would like to say that PLWHA have been participating in HIV awareness raising campaigns, and this can be attested by the increasing number of those declaring their HIV status publicly. To ensure adherence of those newly put on treatment, HIV positive people are involved and they provide support to people enrolled on treatment as expert patients at clinic level.

**Hon. Speaker,**

**Hon. Members,**

**P**ermit me to address the issues raised in relation to provision of nutrition and transport vouchers to PLWHA. We all know that nutrition is extremely important for PLWHA, particularly those on treatment. Indeed, we are all aware of the transport challenges in our country, given the long distances. However, it is important for us to know that it is neither possible nor sustainable for the Government to provide food and transport allowances to PLWHA.

**O**ur commitment is to ensure that those in need of treatment are cared for, so that they can lead healthy and productive lives, go back to work and are protected from discrimination. And that they would be able to generate income to cater for themselves and their families in dignity and as full and responsible members of society. We know that poverty fuels the HIV/AIDS pandemic and that HIV/AIDS can throw people into or deepen their poverty. That's why we should all work together to devise the best strategies to reduce poverty, create employment, stimulate economic growth and foster social development.

**B**asically the same principles would apply to the San community. While I agree with the Hon. Member who mentioned the particular challenges faced by the San community, I however am not of the opinion that they should be considered as a

vulnerable group as far as HIV/AIDS is concerned. It will create further stigma and discrimination if vulnerable groups are designated on the basis of ethnicity. Under the Office of the Prime Minister there is a special programme addressing the particular needs of the San people and that's how we should address their problems related with excessive alcohol consumption, high prevalence of drug resistant TB, education, etc. Indeed, we all appreciate the efforts spear-headed by the Hon. Deputy Prime Minister in this regard.

**A**lcohol is just one of the drivers of the epidemic that we need to address, in a multisectoral and multidisciplinary manner. Some other drivers of the epidemic include other intoxicating substance abuse, intergenerational sex, transactional sex and population mobility. Prevention is being taken seriously in the NSF and it is the cornerstone of our next journey against HIV/AIDS. We need to reduce and eventually eliminate new HIV infections.

**Hon. Speaker,**

**A**s I draw close to the end of my statement, I would like to touch on the important issue of coordination of the HIV/AIDS response. The coordination of stakeholders is clearly outlined from district to national level and from one sector to another. The RACCOCs and CACCOCs are in place.

**I**t was also suggested that the coordination of the response needs to be moved under the Office of the Prime Minister or

under the Office of His Excellency the President. I wanted to ask those who made such suggestions, whether they are proposing that H.E. the President or the Rt. Hon. Prime Minister should be doing the job themselves. As far as I know, the President is Chairperson of Cabinet and even if the Coordination is placed under him, the job will still be done by a Cabinet Minister, as it is the case now. We all need to appreciate the fact that HIV/AIDS is a disease in the first instance. As such, it should not be orphaned. It is a disease with multiple social and economic implications and which requires coordinated interventions from all sectors. But, unless we have a strong health sector response, and are able to provide treatment, care and support to all those in need and prevent new infections, we will not be able to conquer this pandemic.

**I**f Namibia is being acknowledged worldwide by its exemplary leadership in fighting the pandemic, it means the work being done by the Ministry of Health and Social Services with the support of all of you, is of great quality. This should be acknowledged. We have reached the Universal Access target of putting people on treatment, due to hard work from the Ministry, in collaboration with you all and our most valued partners. Let's appreciate what we have achieved to date.

**Hon. Speaker,**

**Hon. Members**

**T**he last but not least important concern I would like to address, is the one related to sex work or prostitution. This is

probably the most controversial issue raised during the National Strategic Framework debate and there are reasons for that. Prostitution in my view is both a social problem and a form of violence against women, in the case of female prostitution, which I think is being discussed here. It is also considered an immoral and illegal activity. From the perspective of the Ministry of Health and Social Services, we need to approach this matter with the care, attention and professionalism it deserves, so that collectively, we find the best options to address it, based on the evidence and facts on the ground. It was raised in this august House that there is a need to consider a law reform in relation to prostitution.

**I**t is important that we work towards identifying the diverse and complex range of legal, social and economic elements that are related to prostitution, in order to establish adequate policy and legislative options that will regulate, deter, prevent or reduce prostitution in our country. In doing so, it is imperative that we address the concerns related to public health and HIV. The stigma and discrimination of prostitutes that may negate them their right to access health care, while at the same time, we reduce the demand for prostitution and create an environment for prostitutes to exit prostitution. This is a rather complex matter that needs to be given full attention in another opportunity, but we recognize that it is necessary to address it, in a broader context of human rights, public health, social and economic determinants and Namibia's constitution and international obligations.

**F**inally, Hon. Speaker and Hon. Members, I would like to make a correction on the Organogram and composition of one of the key coordination structures proposed under the National Strategic Framework. This is in relation to the membership of the National AIDS Executive Committee (NAEC), whereby I would like to correct the United Nations membership, to be as follows: the UN will have three seats in the NAEC, one to be occupied by the World Health Organization (WHO) Representative, UNICEF and the other one by the UNAIDS Country Coordinator, who will represent all the other UN Agencies. As you know, UNAIDS is a joint United Nations Programme on AIDS and the WHO is the lead UN Agency on health, responsible for coordinating health matters, provide technical, policy and strategic advise on health matters and monitor health trends. Furthermore, WHO is globally mandated to coordinate the health sector response to HIV/AIDS. On the other hand, UNICEF is the global lead agency on the Orphans and Vulnerable Children (OVC), adolescent HIV prevention and pediatric HIV treatment and care. My office will make sure these necessary corrections are made before the document is finalized and printed.

**O**n this note, Honorable Speaker, Honorable Members, I move that the National Strategic Framework for HIV/AIDS 2010/11 – 2015/16 be referred to the National Council for further input.

**T**hank you.