

NAMIBIA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By 2021, vulnerable women, children, and adolescent and young people in Namibia have access to and utilize integrated healthcare and nutrition services.	ON TRACK	In 2020, antiretroviral treatment coverage was 88% of all people living with HIV and 8 out of 10 people living with HIV who are on treatment achieved viral load suppression (GAM 2021).
By 2021, vulnerable women, children, and adolescent and young people are empowered and protected against violence, abuse neglect and exploitation.	ON TRACK	Namibia established integrated HIV, sexual and reproductive health (SRH), and gender-based violence (GBV) services in 85 health facilities increasing the number of facilities that offered these services to 173 in the country. As a result, nearly 9580 young women accessed the contraceptive method of their choice in health facilities in eight target regions in 2020.
By 2021, institutions scale-up efforts to implement policies for inclusive development and poverty reduction for vulnerable populations.	ON TRACK	The National AIDS Committee and the and Regional AIDS Committees are fully operational and engaged for an effective multisectoral response, through implementation of the HIV National Strategic Plan. The Country Coordinating Mechanism contributed to USD 39 million in 2020, with great participation of the civil society and with support from the Joint Team. Civil society organizations through community-led programmes are actively contributing to the national HIV response and taking a lead in advocacy and monitoring efforts to ensure quality HIV services for vulnerable and key populations.

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS SECRETARIAT, FAO, IOM, UNRCO

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Namibia is on track to reaching its 95-95-95 targets before 2030. The Joint Team contributed to this impactful achievement through advocacy to sustain political commitment, policies and technical and financial resources and generation of quality strategic information to guide the national HIV response. The Joint Team is currently working to establish a community-led monitoring mechanism to engage civil society organizations, community support groups and people living with HIV to monitor programme implementation, identify bottlenecks, and improve access and uptake and quality of HIV, nutrition, and care services. Specific support has also been provided to Government and civil society organizations to increase their capacity in responding to violence against women and children, including putting in place effective public polices for child protection.

HIV TREATMENT AND CARE

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

Despite remarkable progress in the HIV response in Namibia, women, adolescent and young people, children, and key populations remain disproportionately affected by HIV and only 7 in 10 young people have access to antiretroviral treatment (ART) (HIV estimates, 2021). In response, 34 teen clubs in Ohangwena region were supported to ensure access and continuity of community-led HIV treatment and care services for adolescents living with HIV. In 2020, over 1500 adolescents living with HIV were accessing ART services with support from these teen clubs in Ohangwena region. The clubs referred 87% of the adolescents living with HIV in the region to ART services and they had lower drug resistance and fewer side effects from their regimens due to consistent adherence to their treatment.

In 2019, Namibia experienced one of its worst droughts in the last 35 years which affected the livelihood and food security of people living with HIV and in 2020, the COVID-19 pandemic aggravated food insecurity among vulnerable populations. About 101 636 people living with HIV who were on ART plus two of their family members received food assistance in 2020 in over 1000 villages in eight of the most vulnerable regions of the country. In total, over 8500 metric tons of food—pulses, maize-meal, and cooking oil—were distributed, which helped to reenrol 4000 people living with HIV who dropped out of ART services.

HIV PREVENTION

TECHNICAL SUPPORT; RESOURCE MOBILIZATION; CAPACITY BUILDING; SYSTEM STRENGTHENING

The Joint Team supported four cities—Katima, Swakpomund, Walvis Bay, and Windhoek—to review their HIV strategic plans and align local targets with latest evidence and the revised National Strategic Framework for HIV and AIDS (2017/18-2021/22). For example, the integrated HIV bio-behavioural surveillance (IBBS) was finalized and evidence on key population was used to revise the fast-track city strategies. Due to increased advocacy, US\$ 7 million (18%) of the Global Fund HIV grants were also allocated to fast-track combination prevention services targeting adolescent girls and young women and key populations.

With technical support from the Joint Team, the National Roadmap for the Elimination of Mother-to-Child transmission of HIV (eMTCT) and Congenital Syphilis 2020-2024 was launched with focus on eight priority regions. A national validation committee was also established and trained to provide coordination, oversight, and technical guidance on the implementation of the eMTCT roadmap. Interventions have shown encouraging results, with 89 357 pregnant women were tested for HIV—representing 99% of pregnant women enrolled on antenatal care in 2020. An estimated 98% of the pregnant women who tested positive for HIV received treatment for the prevention of mother-to-child transmission of HIV (PMTCT), reducing the vertical transmission below 4%.

As a result of support provided to the Namibia Correctional Service, PMTCT services were established in the family centre at Windhoek Correctional Facility. Medical equipment and supplies were also procured to ensure the quality of PMTCT services in the facility, which will benefit 250 female inmates and 12 children.

PROTECTION AGAINST GENDER-BASED VIOLENCE AND HUMAN RIGHTS VIOLATIONS POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

Six trainings on GBV and Prevention of Sexual Exploitation and Abuse (PSEA) were conducted, improving the capacity of 537 service providers and community volunteers in managing sexual violence and abuse cases in six targeted regions. Around 4620 pamphlets, five social media infographics, and a radio drama in four local languages were produced and widely disseminated to create community awareness on GBV including types, forms, causes, consequences, prevention measures and response actions.

Technical support was provided around revision of the HIV and wellness policy in the education sector, capacity building trainings for teachers and public service employees on GBV and sexual abuse among children and young people. A partnership with the Namibian Police, National Defence Force and Correctional Services trained 346 personnel that were tasked to enforce measures protecting children, including children in conflict with the law from violence, abuse and neglect during the COVID-19 lockdown and social restriction periods. Moreover, 409 school principals, educators, and life skills teachers improved their knowledge on how to respond and refer their learners experiencing any form of violence to appropriate services. A total of 4620 COVID-19 booklets on GBV prevention and response were developed and distributed among frontline workers improving their understanding of how to pro-actively identify, manage, and refer GBV cases. Due to increased online activity by children, a virtual training on parenting in the digital age was conducted reaching 331 parents in three regions. A video on the same topic was also broadcasted nationally and through social media, reaching an estimated 200 000 people.

The Stigma Index 2.0 was completed, and results were used to finalize the Global Fund 2021-2023 and the PEPFAR COP2020 funding proposals, which mobilized US\$ 700 to implement community-led monitoring mechanisms to address stigma and ensure access to rights-based HIV services for vulnerable and key populations.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team organized its support around six strategic pillars—political leadership, advocacy and coordination, case management, community engagement, resources mobilization, and surveillance and monitoring. In terms of resources, US\$ 3 million were mobilized from the Global Fund to ensure continuity of HIV and SRH services for people living with HIV and key populations. Catalytic fund from the Joint Team was also allocated to municipalities of Windhoek, Swakopmund and Walvis Bay to scale up community-led mobile HIV and SRH outreach services, including adult and young men engagement during the pandemic.

The Joint Team provided coordinated support to the national HIV response to curb the impact of COVID-19 on HIV prevention and treatment efforts. A Socio-Economic Response and Recovery Plan was developed and rolled out to minimize the impact of COVID-19 on health, economic and social sectors. For example, over 100 000 people living with HIV who are on ART received nutrition supplies and sanitization packs in eight affected regions.

With technical support to Namibia Correctional Service, information, education, and communication (IEC) materials and personal protection equipment (PPE) were sourced and distributed to all prisons in Namibia to create awareness and improve COVID-19 infection control among prisoners and staff members. The assessment on the impact of COVID-19 pandemic on availability and accessibility of HIV services in 2020 identified that access to HIV

prevention and counselling had been negatively affected. It also revealed that former inmates living with HIV encountered challenges accessing HIV treatment and care services after they are released from prisons. In response, the Joint Team supported mapping of HIV service facilities and reorientation of clients, including former inmates, and promotion of differentiated HIV service delivery to increase efficiency and impact, and implementation of the multi-month dispensing of antiretroviral drugs during lockdown periods. The Government also dedicated some facilities providing HIV services, such as the Robert Mugabe clinic, Katutura State Hospital, and other strategic HIV facilities to provide COVID-19 services as part of the Emergency Response to COVID-19.

The Ministry of Health and Social Services was supported by the Joint Team to develop and launch the COVID-19 Communication Centre offering an interactive platform for all government sectors to inform the public and media about arising issues during the pandemic, including prevention, lockdown, and travel restriction guidelines. Telecom Namibia was also supported to implement the Zero Communication short message services (Zero SMS) app for questions and answers on COVID-19, HIV and SRH targeting adolescents, young people and people living with HIV. Civil society organizations were supported to further engage communities to promote COVID-19 prevention, increase demand for COVID-19 testing services, and protect vulnerable populations rights through clarification of various COVID-19 policies and regulations.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Through engagement of the Joint Team with the Ministry of Poverty Eradication, the Ministry of Gender Equality, the National Planning Commission and civil society organisations, the draft National Social Protection Policy (SPP) was submitted to Cabinet for approval; sustained advocacy resulted in HIV dimensions being mainstreamed in the document.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic presented multiple challenges in the national HIV response. The Government and international donors diverted HIV resources towards the COVID-19 response leading to service disruptions. National lockdown and travel restrictions hampered most of the technical support, capacity building trainings and consultations planned for 2020.</p>	<p>Provide a coordinated support to the Government to implement three pillars of the COVID-19 Socio-Economic Response and Recovery Plan, on i) Health and HIV services disruption, ii) Protecting People, and iii) Social and Community Resilience.</p> <p>Support consultations among stakeholders on the implementation of Universal Health Coverage and fast-tracking the social insurance and the minimum package of HIV services.</p>
<p>HIV programmes targeting key populations continue to heavily rely on international funds, such as the PEPFAR and the Global Fund.</p>	<p>Provide technical assistance to the Government for the development and implementation of a social contracting mechanism to ensure the sustainability of civil society organizations and build their ability to reach key populations.</p> <p>Support the implementation of the community-led monitoring agenda to catalyse access to quality HIV services targeting key population.</p>
<p>Weak national capacity to implement validation of HIV dual elimination (HIV and syphilis).</p>	<p>Coordinate with the National Validation Committee which provides overall guidance and provide technical support towards WHO certification of progress towards eMTCT.</p> <p>Provide technical support to implement the National Roadmap for the Elimination of Mother-to-Child transmission of HIV and Congenital Syphilis 2020-2024.</p>
<p>Slow progress made in HIV prevention. Namibia recorded a 50% reduction in new HIV infections since 2010 against a target of 75%.</p>	<p>Support the government to utilize allocated resources and accelerate the implementation of the national HIV Combination Prevention Roadmap to reduce new HIV among key populations and young people in Namibia.</p> <p>Continue technical support to the Ministry of Health to ensure integration of HIV and SRH services at facility level.</p>
<p>Insufficient analysis of inequalities driving epidemics including high incidence in geographic areas and populations at higher risk of HIV infection (key populations, adolescent and young people, and men).</p>	<p>Provide technical support to strengthen generation of quality data and HIV estimates to improve implementation and management of national HIV programmes.</p>

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org