**Himba Health Report for Tribal Survival**

I retired as a GP in 2000 and am no longer practicing medicine. In 2017 I took part in a Tribal Survival expedition to West Papua, supporting the WHO Lymphatic Filariasis eradication program.

In October 2023 with Charles and Jane Montanaro, trustees of Tribal Survival, I visited two remote Himba tribes in Namibia. My role was to support Charles and Jane in their assessment of health needs of the Himba. I have reviewed data in the World Health Organisation Country Disease Outlook for Namibia, updated in August 2023; the information quoted about health burden in Namibia is from this source.

* WHO classify Namibia as a upper-middle income country, population of 2.5 million (2021)
* Namibia has a high burden of communicable (such as malaria, TB and HIV/AIDS) and non-communicable disease such as diabetee, heart disease and hypertension(NCDs). 43% of deaths are from NCD.
* Namibia has 195,715 people receiving antiretroviral therapy in 2021 and has made good progress towards achieving the 95-95-95 goals for HIV. (95% know their HIV status, 95% on antiretroviral treatment and 95% have viral suppression)
* Malaria remains a public health concern, however the country is on track to meet the Global Technical Strategy for Malaria.
* Tuberculosis incidence in Namibia is 457 cases per 100,000 and mortality has fallen to 59 per 100,000 in 2021.
* Neonatal mortality is 20 per 1000 live births which is above the Sustainable Development Guidelines (SDG) of 12 per 1000, under 5 mortality is 39 per 1000 live births also above the SDG target of 25 per 1000
* Vaccination rates are fairly high with 90% coverage for 3rd dose DTP and first dose measles.

The Himba population is estimated to be 50,000. I have not been able to find any health data relating to the Himba or the Kunene area. I am sharing information collated from anecdotes of health care professionals we met and witnessing health issues in the field.

The Himba communities we visited have a health care worker who lived with them Monday to Friday and they were able to provide health advice and carried basic medication for use for minor illnesses at no cost (paracetamol, ibuprofen etc). If the person was still unwell after 2 days, they were referred to the nearest clinic in the area. For the first village we visited, this was Omuhoro 7km away and the second village was Epupa 20km away. No transport is available from the village to the clinic, the Himba either walk or are reliant on a lift from passing traffic.

The health care workers spend a year training in Opuwo, the nearest town and hospital (120km from Omuhoro). They are not able to dispense antibiotics but play an important role in encouraging vaccinations, screening for TB and HIV and encouraging compliance. They also advice the Himba when to attend the local clinics.

Charles, Jane and I visited the clinic in Omuhoro. The clinic has 2-3 nurses who can prescribe some medication, but Himba must travel to Opuwo to attend the hospital and see a doctor. The nurses can refer patients to a visiting Dr monthly. The cost to attend the clinic is 4 Namibian dollars (NAD) about 20p but the cost to travel to Opuwo is 100 NAD and the family will also need to pay for accommodation in the town if an overnight stay is required.

The clinic had several well-equipped consulting rooms. There was also a room dedicated to screening for and monitoring HIV. Diagnosis of HIV and annual review requires a visit to Opuwo but monthly prescriptions are available from the nurse led clinics. I was advised that TB cases were treated for 6 months in Opuwo and the patient had to stay there to ensure compliance (the cost would be 4 NAD to attend the hospital.)

The delivery room was not in use as the light did not work but the emergency equipment was in good condition. Most Himba have their babies in the village and the grandmother acts as the midwife. A few do attend the hospital. The nurse could not remember a maternal death in her time, neonatal deaths were thought to be one or two per year, but as most deliveries were in the community, this figure is not likely to be accurate. If the clinic encountered an emergency, they could call an ambulance from Opuwo, however this is a 2 hour journey each way, on dirt roads. The Himba do not pay for the ambulance.

The clinic had a small pharmacy stock and they do encounter supply issues. The medication available for the nurses to prescribe included treatment for blood pressure and diabetes as well as for infection. Immunisation is available and there was evidence of cold chain documentation. The nurses are also able to suture. Tribal survival donated some steristrips and the nurse said she had only seen these on television!

The health issues I saw in the afternoon shade were mainly aches and pains from the carrying of water and bending over fires, dry and sore eyes due to the dust and fire smoke, a case of tooth ache (most Himba chew tree bark to clean their teeth and had very white and strong teeth!) and  skin tags. The chief of the first village was disabled and looked after by his family, he probably had hip arthritis and was not able to walk. He had not had any x-ray to my knowledge. He also had a spreading fungal infection of his face and neck and had been to the hospital, but the creams had not helped. The chief in the second village had been taken to hospital the day we arrived.

I did not see any evidence of malnutrition; however, we were staying in the chief’s village. The health care worker told me that a lot of children were not fully vaccinated due to transport issues but an outreach clinic had been requested some while ago.

In summary the Himba have access to a Health Care worker 5 days a week, a nurse at a cost of 4 NAD in the local clinic 7 - 20km away and a doctor 130-150km away if they can afford the transport. Treatment for communicable and NCD is available, if at a distance and with the cost of transport.

A notable health risk for the Himba, especially with global warming and less reliable rainfall is water supply. Advising the Himba about hand hygiene to prevent communicable disease is difficult when water must be dug from a deep hole in a dry riverbed. The same water supply is used by the Himba and the animals and needs to be carried back from the sandy pits in the river to the village. These pits must be dug deeper each year and fill in and collapse with the rain. Himba health would benefit from a bore hole, which would provide a more reliable source of water.