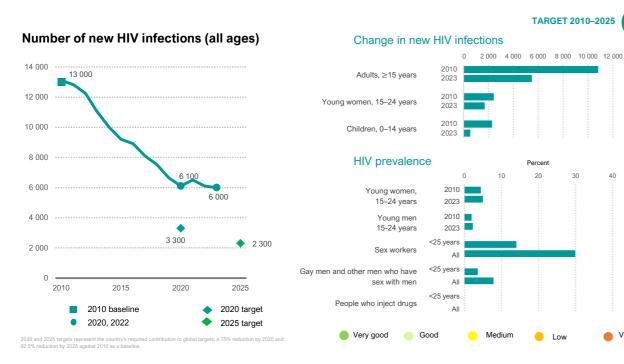
The State of HIV Prevention in Namibia

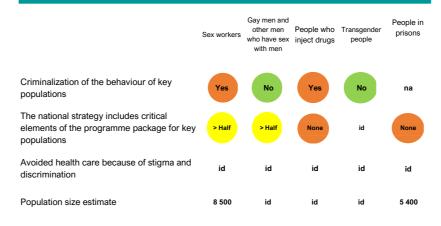


Policy and structural barriers

Key populations

TARGET 2010–2025 -82.5%

Very low



Adolescent girls and young women			
	15-19 years 15-49 years		
Proportion of women who experienced intimate partner violence	id	id	
Girls who completed lower secondary education	62%		
Policies on life skills-based HIV and sexuality education (secondary schools)	Y	'es	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes	s, <14	

Baseline status of 10 HIV Prevention 2025 **Road Map Actions**

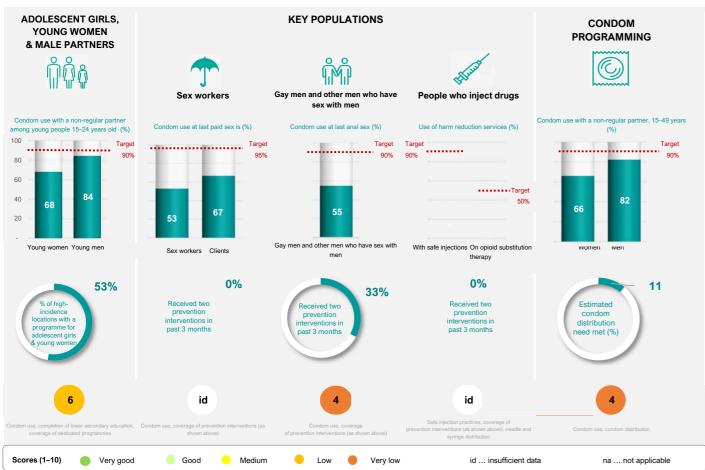
Road Map Action	2023	2024
Data-driven needs assessment		
2. Precision prevention approach		
3. Define investment needs		
4. HIV prevention leadership agencies		
5. Expand community-led services		
6. Remove social and legal barriers		
7. Integration with related services		
8. Introduction of new technologies		
9. Real-time programme monitoring		
10. Accountability for HIV progress		

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being

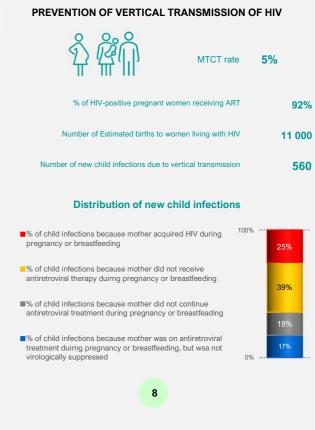
Linkages between HIV and sexual and reproductive health services

•	
HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health	No/id
services	

HIV programme coverage and outcomes



ANTIRETROVIRAL DRUG-BASED PREVENTION MEN AND BOYS (INCLUDING VMMC) Antiretroviral treatment Pre-exposure prophylaxis % of 2025 target prevalence 15-24 Change in use of PrEP (2021–2022) coverage Overall 89% not documented VMMC target Sex workers Gav men and other men who People who inject drugs



Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not in Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.