Focus on Namibia’s Health
Children’s health threatened

AIDS threatens Progress in Health
There is widespread agreement that HIV/AIDS is Namibia’s foremost challenge. With HIV disease being recorded the leading causes of death since 1996, it has become much more than a health problem. AIDS is a threat to the very fabric of Namibian society, affecting mostly adults in their prime. The epidemic is undermining the nation’s efforts to increase economic productivity, food security and human development. The capacities of families, communities and institutions to adequately respond to the crisis are eroding. The epidemic forces the nation to concentrate energies and resources to combat its causes and multiple impacts.

However, we must not lose sight of the fact that the majority of Namibians, over three-quarters of them, are not HIV positive. While we can not become complacent with the attention paid to HIV/AIDS, it is critical also to provide sufficient care for the nation’s non-infected population. Too many Namibians still suffer from and die of conditions that are preventable or treatable such as malaria, tuberculosis (TB), diarrhoea, acute respiratory infections (ARI) and malnutrition. Like AIDS, these conditions are strains to Namibia’s public health and must be addressed for Namibia to be a healthy nation and to achieve the Millennium Development Goals and Vision 2030. Those infected by HIV and AIDS are also prone to suffer from opportunistic infections normally affecting vulnerable age groups like younger children. Maintaining the health system’s capacity to handle the range of public health problems such as diarrhoea, ARI, malaria, TB, etc. is a critical concern.

There has been significant progress in health since independence. As a result of the government’s investments in the sector and increased access and quality, key health indicators have improved. The national focus on primary health care aiming to prevent diseases before they occur has resulted in increased child and maternal health. The percentage of children between 12 and 23 months fully vaccinated increased from 57.9% in 1992 to 64.8% in 2000. The percentage of women aged 15 to 49 using modern methods of contraception increased from 21% to 37% between 1992 and 2000.

Contraception and the waning of a probable baby boom after independence have massively reduced the total fertility rate. The number of births the average woman in Namibia has over her lifetime decreased from about 6 in 1991 to 4 in 2001. In the same period, coverage of maternal tetanus toxoid immunisation that prevents newborn babies from contracting tetanus has increased and skilled birth attendance also improved markedly.

The nation’s vastly improved health system also has shown positive results in improving the health of children. Between 1991 and 2001 the mortality rates for infants fell from 67 to 52 per 1,000 live births and for children under five from 87 to 71. However, these gains are threatened by the HIV/AIDS epidemic.
**The Impact of AIDS on Namibia’s Health**

Despite tangible improvements of the health system since independence, Namibia’s overall health status has eroded, first and foremost because of HIV/AIDS. According to Namibia’s census data of 2001 life expectancy at birth declined by over 10 years in just a decade. In 1991, newborn Namibian females were expected to live 63 years and males 59 years. A decade later, life expectancy for females had dropped to 50 and for males to 48. Such a drastic drop in life expectancy marked a major setback to Namibia’s development, and is almost wholly attributable to AIDS. Namibia’s life expectancy will continue to fall unless the epidemic is stemmed.

The 2004 HIV/AIDS Sentinel Sero Survey of women attending ante natal care services, however, may give reasons for hope. Comparing results from the 2002 survey to the 2004 figures, six sites, namely Oshakati, Onandjokwe, Tsumeb, Otjiwarongo, Nyangana, and Outapi, showed a decline in prevalence of over 5%. However, there remain a number of sites, such as Swakopmund, Gobabis, Rehoboth and Nankundu, where the overall HIV prevalence is still increasing. Between 2002 and 2004 the national HIV prevalence rate for Namibia has for the first time since the beginning of the HIV/AIDS epidemic in the country notably declined. Site specific data over years demonstrate either a levelling off or a declining HIV prevalence rate. A closer look at the HIV prevalence by age group supports this trend analysis. The most sexually active age groups (15-34 years) all experienced stabilising or decreasing HIV prevalence. It can also be positively noted that the lower prevalence amongst younger people during previous surveys is starting to impact on older age groups. This is an indication that the positive behaviour patterns learned and adopted during younger years are increasingly being maintained as people grow older.

Despite the reduction in the HIV prevalence rate amongst women tested in the sentinel sero surveys of 2002 and 2004, Namibia continues to experience an increase in the number of people falling severely ill or dying because of AIDS. The epidemic creates a hugely increasing burden on households due to the loss of productive human capital, the presence of sick people, and the increase in the number of orphans and vulnerable children that need to be cared for. An important consequence is that less time is available for the completion of household tasks, subsistence work and the attendance at or participation in other community activities. Similarly, time to attend health services or to engage in health enhancing activities, such as taking children for immunization or growth monitoring at the nearest clinic, clearing bushes and puddles to prevent mosquitoes from breeding, general waste disposal, and even just walking to fetch water, is reduced. The situation therefore directly results in increasing incidences of various diseases and contributes to the growing demand for preventive and promotive health services by families and individuals.

However, Namibia’s overall health will not be improved by treating HIV disease alone. The very nature of HIV demands that it cannot be treated in isolation. Diseases that, a decade ago, were primarily suffered by children under age five are now prominent among Namibians of all ages. Due to HIV, a disproportionate number of adults are falling ill with malaria, diarrhoea, respiratory infections and other opportunistic diseases.

Beyond the need for the health system to provide for the health of all Namibians, the system must provide for AIDS to be treated at the primary and curative levels. This includes treatment of diseases that HIV positive people are likely to contract due to their weakening immune system. By treating opportunistic diseases the lives of those infected with HIV can be prolonged and each and everybody can continue playing his or her role in society, be it that of a father, mother, farmer, worker, teacher, nurse, etc. Namibia’s disease profile illustrates the argument. Of the top ten causes of death in 2003, all are associated with the HIV weakened immunity of the population. Notably, TB, once considered a serious health concern of the past, has rebounded strongly in tandem with the spread of HIV.
The Impact of HIV on Namibia’s Health System
As HIV is weakening the overall health of Namibia’s population it is also weakening the capacities of the health system to effectively function as well as its ability to tackle the epidemic. As in other sectors, the most direct impact HIV is having on the health system is that it claims the health and lives of its workers resulting in absenteeism and increase in workload. Though no comprehensive data on the absenteeism and deaths of nurses, doctors and other health staff is yet available, assumptions can be made based upon the projected impact of AIDS on other sectors of Namibian society.

A 2002 study sponsored by the Ministry of Basic Education, Sport and Culture estimated that as many as one in seven educators were infected with HIV nationwide, with the proportion rising to one in four in Caprivi. The study estimated that the death rate of teachers was 1.4% per year at the beginning of the decade. Without anti-retroviral drugs, the annual death rate would climb to 3.5% by 2010, resulting in the cumulative loss of 3,360 teachers. With the use of anti-retrovirals (ARVs) the study estimates that only 860 teachers would die. As teachers and health workers share similar profiles, both groups are comparatively well-off in financial terms, mobile and often working far from home, one can expect a similar HIV prevalence among health workers, and ultimately similar losses.

While AIDS is weakening the human capacity of the health system, it also is becoming an increasingly greater strain on its workload. Until recently that strain has manifested itself as a curative issue, health facilities have dealt with treating AIDS patients while other ministries have focused on prevention. With the nationwide rollout of anti-retroviral therapy in August 2003 and the need for a rapid expansion of efforts to prevent mother-to-child transmission, the focus of the health system has moved to HIV prevention and delaying the onset of AIDS. However, health workers tasked with focusing on preventive care are decreasingly able to do so. As the system’s capacity is weakening they are no longer in a position to address the spread of communicable diseases effectively. The tremendously increasing workload and demands on health workers and the system as a whole and the number of AIDS-related deaths of skilled health workers raises questions regarding the health system’s ability to cope.

Conclusions and Recommendations
Improving Namibia’s overall health demands a comprehensive and well-coordinated approach from the health system. Multi-layered and well coordinated interventions are required to prevent the Namibian health system from becoming overwhelmed by the epidemic. The key to dealing with AIDS and improving Namibia’s overall health is by looking at all health issues in a holistic manner rather than allowing AIDS to burden the health system to the point of collapse. Strategies integrating AIDS initiatives with holistic approaches should be employed to improve the quality of care the system provides in the long run.

In view of improving Namibia’s overall health, interventions targeting maternal health care and child survival such as integrated management of childhood illnesses and community outreach need to be reinforced and expanded. Resources that are being absorbed and weakened by AIDS need to be replenished and the dialogue occurring at all levels needs to become more open and personal about the transmission and impact of HIV/AIDS. At the same time the debate must be broadened to focus on the health of all Namibians, including the vast majority of Namibians who do not have HIV. Challenges can be turned into opportunities. The sizable amounts of donor assistance directed to AIDS should be made available more flexible towards broader preventive, curative and public health...
programmes. Overall, in order to function and to adequately serve both people living with HIV and those not infected the health system as a whole needs a major scaling up of human and financial resources. **Health services require adequate budget allocations as well as financial and technical support** for them to be able to noticeably improve their general service quality, efficiency, reduce user fees, and effectively engage in expanded community outreach through community health workers and mobile clinics.

In terms of the health system’s response to the HIV/AIDS epidemic, there are a number of challenges specifically for the responsible Ministry of Health and Social Services. The **public health sector** needs to be strengthened to be able to play the **key stewardship role**. Given the fact that there are a multitude of stakeholders, working through agencies becomes increasingly important. In order to maximise impacts and create viable synergies, there is a need for increased capacity to **effectively co-ordinate and network with a rising number of players**, including non-governmental and community-based organisations, the private sector and people living with HIV/AIDS. Co-ordination at all levels is required, both in terms of service and programme implementation as well as in terms of programme funding. There is also the need for capacity-building in the area of leadership and motivation of personnel. New approaches such as a shift from a personnel administration approach to a modern **human resource planning** and management paradigm appear to be recommendable.

The greater involvement of various stakeholders in the HIV/AIDS arena also creates opportunities for similar approaches in other public health programme intervention areas, such as the Expanded Programme on Immunisation (EPI), malaria, and TB. Indeed, many of the stakeholders are interested and willing to become more involved in these areas. Consequently, programme managers responsible for these interventions similarly require new managerial skills and therefore training and capacity building interventions will need to be scaled-up.

Due to the increasing AIDS-related workload of the health system and the demands health workers are facing, it is crucial to strengthen health workers’ capacities to handle AIDS, physically, psychologically and morally as well as to **train more health-workers and to provide targeted back-up, outreach and counselling services**. Even with more trained Namibian nurses, it will still be difficult to reach the 45% of Namibians who live further than one hour from a health facility. However, key to addressing health needs of Namibia’s remote rural population is the empowerment of local communities to participate in primary health care. For the average salary of one nurse, the government could provide stipends of about N$300 for about 20 **community health workers** monthly. With basic training and supervision they can administer oral re-hydration salts for those afflicted with diarrhoea, weigh children to identify under-nourishment, help mothers understand the importance of frequent meals and clean water; start gardens to increase food security, distribute family planning pills, follow the directly observed treatment short-course (DOTS) to cure TB, refer people who they think have HIV, and, for AIDS sufferers, monitor their nutrition and use of anti-retrovirals. Experience from around the world has demonstrated that community outreach programmes operating with community health workers are extremely efficient and low-cost means to significantly bring health services to the people.

Considering the health challenges the nation faces, it is imperative that **Namibia’s overall health must remain a priority for the countries’ development planning, budget allocation and donor assistance**. Addressing opportunistic diseases is as important as bringing AIDS under control. These are two sides of a coin which must be dealt with simultaneously. The existing opportunities need to be fully utilized for Namibia to achieve its ultimate goal - a healthy and prosperous nation.

**References**


Ministry of Health and Social Services (2001), *Namibia Demographic and Health Survey 2000*, Windhoek

Ministry of Health and Social Services (1993), *Namibia Demographic and Health Survey 1993*, Windhoek

Ministry of Health and Social Services (2003), *Health Information System (HIS)*, unpublished, Windhoek