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# FOREWORD

As Namibia completes its sixteenth year of independence from colonial rule, we have much to celebrate as a nation. Our government's commitment to democracy, peace, stability and national reconciliation has seen Namibia emerge as a true African success story. These successes, however, are under threat from a challenge which threatens to undo all the gains since independence on 21 March 1990. That enemy is the HIV/AIDS epidemic.

HIV/AIDS is the single largest threat to the development of Namibia. Its impacts are felt at every level of our society, and affect all individuals, families and communities, who are the fundamental building blocks of our social and economic development. HIV/AIDS threatens the education and psycho-social development of our children as it robs them of their parents, caregivers, teachers and, ultimately, their future. As the infected become too ill to work, workplaces lose valuable human resources and expertise. At the same time, increasing portions of our land remain unattended as those who must work it succumb to the ravages of the epidemic.

Since the inception of our country in 1990 as a free and democratic member of the community of nations, our government has recognised the threat that the HIV/AIDS epidemic presents to our most cherished hopes and aspirations. We have made considerable efforts to curb the spread of the epidemic and mitigate its impact on our nation. In 1990, our government established the National AIDS Control Programme in order to coordinate our efforts to deal with the epidemic.

Strategic vision was supplied through NDP 1 and NDP 2 as well as our Medium Term Plans on HIV/AIDS. MTP III also frames our response within the broader framework of our nation's commitment to the constitutional promise of equality, non-discrimination and the promotion and protection of the Human Rights of our citizens. MTP III, further, reemphasises the need for a strong multi-sectoral response that involves all stakeholders across the spectrum of interventions.

We must tackle the demands of the epidemic with commitment, compassion and vision. Strong leadership from government, civil society, the private sector and indeed all Namibians is required. Openness, transparency and good governance must guide all our actions. The response to HIV/AIDS shall be a priority in our efforts to develop our country.

The National Policy on HIV/AIDS addresses the most pressing development challenge that our nation will face in the coming decades. It represents our government's commitment to tackling the epidemic head-on.

I therefore urge all stakeholders, government ministries, agencies, non-governmental organisations, faith based organisations, private businesses and the entire nation to take ownership of this policy, and to ensure that we implement it vigorously in all spheres of our society.

H.E. Hifikepunye Pohamba
PRESIDENT OF THE REPUBLIC OF NAMIBIA
2007

# PREFACE

HIV/AIDS is the most significant threat to the economic, social and political development of Namibia. The epidemic impacts every aspect of our socio-economic progress. As such, it demands a response that is multifaceted, multi-sectoral and that engages the energies of everyone in our society.

The National Policy on HIV/AIDS is geared towards guiding efforts related to our expanded national response to the epidemic. It encompasses policy statements related to the creation of an enabling environment; prevention; treatment, care and support; impact mitigation and workplace interventions and stewardship and management of our response.

I acknowledge the work of the members of the National AIDS Executive Committee, the HIV/AIDS Policy Steering Committee and the technical assistance of the Policy Partnership, the AIDS Law Unit of the Legal Assistance Centre, and other development partners such as the European Community, UNAIDS and the Government of the United States of America's Emergency Plan for AIDS Relief. Finally, I acknowledge the work of staff members of the Ministry of Health and Social Services in steering the process and in giving policy direction.

This policy has been produced through a widely consultative process which included all sectors of society, people living with HIV/AIDS, community members in all thirteen administrative regions of the country as well as many who are engaged in providing services at grassroots level. In addition the policy was debated and accepted by the National Multi-sectoral AIDS Coordination Committee (NAMACOC), the National AIDS Committee (NAC), the Cabinet, and both houses of the Namibian Parliament. Given this broad involvement, I am confident that we, together, will achieve our aim of providing a strong policy-framework for an invigorated national response to the HIV/AIDS epidemic.

It is our joint responsibility to ensure that the vision embodied in this policy becomes a reality.

Richard Nchabi Kamwi, MP
Minister for Health and Social Services
Chair: National AIDS Committee

# ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| AIDS | Acquired Immuno-Deficiency Syndrome |
| ALU | AIDS Law Unit |
| ANC | Ante Natal Care |
| ART | Anti-Retroviral Therapy |
| BCC | Behaviour Change Communication |
| CACOC | Constituency AIDS Coordinating Committee |
| CBO | Community-Based Organisation |
| GIPA | Greater Involvement of People Living with HIV/AIDS |
| GRN | Government of the Republic of Namibia |
| HIV | Human Immuno-deficiency Virus |
| HBC | Home Based care |
| LAC | Legal Assistance Centre |
| M&E | Monitoring and Evaluation |
| MTP | Medium Term Plan |
| NAC | National AIDS Committee |
| NAMACOC | National Multi-sectoral AIDS Coordination Committee |
| NDP | National Development Plan |
| NGO | Non-Governmental Organisation |
| OI | Opportunistic Infection |
| OVC | Orphans and Vulnerable Children |
| PEP | Post-Exposure Prophylaxis |
| PLWHA | People living with HIV/AIDS |
| PMTCT+ | Prevention of Mother to Child Transmission (plus on-going treatment) |
| PSS | Psycho-Social Support |
| RACOC | Regional AIDS Coordinating Committee |
| RDCC | Regional Development Coordinating Committee |
| SADC | Southern African Development Community |
| STI | Sexually Transmitted Infection |
| TB | Tuberculosis |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNGASS | UN General Assembly Special Session on HIV/AIDS |
| VCT | Voluntary Counselling and Testing |
| WHO | World Health Organisation |

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# CHAPTER 1: INTRODUCTION

## 1.1 Preamble

The Government and People of the Republic of Namibia, noting that:

- HIV/AIDS has reached epidemic proportions;
- HIV/AIDS directly affects the health of large numbers of people in society and reduces the overall health status and well being of the nation;
- HIV/AIDS has an adverse impact on families and communities;
- An effective response to HIV/AIDS requires respect for, protection and fulfilment of all human, civil, political, economic, social and cultural rights where all people are guaranteed freedom from discrimination on grounds of race, colour, sex, language, religion, political, nationality, ethnic or social origin, disability, property, birth or other status including HIV/AIDS status, in accordance with the provisions of the Constitution of Namibia and existing international human rights principles, norms and standards;

Recognising that social, political and economic conditions create and sustain vulnerability to the risk of HIV infection including:

- The unequal position of girls and women in society and the fact that, due to biological, social, cultural and economic factors women are more likely to become infected and are more adversely affected by HIV/AIDS than men;
- The reality that people living with HIV/AIDS (PLWHA) are discriminated against and marginalised, leading to a lack of individual and collective well being, development and human security;

And further recognising that tradition, culture and religion have a strong influence on lifestyle and choices;

Hereby commit to this National Policy on HIV/AIDS.

## 1.2 Background

The National Policy on HIV/AIDS has been developed to provide an overall reference framework for all HIV/AIDS related policies and to guide the national HIV/AIDS responses of all sectors in society. It aims to guide current and future health and multi-sectoral responses to HIV/AIDS in Namibia, to encourage all Namibian institutions to fulfil their obligations for responding to HIV/AIDS and to serve as a guiding frame for a coherent and sustained approach enhancing political commitment and participation of civil leadership at all levels.

A multi-sectoral HIV/AIDS Policy Steering Committee was established to guide the process of developing the policy. The methodology used began with a thorough literature review of existing policies, laws and strategic plans related to HIV/AIDS in Namibia, all international conventions signed by Namibia related to HIV/AIDS and national HIV/AIDS policies of other SADC countries. A draft outline for the policy was developed and was discussed by key stakeholders from the public, private, NGO and faith-based sectors at a national consultative

meeting. This meeting helped to build consensus on the overall policy document, agreed on a list of policy issues to be included and identified additional challenging issues.

The first comprehensive draft was then compiled, circulated widely and was debated at six sector-specific consultative meetings and at one-day regional meetings held in all thirteen regions of the country.

Further drafts, incorporating national, regional and technical inputs were scrutinised by the National AIDS Executive Committee, the Ministry of Health Steering Committee and Permanent Secretaries before the final draft was submitted to the National Multi-sectoral AIDS Coordination Committee (NAMACOC), the National AIDS Committee (NAC), in 2006 for endorsement. The policy was thereafter presented to Cabinet and Parliament.

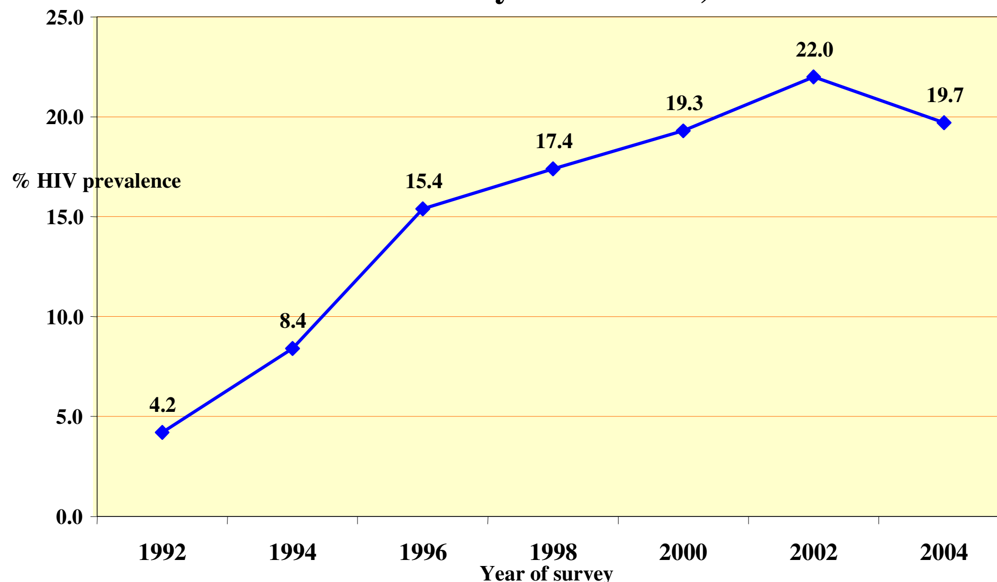
## 1.3 Situation analysis

Sub-Saharan Africa continues to bear the largest burden of the HIV/AIDS epidemic. This has significant consequences for efforts by countries in the region, including Namibia, to reach the Millennium Development Goals of reducing poverty and improving the overall health and well being of their citizens. Namibia's Vision 2030 goals are also compromised by the enormous developmental challenges that the epidemic poses.

HIV/AIDS is not just a health problem, but a developmental issue as it affects all sectors of society. HIV/AIDS is reducing food security, economic productivity and household incomes. Families and communities' capacity to care for their children and the elderly is declining. The impact of HIV/AIDS is felt in the delivery of all government services and in the private and NGO sectors.

As understanding and experience of the epidemic increases, a few sectors and organisations have developed sound policies and comprehensive workplace programmes. There is a growing realisation that involving people living with HIV/AIDS must be central to overcoming the epidemic. Tolerance levels in our society towards PLWHA have increased but remain too low.

**Figure 1: HIV prevalence ratio in pregnant women, biannual surveys 1992-2004, Namibia**




Source: Report of the 2004 National HIV Sentinel Survey, MoHSS 2005

Reducing HIV infection rates remains the cornerstone of the national expanded response. According to the 2004 National HIV sentinel survey, Namibia has an overall prevalence of 19.7%, compared with a prevalence ratio of 22% recorded in 2002. This represents the first decrease in the HIV/AIDS prevalence ratio since the Ministry of Health and Social Services started surveillance to monitor the epidemic in 1992. From the statistics below, it looks as if the epidemic may have reached a plateau but this policy is required to add impetus to reducing infection rates and mitigating the epidemic's impact.

The prevalence ratio in Namibia varies from site to site, with a range of 9% in Opuwo to 42% in Katima Mulilo. In people younger than 20 years of age, the prevalence ratio is 10%, while it is as high as 26 % in those between the ages of 25 and 29. In 35-39 year olds, an increase of 3% was observed from 2002 to 2004.

Unprotected sex with an infected person remains the most common form of HIV transmission. Although the vast majority of Namibians know how to protect themselves from the HIV virus, infection rates remain high for many reasons.

One of the root causes of Namibia's high HIV prevalence is the low status of women. Women often do not have the chance to decide freely when, how and with whom to have sex. Sex, in exchange for rewards and security, is common across all ages. Few women have real control within relationships to enforce the use of condoms. Although condoms are freely available through government outlets, often people do not have condoms when they need them.

Many Namibians have multiple sexual partners. The prevalence of sexually transmitted infections increases the risk of HIV transmission. Alcohol, which is commonly abused in Namibia, decreases inhibitions and self-control and thus makes people prone to risky sexual behaviour and committing sexual abuse. High unemployment and the moves in search of employment have contributed to the break-up of family structures and to the accelerated spread of HIV.

Antiretroviral treatment has been rolled out to district hospitals in all regions of Namibia. Many communities, supported by NGOs, faith-based and community-based organisations have trained volunteers who care for the sick and identify orphans and vulnerable children in need of assistance.

Namibia, through the Medium-Term Plan III (MTP III), has established an institutional framework for coordinating stakeholders at all levels of the response. These coordinating bodies need to be strengthened to ensure that resources reach those in need in an efficient and effective manner. Government, civil society and the international community are obliged to provide the funds adequate for HIV prevention, testing and treatment and to support all duty-bearers in fulfilling their roles.

## 1.4 Policy Strategies, Goal and Objectives

It is against this background that the government of Namibia, together with civil society and its development partners in the international community, has embarked on the process of developing a National Policy on HIV/AIDS which will serve as a guide to all sectors in their response to the epidemic.

The Policy is a framework for supporting five broad strategies:

THE STRENGTHENING OF AN ENABLING ENVIRONMENT so that people infected and affected with HIV/AIDS enjoy equal rights in a culture of acceptance, openness and compassion;

PREVENTION to reduce new infections of HIV and other STIs;

ACCESS TO COST EFFECTIVE AND HIGH QUALITY TREATMENT, CARE AND SUPPORT SERVICES for all people living with, or affected by HIV/AIDS;

Strengthening and expanding the capacity for local responses to MITIGATE SOCIO-ECONOMIC IMPACTS of HIV/AIDS;

INTEGRATED AND CO-ORDINATED PROGRAMME MANAGEMENT that has effective management structures and systems, optimal capacity and skills, and high quality programme implementation at national, sectoral, regional and local levels.

## Policy Goal

The goal of the national HIV/AIDS policy is to provide a supportive policy environment for the implementation of programmes to address HIV/AIDS that reduce new infections, improve care, treatment and support and mitigate the impact of HIV/AIDS – this in turn will assist with achieving vision 2030.

## Policy Objectives

The objectives are to:

1. Ensure sustained leadership commitment to the national HIV response at all levels;
2. Ensure the greater effective involvement of people living with HIV/AIDS in the national response;
3. Facilitate appropriate sectoral policy development and law reform;
4. Facilitate the reduction of stigma and discrimination against people infected with, and affected by HIV/AIDS;
5. Support the strengthening of a multi-sectoral and multi-disciplinary institutional framework for co-ordination and implementation of HIV/AIDS programmes in the country;
6. Ensure that people infected and affected by HIV/AIDS enjoy equal rights in a culture of acceptance and openness;
7. Ensure the provision of high quality services along the prevention to treatment and care continuum;
8. Ensure that equal opportunities are provided to all in mitigating the socio-economic impacts of HIV and AIDS.

## 1.5 Guiding principles

### 1.5.1 HIV/AIDS is a development challenge

HIV/AIDS is more than a just public health issue. It is a complex, multifaceted problem affecting all aspects of society and impacting on development goals. Underdevelopment, in turn, provides the context for the spread of HIV infection and the disempowerment of PLWHA and those affected to take effective steps to mitigate impact.

### 1.5.2 Broad political leadership and commitment

Strong political leadership and commitment at all levels is essential for a sustained and effective response to HIV/AIDS.

### 1.5.3 Promotion and protection of human rights

International human rights law guarantees the right to equal protection before the law and freedom from discrimination on grounds, singly or in combination, of race, colour, sex, language, religion, political, nationality, ethnic or social origin, disability, property, birth and HIV/AIDS status. Discrimination on any of these grounds is not only wrong in law but it also creates and sustains conditions leading to vulnerability to HIV infection and to receiving adequate treatment, care and support once infected.

Groups suffering from discrimination which makes them vulnerable in the context of HIV/AIDS include women and young girls, orphans, street children, widows and widowers, children and young people, the poor, sex workers, prisoners, people awaiting trail, marginalised or minority groups, mobile populations, people with disabilities, refugees and displaced groups.

An effective response to the epidemic requires the rights to equality before the law and the right to freedom from discrimination to be respected and protected, particularly with regard to gender relations between women and men on the one hand and girls and boys on the other.

### 1.5.4 People living with HIV/AIDS are central to the response

The greater effective involvement of people living with HIV/AIDS in policy and programme design, implementation, monitoring and evaluation and review is crucial for an effective response to HIV/AIDS.

### 1.4.5 Reduction of stigma and discrimination

The adverse effects of stigma and discrimination are key barriers to effectively combating the epidemic. Commitment to and the development of strategies aimed at reducing stigma and discrimination are thus central to an effective response to HIV/AIDS.

### 1.5.6 Continuum of prevention to care

Prevention, treatment, care and support and impact mitigation are mutually reinforcing elements of a continuum of an effective response to HIV/AIDS. Government will ensure that health care workers and other service providers at all levels are adequately trained to implement all aspects of the HIV/AIDS programme.

Management of opportunistic infections, and in particular tuberculosis (TB) as a communicable disease, is an integral part of the continuum of HIV/AIDS care and support, particularly as Namibia has one of the highest TB infection rates in the world.

### 1.5.7 Multi-sectoral engagement, partnerships and civil society involvement

An effective response to HIV/AIDS requires the active involvement of all sectors of society. Thus, a multi-sectoral approach is required that includes effective partnerships, consultations and coordination with all stakeholders, particularly people living with HIV/AIDS, in the design, implementation, monitoring and evaluation and review of the national response to HIV/AIDS.

In addition, the Namibian government and all stakeholders endorse the "Three Ones" principle, which underpins an effective HIV/AIDS response. These are "One agreed AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority with a broad-based mandate; and one agreed country level monitoring and evaluation system.

### 1.5.8 Good governance, transparency, accountability and allocation of sufficient resources to guarantee a sustainable response

An effective national response to the epidemic requires government to provide leadership in effectively mobilising and allocating sufficient resources, including but not limited to financial resources, prudent management of resources at all levels and in all sectors and good governance, transparency and accountability.

To ensure that vital HIV/AIDS prevention, care, treatment and support services can be sustained in the long term; Government will endeavour to reduce Namibia's reliance on external resource assistance for core recurrent costs of services, especially with regard to the delivery of ART.

### 1.5.9 Scientific and evidence based research

It is essential that the national response to HIV/AIDS is based on sound, current and evidence based research. As aspects of the epidemic change from time to time and scientific, medical and programmatic knowledge of the epidemic progresses, our understanding of the HIV/AIDS epidemic and how best to respond to it continually evolves. This may necessitate changes in Namibia's response to the epidemic from time to time.

### 1.5.10 Responsiveness and flexibility

The national response must continuously be able to respond to the changing nature of the epidemic, its impacts, and the latest research, information and developments concerning HIV/AIDS.

# CHAPTER 2: ENABLING ENVIRONMENT

## 2.1 Rationale

An enabling environment, free of discrimination and stigma for HIV positive people, can be achieved through the implementation of sound policies which are driven by strong leadership. The importance of on-going advocacy by all leaders be they political, traditional, religious, people living with HIV/AIDS, NGO or private sector leaders, is critical to the success of the entire expanded response to the HIV/AIDS epidemic. Informed and communicative leaders are required to guide, promote, implement and monitor policies and interventions that protect the rights of people living with HIV/AIDS and those that are particularly vulnerable to infection.

## 2.2 Protection, participation and empowerment of people living with HIV/AIDS

**Rationale**

In its Declaration of Commitment on HIV/AIDS, the United Nations General Assembly noted that the realisation of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. Respect for the rights of people living with HIV/AIDS is an essential and central component of an effective response. Discrimination against people living with HIV/AIDS violates their rights and is counterproductive to an effective response to HIV/AIDS in that it constitutes a significant disincentive for voluntary counselling and testing, threatens voluntary disclosure of HIV status and increases vulnerability to HIV infection, thereby undermining efforts in response to the epidemic.

The effective participation of people living with HIV/AIDS in the design, implementation and review of HIV/AIDS programmes is essential to an effective national response to the epidemic. Fear of discrimination can be partly addressed by empowering PLWHA and strengthening their self confidence. The key role of support groups for PLWHA in demanding the greater involvement of PLWHA (GIPA) and in fighting stigma and discrimination cannot be over-emphasised.

**Policy Statements**

1. The rights and dignity of people living with or affected by HIV/AIDS shall be respected, protected and fulfilled;
2. A conducive legal, political, economic, social and cultural environment in which the rights of people living with HIV/AIDS are respected, protected and fulfilled shall be created;
3. The effective participation of people living with HIV/AIDS in the design, implementation, monitoring and evaluation of HIV/AIDS related policies and programmes shall be ensured;
4. People living with HIV/AIDS shall not be discriminated against in access to health care and related services and respect for privacy and confidentiality shall be upheld;
5. HIV/AIDS shall not be used as a reason for denying an individual access to social services, including health care, education and employment;
6. Sectoral and workplace policies shall be put in place that effectively address discrimination on the basis of HIV/AIDS and take steps to effectively eliminate stigma and discrimination in all their institutions and in the implementation of sectoral mandates;

7. People living with HIV/AIDS, whose rights have been infringed shall have access to independent, speedy, affordable and effective legal and/or administrative procedures for seeking redress;
8. People who choose to disclose their HIV status at family, community or national levels, as well as their families and communities shall be protected.

## 2.3 Protection, participation and empowerment of vulnerable groups

**Rationale**

Many factors, such as poverty, gender inequalities, age and alcohol consumption, increase vulnerability to HIV infection. People who are underprivileged socially, culturally, economically or legally, including women and children and vulnerable populations such as orphans, widows and widowers, children and young people, the poor, sex workers, prisoners, people awaiting trial, mobile populations, uniformed services, marginalised or minority groups, street children, people with disabilities, refugees and displaced groups are considerably more vulnerable to the risks of HIV infection and consequently suffer disproportionately from the economic and social impacts of HIV/AIDS.

Persons belonging to these groups may be less able to fully access education, health care and social services and means of HIV prevention. They are often less able to enforce HIV prevention options and to access needed treatment, care and support.

### 2.3.1 Women and girls

1. Women and girls, including women living with HIV/AIDS, and regardless of marital status, shall have equal access to appropriate, sound HIV-related information and education programmes, means of prevention and health services including women and youth friendly sexual and reproductive health services;
2. All persons, and in particular women and girls, shall have the right to have control over, and to decide responsibly, free of coercion, discrimination and violence, on matters related to their sexuality and reproductive health;
3. All persons, and in particular women and girls, shall be protected against violence, including sexual violence, rape and other forms of coerced sex, as well as against traditional practices that negatively affect their health;
4. Women shall have the right to equality within the family, in all matters, including divorce, inheritance, child custody and property rights;
5. Women shall have protection against sexual harassment in the workplace;
6. Women shall enjoy equal access to benefits of scientific and technological progress so as to minimise risk of HIV infection;
7. Gender responsive HIV/AIDS care programmes, which ensure the continuation of care between health facilities and other service providers, community care and family or household settings, shall be developed and implemented;
8. Support services shall be made available for all persons who are abused or thrown out of the home for asserting their rights to safe sex with their partners.

### 2.3.2 Orphans and vulnerable children

**Rationale**

Orphans and vulnerable children (OVC) are at increased risk of exploitation and physical, emotional and sexual abuse, which increases their vulnerability to HIV infection. Government has the ultimate responsibility for the protection of, and ensuring the provision of essential services to orphans and vulnerable children. The National OVC Policy and the National Education Policy further expand on the policy statements below.

#### *2.3.2.1 Social assistance and service delivery to orphans and vulnerable children*

1. Children shall not be discriminated against on any basis, including HIV status, in access to services and social assistance including social assistance grants, health care, education, foster care, adoption or placement in institutions;
2. Laws and policies governing the granting and administration of social assistance grants for orphans and vulnerable children and their caregivers as well as laws and policies governing the placement of children in need of protection in institutions, homes and other facilities shall be revised and amended to ensure efficient and speedy access by orphans and other vulnerable children and their caregivers to quality assistance;
3. An appropriate system for the identification of children requiring assistance and access to essential services will be established to facilitate the access of orphans and vulnerable children to such assistance and services, including the provision of birth certificates, identity and other personal documents;
4. Mechanisms shall be put in place for the registration of births and deaths at a local level, to facilitate and inform the planning, provision and monitoring of services for orphans and other vulnerable children;
5. Interventions aimed at raising awareness of the need for parents to provide for their children after their death by way of wills and to ensure the protection of the inherited property of orphans until they attain the age of majority shall be promoted and supported;

#### *2.3.2.2 Education*

Keeping children in school, and providing them with high quality education, is central to strengthening their capacity to meet their own needs. Government shall thus ensure that:

1. No learner shall be excluded from a government school as a result of his/her inability to pay a contribution to the school development fund, hostel fees, examination fees or the inability to afford a school uniform;
2. Government shall ensure that policies and programmes are developed and implemented to mitigate the potential adverse effects that the waiving of school fees for OVC may have on the quality of education that can be delivered to OVC and other learners;
3. Heads of educational institutions should ensure effective inter-school referral systems to minimise disruption and to provide support to learners when they have to be transferred due to the inability of a parent or caregiver to care for them;

4. Heads of educational institutions and heads of hostels shall ensure that allocation of accommodation in hostels should favour the most vulnerable learners and students;
5. In consultation with the institution's HIV/AIDS Advisory Committee, heads of educational institutions should develop networks of support systems for orphans and vulnerable children at educational institutions, including counselling and care services;
6. Government at all levels should as far as possible assist orphans and vulnerable children to pursue a career-orientated education or to attain the highest level of education possible.

### 2.3.3 Children and young people

1. Existing legislation to protect children and young people against any type of abuse and exploitation shall be strengthened and enforced;
2. All educational institutions shall enforce appropriate systems and safeguards to prevent sexual abuse, harassment or exploitation of students or learners by peers as well as by education sector employees and to prevent education sector employees from engaging in sexual relations with students or learners. All cases of this nature shall be dealt with in a timely and appropriate manner.
3. Children and young people shall have access to youth friendly sexual and reproductive health information, education and services, on HIV/AIDS and Sexually Transmitted Infections (STI), and gender awareness appropriate to their age and needs;
4. Reproductive and sexual health education, including life skills and peer education shall be incorporated into the school curriculum as topics for continuous assessment and similar reproductive and sexual health education shall be made accessible to out of school youth;
5. Professional, community, career, traditional and faith based counsellors, shall be trained to offer counselling to youth on ways of protecting themselves from early or coerced sex, unwanted pregnancies, infection and re-infection with HIV or other STIs;
6. Education and youth services shall provide cultural, sporting, and other opportunities to ensure the well being and holistic development of children and young people;
7. Information and education on the dangers and risks associated with alcohol and other dependence inducing or mind altering substance abuse shall be integrated into educational, social and cultural programmes for young people.
8. Youth and children shall be empowered to participate in the design and implementation of relevant HIV/AIDS policies and programmes;

### 2.3.4 Widows and widowers

1. Communities, especially women and the elderly, shall have access to accurate and comprehensive, information about laws which protect the legal rights of a surviving spouse to inherit property and on how to enforce these rights;
2. Victims of property grabbing and custody disputes shall have access to affordable and timely legal support services to enforce their rights.

### 2.3.5 The poor

1. HIV/AIDS prevention services shall be targeted towards the poor, in terms of physical location and appropriateness of information and other interventions;
2. Essential health care, treatment and support for HIV/AIDS and opportunistic infections shall be accessible to the poor without consideration of the ability to pay;
3. Effective partnerships between government and non-governmental and private service providers which provide essential HIV/AIDS care and support to the poor and hard-to-reach populations shall be promoted;
4. Mechanisms and national guidelines for the delivery of ART and treatment for opportunistic infections (OIs) shall not hinder potential access to such ART or to treatment for OIs by the poor;
5. Civil society organisations that serve or represent the poor, shall be engaged in the design, implementation, monitoring and evaluation and review of the national response to HIV/AIDS to ensure that the needs of the poor are adequately met;
6. HIV/AIDS shall be mainstreamed into all strategies and programmes that address poverty reduction;
7. All Poverty Reduction Strategic Programmes, including empowerment programmes and income generating activities, shall specifically target needy PLWHA, affected families, communities and OVC as target groups;.

### 2.3.6 People engaged in transgenerational and/or transactional sex

1. People engaging in transactional sex, shall have access to confidential and respectful health care, particularly sexual and reproductive health, lifeskills education, female and male condoms, voluntary counselling and testing, and appropriate treatment and care;
2. Young women and men who are approaching adulthood and are engaged in transactional sex, shall be supported through multi disciplinary interventions with life skills and sexuality education and appropriate counselling, so that they are empowered to make informed decisions about their lives and on how to prevent HIV infection or re-infection;
3. Young men and women shall be adequately informed on the dangers of transgenerational and transactional sex and the associated risks of HIV infection. Appropriate interventions including workplace programmes and other behaviour change communication activities will be promoted to target adults engaged in transgenerational sex.

### 2.3.7 Prisoners

1. There shall be no mandatory testing of prisoners. Prisoners shall not be quarantined, segregated or isolated solely on the basis of HIV/AIDS status;
2. All prisoners, people awaiting trial and prison staff shall have access to the same HIV-related prevention information, education, voluntary counselling and testing, means of prevention, treatment, care and support as is available in the general population;

3. All prisoners, people awaiting trial and prison staff shall have access to TB related prevention and care as TB is particularly prevalent in prisons and poses a serious hazard to persons with HIV/AIDS.
4. Prison authorities shall take all necessary measures, including adequate staffing, effective surveillance and appropriate disciplinary measures, to protect prisoners from rape, sexual violence and coercion by fellow prisoners and prison staff. Juveniles shall be segregated from adult prisoners to protect them from abuse;
5. Prisoners and people awaiting trial who have been victims of rape, sexual violence or coercion shall have timely access to effective complaints mechanisms, psychosocial support, the option to request separation from other prisoners for the purposes of their own protection, and timely access to post-exposure prophylaxis and appropriate counselling services.
6. Prison authorities shall ensure that nutrition, treatment, care and support services are provided to prisoners living with HIV/AIDS in a sensitive and confidential manner and shall guard against inadvertently disclosing the HIV status of any prisoner

### 2.3.8 Mobile populations

1. Government and partners shall identify, address and take such steps as are necessary to reduce the vulnerability of all mobile populations to HIV/AIDS, including their living and working conditions;
2. Government shall collaborate with regional bodies, such as the Southern African Development Community (SADC) and the International Organisation on Migration, in developing human rights based regional responses to HIV/AIDS that address the vulnerability of mobile populations;
3. Transnational and joint regional interventions shall be established with governments and regional institutions such as SADC in order to facilitate access to voluntary counselling and testing and appropriate treatment, care and support services for mobile populations;

### 2.3.9 Uniformed services

1. All uniformed service staff, regardless of rank, shall have access to HIV/AIDS, TB and STI related prevention information, education, VCT, male and female condoms, treatment, care and support.
2. Uniformed services shall be adequately informed about their professional / occupational risk of HIV infection, the means of preventing transmission, as well as all other factors related to their occupation that place them at risk of HIV infection.
3. No person shall be excluded from recruitment in the uniformed services solely on the basis of their HIV status, save as may be provided for in applicable legislation.

### 2.3.10 People with disabilities

1. HIV-related prevention information and education, treatment care and support strategies shall be tailored to meet the special needs of people with disabilities and shall be accessible to people with disabilities;
2. Children with disabilities are particularly vulnerable. Educational and other institutions shall ensure the protection of such children from sexual and other exploitation by peers and educational and other institutional staff.
3. Civil society organisations that serve or represent people with disabilities, shall be engaged in the design, implementation, monitoring and evaluation and review of the national response to HIV/AIDS to ensure that the needs of people with disabilities are adequately met;

### 2.3.11 Marginalised or minority groups

Some communities are marginalised because of their size, lifestyles, history or language, others because of distances from services or because of their own withdrawal from participation in broader society. In Southern Africa, the San have long been marginalised because of their nomadic and hunter/gatherer lifestyle, enslavement by other groups and their language.

Another minority group is the Ovahimba in the northern Kunene Region, who traditionally had a nomadic lifestyle and lives in a rugged area where infrastructure and health and other services are scattered and not easily accessible.

1. Regional, constituency, local, traditional, cultural and spiritual leaders shall map minority or marginalised groups in their respective societies, and with these groups develop and implement strategies and activities to ensure that all have equal access to appropriate prevention information, voluntary counselling and testing, means of prevention including male and female condoms, treatment, care and support and impact mitigation services;
2. Local authorities, traditional, cultural and spiritual leaders shall be involved in mobilising communities at all levels to be involved in the local response to HIV/AIDS;
3. Government and its partners shall allocate adequate resources to bring appropriate prevention information, voluntary counselling and testing, means of prevention including male and female condoms, treatment, care and support and impact mitigation services closer to marginalised groups.

### 2.3.12 Refugees and displaced groups

1. The rights of refugees in Namibia shall be respected, protected and fulfilled. Refugees and other displaced persons shall be provided access to affordable prevention, treatment, care, support and impact mitigation services.

## 2.4 Traditional, customary, cultural and religious practices and services

**Rationale**

Many practices, including, sexual relations outside marriage and other stable relationships, rape including marital rape, piercing and tattooing and customary practices such as widow and widower inheritance, death cleansing and forced sex for girls and boys coming of age, increase the risk of HIV infection.

Many Namibians rely on traditional health care providers such as traditional healers, traditional birth attendants and other traditional health practitioners for many of their health care needs. It is thus imperative to ensure effective participation of traditional health care providers in the design, implementation, monitoring and evaluation and review of the national response to HIV/AIDS.

Religious groups have an important role to play in promoting individual behaviour that reduces the risk of HIV infection as well as in providing care and support for people living with HIV/AIDS. On the other hand, certain religious practices such as refusal to seek medical care and treatment and belief in miracle cures do however increase societal and individual vulnerability to HIV infection.

### 2.4.1 Marriage and widow/widower inheritance

1. Government shall in partnership with civil society, including traditional leaders and religious leaders promote and encourage monogamous relationships and faithfulness within relationships to prevent HIV/STI infection;
2. Men and women shall be empowered to make independent decisions and choices regarding widow/widower inheritance to reduce the risk of HIV transmission;
3. Government shall ensure the provision of support services and access to speedy remedies for persons who are victimised as a result of rejecting harmful traditional and other practices such as widow or widower inheritance.

### 2.4.2 Customary practices

1. Traditional leaders shall be sensitised on the dangers of customary practices like death cleansing, forced sex for young girls and boys coming of age, and dry sex, which may lead to HIV infection;
2. Traditional initiation counsellors shall incorporate sound and appropriate sexual and reproductive health education into traditional and cultural rites of passage/initiation processes;
3. Traditional leaders shall stop or modify unsafe customary practices in order to prevent HIV transmission, or shall promote alternative customary practices which do not place people at risk of HIV infection;
4. Traditional leaders and religious leaders shall sensitise their communities on the dangers of and discourage harmful traditional practices like death cleansing, forced sex for young girls and boys coming of age, and dry sex, which may lead to HIV infection;

5. Customary practices which involve the use of blades, needles or other skin-piercing instruments, such as scarring, tattooing, circumcision, ear piercing shall be done safely using new needles or blades, to prevent HIV infection;

### 2.4.3 Traditional health providers

1. Traditional councils, healers and birth attendants shall develop a mechanism for registration, monitoring and evaluation of services provided by such healers, including the development of guidelines for best practises.
2. Government shall ensure that traditional health providers shall have access to HIV-related prevention information and education as well as training in prevention, care and support for people living with HIV/AIDS;
3. Civil society, in partnership with traditional and religious leaders and traditional health providers, shall sensitise communities on the role of traditional health practitioners in the context of HIV/AIDS and opportunistic infections, including tuberculosis;
4. Traditional health providers shall be sensitised about, and discouraged from, making false claims of HIV/AIDS cures and prescribing or engaging in practices that increase the risk of HIV infection;
5. The Ministry of Health and Social Services shall train traditional health providers on the importance of the referral of PLWHA and patients with TB to hospitals or clinics when needed and also on the importance of adherence to treatment regimes.

### 2.4.4 Religious and traditional leadership

1. Government and civil society shall work closely with religious leaders to facilitate the provision of accurate HIV- related prevention, treatment, care and support information and education for use by religious leaders with their congregations.
2. Government shall encourage religious leaders and traditional leaders to promote the positive practices in their culture and religion which protect against HIV infection as well as to promote community-based care of PLWHA, and to discourage stigma and discrimination on the basis of perceived or actual HIV status;
3. Traditional leaders and religious leaders shall sensitise their communities on the dangers of and discourage the practice of alcohol abuse.

# CHAPTER 3: PREVENTION

## 3.1 Rationale

Prevention, treatment, care, support and impact mitigation are all mutually reinforcing elements of a continuum of effective responses to HIV/AIDS. The HIV/AIDS epidemic in Namibia is composed of several sub-epidemics - the major portion of the epidemic being attributed to sexual transmission, which is driven by a complex array of social, cultural, economic, and biological factors; mother-to-child transmission, which comprises 10-15% of the epidemic, yet is preventable through feasible interventions. A comprehensive and balanced strategy to prevent sexual transmission will be the basis for all behaviour change communications. This will include promotion of abstinence, particularly amongst the youth, being faithful to a sexual partner of known HIV status, and the correct and consistent use of condoms: the "ABC" strategy.

HIV prevention strategies include the provision of information and education to motivate behaviour change, reduction of denial, fear and stigma, use of male and female condoms, provision of sterile injection and medical equipment, safe medical waste management, voluntary counselling and testing, STI treatment and control, provision of antiretroviral medicines (e.g. to prevent mother to child transmission or as post exposure prophylaxis), safe infant feeding nutrition practices and, once developed and available, safe and effective microbicides and vaccines. Treatment with ARVs in itself is also a preventive measure since it reduces the presence of HIV in the blood and other body fluids of a person living with HIV/AIDS.

Economic, social, cultural and behavioural factors, such as multiple sexual partners, age, poverty, dependency of women on men, lack of women's empowerment, men taking insufficient responsibility for their behaviour, unemployment, lack of family and community support or coherence, and alcohol and drug abuse increase the vulnerability of people to HIV infection. Policy statements relating to these factors can be found in the previous chapter on the Enabling Environment. These must be adequately addressed in any comprehensive national HIV prevention strategy.

Effective strategies and resources are required to address key structural determinants of HIV transmission, e.g. empowerment of all vulnerable groups, including women and broad-based poverty reduction.

Government and, where appropriate, partners will implement the policy.

## 3.2 Behaviour change communication

### Rationale

To tackle an HIV/AIDS epidemic successfully, people must adopt safe behaviour. Well targeted education and information delivered within a culturally sensitive context increases awareness and knowledge. This is necessary to overcome stigma, discrimination, myths, false beliefs and prejudices associated with HIV/AIDS and sexuality. It will also provide motivation for positive behaviour change with regard to sexual relationships, including the issue of unbalanced power relationships between men and women, partner reduction or the consistent and effective use of condoms.

Effective behaviour change communication must make use of comprehensive mass media campaigns supported by concerted interpersonal communication strategies that reach out with accurate, targeted and relevant messages.

In addition, motivation and support at community and personal levels are needed to change attitudes, to build skills and to support behaviour change. A consistent and continuous enabling and supportive environment in which the desired behaviour is reinforced by positive examples and rewarded when sustained, is also necessary.

**Policy statements**

1. Namibia remains committed to the "ABC" strategy of abstinence, being faithful in a relationship and consistent and correct use of condoms. In order to promote abstinence from sex before marriage or the delay of sexual debut, government shall ensure that young people have recreational and vocational opportunities. In addition, government shall promote the ideal of being faithful to one partner as well as the effective and consistent use of condoms.
2. Young people shall be encouraged and enabled to stay in school for as long as possible, and the pursuit of tertiary education, in particular by young women, shall be made affordable;
3. Everyone shall have equal access to culturally and age appropriate, adequate and sound formal and non-formal HIV/AIDS information and education programmes including free and accurate information about relationships, marriage, sex and sexuality, prevention of mother to child transmission, breastfeeding, treatment, nutrition, change of lifestyle and safer sex and the importance of respect for and non-discrimination of persons living with HIV/AIDS;
4. Government shall support the development of adequate, accessible, sound and effective HIV/AIDS information and education programmes that especially target vulnerable populations, particularly the youth and women, and shall actively involve such populations in the design and implementation of these programmes;
5. Comprehensive, concerted, well coordinated mass media campaigns shall be linked to relevant, appropriate and culturally sensitive personal information material simultaneously distributed at community level and at schools and workplaces and with interpersonal communication;
6. Government shall ensure that behavioural change interventions are guided by evidence-based needs of the target populations and existing evidence on potential opportunities and barriers to behavioural change;
7. Government shall integrate and promote HIV/AIDS information and education and lifeskills education at all levels of formal and non-formal education;
8. Government shall ensure that age-appropriate, sound adolescent sexual and reproductive health education, including HIV/AIDS are integrated into school curricula as subjects that undergo regular student assessment and that the issues of sexual activity and teenage pregnancy are addressed adequately, including the provision of condoms to sexually active youth;

9. Government shall support programmes that strengthen the role of parents and guardians in shaping the attitudes and behaviour of children and young people with regards to sexuality and positive gender roles in the context of HIV/AIDS/STI;
10. Government shall ensure the greater involvement of PLWHAs in the design and implementation of HIV/AIDS information and education programmes and activities aimed at influencing behaviour change.

## 3.3 Voluntary Counselling and Testing (VCT)

**Rationale**

Through pre- and post-test counselling in a supportive environment, a person undergoing voluntary HIV testing can be motivated to change unsafe sexual behaviour and be referred to available treatment, care and support services. Voluntary counselling and testing (VCT) is thus an essential component in the continuum of prevention, treatment, care and support for persons living with or affected by HIV/AIDS. VCT services should accommodate the special needs of girls and boys and other vulnerable groups and be widely available.

### 3.3.1 Provision of VCT

1. Testing for HIV should ALWAYS be voluntary, save as may be provided for in applicable legislation;
2. Guidelines and standards for the provision of high quality, confidential and accessible VCT services that reach the largest number of people possible shall be developed and regularly updated by government and partners;
3. The provision of VCT services that are accessible, attractive and appropriate to young men and women and to other vulnerable groups shall be promoted;
4. All patients reporting at hospitals and other health service providers with any HIV-related symptoms, including TB and STIs, as well as pregnant mothers shall be offered VCT services;
5. VCT shall be promoted as part of workplace programmes by all public and private sector employers;
6. Socially marketed and public sector VCT services shall be made available as widely as possible;

Government shall ensure that:

7. VCT shall be carried out only with the informed consent of the person seeking testing. The person shall be provided with adequate information about the nature of an HIV test, including the potential implications of a positive and negative result, in order to allow the person to make an informed decision as to whether or not to undergo the test;

8. Youth over the age of 16 can access VCT without the consent of a guardian or parent. Children under the age of 16 shall be entitled to access VCT without the consent of a parent or guardian, provided that the child concerned is accompanied by an adult in a position of responsibility such as a religious leader or teacher or relative. Counsellors shall receive training in order to equip them to render effective counselling to children, with due regard for the potentially traumatic consequences of a positive test result on the child.
9. VCT shall be anonymous except where referral to other HIV/AIDS related services is mutually agreed on between the VCT provider and the person seeking testing.
10. VCT shall be confidential and the results of any HIV test shall thus not be disclosed to a third party without the informed consent of the person seeking testing;
11. VCT service providers shall provide written positive test results only for the purpose of referral to other HIV/AIDS related services and only with the consent of the person seeking testing. Negative results shall not be given in writing.
12. Government shall promote and encourage couple counselling and voluntary partner disclosure of HIV test results;
13. Pre-employment testing shall not be permitted;
14. Government shall ensure that VCT services are available countrywide, including in rural areas and that they are staffed by an adequate number of trained counsellors;
15. Government shall ensure increased access to counselling and testing by employing approved testing methods
16. VCT services shall be free of charge for all vulnerable groups;
17. Government shall coordinate and ensure that referral systems exist between VCT services and other HIV/AIDS related services, at facility and community level, to provide a continuum of prevention, treatment, care and support and impact mitigation;
18. Government and its regulatory bodies shall ensure that informed consent of the patient is obtained prior to HIV testing for the purposes of differential diagnosis.

Further policy statements concerning VCT and treatment and partner notification can be found in section 4.2 below.

## 3.4 Condom promotion for HIV prevention

**Rationale**

The proper and consistent use of male and female condoms prevents HIV infection, unwanted pregnancy and a wide range of sexually transmitted infections. Involving men in programmes to promote condom use will enhance more consistent condom use. However, women need to be empowered to enhance their decision-making assertiveness so that they can participate fully in and enforce the decision to use a condom during every sexual encounter.

**Policy statements**

1. Government shall promote the proper use and disposal of male and female condoms and other barrier methods to prevent HIV and STI transmission;
2. Government shall promote the correct and consistent use of condoms among the sexually active, including in marriage where there is real or apprehended risk of HIV infection;
3. Government shall ensure that male and female condoms and other barrier methods are of good quality and widely accessible.
4. Free condoms shall continue to be available through public sector outlets and affordable, socially marketed condoms shall be widely accessible through other outlets;
5. Government shall promote the implementation of programmes aimed at providing women with support to participate fully in and to enforce decision making regarding the use of condoms;

## 3.5 Prevention of Mother to Child Transmission (PMTCT)

**Rationale**

HIV can be transmitted from mother to her child during pregnancy, delivery, and breastfeeding. The death of the parent, especially the mother, drastically reduces the baby's chances of survival. HIV/AIDS in children is especially tragic because it is largely preventable in the first place and places a needless strain on the family and health care system. The prevention of mother-to-child transmission (PMTCT) forms part of the routine Ante Natal Care (ANC) package offered to pregnant women and it entails several strategies – HIV prevention in women of reproductive age, prevention of unwanted pregnancies, making reproductive health services available to HIV-positive women and their partner(s), practicing safer obstetrical procedures to minimize transmission, using the most appropriate anti-retroviral medications in a timely manner, promoting safe infant feeding practices to prevent transmission and optimize infant nutrition, and linking HIV-positive pregnant women and HIV-exposed newborns with treatment, care, and support services. Through the use of ANC services, appropriate anti-retroviral medications and safe obstetrical practices, HIV transmission from mother to child can be reduced considerably.

**Policy statements**

1. Government shall promote a routine offer of voluntary counselling and testing for couples planning to have a child, all pregnant women and all children exposed to HIV infection in accordance with national PMTCT guidelines and shall promote early couple attendance of antenatal care;
2. Government shall promote and strengthen prevention programmes that prevent HIV infection in women of reproductive age and girls in particular;.
3. Couples, in which one or both partners are HIV positive, wanting to have a child should be provided with adequate information on the risk of mother-to-child transmission as well as the risk of re-infecting each other so that they can make an informed decision as to whether or not to have a child;

4. Government shall promote and strengthen the accessibility of reproductive health services to prevent unwanted pregnancies in all women and especially in HIV-positive women;
5. Government shall provide access to accurate and accessible information on prevention of mother to child transmission (PMTCT) and infant feeding options, such as exclusive breastfeeding or replacement feeding, to all pregnant women and their partners;
6. Government shall provide free access to safe obstetric care and antiretroviral treatment to all HIV positive pregnant women to prevent HIV transmission from mother to child. PMTCT programmes shall provide for treatment, care and support for both parents;
7. HIV infected children shall have free access to ART and early infant diagnosis shall be promoted in HIV-exposed newborns in view of high mortality due to untreated HIV/AIDS.
8. Government shall provide an enabling environment for women to participate in PMTCT or other prevention, care, treatment and support programmes without the consent of her husband, sexual partner or family;
9. Government shall ensure the availability of quality infrastructure, skilled staff, equipment and supplies for reproductive and child health care and ensure the proper management of such services in order to increase access by women to PMTCT interventions;
10. Government shall ensure that baby friendly hospital initiatives provide support to HIV positive lactating mothers who choose to exclusively breastfeed until four months;

## 3.6 Treatment of sexually transmitted infections (STIs)

**Rationale**

Sexually Transmitted Infections (STIs) significantly increase the risk of HIV infection and their effective treatment and control has been shown to decrease the risk of HIV transmission. Since STIs in women are often asymptomatic and therefore remain undetected, women are more prone than men to be infected with HIV due to the presence of an STI.

**Policy statements**

1. Government shall ensure that every person has access to appropriate, non-discriminatory, comprehensive, confidential and client-friendly sexual and reproductive health services including syndromic management of STIs in accordance with existing reproductive health policies;
2. Government shall ensure that partner referrals are encouraged in the management of STIs. All partners of patients with an STI should be informed of their exposure, counselled appropriately, and referred for appropriate care;
3. Health care workers in all sectors and at all levels shall be adequately trained in the most appropriate syndromic management of STIs.

## 3.7 Blood and tissue safety

**Rationale**

Transfusion of infected blood carries a significant risk of transmitting blood borne diseases including HIV, hepatitis and syphilis. These diseases can also be transmitted through infected tissue transplants and other blood products. It is essential that a blood transfusion service should assure blood safety at the time of donation, through storage to actual blood transfusion. Blood donor and patient confidentiality, particularly in medical settings, non-discrimination, free and informed consent and respect for human dignity are essential ethical considerations for a safe and effective approach to blood and tissue safety.

**Policy statements**

1. An efficient and effective blood transfusion service shall be maintained in order to ensure that high quality and safe blood products are available and accessible at all times;
2. All donated blood and tissue shall be screened for transfusion transmissable infections, including HIV, hepatitis B, hepatitis C, syphilis and other STIs, and quality systems in other blood testing and processing procedures shall be ensured;
3. Blood donation shall be actively promoted to increase the national donor panel;
4. A proactive and efficient distribution system of blood products shall be established and maintained;
5. Donor notification and counselling systems for donors who test positive for HIV, including appropriate referral to other service providers, shall be developed.

## 3.8 Universal precautions

**Rationale**

A high prevalence of HIV/AIDS in the general population exacerbates the risk of accidental exposure to HIV infection through needle stick injuries and other contact with blood and blood products in health care, workplace and other settings. The risk of accidental exposure to blood borne infections including HIV to both patients/clients and health care providers/personnel working in health facilities can be reduced by following the guidelines on universal precautions. Examples include the use of gloves and appropriate cleaning techniques when dealing with open wounds and blood spills and the safe disposal of needles and medical waste (see also 3.9).

**Policy statements**

1. Government shall ensure that professional, voluntary and traditional health care providers are adequately informed on how to protect themselves and their clients against accidental exposure to HIV infection and implement these precautions in the course of their work;
2. Government shall ensure that professional, voluntary and traditional health care providers are provided with the equipment necessary, or effective, safe and affordable alternatives to the standard package of universal precautions, to implement these precautions in the course of their work;

3. All employers shall promote adherence to universal precautions to reduce the risk of HIV infection through accidental exposure to HIV by employees and volunteers. Training shall be provided and appropriate and accessible information on the application of universal precautions shall be widely disseminated.

## 3.9 Clean injecting materials and skin piercing instruments

**Rationale**

Un-sterilised dental, surgical and cosmetic instruments and equipment pose a risk for the transmission of HIV and hepatitis B and C viruses. A similar risk is posed by the use of unsterilised skin piercing/cutting instruments for cultural practices such as scarification and circumcision. Use of disposable materials and proper cleaning of reusable materials can reduce the risk of HIV infection.

**Policy statements**

1. Government shall ensure the availability of adequate disposable materials as well as sterilising equipment for non-disposable materials at all health care facilities;
2. Adequate facilities shall be provided for the appropriate disposal and removal of all medical waste at all health care facilities;
3. Government shall ensure the dissemination of appropriate information on safe practices and on the dangers associated with the use of unsterilized skin piercing materials. The performance of male circumcision by untrained personnel under unhygienic conditions shall be strongly discouraged;

## 3.10 Post Exposure Prophylaxis (PEP)

**Rationale**

Accidental exposure to or increased risk of HIV infection can occur in institutional and workplace settings and in situations involving trauma, such as rape, assault and accidents. If initiated within 72 hours of a suspected exposure to HIV, short term antiretroviral prophylactic treatment can be administered to an HIV negative person which can considerably reduce the risk of HIV infection.

**Policy statements**

1. All employers shall ensure access to affordable short term antiretroviral prophylaxis for persons who have experienced accidental occupational exposure to HIV;
2. Survivors of rape, assault and accidents shall have access to PEP and related health care and other workers such as police who deal with trauma cases shall be well trained to give accurate information on how to access this service at hospitals;
3. Health care workers in both the public and private sectors shall be adequately trained in the assessing the need for and administering PEP.

# CHAPTER 4: TREATMENT, CARE AND SUPPORT

## 4.1 Rationale

HIV infection can result in a range of serious medical, emotional, psychological, social and economic consequences for the affected individual and family. There is no known cure for HIV infection. Comprehensive treatment, care and support means, first and foremost, equitable access to non-discriminatory health care and other services which promote wellness and positive living for people living with HIV. A positive attitude on one's health and life in general can be a significant factor in slowing down disease progression and should be encouraged across the treatment and care continuum. The provision of client-friendly information, medicines, diagnostics and related technologies for the care of TB and non-communicable opportunistic infections, good nutrition, and social, spiritual and psychological support, as well as family, community and home-based care are all important in delaying the need to access anti-retroviral therapy (ART). The importance of well-run peer support groups for PLWHA in these processes is critical.

Although not a cure ART prolongs and improves the quality of life of people living with HIV/AIDS. Use of ART significantly reduces viral load, arrests immune destruction and could render the infected person less infectious. By preserving the immune system, the occurrence of opportunistic infections is reduced.

The importance of adhering to ART to maintain optimum health is critical. Irregular use of ARVs increases the risk of drug-resistant HIV viruses developing and will threaten treatment success for all. Ensuring food security and access to clean water are essential components of treatment and care.

## 4.2 HIV diagnosis and notification

The current high level of stigma and discrimination is a deterrent to people finding out and disclosing their HIV status. People need to have confidence that information concerning their health is treated confidentially and is not disclosed to a third person without their informed consent. Even in a care setting the health care provider is required to request the consent of the patient to share information about the patient's HIV status with other members of health care team.

**Policy statements**

1. There shall be no mandatory testing for HIV. Government and its regulatory bodies, shall ensure that the informed consent of the patient is obtained prior to HIV testing for the purposes of differential diagnosis, that such testing is accompanied by pre and post test counselling and that the results of such test are not released to any person without the patient's consent;
2. Voluntary partner notification by the infected person shall be encouraged during counselling and the benefits of such notification should be explained. These include the prevention of infection, re-infection and the promotion of a supportive environment for the infected person within his or her relationship. Partner notification by the infected person will enable partners to jointly make informed decisions about their lifestyles and to plan for the future of their children. Professional and community counsellors should be trained on how to recommend and assist partner notification;

3. Involuntary partner notification shall only be permitted once the following steps have been complied with:
    a. The HIV positive person has been thoroughly counselled on the need for partner notification;
    b. The HIV positive person has refused to notify or consent to the notification of his/her partner(s);
    c. A real risk of HIV transmission to an identifiable partner(s) has been established;
    d. The HIV positive person is given reasonable advance notice of the intention to notify;
    e. Follow up is provided to ensure support to those involved.
4. Involuntary notification of care and support givers and family is not desirable. Voluntary notification of support and care givers by the infected person shall be encouraged during counselling and the benefits of such notification shall be explained. Professional and community counsellors shall be trained on how to recommend and assist with this notification;
5. Government shall ensure that adequate facilities and staff for HIV testing for differential diagnostic purposes are available at all state hospitals, clinics and other health facilities;
6. Government shall ensure equitable and affordable access to relevant tests as specified in the national treatment guidelines.
7. Government shall ensure that counselling and testing services, for the purpose of diagnosis, are routinely offered. Individuals may however not be tested without their informed consent.
8. Government shall ensure that voluntary HIV counselling and testing is routinely offered and is accessible to each patient diagnosed with TB or STI and to all patients presenting with symptoms that can be attributable to HIV/AIDS as well as to all pregnant women.

## 4.3 Treatment and care

1. Government shall progressively provide access on a sustained and equal basis to affordable, quality antiretroviral therapy and to treatment for and prophlaxis to prevent opportunistic infections, to all persons who need it;
2. Government shall ensure that all patients who are provided with antiretroviral therapy meet the social and clinical criteria as set out in the national treatment guidelines;
3. Government shall ensure the active participation of people living with HIV/AIDS and vulnerable groups in the development, design and implementation of a national plan for the progressive realisation of universal, nation-wide access to treatment, care and support;
4. Government shall ensure that every person considering ART shall be provided with ART counselling;

5. Government shall establish and provide appropriate psycho-social support services for people living with HIV/AIDS, including counselling, management of depression and other mental health conditions;
6. Government shall promote widespread treatment literacy campaigns to ensure that every person has access to accurate and complete information regarding where and how to access treatment, care and support and on treatment compliance.
7. Regional and local authorities, together with civil society and private sector shall facilitate the regular monitoring of individuals on treatment and their access to food and clean water with which to take their medication.
8. Government shall ensure that health care workers and pharmacists are adequately trained in the use and management of ART, the treatment of opportunistic infections and advice on positive living;
9. Government shall implement measures that minimize the risk of transmission of TB infection – and multi-drug resistant TB in particular - in health facilities to patients, in particular for the protection of persons who are HIV positive and highly susceptible to infection with TB;
10. Government shall provide an essential package of care to all PLWHA based on internationally accepted standards of care, treatment and support;
11. Government shall promote the establishment of effective referral and discharge plans by the providers of HIV/AIDS related services including support and home-based care groups, to foster strong linkages between the community response and the health sector in providing comprehensive treatment, care and support;
12. Government, traditional health care providers and pharmacists shall work together to encourage and monitor adherence to ART and TB treatment;
13. Private health care providers must ensure that there is adequate funding for ART before a person is put on antiretroviral treatment;
14. Government, private doctors and medical aid schemes shall ensure an effective referral and transfer from private to state treatment services where medical aid does not provide adequate cover;
15. Government shall ensure that the prescription and sale of ART drugs are adequately regulated to ensure quality control and to reduce the risk of the development of drug resistance through inappropriate use of the drugs;
16. Government shall ensure that the National Essential Medicines List is regularly updated to incorporate essential drugs for HIV/AIDS treatment in accordance with the WHO Essential Drugs List and that treatment guidelines are in line with the latest guidelines from WHO;
17. Government shall ensure that medicines for the prevention and treatment of Opportunistic Infections and STIs as well as ART, including generic medicines, are made readily available through registration with the Medicines Control Council;
18. Government shall ensure that the management of drugs and medical supplies including the procurement, storage and distribution of essential and antiretroviral drugs is constantly monitored and improved as necessary;

19. Government shall ensure that all medical practitioners, pharmacists and medical aid provisions, including those in the private sector, adhere to national antiretroviral treatment guidelines, relating to the provision of treatment for HIV and related infections.

## 4.4 Home Based Care

**Policy statements**

1. Government, especially regional and local authorities shall promote the delivery of quality home-based care as an essential component of the continuum of care for persons living with HIV/AIDS;
2. RACOCs, CACOCs, traditional authorities and local authorities shall take a leading role in ensuring that communities have access to home based care and in supporting groups and organisations which provide home based care;
3. Government shall support its partners to ensure that home based care volunteers receive standardised quality training, adequate supervision and a standardised volunteer incentive package;
4. Government shall assume responsibility for the provision of a nationally standardised HBC kit and its replenishment for home based caregivers to ensure continuous, quality care and proper standards of infection control;
5. Health workers and HBC organisations shall promote a two-way referral system between HBC volunteers, traditional health providers and health facilities;
6. Government shall develop and put into place monitoring and evaluation systems for HBC volunteers.

## 4.5 Palliative care

Palliative care refers to all care from the time a person is diagnosed with HIV infection, and includes psychosocial support and pain management.

**Policy statements**

1. All patients shall be provided with adequate and effective palliative care at all times. Appropriate training and resources shall be made available to care providers;
2. Appropriate pain medication shall be made available at the appropriate level in the health system and community and personnel shall be trained in a step-wise approach to pain management which will include relevant narcotic medication when indicated;

# CHAPTER 5: IMPACT MITIGATION

## 5.1 Rationale

Impact mitigation strategies include the evaluation of the economic and social impact of the HIV/AIDS epidemic and the development of multisectoral strategies to address the impact at the individual, family, community, sector and national levels. HIV/AIDS negatively impact on every aspect of the lives of individuals, families and communities as well as on national development. Poverty and HIV/AIDS feed each other. Poverty renders people more vulnerable to HIV infection and HIV/AIDS exacerbate poverty. Businesses and institutions are negatively affected by the increasing cost of absenteeism, recruitment and retraining, resulting from HIV. Family's ability to pay for basic services is being undermined, with a resultant threat to governance and even security.

Deaths due to AIDS result in increasing numbers of children growing up without parental care and family support. This, in turn may have long term consequences on Namibia's social capital. In the Namibian context, particular attention must be paid to reaching and targeting rural communities who often are neglected due to the remoteness of their location. Rural communities, in particular, are vulnerable to the impacts of HIV/AIDS on food insecurity, and government is responsible for ensuring that inclusive, sustainable strategies which enhance household food security are in put into place and implemented.

## 5.2 Policy statements

### 5.2.1 Affected and infected people

1. All communities shall develop and implement local responses to HIV/AIDS;
2. Government shall strengthen and support local support groups of HIV infected and affected people and provide skills training and technical and material support and assistance where required;
3. Government shall ensure that information is readily available to caregivers and the community on how to access social assistance grants, benefits and other statutory services available to eligible OVC and PLWHA;
4. Government shall ensure equitable access to and efficient processing of social assistance grants. Government shall ensure the training of justice officials, social workers, para-professionals, educators and all relevant officials on the processing of social assistance grants and other benefits available to eligible OVC and PLWHA;
5. Government shall ensure that programmes are put in place to alleviate poverty and to improve food security, nutrition and access to suitable housing.
6. Food and nutritional support shall be made available to poor households directly affected by HIV/AIDS; a household shall be considered directly affected by HIV/AIDS if there is at least one member of the household who is sick, or is deceased as a result of HIV/AIDS;

### 5.2.2. Orphans and vulnerable children

In order to strengthen the capacity of extended families and surrounding communities to render care and support to orphans and other vulnerable children, government, working in partnership with non-governmental organisations and community-based organisations shall ensure that extended families, social networks, neighbourhoods and communities are provided with the following support:

1. Sustainable interventions to respond to household economic needs as necessary, including agricultural assistance for increased food production, the building of basic infrastructure to support the productive base of communities, improved access to employment and markets, income generation, micro-enterprise and micro-finance programmes;
2. Provision of assistance to cover early childhood care, school-related and health care expenses and the provision of food aid and welfare assistance;
3. Information, education and training on optimal nutrition, first aid and health care, HIV prevention, care, support and treatment and psychosocial care giving;
4. Information and training of community volunteers and outreach workers on home-based care and psychological support of orphans and other vulnerable children and their caregivers as an integral part of existing community and school-based efforts to promote the health and psychosocial well being and social integration of children.
5. Interventions aimed at raising awareness about the need for parents to provide for their children after their death by way of wills and to ensure the protection of the inherited property of orphans until they attain the age of majority shall be promoted and supported;
6. Support organisational responses to orphans and other vulnerable children by recognising and responding to the impacts of HIV/AIDS on organisations providing a care and support service for orphans and other vulnerable children
7. Delivery of education, health and other essential services, including emergency food supplies, to orphans and other vulnerable children and their caregivers is strengthened to ensure access to such essential services by all who need them, in particular those orphans and other vulnerable children who are not able to be adequately cared for and protected by their extended families or communities.

# CHAPTER 6: RESPONDING TO HIV/AIDS IN THE WORKPLACE

## 6.1 Rationale

In the workplace unfair discrimination against people living with HIV/AIDS has been perpetuated through practices such as pre-employment HIV testing, dismissals for being HIV positive and the denial of employee benefits.

HIV/AIDS affects every workplace. Absenteeism and death impact on productivity, employee benefits, production costs and workplace morale.

One of the most effective ways of reducing and managing the impact of HIV/AIDS in the workplace is through the implementation of an HIV/AIDS policy and a prevention, treatment, care, support and impact mitigation programme including TB screening, Directly Observed Therapy (DOT) for TB, and TB education.

## 6.2 Policy statements

1. Government shall facilitate all public and private sector workplaces to develop and implement an HIV/AIDS workplace policy inclusive of an HIV prevention, treatment, care, support and impact mitigation programme;
2. All public and private sector workplace policies shall provide that:
    i. No employer shall require, whether directly or indirectly, any person to undergo testing for HIV as a precondition for employment. The criteria for employment shall be fitness to do the job for which employment is sought and no person shall be excluded from employment solely on the basis of HIV status;
    ii. No employee shall be compelled to disclose his or her HIV status to their employer or other employees. Where an employee chooses to voluntarily disclose his or her HIV status to the employer or to another employee, such information shall not be disclosed to others without that employee's express written consent
    iii. No employer shall terminate the employment of an employee solely on the grounds of HIV status or family responsibilities relating to HIV/AIDS;
    iv. Employees living with HIV shall continue working in their current employment for as long as they are medically fit to do so. When on medical grounds they can not continue with normal employment, verifiable efforts should be made to offer them alternative employment or other reasonable arrangements without prejudice to their benefits;
    v. Where an employee becomes too ill to perform any work an employer may terminate his or her employment for incapacity in accordance with the procedure set out in the law, following the medical boarding procedures;

vi. An employee living with HIV shall not be unfairly discriminated against or in any way prejudiced within the employment relationship or within any employment policies or practices with regard to appointments, and the appointment process, including job placement; job classification or grading; remuneration, employment benefits and terms and conditions of employment; employee assistance programmes; the workplace and facilities; occupational health and safety; training and development; performance evaluation systems; promotion, transfer or demotion; disciplinary measures short of dismissal; and dismissal, termination of services including retrenchment and early retirement;

vii. The HIV status of an employee shall not affect her/his eligibility for any occupational insurance or other benefit schemes provided for employees by an employer. Where in terms of any law the eligibility of a person for any occupational or other benefit scheme is conditional upon an HIV test, the conditions attached to HIV/AIDS shall be the same as those applicable in respect of any other comparable life-threatening illness;

viii. An employee living with or affected by HIV/AIDS shall be subject to the same conditions relating to sick or compassionate leave as those applicable to any other employee in terms of the law, or conditions of service applicable;

3. With due regard for the employee's rights to confidentiality, government shall encourage employees to disclose their status.

4. Insurance companies shall not deny death benefit if a person died of AIDS-related complications.

# CHAPTER 7: INSTITUTIONAL FRAMEWORK FOR POLICY IMPLEMENTATION

## 7.1 Rationale

Due to the multi-faceted nature of the HIV/AIDS epidemic, an effective institutional framework for the national HIV/AIDS response requires a multisectoral approach, which includes partnerships between Government and all relevant stakeholders, including the private sector, community-based and non-governmental organisations, international agencies, trade unions, faith-based organisations and people living with HIV/AIDS. To be effective, there is need for proper coordination, management, monitoring and evaluation of all HIV interventions, including the control and management of TB in persons with HIV/AIDS. All stakeholders in Namibia need to follow the "3 ones" - one plan, one coordinating agency and one M&E framework - as promoted by UNAIDS and adopted by Namibia. All organisations have particular functions and roles within the response to HIV/AIDS for which they shall be held accountable. Within Government, the Accounting Officers shall be called upon to fulfil their sector's functions and ensure full involvement in the response.

## 7.2 Policy statements

### 7.2.1 Full participation and strengthened coordination

1. Government shall, in particular, ensure the effective participation of people living with HIV/AIDS, women and other vulnerable groups in the national response;
2. Government shall ensure and coordinate the effective participation of all sectors, at all levels of society in the design, implementation, monitoring and evaluation of the national response to HIV/AIDS;
3. Each sector lead agency and its key actors shall formulate and implement sector specific HIV/AIDS policies and plans, in line with the national policy;
4. Government, at central, regional and local level, and partners shall ensure the mainstreaming of HIV/AIDS into all policies, plans and programmes;
5. Government shall ensure that there is effective coordination among the sectors in a multisectoral national response to HIV/AIDS;
6. Government shall coordinate and ensure that referral systems exist between HIV/AIDS related services, at facility and community level, to provide a continuum of prevention, treatment, care and support and impact mitigation;
7. All coordinating committees – NAMACOC, RACOC, CACOC and sector coordinating committees - shall have an adequately resourced, full-time secretariat to follow up on the committee's decisions;
8. NAC shall be responsible for advising government (Cabinet) on HIV/AIDS issues based on best practices, taking into account local circumstances;
9. NAC shall ensure that the institutional framework is functioning effectively and efficiently for policy implementation.

### 7.2.2 Further Regional and sub-regional level policy statements

1. Regional councils shall be responsible for a functioning RACOC and councillors shall be responsible for a functioning CACOC
2. Local authorities shall be responsible for a functioning municipal or village level HIV coordinating committee
3. The RACOC shall plan, map, coordinate and monitor the regional response and support CACOCs to coordinate the implementation at local level.
4. Regional councils, together with other stakeholders at regional, constituency, traditional and local authority levels, shall undertake impact assessments of HIV/AIDS to ensure an appropriate response and the inclusion of all communities;
5. Local authorities, CACOCs and civil society will develop programmes with special focus on the needs and constraints of HIV affected households;
6. Regional authorities shall take the lead to plan, develop and implement strategies and to alert central government on the need for emergency action to ensure food, water and shelter security for all communities, including implementing of strategies to deal with recurrent disasters such as droughts, flooding or localised seasonal infections such as malaria.

### 7.2.3 Further community level policy statements

1. Regional, constituency and traditional authorities shall map vulnerable comunities and together with these communities develop and implement strategies to reduce vulnerability, by securing food, water and shelter security;
2. Local level structures such as village and clinic committees shall be strengthened and supported;
3. Traditional authorities, together with regional councils, shall develop measures to deal with harmful cultural practises that may increase the vulnerability to HIV infection;
4. Government shall ensure that private sector and civil society are encouraged and where necessary provided with financial, material and technical support to effectively participate in HIV/AIDS responses;
5. Government shall support the roles of HIV/AIDS support organisations in providing voluntary services.

### 7.2.4 Resourcing the response

The Namibian government has committed significant resources for prevention and control, in terms of human resource development and training, the development of health infrastructure and the purchase of drugs and other commodities. Nonetheless, it is predicted that Namibia will have to spend significantly more resources in the near future if we are to meet the challenge of reducing overall HIV prevalence ratios and mitigating the impacts of HIV/AIDS on the socio-economic development of Namibia.

Together with development partners, Namibia has been able to muster significant resources in its efforts to cope with the demands of the epidemic. A long term response, however, will require a much higher level of investment, as well as the development of local resources in order to ensure the long term sustainability of the response.

1. Government shall mobilise, allocate and manage local and international resources to ensure an effective and efficient national response. In particular, government shall ensure compliance with its obligations as stated in the Abuja Declaration, in terms of which it has committed itself to allocate 15% of the national budget towards the health sector;
2. Government shall design and implement a national HIV/AIDS programme that is capable of being sustained, in the long term, with local, human and financial resources, without compromising the quality, effectiveness and accessibility of current programmes and services;
3. Government shall allocate sufficient resources for HIV/AIDS activities, including ensuring that coordinating structures at national, regional and constituency levels are functioning;
4. Government ministries and regional and local authorities shall provide sufficient resources for mainstreaming HIV/AIDS activities into their core businesses and services;
5. The private sector shall allocate sufficient resources towards the development and implementation of workplace and social assistance programmes which include HIV/AIDS activities;
6. Central government shall provide smaller local authorities with additional, sufficient resources for HIV/AIDS activities;
7. Government and partners shall establish and maintain accountability and transparency to each other in the fulfilment of mandates and the proper use of funds;
8. Government shall coordinate, monitor and streamline incentives for voluntary services at all levels

### 7.2.5 Key Implementation Phases

The implementation of the National Policy on HIV/AIDS is encompassed within the Medium Term Plan Three (MTP-III) 2004 -2009. At an over-arching level, the National Development Plan Three (NDP 3) shall take implementation of this policy forward.

Complaints related to transgression of this policy shall be raised with the institution concerned, and if required, with the Office of the Ombudsman.

### 7.2.6 Monitoring of the Policy

The monitoring and evaluation (M&E) framework for this policy is contained in MTP-III for the next 4 years. The M&E framework will be further elaborated as part of MTP-IV and NDP 3. Mid term reviews and evaluations of these strategic plans as well as Vision 2030 will incorporate assessment of the progress of implementation of this policy.

# CHAPTER 8: MONITORING, EVALUATION, SURVEILLANCE and RESEARCH

## 8.1 Rationale

With the spread of HIV/AIDS, it has been important to sharpen monitoring and evaluation tools to check whether programmes are meeting policy goals and producing the desired impact on the lives of individuals, families, and communities. The need for ensuring progress in implementation and documenting success of programmes has driven the emphasis on monitoring and evaluation by various stakeholders including governments and development partners. There is a need to create a responsive monitoring and evaluation environment.

In recent years, a wealth of monitoring and evaluation information has been made available on critical indicators. Even more recently, international efforts have focused on improving indicators around HIV/AIDS care and support and the development of human capacity. With standard global manuals on M&E systems accompanied by more elaborate measurements of indicators being widely available, development and streamlining of national M&E Systems have been simplified.

Within this context, the Namibian Government has a responsibility to track progress made with regard to the national response as articulated in the Medium Term Plans (MTP) for HIV/AIDS, with the specific aim of improving programme design and intervention. It also has obligations as signatory to various international declarations and to UNGASS to regularly report on progress.

Without a defined monitoring and evaluation system in place, there is the risk of M&E efforts merely being implemented to serve the external needs of funders. Thus, it is necessary for government to develop and implement a national M&E system to ensure that data is efficiently collected, appropriately analysed and used for decision making and programme design.

## 8.2 Policy statements

Government shall develop and maintain a national monitoring & evaluation operational plan for the purpose of tracking the national HIV/AIDS response as articulated in the national strategic plan.

### 8.2.1 Data and data sources

1. The HIV/AIDS M&E plan shall ensure integration of information and data requirements for external (e.g. UNGASS, Abuja Declaration etc) and internal (e.g. Vision 2030, National Development Plans, Millennium Development Goals, Poverty Reduction Strategy) purposes;
2. Government shall promote the monitoring of both programme data and financial data for reporting purposes.
3. Government shall define data sources in the national M&E plan that are credible sources based on accepted research and survey techniques, develop the required data sources to implement and operationalise the national M&E plan, and ensure that all sources are developed to an equal level of maturity to guarantee credibility and usefulness;

4. The M&E plan will identify indicators and data sources and stipulate the roles and responsibilities of monitoring, evaluating and reporting of the HIV/AIDS response for all stakeholders involved across all sectors;
5. Government shall ensure the appropriate capacity building of all relevant stakeholders to ensure that standard classifications of HIV interventions are utilised, data is collected and that indicators and sampling methodologies are comparable over time, in order to promote the most efficient use of data and resources;

### 8.2.2 Reporting

1. Government shall develop relevant information products based on the needs of stakeholders, to include as a minimum an annual national monitoring & evaluation report, plus mid term reviews and end of five year evaluations; these M&E results shall be regularly disseminated to stakeholders;
2. Government shall ensure adherence to international and other reporting requirements embedded in applicable agreements for which Namibia is a signatory;
3. Government and partners shall promote the utilisation of M&E results through encouraging shared planning, execution, analysis and/or dissemination of data collection aimed at reducing programming overlap and increasing cooperation amongst stakeholders.

## 8.3 Surveillance

**Rationale**

Surveillance is an essential public health function to provide ongoing, systematic information on the epidemiology of HIV/AIDS so that appropriate control measures can be put into place in a timely manner. Surveillance is also essential to making future projections of the burden of disease in Namibia and hence to allocation of health resources. In addition to surveillance for HIV as collected through sentinel surveys in pregnant women, information is also needed on HIV incidence, or new infections; HIV prevalence in males and high-risk populations (mobile workers, commercial sex workers, etc); HIV prevalence in those with other conditions, including TB and STI patients; behavioral factors that contribute to HIV transmission; HIV/AIDS-related mortality trends; and the emergence of drug-resistant HIV in the general community following the introduction of wide-scale anti-retroviral therapy.

**Policy statements**

1. Government will ensure that appropriate HIV/AIDS-related surveillance is carried out and the results disseminated in a timely manner to inform prevention/treatment/care efforts and monitor epidemiological trends over time.
2. Government will ensure the appropriate use of HIV/AIDS-related surveillance information for projecting necessary resources and responses in the future
3. Government will ensure that appropriate protection of human subjects will be maintained during the course of surveillance activities.
4. Government will ensure that HIV/AIDS-related surveillance methodologies are updated on a regular basis to incorporate appropriate scientific advances.

## 8.4 Research

### Rationale

Although the health impact and implications of HIV/AIDS is well known, there is significant scope and need for research in the non-health fields of HIV. Research is required to address gaps in existing knowledge about the disease and to inform policy, practice and related interventions. Until a cure or vaccine is developed, there remains an ongoing need for health-related research. Social sciences, epidemiologic, bio-medical and management research related to the HIV/AIDS epidemic is required.

### Policy statements

1. A national HIV/AIDS research strategy which includes a clear research agenda, support the development of an accessible central repository for all HIV/AIDS research, and shall mobilise and ensure the availability of adequate resources to support these requirements and to conduct relevant HIV/AIDS research;
2. Government shall promote biomedical and social sciences operational research in order to provide sound, scientific and reliable information to guide national HIV/AIDS policy, practice and interventions;
3. Government shall ensure that research proposals are approved by appropriate ethical and other review committees prior to commencement, and that all HIV/AIDS related research involving human subjects shall satisfy ethical and human rights considerations according to established international best practices and Namibian policy guidelines including respect of local cultural sensitivities and norms;
4. Government shall ensure that all research related to HIV/AIDS conducted in Namibia fosters collaboration among research institutions and other stakeholders, ensures genuine community participation in the planning and execution of said research and, wherever possible, aims to develop the overall research capacity within the country;
5. Government shall ensure regular dissemination of national and international HIV/AIDS research results, to include as a minimum one annual HIV/AIDS research seminar for dissemination to all stakeholders and the greater community.

# ANNEX 1 GLOSSARY

**Confidentiality:** All information about a person's health, including his/her HIV status is confidential information. This means that this information may not be shared by the health care worker or the counsellor with any other person without the informed consent of the person concerned.

**Death cleansing** refers to when a widow is expected to sleep with a member of her late husband's family.

**Differential diagnosis**

**Exclusive breastfeeding** means the practice of breastfeeding whilst giving no other food or liquids, including water

**Impact mitigation** refers to ways we can reduce the severity and alleviate the affects of HIV/AIDS

**Mainstreaming:** Incorporating the implications of HIV/AIDS into normal everyday considerations and actions of an organisation is called mainstreaming. Mainstreaming of HIV/AIDS has two aspects to consider – how HIV/AIDS is affecting the core functions of an organisation and how HIV/AIDS is affecting the organisation itself. Every organisation needs to understand how, in its ordinary work, it can reduce the risk of infection and the impact of AIDS. It needs to incorporate its response into core function plans and internally through adequate HRD and workplace programmes.

**Marital rape** occurs when a person compels his or her spouse to engage in sexual intercourse by the use of force, or by the threat of use of force which reasonably causes the spouse to fear physical injury.

**Marriage** shall include customary and common law marriages, universal partnerships and cohabitation.

**Mobile populations** refer to people who are employed at a location remote from their families and communities such as transport workers and migrant labourers

**Monogamous relationship** refers to having only one partner.

**Opportunistic infections** are any infections arising from a compromised immune system e.g. tuberculosis, candidiasis etc

**Orphans** refer to children who have lost either one or both parents.

**Palliative Care**

**Partners** to Government, in the multisectoral response against the fight against HIV/AIDS, refer to any private sector or non-governmental organisation or other civil society body

**Poor:** A household lives in relative poverty when it devotes more than 60% of total incomes to food expenses. Extreme poverty is when a household devotes more than 80% of total incomes to food expenses.

**Social Capital** encompasses the level of human development as well as the social cohesion, trust and solidarity needed for societies to develop.

**Surveillance**

**Syndromic management** refers to the treatment of STIs based on symptoms and signs of the specific infections.

**Traditional health care providers** refers to traditional healers, traditional birth attendants and other traditional health practitioners

**Transgenerational sex** involves two people from different generations. It includes the so-called "sugar daddy and sugar mommy" phenomena.

**Transactional sex** refers to people who have sex with the main aim of gaining some material benefit such as food, clothing, money, payment of educational fees, luxury goods.

**Treatment literacy**

**Uniformed service staff**s include police, prison and military staff

**Vulnerable Groups** include women, orphans, widows and widowers, children and young people, the poor, sex workers, prisoners, people awaiting trial, mobile populations, uniformed services, marginalised or minority groups, street children, persons engaged in transgenerational and/or transactional sex or/and same sex relations, people with disabilities, refugees

**Vulnerability** refers to the extent to which an individual, community or sub-group is susceptible to internal and external degradation and threats while lacking abilities and/or resources to cope. It often refers to exposure and defencelessness.

**Vulnerable** *(child*) refers to where at least one of the child's basic human rights is not met on a regular/ consistent basis, as defined under the UN Convention on the Rights of the Child – e.g. right to protection, education, basic nutrition, shelter, etc.

**Widow inheritance** is practiced when the late husband's brother takes the widow as his wife.