

## PREVENTING ILLNESS IN NAMIBIA

### PRIMARY HEALTHCARE LEADS TO PROGRESS IN NAMIBIA

#### INTRODUCTION

According to the World Health Organization (WHO), better access to healthcare has led to improvements in public health and disease prevention in Namibia. The implementation of primary healthcare (PHC) has enabled Namibia to better protect its inhabitants from communicable diseases and promote health education.(1) However, despite progress under primary healthcare, the HIV/AIDS epidemic continues to present a considerable challenge to the understaffed Namibian healthcare system.

#### PRIMARY HEALTHCARE: NEW PRIORITIES, GREATER ACCESS

Namibia moved toward a primary healthcare approach in 1992 in an attempt to fundamentally improve the nation's healthcare environment. Before Namibian independence from South Africa in 1990, healthcare was fragmented along racial, ethnical, and geographic lines.(2) Health services focused on curative services, almost exclusively in urban areas. Meanwhile, health education and prevention received little attention.(3)

Under primary healthcare, Namibia attempted to provide equal access to basic healthcare for all humans. The new strategy called for the decentralization of health resource allocation and a greater number of health clinics across the country.(4) The coverage of health services across Namibia improved within the first few years of preventive healthcare; the number of public health facilities in the country tripled from 98 in 1981 to 317 in 2001.(3) In 2001, approximately 80% of the country's population (1,500,000 humans) lived within 10km of a public health facility. However, the remaining 20% of the population, nearly 400,000 humans, lived in rural areas farther away from health clinics.

The decentralization of health management resulted in new priorities for the healthcare sector. In 1994, the government created 13 Regional Health Management Teams to



*A choir sings when a HIV/AIDS clinic is opened in Walvis Bay, a Namibian harbor town, in 2007. Photo courtesy of the Rev Christopher Rankin.*

replace 4 centralized Health Directorates.(5) This new regional system allowed Namibian officials to identify priorities, such as the need to immunize against polio, diphtheria, tuberculosis, measles, tetanus, and whooping cough.(4) Primary healthcare also focused on maternal and child healthcare, proper nutrition, and basic sanitation. According to the WHO, these measures resulted in the elimination of measles, neonatal tetanus, and nearly polio.(1) Diarrhea in children under 5 also declined in the first decade of primary healthcare.

#### FOCUS ON EDUCATION AND DISEASE PREVENTION

The move to primary healthcare in Namibia placed a high priority on health education, awareness, and prevention. The most serious health issues in Namibia result from preventable environmental and social factors, making education and awareness vital to primary healthcare strategy.(4) According to WHO, HIV/AIDS is the top cause of mortality in Namibia, responsible for 51% of deaths.(6) The next most prevalent causes of mortality are tuberculosis, perinatal conditions, and cerebrovascular disease, each at 4%.

To help educate humans about HIV/AIDS, Namibia launched an Emergency Plan Integrated Team in 2004.(7) The team includes local and international non-governmental organizations, churches, political lead-

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ers, and health officials working to develop HIV/AIDS activities. The Health Communications Partnership (HCP), an international strategic health communications group, is a key part of the integrated team, Figure 2. HCP develops and produces HIV/AIDS prevention material across Namibia, encouraging human behavior change around prevention strategies.(8) In the Namibian capital of Windhoek, HCP developed a 26-episode radio program called the Suzie and Shafa Show.(8) An entertainment program targeted to youth, the show aimed to improve HIV/AIDS knowledge and behavior among humans between 15 and 25.

Preventive health education appears to be raising awareness in Namibia. Although the country ranks among the top 5 in the world in HIV/AIDS prevalence at 22.3%, knowledge of the disease is high among the general population with nearly 98% of women having heard of HIV/AIDS.(8)

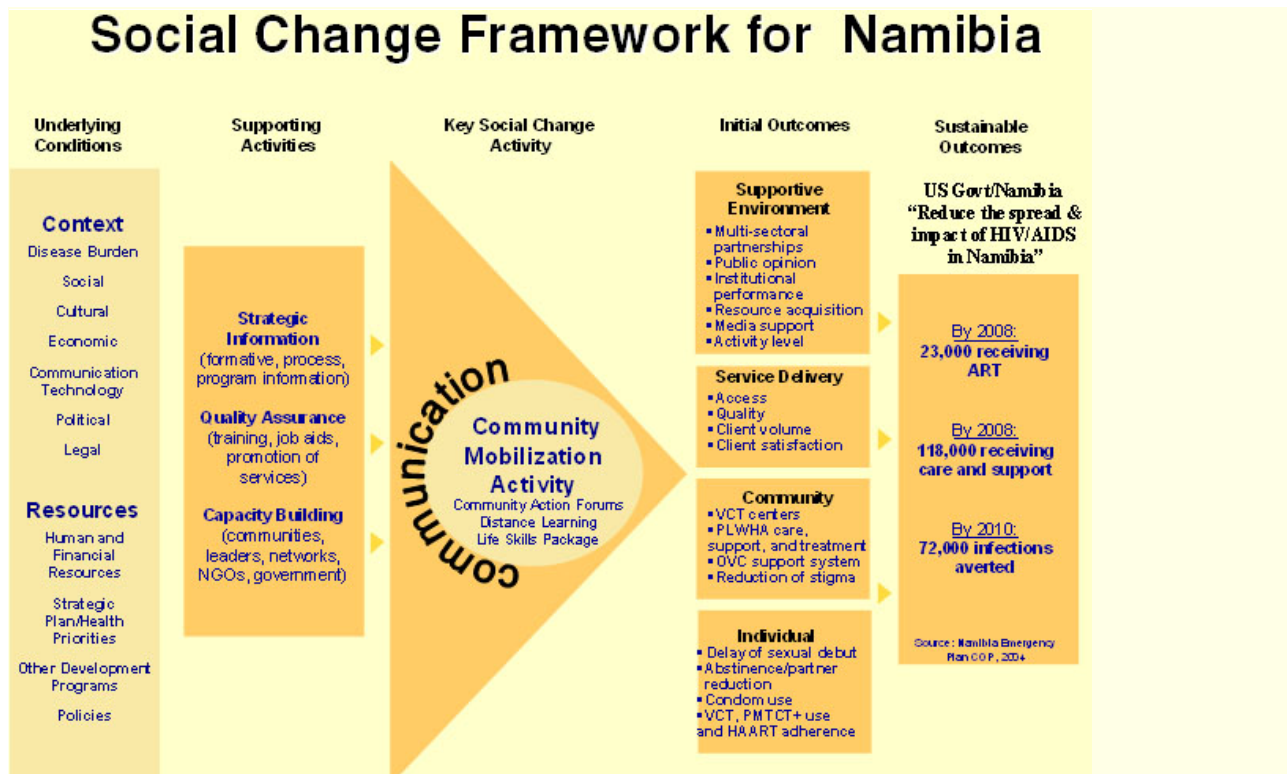
Special events such as World AIDS Day build further health awareness across Namibia. In December 2006, local schools in the community of Rehoboth contributed song, dance,

and theatrical performances to increase AIDS awareness under the theme "Stop AIDS, Keep the Promise".(9) The promise was to have "zero tolerance for new HIV infections among youth." The Rehoboth AIDS Association also gained recognition for its support of orphans and vulnerable children of HIV/AIDS parents.

Namibian artists and athletes also promote health education. In early 2008, art students from the John Muafangejo Art Centre painted an HIV/AIDS mural for the Rakutuka Arts Festival. The mural "represents the coming together of diverse cultures and ethnic groups to raise awareness about HIV/AIDS," according to Ray Castillo, US Embassy public affairs officer.(10) Castillo also praised the work of the national cycling team, which launched Team Ben Namibia to promote healthy lifestyles and encourage HIV/AIDS testing. During the summer of 2008, the cycling team will offer bicycles as incentives for humans to get tested at mobile testing centers in Windhoek.

### OBSTACLES AND CHALLENGES TO HEALTHCARE

Despite progress under primary healthcare,



The Health Communications Partnership developed this framework for HIV/AIDS prevention in Namibia. The strategy aims to build HIV/AIDS awareness at the grassroots level to improve sustainable outcomes. (Adapted from <http://jhuccp.org/africa/namibia/>)

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Namibia faces substantial challenges posed by health emergencies, staffing shortages, and poor information systems. According to the WHO, HIV/AIDS and tuberculosis have created a dual epidemic in Namibia. An estimated 230,000 Namibians had HIV/AIDS in 2005, including 17,000 children under 14. Nearly 85,000 children under 17 had lost 1 or both parents to HIV/AIDS. Tuberculosis was declared a health emergency by the Namibian government after 15,771 humans were reported diagnosed with tuberculosis in 2006. The 2 diseases co-infect thousands of Namibians; the prevalence of tuberculosis in humans with HIV/AIDS is estimated to be 50 to 60%. The dual epidemic has "crippled" the Namibian economy due to the decline in work productivity among ill humans.(11)

The HIV/AIDS and tuberculosis epidemics are exacerbated by professional staffing shortages across the Namibian healthcare sector. Of 10,000 health workers in Namibia, only 3,000 are physicians or nurses.(12) The remaining 7,000 employees work in health administration. A single nurse staffs some health clinics in rural areas-insufficient to cope with health needs in many regions. The low percentage of physicians and nurses explains why the WHO ranks Namibia 189th of 201 countries in health service delivery.

The National Health Training Center (NHTC) addresses Namibia's staffing shortage. Managed by the Ministry of Health and Social Services, the National Health Training Center trains Namibians in health fields to achieve primary healthcare for all humans. In 2008, 362 nurses or midwives graduated from the National Health Training Center.(13) In addition, the University of Namibia produced 113 registered nurses in 2007 and enrolled 879 students in health-related fields in 2008. The increasing number of nursing graduates could prevent situations like one in 2006, when Namibia sought expatriate assistance of more than 100 Kenyan nurses.(13)

But will Namibia's new nurses have access to modern technology? Challenges to health professionals include poor information systems, old medical equipment, and lack of transportation. The paper-based information system has led to inconsistent care for chronic diseases and USD9 million in unpaid hospital bills across the country.(14) In a step toward modernization, Windhoek Central Hospital installed a computerized database system in early 2008. The new system

streamlined patient records and provoked discussions about an integrated national health infrastructure.(15)

By adopting modern technology across its health sector, Namibia could be better positioned to meet challenges posed by health emergencies. Despite its likely high cost, modernization would also continue the progress made in healthcare since the move toward preventive healthcare.

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*By C Karlesky MSc*

