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[Home](#) > [Resources](#) > [AIDSFree Guidance Database](#) > [HIV Treatment Guidance Database](#) >

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## Namibia

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

**Patient Population** [Download summary page as PDF](#) [E-mail this page](#)

### Suggest Updates

- [Adults and Adolescents \(Greater than or Equal to 10 Years old and Weigh at Least 35kg\)](#)
- [Children and Adolescents less than 15 Years](#)
- [Pregnant Women](#)
- [Newborns and Infants](#)
  
-  [National Guidelines for Antiretroviral Therapy \(PDF / 8 MB\)](#)

**Adults and Adolescents (Greater than or Equal to 10 Years old and Weigh at Least 35kg)**

### Year Issued:

2014

### HIV/TB Co-Infection Addressed:

No

### Criteria for Treatment:

WHO Clinical stage 1 or 2:

- Initiate ART if CD4 less than or equal to 500 cells/mm<sup>3</sup>

WHO Clinical stage 3 or 4 and/or:

- Active TB Disease: Initiate ART in all individuals regardless of CD4 cell count
- Hepatitis B infection: Initiate ART in all individuals regardless of CD4 cell count or WHO clinical stage.
  
- HIV-serodiscordant couples: Provide ART to all HIV-positive individuals in a sero discordant sexual partnership regardless of CD4 cell count or WHO Clinical Stage (to reduce the risk of HIV transmission to the negative partner).
- HIV-positive concordant couples currently intending to conceive a child: Provide ART to both partners irrespective of CD4 cell count or WHO clinical stage

### Regimen Options:

## First Line:

Preferred:

TDF + FTC (or 3TC\*) + EFV  
(once daily FDC)

\* It is anticipated that the current stock of TDF/3TC/EFV will be replaced with TDF/FTC/EFV

## Second Line:

AZT\*/TDF/3TC/LPV/r (where standard first line regimens were used)

\*Patients who were anaemic at start of ART may have initiated treatment with d4T, however these patients do not have "AZT-induced anaemia" and it is safe to use AZT unless the current Hb less than 7.5. For patients with true previous AZT toxicity, consult HIV specialist.

## Third Line:

Consult HIV specialist.

Third line regimens are complicated, very costly and should only be implemented following the recommendation and close supervision of an HIV specialist. All patients failing second line regimens should undergo HIV resistance testing following consultation with an HIV specialist in order to select the most effective regimen.

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## First Line:

Alternatives:

(should only be used if the preferred first line regimen is not an option)

AZT + 3TC + EFV

AZT + 3TC + NVP\*

TDF + FTC (or 3TC) + NVP

ABC + 3TC + EFV (or NVP)

\*NVP should not be initiated in women with a CD4 count of >250 or men with a CD4 count of greater than 400. Due to metabolism issues, nevirapine treatment is always initiated as once daily therapy for the first 14 days, and then it is increased to twice daily.

## Second Line:

AZT\*/TDF/3TC/LPV/r (where standard first line regimens were used)

\*Patients who were anaemic at start of ART may have initiated treatment with d4T, however these patients do not have “AZT-induced anaemia” and it is safe to use AZT unless the current Hb<7.5. For patients with true previous AZT toxicity, consult HIV specialist.

In HIV/TB co-infection: AZT/TDF/3TC/LPV/RTV

## **Third Line:**

Consult HIV specialist.

Third line regimens are complicated, very costly and should only be implemented following the recommendation and close supervision of an HIV specialist. All patients failing second line regimens should undergo HIV resistance testing following consultation with an HIV specialist in order to select the most effective regimen.

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## **Reference:**

Republic of Namibia National Guidelines for Antiretroviral Therapy Fourth Edition (2014)

### **Children and Adolescents less than 15 Years**

### **Year Issued:**

2014

### **HIV/TB Co-Infection Addressed:**

No

### **Criteria for Treatment:**

All children and adolescents under 15 years old are eligible for ART and should be initiated on ART irrespective of CD4 count and clinical stage.

## **Regimen Options:**

### **First Line:**

under 3 years old or under 10 kg:

ABC /3TC /LPV/r

[ABC/3TC as a once daily dose, LPV/r given twice daily]

### **Second Line:**

Children under 3 years old and under 10 kg who had PI-based first line:

NO previous PMTCT NVP exposure: give ABC + AZT + 3TC + NVP

Previous PMTCT NVP exposure\*: consult an HIV specialist and get a resistance test

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## **First Line:**

3 to 9 years old and 10 kg to under 35 kg:

- NO previous PMTCT NVP exposure: Give ABC /3TC /EFV [all once daily doses]
- Previous PMTCT NVP exposure: Give ABC /3TC /LPV/r

[ABC/3TC as a once daily dose, LPV/r given twice daily]

## **Second Line:**

Children 3 to 9 years old and 10 kg to under 35 kg. who had PI-based first line:

NO previous PMTCT NVP exposure: give ABC + AZT + 3TC + EFV

Previous PMTCT NVP exposure\*: consult an HIV specialist and get a resistance test. Children <10 years old or <35 kg who had NNRTI-based first line:

ABC + AZT + 3TC + LPV/r

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## **First Line:**

greater than or equal to 35 kg and at least 10 years old :

TDF/3TC /EFV [all once daily doses]

## **Second Line:**

Children and adolescents  $\geq 35$  kg and at least 10 years old and who had LPV/r-based first line

TDF + AZT + 3TC + EFV

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## **Reference:**

Republic of Namibia National Guidelines for Antiretroviral Therapy Fourth Edition (2014)

### **Pregnant Women**

### **Year Issued:**

2014

### **HIV/TB Co-Infection Addressed:**

Yes

### **Criteria for Treatment:**

Initiate ART in all individuals regardless of CD4 cell count or WHO Clinical Stage

A pregnant woman should be offered to initiate ART on the same day she tests positive for HIV at

ANC/maternity or during breastfeeding period.

All HIV infected pregnant women should be assessed for TB signs and symptoms - if TB suspected investigate before initiation of ART. Also assess for other contraindications before initiating ART.

Ensure patient is counselled and given appropriate information on the importance of ART for her own health and prevention of vertical transmission, adherence, side effects and follow up care.

## Regimen Options:

### First Line:

Preferred:

TDF + FTC (or 3TC\*) + EFV  
(once daily FDC)

\* It is anticipated that the current stock of TDF/3TC/EFV will be replaced with TDF/FTC/EFV

### Second Line:

AZT\*/TDF/3TC/LPV/r

\* Patients who were anaemic at start of ART may have initiated treatment with d4T, however these patients do not have "AZT-induced anaemia" and it is safe to use AZT unless the current Hb less than 7.5. For patients with true previous AZT toxicity, consult HIV specialist.

### Third Line:

Consult HIV specialist

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### First Line:

Alternatives:

TDF+FTC [or 3TC] +EFV

For women with significant psychiatric co-morbidity (do not use NVP if CD4 greater than or equal to 250 cells/mm<sup>3</sup> due to risk of hypersensitivity )including severe rash or hepatotoxicity or if on treatment for active TB

### Third Line:

Consult HIV specialist

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## **First Line:**

AZT + 3TC + EFV

For women with renal insufficiency (CrCl less than 60ml/min - unless HBsAg positive) - (do not use AZT if Hb less than 8g/dl)

## **Third Line:**

Consult HIV specialist

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## **First Line:**

TDF + FTC (or 3TC) + LPV/r

For women with CD 4 greater than or equal to 250 cells/mm<sup>3</sup> and Hb less than 8g/dl or those who have previously had PMTCT that included sdNVP.

## **Third Line:**

Consult HIV specialist

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## **First Line:**

AZT+3TC+NVP

For women with both significant psychiatric co-morbidity and renal insufficiency (note CD4 and Hb restrictions above).

## **Third Line:**

Consult HIV specialist

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## **Reference:**

Republic of Namibia National Guidelines for Antiretroviral Therapy Fourth Edition (2014)

## **Newborns and Infants**

## **Year Issued:**

2014

## **HIV/TB Co-Infection Addressed:**

Yes

## Criteria for Treatment:

Infant prophylaxis should begin at birth or as soon as HIV exposure is recognized postpartum, as long as the infant presents for care within 72 hours of birth.

## Regimen Options:

### First Line:

Infant NVP dosing recommendations:

First 6 Weeks

Birth weight less than 2 kg: 2mg/kg once daily

Birth weight 2-2.499kg to 6 weeks: 10mg once daily

Birth Weight greater than or equal to 2.5 kg. to 6 weeks: 15 mg. once daily

Monthly thereafter:

greater than or equal to 6 weeks to less than 6 months: 20mg once daily

greater than or equal to 6 months to less than 9 months: 30mg once daily

greater than or equal to 9 months to four weeks beyond end of breastfeeding: 40mg once daily

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## Reference:

Republic of Namibia National Guidelines for Antiretroviral Therapy Fourth Edition (2014)

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