

# Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa



## Country Profile: **NAMIBIA**

Despite tremendous progress scaling up AIDS treatment, care, and prevention services over the past decade, the epidemic among gay men, other MSM, and transgender individuals continues to grow. With an adult HIV prevalence rate of 13.4 percent, Namibia remains one of the most heavily impacted countries in the world.<sup>1</sup> HIV prevalence among MSM in the country is estimated to be as high as 12.6 percent, yet there are currently few programs aimed at addressing the epidemic within this neglected population.<sup>2</sup> Furthermore, while international donors have established clear policy commitments to addressing the epidemic among key populations, these commitments are not being consistently upheld by current levels of funding or implementation.

Stigma and discrimination against this population are commonplace. Laws that criminalize same-sex practices further marginalize and prevent access to life-saving programs. As a result, these men and women struggle to obtain the most basic health services, such as condoms, lubricant, and HIV testing.

In the report, **Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa**, amfAR, The Foundation for AIDS Research and The Johns Hopkins University Center for Public Health and Human Rights document the current state of the AIDS response for gay men, other MSM, and transgender individuals in six Southern African countries: Botswana, Malawi, Namibia, Swaziland, Zambia, and Zimbabwe. What follows is a summary of the findings and recommendations for Namibia. For the full report, please visit [www.amfar.org/gmtreport](http://www.amfar.org/gmtreport). All data current as of May 2013.

### LIMITED FUNDING FOR MSM-SPECIFIC PROGRAMS

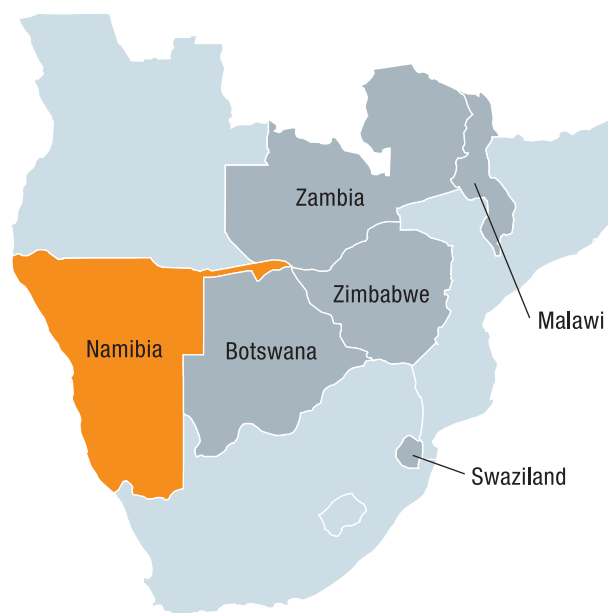
The Namibian government currently does not allocate any funding to HIV/AIDS programs specifically targeting gay men, other MSM, or transgender individuals. As such, programming for these men and women relies wholly on international donors,

primarily The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States government through PEPFAR. As Namibia transitions toward full country ownership of its national AIDS response there are concerns about the future of programs targeting this population.

#### The Global Fund to Fight AIDS, Tuberculosis and Malaria

MSM were identified as a key affected population in Namibia's Round 8 and 10 proposals. In Round 8, \$2,702,877 was requested for MSM-specific programming, reflecting approximately 1.7 percent of the country's total requested budget for that round (total: \$160,505,034), but there is no evidence of any proposed programs or funding for MSM in Round 10. Neither proposal was approved by The Global Fund.

Any MSM-specific funding Namibia has received from The Global Fund has been the result of the Rolling Continuation Channel (RCC), which, when it was approved in 2009, extended the



country's Round 2 grant and outlined interventions to reduce HIV among difficult-to-reach populations. Through the RCC, a total of \$1,029,227 was directed to MSM-specific activities, including behavior change communications, STI diagnosis, and treatment.<sup>3</sup> This amount reflects approximately 0.6 percent of the total proposed RCC budget (total: \$211,803,062). It was not possible to track this allocation in the final budget.

## United States Government

In the country's 2007 country operational plan (COP), \$313,807 was earmarked for a University of Washington implemented epidemiological survey of MSM.<sup>4</sup> In 2010, a "rapid assessment, population size estimation, and bio-behavioral survey of most-at-risk populations (MARPs)," including MSM, was one of four activities comprising a \$1.5 million mechanism implemented by CDC.<sup>5</sup> Similarly, the 2011 COP includes \$200,000 for a CDC-led population size estimation and bio-behavioral survey including female sex workers and MSM.<sup>6</sup> That same year, \$1.4 million was cited for an activity to procure and distribute HIV testing kits and supplies as part of a behavioral surveillance survey, including MSM.<sup>7</sup>

**Despite the government's insistence that health services are available to all Namibians regardless of their sexual orientation or gender identity, high levels of stigma and the fear of discrimination have prevented many from accessing these services.**

Due to its status as an upper-middle income country, the U.S. government has not earmarked further funding for Namibia, with contributions anticipated to decrease over time.<sup>8</sup> Reduced donor support is likely to occur regardless of the Namibian government's ability to continue funding programming for gay men, other MSM, or transgender individuals on its own.

## PUNITIVE LAWS, STIGMA, AND DISCRIMINATION<sup>9</sup>

Same-sex practices are criminalized under anti-sodomy provisions in the Penal Code. This has made it difficult for HIV service organizations to access and provide services to gay men, other MSM, and transgender individuals.

What is criminalized?	What are the punitive measures?
Anal sex between men is criminalized under common law.* Protections against employment discrimination based on sexual orientation were repealed in 2004	No specific punishment has been identified

\*Common law is "law that is derived from judicial decisions instead of from statutes."<sup>10</sup>

While the 2010/11–2015/16 National Strategic Framework for HIV and AIDS Response (NSF) mentions MSM and proposes targeted interventions for the population, the Namibian government has resisted efforts to address the needs of MSM despite advocacy from UN agencies and the U.S. government.

Contrary to the government's insistence that health services are available to all Namibians regardless of their sexual orientation or gender identity, high levels of stigma and the fear of discrimination have prevented many from accessing these services. In-country consultations pointed to an absence of clinical services that are friendly to sexual minorities and key populations. Participants cited instances of outright discrimination and poor treatment when healthcare personnel became aware of or presupposed their sexuality.

## MOVING FORWARD

UNAIDS's new Investment Framework, The Global Fund's 2012–2016 Strategy Framework, and PEPFAR's *Blueprint for Creating an AIDS-Free Generation* all emphasize the need to target MSM and transgender individuals. However, to date, implementation lags far behind these policies.

Despite the many challenges that persist, there are also signs of opportunity.

Namibia's NSF includes specific indicators, strategies, budget allocations, and targets for programs serving gay men, other MSM, and transgender individuals. They include reaching 3,000 MSM with HIV prevention interventions by 2015; increasing the percent of men reporting condom use during the last time they had anal sex with a male partner by 50 percent by 2015; and increasing the percentage of MSM that have been tested for HIV in the previous 12 months and know their status to 80 percent by 2016.

Namibia benefits from an active civil society engaged on issues affecting gay, lesbian, bisexual, and notably, transgender individuals. Most current programs targeting these men and women have been implemented by NGOs at the community level, but they have been largely limited to small-scale behavior change interventions.

The Out-Right Namibia (ORN) program distributes packaged condoms, lubricant, and information brochures at venues frequented by MSM and offers “safe sites” of distribution. Community facilitators act as referral points to care and treatment, as well as social services for substance abuse and sexual and gender-based violence. They also serve as local advocacy agents on behalf of MSM and other sexual minorities by engaging with local hospitals and clinics, the police, and churches when MSM and other sexual minorities are unable to access public services. With support from amfAR and the Open Society Foundation, ORN is also undertaking a human rights documentation project, in which community facilitators are collecting and documenting incidences of human rights violations to incorporate in the publication of the first human rights report for LGBT persons in Namibia.

UNAIDS has sought to advance a human rights approach to addressing Namibia’s epidemic, which has included establishing a technical working group focused on the removal of punitive and discriminatory laws. The agency has also organized planning meetings, workshops, and advocacy forums to facilitate the participation of key populations in the national HIV/AIDS response.

## RECOMMENDATIONS

- The government of Namibia should decriminalize same-sex practices between consenting adults, as well as promote other equitable policies related to full access to public and private services.
- Donors should require that a share of their funding be directed toward the needs of gay men, other MSM, and transgender individuals. Part of this effort might be supporting civil society advocacy aimed at reducing discriminatory services in the health sector and the decriminalization of same-sex practices.
- An ongoing dialogue between MSM-led organizations, the Namibian government, and international donors should take place to ensure that the HIV response is not endangered by expected reductions in donor support. A primary focus of discussions should be guaranteeing that the Namibian

government is both able and willing to “own” and sustain the MSM-specific programming currently being rolled out in Namibia.

- Civil society groups should work with the Ministry of Health and Social Services (MoHSS) and/or the National Planning Commission to undertake a review of issues other than health and sexual practice that make gay men, other MSM, and transgender individuals more vulnerable to HIV, including legal obstacles, lack of employment, and social support.
- With technical assistance from United Nations partners, the MoHSS should define and endorse a minimum service package for gay men, other MSM, and transgender individuals.

## ENDNOTES

- 1 UNAIDS (2011). AIDSInfo database. Available at [www.unaids.org/en/dataanalysis/datatools/aidsinfo](http://www.unaids.org/en/dataanalysis/datatools/aidsinfo)
- 2 Baral S et al. HIV prevalence, risks for HIV infection, and human rights among men who have sex with men (MSM) in Malawi, Namibia, and Botswana. *PLoS ONE*. 2009; 4(3): e4997.
- 3 Only the proposed budget was available. It was not possible to track allocation in the final budget.
- 4 PEPFAR (2007). Namibia 2007 COP. Available at [www.pepfar.gov/about/82446.htm](http://www.pepfar.gov/about/82446.htm)
- 5 PEPFAR (2010). Namibia 2010 COP. Available at [www.pepfar.gov/about/82446.htm](http://www.pepfar.gov/about/82446.htm)
- 6 PEPFAR (2011). Namibia 2011 COP. Available at [www.pepfar.gov/about/82446.htm](http://www.pepfar.gov/about/82446.htm)
- 7 PEPFAR (2011). Namibia 2011 COP. Available at [www.pepfar.gov/about/82446.htm](http://www.pepfar.gov/about/82446.htm)
- 8 Namibia is currently classified as having an ‘Upper-Middle-Income’ economy by The World Bank. See: <http://data.worldbank.org/about/country-classifications/country-and-lending-groups>
- 9 Itaborahy L (2012). State-sponsored homophobia: A world survey on laws criminalizing same-sex sexual acts between consenting adults. International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). Available at [http://old.ilga.org/Statehomophobia/ILGA\\_State\\_Sponsored\\_Homophobia\\_2012.pdf](http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2012.pdf)
- 10 Cornell University Law School. Legal Information Institute. Available at <http://www.law.cornell.edu/wex/offense> (date last accessed: April 16, 2013).

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