

## STRATEGIC FOCUS

The CDC-Namibia office, established in 2002, has satellite offices in Zambezi, Kavango east and Oshana regions to help implement key HIV programs in these high HIV burden regions. The CDC team works with the Ministry of Health and Social Services (MOHSS) to build health system capacity and implement high-impact HIV programs, including HIV testing and counseling (HTC), prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART), voluntary medical male circumcision (VMMC) program, and scale up ART in high burden areas for HIV epidemic control.

**Building Workforce Capacity:** CDC works with the MOHSS to ensure adequate supply of skilled medical health professionals, monitoring and evaluation officers as well as mentoring of clinical staff, including the CDC launched Clinical Analysis, Interpretation, and Report (CAIR) tool.

**Strengthening Laboratory Systems:** The Namibia Institute of Pathology, (NIP) is receiving CDC technical support to roll-out and routinize viral load testing. As Namibia continues to decentralize services and works to reaching the target of 90% of all individuals on ART maintaining viral load suppression, a strong lab system and network is critical. CDC also works with NIP to ensure the quality of all HIV and TB testing nationally.

**Strengthening Surveillance and Health Information Systems:** CDC continues to provide technical assistance to build capacity to collect and analyze data for improved program decision-making. CDC provides technical and financial support to monitor transmission and any emergence of HIV drug resistant strains, and monitor the impact of HIV interventions on prevalence and incidence.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

**Scale Up of ART Program:** As of July 2016, Namibia has implemented “Treat All” in three regions and will expand this service to the remaining regions in 2017. At the end of 2015, over 70% of the people living with HIV in Namibia were on ART, and over 90% of women who delivered, knew their HIV status and of those found to be HIV-positive, over 90% were on ART at the time of delivery.

**Improved HIV Prevention:** Through Voluntary Medical Male Circumcision (VMMC): Since 2014, CDC has played a key role in supporting the rollout and the scale-up of the VMMC program in Namibia.

**Strengthened Health Systems:** CDC supported MOHSS to strengthen the health system through improving access to HIV services by hiring doctors, nurses, and other key health staff to support the decentralization of ART services and by implementing innovative community-based ART models. CDC is supporting MOHSS to conduct the first Population-based HIV Impact Assessment which will provide estimates of HIV incidence and district level estimates of HIV prevalence in Namibia. Implementation of Extension for Community Healthcare Outcomes (Project ECHO). ECHO, first of its kind in Africa, is an internet-based platform remotely connecting sites to live video feed to specialist and empowers healthcare providers with advanced skills to treat patients with complex diagnoses. Implementation of CAIR tool for clinical mentorship. This android-based tool provides immediate site level performance on key indicators allowing clinical mentors to tailor their mentorship.

**Data to inform decisions:** CDC supported the implementation of the first Integrated Bio-behavioral Surveillance Survey (IBBSS); the results provide information on HIV prevalence, behaviors driving the epidemic and population size estimation. With the support of CDC, a sentinel population based surveillance was conducted which provided a direct measure of HIV incidence in Zambezi region.

**Testing:** CDC procured point of care viral load testing machines and SMS printers for facilities throughout the country. These technologies reduce testing results turnaround time. CDC supported MOHSS to complete the TB drug resistance survey in 2015, and is currently working with MOHSS to conduct the first ever TB prevalence study in the spring of 2017.

## Key Country Leadership

President:  
Hage Geingob

Minister of Health:  
Bernard Haufiku

U.S. Ambassador:  
Thomas F. Daughton

PEPFAR Coordinator:  
Lela Baughman

CDC/DGHT Director:  
Simon Agolory

## Country Quick Facts

Per Capita GNI:  
\$5,210 (2015)

Population:  
2.459 million (2015)

Under 5 Mortality:  
45 / 1,000 live births (2015)

Life Expectancy:  
65 years (2014)

## Global HIV/AIDS Epidemic

Estimated HIV Prevalence (Ages 15-49): 13.3% (2015)

Estimated AIDS Deaths (Age ≥15): 2,900 (2015)

Estimated Orphans Due to AIDS: 45,000 (2015)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥15): 144,496 (2015)

## Global Tuberculosis (TB) Epidemic

TB Treatment Success Rate: 87% (2015)

Estimated TB Incidence: 489 / 100,000 (2015)

Estimated Who are HIV Positive: 40% (2015)

## Country Staff: 47

Locally Employed Staff: 33  
Direct Hires: 9  
Fellows & Contactors: 5

