



Republic of Namibia

Keynote Address

By

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**During the First Male Conference on HIV/AIDS and TB in
Ohangwena Region**

**Eenhana
8th November 2008**

Program Director

Her Majesty the Queen of Oukwanyama

Hon. Governor - Cde. U. Nghaanwa

Hon. Deputy Minister of Foreign Affairs – Cde. Lempy Lucas

Hon. Regional and Town Councilors

Church and Community Leaders

Heads of Government Departments

Representatives of Non Government and Private Sectors

Members of the Media

Ladies and Gentlemen

I wish to thank the Hon. Governor, Cde Usko Nghaamwa for a kind invitation for me to officiate at this important first male Conference on HIV/AIDS and TB in Ohangwena.

I am most grateful to have amidst us Her Majesty the Queen of Oukwanyama, Meme Muadinomo. I commend the concerted efforts being made by Her Majesty the Queen in addressing HIV/AIDS in her community. I am equally pleased that I am accompanied by the Hon. Deputy Minister for Foreign Affairs, Cde Lempy Lukas, who is an advocate in the fight against HIV/AIDS. Namibia will only meet with her intended objectives to realize Vision 2030 when the nation will be in good health.

The HIV prevalence ratios for the Ohangwena Region in 2006 stood at 21.4%. This was one of the highest in the country. On the 1st December 2008, we will announce the latest HIV prevalence ratios by site to assess the situation in the country which includes Ohangwena Region. We keep our fingers crossed that the national HIV prevalence should be lower than 19.9 % of 2006.

I therefore wish to commend Hon Governor Nghaamwa and his Team for being pro-active in finding solutions to curb the further spread of HIV infections and TB in Ohangwena Region.

Last year a total of 15,244 cases of TB were reported country wide translating into a case notification rate of 722 cases per 100 000 population.

Of this number, 5,114 cases had infectious form of TB that can be transmitted from one person to another.

The regions with the highest burden of TB for 100 000 population are Hardap, Erongo, Karas, Oshikoto, Caprivi, Khomas and Ohangwena Region. It is equally important to note that Namibia could rank as the country with the forth highest TB incidence in the world. This is indeed worrisome!

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 a total of 8, 186 TB patients representing 54% of the total notified patients were tested for HIV and 59% were HIV positive. This number includes clients from Oshana Region.

I am equally concerned that there is now a total of 340 cases of Multi Drug Resistant TB under treatment throughout the country. Of major concern is the fact that since we reported 8 X-DR TB in April, this had risen to 21 cases countrywide.

Programme Director

Her Majesty the Queen

TB is essentially a disease of poverty, which is compounded by overcrowding, housing conditions with poor ventilation, alcohol abuse and poor nutrition.

Indeed, it is equally true that apart from Khomas, the regions cited above are affected by poverty in most of the rural areas.

What are the implications?

1. **T**B is an infectious disease, it is airborne therefore everybody who breathes is at risk.
2. **T**he current HIV prevalence of 21.4 % in Ohangwena makes many who are living with HIV in Ohangwena vulnerable to TB.
3. **A**s a result, this calls for amongst others concerted efforts by all stakeholders including the church and traditional leaders, to implement maximum control measures.
4. **T**he current HIV/AIDS, TB situation left unattended has the potential to erase all the gains made in controlling these two diseases.

Programme Director

By contrast HIV/AIDS is a social problem. It is a disease transmitted primarily through sexual intercourse.

Given its impact economically and socially, Government responded by putting in place aggressive programmes including, VCT, PMTCT and ARV in all the 13 Regions. However, the HIV infection remains on an increase. For this reason there is need for Government and stakeholders to review the existing strategies and redouble our efforts. Similarly, we need to emulate some strategies working in some regions of the country or elsewhere in the fight against HIV/AIDS.

For example, recent research in sub-Saharan Africa found that safe male circumcision can reduce a man's chances of becoming infected with HIV. Three randomized controlled trails were conducted in which men with a foreskin were randomly assigned to either receive circumcision or not, and then followed

over time to see if one group had a higher rate of acquiring HIV. The risk reduction for circumcised men was about 60%, i.e. six of ten infections could have been prevented by circumcising men (Auvert et al, 2005; Bailey et al, 2007; Gray et al, 2007).

The World Health Organization (WHO) estimates that in countries of southern and eastern Africa with the highest HIV prevalence, male circumcision rates are generally under 20% (WHO, 2006). Indeed, this is a picture we have in Namibia. One good example is Kunene and Omaheke Regions, specifically among the Ovahimba and Ovaherero where circumcision is practiced, HIV prevalence rates is lower than any region in the country.

Following the good strategy cited, above, I wish to encourage fellow Namibians to consider circumcision as one of the HIV prevention strategy. Meanwhile, I wish to caution my male counterparts that even men who are circumcised can still be infected if they do not use control measures.

On the other hand, TB treatment with DOT strategy is provided free of charge in all public health facilities and fully supported by the Government of Namibia. Thus, I call upon the family members to assist relatives who are on treatment to complete the course as prescribed by doctors.

The National TB response has been expanded to include all stakeholders. But more inter-sectoral collaboration and involvement of our communities is required to a multi-sectoral approach.

Programme Director

There are social elements in the fight against HIV transmission that as Government we feel cannot be addressed by Government alone. These are alcohol and drug abuse.

I note with concern the mushrooming of alcohol outlets in Namibia and some are open throughout day and night with result that most men and unfortunately even some young women have become drunkards. Intoxication results in woes and tribulations, HIV transmission takes place with resultant death. For this, I wish to call on all to get back to basics on moral ethics. This is where the Church and Traditional Leaders should complement Government efforts.

Programme Director

Ladies and gentlemen

I now have a singular to declare the First Male Conference on HIV/ AIDS and TB in Ohangwena Region, 2008 officially opened.

I wish you a fruitful deliberation.

I thank you.