

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^[1] *	13.1% [11.1-15.5%]	2009
HIV prevalence - pregnant women (all ages) ^[2] *	13.9%	2009
Number of women living with HIV delivering ^[3]	9,200	2011
Est. # children (ages 0-14) living with HIV ^[1] *	16,000 [9,100-23,000]	2009
Maternal mortality ratio ^[4]	200/100,000	2010
Est. annual births ^[5]	60,000	2010
Infant mortality rate ^[6]	29/1,000	2010
Under-5 mortality rate ^[7]	41/1,000	2010

Adult HIV prevalence (ages 15-49) in Namibia was estimated at 13.1% for 2009 – similar to that observed in pregnant women (13.9%). In young people (ages 15-24), HIV prevalence is more than twice as high in females (5.8%) as in males (2.3%)^[1]. Between 2009 and 2011, there was a 58% decline in new paediatric HIV infections, from 1,900 to 800^[3].

Namibia's PMTCT program first launched in 2002 and has achieved substantial progress towards the Global Plan targets^[8]. HIV testing among pregnant women increased nearly two-fold between 2005 and 2010 – from 47% to 86%^[9] – and over 85% of HIV-infected pregnant women received more efficacious ARVs for PMTCT in 2011^[3].

Namibia revised policy guidelines in 2008 to provide more efficacious ARV regimens for PMTCT, in line with the 2006 WHO guidelines and later adopted 2010 WHO Option A regimen for prophylaxis. A costed national PMTCT elimination plan (2010-2015) is in place^[8,10]. Given the current performance of the PMTCT program, with high coverage of ANC and skilled delivery, Namibia is well placed to achieve the Global Plan high level targets.

Reaching High Level Targets

Global 2015 Targets

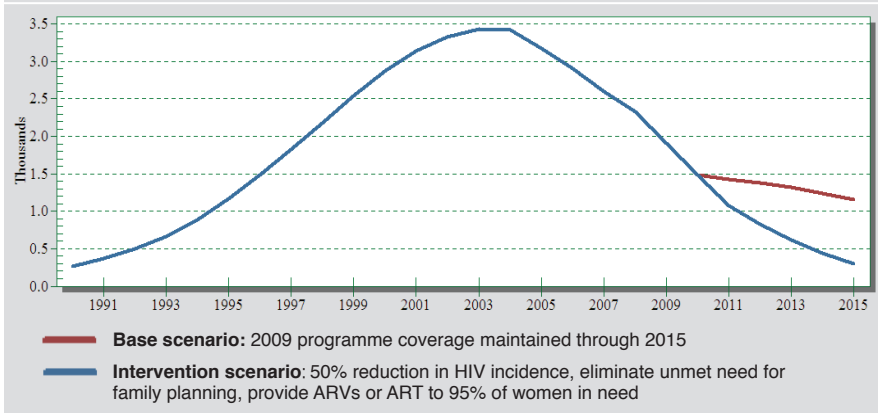
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 1,900 children were newly infected with HIV in Namibia in 2009. Modeled data from UNAIDS indicates that if all interventions are scaled up and Global Plan targets are achieved (see Figure 1), there would be 300 new child infections in 2015—representing an 84% decline in the number of new child infections between 2009 and 2015^[11].

Figure 1: Number of new child HIV infections due to mother to child transmission, by scenario, Namibia



Source:^[11] Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections ^[3]	1,900	–	800	–	–	–	–
	Number HIV-associated maternal deaths ^[4]	220 (2005)	140	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	20% ^[12] (2008)	14% ^[4]	–	–	–	–	–
	ART coverage among children (ages 0-14) ^[3]	75%	–	77%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) ^[3]	0.98%	–	0.90%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) ^[13]	21% (2007)	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate ^[3]	20%	–	8%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	60% ^a	–	85%	–	–	–	–
	Breastfeeding ARV Coverage ^[3]	13%	–	79%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	36%	–	84%	–	–	–	–

PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics

Young people (ages 15-24) HIV prevalence _[1] *	Female: 5.8% [3.7-8.6%]	2009
	Male: 2.3% [1.3-3.6%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[13]	Female: 74%	2006/2007
	Male: 82%	2006/2007
Male partners of pregnant women attending ANC tested in last 12 months _[14] *	Male: 3%	2010
Unintended pregnancies (ages 15-49) _[13]	Female: 53%	2006/2007

Key Points

Namibia has had a very slight decline in HIV incidence among women (ages 15-49) between 2009 and 2011—from 0.98% to 0.90%_[3]. Approximately one in five women in Namibia (21%) had an unmet need for family planning in 2007 and the rate of unintended pregnancies was 53% in 2006-2007_[13]. Condom use at last higher risk sex among young people was an estimated 82% among young men and 74% among young women in 2006-2007.

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

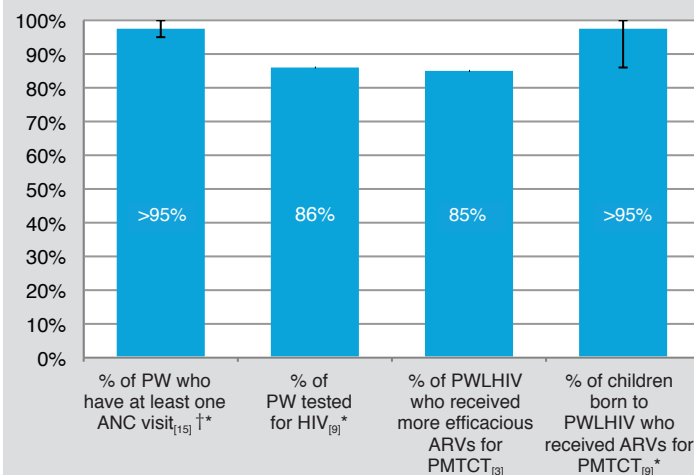
Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics

Timing of 1 st ANC visit (months) _[13]	No ANC: 4%	2006/2007
	<4 months: 33%	
	4-5 months: 38%	
	6-7 months: 21%	
	8+ months: 3%	
	DK: 2%	
Percentage of women attending at least 4 ANC visits during pregnancy _[13]	Total: 70%	2006/2007
	Urban: 73%	
	Rural: 68%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[9] *	86%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[9] *	>95% [86->95%]	2010
Skilled attendant at delivery (%) _[13]	81%	2006/2007
Exclusive breastfeeding for infants <6 months _[13]	24%	2006/2007

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

According to nationally-representative survey data, almost all pregnant women in Namibia (95%) attended at least one ANC visit in 2006-2007, and 70% attended four ANC visits, as recommended by WHO. Women in urban areas were more likely than women in rural areas to attend four ANC visits (73% vs. 68%, respectively). The majority of pregnant women (86%) were tested for HIV in 2010, and 85% of pregnant women living with HIV received efficacious ARV regimens for PMTCT in 2011. ARV coverage among HIV-exposed infants was over 95% in 2010.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing ^{[14]*}	47%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth*	–	–
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^{[9]*}	62% [50-83%]	2010

Key Points

In 2010, only about half (47%) of pregnant women identified as HIV positive were assessed with CD4 testing to determine if they were in need of treatment for their own health. In 2011, 84% of pregnant women with HIV who were eligible received ART^[3]. Less than two-thirds (62%) of HIV-exposed infants had a virologic HIV test within two months of birth in 2010. The majority of the HIV-infected children received paediatric ART and the proportion has increased slightly, from an estimated 75% in 2009 to 77% in 2011.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010^{[14]*}

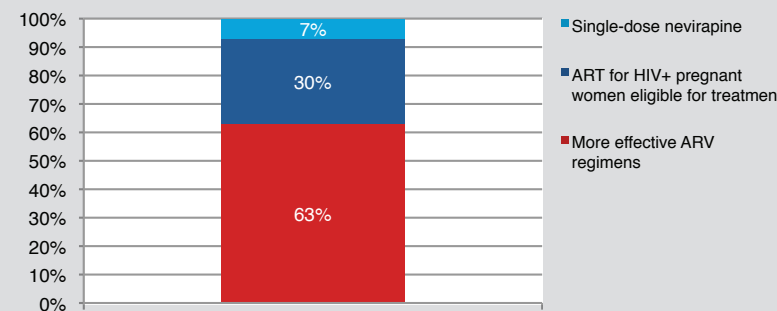
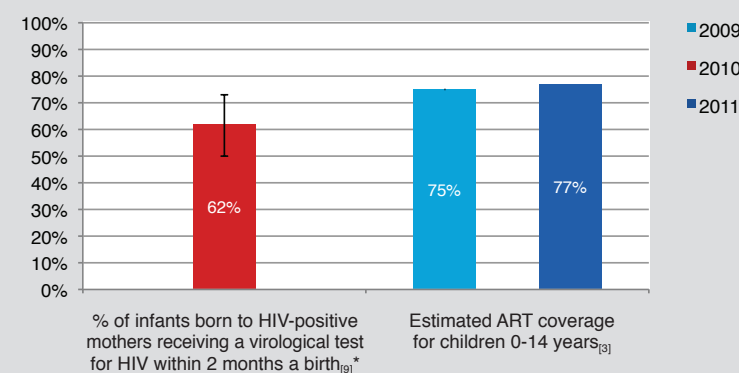


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Bottlenecks & The Bottom Line

Key Challenges

Few HIV-infected pregnant women are assessed with CD4 testing

Few infants born to HIV-positive mothers are tested for HIV within two months of birth

Very few male partners of pregnant women attending ANC were tested for HIV.

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets

The Bottom Line

If national EMTCT targets for Namibia are to be met by 2015, the following actions should be considered:

Improve access to CD4 testing and increase access of pregnant women living with HIV to ART for their own health.

Expand early infant diagnosis coverage

Namibia's PMTCT infrastructure and capacity provide a good platform for integrating prevention intervention targeting women and their partners as well as adolescents.

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
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- 8 Government of Namibia, Ministry of Health and Social Services, United Nations General Assembly Special Session Country Report: Reporting Period 2008-2009, 2010.
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 10 Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive 2011-2015*, 2010.
- 11 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 12 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 13 Namibia Demographic and Health Survey 2006-2007, Final Report
- 14 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*. unpublished estimates, 2011
- 15 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

Notes:

- * Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- ^a 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization