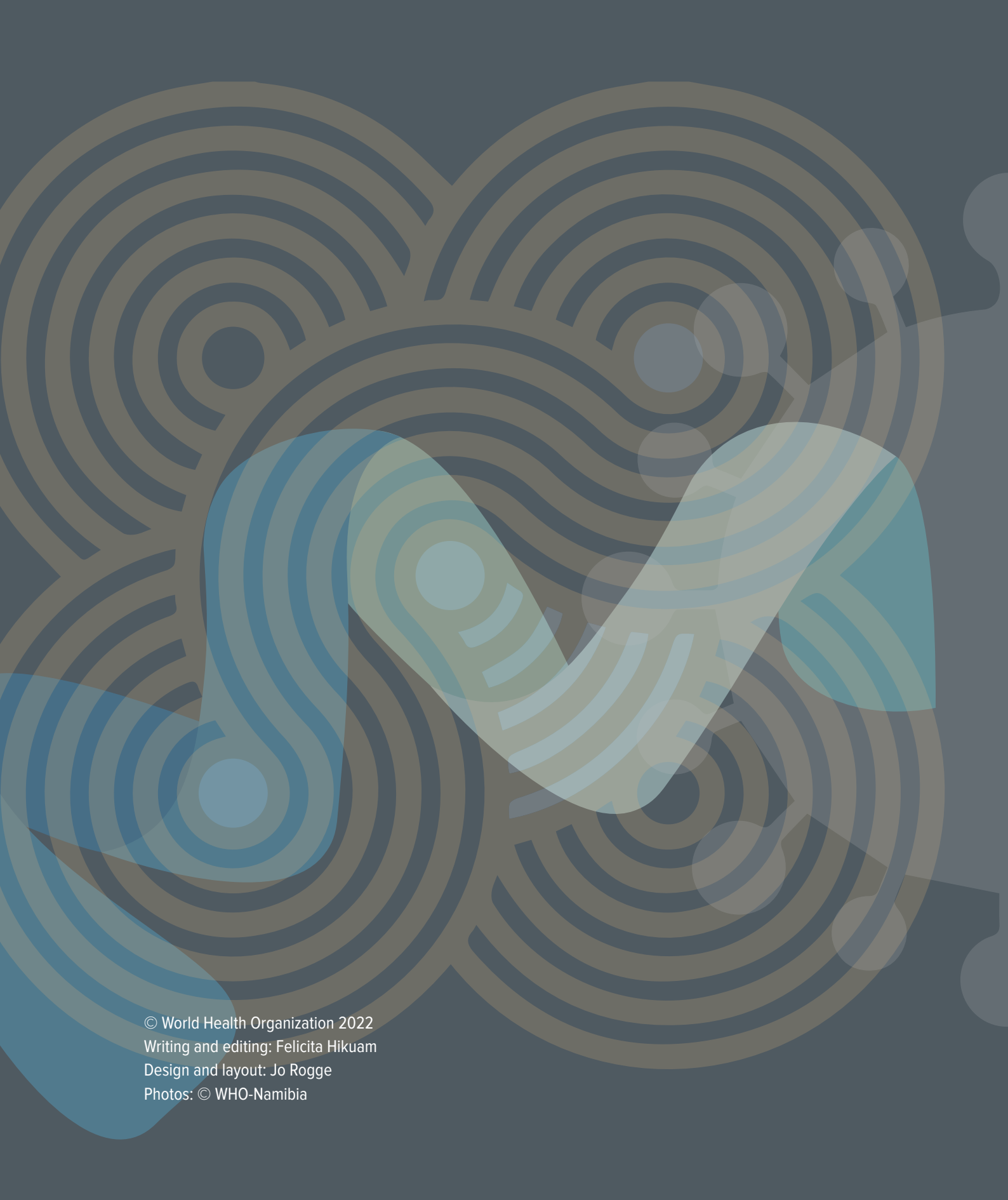


Promote health • Keep the world safe • Serve the vulnerable

WHO Namibia Biennial Report 2020-2021



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Writing and editing: Felicita Hikuam
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The global crisis of responding to the COVID-19 pandemic called for WHO to demonstrate bold, unwavering leadership like never before.


FOREWORD



Following an unprecedented 2 years, it is my pleasure to present WHO Namibia's biennial report for 2020/ 2021. I would like to take this opportunity to thank the WHO country office staff for their dedication and hard work in this challenging biennium characterised by volatility, uncertainty and ambiguity brought on by the global COVID-19 pandemic. The tireless support from colleagues at WHO Headquarters (HQ) and WHO Regional Office for Africa (AFRO) is also worthy of gratitude.

With equal appreciation, I also want to thank our partners and stakeholders, particularly the Ministry of Health and Social Services (MoHSS) and the Honourable Minister Doctor Kalumbi Shangula who has succeeded exceptionally in the difficult task of leading the country through the pandemic response. I would also like to thank our sister UN agencies, other development partners, allies and friends for your unwavering support. These past two years have highlighted the need for close cooperation, and I am proud to say that we have truly worked together and supported each other in this partnership even through the most difficult times. We could not have achieved what we did without your collaboration and collective efforts.

The world faced an unprecedented health emergency, tormenting all countries, and Namibia was no exception. The global crisis of responding to the COVID-19 pandemic called for WHO to demonstrate bold, unwavering leadership like never before. This pandemic is the defining global health crisis of our time and the greatest challenge many of us will witness in our lifetime. From its emergence in Asia in late 2019, the virus rapidly spread to every continent. Cases kept rising daily across Africa and elsewhere, taking a toll that devastated the whole world. Thousands of our Namibian brothers and sisters lost their lives, many of them working on the frontline trying to save others. But COVID-19 is much more than a health crisis. By affecting every individual and country it touches, it has the potential to create devastating social, economic and political crises that will leave deep scars.



The biennium has also brought on something else to be proud of: the agility and adaptability of our institution has been proven effective

Our health system was put under a difficult test to meet the needs of COVID-19 patients, leading to inevitable disruptions in the delivery of other essential health services, including those in reproductive, maternal, newborn, child and adolescent health. Despite this, WHO Namibia remained committed to securing the continuity of health services, especially for the most vulnerable. This meant supporting MoHSS to ensure that people living with HIV and other chronic diseases, pregnant women and children, in particular, continued to access the care and medicine they need.

The biennium has also brought on something else to be proud of: the agility and adaptability of our institution has been proven effective. Working together with MoHSS, UN partner agencies, civil society and other health and development partners, we ensured that the pandemic was responded to rapidly, with the activation of public health emergency operations center, establishment and capacity building of the technical pillars of the response according to WHO guidelines, as well as transparent, continuous sharing of information with the public through all media. The partnership in health has been strengthened and coordination structures for emergency management have been established. Together, we will continue supporting the Government in the strides to end the pandemic and strengthen the health system to be more resilient in the face of future emergencies, while providing quality health care to all Namibians.

This report reflects on WHO Namibia's achievements against the work plan built on the global WHO strategic framework, the 13th General Program of Work (GPW13), and country-specific mandate as set out in the Country Cooperation Strategy 2018-2022. Much of the focus will also be on the results achieved in supporting the national COVID-19 response, where a large proportion of our financial and technical resources were directed.



DR CHARLES SAGOE-MOSES
WHO Country Representative

ACRONYMS/ABBREVIATIONS

ANC	Antenatal Care	MSYNS	Ministry of Sport, Youth and National Service
AFP	Acute Flaccid Paralysis	NAPHS	National Action Plan for Health Security
Ag-RDT	Antigen Rapid Test	NCD	Non-communicable disease
AMR	Antimicrobial Resistance	NFP	National Focal Points
CCSIII	Third Country Cooperation Strategy	NQPS	National Quality Policy and Strategy
CSO	Civil Society Organisation	PHOEC	Public Health Emergency Operation Centre
ECD	Early Childhood Development	PoE	Point of Entry
ECS	Emergency Care Services	PPE	Personal Protective Equipment
EMT	Emergency Medical Team	RCCE	Risk Communication and Community Engagement
eMTCT	Elimination of Mother-to-Child Transmission	RCO	Resident Coordinator's Office
EPI	Expanded Programme on Immunisation	SDGs	Sustainable Development Goals
FP	Family Planning	SOP	Standard Operating Procedure
GPW13	The 13th General Program of Work	SP	Strategic Priority
GWD	Guinea Worm Disease	SRH	Sexual and Reproductive Health
GRN	Government of the Republic of Namibia	SRHR	Sexual and Reproductive Health and Rights
HEV	HEPATITIS E Virus	TB	Tuberculosis
HIV	Human Immunodeficiency Virus	TWG	Technical Working Group
IDSR	Integrated Disease Surveillance and Response	UHC	Universal Health Coverage
IEC	Information, Education and Communication	UN	United Nations
IHR	International Health Regulations	UNAIDS	United Nations Programme on HIV/ AIDS
IPC	Infection Prevention and Control	UNESCO	United Nations Educational, Scientific and Cultural Organization
KAP	Knowledge, Attitudes and Practices	UNFPA	United Nations Population Fund
IVM	Integrated Vector Management	UNICEF	United Nations Children's Fund
MCHD	Maternal and Child Health Days	WCO	WHO Country Office
MEC	Medical Eligibility Criteria	WHO	World Health Organization
MHPSS	Mental Health and Psychosocial Support	WHO-AFRO	WHO AFRICA Regional Office
MIS	Management Information Systems		
MoEAC	Ministry of Education, Arts and Culture		
MoHSS	Ministry of Health and Social Services		
MPDSR	Maternal and Perinatal Death Surveillance and Response		



A key success factor in Namibia's ability to contain the pandemic and limit the devastation it caused, was the prompt and bold action taken by the GRN with support from WHO and other partners.

EXECUTIVE SUMMARY

3 GOOD HEALTH AND WELL-BEING



The past two years can best be described as volatile and uncertain due to the disruption caused by COVID-19.

This period also represents a time during which WHO globally and in Namibia was challenged to fulfil our mandate to promote health, keep the world safe and serve the vulnerable in ways that we have not experienced in decades. We have been lauded for how well we responded to the challenge, as notably, our visibility was amplified and enhanced because of our leading role in the COVID-19 response globally and in Namibia.

This report covers WHO-Namibia's work during the second and last half of WHO-Namibia's Third Country Cooperation Strategy (2019–2023) (CCSIII), which guides our strategic focus to contribute to three interconnected strategic priorities:

1. advancing Universal Health Coverage (UHC);
2. addressing health emergencies; and
3. promoting healthier populations.

These, together with a fourth priority - strengthening leadership, governance, and enabling functions, allow WHO-Namibia to ensure healthy lives and well-being for all people at all ages.

During this period our technical and financial support contributed to steady and expedited progress under these strategic priorities, primarily through improved governance, leadership, and coordination in the health sector, resulting in stronger health systems at the national, regional, and district levels. As documented in this report, we have made significant progress in the realisation of the overall goals and strategic objectives set out in the CCS III.

Notably, we have worked towards addressing disruptions to the provision of essential health services in the country; a functioning disease surveillance and response system has been established at the national level; the country is meeting its International Health Regulations (IHR) commitments; and good progress has been made in promotion of sexual and reproductive health and prevention of gender-based violence.

◀ WHO was awarded the title 'Brand most admired for being helpful during the COVID-19 pandemic' from Brand Africa 100, Africa's best brands 2021.



874 033
successfully tested
for COVID-19



132 596 out of
149 478 confirmed
cases recovered



405 254 people
vaccinated with 1st dose
of COVID-19 vaccine

Our efforts also contributed to stronger responses to HIV, vector-borne diseases, neglected tropical diseases, non-communicable diseases, child health and nutrition, adolescent health, routine immunisation, polio, and COVID-19. In addition to national interventions to address these health challenges, interventions were implemented in high disease burden regions to respond to specific health challenges.

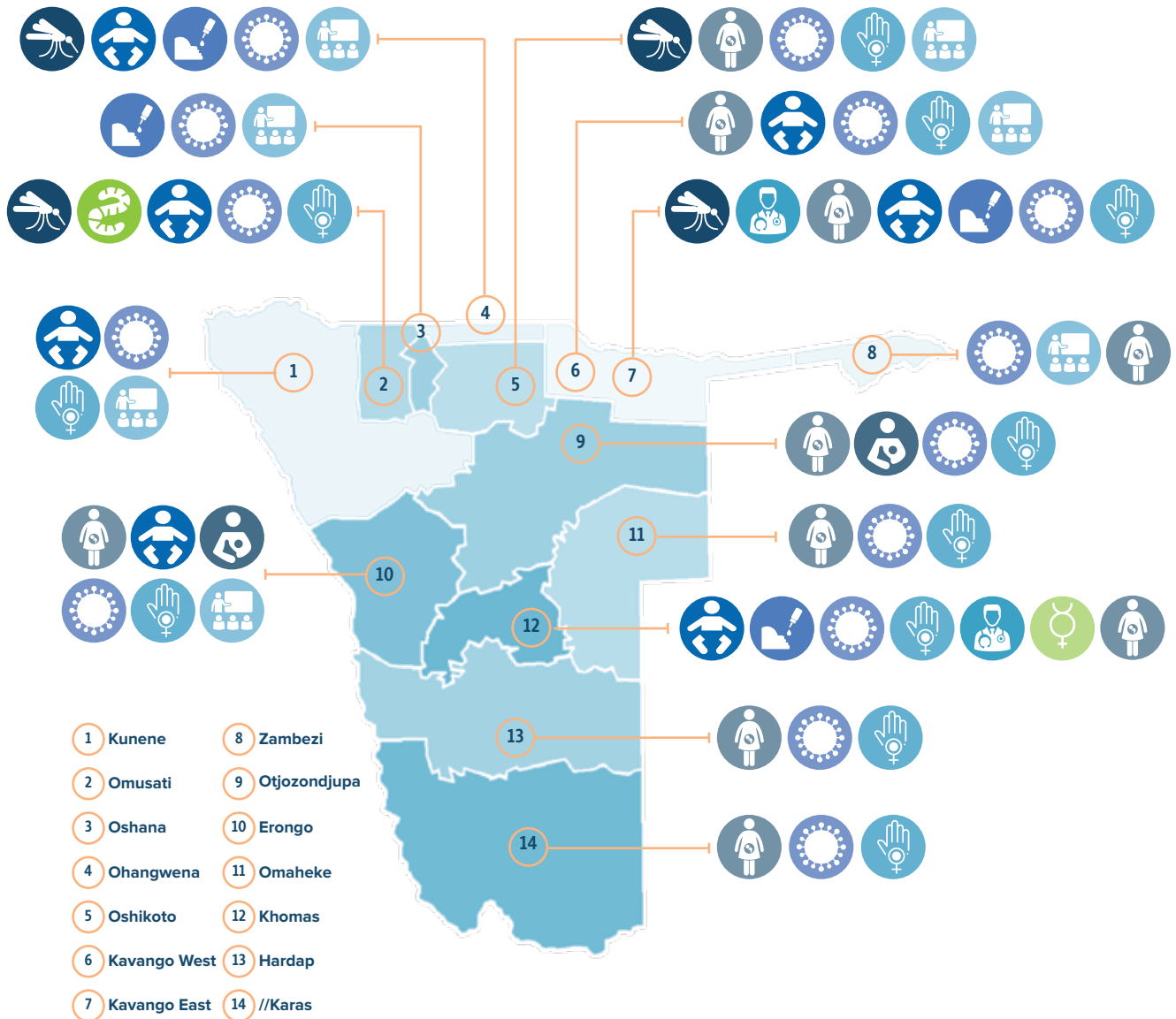
Due to the unprecedented COVID-19 emergency, our work focused disproportionately on Strategic Priority 2: addressing health emergencies. This included the repurposing of staff and reprogramming of approximately NAD 59 million within the UN Partnership Framework to complement the efforts of the Government of the Republic of Namibia (GRN). A key success factor in Namibia's ability to contain the pandemic and limit the devastation it caused was the prompt and bold action taken by the GRN with support from WHO and other partners. As a result, 874 033 Namibians were successfully tested for COVID-19 contributing to the recovery of 132 596 out of 149 478 confirmed cases and 405 254 people vaccinated with their












1st dose of COVID-19 vaccines. 238 575 people received their 2nd dose and 5 983 were vaccinated with a booster dose. Sadly, the shift in resources to address the COVID-19 pandemic adversely affected the delivery of essential health services in facilities and communities, resulting in negative health outcomes such as the increased malnutrition in children, and teenage pregnancy rates. This highlights the importance of increasing investments in emergency preparedness and readiness as well the need to collaborate closely with other sectors and stakeholders.

As part of WHO's mandate to lead the development of normative guidance related to health, we contributed to the review, adaption and/or development of various guidelines, frameworks and other normative instruments such as the National Human Resource for Health Strategic Plan (2020 – 2030), the National Quality Policy and Strategy, National Malaria Case Management Guidelines, All-Hazards National Action Plan for Health Security (NAPHS) and the COVID-19 Emergency Preparedness and Response Plan (CPRP). We also convened training for healthcare workers and supported



HEALTH INTERVENTIONS BY REGION



- 
Malaria
- 
Maternal and newborn health
- 
Maternal health days
- 
Child health and nutrition
- 
Polio
- 
COVID-19 Go.Data
- 
Post abortion care
- 
Violence against women
- 
School health
- 
Guinea worm
- 
Adolescent health



other capacity strengthening efforts at national and regional levels resulting in strengthening of the health workforce and health system as a whole, and ultimately contributing to positive health outcomes related to various priority diseases.

We supported the GRN in resource mobilisation for health responses in Namibia, resulting, amongst others in new grants to the total amount of US\$ 12.1 million being secured from the Global Fund to strengthen the COVID-19 response and to address gaps in the HIV, tuberculosis (TB) and Malaria programmes.

2020 and 2021 will go down in history as a biennium, which tested WHO's ability to fulfil its mandate of leading the health response by promoting health, keeping the world safe, and serving the vulnerable. We are grateful for your support and partnership, without which we would not have been able to rise to the unprecedented global challenge presented by COVID-19.

As always, we remain committed to partnering with the government of the Republic of Namibia, other UN agencies and development partners, civil society, the private sector, and other stakeholders to ensure healthy lives and well-being for all people at all ages in Namibia, including supporting MoHSS in the COVID-19 response, particularly on increasing vaccination coverage.



▲ WHO Representative Dr Charles Sagoe-Moses and UNICEF Representative Ms. Rachel Odette receiving the first shipment of COVAX vaccines in May 2021.

▼ Child receiving oral polio vaccine during Maternal and Child Health Days in Kavango West in November 2021.



THE WHO NAMIBIA TEAM



WHO Representative's office

DR CHARLES SAGOE-MOSES, WHO Country Representative (WR)
MS IRMA NAANDA, Administrative Assistant to the WR
MS PETRA MATSI, Programme Management Officer

Administration and operations

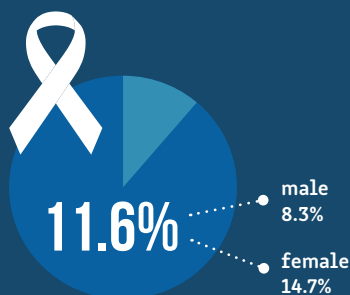
MS MARY IKOSA, Operations Assistant
MS MARGARET MUTIRUA, Logistics, Procurement & Travel
MRS WENDY MUTABELEZI, Budget and Finance Assistant
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MS LISA PETERSEN, Vaccination (COVID-19)

SNAPSHOT OF NAMIBIA'S HEALTH STATUS

Prevalence of HIV among adults aged 15 to 49¹



Under-5 mortality rate has decreased in Namibia²

Deaths per 1000 live births

40.16



Estimated percentage of pregnant women living with HIV who received antiretroviral medicine for PMTCT⁴

100%



Use of contraceptives amongst women of child-bearing age⁵

50%



The neonatal mortality rate has marginally increased in Namibia⁶

Number of cases per 1000 live births

20.14



10 cases per 1000 people

Timely outbreak detection and response has resulted in decreased malaria incidence in Namibia⁸



TB prevalence
(Uncertainty interval: 375 - 697)⁷

460

Prevalence per 100 000 population

Maternal mortality³

Deaths per 100 000 live births

195



Institutional deliveries
Births attended by skilled health personnel¹⁰



95.7%

Children under 5 stunted⁹

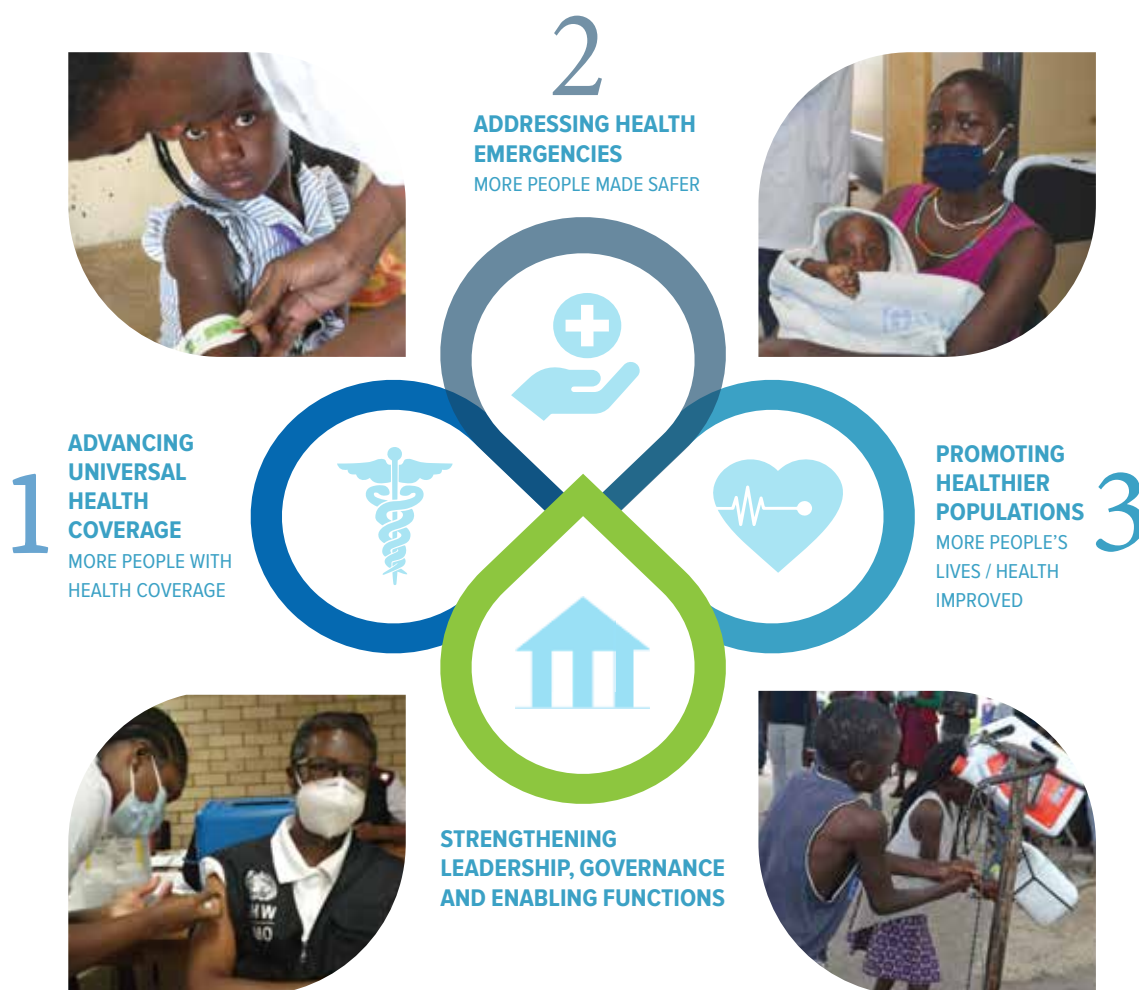
18.4%

Children under-5 with below-expected development



ACHIEVEMENTS AND PROGRESS

WHO-Namibia's work during this biennium contributed to three interconnected strategic priorities aimed at ensuring healthy lives and well-being for all people at all ages, and a fourth priority to enable WHO to fulfil its mandate.





WHO Namibia worked to support the country's efforts to achieve and sustain equitable access to quality health services for all.

STRATEGIC PRIORITY 1



MORE PEOPLE WITH HEALTH COVERAGE

During the biennium 2020-21, WHO-Namibia supported the country's efforts to achieve and sustain equitable access to quality health services for all through improved quality and scope of the essential health package, integrating services, and targeting key populations and marginalised groups.

WHO-Namibia's achievements under this priority area contributed to three outcomes:

- improved access to quality essential health services,
- reduced number of people suffering financial hardship; and
- improved availability of essential medicines, vaccines, diagnostics, and devices for primary health care.

OUTCOME 1.1 IMPROVED ACCESS TO QUALITY ESSENTIAL HEALTH SERVICES

HEALTH SYSTEMS STRENGTHENING

WHO-Namibia contributed to improved governance, leadership, and coordination in the health sector, by supporting the health sector performance review to assess progress in attaining sector targets and implementation of strategies; document contextual factors impacting the health system's performance; and to propose recommendations for the next health policy and sector strategic plan.

WHO supported the Namibia Statistics Agency to produce the first edition of the Report on Mortality and Causes of Deaths in Namibia (2016 – 2017), which was launched in March 2021. The report informs public health policy, planning and budgeting and supports legal documentation of occurrence and cause of death.



HEALTH WORKFORCE

WHO contributed to strengthening the health workforce by supporting the development of the National Human Resource for Health Strategic Plan (2020 – 2030), which was launched jointly by the Minister of Health and Social Services (MoHSS) and the WHO Representative on 9 December 2020. The National Human Resources for Health Strategic Plan aims to: *“by 2030, produce a quality and adequate functionally fit-for-purpose health workforce that is equitably distributed and efficiently utilised to address the health needs of the population towards the attainment of universal health coverage”*.

PEOPLE-CENTRED HIGH-QUALITY HEALTH SERVICES

The National Quality Policy and Strategy (NQPS) documents, which aim to ensure that the provision of quality health care services is a fundamental principle of the health care delivery system in Namibia, were finalised, printed, and disseminated in all 14 regions with WHO’s support. The documents support the vision of the National Health Sector Strategic plan, to be a leading provider of quality health care and social services according to international set standards. Prior to the validation of the draft NQPS documents, WHO conducted orientation sessions on the conceptual framework for quality measurement and quality of care as a central consideration for UHC with the Regional Management Teams and District Coordinating Committees. The session also focused on the WHO approach to NQPS.

MoHSS conducted a Hospital Quality Standard training workshop to introduce the NQPS, quality standards and their layout, including the standards assessment methodology, Hospital Quality Standards Service Elements, risk management as well as performance indicators, and criteria to healthcare workers from four prioritised hospitals, with financial and technical support from WHO. The workshop also provided a platform for healthcare workers from selected private

Estimated number of health
workers in Namibia (2015)¹¹



36 per 10 000 population





69 nurses, midwives and student nurses from the Kavango East region trained in respectful maternity care

hospitals to share successful healthcare accreditation stories, and for participants to develop work plans for quality standards implementation at their respective healthcare facilities.

WHO also provided technical and financial support for a series of trainings on patient safety and provision of respectful maternity care as part of the patient safety campaign for 69 nurses, midwives and student nurses in Rundu, Nkurenkuru, Andara, and Nyangana health districts in the Kavango East region. The trainings were facilitated by the Independent Midwives Association of Namibia using a training curriculum, which was adopted from the International Confederation of Midwives. The training workshops created a platform for the health workers to share best practices and challenges related to safe and respectful childbirth at health facility and community levels.



Training of nurses on patient safety as part of Patient Safety Day Commemoration in 2021, Kavango West.



EMERGENCY CARE SERVICES

In October 2021, WHO and the African Federation for Emergency Medicine supported MoHSS to assess the national Emergency Care Services (ECS) in Namibia. The assessment, which reviewed system organisation, governance, financing, emergency care data, quality improvement, scene care, transport and transfer, facility-based care, and emergency preparedness and security, identified country specific priority actions for high impact improvements of ECS processes and outcomes. The results were presented to a working group consisting of a core set of stakeholders with the aim of supporting improvement to ECS in Namibia, which has a great potential for reducing the mortality and morbidity resulting from various health emergencies such as common medical conditions, non-communicable diseases such as heart attacks, or from motor vehicle accidents.



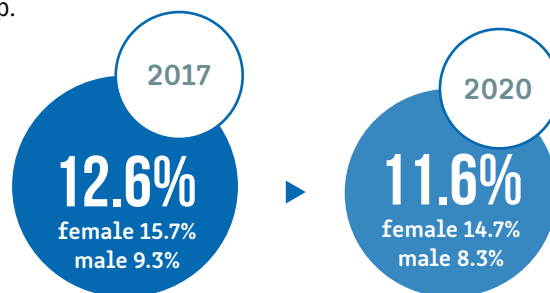
Working meeting with stakeholders on the development of consensus-based action priorities from the results of the WHO Emergency Care System in Windhoek, 2021.

HIV and AIDS

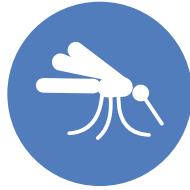
WHO-Namibia collaborated with various stakeholders to strengthen the capacity of the National HIV/AIDS Programme through the provision of technical support to update the Antiretroviral Therapy Guidelines in 2021. A national elimination of Mother-to-Child Transmission (eMTCT) of HIV and Congenital Syphilis Roadmap (2020-2024), which sets the goal and milestones for Namibia to achieve the Gold Status Tier as per the WHO Path to Elimination targets, was launched in 2020. WHO supported capacity building for the pre-validation assessment, which is a key activity of the roadmap.



Estimated percentage of pregnant women living with HIV who received antiretroviral medicine for preventing mother-to-child transmission¹³



Prevalence of HIV among adults aged 15 to 49¹²



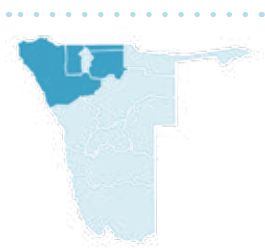
Larviciding Project implemented in **5** malaria-prone districts in 4 regions



TB prevalence
(Uncertainty interval:
375 – 697)¹⁴

460

Prevalence per 100 000
population



The project has been implemented in five malaria-prone districts in the Omusati, Oshikoto, Ohangwena and Kavango East regions since 2019

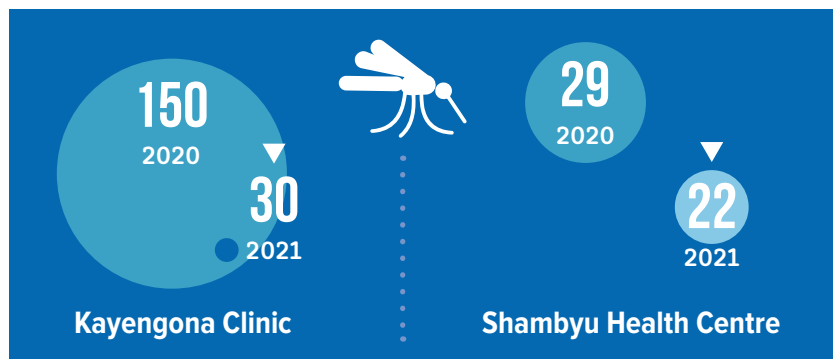
TUBERCULOSIS (TB)

The capacity of the TB programme was strengthened through the provision of support to the integration of the TB monitoring and evaluation system into the District Health Management Information System and updating of the TB Infection Prevention and Control Guidelines.

MALARIA

The National Malaria Case Management Guidelines and training package were updated in line with the latest WHO recommendations. The MoHSS National Vector-borne Disease Control Program continued to implement the AFRO II Larviciding Demonstration Project, with support from WHO and funding from the Global Environment Facility / United Nations Environment Programme / World Health Organization – African Region Office (WHO-AFRO). The project, which has been implemented in five malaria-prone districts of the Omusati, Oshikoto, Ohangwena and Kavango East regions since 2019, has strengthened the capacity of MoHSS to implement and scale up evidence-based, innovative, diversified and environmentally sound malaria vector control interventions with particular focus on winter larviciding as an additional vector control tool to achieve malaria elimination by 2022.

Malaria cases reported from health facilities surrounding AFROII study villages in Rundu district, 2020 to 2021



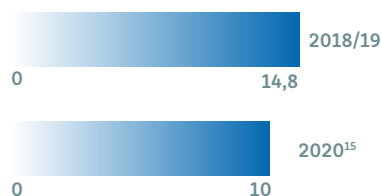


WHO also supported efforts to improve data quality and an overall strengthening of the national data reporting system through the development of standardised tools, which were used by the Malaria District Health Teams to capture and summarise weekly malaria cases. This has contributed to timely outbreak detection and response. Further, there has been a notable decrease in malaria cases in the Rundu district of the Kavango East region, where community members have reported a reduction in mosquito bites since the project started.

WHO also supported the mid-term review of the National Malaria Strategic plan (2017-2022). The report of the mid-term review informed the development of a proposal for the 2020-2022 Global Fund grant, resulting in MoHSS being awarded nearly USD 3 million to support the national malaria programme.

Timely outbreak detection and response has resulted in decreased Malaria incidence in Namibia¹⁶

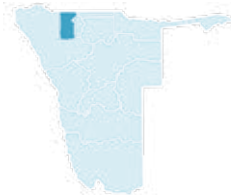
Number of cases per 1000 people





6 000

flyers on prevention of non-communicable diseases disseminated



WHO provided financial support for Guinea Worm Disease (GWD) rumour investigation and case search

NEGLECTED TROPICAL DISEASES

The coordination of Neglected Tropical Diseases Programmes at the national level was strengthened through the assignment of a National Coordinator following WHO's advocacy for this position, and the convening of Technical Working Group (TWG) meetings. A draft survey protocol for the mapping of trachoma in Zambezi and Kunene regions was drafted with WHO's support. WHO also provided financial support for Guinea Worm Disease (GWD) rumour investigation and case search, which was conducted in the Omusati region in December 2021 following rumours of GWD. Although three human cases and one case of GWD infection in a dog were reported in the Cunene province of Angola between 2018 and 2020, no case was detected in Namibia.

NON-COMMUNICABLE DISEASES

Prevention and control services for Non-Communicable Diseases (NCDs) were strengthened through updating of the Essential NCDs Interventions Training Package and capacity building of healthcare workers, with technical and financial support from WHO. Three different types of health promotion flyers on healthy lifestyles and prevention of NCDs were developed, and 6000 copies printed and distributed through the national NCDs Programme.



Spraying of malaria mosquito larvae by a community member in Kavango East in November 2021.



195

women die in childbirth out of 100 000 livebirths¹⁶



62.5%

of women visit a hospital/clinic at least 4 times during pregnancy¹⁷



72 720

of births are institutional deliveries¹⁸

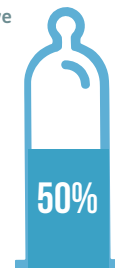
SEXUAL AND REPRODUCTIVE HEALTH (SRH)

WHO collaborated with MoHSS and UNFPA to train healthcare workers in the Kavango and Khomas regions on Comprehensive Post Abortion Care to improve access to quality post abortion care in their facilities, within the remit of the Namibian legal framework.

WHO supported the updating of the Family Planning Counselling Job Aids for use by healthcare workers to improve the quality of SRH services. The Job Aids guide providers to ask useful questions that can solicit important information that could easily be missed, and that can help improve the quality of services provided to the clients.

Use of contraceptives amongst women of child-bearing age¹⁹

Contraceptive prevalence rates



MATERNAL AND NEWBORN HEALTH

The Antenatal Care (ANC) Guidelines for a Positive Pregnancy Experience and ANC training package were finalised, printed and disseminated with support from WHO. The Positive Pregnancy Experience model provides guidelines for ensuring that pregnant women receive respectful, individualised and person-centred care at every contact. The Positive Pregnancy Experience model also recommends the provision of relevant and timely information as well as psychosocial and emotional support by practitioners, who have good clinical and interpersonal skills and work in a well-functioning health system. To support implementation of the ANC Guidelines, more than 120 healthcare workers were trained on the provision of ANC for a positive pregnancy experience for pregnant mothers. Healthcare workers in the Erongo and Otjozondjupa regions also received supportive supervision.

Estimated number of births that occur in Namibian health facilities



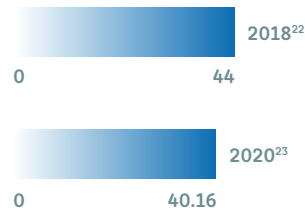


120+

healthcare workers trained on the provision of Antenatal care

Under-5 mortality rate
(probability of dying by age 5)
has decreased in Namibia

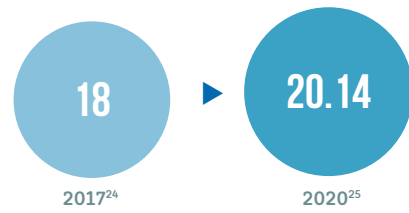
Number of deaths per 1000 live births



Pregnant woman being examined during her Antenatal Care visit in a health facility.

The neonatal mortality rate has marginally increased in Namibia

Number of deaths per 1000 live births





14

health workers trained on the implementation of the Adolescent and Young People Job Aid



ADOLESCENT HEALTH

In 2021, fourteen healthcare workers from the Khomas region were trained on the implementation of the Adolescent and Young People Job Aid by MoHSS with financial support from WHO. This training was conducted to improve the quality of services provided to adolescents and young people in public health care facilities in Namibia. The training focused on a holistic approach to adolescent health care, including during screening, to assist in identifying problem areas as soon as possible and to provide early interventions. This approach is aimed at improving service delivery for adolescent and young people to ultimately contribute to decreased morbidity and mortality among this cohort.

OUTCOME 1.2 REDUCED NUMBER OF PEOPLE SUFFERING FINANCIAL HARDSHIP



HEALTH FINANCING

To advocate for more equitable health financing, WHO facilitated a national policy dialogue on UHC with the Executive Directors of line Ministries and MoHSS leadership to raise awareness of the importance and implications of achieving “*Health for All*”. The policy dialogue resulted in the development of a roadmap to finalise the UHC Policy Framework and the elaboration of the governance structures for advancing the UHC agenda.

WHO strengthened coordination between MoHSS and external stakeholders such as the Ministry of Gender, Social Security Commission and UNICEF who work on health financing and social health protection. WHO also supported MoHSS to finalise and disseminate the Resource Tracking Report (2017/2018), which strengthens evidence on financial risk protection, equity, and health expenditures. This report will be used to track progress and inform health financing-related decision-making.



10

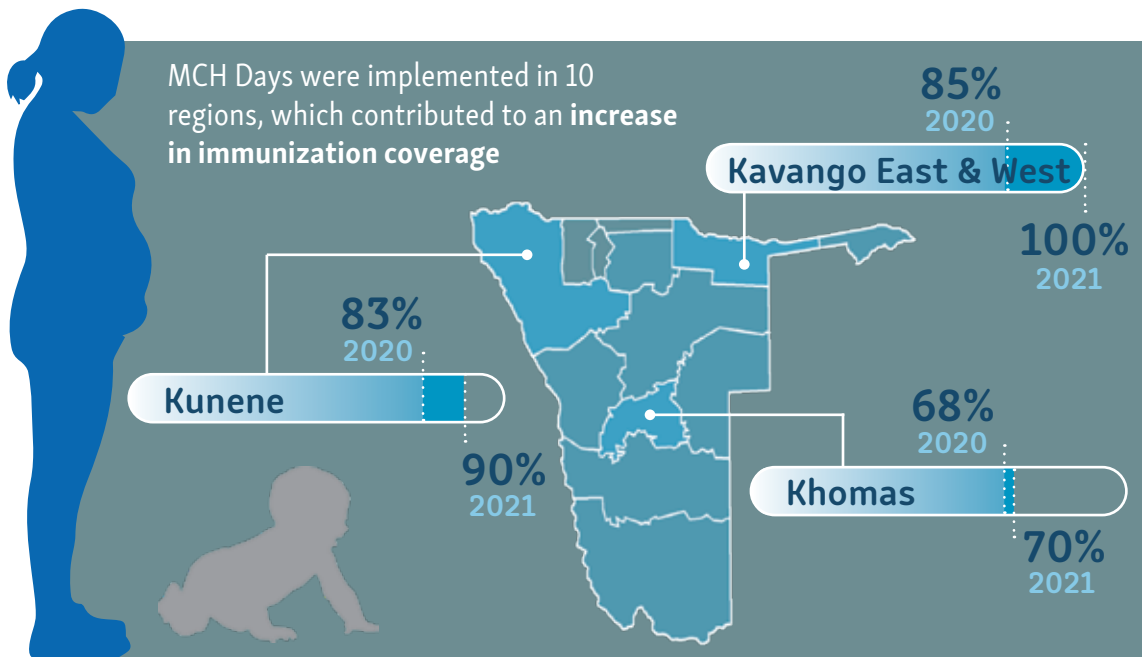
regions supported to increase immunization coverage

OUTCOME 1.3

IMPROVED AVAILABILITY OF ESSENTIAL MEDICINES, VACCINES, DIAGNOSTICS, AND DEVICES FOR PRIMARY HEALTH CARE

ROUTINE IMMUNISATION

Maternal and Child Health Days (MCHD) is a week-long outreach campaign and an effective strategy to reach unimmunised and under-immunised children across the country to increase routine immunisation coverage for all childhood vaccines. WHO provided significant technical and financial support to MoHSS to plan and implement MCHD in 10 regions, particularly in those with districts that have immunisation coverage rates below 80%, which is required to protect against childhood diseases such as polio and measles. This resulted in increased immunisation coverage in these regions.





N\$ 801 843

for 16 ultrasound machines in all 14 regions



DIAGNOSTICS

In October 2021, WHO, with support from the Government of Japan, donated 16 portable ultrasound machines worth N\$ 801 843 to 16 hard-to-reach and high-volume primary health facilities in all 14 regions of Namibia.

The equipment played an important role in supporting the clinical management of conditions presented in pregnant women; promoted quality assurance, and addressed geographical and cultural barriers that may have caused delays in women seeking care.



WHO Country Representative Dr Charles Sagoe-Moses, Minister of Health Dr Kalumbi Shangula and Ambassador of Japan to Namibia Hideaki Harada at the handover ceremony of ultrasound machines to MoHSS.



First patient undergoing an ultrasound scan with a donated ultrasound machine in Kuisebmond Health Centre, Walvis Bay.





22

national AMR TWG members attended MoHSS capacity building workshop

ESSENTIAL MEDICINES AND SUPPLIES

Using the UN Procurement Platform, WHO increased access by MoHSS to medical products, supplies, and equipment as part of the COVID-19 response. WHO also facilitated the finalisation, printing and dissemination of the Standard Treatment Guidelines and Essential Medicines List to improve the rational use of medicines and contribute to improving the quality of care for the people of Namibia.

WHO strengthened the national capacity for surveillance of antimicrobial resistance (AMR) through support to the AMR Technical Working Group (TWG), resulting in the country's enrolment and reporting to the Global AMR Surveillance System. MoHSS conducted a capacity building workshop for 22 national AMR TWG members from all tripartite sectors and other stakeholders by, with support from WHO. The workshop aimed to explore strategies to support the implementation of the TWG's action plan and to identify challenges faced by key stakeholders in reaching critical goals in surveillance and stewardship in this regard.

An annual Tripartite AMR Country Self-Assessment Survey was also conducted in accordance with WHO guidance. This assessment contributed to high-level advocacy on AMR during the commemoration of World Antimicrobial Awareness Week 2021, which was aimed at empowering key stakeholders to carry forward the AMR mandate, especially that of surveillance, in their respective capacities.



STRATEGIC PRIORITY 2



MORE PEOPLE MADE SAFER

This strategic priority contributes to Sustainable Development Goal indicator *3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness*, and focuses on strengthening health security by improving national preparedness, promoting adherence to the IHR 2005, utilising the international framework for the monitoring and evaluation of IHR 2005 and enhancing collaboration with relevant partners and countries to prepare for and respond to public health emergencies.



In response to the devastation caused by the COVID-19 health emergency, WHO Namibia, invested a disproportionate amount of effort in work related to Strategic Priority 2: addressing health emergencies, compared to the other Strategic Priorities – as was the case for WHO globally.

WHO-Namibia's efforts under this priority area contributed towards the achievements of three outcomes:

- **country health emergency preparedness strengthened;**
- **emergence of high- threat infectious hazards prevented; and**
- **health emergencies rapidly detected and responded to.**





12

prioritised hazards with public health consequences identified for Namibia

OUTCOME 2.1 COUNTRY HEALTH EMERGENCY PREPAREDNESS STRENGTHENED

Over the course of the biennium, WHO-Namibia’s work to contribute to this outcome included strengthening disease early warning system and biosafety assessments; implementation of national public health risk assessments; stockpiling for biological, chemical and radiological events; development and testing of risk communication plan, and strengthening designated points of entry (PoEs). Activities under this outcome that are related to COVID-19 are captured under Outcome 2.3.

INTERNATIONAL HEALTH REGULATIONS

WHO implemented the IHR (2005) using WHO’s Strategic Tool for Assessing Risks to identify the 12 prioritised hazards with public health consequences for Namibia. These are: Ebola, COVID-19, Crimean Haemorrhagic Fever, Cholera, Novel influenza, road traffic accidents, river floods, structural fires, rabies, bacterial meningitis, medical and industrial isotopes, and earthquakes. Subsequently, a draft National Multi-Hazard Public Health Emergency Preparedness and Response plan was developed in November 2021. The plan aims to provide general guidance for emergency preparedness and response related to the hazards of public health concern. A workshop, during which the plan was developed, was attended by twenty-eight representatives from the ten key institutions that respond to public health hazards, including the Disaster Risk Management Unit of the Office of the Prime Minister, MoHSS, Ministry of Mines and Energy, Ministry of Environment, Forestry and Tourism, Ministry of Defence, Ministry of Agriculture, Water and Land Reform, Namibia Red Cross Society, Namibia Institute of Pathology, and the Namibian Police Force. The workshop also served as a platform to strengthen coordination amongst the stakeholders to ensure an effective response to the identified hazards.





4

high risk districts have environmental surveillance conducted for polio

National IHR coordination was also strengthened through the training and updating of the IHR National Focal Points (NFP) contact details in an effort to capture any changes in the IHR NFP composition as required by the IHR. As a result, Namibia is well capacitated to implement the IHR 2005, including notification of outbreaks or events within 48 hours of assessment of information of events that may constitute an emergency of international concern.

With technical support from WHO-AFRO, environmental surveillance for polio was established in 4 high risk districts (Windhoek, Oshakati, Engela and Rundu) to rapidly detect any circulating wild polio virus or vaccine derived polio virus through the weekly testing of sewerage samples.

NATIONAL ACTION PLAN FOR HEALTH SECURITY (NAPHS)

WHO supported the development, costing and budgeting of the National Action Plan for Health Security 2021-2025 (NAPHS), which was based on the recommendations identified in the Joint External Evaluation carried out in 2016. The purpose of NAPHS is to provide a clear road map and implementation plan outlining activities to be carried out for the country to achieve health security for the population in the context of public health emergencies. The final NAPHS document was formally launched by the One Health Ministers (MoHSS, Ministry of Environment and Ministry of Agriculture) in December 2020 with technical and financial support from WHO.



Launch of the NAPHS in December 2020.



414

clinicians and other healthcare workers trained in surveillance of Acute Flaccid Paralysis (AFP)

OUTCOME 2.2 EMERGENCE OF HIGH-THREAT INFECTIOUS HAZARDS PREVENTED

INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR)

In support of the Africa Regional Integrated Disease Surveillance and Response (IDSR) Strategy (2020-2030), a process begun in 2021 to adapt, validate and implement the 3rd version of the IDSR technical guidelines, which aims to enhance timely detection of emerging or re-emerging diseases and conditions in the country. Thirty-seven national and regional surveillance focal points based in the MoHSS were trained to implement the technical guidelines. This has contributed to timeliness and completeness of surveillance reports submitted by the focal points. In addition, during the adaption phase of the Technical Guidelines, WHO provided technical guidance to MoHSS to update the priority diseases list for Namibia and enhance response systems.

POLIO

To sustain the gains made in the eradication of polio, WHO recruited additional human resources through the contracting of international consultants on a short-term basis to provide technical support to strengthen continuous integrated active case search for vaccine preventable diseases.

This has contributed to the country achieving a polio detection rate of 3.1 per 100 000 children <15 years (standard is 2) and 89% stool adequacy (standard is 80%). A total of 414 clinicians and other healthcare workers were also trained in surveillance of Acute Flaccid Paralysis (AFP), which is a syndromic approach used to detect polio.

Integrated supportive supervisory visits to health facilities increased significantly in 2021, which contributed to increased case detection and reporting of AFP as well as an improvement in vaccine and cold chain management in the health facilities. During the visits, on the job trainings and coaching on disease surveillance and





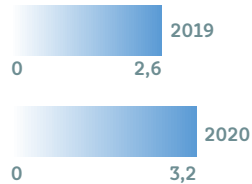
41

cases of Acute Flaccid Paralysis (AFP) successfully identified and investigated

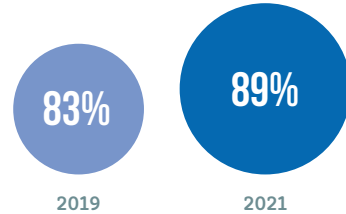
routine immunisation were provided to healthcare workers. Forty-one cases of AFP, which had gone undetected, were identified and investigated successfully during the visits. All 41 cases were non-polio related AFP. As a result of these efforts, the detection of non-polio AFP increased from 2.6 per 100,000 population in 2019 to 3.2 per 100 000 population in 2021. Stool adequacy also increased from 83% in 2019 to 89% in 2021.

Improvements in disease surveillance and routine immunisation resulted in an increase in the detection of **non-polio AFP rate**

Number of cases per 100 000 people



Stool adequacy increased, making polio detection more accurate





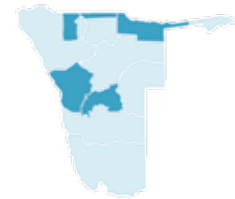
NAD 4 MILLION

grant to implement an effective response to the HEV outbreak in 5 regions

OUTCOME 2.3 HEALTH EMERGENCIES RAPIDLY DETECTED AND RESPONDED TO

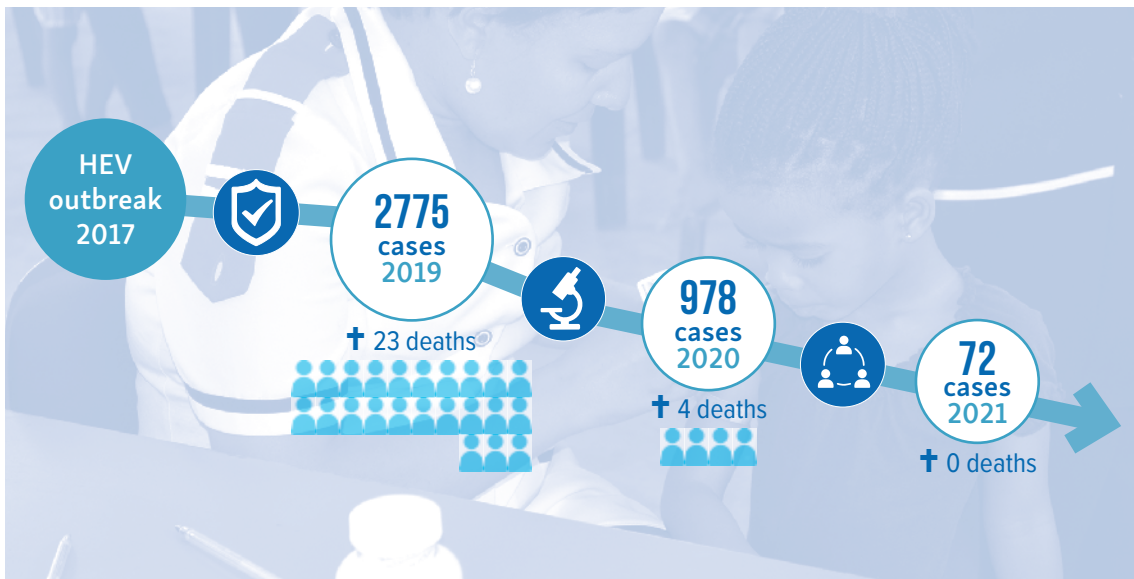
HEPATITIS E (HEV)

In response to the HEV outbreak, which started in 2017, WHO supported MoHSS to strengthen national and regional capacity to implement an effective response through a NAD 4 million grant received from the Government of Japan. The funding was used to support efforts in the 5 most affected regions (Komas, Erongo, Omusati, Ohangwena, Kavango East and West). The interventions, including training and capacity building of healthcare workers and community health workers in those regions, enabled better detection and treatment of HEV in patients, and strengthened community-level detection mechanisms. There has been a drastic decline in cases since the outbreak and no deaths have been reported since May 2021.



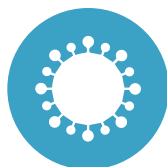
WHO interventions, including training and capacity building enabled better detection and treatment of HEP

Decline in reported HEV cases in Namibia, 2019 to 2021





COVID-19 RESPONSE



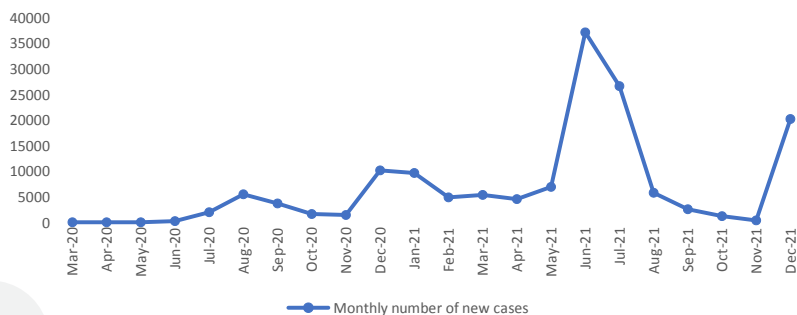
NAD 59 MILLION

re-programmed by WHO-Namibia to support COVID-19-related service delivery, emergency preparedness and response

COVID-19

The first confirmed cases of COVID-19 in Namibia were reported on 13 March 2020 and a State of Emergency was declared by the Head of State on 17 March and lifted six months later.

Trend-line: Number of new COVID-19 cases per month



A key success factor in Namibia's ability to contain the pandemic and limit the devastation it caused, was the prompt and bold action taken by the GRN with support from WHO and other partners. Amongst others, the National Health Emergency Committee transitioned to focus on COVID-19 and a COVID-19 Communication Centre was launched.

During the initial phase of the response, the United Nations in Namibia repurposed its staff for the COVID-19 response and reprogrammed USD 3 725 530 (approx. NAD 59 million) within the UN Partnership Framework to ensure that service delivery was adapted to the COVID-19 pandemic in an effort to complement the GRN's funding for the emergency preparedness and response plan.

WHO-Namibia lead the UN COVID-19 response and played a critical role in the national response by providing data, information, and technical support to



77%

adopted prevention measures including wearing of masks



65%

handwashing



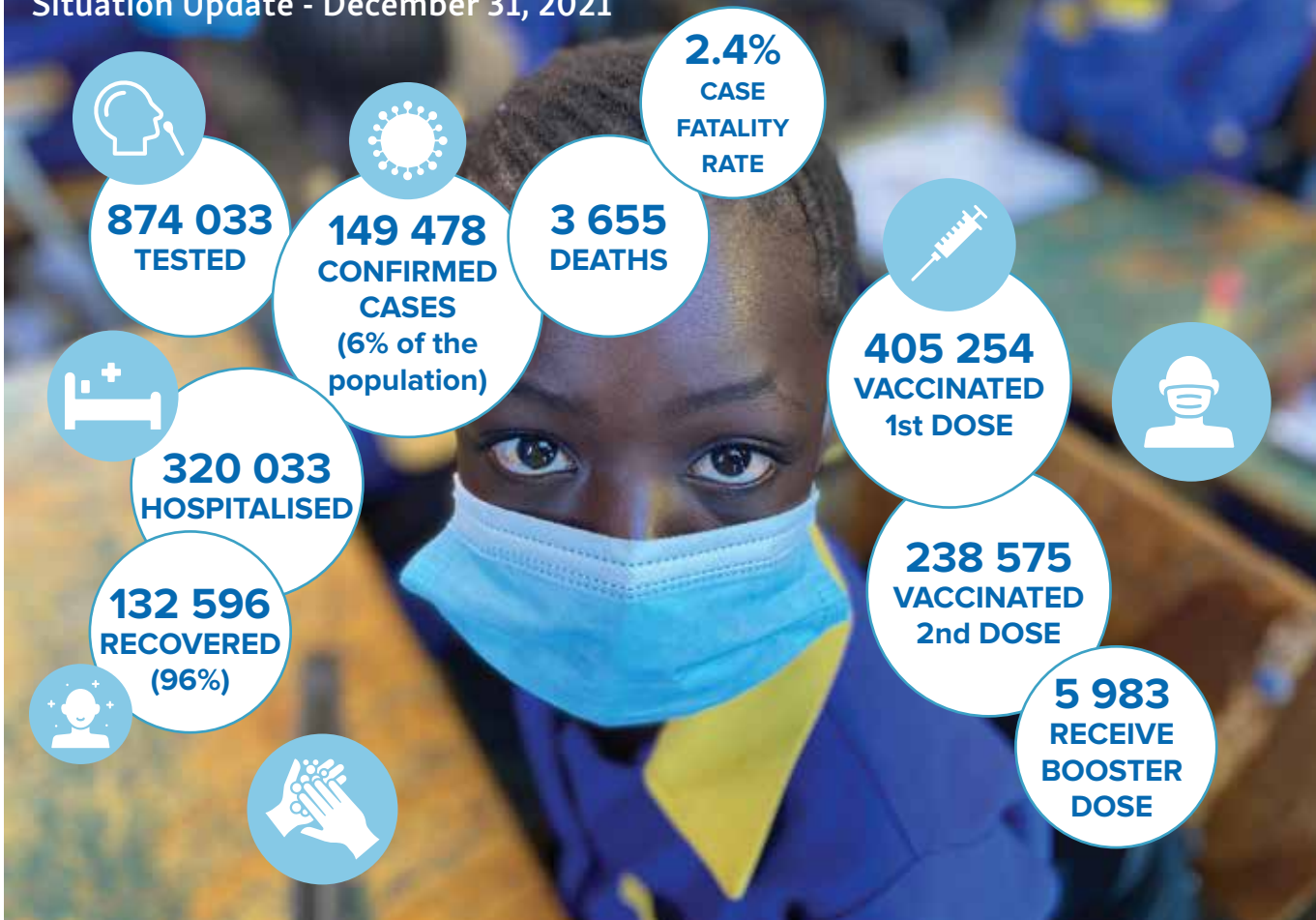
88.7%

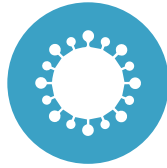
of cases recovered

KAP survey results (May-June 2021)²⁶

strengthen the MoHSS' capacity in coordination, surveillance, Infection Prevention and Control (IPC), PoE, laboratory, logistics and case management. WHO-Namibia also supported the GRN in making key decisions to mitigate the impact of the pandemic on the people of Namibia, especially the vulnerable groups such as children, mothers, and other high-risk people.

Situation Update - December 31, 2021





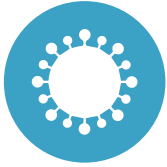
2 382

frontline health workers supported in contact tracing, rapid response, IPC, case investigation and case management

WHO supported the development and implementation of the COVID-19 Emergency Preparedness and Response Plan in 2020 to guide the national response and enhance coordination of the incident management system. Technical guidance was also provided during the development of COVID-19 public health measures and regulations, and through strengthening of the capacity of the pillar leads and members. Together with the MoHSS, WHO helped prepare health facilities in all regions of the country to strengthen infection prevention and control, and to efficiently report cases detected around the country. Furthermore, WHO supported capacity strengthening of 2 382 frontline health workers on COVID-19 contact tracing, rapid response, IPC, case investigation and case management through online training and simulation exercises. Through the Risk Communication and Community Engagement (RCCE) pillar, WHO supported the MOHSS to develop and disseminate information about the disease and how to prevent it through media and other means.



WHO staff member, Dr Francis Chikuse receiving his first dose of the COVID-19 vaccine.



12

technical pillars supported in the multi-sectoral National Response Plan for COVID-19

While the delivery of other essential health services suffered during this period, WHO-Namibia worked to ensure continuity of health services, including through support to MoHSS to ensure that people living with HIV and others living with chronic diseases or needing vaccines continued to access the necessary services.

During the initial phase of the pandemic, GRN developed a Multi-sectoral National Response Plan for COVID-19 in Namibia, which comprised of 11 (later increased to 13) technical pillars in line with WHO recommendations. The following section captures the key achievements, to which WHO Namibia contributed, under each pillar.



 1	Country coordination, planning, and monitoring	 7	Infection prevention and control
 2	Risk communication and community engagement (RCCE)	 8	Operational support and logistics, and supply chains
 3	Surveillance, case investigation, and contact tracing	 9	Essential health services
 4	Points of entry	 10	Mental health and psychosocial support
 5	Laboratory	 11	COVID-19 vaccination
 6	Case management	 12	Research and innovation

COVID-19 patient case management simulation exercise, during the integrated training in a hospital at the onset of the pandemic in Erongo Region, May 2020.



1 Country coordination, planning, and monitoring

Work under this pillar focused on providing leadership and coordination support to GRN. This included supporting the development of the response plan and advising on public health measures during the development of directives, regulations (including for travellers), Standard Operating Procedures (SOPs), and other operational guidelines. Pillar 1 also includes mobilising additional technical expertise to respond to the changing dynamics of the pandemic in Namibia, such as the detection of new variants. Other achievements under this pillar include:

- ✓ Support provided to the MoHSS to establish a functional National Incident Management System and operationalise a National Public Health Emergency Operation Centre. WHO also deployed its own Incident Management Team made up of an Incident Manager and local and international consultants, in addition to reassigning country office staff to the response from the onset of the pandemic.
- ✓ Support provided to the United Nations Resident Coordinator's Office to coordinate the UN COVID-19 response, which included planning, budgeting, and monitoring the performance of all pillars of the response plan.
- ✓ Support provided for the establishment of Regional Rapid Response Teams in all 14 regions. Technical support was provided through visits to healthcare facilities and conducting trainings, including one on the Public Health Emergency Operation Centre (PHEOC).
- ✓ Support to MoHSS to conduct national and regional Intra-Action Reviews of the response in 2020 and 2021, to identify challenges and lessons learned for improved response to future upsurges.
- ✓ Together with other partners, supported the MoHSS to finalise and/or launch the following documents:
 - National Action Plan on Health Security
 - Business Continuity plan
 - COVID-19 Resurgence Plan and Monitoring and Evaluation Framework
 - Post State of Emergency strategy
 - National Sentinel Surveillance Protocol for H1N1 (seasonal influenza)
- ✓ Played a critical role in coordination and guiding decision-making during stages of the response, thus ensuring that the MoHSS effectively implemented interventions that were informed by evidence and up to date knowledge about the pandemic.



78%

expressed confidence in their ability to protect themselves from COVID-19



74%

had adequate knowledge of the cause of the disease



60%

were willing to get vaccinated

Source: KAP survey results (May-June 2021)²⁷



2 Risk communication and community engagement (RCCE)

Work under this pillar included the production, translation and dissemination of over 1 million copies of information, education and communication (IEC) materials on preventative measures for COVID-19, isolation and quarantine, home care and vaccination. Close to 3 000 community health workers and community volunteers were trained and deployed in all regions, where they conducted more than 1 million house visits during which they provided health education, distributed IEC materials and constructed handwashing facilities.

A COVID-19 Communication Centre was established solely for the purpose of engaging the media and public in a timeous manner and to address rumours, concerns, and misinformation. The reach of the Communication Centre was extensive, especially during the 1st year of the response, when almost every Namibian was reached. Information was communicated through NBC TV, on all NBC radio stations, most private radio stations, social media platforms of all media houses as well as that of the Ministry of Information, Communication and Technology, MoHSS and NBC. The Communication Centre hosted more than 269 panel discussions covering more than 150 topics and featuring speakers from more than 247 institutions in the first year of the response.

The two mobile phone providers in Namibia were mobilised to send daily SMS' with COVID-19 messages to approximately 2.3 million subscribers.

A mass communication campaign titled: “*Get Vaccinated. Help Kick COVID-19 out of Namibia*” was jointly launched by the GRN and the United Nations under the leadership of the Prime Minister. An estimated 80% of the population was reached through this mass media campaign which aired on all radio stations, both TV stations, local print media and government social media platforms. A Knowledge, Attitudes and Practices (KAP) survey, conducted between May and June 2021, revealed that 78% of the respondents expressed confidence in their ability to protect themselves from the COVID-19 infection, while 74% said they had adequate knowledge of the cause of the disease and 60% were willing to get vaccinated.



65

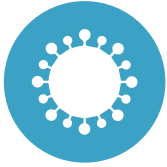
surveillance, port health and environmental health officers trained on COVID-19 Surveillance SOPs and tools



3 Surveillance, case investigation, and contact tracing

WHO-Namibia's work under this key pillar of the response included supporting the MoHSS through the provision of technical assistance to reduce the spread of COVID-19 through early case identification, contact tracing, quarantining and isolation. During the initial phases of the response, WHO supported identification and investigation of suspected cases (through a hotline, community, laboratories, and in health care settings) and tracing of their contacts. This also involved monitoring all people placed under quarantine. Other achievements under this pillar include:

- ✓ WHO strengthened the management of data through the PHEOC; the adaptation and development of various data management tools, and analysis of the data to inform policy decisions.
- ✓ The availability of quality, timely data for decision making was strengthened through the introduction of the use of Go.Data, an outbreak investigation tool for field data collection during public health emergencies in most regions.
- ✓ WHO supported the development and dissemination of the following guidelines and resource materials:
 - Surveillance, contact tracing, and data management SOP's and reporting tools
 - Rapid Response Team Operational guidelines
 - COVID-19 case definition
 - Daily National COVID-19 Situational Reports, which were submitted to Ministries and departments of the GRN, WHO, CDC and other partners and stakeholders
 - Tool to assess COVID-19 infections amongst health workers.
- ✓ WHO supported training of the following groups:
 - Members of National and regional RRTs
 - 35 hotline operators on operation of the hotline centre (some of the participants were deployed to the regions)
 - Trainer of Trainers (ToT) training of 65 surveillance, port health and environmental health officers on COVID-19 Surveillance SOPs and tools.



1 500

people involved at all levels of the response trained in surveillance

- 635 health workers from all 14 regions trained on COVID-19 preparedness and response at the onset of the pandemic
 - Surveillance training for 1 500 participants who are involved at all levels of the response
 - Training of surveillance officers on the Go.Data data collection and management tool.
- ✓ WHO supported the development of Post-State of Emergency activities in surveillance, covering all the sub-themes in the regulations. The development, dissemination and orientation of regional and district MoHSS staff on the Post-SoE Testing Strategy for Namibia was also supported.



4 Points of Entry

WHO strengthened cross-border COVID-19 infection control by providing technical, logistical, and human resources support. This included introduction of the PanaBIOS Trusted Travel System, a secure, standardised, tamper-proof transcontinental digital application suite for disease contagion monitoring, spatial risk factors analytics, mass testing, process traceability and outcomes tracking at 13 out of 34 designated PoE. MoHSS staff and other stakeholders were also trained on the system. Between the introduction of the system in August 2021 and the end of 2021, over 1 900 travellers were screened to establish the validity of their COVID-19 PCR test at the designated PoEs. The Trusted Travel System has also assisted with the authentication of laboratory results and vaccination certificates, which are required under the country's COVID-19 regulations pertaining to entry and exit. This has contributed to limitation of imported COVID-19 cases.

- ✓ WHO supported the development of the following resource materials and guidelines:
 - The PoE and Quarantine SoPs, including data collection tools for travellers
 - Monitoring and evaluation forms drafted for points of entry, check points and quarantine
 - Guidelines and a certificate for disinfecting vehicles/trucks distributed at all PoEs
 - PoE reporting tools.
- ✓ WHO undertook support supervisory visits to five open markets in Windhoek to assess the extent to which they were ready to open the markets safely when the lockdown was lifted. WHO also visited four checkpoints around the Khomas region to strengthen infection prevention and control and supported them with the installation of tippy taps.



125 000

nasal swabs and viral transport media
donated to MoHSS



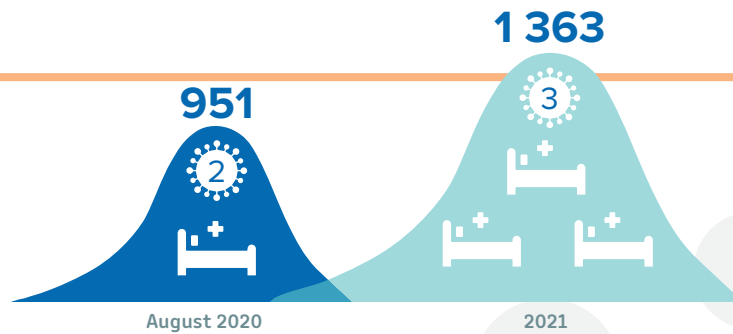
5 Laboratory

This pillar is responsible for coordinating laboratory testing, which is a crucial component of managing the pandemic, allowing cases to be detected and investigated in a timely manner, to break the chains of transmission, and to best guide the respective public health measures. WHO-Namibia's achievements under this pillar include:

- ✓ Supporting the development of the national Antigen Rapid Test (Ag-RDT) Guideline, the national Guideline on COVID-19 Genomic Surveillance, SoPs for handling COVID-19 specimens and the national COVID-19 Testing Strategy amongst others.
- ✓ Laboratory staff, programme managers and health workers from various regions were trained on COVID-19 Antigen RDT testing. This resulted in the deployment and use of RDTs in communities and private sector facilities including pharmacies, thus enhancing early case detection in the country.
- ✓ Supported the progressive increase in national COVID-19 testing capacity by strengthening the capacitation and authorisation of laboratories across the country. Supplied COVID-19 External Quality Assurance test panels to support the ongoing monitoring of the quality of the PCR testing in laboratories.
- ✓ Supported the strengthening of Namibia's COVID-19 Genomic Sequencing capacity with a focus on genomic monitoring and testing for the Omicron variant and data management. This has enabled variants of the virus to be monitored domestically in a timelier manner, instead of samples being sent abroad.
- ✓ Supported routine stock monitoring, including for COVID-19 laboratory test reagents and supplies by the National Institute for Pathology.
- ✓ Supported the streamlining of the laboratory test result information flow to ensure that results were received on time and the laboratory data base was updated.
- ✓ Donated RT-PCR Machine (QuantStudio™ 5 Real-Time PCR System) 125 000 nasal swabs and viral transport media, 350 GeneXpert kits, RT-PCR reagents and Quality Assurance kits and antibody rapid tests, worth over NAD 8 million, to the MoHSS.

Bed capacity during
2nd and 3rd waves of
COVID-19

Source: Case Management
Facility Assessment Tool



6 Case management

This pillar has oversight over the effective and standardised management of COVID-19 cases, including those in home isolation, and ensuring availability of therapeutics, medical supplies and medical equipment at the point of use. During the pandemic, the pillar has played an important function to keep morbidity and mortality at a minimum by ensuring oxygen supply is adequate and that healthcare workers are constantly trained and equipped with the most up-to-date and evidenced based knowledge. Some of the key achievements under this pillar include:

- ✓ Provision of technical guidance and support for the development and review of the SOPs for the management of COVID-19 cases and provision of home-based care as well as implementation of the policy on de-isolation.
- ✓ With support from WHO AFRO, the UK- Emergency Medical Team (EMT) was deployed to train doctors and other frontline healthcare workers from MoHSS in ten regions on basic emergency care, home-based care monitoring and IPC measures to reduce risk of infection.
- ✓ WHO supported the implementation of activities towards the establishment of a national EMT. This has built crucial national capacity to ensure an effective response to COVID-19 and other public health emergencies.
- ✓ 15 Namibian physicians in training were recalled from abroad to surge capacity of health workers during the third wave.
- ✓ WHO provided technical assistance to increase of bed capacity in health facilities for the management of severe cases during the delta wave of the pandemic.
- ✓ WHO supported the procurement of oxygen concentrators, ventilators, patient monitors and suction machines during the third wave. This enabled critically ill patients to receive adequate care in health facilities.
- ✓ WHO provided technical support for quality improvement in case management as well as data analysis, verification, and reconciliation.



93

public and private health facilities in 14 regions
assessed for IPC Facility Readiness

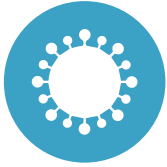


7 Infection prevention and control

WHO-Namibia contributed to this pillar by providing technical guidance and support for the development, review and/or dissemination of the IPC SoPs; COVID-19 IPC training curriculum; Regional Personal Protective Equipment (PPE) forecasting tool; guidance on the standards for IPC in public places; guidance for the management of human remains of persons who died of COVID-19; use of masks by the public; and guidance on water, sanitation and hygiene in the context of COVID-19 for Regional and City Councils. IPC in the context of COVID-19 in the workplace, correctional facilities, and aviation industry were also developed along with a tool to monitor and assess the risk of exposure for health care personnel managing confirmed cases of COVID-19.

WHO also supported several trainings for healthcare workers, including Chief and Senior Medical Officers, IPC focal persons, social workers, front-line workers from the academia, non-governmental organisations, security clusters and first responders as well as University of Namibia students on IPC measures, appropriate use of PPE, burial practices and handling human remains of persons dying of COVID-19. A total of 1991 health workers were trained in IPC. Other achievements included:

- ✓ IPC Facility Readiness Assessments conducted in public and private health facilities in 14 regions. In all 93 facilities were assessed.
- ✓ Site support and monitoring visits conducted to health facilities, schools, shops, public places, and correctional facilities in various regions to provide guidance on IPC activities and strengthen adherence to IPC protocols.
- ✓ IPC related IEC materials, including posters and booklets for use in the health facilities were adapted from WHO templates, and printed, and disseminated.



NAD 21 321 035

worth of supplies and equipment including PPE's, laboratory supplies and oxygen concentrators donated to GRN



8 Operational support and logistics, and supply chains

In contribution to this pillar, WHO-Namibia assessed critical needs for the replenishment of COVID-19 related medical supplies in all 14 regions and developed a comprehensive procurement plan. Other achievements included:

- ✓ Donating supplies and equipment including PPE's, laboratory supplies and oxygen concentrators to the GRN worth NAD 21 321 035 in 2021 to strengthen laboratory services, case management, surveillance, and data management.
- ✓ Strengthening human resource capacity through training of 20 healthcare workers and the recruitment of additional personnel, including the recruitment of Regional Coordinators to support the response in the Erongo, Karas, Kavango and Zambezi regions.



Head of State, HE Dr Hage Geingob, Deputy Prime Minister Rt. Hon Netumbo Nandi-Ndaitwah and the Minister of Health Dr. K. Shangula on a visit to the newly inaugurated COVID-19 ward at the Windhoek Central Hospital in 2020.



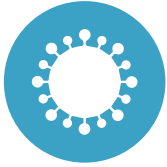
9 Essential health services

WHO-Namibia's work under this pillar included supporting the establishment of the Essential Health Services pillar and undertaking monitoring of delivery of essential health services through regional visits and data review. WHO also supported the finalisation and approval of Essential Health Services guidelines and developing and disseminating guidelines for continuing essential health services for HIV, TB, Malaria. Other achievements under this pillar included:

- ✓ Supporting the establishment of innovative mechanisms for service delivery, such as the use of community-based approaches for delivery of HIV, TB and SRH services.
- ✓ Supporting a vaccination week to increase uptake of childhood vaccination in areas of low coverage.
- ✓ Supporting the use of mass media platforms such as radio (in several local languages) to promote continuation of essential health services during COVID-19 pandemic.
- ✓ Playing a critical role in the adaptation and finalisation of the WHO Continuity of Essential Health Services Facility Assessment Tool, which was used to assess the services.

WHO-Namibia also supported the following trainings:

- Regional and district social workers were trained (virtually) on the MoHSS response to COVID-19, as well as self-care.
- Vocational skills training; fitness training; cooking and cleaning; effective parenting; health education; suicide prevention; alcohol and drug prevention and rehabilitation and relationship building conducted by social workers, occupational therapists, nurses and volunteers.



60%

of respondents reported disruption of mental health services for vulnerable people, including children and adolescents



10 Mental health and psychosocial support

WHO-Namibia supported the development, adaptation and/or finalisation of SOPs related to quarantine and isolation and provision of services to bereaved families of persons who died of COVID-19. Other achievements under this pillar include:

- ✓ Namibia was one of 130 countries who participated in a WHO global survey²⁸ documenting the extent of disruption in mental, neurological and substance use services due to COVID-19; the types of services that have been disrupted; and how the country has adapted to overcome these challenges. The survey revealed major disruptions in the provision of mental health services including over 60% of respondents reporting disruption of mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%). More than a third of respondents (35%) reported disruptions in emergency interventions, including those for people experiencing prolonged seizures; severe substance use withdrawal syndromes; and delirium, often a sign of a serious underlying medical condition.



A woman waiting to deliver a care package to a loved one in a COVID-19 isolation ward in Erongo during the Delta wave in 2021.



1 755 730

doses of COVID-19 vaccine received through COVAX, donations and bilateral procurement by GRN



11 COVID-19 vaccination

WHO-Namibia played a leading role in ensuring that the country was prepared to rollout vaccination against COVID-19. In January 2021, the National Deployment and Vaccination Plan for COVID-19 was developed, disseminated, and rolled out. Since March 2021, WHO provided technical support for the adaptation of the generic WHO COVID-19 vaccine modules on all WHO emergency use listed vaccines and various tools for data management. Eleven out of the 14 regions of Namibia received funding to support vaccination implementation using campaigns as a strategy. By 31 December 2021, more than 3000 health providers were trained on various COVID-19 vaccines, 1 755 730 doses of vaccines were mobilised and 12.7% of the total population were fully vaccinated against COVID-19.

- ✓ Namibia received 43 200 doses of AstraZeneca, the first COVID-19 vaccine, through the COVAX facility on 16 April 2021. Since then, more than 1.7 million doses have been received. Of these, 10 000 were through the COVAX facility and the rest through donations and bilateral procurement by GRN.
- ✓ More than 20% of the eligible population received both 1st and 2nd doses of a COVID-19 vaccine and a booster dose.
- ✓ 120 Healthcare workers from all 14 regions were trained on the roll out of AstraZeneca, Sinopharm, Pfizer and J&J vaccines. On the job mentorship was provided to vaccination sites in 17 of the 36 health districts.
- ✓ WHO provided NAD 4.1 million to 11 regions to strengthen the rollout of COVID-19 vaccinations. Over 21 600 people were vaccinated during a targeted campaign with direct support from WHO.



12 Research and innovation

WHO facilitated the establishment of the Research and Innovation Pillar of the National COVID-19 response plan to coordinate and conduct research to guide the national response. In June 2021, Namibia conducted the first Frontline Service Readiness Assessment with financial and technical support from WHO. The assessment aimed to understand the readiness of facilities to manage COVID-19, while ensuring continuity of essential health services, to inform planning and resource allocation for COVID-19 response and mitigation.

The assessment was conducted in a nationally representative sample of 125 health facilities that included all (fifty) Covid-19 case management centres. In addition to these facility assessments, routine data from the country's District Health Information System (DHIS-2) was analysed to track trends in utilisation of essential health service and related outcomes during the pandemic. The results of the assessment were disseminated to stakeholders at national and regional levels to enhance their readiness to manage COVID-19, while ensuring continuity of essential health services.



STRATEGIC PRIORITY 3



MORE PEOPLE'S LIVES/HEALTH IMPROVED

OUTCOME 3.1 DETERMINANTS OF HEALTH ADDRESSED LEAVING NO ONE BEHIND

VIOLENCE AGAINST WOMEN

In partnership with other UN agencies and civil society organisations (CSOs), WHO-Namibia supported MoHSS to strengthen the capacity of the health sector response to violence against women, girls and children by training 272 health managers, chief social workers and healthcare workers in Khomas, Erongo, Omaheke, Kavango East and West, Omusati, Kunene, Otjozondjupa, Hardap, Kharas and Oshikoto regions on the Clinical Handbook for the Health Care of Survivors Subjected to Intimate Partner Violence and/or Sexual Violence. Three thousand copies of the clinical handbook, 1 000 copies of the training manual on the clinical handbook and 2 500 job aids were printed to support the cascading of knowledge and implementation of the clinical handbook at facility level. Following this, a quality assurance assessment was conducted to assess implementation of the clinical handbook.



OUTCOME 3.2 REDUCED RISK FACTORS THROUGH MULTISECTORAL APPROACHES



WHO Country Representative, Dr Sagoe-Moses visiting a health facility after the donation of the first Rapid Diagnostic Tests for Hepatitis E with funding from the Government of Japan in 2020.

PHYSICAL ACTIVITIES

WHO strengthened coordination between various stakeholders including the Ministry of Education, Arts and Culture (MEAC), development partners, tertiary institutions and CSOs working on physical education, physical activity, and sport. This coordination resulted in the signing of a memorandum of understanding between the MEAC and Ministry of Youth, Sport and National Services. A draft policy on integrated physical education and school sports, which provides



50%

Target of the 2nd Decade of Action for Road Safety Strategy (2030)

guidance on the implementation of integrated physical education, physical activity and sport interventions for all relevant public and private stakeholders and relevant Ministries over the next five years has been developed with WHO's support.

TOBACCO CONTROL

A pilot survey on tobacco control compliance, with a focus on legislation related to smoke-free requirements and the ban on tobacco advertisements, promotion, and sponsorship was conducted by the MoHSS with WHO's support. This survey was part of a pilot project to establish a more reliable methodology for monitoring national-level compliance with tobacco control laws as well as to assess potential feasibility of scaling the methodology in Member States with comprehensive smoke-free legislation and/or bans on tobacco advertising and promotion.

OUTCOME 3.3 HEALTH PROMOTION IN ALL POLICIES AND SETTINGS

NON-COMMUNICABLE DISEASE RISK FACTORS

WHO increased awareness of risk factors associated with NCDs such as tobacco use, harmful use of alcohol and lack of physical activity through different platforms such as mass media and social media during the COVID-19 'hard-lockdown' period.

ROAD SAFETY

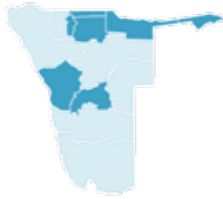
In 2021, WHO contributed to the drafting and finalisation of the 2nd Decade of Action for Road Safety Strategy (2021/2030) with a target to reduce deaths, serious injuries, and injury crashes by 50% by 2030.





217

members of regional school health taskforces in 7 regions trained to improve regional responses to COVID-19 in schools



Regional school health taskforces were trained with the aim of improving the regional responses to COVID-19 in schools as well as to introduce the health promoting school initiative as a way of maintaining hygiene in schools

SCHOOL HEALTH

The draft Integrated School Health and Safety Policy was approved by the MoHSS and is due for submission to Cabinet for final approval. WHO, in partnership with UNICEF, UNESCO, and UNFPA supported MoHSS and MEAC to strengthen school health interventions, particularly those related to health emergency preparedness and response in relation to the COVID-19 pandemic. A national multi-sectoral committee was established as part of the school health committee to coordinate all COVID-19 activities in schools. The committee was also tasked with increasing awareness of the importance of maintaining COVID-19 public health and social measures in schools, while also encouraging vaccination amongst the eligible population in schools.

Two-hundred and seventeen members of the regional school health taskforces from Zambezi, Oshana, Erongo, Ohangwena, Oshikoto, Kunene and Kavango West regions were trained with the aim of improving the regional responses to COVID-19 in schools as well as to introduce the health promoting school initiative as a way of maintaining hygiene in schools. In addition, training was provided to school counsellors, life skills teachers and other teaching staff on the provision of mental and psychosocial support to learners and other school staff who may have lost loved ones due to COVID-19.





In Namibia and globally, WHO's visibility was amplified and enhanced because of this leading role in the COVID-19 response. As a result, WHO Namibia was awarded for being a trusted voice in Namibia during the COVID-19 pandemic by Brand Africa 2021.

STRATEGIC PRIORITY 4



STRENGTHENING LEADERSHIP, GOVERNANCE AND ENABLING FUNCTIONS

OUTCOME 4.1 STRENGTHENED WHO LEADERSHIP, GOVERNANCE AND ADVOCACY FOR HEALTH

LEADERSHIP

During this biennium, WHO globally, and in Namibia was challenged to fulfil its mandate of providing leadership on matters critical to health and achieving its mission to promote health, keep the world safe, and serve the vulnerable in ways that have not been experienced in decades. In Namibia and globally, WHO's visibility was amplified and enhanced because of this leading role in the COVID-19 response. As a result, WHO-Namibia was awarded for being a trusted voice in Namibia during the COVID-19 pandemic by Brand Africa 2021.

WHO-Namibia increased its high-level political engagements during this period, including providing advisory and advocacy support to the GRN, particularly in relation to the COVID-19 response. On 6 April 2021, the WHO Director General hosted the Namibian Head of State, His Excellency, Dr Hage Geingob as part of the daily COVID-19 Press Conference in Geneva. The Namibian Head of State delivered a strong statement on vaccine equity, resulting in fast tracking of delivery of Namibia's first COVID-19 vaccines through the COVAX facility.

The WHO-Namibia Country Office also facilitated the participation of Dr Soumya Swaminathan, WHO's Chief Scientist on a talk show hosted by Madam Monica Geingos, Namibia's First Lady, to address rumours around the safety and efficacy of COVID-19 vaccines.

WHO-Namibia continued to lead the coordination of the UN health sub-pillar, which consists of all UN agencies working in the area of health in the context of the United Nations Partnership Framework in Namibia 2019-2023. The UN-wide response to COVID-19 led by the Resident Coordinator, was jointly coordinated by WHO through the weekly COVID-19 Preparedness and Response Plan meetings.



Launch of of the Maternal and Child Health project funded by the Government of Japan, March 2021.



This ensured UN alignment and sharing of crucial up-to-date information on the latest developments across all pillars and different UN agencies involved the response.

WHO facilitated the expansion and realignment of the Health Development Partner's Forum and facilitated its monthly meetings to create a platform for a coordinated multi-sectoral national response to COVID-19. This ensured that the comparative advantage and contribution of the respective development partners was aligned to enhance the COVID-19 response. Further, WHO strengthened coordination of the government's COVID-19 pandemic response through provision of extensive technical and financial support.

Further, WHO-Namibia disseminated strategic health information widely through partnership with the local media. This included participation in media interviews and capacity development initiatives for the media to ensure accurate and factual reporting. WHO-Namibia used its digital media platforms as a reference point for information related to the country's COVID-19 response for the local and international media. As a result, some of the organisation's articles were republished online by different media houses. Additionally, the country office



The President of the Republic of Namibia, H.E. Dr Hage Geingob with Executive Director, MOHSS, Mr. Ben Nangombe, WHO Representative, Dr Sagoe-Moses and CDC Director, Dr Eric Dziuban visiting the Hosea Kutako International Airport and its isolation facility during the preparatory phase of the country's response to the COVID-19 pandemic in 2020.





Resident Coordinator, Mr Sen Peng handing over a certificate of appreciation to the Executive Director, Mr Ben Nangombe, MoHSS for health workers during the COVID-19 pandemic, in the presence of WHO Representative, Dr Sagoe-Moses and UNAIDS Country Director, Dr Alti Zwandor.



Ambassador of Japan to Namibia, H.E. Hideaki Harada and WHO Representative Dr Sagoe-Moses engaging with beneficiaries of the Maternal and Child Health project in Erongo.



NAD 23 274 544

worth of medical supplies donated to the government during the pandemic

produced and disseminated COVID-19 bulletins to a variety of stakeholders including GRN, media, development partners and CSOs as a way of acknowledging collective achievements in the COVID-19 response.

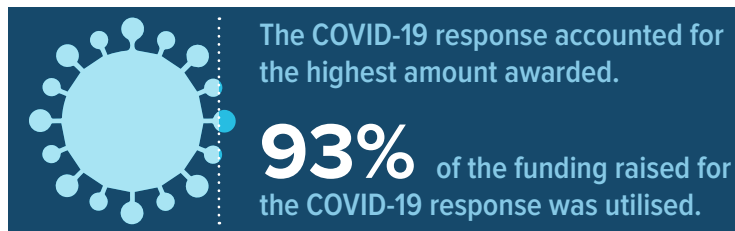
RESOURCE MOBILISATION

WHO played a key role in mobilising resources for the COVID-19 response and ensuring the continuation of essential health services during the pandemic. These efforts included grants worth USD 270 000 from the Government of Japan to improve maternal and new-born care in the context of the pandemic; USD 200 000 from the Government of the Republic of Korea and USD 100 000 from the Government of Iceland to procure emergency medical supplies for the MoHSS. WHO donated NAD 23 274 544 worth of medical supplies to the government throughout the pandemic.

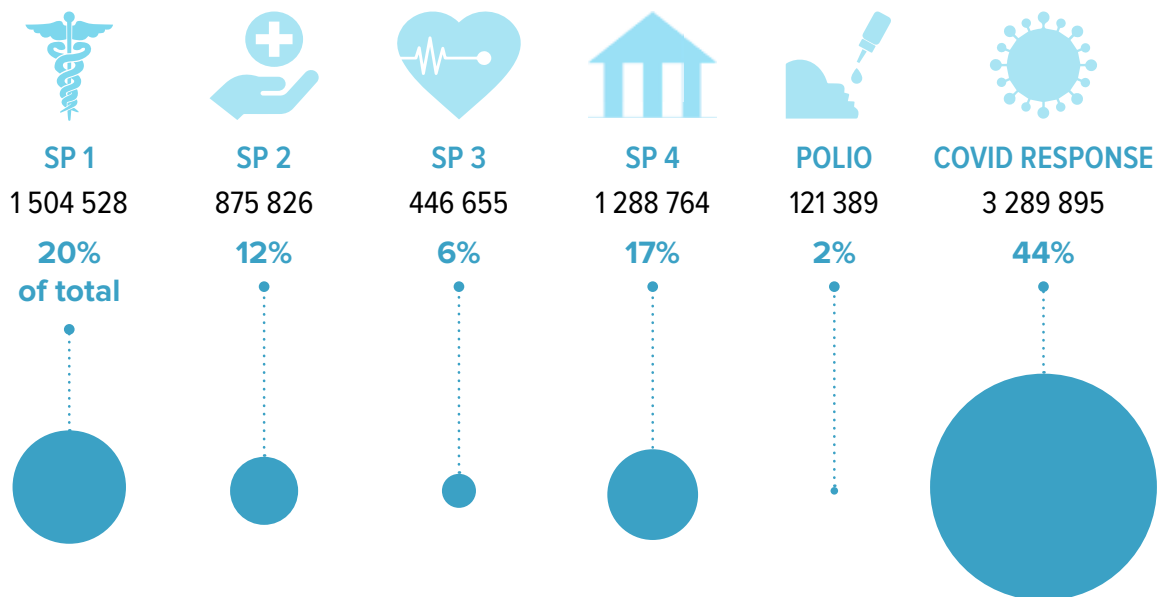
WHO-Namibia also provided technical expertise for the development of a successful grant application to the Global Fund, resulting in an award of US\$11.2 million to support the country's COVID-19 response, strengthen essential health services and to strengthen national HIV, TB and malaria programmes.



FINANCIALS



IMPLEMENTATION PER STRATEGIC PRIORITY (USD)



CHALLENGES AND OPPORTUNITIES

This biennium is one that is unlikely to be forgotten.

The COVID-19 pandemic challenged the implementation of the WHO-Namibia workplan and the health sector at large. Staff, both at WHO as well as MoHSS and partner institutions, were pushed to their limits, especially during the peaks of the pandemic, while being affected in their personal lives due to infections and losses of loved ones.

As most human resources had to be redirected to respond to the unpredictable global pandemic, many of the routine programmes suffered as the activities could not be implemented according to plan. Available funds were mainly allocated to the different pillars of the COVID-19 response, resulting in funding gaps for other programmes. This shift of resources to address the pandemic adversely affected the delivery of essential health services in facilities and communities, resulting in negative health outcomes such as the increased malnutrition in children, and teenage pregnancy rates.

These past two years highlight the importance of increasing investments in emergency preparedness and readiness as well the need to collaborate closely with other sectors and stakeholders. The high level of commitment and interest in health demonstrated by the GRN and other stakeholders is an opportunity for advocacy to increase investment in the sector. While in this regard capacity has been strengthened throughout the pandemic, WHO-Namibia stays committed to supporting MoHSS in areas that still require investment – including, but not limited to, health data management, disease surveillance, securing essential health services and equitable access to medicine and diagnostics.

In the new biennium starting in 2022, the focus will continue to be on supporting MoHSS in the COVID-19 response, particularly on increasing vaccination coverage, which remains a major concern at the time of report writing. WCO also commits to implement all other activities in the country workplan, built on WHO's global framework, the GPW13, to achieve the triple billion goal of ensuring healthy lives and promoting well-being for all. The country workplan continues to be aligned with the priorities of the National Health Strategic Plan 2017-2022 and the National Development Plan 5, which are both due to be reviewed and updated during the new biennium.



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