INTRODUCTION

In the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) Declaration, adopted in 2001, countries committed themselves to: “By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services.”1 As a Member State, Namibia has committed to pursuing this goal and is to report on its progress every two years.2

In light of this commitment, the purpose of this Briefing Note is to provide an overall picture of labour migration patterns in Namibia, present the main sectors employing migrant and mobile workers, and highlight the particular vulnerabilities to HIV of these workers. Existing plans and policies related to HIV and migration will then be highlighted and finally recommendations made on how Namibia can better fulfil its UNGASS, and other, commitments to migrants and mobile populations.

MIGRATION: AN OVERVIEW

In 2005, there were approximately 191 million migrants globally, a figure that has more than doubled since 1960: migrants now constitute almost 3% of the world population.3 The movement for migrants can be for a few days, to months, or for years. In recent years, women have migrated on their own as the primary income earner for their families and about half of the world’s economic migrants are now women. Approximately half of the migrants world-wide are economically active, with the other half having migrated to join family members or to study. Migrants contribute an estimated US$2 trillion to the economies of the countries in which they work, and financial remittances to migrants’ home countries were expected to reach US$167 billion in 2005. This sum represents more than twice the level of overall development aid.4

Historically, some of the major causes of migration in southern Africa have been poverty, conflict, war and the apartheid policies of separate development and exclusion. In some cases, the end of colonialism resulted in arbitrary boundaries cutting across whole communities with long standing historical and kinship ties; people living in these areas move across national boundaries for various reasons such as visiting family and for work. The general decline and uneven development in South African Development Community (SADC) economies over the years has, due to the need for cheap labour and/or the skills shortage in receiving countries, set in motion a stream of migrants destined for relatively better performing countries in the region.

Because of the often undocumented nature of many migrants and mobile workers there is has been a lack of research into these groups. However, the larger sectors of employment in any country are likely to employ both internal mobile workers i.e. those from other areas within the country, as well as cross border migrants. Sectors or types of work that include significant numbers of mobile and migrant workers in southern Africa are: Mining, Commercial Agriculture, Transport, Construction, Domestic Work, Military and Uniformed Services (such as military personnel and immigration officials), Informal Cross-Border Trade, Fishing, and Sex work.

Migration in Namibia

Namibia experiences a considerable amount of population mobility, both internal and across borders with neighbouring countries such as Angola, Botswana, Zambia, South Africa and Zimbabwe. Very little official documentation exists on cross border migration between Namibia and her neighbours prior to independence. This is because Namibia was then considered a part of South Africa and administered as a fifth province. Thus formal movements between the two countries would have been enumerated under the auspices of South Africa and so remain undifferentiated for the period up to 1990.

While under South African colonial rule, the segregationist and internal influx control policies of the apartheid regime in Namibia effectively confined the African population within resource poor enclaves akin to the ‘homelands’ of South Africa. Unable to subsist entirely off the land, many households in the rural enclaves came to rely on wage income on white owned farms, mines, and in the towns as contract workers. This resulted largely in oscillatory migratory patterns between the resource poor settlements and centres of wage employment.

Since independence in 1990, there has been a substantial increase in rural-urban migration that has resulted in significant urban growth. The cessation of guerrilla warfare along the northern borders of the country has also resulted in increased cross border traffic between Namibia and neighbouring countries to the north (Angola) and the north-eastern parts of the country (Botswana, Zambia, Zimbabwe).

High population mobility, including cross border travel, has been identified as one of the key drivers of the AIDS epidemic in Namibia. Namibia has an estimated HIV prevalence of 19.6% within the adult population 15-49yrs and the epidemic has been identified as one of the leading causes of death in the country accounting for at least 50% of deaths within this age category. HIV prevalence also varies by region with high infection rates observed along the border and coastal communities, and urban areas. Rural areas that are in close proximity to the Trans-Caprivi and Trans-Kalahari highways that link the Walvis Bay harbour with neighbouring Botswana, South Africa, Zimbabwe and Zambia have also been significantly affected. Antenatal surveillance data indicate that sites with the highest prevalence rate in the country include Katimo Mulilo in the Caprivi region, Oshakati, Grootfontein and Walvis Bay.

While Namibia has a generalised epidemic, there are groups that are particularly vulnerable to the spread and impact of the disease. For instance, women and girls are disproportionately affected by the epidemic with young women accounting for more than 50% of the infection rate. Migrant populations are also highly vulnerable to HIV owing to prolonged spousal separation and a higher likelihood for multiple sexual partnerships and exposure to sex in exchange for money, among other risk factors. Mobile populations are also highly vulnerable to the epidemic, and key populations at higher risk include cross border traders, sex workers, fisher folk, seasonal agricultural workers, mine workers, uniformed personnel, long distance truck drivers and other employees of the transport sector.

Several of the relevant sectors employing migrant and mobile workers in Namibia, and the particular HIV vulnerabilities faced by these workers are presented below.

Mining

Mining products produce up to 50% of Namibia’s annual export earnings. Although the mining industry plays a vital role in Namibia’s economy, the mining sector has experienced a decline in growth over the past few years. This has

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5 Bruce Frayne & Wade Pendleton, 1998; Namibians on South Africa: Attitudes towards Cross Border Migration and Immigration Policy (Southern African Migration Project, Policy Series No.10)
6 Ibid.
7 The Namibia Third Medium Term Plan on HIV&AIDS 2004-2009
8 UNAIDS Global Report, 2006
mainly been as a result of several mining ventures closing down due to diminishing ore reserves and low commodity prices. Namibia’s main mining products include diamonds, uranium, gold, zinc, copper and lead. The diamond mines remain the centre of mining in Namibia, with the Namdeb mining company being the largest private sector employer in the country. The estimated numbers of mine and energy workers in Namibia was 4800 in 2004 and the majority of these workers, approximately 4000 or 83% were unionised.

The factors that may exacerbate the HIV vulnerability of mine workers include the following:

- **Dangerous working conditions:** Faced daily with difficult and dangerous working conditions and risk of physical injury, mine workers tend to be preoccupied with other immediate challenges and may regard HIV as a distant threat.

- **Single-sex hostels and limited home-leave:** Mine workers often have no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.

- **Boredom and loneliness:** There is limited availability of recreational activities such as sports or entertainment at or around mines. Workers are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial sex may fill the workers’ (temporary) emotional and sexual needs.

- **Lack of social cohesion:** The social exclusion that migrants often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviour among workers and members of the surrounding community. The social structures and norms in these environments may create feelings of anonymity, which could result in workers feeling less accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.

**COMMERCIAL AGRICULTURE**

Namibia has both commercial and subsistence agriculture and it appears that the number of people engaging in agriculture has increased over the years. Table 1 outlines the number of workers engaged in commercial and communal agriculture.

<table>
<thead>
<tr>
<th>Table 1: Number of workers engaged in commercial and communal agriculture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of workers in commercial agriculture</strong></td>
</tr>
<tr>
<td>1991</td>
</tr>
<tr>
<td><strong>Number of workers in communal agriculture</strong></td>
</tr>
<tr>
<td>62,356</td>
</tr>
<tr>
<td><strong>Total (excluding unpaid family workers)</strong></td>
</tr>
<tr>
<td>106,396</td>
</tr>
</tbody>
</table>

Surveys conducted by the Namibian Agricultural Employers Association (AEA), an organisation affiliated to the Namibia Agricultural Union (NAU) that represents approximately 1500 to 2500 commercial farmers, show that the average number of farm workers per farm, especially permanent farm workers, increased between 1996 and 2000, as per table 2.

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9 SADC AIDS Network of Nurses and Midwives, 2002
10 http://www.mbendi.co.za/indy/ming/af/na/p0005.htm
## Table 2: Average number of farm workers per commercial farm

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PERMANENT WORKERS</td>
<td>Male</td>
<td>4.7</td>
<td>5.2</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1.1</td>
<td>1.4</td>
<td>1.2</td>
</tr>
<tr>
<td>TEMPORARY WORKERS</td>
<td>Male</td>
<td>0.5</td>
<td>1.0</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>0.3</td>
<td>0.8</td>
<td>0.4</td>
</tr>
<tr>
<td>CASUAL WORKERS</td>
<td>Male</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>CONTRACT WORKERS</td>
<td>Male</td>
<td>0.8</td>
<td>1.4</td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>0.3</td>
<td>0.4</td>
<td>0.7</td>
</tr>
<tr>
<td>ALL CATEGORIES</td>
<td></td>
<td>8.0</td>
<td>10.6</td>
<td>11.1</td>
</tr>
</tbody>
</table>

It is significant to note however, that there are some discrepancies between the above quoted figures and official government figures which in contrast show a decline in employment for commercial farm workers from 42,277 in 1997 to 26,480 in 2000. Nonetheless, official government figures show an increase in employment within the informal agricultural sector.

Notwithstanding the aforementioned discrepancies, there are a significant number of people working on farms in Namibia, and while the numbers of migrant farm workers is not known, it is likely that many of the workers are migrants from neighbouring areas, within and outside of Namibia.

Factors that may exacerbate HIV vulnerability of commercial agriculture workers include:

- **Poor living conditions and seasonal mobility:** The poor living and working conditions including lack of adequate accommodation, lack of security of tenure and the increasing casualisation of labour preclude workers from bringing their families to the farm sites. These circumstances may lead some workers to seek other (multiple) relationships.

- **Lack of access to health care facilities:** In general, there is a dearth of health care and HIV and AIDS services in commercial farming areas. This is exacerbated by the few rights and legal protection accorded to agricultural workers – with limited protection, especially if they are undocumented, farm workers may be unable or unwilling to access existing clinics for health related matters. In other words, the need to remain far from any type of “officialdom” may result in less access to health care facilities, impacting on health information and access to condoms, treatment for STIs etc.

- **Boredom and loneliness:** There is limited availability of recreational activities such as sports or entertainment at or around farms. Workers are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial sex may fill the workers’ (temporary) emotional and sexual needs.

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13 As presented in: Institute for Public Policy Research (2003) Agricultural Employment Growth in Namibia: Not the Engine of Wage Employment Growth, p.5. The authors note that the AEA bi-annual survey is based on a questionnaire mailed to all NAU members. It has a response rate of between 15% and 25%. It may be biased towards larger commercial farmers (who have more resources to respond to such surveys) and those with better labour practices (who are less afraid of providing such information to others).

14 Martin Angula & Robin Sherbourne, 2003; Agricultural Employment in Namibia: Not the Engine of Wage Employment Growth (Institute of Public Policy Research, Briefing Paper No 16 February)

15 The Strategy Page, Armed Forces from around the World. Available at: http://www.strategypage.com/fyeo/howtomakewar/databases/armies/default.asp. This was valid as of 2002-2003. The active military manpower is the total uniformed, paid manpower organized into combat and support units. Because of the widely varying systems of organizing military manpower, this figure is at best a good indicator of the personnel devoted to the military. The use of reserve troops varies considerably.
**UNIFORMED PERSONNEL**

Uniformed personnel include those serving in the military services, as well as those working at cross border sites, such as customs officials, immigration officials and customs clearing agents. The nature of work for these uniformed personnel results in the mobility of its workers who are away from their homes for varying time periods.

The Namibian Defence Force consists of the Army (including the air wing), Navy and Police Services. The Defence Force comprises approximately 9,000 personnel.\(^\text{15}\) As of 31 August 2006, Namibia has 643 peacekeeping troops at the following United Nations missions: Operation in Burundi (ONUB), Mission in Ethiopia and Eritrea (UNMEE), Mission in Liberia (UNMIL), Mission in the Sudan (UNMIS), and Operation in Ivory Coast (UNOCI).\(^\text{16}\)

The factors that may exacerbate HIV vulnerability of military and other uniformed personnel are similar for other sectors, including:

- **Single-sex hostels and limited home-leave:** Military personnel have no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.

- **Boredom and loneliness:** There is limited availability of recreational activities such as sports or entertainment at military bases or at borders. Personnel are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial sex may fill the workers’ (temporary) emotional and sexual needs.

- **Dangerous working conditions:** Faced daily with the prospect of danger and death, military personnel may be preoccupied with other immediate challenges and may regard HIV as a distant threat.

- **Lack of social cohesion:** The social exclusion that mobile workers often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviour among workers and members of the surrounding community. The social structures and norms in these environments may create feelings of anonymity, which could result in feelings of limited accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.

- **Duration of time spent away from home:** Military and immigration personnel may be away from their homes for months. Lengthy periods away from home can create isolation from families, social structures, and traditional and cultural norms. Isolation may create a sense of boredom and loneliness and a feeling of anonymity with a limited sense of accountability. This may induce a person to behave in a way that she or he otherwise would not under normal circumstances such as engaging in risky sexual interactions.

**INFORMAL CROSS BORDER TRADE**

There is evidence of informal cross border trade between Angola and Namibia along the Oshikango border post.\(^\text{17}\) This trade occurs among communities residing along the porous border areas, and includes both agricultural and non-agricultural commodities.

A number of local Namibian entrepreneurs go to Angola to do business. In most cases, they buy goods in Namibia and travel for a time in Angola selling goods. When they run out of stock they return to Namibia. These goods include blankets, radios, clothing, perishables and consumable goods. Items such as fridges, televisions, and ovens are also

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exported into Angola. Despite reportedly bad treatment from Angolan officials, Namibian business people believe that business prospects are good in Angola and this has encouraged more Namibians to join the trade routes into Angola.\(^{18}\) Similarly, there are migration flows from Angola into Namibia by Angolan traders who purchase goods from mostly foreign owned bonded warehouses on the Namibian side in order to sell back in their country.

The factors that may exacerbate HIV vulnerability of informal cross border traders include:

- **Extended periods of time spent in high transmission areas:** Informal cross border traders pass through and often spend extended periods of time in high transmission areas, in particular cross border areas due to unforeseen delays.\(^{19}\) Reasons for delays include inadequate infrastructure and/or staff at border posts to handle the volumes of traffic, or “early” closure of border posts, particularly busy ones.\(^{20}\) There is often limited affordable accommodation, food, transport and recreational facilities at border posts. This environment contributes to the existence of an intricate web of sexual relationships among informal cross border traders, uniformed personnel (customs officials, immigration officials and customs clearing agents), sex workers, truck drivers, money-changers (“touts”), local border-town residents and deportees, which could potentially increase HIV vulnerability for all involved.\(^{21}\)

- **Limited access to healthcare services:** Because of their meagre resources, most informal cross border traders do not seek treatment in foreign countries; rather they wait until they get home where they can access subsidized treatment.\(^{22}\) As STIs are a major contributory factor for HIV, such delays in treatment are a major contributory factor leading to increased HIV vulnerability.\(^{23}\)

- **Lack of HIV and AIDS interventions:** In general, there are few HIV and AIDS interventions that target informal cross border traders. For example, informal cross border traders have difficulties in accessing condoms as, in most public areas of customs or immigration buildings at border posts, there are no condoms available; rather, condoms are available at clinics, shops or AIDS service organizations, which are usually far from the border post.\(^{24}\) Further, difficulties in actually targeting informal cross border traders, who are constantly on the move, preoccupied with survival needs, and may not be receptive to HIV and AIDS education and prevention messages, are experienced by some AIDS service organizations.\(^{25}\)

**Fisheries**

Namibia has a thriving fishing sector and commercial fishing and fish processing is one of the fastest growing sectors of the economy.

20 For example, the busiest border post between Namibia and Angola is Oshikango. Oshikango operates from 8h00 to 18h00 each day and 11 immigration officials process about 500 people a day.
21 IOM (2005) Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe, Pretoria: South Africa. Firstly, those who command authority (such as border officials) or who possess economic resources may sexually exploit those in weaker positions. Female informal cross border traders who find themselves in situations of unexpected delays at border posts may engage in transactional sex, or may be coerced into sex by customs officials to facilitate passage. Secondly, in some cases the sexual liaisons are in response to the loneliness arising from being away from families and supportive social support networks or boredom. Such may be the case for truckers who spend long hours on the road and long periods away from their families. Lastly, in many cases the sexual relationships are for economic reasons, such as female informal cross border traders sleeping with truck drivers in exchange for transport or even just for the opportunity to sleep overnight in the trucks.
23 Genital ulcers and lesions caused by some STIs increase the risk of HIV infection because they allow easier entry of the virus into the body. Inflammation caused by other STIs may also increase the viral load in the semen or vaginal fluids of those who are HIV positive; this increases the probability of the transmitting the virus. Thus, prompt treatment of STIs greatly reduces the probability of HIV transmission. (Source: Grosskurth H, Mosha F, Todd J, et al. (1995), “Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomized control trial”. Lancet 1995,346:530-536.)
The Fishing sector is one of the highest contributors to the Namibian economy. In 2004, the fishing sector contributed 6% to the country’s Gross Domestic Product (GDP) and produced 530,000 tonnes of fish.\(^{26}\) The fishing industry is a source of considerable employment in Namibia. The Ministry of Fishing and Marine Resources estimates, of the industry’s workforce, that total employment is in the range of 14,500 to 15,000 people. Table 3 shows the employment on fishing vessels by fishing method and the proportion of Namibians employed in fishing crews between 1994 and 1998. On-shore workers were predominately Namibian; of the current 8,000 to 8,500 workers, at least 95% are Namibian.

### Table 3: Employment on fishing vessels and proportion of Namibians, 1995-1998\(^{27}\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Namibian</th>
<th>Namibian Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>445</td>
<td>94%</td>
</tr>
<tr>
<td>1996</td>
<td>476</td>
<td>95%</td>
</tr>
<tr>
<td>1997</td>
<td>427</td>
<td>97%</td>
</tr>
<tr>
<td>1998</td>
<td>562</td>
<td>96%</td>
</tr>
<tr>
<td>Trawlers</td>
<td>2,001</td>
<td>72%</td>
</tr>
<tr>
<td>1994</td>
<td>2,514</td>
<td>72%</td>
</tr>
<tr>
<td>1996</td>
<td>2,263</td>
<td>79%</td>
</tr>
<tr>
<td>1997</td>
<td>2,036</td>
<td>83%</td>
</tr>
<tr>
<td>Longliners</td>
<td>426</td>
<td>71%</td>
</tr>
<tr>
<td>1994</td>
<td>502</td>
<td>75%</td>
</tr>
<tr>
<td>1996</td>
<td>386</td>
<td>92%</td>
</tr>
<tr>
<td>1997</td>
<td>176</td>
<td>91%</td>
</tr>
<tr>
<td>Midwater trawl</td>
<td>2,409</td>
<td>1%</td>
</tr>
<tr>
<td>1994</td>
<td>2,141</td>
<td>5%</td>
</tr>
<tr>
<td>1996</td>
<td>2,100</td>
<td>8%</td>
</tr>
<tr>
<td>1997</td>
<td>1,606</td>
<td>6%</td>
</tr>
<tr>
<td>Linefish</td>
<td>342</td>
<td>95%</td>
</tr>
<tr>
<td>1994</td>
<td>294</td>
<td>99%</td>
</tr>
<tr>
<td>1996</td>
<td>277</td>
<td>100%</td>
</tr>
<tr>
<td>1997</td>
<td>316</td>
<td>100%</td>
</tr>
<tr>
<td>Crab</td>
<td>147</td>
<td>46%</td>
</tr>
<tr>
<td>1994</td>
<td>118</td>
<td>53%</td>
</tr>
<tr>
<td>1996</td>
<td>73</td>
<td>64%</td>
</tr>
<tr>
<td>1997</td>
<td>101</td>
<td>65%</td>
</tr>
<tr>
<td>Rock Lobster</td>
<td>674</td>
<td>99%</td>
</tr>
<tr>
<td>1994</td>
<td>541</td>
<td>99%</td>
</tr>
<tr>
<td>1996</td>
<td>525</td>
<td>100%</td>
</tr>
<tr>
<td>1997</td>
<td>429</td>
<td>100%</td>
</tr>
<tr>
<td>Deep water</td>
<td>261</td>
<td>70%</td>
</tr>
<tr>
<td>1994</td>
<td>261</td>
<td>70%</td>
</tr>
<tr>
<td>1996</td>
<td>139</td>
<td>78%</td>
</tr>
<tr>
<td>1997</td>
<td>1218</td>
<td>76%</td>
</tr>
<tr>
<td>Tuna</td>
<td>1356</td>
<td>33%</td>
</tr>
<tr>
<td>1994</td>
<td>940</td>
<td>65%</td>
</tr>
<tr>
<td>1996</td>
<td>957</td>
<td>63%</td>
</tr>
<tr>
<td>1997</td>
<td>1218</td>
<td>76%</td>
</tr>
<tr>
<td>Total crew</td>
<td>7,800</td>
<td>47%</td>
</tr>
<tr>
<td>1994</td>
<td>7,526</td>
<td>57%</td>
</tr>
<tr>
<td>1996</td>
<td>7,269</td>
<td>60%</td>
</tr>
<tr>
<td>1997</td>
<td>6,583</td>
<td>66%</td>
</tr>
</tbody>
</table>

Fishing results in mobility of workers within the country, who can be away from home for days, weeks or months at a time. The highly mobile environment of the fishing sector has made sea going fishermen particularly vulnerable to HIV. In the port city of Walvis Bay, fishermen are who are relatively well paid are at the centre of the sex industry.

The factors that may exacerbate HIV vulnerability of people engaged in fishing may include:

- **Limited access to healthcare services:** Because they are away at sea for extended periods of time, whilst at sea, fisher folk have limited access to health care services, including information about HIV and AIDS and/or treatment for STIs. As STIs are a major contributory factor for HIV, such delays in treatment are a major contributory factor leading to increased HIV vulnerability.\(^{28}\)

- **Lack of HIV and AIDS interventions:** In general, there are few HIV and AIDS interventions that target fisher folk. Further, difficulties are often encountered by some AIDS service organizations in actually targeting fisher folk, who are constantly on the move, preoccupied with survival needs, and may not be receptive to HIV and AIDS education and prevention messages.\(^{29}\)

**TRANSPORT**

Namibia’s integration into the regional economy, coupled with increased cross border migratory movements since independence has witnessed improvements made in the country’s road and rail infrastructure. The establishment of the

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27 Ibid, p. 20.

28 Genital ulcers and lesions caused by some STIs increase the risk of HIV infection because they allow easier entry of the virus into the body. Inflammation caused by other STIs may also increase the viral load in the semen or vaginal fluids of those who are HIV positive; this increases the probability of the transmitting the virus. Thus, prompt treatment of STIs greatly reduces the probability of HIV transmission. (Source: Grosskurth H, Mosha F, Todd J, et al. (1995), “Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomized control trial”. Lancet 1995, 346:530-536.)

29 Op cit.
Trans-Caprivi and Trans-Kalahari highways, and to some extent the Trans-Cunene Corridor, that link Namibia's industrial zones to neighbouring countries in the sub-region has contributed to the development and expansion of the transport sector. The Walvis Bay Corridor does not only link the port of Walvis Bay with neighbouring countries in the sub-region but also gives the SADC direct access to trans-Atlantic trade routes.

Workers operating within the transport sector are highly vulnerable to HIV due to the mobile nature of their occupations that increases their likelihood to engage in multiple sexual partnerships. Within the trucking industry for instance, truck drivers who are particularly at risk are those who make cross border deliveries, and those who are in transit from other countries. They spend long periods of time away from their homes and families, experience lengthy delays at border posts and, with varying degrees of frequency, engage the services of sex workers.

The factors that may exacerbate HIV vulnerability of workers in the transport industry include:

- **Duration of time spent away from home**: Transport industry workers may be away from their homes for days or months. Lengthy periods away from home can create isolation from families, social structures, and traditional and cultural norms. Isolation may create a sense of boredom and loneliness and a feeling of anonymity with a limited sense of accountability. This may induce a person to behave in a way that she or he otherwise would not under normal circumstances such as engaging in risky sexual interactions.

- **Lack of access to health services**: This may be due to irregular working hours as most clinics are open during business hours and transport workers may be on the road during that time. Further, workers who cross borders may not have access to health services in other countries. Lack of access to health services also often includes lack of information about HIV and a belief in HIV myths, lack of treatment for STIs and lack of access to condoms etc.

**CURRENT LEGAL AND POLICY INTERVENTIONS IN NAMIBIA**

The importance of migration in SADC, as well as the impact of migration on the vulnerability to HIV, requires that States examine HIV and migration in an attempt to make meaningful and relevant legal and policy interventions for HIV mitigation. There are various international and regional treaties and declarations in place that, once signed and ratified/acceded, illustrate a country’s commitment to adhering to the spirit and provisions of the treaty, whether they are legally binding or not. These international and regional treaties and declarations seek to reduce the impact of the AIDS epidemic on vulnerable groups and to address socio-legal and structural factors that render certain population groups vulnerable to HIV. Since most States follow a dualist approach to treaty ratification, whereby an international or regional treaty must be officially domesticated to be relied on domestically, the most important policy document is the HIV and AIDS national strategic plan.

This section will briefly examine selected relevant international and regional treaties that impact on HIV and migration. It will then examine Namibia’s national plan and relevant sectoral plans in some detail, examining the impact of such plans on migrant and mobile populations. The final section will make recommendations for Namibia on issues relating to HIV and mobile and migrant populations.

**INTERNATIONAL AND REGIONAL TREATIES**

There are various international and regional treaties and declarations in place relating to HIV, that are applicable to all persons, including mobile workers and migrants, refugees and other non-nationals within a Member State. Some of the relevant treaties are as follows:


31 Importantly, Article 144 of the Constitution of Namibia reads as follows: “Unless otherwise provided by this Constitution or Act of Parliament, the general rules of public international law and international agreements binding upon Namibia under this Constitution shall form part of the law of Namibia”.
• The UN International Convention on the Protection of the Rights of all Migrant Workers and Members and their Families, which has not yet been signed by Namibia, in article 23 states that “migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health”.

• The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which Namibia acceded to on 23 November 1992, calls for the elimination of both intentional discrimination against women and acts that have a discriminatory effect on women including in employment and health care.

• The UN International Covenant on Economic, Social and Cultural Rights (ICESCR), which was acceded to by Namibia on 28 November 1994, in article 12 recognizes the right of everyone to the enjoyment of the highest attainable standard of mental and physical health, which includes prevention, treatment and control of epidemic, endemic, occupational and other diseases, as well as the creation of conditions which would ensure access to all medical service and medical attention in the event of sickness.

• The AU Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, which was signed by Namibia on 09 December 2003 and ratified 11 August 2004, recognizes the equal rights of African women, including the right to health care, sexual and reproductive health and the right to be protected against sexually transmitted infections including HIV.

Other declarations (not legally binding) have specific provisions relating to migrants and HIV such as the UN Millennium Declaration (2000), the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001), the UNGASS Declaration of Commitment on HIV&AIDS (2001), the SADC Protocol on Health (1999), the Maseru Declaration and Commitment on AIDS in the SADC region (2003) and the Brazzaville Declaration on Commitment on Scaling up Towards Universal Access to AIDS Prevention, Treatment, Care and Support in Africa by 2010 (2006) among others. Namibia is a signatory of all of these declarations which illustrates a willingness to engage with the issues relating to HIV and AIDS.

NATIONAL POLICIES AND COMMITMENTS

(Draft) National HIV/AIDS Policy

The National HIV/AIDS Policy provides a framework for a national multi-sectoral response to the AIDS epidemic. The key goals of the policy are to create an enabling environment for the reduced incidence of HIV in the population, improved quality of treatment, care and support services and the mitigation of the socio-economic impact of the epidemic.

One of the guiding principles on which the policy is based is the promotion and protection of human rights. This principle recognizes that because mobile populations and sex workers suffer from discrimination they are more likely to be vulnerable to HIV. It also highlights the view that mobile populations and sex workers are less able to fully access HIV prevention, treatment, and care and support services and therefore, deserve special attention.

32 From the United Nations Office of the High Commissioner for Human Rights, valid as of 09 March 2006. Available at: http://www.ohchr.org/english/bodies/docs/status.pdf. The difference between signature, ratification and accession is as follows: “Signature of a treaty is an act by which a state provides a preliminary endorsement of the instrument. Signing does not create a binding legal obligation but does demonstrate the state's intent to examine the treaty domestically and consider ratifying it. While signing does not commit a state to ratification, it does oblige the state to refrain from acts that would defeat or undermine the treaty's objective and purpose. Ratification is an act by which a state signifies an agreement to be legally bound by the terms of a particular treaty. To ratify a treaty, the state first signs it and then fulfills its own national legislative requirements. Accession is an act by which a state signifies its agreement to be legal bound by the terms of a particular treaty. It has the same legal effect as ratification but is not preceded by an act of signature”. From The United Nations Children's Fund (UNICEF) (undated).Introduction to the Convention on the Rights of the Child: Definition of Terms. Available at: http://www.unicef.org/crc/files/Definitions.pdf.
One of the policy statements outlined in the policy document commits government to ensure sex workers’ access to confidential, respectful health care, life-skills, female and male condoms, VCT, and treatment in the case of sex workers living with HIV.

Policy statements outlined in the policy document that relate to mobile populations commit Government to identify, address and reduce the vulnerability of all mobile populations to HIV, including their living and working conditions; and ensure the protection of refugees’ rights in Namibia including their rights to access HIV prevention, treatment, care and support. The policy also commits government to collaborate with regional institutions such as SADC and IOM in developing human rights based regional responses to HIV that address the vulnerability of mobile populations.

**The National Strategic Plan on HIV/AIDS, Third Medium Term Plan (MTP III) 2004-2009**

The National Strategic Plan on HIV/AIDS, (MTP III) identifies mobile populations as a vulnerable group. Mobile Populations are defined as people who spend long periods away from home and their families; these include migrant workers, long distance truck drivers, uniformed services and extension staff. Miners, farmers and sex workers are mentioned throughout the National Strategic Plan but are not included in the definition of vulnerable groups.

The following prevention interventions as outlined in the MTP III are relevant for migrants and mobile populations:

- Train service providers to develop outreach programmes to serve the communities and vulnerable populations such as mobile workers
- Research the socio-economic conditions of mobile workers and their families which make them vulnerable to HIV and AIDS in order to develop appropriate behaviour change interventions
- Develop targeted behaviour change communication and interventions for mobile workers, including information, education and communication (IEC) materials and male and female condom provision, voluntary counselling and testing (VCT), and post exposure prophylaxis
- Provide IEC to vulnerable groups such as the prison inmate population and sex workers about HIV/AIDS and STI treatment, care and support programmes, especially TB as an opportunistic infection, and increase treatment literacy for people infected and those affected by HIV/AIDS
- Establish management and coordination mechanisms to support workplace programming in the public and private sector

Migrants and mobile populations are mentioned in the following care and support interventions:

- Establish mobile VCT services to also reach mobile and vulnerable communities
- Ensure mobile and migrant workers have access to treatment, care and support including access to anti-retroviral treatment and prevention of mother to child transmission

There is no mention of human rights in the National Strategic Plan but according to the HIV/AIDS Charter of Rights, Namibia commits itself to assure that all Namibians have equal access to HIV/AIDS information, education, treatment, and support.

The NSP does not explicitly address migrants under the Impact Mitigation Component.

**Other Policies for Vulnerable Groups**

There are a number of policies and legislative frameworks that have been developed to protect vulnerable groups in Namibia. These include the National Policy on Orphans and Vulnerable Children (2004), the National Gender Policy

**SECTOR POLICIES, PLANS AND PROGRAMMES**

**Namibia Business Coalition on AIDS (NABCOA)**

The Namibia Business Coalition on AIDS (NABCOA) was launched in late 2003 with the expressed purpose of mobilizing private sector response to the AIDS epidemic. NABCOA provides support towards the development of workplace programmes in the private sector and prioritises advocacy work for HIV prevention in industries with large numbers of workers (brewery, mining, fishing, construction) and where workers’ risk of contracting HIV is increased due to long periods away from their families. NABCOA also gets involved in community outreach by taking a lead role in awareness campaigns.

However, private sector efforts in Namibia are sporadic, with a few large companies offering comprehensive workplace programmes to employees and their families. The mining industry in Namibia has been at the forefront of implementing workplace interventions through the Chamber of Mines. The Chamber’s Occupational Health Education and Awareness Program targets the mining communities with a specific emphasis on HIV/AIDS prevention and care.

**Public Sector**

The public sector response to the AIDS epidemic is coordinated in the Office of the Prime Minister where an HIV unit coordinates workplace programmes for all public sector ministries and agencies. According to the last UNGASS Country report, the majority of line ministries are active in their response to their obligations to the HIV and AIDS National Strategic Plan and all line ministries allocate funds to initiate and implement HIV and AIDS activities.

**Uniformed Services**

Social Marketing Association (SMA) commenced working with the Namibian Defence Force (NDF) and the Ministry of Defence in 2001, with funding from the U.S. Department of Defence HIV/AIDS Prevention Programme (DHAPP). The Military Action and Prevention Programme (MAPP) was established as the official military response to the HIV crisis in the Government’s National Strategic Plan on HIV/AIDS.

Military personnel and soldiers are considered as “key populations at higher risk”, therefore MAPP continues to focus on the three primary methods of HIV prevention (i.e. ABC) in edutainment sessions on bases, educational sessions at the Remember Eliphas Education Centre and in workshops and training. The programme also involves training on HIV and AIDS and correct condom use for soldiers preparing for deployment. During 2005, the SMA/MAPP accomplished milestones resulting in the training of ninety-six commanders. This training offered NDF commanding officers comprehensive information on HIV and AIDS pandemic and programmes available for prevention, treatment, care and support.

The SMA has also extended its behavioural change and HIV prevention activities to the police and other uniformed services, including a special focus on female police officers. POLACTION started in 2005 and involves ongoing STI/HIV/AIDS prevention, care and support, training and capacity building for the Namibian police force.

There is no information on HIV activities from Namibia’s Navy or Air Force services.

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34 Family Health International; http://
36 Namibia Country Report; Follow-up to the Declaration of Commitment on HIV&AIDS covering 2003-2005 period (Ministry of Health and Social Services)
Transport
The transport sector has responded to the AIDS epidemic through workplace programmes. The Walvis Bay Corridor group has an HIV and AIDS help desk that seeks to provide support to the implementation of workplace programmes.

The Corridors of Hope (COH) programme, which is a regional HIV and AIDS cross border prevention programme, was launched in Namibia in 2001. However, the programme only became fully operational in the last quarter of 2002. The COH programme operates mainly in high transmission sites, notably; Katima Mulilo in the Caprivi region and Oshikanyo along the north and north eastern border communities in the country and in Walvis Bay in the western coastal belt. Target groups of the programme include long-distance truck drivers, sex workers as well as fishermen, informal traders, and the uniformed services.

THE UNGASS PROGRESS REPORT

In the UNGASS Progress Report, the Government notes the link between mobility and HIV:

...in Namibia, there exist certain socio-economic and cultural factors which are generally accepted as linked to the epidemic. For example, the northern area of the country finds the highest levels of poverty and unemployment, with subsistence agriculture as the primary means of support. This also contributes to the high level of mobile people in search of gainful employment, usually migrating to the capital or other urban areas. Other mobile populations are truck drivers and other transport specialists, due to the sheer geographical expanse of the country. In the west, the coastal town of Walvis Bay has a busy port which experiences a continual influx of foreigners on a long- and short-term basis and subsequently realizes significant numbers of commercial sex workers. Other high HIV prevalence areas are towns situated on main roads and cross-border areas.39

The National Composite Policy Questionnaire, Appendix 2 of the UNGASS Progress Report, notes that migration is highlighted in the National Strategic Plan,40 and that there is a plan or policy in place to address mobile populations.41 It also highlights that there are also no laws or policies in place to prevent non-discrimination against most-at-risk populations.42

RECOMMENDATIONS FOR FUTURE POLICIES/INTERVENTIONS

It is suggested that the Government of Namibia consider the following:

• Sign, ratify and domesticate the UN International Covenant on the Protection of Migrant Workers and their Families. This would afford migrant and mobile workers with increased legal protection, such as better living and working conditions and access to health. At the same time, ratify and/or domestic other international and regional treaties, which will ensure better protection of migrants and mobile workers in Namibia.

• Work closely with other SADC countries to address issues related to migrants and mobile workers.

• While the Government recognizes the link between mobility and HIV, and mentions the inclusion of mobile workers in the National Plan, there is a need to increase the definition of vulnerable groups to include farm workers, sex workers and others, and subsequently include this expanded group in any national and sectoral plans, programmes and strategies to address HIV and AIDS including in treatment, care and support and prevention.

39 UNGASS Progress Report, p. 4.
40 The National Composite Questionnaire is found in Appendix 2, pp. 45-70.
41 Ibid, p. 53.