

**KEYNOTE ADDRESS DELIVERED BY DR RICHARD  
NCHABI KAMWI (MP), MINISTER OF HEALTH AND  
SOCIAL SERVICES AT THE COMMUNITY  
MOBILIZATION EVENT TO FLAG OFF A TWO-DAY  
TESTING AND COUNSELING CAMPAIGN IN SIBINDA,  
CAPRIVI REGION, ON 26 JUNE 2008**

**Protocol**

The Governor of Caprivi Region, Hon Mwilima

The Constituency Counselor, Hon Felix Mukupi

The Regional Director

Representatives of the Traditional Authority

Senior Government Officials here present from the national and regional levels

Distinguished invited guests

Members of the press

Ladies and Gentlemen

I feel greatly honored and also very glad to be home with you this morning to talk about the development of our home area. I am glad because, we have all thought it necessary to come to a meeting of this nature where we can have a heart-to-heart talk about those things that affect us as a people, especially as it relates to how we can jointly combat the HIV/AIDS epidemic. And like parents, like brothers and sisters, all in one spirit, we are assembled here this morning to launch our own voluntary testing and counseling campaign to improve the uptake in our home area here, and in Caprivi as a whole.

As I prepared for this meeting, quite a number of things went through my mind. I thought of the way the discussions would go and how we can turn our talks and plans into doable actions after we have ended this meeting and we are all back in our various places to mobilize our people to come out for testing and counseling. I thought of how you will perceive me as one of your own coming to talk to you. Will you see me as just one of your

sons who have spoken to you on so many occasions and on so many different issues with this just being one of them again? Will you see me as the Minister of Health and Social Services doing his routine job on the health of our nation, and who has chosen to speak to his people this time around? Are you going to consider me as a politician trying to water the ground for a future election?

And as all these went through my mind, I was made bold by the conviction that we all have no were else to run to. This land is our own and our home. We all need to do everything within our powers to make Caprivi Land in particular and Namibia as a whole habitable for us as indigenes and all other people that live with us and also visit us. We must think and plan together. We must plant and harvest together. We must be ready to share all our joys and sorrows together as one people bound by one same cord. We must be ready to stamp out from our communities all preventable diseases epidemics including HIV/AIDS.

### **Director of Ceremonies**

By virtue of technology, our whole world of today has become a small village. Everything that we do, no matter where we are, becomes news all over the world in the next few hours. International boundaries have all almost disappeared not to talk of district or regional boundaries within our nations. What is more, the greatest things that affect us as a people and those that we spend most of our daily lives fighting have no regard for boundaries. Poverty does not know boundaries neither do the many diseases and epidemics that afflict us have any respect for boundaries. For instance, HIV/AIDS has continued to spread without any regard for boundaries, race, color or tribe.

Our continent Africa and especially Sub-Saharan Africa is today faced with the greatest burden of diseases and epidemics more than any other parts of the world. Sub-Saharan Africa is home to the

largest numbers of death due to HIV/AIDS. It is also home to the largest number of children who die before they reach their fifth birthday just as it is home to the largest number of mothers who still die from preventable causes traceable to pregnancy and childbirth. In this connection, what is more heartbreaking is the fact that the Southern African sub-region where we belong faces the greatest threat posed by all these diseases especially that due to HIV/AIDS. I have therefore chosen to specifically dwell on the HIV/AIDS epidemic as it affects us as a people at this meeting. Believing that, in one accord, we can begin to change the course of the epidemic in Caprivi. And, with a common resolve, we can as a people bring the spread of the epidemic to a halt in our land.

### **Distinguished Ladies and Gentlemen**

There is a need for us all to know why we continue to talk about HIV/AIDS at any time we have the opportunity to do so. My dear people, fellow Caprivians, “Why is it important for us to continue to talk about HIV/AIDS?” The reasons are now well known to us and they include the following:

- AIDS has no cure yet, although we now have medicines that are helpful in prolonging the lives of those infected. And I am happy to let you all know that these medicines are available in all of our district hospitals in Namibia
- There are no vaccines yet to prevent the spread of HIV infection. Prevention is the only known vaccine that is available to us at the moment.
- Focusing on prevention and integrating it into treatment is one sure way of halting the epidemic.
- HIV/AIDS are destroying our gains of many years in child survival and maternal health programmes.
- As individuals, we have a lot of responsibility in stopping the spread of the epidemic, because the greatest number of HIV

infection occurs at the individual level through interpersonal relationship.

- Up till this moment, only a very negligible number of our people go for testing and counseling to know their HIV status. Only about three out of every 10 Namibians know their HIV status. We have therefore not yet taken full advantage of the provision of voluntary testing and counseling services provided for us in all our communities.
- Only very few of our men want to be involved in talking about HIV/AIDS. They will neither bring their families out for testing and counseling nor accompany their spouses to health facilities to access care for HIV/AIDS. Instead, what we have is denial and mutual distrust within the families.
- There is still very poor understanding of the issues around HIV/AIDS amongst our people. In some of our communities, AIDS is still seen as affliction from the witches.
- AIDS will slow down our rate of development if we do not stop its continued spread.

### **Director of Ceremonies**

As I mentioned earlier in this discussion, Sub-Saharan Africa carry the heaviest burden of HIV/AIDS epidemic in the world and our SADC region carry the heaviest burden of the epidemic in Sub-Saharan Africa. It therefore stand to reason that, SADC region carry the heaviest burden of HIV/AIDS in the world. By the end of 2005, SADC had an average adult prevalence of HIV of 11% against a global prevalence of 1%. Whereas only 4% of the world population lives in SADC, it is home to 40% of all People Living with HIV/AIDS in the world. In 2005 alone, SADC contributed 1.5 million new infections amounting to 37% of global new infections. *I have no doubt that you will all agree with me that we have every reason to talk about HIV/AIDS and how it affects us as a people.*

## **What is the picture like at home in Namibia?**

With the picture I painted earlier about SADC and with Namibia as a SADC country, you will all agree with me again that Namibia is one of the countries that carry the heaviest burden of HIV/AIDS in the world. *With a prevalence survey of 4.2% in 1992, Namibia's HIV prevalence has steadily increased from 8.4% in 1994 to 15.4% in 1996, 17.4% in 1998 and 22% in 2002. There was a slight decrease from the 2002 figure to 19.7% in 2004 but with yet another rise to 19.9% in the 2006 survey.*

At home here, and this is what we all know, Caprivi carries the heaviest burden of HIV/AIDS in our country Namibia. Beginning from 1992 when we started to conduct a national survey on HIV prevalence and up till the last survey in 2006, Caprivi has remained at the top with the highest number of HIV infections during each survey throughout the country. Our region has had a progressive rise in HIV prevalence from 14% in 1992 to 25% in 1994, 29% in 1998, 33% in 2000, and 43% in 2002. The prevalence was 42% in 2004 and now 39.4% with the 2006 survey. Our knowledge of this picture of HIV prevalence in Caprivi makes it our responsibility to develop a sustainable forum for us to share ideas as often as possible on how we can hope to halt the HIV/AIDS epidemic in Caprivi. *We therefore have every reason to talk about HIV/AIDS and how it affects us as a people.*

One pertinent question that is really necessary to ask here is what these numbers mean.

The numbers are human beings who are our friends, colleagues, spouses, children, brothers and sisters. The numbers represent our entire people and not just mathematical figures. They represent our own people. And we also need to know that when death occurs due to AIDS in the family, we no longer think of the percentage fractions. Because to the family that has suffered a loss due to

death of one member, it is no longer mathematics or arithmetic of figures, it is a hundred percent loss. We therefore have every reason to talk about HIV/AIDS on daily basis. Is there any one of us in this gathering who still thinks we do not have enough reasons to talk about HIV/AIDS on a daily basis wherever we may be? Distinguished Ladies and Gentlemen, I pause for an answer.

### **What is responsible for the current situation of the epidemic in our land?**

It is interesting to note that with all the powers of HIV/AIDS to cause disease and suffering to nations, communities, families and individuals, the world today knows and is equipped with an appreciable level of knowledge to combat the epidemic and reverse the trends. And we are already beginning to see some country examples in this regard. Interventions and technologies are now available to prolong the life of those living with HIV/AIDS.

### **Director of Ceremonies, Distinguished Ladies and Gentlemen**

Where then did we go wrong? At what point did we fail to arrest this epidemic on its way into eating deep into the very fabrics of our society? For me, whether we look at it from the level of governance or we look at it from the level of the individuals or family or as community members, there is a point where our actions have not impactful enough to combat the epidemic adequately. And we have allowed the epidemic to get established in our midst.

Within the scope and scale of the interventions that have been put in place in our country and region so far, a slightly improved response at the community, family and individual levels would have meant a lot in the fight against the HIV/AIDS epidemic. It would have meant a stronger blow on the epidemic and with the direct benefit being a minimizing effect on the people. Whereas the

greatest percentage of the HIV infection is caused by interpersonal relationship at the level of the individuals, yet, the level of response to combat the epidemic at the individual level is abysmally low and almost negligible. What we do on a daily basis in our relationships add to the fuelling of the epidemic. Some of the actions that our religions disallow us from taking also help to fuel the epidemic. On this note therefore, as individuals, as members of our families and as community members, there are a lot that we can do to stop the spread of HIV infection today. There is also a lot that we can do to provide succor to those that are already infected with HIV and to those affected by AIDS. At this juncture, I cannot do more than to ask you all here present and all our people at home to come together as one body to continue to fight this epidemic.

Recently my Ministry in collaboration with some of our development partners conducted a survey in Caprivi, Oshikoto and Otjozondjupa. The survey looked at the behavioral patterns on condom usage, sexual initiation and teenage pregnancy in these three regions. The findings from this survey point to the fact that we need to do more in addressing HIV/AIDS issues as it relates to our youth. It also points to the fact that we still need to focus more attention in the area of prevention. Some of the findings of the survey are needed to drive home some of the points that I have made earlier in this address as it relates to why we are at the present level of the epidemic.

**On consistent condom use;**

- Only about half of sexually active men in Caprivi are using condoms consistently whereas three quarters of such group use condoms consistently in Oshikoto and Otjozondjupa regions
- Among the age group 20-24 years old, Oshikoto and Otjozondjupa recorded a condom use rate of 95% as against 76% in Caprivi

- For the 30-34 years age group, Oshikoto and Otjozondjupa recorded 48% and 68% respectively while Caprivi recorded 14%.

### **On sexual initiation;**

- For women in the age group of 15-39 years, the mean age at first pregnancy in Oshikoto and Otjozondjupa is 21 years while it is 20 years in Caprivi
- For teenage pregnancy, one in three teenagers in Caprivi region have been pregnant before whereas this amounts to one in eight for Oshikoto and one in fourteen in Otjozondjupa

It is now a common knowledge that early initiation of sexual intercourse and low rates of condom use are some of the key drivers of the HIV/AIDS epidemic in many societies and in environments where HIV is flourishing. Early initiation of sexual activity brings along with it many of the problems of teenage mothers and its attendant challenges. All these remain a vicious cycle that keeps the AIDS epidemic flourishing unabated

### **Distinguished Guests, Ladies and Gentlemen**

Before I bring my address to a close, I wish to dwell a little bit on one identified intervention that has helped many communities in their fight against the HIV/AIDS epidemic. This intervention is TESTING and COUNSELING. Testing and Counseling, when it is voluntary, and well established with all ethics of confidentiality put into it with informed consent and without any form of coercion allows for maximum uptake. Its benefits are of immense magnitude to both the people and the nation as a whole.

By our current estimates, less than 30% of the population knows their HIV status. That means, out of every 10 people you meet daily, only about three of them know their HIV status. Yet, testing

and counseling is central to our fight against the HIV/AIDS epidemic. The fact that people do not know their HIV status, greatly hinders efforts to respond to the AIDS epidemic, as you need to know whether you are infected or not in order to determine what services you will require. The benefits of HIV testing and counseling as an entry point can no longer be over-emphasized. Knowing our HIV status makes the following possible:

- It facilitates behavior change
- It help to provide services to reduce mother-to-child transmission
- It promotes early management of infections and diseases due to AIDS
- It helps early determination of eligibility for anti-retroviral therapy
- It facilitates referral to social and peer support services
- It normalizes HIV/AIDS and thereby reduces stigma
- It helps to promote planning for orphan care and will preparation
- It eases the acceptance of serostatus and coping

This huge benefits are what we miss in a nation where voluntary counseling and testing is not well established and where uptake is very low. Namibia today needs to embrace testing and counseling the more. Every Caprivian must embrace testing and counseling and come out in their large numbers as we go out today and tomorrow to continue our campaign for testing and counseling. It is only by knowing our status that we can all derive those benefits I earlier enumerated. It has to be today, because tomorrow may be a little late.

I thank you for patience.

Thanks for listening.