



# EPIDEMIOLOGICAL DISTRIBUTION OF HIV/AIDS IN NAMIBIA

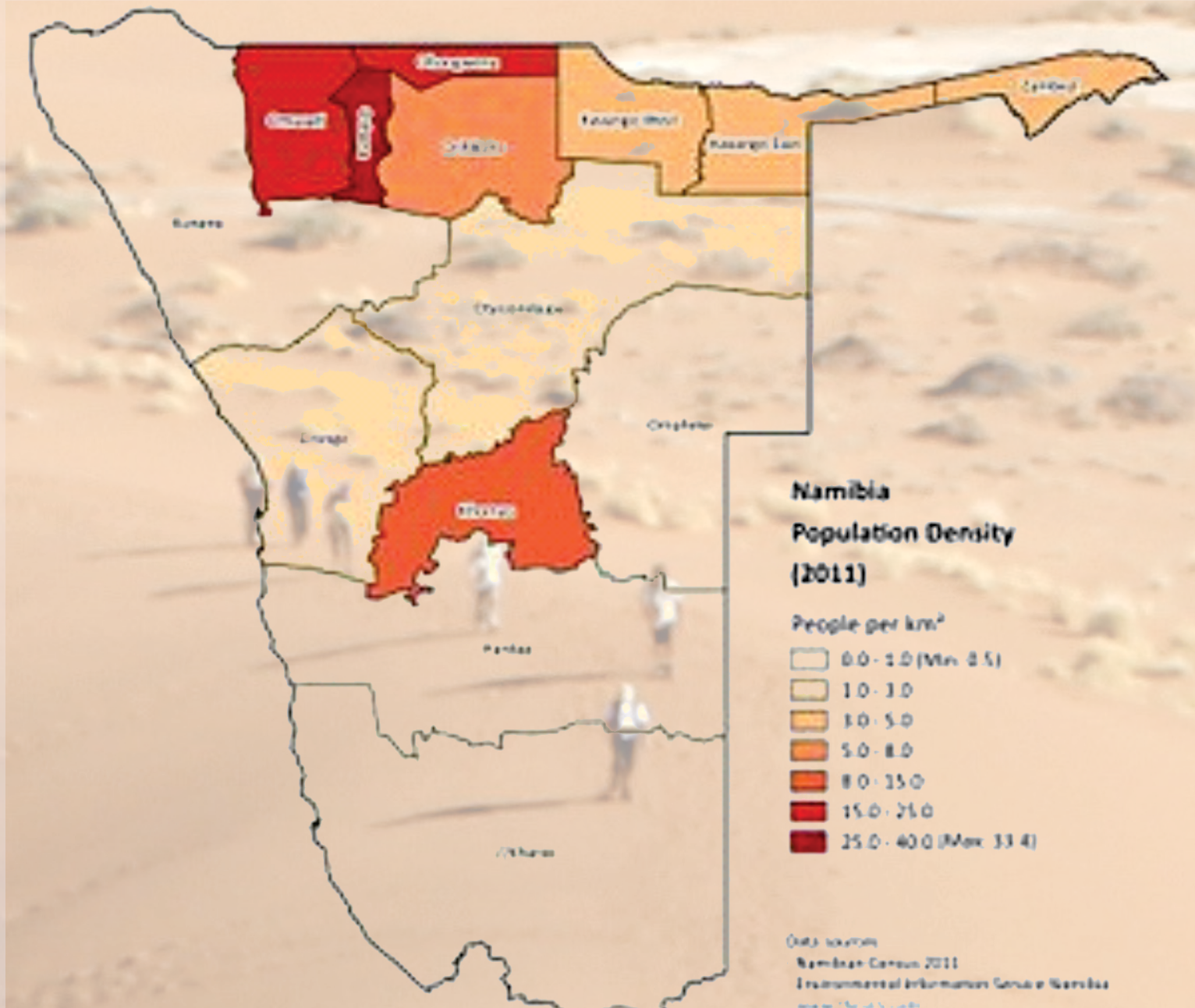
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## INTRODUCTION

- European AIDS clinical society HIV summer school
- September 5<sup>th</sup> to 9<sup>th</sup> 2017 at Montpellier - France
- Presented by Dr A.O. Bello MBChB (OGUN)
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## MAP DISTRIBUTION OF HIV/AIDS EPIDEMICS IN NAMIBIA



- **HIGHEST HIV PREVELANCE**
- **SECOND HIGHET PREVELANCE**
- **LOWEST HIV PREVELANCE**



## EPIDEMIOLOGY & GEOGRAPHY

- Namibia is located in southern part of Africa
- Shares Boundaries with Angola, Botswana, Zambia, South Africa & Zimbabwe
- Has two deserts: Kalahari and Namib
- Has Gold, Uranium, Diamonds, Zinc mines
- Population is between 2 to 2.1 MILLION
- Distributed across 14 regions
- HIV/ AIDS is predominantly high in the Northern region due to high population density



## CONTRIBUTING FACTORS TO HIVEPIDEMIC IN NAMIBIA

- Social Behavior and Cultural Practices: Unwillingness to use condom, inability to negotiate condom use, multiple concurrent partnerships, work related migration, low rate of male circumcision
- Economics factors, poverty and unemployment, economic vulnerability of young female and women to rich men
- Virological factor : HIV sub-type C is the most prevalent and virulent
- Others. Delayed national and international response, High prevalence of ulcerative STIs , Alcohol , Drug Abuse, Dry sex, Commercial sex work

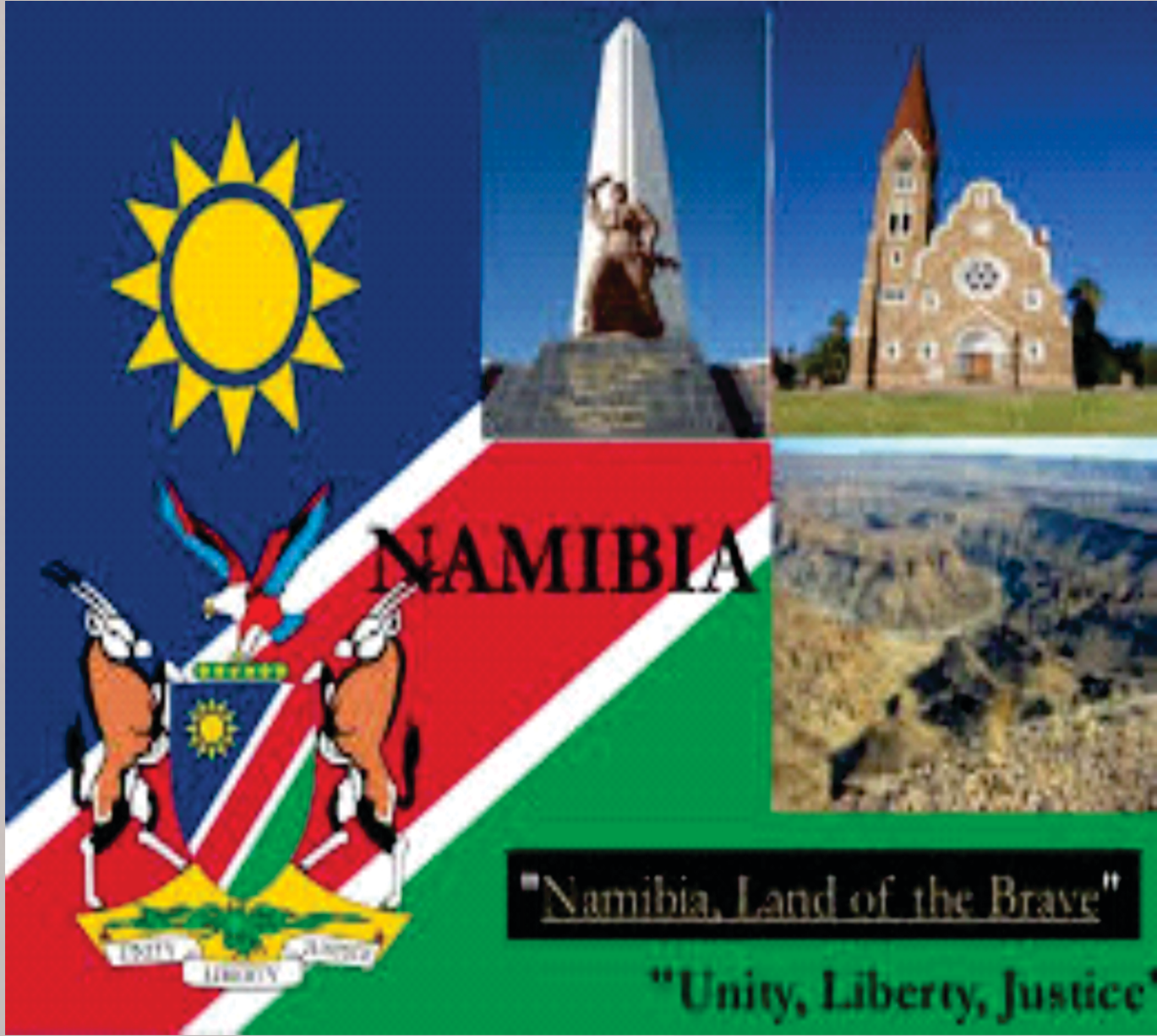
## ACCESS TO HIV CARE IN NAMIBIA

- HIV/AIDS medication is free and readily available through out Namibia public health institutions.
- Primary health care centers, district, regional, tertiary hospitals has separate and dedicated HIV clinic for management and follow ups.
- Capacity building for HIV management in Namibia and rural population is anchored on NIMART Trained nurses working in PHCs and District Hospitals
- Support Partners and NGOs recruit Doctors, Pharmacist, Nurses and Health Assistants to different HIV clinics through special programs. PEPFER,KVNCB, GLOBAL FUND,ITECH



## ISSUES ENCOUNTERED IN HIV/AIDS MANAGEMENT IN NAMIBIA

- Non Disclosure to Partner and infected children
- Stigmatization of Patients
- Passion killing and false accusation
- Deliberate spread of HIV through unprotected sex
- High incidence rape, sexual assault, incest and sodomisation among teenage girls and boys



## CONCLUSION

- Non Disclosure to Partner and infected children
- Stigmatization of Patients
- Passion killing and false accusation
- Deliberate spread of HIV through unprotected sex
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