

Remarks
Gary Newton, USAID/Namibia Mission Director
HIV/AIDS Research Dissemination Workshop and Program Application Session
Health Communications Partnership (HCP), Johns Hopkins University (JHU)
May 17, 2006 8:30-17:00 and May 18, 2006 8:30 – 13:00
NamPower Convention Center, Windhoek

- Ms Maggie Nghatanga, Director of Primary Health Care, Ministry of Health and Social Services
- Mrs. Mubale, Head of Quality Nursing, (Nursing Services), MoHSS
- Mrs. H Auala, Dep. Dir for Family Health Care, MoHSS
- Ms Rianne Selle, Coordinator of Take Control and Director of Publications Ministry of Information and Broadcasting
- Nahum Gorelick, Johns Hopkins University (JHU), Health Communications Partnership (HCP), Center for Communication Programs
- Dr. Rajiv Rimal, JHU/HCP HQ in Baltimore, MD, US
- All our Emergency Plan partners
- Representatives from the Media
- Friends and Colleagues

I'd like to begin by thanking all of you for the good work you're doing.

Very few things could be as important at this point in Namibia's history, and at this point in the history of this devastating epidemic, than the work you are doing to *prevent* HIV/AIDS.

It is imperative that we continually improve our understanding of how HIV/AIDS is being transmitted in Namibia, what we can do to interrupt transmission, and whether interventions are effective in changing behavior.

Critically important care and treatment services are giving thousands of Namibians new hope and a better and longer life, but at the end of the day, there is no sustainable solution to Namibia's AIDS crisis other than *prevention*.

The recurrent costs of saving and sustaining the lives of the estimated 210,000 people already HIV-infected, and the recurrent costs of caring for the estimated 170,000 children already orphaned or made vulnerable by the epidemic, will be formidable.

Namibia will be hard-pressed to pay -- year after year -- for even these baseline costs of the epidemic -- assuming there are no new infections as from this moment.

On humanitarian -- and on financial grounds -- we cannot afford even one more HIV infection.

The kind of research being done by Johns Hopkins University with her excellent partners is yielding the kind of *information* required to get the upper hand on AIDS, exactly the kind of *intelligence* required to prevent new infections.

We of course do not have *enough* information, and we never will. The challenge is to take what we've got and squeeze every ounce of utility from it. Our prevention programs and interventions must be based-on, shaped, informed and enlightened by good solid behavioral research.

At this meeting, I understand we will be presented with a "*good news/bad news*" scenario on the behavior change front. We will be briefed on research findings that give cause for hope, and findings that give cause for concern.

And, we will be guided on how to interpret these findings: the extent to which they can be generalized in these sites; the extent to which they suggest trends; and, the extent to which we can reasonably base strategic and programmatic decisions on them.

While these new research findings will be of great interest in-and-of themselves, our main responsibility is to ensure that the findings are used and applied to make Namibia's HIV/AIDS prevention programs even more effective. Therefore, tomorrow's *program application* session is as important as today's *dissemination* session and I strongly encourage you to attend. There's simply no point in doing this kind of research unless it improves the effectiveness of prevention programs – and we are confident that it will.

Beyond tomorrow's session, we are committed to helping bridge the gap between research and its application; between those who do research and have knowledge of the findings, and those who *operationalize knowledge* through program planning and budgeting.

We see these two days in the context of a larger U.S. Government initiative in support of Namibia's national HIV/AIDS program. While every year should be "*The Year of Prevention*", 2006 will be a *Special Year of Prevention*; 2006 is the year we are subjecting our *prevention strategy* to special scrutiny; 2006 is the year we will ensure that we're *getting prevention right*.

To kick-off this *prevention* initiative, two weeks ago the U.S. Government sponsored a forum where a leading HIV/AIDS researcher provided a comprehensive review of recent HIV-prevention research. He said the research suggests that, while many factors contribute to the epidemic, two in particular contribute disproportionately to the high HIV prevalence in southern Africa compared to other areas of the world: relatively low rates of male circumcision; and high rates of long-term sexual relationships with several partners over the same period of time. There is, of course, risk associated with "short-term" casual sex as well, but research suggests that longer-term "concurrent" relationships are especially risky. Let us keep these findings in mind as we listen to the results presented today.

In the months to come we look forward to working with you all to ensure that prevention strategies and interventions in Namibia continue to be based on the latest epidemiology of the epidemic in Namibia, the latest behavioral research, and the latest research on the relationship between prevention interventions and behavior change. And we commit to continue our support for a prevention strategy that is balanced and that addresses community priorities and needs.

This research was conducted by Johns Hopkins University and funded by the U.S. President's Emergency Plan for AIDS Relief through USAID. Under this Presidential Initiative, funding for Namibia increased from US\$24.5 million (approx. N\$ 160 million) in 2004, to \$42.8 million (approx. N\$ 270 million) in 2005, to \$57.3 million (approx. N\$350 million) in 2006. Funding has more than doubled in three years because Namibia is using these resources well and is achieving significant results. We expect a further increase in 2007.

In closing, we'd like to recognize and thank the many people who provided, collected, analyzed and presented this vital information – and we'd like to thank in advance the many more people who will put this research to use, who will translate it into practical and effective prevention programs.