



World Health
Organization



29 YEARS OF WHO IN NAMIBIA

2019





**World Health
Organization**

Ensuring health for all
1990 - 2019

The general mission of the World Health Organization in Namibia is “the attainment of the highest possible level of health by all Namibia’s people”, but particularly prioritizing health outcomes for the poor, disadvantaged and vulnerable. This is to ensure that “all the people of Namibia can have equitable access to high quality and affordable health care services”, as stated in Namibia’s National Health Policy Framework 2010 – 2020, and Vision 2030.

The World Health Organization (WHO) supports these objectives by supporting the generation of reliable and timely data to assess progress on the Sustainable Development Goals and to strengthen reporting mechanisms. WHO is a key partner of the Government of Namibia in the priority provision of quality and equitable health care to all its citizens. In the past 29 years since Namibia’s Independence and since WHO has been in the country, numerous complimentary efforts have been ongoing in which the WHO supports the government towards achieving universal access to optimal and affordable health care.



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Acronyms and Abbreviations

CCS III - the Third Country Cooperation Strategy

CWH - Community Health Workers

EPI - Expanded Programme on Immunization

GF - Global Fund

HEW - Health Extension Workers

IAEA International Atomic Energy Agency

JEE - Joint External Evaluation

MhGAP - Mental Health Gap Action Programme

MoHSS - Ministry of Health and Social Services

NAPHS - National Action Plan for Health Security

NCD - Non-communicable Diseases

NDP3 - Third National Development Plan

NRSC - National Roads Safety Council

OPV - oral polio vaccine

PARMaCM - Programme for Accelerating the Reduction in Maternal and Child Mortality

UMIC - Upper Middle Income Country

UNICEF - United Nations Children's Fund

WCO - WHO Country Office

WFP - World Food Programme

WHO - World Health Organisation

Foreword

As the World Health Organization (WHO) Representative to Namibia, it is my profound pleasure and honour to thank all WHO/Namibia staff for their exceptional dedication and performance over the past twenty nine years. Equally well, I must thank all our partners and key stakeholders, especially the Ministry of Health and Social Services (MoHSS), for the outstanding cooperation between the MoHSS and the WHO that has allowed us together to make significant strides towards achieving the highest possible standard of health for all Namibians.

Dr Charles Sagoe-Moses
WHO Representative to Namibia



The Programme for Accelerating the Reduction in Maternal and Child Mortality (PARMaCM), a joint partnership between the MoHSS, the European Union and the WHO, enabled Namibia to improve access and quality health care for mothers and children. Through PARMaCM, Maternal Waiting Homes have been built in three regions, providing expecting mothers with a safe environment in which to stay in close proximity to maternity wards and antenatal counselling services as they prepare for childbirth.

PARMaCM was also instrumental in strengthening the capacity of 500 doctors and nurses and 800 community health workers. The community health workers provide basic health care, monitor the health of villagers, including mothers and their young children, and where necessary refer cases to the clinic. PARMaCM also donated medical equipment valued at over N\$32 million to hospitals, health centres and clinics, and nine ambulances and six utility vehicles to the PARMaCM focus health districts.

Great strides have been made during the past years through the Expanded Programme in

Immunization. Notable achievements included the country's ability to maintain its polio free status since October 2008. WHO Namibia advocated for and supported the supplementary measles and rubella vaccination campaign run by the MoHSS which contributed to a significant reduction in measles cases. Through WHO Namibia technical support to the MoHSS, malaria, Crimean-Congo haemorrhage fever and other outbreaks were promptly contained.

WHO Namibia worked closely with the MoHSS and other stakeholders to secure funding from the Global Fund to fight TB, HIV and Malaria for a comprehensive HIV, TB and malaria prevention and control programme, and supported training to improve the capacity of MoHSS staff at regional, district and facility level to develop and implement health policies and strategies.

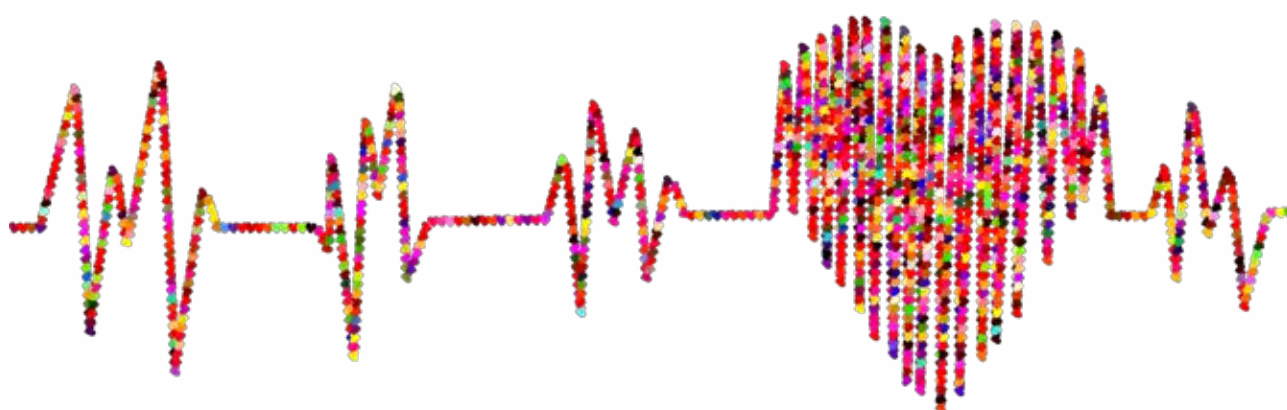
Despite notable successes, we cannot afford to be complacent. In some areas, much remains to be done. Although progress was made in reducing the maternal, infant and under-five mortality rates during the decade leading up to 2015, Namibia failed to reach its Millennium Development Goals

in these fields. At 65 deaths per 100 000 live births, maternal mortality is substantially higher than the average for the rest of Africa of 210 deaths. The availability of antenatal care also lags behind the rest of Africa, while the incidence of tuberculosis and mortality resulting from non-communicable diseases both exceed the averages for the rest of Africa. Renewed efforts on the part of WHO Namibia and all stakeholders therefore remain priorities in these fields.

A highlight of the past years was the finalization of the third Country Cooperation Strategy (CCS III),

for 2017 - 2022. The strategic priorities identified in the CCS III are strengthening the health system, combating priority diseases; improving maternal, newborn, child and adolescent health; and promoting a safer and healthier environment.

Going forward, WHO Namibia will continue to strive for advancing universal health coverage, addressing health emergencies and promoting healthier populations, in accordance with the Sustainable Development Goal of ensuring healthy lives and promoting well-being for all, at all ages.



Malaria Spray Team Kavango Region

Executive Summary

The mission of the World Health Organization (WHO) in Namibia is the attainment of the highest possible level of health by all people. It strives to do this by supporting and cooperating with its strategic partners, including the Ministry of Health and Social Services (MoHSS), UN agencies, development partners and other stakeholders.

This support contributed to an improved life expectancy of 63.7, giving Namibia a life expectancy ranking of 152. In addition, Namibia made significant progress towards universal health coverage in terms of public health services. Currently 88% of women have access to skilled birth attendance during delivery, although quality still remains a challenge.

WHO contributed to the training of 1,200 health extension workers in first aid, newborn and maternal care, HIV/AIDS, TB and malaria; and disability care, bringing much needed relief to these communities.

WHO provided the technical assistance which led to Namibia's documentation on polio-free status accepted by the African Regional Certification Commission in Oct 2008. This was achieved through high immunization coverage for oral Polio and continuous strengthening its disease surveillance system.

In 2003, WHO provided technical and financial support for a feasibility study for the establishment of a medical school in the country. By 2010, 53 students had enrolled. To date the school has enrolled 836 students and graduated 227 medical doctors.

WHO continues to play a key role in HIV prevention and treatment and can proudly associate itself with the fact that women in Namibia met the 90-90-90 goals with positive implications for both sexual and vertical transmission of HIV

Namibia's immunity gap for measles was significantly reduced, with laboratory-confirmed cases of measles reduced from 56 in 2015 to 3 in 2018. This success has been directly attributed to WHO's advocacy for a mass supplementary measles and rubella vaccination campaign. The campaign which targeted nine month olds to 39-year-old reached over 1.9 million people. It

resulted in the introduction of a rubella vaccine as part of the routine immunization, as well as an introduction of a measles- second dose at 15 months of age, putting Namibia on track for measles elimination by 2020.

Namibia launched the National Multi-Sectoral Strategic Plan for the prevention and control of non-communicable diseases, aiming to reduce the preventable and avoidable burden of morbidity, mortality and disability due to these diseases in the country.

With support from a 10 million euro EU-funded project, known as the Programme for Accelerating the Reduction of Maternal and Child Mortality (PARMaCM), WHO contributed extensively to the improvement of the health of mothers, newborns and children. The programme achieved the following:

- Construction of 3 Maternity Waiting Homes bringing the geographical gap and ensuring safe delivery
- Trained close to 2000 health care providers including community health workers on maternal and child health
- Procured medical equipment worth 32 million Namibian Dollars as part of strengthen the health systems for quality and improved maternal and child care



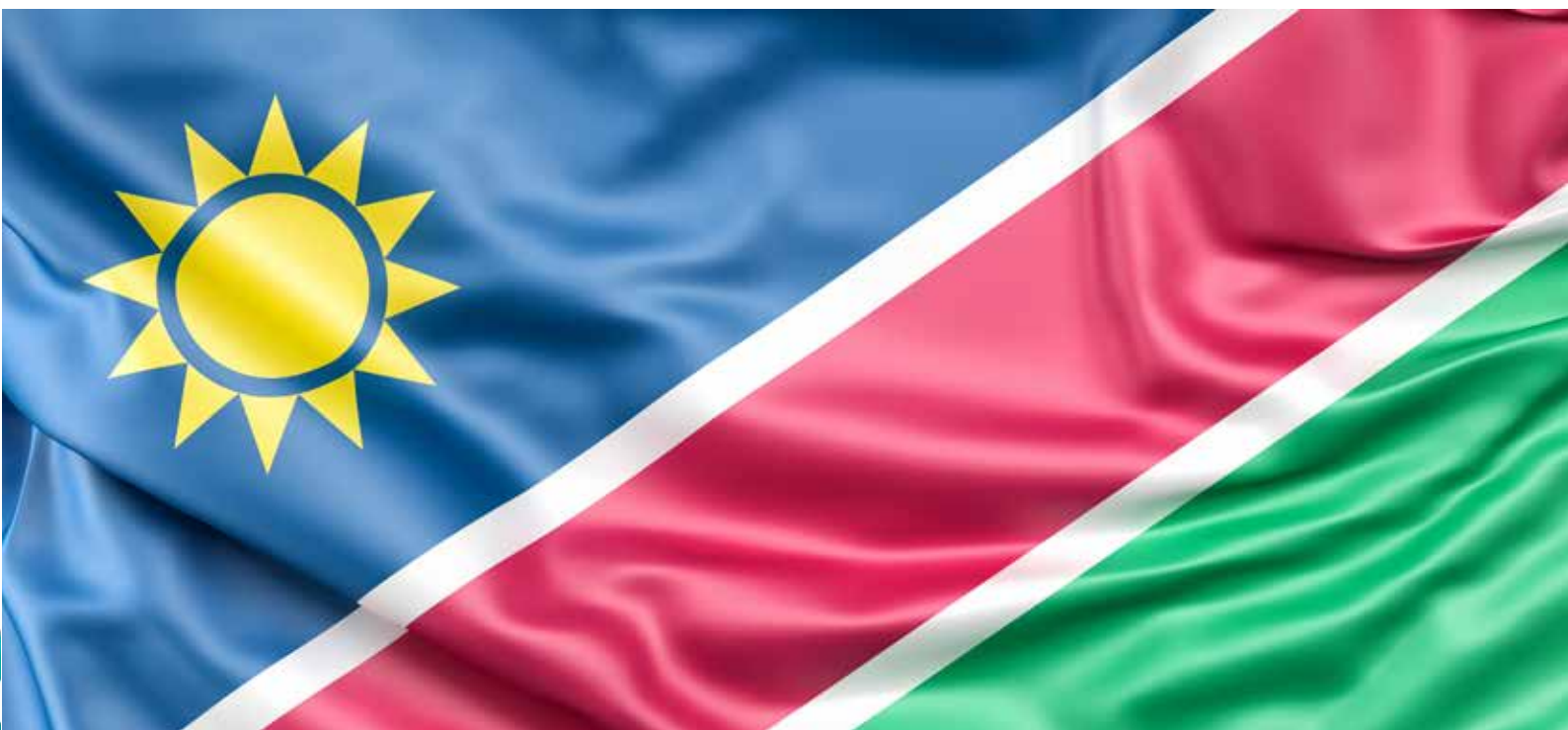
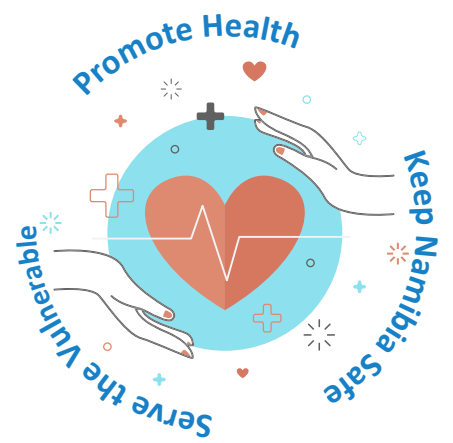
Health Status of Namibia Compared with the rest of Africa



Indicator	Namibia	Rest of Africa	Unit of measurement
Maternal mortality rate (UN Estimate 2017)	195	210	Deaths per 100 000 live births (2017 UN estimate)
Infant mortality rate (2017)	29	63	Deaths per 1 000 live births
U5 mortality rate (2018)	40	95	Deaths per 1 000 live births
Total fertility rate	3.6	5	Births per woman
Antenatal care (4 or more visits)	63%	75%	Women visiting hospital/clinic at least 4 times during pregnancy
Antenatal counselling visits to pregnant women (4+)	63%	47%	Women receiving at least 4 antenatal counselling (ANC) visits during pregnancy
Institutional deliveries	88%	48%	Births attended by skilled health personnel
Contraceptive prevalence rates	50%	27%	Use of contraceptives amongst women of child-bearing age
Penta3 coverage (routine)	88%	72%	Children vaccinated with penta 3
HIV/AIDS prevalence (2017)	12.6% (males: 9.3%; females: 15.7%)	4.1	Prevalence of HIV among adults aged 15 to 64
TB prevalence	524 (Uncertainty interval: 375 – 697)	303	TB prevalence per 100 000 population
Children under-5 stunted	24%	30.3	Children under-5 with below-expected development
Prevention of HIV mother-to-child transmission (PMTCT) coverage (2016)	95%	81%	Estimated pregnant women living with HIV who received antiretroviral medicine for preventing mother-to-child transmission
Mortality due to NCDs	53%	21%	Mortality resulting from the four major NCDs as % of all mortalities
Malaria incidence (2018)	14.8		Incidence of malaria per 1 000 population
Health workforce	31.3	14.1	Number per 10 000 population



Years of the World Health Organization in Namibia



Introduction

The World Health Organization (WHO), is a specialized agency of the United Nations concerned with international public health. It was formed on 7 April, 1948 – a date we now celebrate as World Health Day; and operates in one hundred and fifty countries.

Among these is Namibia, where WHO has been operating since Independence in 1990. WHO is an essential partner in health with the Namibian government and other stakeholders, in fulfilling its mandate to improve the health of Namibians. It contributes towards the achievement of the national vision and goals that make up Namibia's National Development Plans, and appreciates the country's relentless resolve to attain these goals. Namibia acknowledges that through forging strong inter-sectoral action and partnerships, its vision can be fulfilled. The Ministry of Health and Social Services developed its own strategy to coordinate health interventions in the country and harness resources to ensure better health for its people.

The general mission of WHO in Namibia is, "the attainment of the highest possible level of



health for all Namibia's people", but particularly prioritizing health outcomes for the poor, disadvantaged and vulnerable. This to ensure that "all the people of Namibia can have equitable access to quality and affordable health care services". WHO supports the generation of reliable and timely data to assess progress on the Sustainable Development Goals, and strengthening reporting mechanisms.

WHO is a key partner of the Government in the priority provision of quality and equitable health-care to all its citizens. Over the past 29 years numerous complimentary efforts have been ongoing in which WHO supports the government towards achieving universal access to optimal and affordable health care.



Context

The health situation in any country is shaped by its geographic, environmental, social, demographic and economic context. Namibia is no exception. This sparsely populated, arid, developing nation faces specific challenges which impact the planning, organization and delivery of health services.



Geography and Climate

Situated on the south-western Atlantic coast of the African continent, Namibia borders Angola, Botswana, South Africa, Zambia and Zimbabwe. A large part of the country is covered by two deserts, the Namib to the West, and the Kalahari to the East.

The climate is mainly arid and semi-arid with sparse and erratic rainfall. Environmental concerns include, among others, desertification, recurring drought and floods, depletion of natural resources, and decline of water quality. Repeated drought and floods have seriously affected the food security of mainly rural populations as successive harvests have been destroyed. Annual floods between 2009 and 2011 led to severe water logging and affected hundreds of thousands of people. They also interrupted access to health care in affected areas. The current widespread drought has been described by many as the worst in recent times. Food security and livelihoods of rural communities

have been seriously affected, to the extent that the Head of State has declared a national state of emergency on 6 May 2019 the first time in 6 years.



The People

The 2011 census found that the population of Namibia currently stands at 2.1 million. Although the population increased more than eight times between 1921 and 2001, from 229,000 to 1,830,330 people, the growth rate slowed to 2.6% per annum between 1991 and 2001, and further declined to 1-4% between 2001 and 2011.

This is thought to be caused by a reduction in fertility rates, which in turn is due to improved levels of education among young women and their increased participation in economic development. Population growth is mostly attributed to improved medical care and immigration, as well as increased life expectancy. However, Namibia still has one of the lowest population densities in the world. Namibia's small population is spread over a wide area, with the national population density estimated at 2.5 people per square kilometer. Lack of fertile soil and water are the main reasons for low population density in most parts of the country.

The majority of inhabitants live in rural districts, often beyond the reach of road infrastructure and basic services, posing logistical problems for health and development. According to the Population and Housing Census of 2011, 57.9% of the population lives in rural areas. As in many other countries, rapid urbanization is occurring in Namibia, particularly in informal and low income housing areas, where the population density can reach up to 50,000 people per square kilometer, which is very high if compared to the national average. This is partially linked to extensive migration for work in farms, mines and ports. The Population and Housing Census of 2011 indicate that there is significant migration from rural to urban areas and that the urban population increased from 33% to 43% between 2001 and 2011. It is estimated that the urban population growth rate has been around 4% to 5% over the past decades. Most young adults



Expectant mothers in a makeshift camp, Outapi, northern Namibia

live in urban areas, with a significant number in informal settlements. Women and children constitute about 52% of Namibia's population and 40.4% of households are female headed. The country currently has a relatively young population, with about 40% of people aged 15 years and below, and 54% aged 15 to 59 years old. However, as life expectancy climbs, the country must prepare for an increasingly aging population.

Despite its small population, Namibia has a rich diversity of ethnic groups. According to the World Food Programme (WFP), although food availability at the national level is adequate, access to food

is still a concern for an estimated 12-14 percent of the population. In 2013, it was estimated that 463,581 people were food insecure and 314,923 were moderately food insecure, as a result of the drought. United Nations Children's Fund (UNICEF) estimates the percentage of households that have access to an improved source of drinking water at 93%. For sanitation, the figures are much lower with wide gaps between urban and rural areas. Only 32% of households nationally use improved sanitation facilities, and in rural areas only 17% of the population has access to improved sanitation facilities.



Community meeting in Havana Informal Settlement



One of the Informal Settlements in Windhoek



Economic inequality and the prevalence of poverty are considered to be both a cause of ill-health and other challenges and a barrier to responses, as lower income groups struggle to access services.

Vision 2030, which is implemented through a series of National Development Plans, aims to transform Namibia into an industrialized nation and reverse this legacy.

The Economy

Namibia's gross domestic product (GDP) grew from US\$7.86 billion in 2009 to US\$13.24 billion in 2017. The economic growth is largely due to growth in the sectors of mining, fisheries, large-scale farming and high-end tourism. As a result, the World Bank has re-categorized Namibia as an Upper Middle Income Country (UMIC) in 2009. This means the country is no longer eligible for many concessional grants and loans, and several donors have started scaling down their support.

However, Namibia's GDP masks entrenched socioeconomic inequalities. In fact the country still has one of the highest levels of income inequality in the world with 39.6% of the population living in poverty and high unemployment rates, especially among rural women. In 2017, Namibia had a Human Development Index of 0.640, ranking it at 128 (out of 186 countries with comparable data).

GDP:	US\$12.8;billion
Population living in poverty:	39.6%
Human Development Index:	0.640%
Human Development Ranking	128 out of 186



Children from a Health Promoting School in Omaheke Region



The Politics

Namibia is a secular state, which has enjoyed a stable multiparty democracy based on the rule of law since gaining independence in 1990. The first National elections took place in 1989 electing the first democratic President for the country who took office on 21 March 1990. Since then Namibia had three Presidents all from the ruling South West Africa People's Organization (SWAPO) which maintained its majority since independence.

According to the World Governance Indicators, Namibia enjoys the second best position in Africa for Political Stability/Absence of Violence indicator.

On rule of law, Namibia scored 84, ranking sixth out of 52 countries in the 2012 Ibrahim Index of African Governance. The Southern African and African scores are 63 and 48 respectively.

Namibia is blessed with a stable democratic political environment, which lays the foundation for effective planning and implementation of health and other development programmes. In view of the many environmental, demographic and economic challenges it is heartening to note the high-level political commitment to provision of equitable access to health services, as well as other developmental goals.



Namibian Parliament in session



H.E. Dr. Hage Geingob, President of the Republic of Namibia and H.E. Mr. Antonio Guterres, United Nations Secretary-General, 2017



World Health Organization

In Namibia



In reviewing WHO's achievements in Namibia over the past 29 years, progress has to be gauged against four strategic priority areas of WHO Namibia. These are:

- Strengthening of health systems to improve performance, and provide quality health services that are efficient and equitable,
- Combatting priority diseases, to reduce "the burden of major communicable

and non-communicable diseases, especially among poor and marginalized communities,

- Improving maternal, newborn, child and adolescent health. and
- Promoting a safer and healthier environment by enhancing health promotion and reducing major risk factors and the socio-economic determinants of health.



Health extension worker, Otjiwarongo, central Namibia



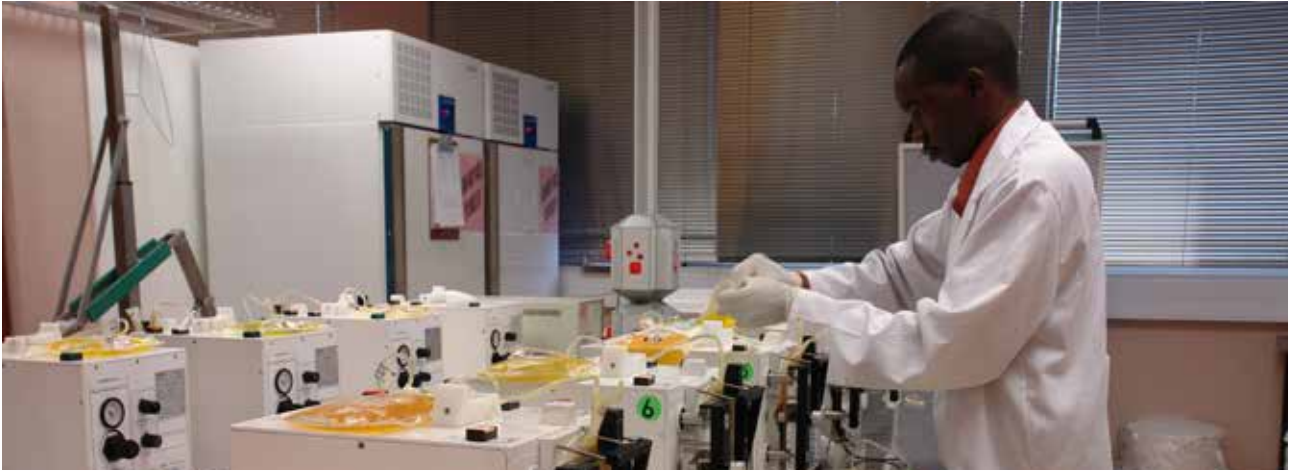
Accelerated Action for Adolescent Health workshop in Windhoek, Namibia



Health extension worker, Zambezi region, north-eastern Namibia

1. STRENGTHENING OF HEALTH SYSTEMS

Over the past 29 years, WHO has contributed to the attainment of health for all by helping Namibia develop responsive and resilient health systems, centered on people's needs and circumstances.



Strengthening of health systems is based on a primary health care approach, increased investment in health and effective management of resources. *"In order to achieve this goal, WHO has provided technical and financial support, training of health staff, supporting health information systems and promoting research. In addition, WHO facilitated the transfer of quality, safe and effective health technologies and the promotion of equitable access to affordable and appropriate health systems."*

In 2012, WHO initiated a pilot programme for the training of Health Extension Workers to increase access to, and coverage of, promotive, preventive, rehabilitative, and basic curative services with focus on maternal, neonatal and child health and nutrition.

This included strengthening and expanding the continuum and quality of care and support, including bi-directional referral between the community and the health facility.



Blood Transfusion Lab



UNAM Faculty of Medicine, Windhoek

Health Extension Workers are the eyes and ears of healthcare in communities, especially in rural areas.

By the end of 2015, 1,200 health extension workers had been trained in first aid, newborn and maternal care, HIV/AIDS, TB and malaria; and disability care, bringing much needed relief to these communities. In 2009, WHO supported a revision of the 1998 National Health Policy Framework initiated by the Ministry of Health and Social Services to update and adjust policies and guidelines to the needs of the population.

Updated priorities were aligned to the National Health Policy Framework, Vision 2030, and the Third National Development Plan, (NDP 3).

WHO provided the technical assistance which led to Namibia's documentation on polio-free status accepted by the African Regional Certification Commission in Oct 2008. This was achieved through high immunization coverage for oral Polio and continuous strengthening its disease surveillance system.

In 2003, WHO provided technical and financial support for a feasibility study for the establishment of a medical school in the country. By 2010, 53 students had enrolled. To date the school has enrolled 836 students and graduated 227 medical doctors. In 2012, WHO Director General, Dr Margret Chan, on a visit to Namibia, hailed the School of Medicine as 'truly inspiring'.

The past 29 years has seen solid strides taken in strengthening the country's health system. WHO contributed extensively to the development of national policies, frameworks, guidelines and strategic plans for HIV prevention and treatment, malaria, TB, NCDs, immunization, integrated disease surveillance and response health promotion and women's, children's and adolescents' health. This support contributed to an improved life expectancy of 63.7, giving Namibia a life expectancy ranking of 152. In addition Namibia made significant progress towards universal health coverage in terms of public health services. Currently 88% of women have access to skilled birth attendance during delivery, although quality still remains a challenge.



Community Health Worker in Kunene Region



Katatura State Hospital Operating Theatre

2. COMBATING PRIORITY DISEASES

Namibia ranks among the top five most affected countries worldwide in HIV/AIDS, and with active support from WHO, have been able to reduce this burden.



2009 saw the development of an HIV/AIDS National Strategic Framework. WHO continues to play a key role in HIV prevention and treatment and can proudly associate itself with the fact that women in Namibia met the 90-90-90 goals with positive implications for both sexual and vertical transmission of HIV. WHO has been very active in supporting government efforts to eliminate malaria. In 2014 and 2015 WHO facilitated cross-border workshops that helped to chart practical actions to effectively control malaria and other communicable diseases such as Tuberculosis across the common border with Angola.

Strategies are in place to eliminate malaria in the country by 2020. Tuberculosis remains a major public health problem in Namibia. WHO is committed to helping the Namibian government achieve a 95% reduction in the number of TB deaths and 90% reduction in TB incidence compared to the 2015 level by 2035 in line with the WHO Global End of TB Strategy passed by the World Health Assembly in 2014. WHO fully supports Namibia's National TB and Leprosy Control Programme



VACCINE PREVENTABLE DISEASES

The World Health Organization also helps to ensure the safety of medicines and vaccines given to the nation. Technical and financial support was provided for National Immunization Days which were implemented between 1997 and 2013. WHO has further provided quality support to the measles elimination effort, and laboratory equipment for measles diagnosis.

Namibia's immunity gap for measles was significantly reduced, with laboratory-confirmed cases of measles reduced from 56 in 2015 to 3 in 2018. This success has been directly attributed to WHO's advocacy for a mass supplementary measles and rubella vaccination campaign. The campaign which targeted nine month olds to 39 year old reached over 1.9 million people. It resulted in the introduction of a rubella vaccine as part of the routine immunization, as well as an introduction of a measles- second dose at 15 months of age, putting Namibia on track for measles elimination by 2020.



WHO has supported child immunization in Namibia, particularly in polio eradication.

This support has resulted in improved immunization coverage in the majority of the districts. The last confirmed polio case was reported in June 2006. WHO, in 2008, gave technical support for the introduction of new vaccines against Hepatitis B and Haemophilus Influenza Type B, which were fully rolled out in 2009.

NON-COMMUNICABLE DISEASES

In late August 2018, Namibia launched the National Multi-Sectoral Strategic Plan for the prevention and control of non-communicable diseases, aiming to reduce the preventable and avoidable burden of morbidity, mortality and disability due to these diseases in the country. This 5 year multi-sectoral strategic plan was jointly launched by Her Excellency the Prime Minister of the Republic of Namibia, Dr Sarah Kuugongelwa, and the Minister of Health and Social Services, attesting to the high level of political commitment for preventing non-communicable diseases through coordinated multi-sectoral actions.



Namibia is one of the few countries in Africa with a cancer registry. In 2009, WHO and the International Atomic Energy Agency launched a Joint Programme on Cancer Control in developing countries, and in 2010 Namibia benefited from a joint mission of experts from IAEA, WHO and an expert in nuclear medicine.

Mental health poses many challenges in Namibia, and WHO assisted in the development of a Mental Health Bill in 2010 to enable effective implementation of the Mental Health Policy. WHO also trained health care providers in 5 regions on the Mental Health Gap Action Programme Intervention Guide for mental, neurological and substance use disorders in non-specialized health

settings to enable primary health care facilities provide mental health services at the periphery.



Rising incidents of road accidents are among the major causes of death in Namibia. WHO, in 2013, provided support to the Namibian Government, through the National Road Safety Council for the adoption of the Global Plan of Action for Road Safety for 2011 – 2020. The WHO Country Office in collaboration with the NRSC, the Motor Vehicle Accident Fund and other stakeholders, developed the Namibian Chapter of the Decade for Action 2011 – 2020 and was launched in May 2011. Support has been provided to help the country implement the Namibian Decade of Action.

Namibia is making efforts to improve services for survivors of violence, particularly gender-based violence directed against women and children. WHO is working towards strengthening the health sector response to Gender Based violence by re-orienting the health system to provide comprehensive care for women and girls subjected to intimate partner violence and/or sexual violence.



through different mechanisms. The government has introduced the brief behavioral motivation intervention for alcohol in 7 regions for early identification potential harmful use of alcohol. Namibia is one of few countries in Africa with a National Strategy on Suicide Prevention and is in the process of finalizing the 2nd Strategy.

WHO has also made strides in areas such as the reduction of harmful use of alcohol, tobacco control and suicide prevention. The country implements taxes on alcohol and tobacco products annually. It has enacted the National Tobacco Control Act with its regulations aligned to the Framework Convention on Tobacco Control to which the country is a signatory. Through the legislation, Namibia banned all tobacco advertisement and sponsorships, implements graphic health warnings on tobacco products, banned smoking in public areas and regularly monitors the implementation of the FCTC



3. MATERNAL, CHILD AND ADOLESCENT HEALTH



Maternal and child mortality trends have been a cause of concern and have resulted in Namibia's inability to attain Millennium Development Goals 4 and 5 for the reduction of child mortality and improvement of maternal mortality. Concerted and scaled-up efforts were required to prevent the deaths of mothers during pregnancy, childbirth and following delivery. WHO identified the problem as

lying in unskilled health workers to assist pregnant women before and during the birthing process.

WHO, with funding from the EU, supported the Health Ministry in conducting an assessment of the potential impact of constructing Maternity Waiting Homes, as a way of removing geographical barriers to access to basic and comprehensive emergency obstetric care. The first home supported by WHO was inaugurated in March 2015, and two additional homes inaugurated in February 2018. WHO also supported the second national emergency obstetric care assessment which was conducted a decade after the first one. This led to the development of maternity care improvement plans and the 5 year national strategy for improving the health of women, children and adolescents. WHO provided support in developing the Child Survival Strategy for 2014 – 2018, implemented by the Namibian Government, to attain the longer term goal of limiting child deaths to no more than 20 deaths per 1000 births by 2035.

With support from the EU, WHO with the Ministry of Health implemented project known as the



Programme for Accelerating the Reduction of Maternal and Child Mortality, or (PARMaCM). WHO support, through PARMaCM, saw an investment of over N\$ 150 million on medical equipment for improving maternal and newborn care services; training of more than 500 medical staff on using midwifery equipment, emergency obstetric skills, ante-natal and neonatal care. WHO also supplied health facilities across country with cold chain equipment for vaccines; 9 ambulances and 6 utility vehicles.

WHO was instrumental in introducing the School Health Programme in Namibia. In partnership with other UN agencies the school health programme has a strong national coordination committee jointly chaired by the Ministry of Education, Arts and Culture and the Ministry of Health and Social Services. Training has been provided to the Ministries of Education and Health at sub-national levels to establish school health committee and introduce the health promoting school initiative.



Health extension worker, Ohangwena region



Pregnant mother, Ohangwena region



Newborn child and mother, Opuwo Kunene region

4. PROMOTING A SAFER AND HEALTHIER ENVIRONMENT

WHO assists Namibia in improving Emergency Preparedness and Response. 2019 and 2013 saw some the worst droughts in Namibia's recent history, and also pointed to Namibia being increasingly prone to natural disasters.



The drought had a severe impact on food security and livelihoods, but also on malnutrition and child mortality, and placed pressure on coping systems, already compromised by repeated floods in previous years.

The WHO Country Office in Namibia and the Namibian Red Cross Society announced its joint health strategy in May 2011 and again 2018, to respond to flood emergency and the Hepatitis E Virus outbreak by intensifying health promotion and hygiene education, strengthening disease surveillance and ensuring that communities can access health services. Approximately 200 Red Cross volunteers were trained on health promotion to avert disease outbreaks and on gathering disease surveillance to ensure a swift response to potential disease outbreaks.



The World Health Organization contributes to global health security by promoting preparedness, surveillance and effective response to disease outbreaks, acute public health emergencies and the effective management of health-related aspects of humanitarian disasters.



Flooding, Northern Namibia

Namibia was hit in different scales by outbreaks of cholera, measles, meningitis, polio, Crimean-Congo haemorrhagic fever and the Pandemic H1N1 Influenza; to which WHO provided prompt technical and financial support to deploy surveillance teams and vaccines to combat the outbreaks among prioritized, vulnerable and at-risk groups, to prevent further spread and restore health to the populations affected.

An outbreak of Hepatitis E which started in Windhoek informal settlements and had spread to 13 regions was declared by the Ministry of Health and Social Services in December 2017. WHO has been providing support to the government to respond to the outbreak through a coordinated, multi-sectoral approach. Extensive investments have been made by WHO and partners to strengthen coordination, surveillance, case management, laboratory services and risk communication.

WHO supported the Namibian government in conducting a voluntary Joint External Evaluation



Unsafe Water Source in Kunene Region

Assessment in 2011, to assess the capacities of the country for meeting International Health Regulation 2005 requirements. Recommendations from this assessment resulted in the development of a costed multi-sectoral National Action Plan for Health Security, based on a One-Health approach.

A national action plan on antimicrobial resistance was drafted and launched with WHO support. This plan is aligned with the Global action plan on antimicrobial resistance that was agreed by governments at the World Health Assembly in 2015.

Advocacy, partnership building and information sharing are important components of the WHO's work with government ministries, donors, civil society organizations, the private sector and the community at large. A 3-year collaborative project between the Ministry of Health and Social Services, WHO, and the Government of Luxembourg was implemented in 2008. This project focused on three key areas, namely, health, poverty reduction and economic development. It also focused on the development of pro-poor health policies to reduce financial strain on health services, and strengthen national policy development capacities.



Havana Informal Settlement in Windhoek

With support from WHO, the Ministry of Health and Social Services is advocating for whole government approach to health through inter-sectoral action. A National Health in all Policies Strategy is in the final stages of drafting following validation from key stakeholders. The Strategy aims to ensure that all sectors takes the health impact of their policies in account to contribute to positive health outcomes at population level.

Namibia had a visit from the former WHO Regional Director for Africa, Dr Luis Gomes Sambo, in 2009, and this proved as an opportunity to assess progress made and to measure the challenges faced by Namibia. The visit also stimulated cross-border collaboration with Angola in the fight against communicable diseases.

THE WAY FORWARD



Dr Tedros Adhanom Ghebreyesus
Director-General

Over the next five years WHO's work will be guided by the Global Programme of Work 13 (GPW 13). The GPW 13 has three targets:

- One billion more people benefitting from universal health coverage,
- One billion more people better protected from health emergencies, and
- One billion more people enjoying better health and well-being

The World Health Organization contributes to a better future. Good health lays the foundation for vibrant and productive communities, stronger economies, safer nations and a better world.

WHO strives to ensure that the quality of air to breathe, food to eat and water to drink, are of the highest standard so that every man, woman and child has the best chance to lead a long, healthy and fulfilled life.



Workshop, Windhoek



Commemoration of World No Tobacco Day



African Vaccination in Windhoek



Learner at the Rural School in the Zambezi Region

Wielding Political Commitment



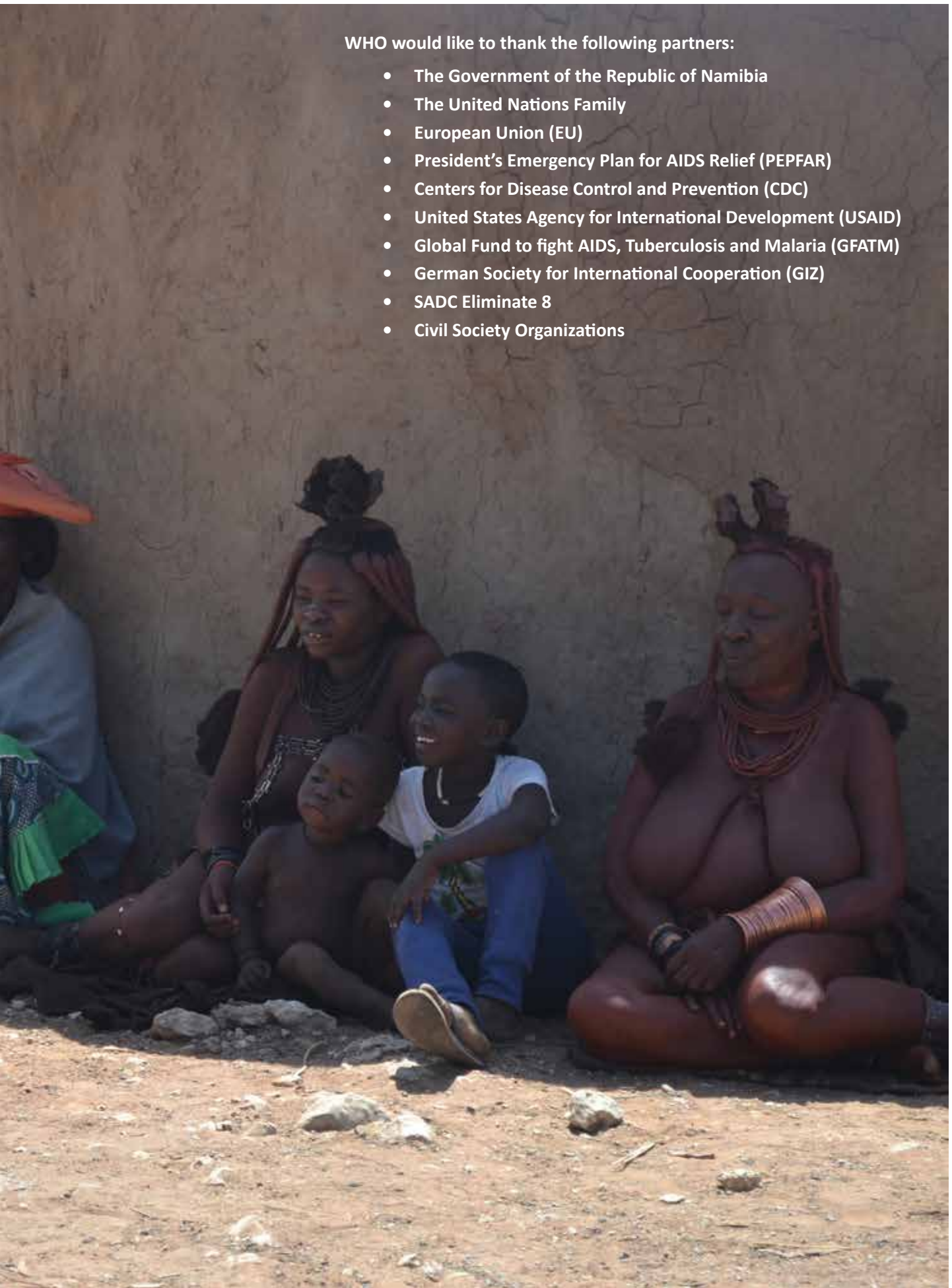
WHO Staff in the Field





WHO would like to thank the following partners:

- The Government of the Republic of Namibia
- The United Nations Family
- European Union (EU)
- President's Emergency Plan for AIDS Relief (PEPFAR)
- Centers for Disease Control and Prevention (CDC)
- United States Agency for International Development (USAID)
- Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)
- German Society for International Cooperation (GIZ)
- SADC Eliminate 8
- Civil Society Organizations





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