



REPUBLIC OF NAMIBIA

STATEMENT

BY

HON. DR. RICHARD NCHABI KAMWI, MP

MINISTER OF HEALTH AND SOCIAL SERVICES

DURING THE FIRST

MALE CONFERENCE ON HIV/AIDS AND TB

IN OHANGWENA REGION

8TH NOVEMBER 2008

Program Director

Her Majesty the Queen of Oukwanyama

Honorable Governor- Mr. U. Nghaanwa

Honorable Deputy Minister- Mrs Lempy Lucas

Honorable Regional and Town Councilors

Church Leaders

Heads of Government Departments

Representatives of Non Government and Private Sectors

Members of the Media

Ladies and Gentlemen

I wish to thank you Honourable Governor, Cde Uusko Nghaanwa 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 Muadinsmo. I commend her Majesty in her efforts to address HIV/AIDS in her community. It is important to note that Namibia will only meet with the objectives of the the dream of Vision 2030 when the nation will be healthy.

According to HIV prevalence ratios for the Ohangwena Region in 2006 it was 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 the country which includes Ohangwena Region.

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

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 be 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 Ohangwena 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 country – wide.

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

Director of Ceremonies,

Government through the Ministry of Health and Social Services has put in place, programmes both local, regional and central levels to address the scourge of HIV/AIDS. However, the HIV infection is still on an increase. For this reason there is need for Government and stakeholders to remain vigilant and emulate some good strategies working elsewhere.

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 trials 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 Organisation (WHO) estimates that in countries of southern and eastern Africa with the highest HIV prevalence, male circumcision rates are generally under 20% (WHO, 2006). This is a picture we have in Namibia.

Following the good strategy cited, above, I wish to encourage fellow Namibians to consider circumcision.

TB treatment is provided free of charge in all public health facilities fully supported by the Government of Namibia.

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

I wish you a fruitful deliberation.

I thank you.