NAMIBIA

SUBMISSION TO THE UN COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

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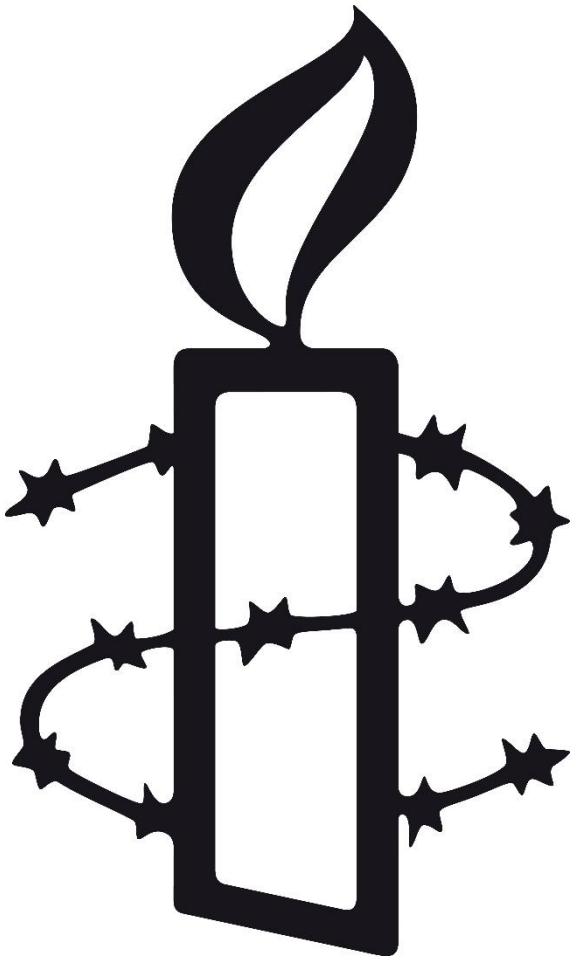

AMNESTY INTERNATIONAL

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Amnesty International submits this document to the UN Committee on Economic, Social, and Cultural Rights in advance of the adoption of the list of issues for Namibia in March 2024. It highlights the organization's concerns regarding the right to health, specifically focusing on the alarming prevalence of tuberculosis (TB) within the Indigenous San populations in Namibia.

1. INTRODUCTION

Amnesty International submits this document to the UN Committee on Economic, Social, and Cultural Rights in advance of the adoption of the List of Issues for Namibia in March 2024. It highlights the organization's concerns regarding the right to health, specifically focusing on the alarming prevalence of tuberculosis (TB) within the Indigenous San populations in Namibia. This submission should not be seen as an exhaustive account of Amnesty International's concerns, but rather as an urgent call to address the critical human rights challenges faced by the San communities in Namibia concerning their right to health.

2. VIOLATIONS OF THE RIGHT TO HEALTH AND NON-DISCRIMINATION (ARTICLE 2 AND 12)

In 2021 Amnesty International published a report entitled '*We don't feel well treated: Tuberculosis and the Indigenous San People of Namibia*"[1] documenting the heightened susceptibility Indigenous San Persons in Namibia have to contracting tuberculosis (TB) due to various intersecting structural and social determinants.

Namibia has one of the highest TB incidence rates in Africa and is consistently in the top 10 countries with the highest incidence of tuberculosis in the world.[2] According to the government of Namibia , in 2019, 36% of TB cases went untreated and Namibia is known to often miss a third of incident TB patients, who often go untreated increasing the risk of community TB transmission.[3] The TB prevalence rate recorded in a 2020 study by researchers from several university's[4] and the Ministry of Health and Social Services in Namibia revealed an increase in case notification to 442 cases per 100 000 people - from 2019 which had a notification rate of 314 per 100 000, indicative of one of the highest TB burdens in the world.[5]

Evidence indicates that TB incidence rate is even higher in San Indigenous communities in Namibia. They are one of the smallest Indigenous peoples in Namibia who have been particularly vulnerable to TB in Omaheke region and MDR-TB strain in Otjozondjupa region in particular Tsumkwe East.[6]

It is estimated that there are between 27000 and 38 000 San people in Namibia.[7] They have historically been dispossessed of their ancestral land which was a source of their livelihood, cultural identity, and customary way of life by successive administrations that have run Namibia.[8] San peoples are the only ethnic group in Namibia whose health status has declined since independence in 1990.[9] They display some of the worst health indicators and face significant barriers in accessing healthcare.

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[1] Amnesty International. (2021, October 6). "*We don't feel well treated": Tuberculosis and the Indigenous San peoples of Namibia*. Index Number: AFR 42/4784/2021. Retrieved from https://www.amnesty.org/en/documents/afr42/4784/2021/en/

[2] https://www.stoptb.org/securing-quality-tb-care-all/high-burden-countries-tuberculosis

https://neweralive.na/en/posts/namibian-tb-cases-up-30-in-2022

[3] https://www.mhss.gov.na/documents/146502/1041983/Namibia+TB+Prevalence+Survey+Report+2019.pdf/7b213494-8769-693c-eb23-5183ba527f9a?t=1657524679341

[4] University of Namibia, Karolinska Institutet, University of Strathclyde, Sefako Makgatho Health Sciences University and University of Liverpool Management School.

[5] Kibuule D, Aiases P, Ruswa N, et al. Predictors of loss to follow-up of tuberculosis cases under the DOTS programme in Namibia. ERJ Open Res. 2020;6(1):00030-2019. Published 2020 Mar 16. doi:10.1183/23120541.00030-2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7073418/

[6] Tsumkwe constituency in Otjozondjupa region is home to semi-nomadic San communities and it contributes 10% of the regional population but 15% of the drug-susceptible TB burden and 88% of the regional DR-TB burden (NTLP, 2017).

[7] Suzman, J & Legal Assistance Centre (Namibia). (2001) An Assessment of the Status of the San in Namibia. Windhoek, Legal Assistance Centre, http://www.lac.org.na/projects/lead/Pdf/sannami.pdf also see National Statistics Agency (2016). Namibia Household Income and Expenditure Survey 2015/16, https://catalog.ihsn.org/index.php/catalog/7437

[8] UN Human Rights Council (2013). Report of the Special Rapporteur on the rights of indigenous peoples, Addendum: The situation of indigenous peoples in Namibia, 25 June 2013, A/HRC/24/41, https://www.refworld.org/docid/522db4014.html

[9] African Commission on Human and Peoples' Rights & International Work Group for Indigenous Affairs. (2008) Report of The African Commission's Working Group on Indigenous Populations/Communities: Mission to The Republic of Namibia, p 89, https://www.iwgia.org/images/publications/ACHPR_Namibia_UK.pdf

Lack of national disaggregated health data on San people as well as government's decision to not recognize them as 'Indigenous people' hinders efforts to fully comprehend the scope of malnutrition rates, childhood and maternal mortality, and disease burden[10] This lack of disaggregated data adds another barrier, making it even more challenging for the government to ensure that the San peoples can access their right to health without discrimination. Whilst government authorities might not have the current statistics on TB prevalence most recent statistics availed to Amnesty International indicated prevalence of 1,500 per 100,000 San people in comparison to 912 per 100,000 in other ethnic groups.[11] The government has also stated that ' the Tsumkwe constituency in Otjozondjupa region is home to semi-nomadic San communities and it contributes 10% of the regional population but 15% of the drug-susceptible TB burden and 88% of the regional DR-TB burden'[12] which gives an indication of a high burden.

Namibia has a National Tuberculosis and Leprosy Program (NLTP) and has recently implemented a strategic plan to address tuberculosis in 'nomadic and semi nomadic communities' in Namibia.[13] In March 2022, Namibia Minister of Health and Social Services stated that Namibia had reached 88% tuberculosis treatment success since 2021, falling 2% shy of reaching the World Health Organization treatment success rate for all forms of TB. He also indicated that Namibia had recorded a 75% treatment success rate for patients with multi-drug Resistant TB, surpassing the WHO target.[14]

Unfortunately, despite the success rates, Namibia has mentioned that challenges remain in nomadic/semi nomadic communities, with mention of high co-infection rates.[15] Interventions structured by the government for San people through the national TB program, remain inappropriate and unsustainable due to a lack of understanding of the way of life of San people and lack of genuine consultation and collaboration on how to combat the transmission of TB. Lack of collaboration between community health promoters and health workers with the community has exacerbated the situation.[16]

2.1 AAAQ FRAMEWORK:

Amnesty International articulated some of the key human rights issues pertaining to the incidence of TB in San communities using the AAAQ framework outlined in General Comment 14[17], which articulates the essential elements of the right to health: Availability, Accessibility, Acceptability, and Quality. The AAAQ framework provides a comprehensive lens through which to analyse the challenges faced by the San populations in Namibia concerning TB and their right to health. Amnesty International research found that San communities faced several barriers related to Availability and Accessibility of health care.

• **Availability***:* According to the ESCR Committee, the state must ensure the availability of healthcare by providing an adequate number of functioning facilities, services, goods, and skilled healthcare providers,[18] including for TB treatment. However, Namibia's rural primary healthcare facilities face significant challenges, evident in the regional inequality of healthcare worker ratios per patients.

[10] Gibson, D. (2011). Negotiating the search for diagnosis and healing tuberculosis in Namibia. A case study of a Ju/'hoansi speaking man, https://www.semanticscholar.org/paper/Negotiating-the-search-for-diagnosis-and-healing-inGibson/1e9f0aa5cd1e3d7da2675f4e59ecbc535bf7ca51

[11] Health Unlimited (2003). 'Indigenous Peoples – Health Issues: Summary of Presentations at Indigenous Peoples and Socioeconomic Rights Expert Workshop, 20-21 March 2003'.

[12] Government of Namibia: Response to Right of Reply, Strategic Framework -24092021N. Received on 4 October 2021.

[13] Republic of Namibia. Ministry of Health and Social Services. National Tuberculosis and Leprosy Programme. (2020-2021). Annual Report. ©Ministry of Health and Social Services 2020. Retrieved from file:///C:/Users/mandipa.machacha/OneDrive%20-%20OneAmnesty/Downloads/NTLP%202020%20Annual%20Report.pdf

[14] The Namibian. (2022, March 26). Namibia reaches 88% tuberculosis treatment success. Retrieved from https://www.namibian.com.na/namibia-reaches-88-tuberculosis-treatment-success-2/

[15] Republic of Namibia. Ministry of Health and Social Services. National Tuberculosis and Leprosy Programme. (2020-2021). Annual Report. ©Ministry of Health and Social Services 2020. Retrieved from file:///C:/Users/mandipa.machacha/OneDrive%20-%20OneAmnesty/Downloads/NTLP%202020%20Annual%20Report.pdf

[16] Amnesty International. (2021, October 6). "*We don't feel well treated": Tuberculosis and the Indigenous San peoples of Namibia*. Index Number: AFR 42/4784/2021. Retrieved from https://www.amnesty.org/en/documents/afr42/4784/2021/en/

[17] Committee on Economic, Social and Cultural Rights. (2000). General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant). Retrieved from https://www.refworld.org/docid/4538838d0.html

[18] Ibid note above.

Urban areas like Khomas and Orongo have a doctor-to-population ratio of 1:3, while rural regions like Omaheke, Zambezi, and Ohangwena have a ratio of 1:22, well below WHO standards.[19] Despite these disparities, the MoHSS National Policy on Community Based Health Care, the Community Health Workers Programme, and NGO health extension activities aim to address understaffing by bolstering community-based responses, particularly in rural settings. Nevertheless, Amnesty International found that San communities heavily reliant on mobile outreach face challenges, including poor equipment and understaffing.[20]

• Accessibility*:* As per the ESCR Committee, healthcare accessibility demands that it should be available to everyone without discrimination, free from procedural, practical, and social barriers. This includes ensuring that healthcare facilities are physically reachable and economically affordable for all. Cultural appropriateness and providing health information in home languages are essential components of accessibility, promoting information access and nondiscrimination in healthcare provision.

- Distances to healthcare facilities:

Amnesty International identified challenges in accessing healthcare facilities for San communities in Namibia due to geographical remoteness of where many of the San peoples live, and insufficient healthcare workers. The lack of affordable transportation compounds the issue, particularly affecting TB patients who struggle to access medications and sustain treatment. Distances to primary healthcare facilities, such as Tsumkwe Clinic and Mangetti Dune Health Centre, present significant barriers, with limited ambulance services and unreliable transportation. San communities in the N≠a Jaqna Conservancy and Drimiopsis Resettlement Camp face difficulties in reaching healthcare centers, leading to poor adherence to TB treatment.

- Affordability of healthcare services

African governments, including Namibia, have introduced user fees in public healthcare, creating a financial burden. The San, who have limited economic resources, struggle to access healthcare due to these fees. At the time of the research in Tsumkwe Clinic, San patients face charges of N$8 (US$0.54) on weekdays and N$20 (US$1.34) on weekends, risking denial of treatment if unable to pay.[21] Similar challenges occur in the N≠a Jaqna Conservancy and Drimiopsis Resettlement Camp, impacting care quality and medication provision. some San people told Amnesty International that they were poorly treated and that they felt humiliated as they were unable to afford user fees. Access to healthcare must be made affordable to the San people including by eliminating user fees where necessary to ensure improved access to quality care.

- Discrimination (Article 12)

Discrimination against the San persists in Namibia despite constitutional protections, affecting both government institutions and communities. Amnesty International found that negative stereotypes of San people lead to discriminatory behaviour by healthcare providers, including verbal harassment and preferential treatment to other ethnic groups.[22] Instances of poor care, harassment, and physical assault have been reported, creating reluctance among the San to seek healthcare. Language barriers worsen the situation, with a lack of San-speaking healthcare providers and interpretation services hindering effective communication. This communication challenge, intensified during the pandemic, contributes to the San's reluctance to seek healthcare due to fear of discrimination. Addressing

[19] The World Bank Group, 2024, 'Physicians (per 1,000 people)' data source: https://databank.worldbank.org/metadataglossary/health-nutrition-and-population-statistics/series/SH.MED.PHYS.ZS#:~:text=The%20WHO%20estimates%20that%20at,%2C%20World%20Health%20Report%202006).&text=The%20WHO%20compiles%20data%20from,%2C%20censuses%2C%20and%20administrative%20records

[20] Amnesty International. (2021, October 6). "*We don't feel well treated": Tuberculosis and the Indigenous San peoples of Namibia*. Index Number: AFR 42/4784/2021. Retrieved from https://www.amnesty.org/en/documents/afr42/4784/2021/en/

[21] Amnesty International. (2021, October 6). "*We don't feel well treated": Tuberculosis and the Indigenous San peoples of Namibia.* Index Number: AFR 42/4784/2021. Retrieved from https://www.amnesty.org/en/documents/afr42/4784/2021/en/

[22] Amnesty International. (2021, October 6). "*We don't feel well treated": Tuberculosis and the Indigenous San peoples of Namibia*. Index Number: AFR 42/4784/2021. Retrieved from https://www.amnesty.org/en/documents/afr42/4784/2021/en/ at page 42

discrimination and providing language-appropriate healthcare services is crucial for ensuring the San's right to health.

- Lack of intercultural health programming

Cultural considerations are integral to healthcare, as highlighted by the ESCR Committee.[23] For marginalized communities like the San, cultural acceptability is crucial in health programming, recognizing both traditional and biomedical values. Despite the San's history of traditional healthcare practices, Namibia's public health system solely relies on Western biomedical approaches, neglecting indigenous health values. There is a need for a more comprehensive approach that respects and integrates the San's cultural values, addressing issues such as language barriers and limited access to traditional medicine.[24]

- Access to information

When the research was conducted in 2021 Amnesty International found that insufficient knowledge about TB and Covid-19 among the San community, compounded by general illiteracy, hampers their ability to seek and comprehend health information. Irregular implementation of TB-related awareness activities and inadequate communication on Covid-19 contribute to fear and uncertainty. The government's lack of providing accurate and timely information with San communities during the pandemic amplified concerns about health protocols. This information gap not only affects the San's understanding but also leads to decreased health-seeking behaviour related to TB, with some patients reluctant to visit clinics due to Covid-19 fears. Addressing these information gaps is crucial for improving the health outcomes of the San community.[25]

The government's failure to address TB prevalence in San populations contradicts the principles of General Comment 14, emphasizing the need for comprehensive health strategies and non-discrimination. It must be noted that the Ministry of Health and Social Services' (MoHSS) in their submissions to the Committee claim of attention to remote areas, their efforts, including prefabricated facilities and a soup kitchen for San TB patients, fall short. These initiatives lack the necessary depth in addressing the specific health needs of San communities affected by tuberculosis. The inadequacy of the state's response, as highlighted in their submissions, emphasizes the urgency for a more robust and targeted intervention in line with international human rights principles.

3. INTERSECTIONALITY OF SOCIO-ECONOMIC CHALLENGES (ARTICLES 9, 11 AND 13)

The intersectionality of socio-economic challenges faced by the San exacerbates their vulnerability to TB. The impact of TB on the San's livelihood is compounded by historical dispossession of ancestral land, highlighting violations of the right to an adequate standard of living. This includes limited income opportunities and, by extension, access to nutritious food, crucial for completing treatment, especially in multidrug-resistant (MDR) cases that can extend up to two years. Additionally, the crowded housing conditions and inadequate sanitation in which San people live, coupled with limited access to water, further exacerbate community spread. The denial of their right to an adequate standard of living calls for urgent measures to address historical injustices. This involves ensuring land rights and implementing targeted socio-economic support.[26]

Educational barriers further contribute to the vulnerability of the San, affecting their understanding of TB prevention and treatment. The right to education is intrinsically linked to the right to health, and

[23] General Comment 14, previously cited

[24] Amnesty International. (2021, October 6). "*We don't feel well treated": Tuberculosis and the Indigenous San peoples of Namibia*. Index Number: AFR 42/4784/2021. Retrieved from https://www.amnesty.org/en/documents/afr42/4784/2021/en/ at page 43

[25] Ibid above at page 44

[26] Amnesty International. (2021, October 6). "*We don't feel well treated": Tuberculosis and the Indigenous San peoples of Namibia*. Index Number: AFR 42/4784/2021. Retrieved from https://www.amnesty.org/en/documents/afr42/4784/2021/en/

barriers in education directly impede the San's capacity to comprehend and engage in health-related practices. Ensuring access to quality education for the San is crucial not only for the realization of their right to education but also for empowering them to actively participate in maintaining their health and well-being, particularly in the context of TB prevention and control.

The San communities, facing historical discrimination, dispossession of land, and limited access to education and employment opportunities, are highly dependent on social assistance programs from the state for their economic well-being. The absence of well-paying jobs, compounded by educational barriers, results in a reliance on social grants and assistance. The government's role in providing social security, such as the Basic Social Grant (BSG) and child grants, becomes crucial in addressing the socio-economic challenges faced by the San. However, barriers in accessing these grants, including delays, lack of documentation, and bureaucratic complexities, hinder the effective realization of the right to social security for the San.[27]

4. RECOMMENDATIONS

Amnesty International calls on the Namibia government to implement the following:

Comprehensive Health Strategies:

- Develop and implement comprehensive health strategies that target the specific needs of the San populations. These strategies should be culturally sensitive, acknowledging the historical context, and addressing the socio-economic factors contributing to health disparities.

Community Involvement and Consultation:

- Promote genuine consultation and collaboration with the San communities in designing and implementing health interventions.
- Inclusion of community health promoters and workers is essential for effective communication, understanding cultural nuances, and ensuring the acceptability of healthcare services.

Non-Discriminatory Access:

- Ensure non-discriminatory access to healthcare services for the San populations.
- Address barriers such as geographical isolation, discrimination, and a lack of awareness to facilitate their access to health facilities, goods, and services on an equal basis with the rest of the population.

Educational Initiatives:

- Implement educational initiatives targeted at the San communities to raise awareness about TB prevention, treatment, and control.
- Overcome educational barriers and provide information in a culturally appropriate manner to empower individuals with the knowledge needed for their health and well-being.

Adequate Resource Allocation:

- Allocate adequate resources to the National Tuberculosis and Leprosy Program (NLTP) and other relevant healthcare initiatives.
- Ensure that sufficient resources are provided to appoint competent pro bono lawyers, community health workers, and health extension workers to cover all regions effectively.

[27] Ibid note above.

Donor Collaboration:

- Collaborate with international donors to secure sustainable funding for healthcare interventions.
- Recognize the importance of international support in addressing TB prevalence and ensuring that outreach and health promotion programs are adequately funded to prevent further scaling down or closure.

Data Collection and Recognition:

- Facilitate the collection of disaggregated health data specifically for the San populations.
- Recognize the San as Indigenous people and ensure that government policies and interventions address the specific health indicators and challenges, they face.

Collaboration with Civil Society:

- Collaborate with civil society organizations and non-governmental organizations working in the health sector.
- Leverage their expertise and community connections to strengthen healthcare delivery and bridge gaps in collaboration between health workers and the San communities.

Cultural Sensitivity Training:

- Provide cultural sensitivity training for healthcare professionals and workers involved in TB prevention and control.
- Enhance their understanding of the cultural identity and customary way of life of the San people to facilitate more effective and empathetic healthcare delivery.

Regular Monitoring and Evaluation:

- Establish a robust monitoring and evaluation mechanism to assess the effectiveness of healthcare interventions.
- Regularly review progress, identify challenges, and adapt strategies to ensure continuous improvement and sustained impact.

Amnesty International is a movement of 10 million people which mobilizes the humanity in everyone and campaigns for change so we can all enjoy our human rights. Our vision is of a world where those in power keep their promises, respect international law and are held to account. We are independent of any government, political ideology, economic interest or religion and are funded mainly by our membership and individual donations. We believe that acting in solidarity and compassion with people everywhere can change our societies for the better.

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