



Republic of Namibia

Address

By

Dr Richard Nchabi Kamwi, MP
Minister of Health and Social Services

**Prevention of the Spread of the Infectious Diseases
through Cross Boarder Movement of People**

National Assembly

Hon Speaker,

Hon Members

I raise to give information related to an important subject in the fight against Infectious Diseases especially TB and HIV/AIDS.

As many of you may already know, tuberculosis and HIV/AIDS remain major public health challenges facing the world today. As one of the top five countries with the highest per capita burden of TB in the world, Namibia is also implementing and putting in place all vigorous initiatives to try and get rid of this disease as a public health concern. Given that one infectious person has the potential to infect an average of twenty other people, it is imperative to find and appropriately treat each and every case of tuberculosis or any other infectious disease. This situation is aggravated by the fact that about half of our TB patients are also infected with HIV; making addressing the dual epidemic even more pertinent.

I am encouraged that the sustained collective efforts are starting to bear fruits. There are notable achievements in the major international indicators that are used to monitor the pandemic. Should we continue on this path, the ultimate vision of a Namibia free of TB can surely be achieved. I am also encouraged that the government has shown commitment to the battle to rid Namibia of TB and HIV & AIDS, reflected in the substantially increased budgetary provision for the control of these two diseases.

Hon Speaker,
Hon Members,

One of the key challenges that we have regarding TB in this country pertains to the constant cross border movement of people between Namibia and its neighbours, especially given the different levels at which the tuberculosis control programmes are currently operating for historical reasons. This is particularly so given the anecdotal reports of a vibrant 'medical tourism' industry characterized by patients from Angola travelling to Namibia to seek treatment at private and public health facilities.

It is against this background that we need to ensure that the current situation does not significantly derail the commendable progress that we have made in tuberculosis and HIV control. Untreated people with tuberculosis, whether from Angola or Namibia, remain the most significant threat to tuberculosis control in the country. Given that we cannot control the constant movement of people along common borders due to family ties, inter-marriages, economic needs, there is need to ensure that this movement does not jeopardise our disease control efforts. These are also WHO conventions regarding access to health services by cross boarder patients which retrain Namibia from turning away sick foreign nationals. While our strategy and resources like medicines are currently intended for Namibians, the following are the potential downfalls of an inhibitive system regarding treatment of Angolan nationals:

1. Medicine sharing among patients, potentially resulting in the development of resistance

2. False identity and contact details, resulting in failure to trace patients who default treatment
3. False treatment history, resulting in inappropriate treatment regimens
4. Untreated infectious patients, resulting in continued disease transmission.

For these reasons it is preferable for all these patients to come freely and openly to our facilities if we are to prevent further spread of TB and exacerbation of the problem of TB drug resistance in the country, which will have even bigger financial repercussions.

Hon Speaker,
Hon Members,

The magnitude of the problem can be demonstrated by the numbers that we are receiving from the various institutions. As an example, about 40% of patients admitted to Katutura TB Unit with tuberculosis are Angolan nationals; while 276 (30%) of the 932 patients who commenced on treatment in Engela district in 2014 were Angolan nationals. Needless to say, this has significant financial and resource implications for the country. This is not good return on our investments and we definitely would like to see the situation changed.

It is for this reasons that as Ministry we are grateful that Cabinet approved that Angolan with TB and other infectious disease should be treated free of charge at the point of service delivery and that Cabinet also approved our request that the Namibian government

engages the Angolan government to work towards developing an Agreement whereby the Ministry of Health and Social Services is able to obtain re-imburement for all the services that the MHSS health facilities provide to the Angolan citizens, free of charge, at the point of service delivery. This is found permissible in accordance with the WHO International Health Regulations and SADC Health Protocol.

Given the good relations between Namibia and Angola, we believe that cost recovery should be possible with the assistance of the Ministry of Foreign Affairs and the WHO. The health facilities shall keep record of patients, the treatment provided and the cost involved. These records shall then form the basis for negotiation for re-imburement by the Angolan Government.

One of the mandates of the MOHSS is to protect all Namibians from infectious diseases and we remain committed to that mandate to protect Namibians from being infected, hence the need for preventive measures early enough to avoid an epidemic outbreak.

I trust that this information will now allay fears that some Namibians had thought we were just there treat Angolan nationals without us benefiting. Clearly this is a win-win situation for both countries Namibia and Angola.

Together we can *live in a TB and HIV & AIDS free nation.*

Thank you.