

**Remarks by U.S. Government Representative
Peter Gichangi, Senior HIV/AIDS Advisor, USAID/Namibia Mission
MDR training
Monday, 5 November 2007 9:00 – 11:00**

Good morning

It is an honor to be here today to welcome you to this training on management of multi-drug resistant (MDR) Tuberculosis (TB). This training is supported by USAID's TB Control Assistance Project, through funding from both USAID as well as the United States President's Emergency Plan for AIDS Relief. A few core doctors and staff have already been trained in the programmatic management of MDR-TB, but this is the **first ever** country level training for Namibia. For that reason, I offer a special note of congratulations to those that have made it here today.

I welcome you to be part of a cadre of future leaders that help the National TB Control Program to scale up its efforts to increase case identification and treatment success. I encourage you to be the people behind the statistics to decrease the number of patients that transfer out or default from their TB regimen. I know that MDR-TB treatment has been practiced in Namibian hospitals since 1999, using standard second line drug regimens sponsored by the government. However, some alternative second line drugs are not available, and some basic systems are not in place to facilitate clinical management. This training should therefore not be considered the final solution to managing MDR in Namibia, but it is a critical step in the right direction.

Currently, the exact extent of MDR-TB is unknown in Namibia. There is no routine surveillance and notification system. National level strategic guidance on MDR is provided in the National TB Control Strategic Plan (MTP-I), but this is not the same as having a MDR management action plan. No treatment outcomes are recorded for MDR, and unrestricted availability of second line drugs has led to widespread misuse. Please work hard during this training to understand how to improve clinical management of MDR, but also know that we will need your help to continue to work with the National TB Control Program to put effective systems in place, and link to community mobilization and advocacy efforts. With your help, it will not be long before we see stronger management of patients with MDR-TB in Namibia.

The need for training in the management for MDR-TB is quite clear. We all know that in Namibia, we are plagued with a severe dual epidemic of both tuberculosis and HIV/AIDS:

- Namibia has one of the world's worst HIV/AIDS epidemics - **prevalence in 2006 was just under 19.9%**;
- Namibia has one of the world's highest rates of tuberculosis - **TB case notification rate in 2006 was 765 per 100,000 people**;
- and many people suffer from dual infection.

Further, the HIV prevalence among TB patients was estimated to be 67% in 2006 and TB can be deadly for anyone with a compromised immune system. Worldwide, TB is the number one cause of death for people living with HIV/AIDS.

The United States Government has made a major commitment to tuberculosis treatment and control worldwide, and a major commitment to tuberculosis treatment and control in Namibia. In Namibia, the US government has provided US\$ 5 million since 2004 for TB Control and Prevention. In 2008, it plans to contribute US\$ 3.5 million to support National TB Control Program efforts.

Namibians have made a great deal of progress in the fight against tuberculosis. I applaud each one of you today in being on the front lines in helping to confront the challenge of MDR. Only with your help, can we effectively:

- scale up TB treatment services, especially a TB Directly Observed Therapy Short-course (DOTs) nationwide; and,
- develop the required skills to deal with the problem of MDR and Extensively Drug-resistant (XDR) TB.

With your talent and commitment, and a little help from your many friends, TB can be managed, MDR and XDR TB cases can be prevented and the vision we share today, of a world free of tuberculosis, can hopefully become a reality.

The topics to be covered in the MDR training will improve your clinical knowledge base to deal with MDR TB and also general aspects of TB treatment and prevention. We hope you will find this training rewarding. Share the knowledge acquired with your colleagues and those you work with who were not able to attend this training, and try to also help the National Control Program as they build a system to support your work.

Thank you for taking the time to try to manage this threat. Good luck to you all.