

75 HEALTH FOR ALL



World Health Organization

NAMIBIA

BIENNIUM REPORT

2022/23



WHO Namibia Country Office

UN House, 2nd Floor

38 Stein Street

Klein Windhoek

P.O. Box 3444

Windhoek

Namibia

Tel: +264 61255121 / +264 61255191

Fax: +264 61229825

E-mail: afwcona@who.int

© World Health Organization 2023

Design and layout: Jo Rogge

Photos: © WHO-Namibia



World Health
Organization

NAMIBIA

BIENNIUM REPORT

2022/23

75 HEALTH
FOR ALL



CONTENTS

Acronyms.....iv

Foreword.....vii

Executive summary.....ix

WHO Namibia team.....xi

Health profile of Namibia.....xii

Strategic communication.....56

Prevention and response to sexual misconduct.....58

Challenges and recommendations.....59

Financials.....60

References.....62

Malaria 9



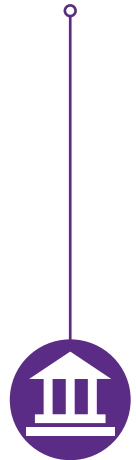
Polio 31



School health 46



Research 53



Strategic Priority 1
Universal Health Coverage

OUTCOME 1.1 Improved access to quality essential health services1
 OUTCOME 1.2 Reduced number of people suffering from financial hardship.....16
 OUTCOME 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for PHC.....17
 Human interest story.....24



Strategic Priority 2
Health Emergencies

OUTCOME 2.1 Countries prepared for health emergencies27
 OUTCOME 2.2 Emergence of high threat infectious hazards prevented30
 Human interest story.....36



Strategic Priority 3
Promoting Healthier Lives

OUTCOME 3.1 Determinants of health addressed39
 OUTCOME 3.2 Risk factors reduced through multisectoral action.....42
 OUTCOME 3.3 Healthy settings and health in all policies promoted.....46
 Human interest story.....50



Strategic Priority 4
Strengthening Leadership, Governance and Enabling Functions

OUTCOME 4.1 Strengthened country capacity in data and innovation.....53
 OUTCOME 4.2 Strengthened leadership, governance, and advocacy for health.....55



ACRONYMS

| | | | |
|-------------------------------|---|--------------------------------|--|
| <u>AAR</u> | After Action Review | <u>IPC</u> | Infection Prevention and Control |
| <u>AEFI</u> | Adverse Events Following Immunization | <u>M&E</u> | Monitoring and Evaluation |
| <u>AFP</u> | Acute Flaccid Paralysis | <u>MCHW</u> | Maternal and Child Health Week |
| <u>AIDS</u> | Acquired Immunodeficiency Syndrome | <u>MDG</u> | Millennium Development Goal |
| <u>AMR</u> | Antimicrobial Resistance | <u>MoA</u> | Memorandum of Agreement |
| <u>ANC</u> | Antenatal Care | <u>MoEAC</u> | Ministry of Education Arts and Culture |
| <u>ART</u> | Antiretroviral Therapy | <u>MoHSS</u> | Ministry of Health and Social Services |
| <u>BFHI</u> | Baby Friendly Hospital Initiative | <u>MR</u> | Measles and Rubella |
| <u>BMI</u> | Brief Motivational Intervention | <u>MUAC</u> | Mid-Upper-Arm-Circumference |
| <u>CBRI</u> | Community-Based Response Initiative | <u>MYSNS</u> | Ministry of Youth, Sports and National Service |
| <u>CCHF</u> | Crimean Congo Hemorrhagic Fever | <u>NCDs</u> | Noncommunicable Diseases |
| <u>CDC</u> | Centers for Disease Control and Prevention | <u>NGOs</u> | Non-governmental Organizations |
| <u>cVDPV2</u> | Circulating Vaccine-Derived Poliovirus type 2 | <u>NHA</u> | National Health Accounts |
| <u>CSSD</u> | Central Sterilization Services Department | <u>NHRSP</u> | National Health Research Strategic Plan |
| <u>DHP</u> | Digital Health Platform | <u>NMR</u> | Namibia Medicines Regulatory Council |
| <u>eMTCT</u> | Elimination of Mother-to-Child Transmission | <u>NTDs</u> | Neglected Tropical Diseases |
| <u>EPI</u> | Expanded Programme on Immunization | <u>nOPV2</u> | Novel Oral Polio Vaccine type 2 |
| <u>EPR</u> | Emergency Preparedness and Response | <u>NQPS</u> | National Quality Policy and Strategy |
| <u>EU</u> | European Union | <u>ORS</u> | Oral Rehydration Salt/Solution |
| <u>EVD</u> | Ebola Virus Disease | <u>OT</u> | Operation Theatre |
| <u>EVMA</u> | Effective Vaccine Management Assessment | <u>PEN</u> | Package of Essential NCD Interventions |
| <u>FP</u> | Field Promoter | <u>PLHIV</u> | People Living with HIV/AIDS |
| <u>GER</u> | Gender, Equity, and Human Rights | <u>PMTCT</u> | Prevention of Mother-to-Child Transmission |
| <u>GRN</u> | Government of the Republic of Namibia | <u>PRSEAH</u> | Preventing & Responding to Sexual Exploitation, Abuse and Harassment |
| <u>HEW</u> | Health Extension Worker | | |
| <u>HIV</u> | Human Immunodeficiency Virus | <u>RI</u> | Routine Immunization |
| <u>HRH</u> | Human Resources for Health | <u>RCCE</u> | Risk Communication and Community Engagement |
| <u>IHR</u> | International Health Regulations | | |

| | |
|---------------------------------|---|
| <u>RMNCH</u> | Reproductive, Maternal, Newborn and Child Health |
| <u>SAM</u> | Severe Acute Malnutrition |
| <u>SDGs</u> | Sustainable Development Goals |
| <u>SOPs</u> | Standard Operating Procedures |
| <u>SRH</u> | Sexual and Reproductive Health |
| <u>STIs</u> | Sexually Transmitted Infections |
| <u>SURGE</u> | Strengthening and Utilizing Response Groups for Emergencies |
| <u>TASS</u> | Transforming African Surveillance Systems |
| <u>TB</u> | Tuberculosis |
| <u>TBL</u> | Tuberculosis and Leprosy |
| <u>THE</u> | Total Health Expenditure |
| <u>TWG</u> | Technical Working Group |
| <u>U5MR</u> | Under-5 Mortality Rate |
| <u>UHC</u> | Universal Health Coverage |
| <u>UHCAN</u> | Universal Health Coverage Advisory Committee of Namibia |
| <u>UN</u> | United Nations |
| <u>UNICEF</u> | United Nations Children's Fund |
| <u>UNPAF</u> | United Nations Development Partnership Framework |
| <u>VMMC</u> | Voluntary Male Medical Circumcision |
| <u>VPDs</u> | Vaccine Preventable Diseases |
| <u>WCO</u> | WHO Country Office |
| <u>WHO</u> | World Health Organization |
| <u>WHO AFRO</u> | WHO Regional Office for Africa |
| <u>WHO OIC</u> | WHO Officer-in-Charge |

NOTE TO THE REPORT

This report covers the work of WHO Namibia during the 2022 - 2023 biennium. It reflects the key achievements of WHO's partnership with the Government of Namibia (GRN) through the Ministry of Health and Social Services (MoHSS), other government ministries and agencies. WHO Namibia works collaboratively with other UN agencies, US agencies, media, civil society organizations (CSOs) and faith-based organizations (FBOs), and the report largely demonstrates the success of these partnerships and collaborations.



FOREWORD

As the World Health Organization (WHO) Officer-in-Charge to Namibia, it is a profound pleasure and honour to present the biennial report for 2022 – 2023, to give an account of our stewardship. I congratulate all the staff and consultants of the WHO Country Office (WHO-Namibia) for their hard work, innovation, and continued dedication during the biennium. I must thank all our partners and key stakeholders, especially the Ministry of Health and Social Services (MoHSS) under the leadership of Hon. Doctor Kalumbi Shangula for the excellent cooperation and collaboration which has allowed us to continue making significant strides towards achieving the highest possible standard of health for all people in Namibia. I would also like to thank our sister UN agencies, other development partners, academia, civil society groups and other stakeholders for their partnership in our collective successes.

The biennium 2022 – 2023 was transitional for the WHO Country Office in many ways. Firstly, the transition from the acute phase of the COVID-19 pandemic to the recovery phase was challenging, strengthening the resilience of the health system. 2023 will remain in our memory as the year when COVID-19 ceased to be a global health emergency. WHO in partnership with the Government of Namibia contributed immensely to Africa's response to the pandemic and crossing this threshold.

Secondly it marked the transition of the WHO Country Office leadership from Dr. Charles Sagoe-Moses (WHO Representative 2017 – 2023). During



these transitions, the WCO Team in Namibia remained strong and resolute in our quest to improve the health of the people of Namibia, in partnership with the Ministry of Health and Social Services and other stakeholders.

During this period, WHO's work has resulted in the rolling out of the national hospital standards to improve the quality of care, strengthened policies, programming and capacity to address communicable and noncommunicable diseases, as well as promoting health across the life course. Health systems have been strengthened and made more resilient especially through the extensive support received from the Emergency Preparedness and Response Flagship Programme. Multisectoral approaches with different stakeholders have been implemented to address social determinants of health and risk factors for noncommunicable diseases in line with the WHO principles of Health in All policies.

WHO contributed significantly to securing over 34 million US dollars for HIV, TB and Malaria from the Global Fund. Namibia is one of four countries in the Africa region that has achieved the 95-95-95



Namibia is one of four countries in the Africa region that has achieved the 95-95-95 HIV/AIDS targets.



HIV/AIDS targets. New HIV infections have halved since 2004, and life expectancy increased by seven years, from 56 in 2005 to 63 in 2019.¹

The celebration of the 75th anniversary of WHO during the biennium was an opportunity to reflect on major public health achievements in the country, galvanize public interest in the work of the organisation, as well as boost staff efficiency and welfare. The visit by the Director General in the last quarter of the biennium further enhanced the work of WHO globally and in Namibia.

The next biennium 2024-2025 will continue to be guided by the Third Country Cooperation Strategy, which is focused on the interconnected “triple billion” goals of the WHO 13th General Programme of Work. There will also be a transition into the Fourth Country Cooperation Strategy, to align with WHO 14th General Programme of Work, and the United Nations Cooperation Framework 2025 – 2029. We look forward to the continued support and collaboration of the Ministry of Health and Social Services, partners and stakeholders as we work together to improve the health and wellbeing of the people of Namibia.

Mary Brantuo

WHO Namibia Officer-in-Charge

EXECUTIVE SUMMARY

The strategic agenda of WHO in Namibia is premised on the Thirteenth General Programme of Work (GPW 13) and the 3rd Generation Country Cooperation Strategy (CCS III), both of which contribute to the overall goal of the organization to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and wellbeing.

Continued advocacy, technical support and engagement with high-level government officials including the Ministry of Health and Social Services (MoHSS) has resulted in increased political commitment and resource allocation. These key factors have contributed to the achievements detailed in this report, which are also grounded in the following three interconnected strategic priorities:

1. advancing universal health coverage (UHC);
2. addressing health emergencies; and
3. promoting healthier populations.

The WHO Country Office (CO) made significant progress towards ensuring people-centered quality care through the implementation of various policies, strategies, standards, and plans as well as capacity development of healthcare managers. Progress has also been made in the provision of all-inclusive sexual and reproductive health services. This includes the comprehensive guidelines on post-abortion care and in-service training package. Guidelines for integrated

intrapartum, newborn, emergency obstetric care and postnatal care are also at an advanced stage of revision.

Notably, extensive investment has been made in ensuring better outcomes for child healthcare practices and nutritional support services. With support from the Government of Japan, the WCO implemented a project aimed at strengthening interventions to prevent and manage moderate and severe acute malnutrition (SAM) amongst women and children in six emergency-affected regions and communities in Namibia.

Furthermore, the WCO made extensive contributions to the review and drafting of national strategic plans for TB, HIV/AIDS, and malaria respectively. This facilitated the successful submission of funding proposals to the Global Fund for all three diseases, with the subsequent disbursement of 5.7 million USD for the TB programme, 23.9 million USD for the multisectoral HIV response and 3 million USD for malaria elimination for the period 2024-2026.

Worth noting is the community-based research project which aimed to strengthen national capabilities for the implementation and scaling up of 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 2027. This has resulted in a 76% reduction of *Anopheles* mosquito larvae density, and 42% of malaria cases in 2019/2020 and 87% in 2021/2022 when

compared to the situation prior to the winter larviciding implementation.

In striving to meet the global elimination targets of neglected tropical diseases (NTDs) WHO supported the drafting of a National Plan of Action (2023/24 – 2027/28). A population-based mapping survey to determine the prevalence of trachoma, scabies, and other selected NTDs was conducted in the Kunene and Zambezi regions, where trachoma was reported in some remote communities with very low access to healthcare services. The results of the survey will inform future policies and programme interventions.

The control and management of noncommunicable diseases (NCDs) was prioritized with the approval of the national Package of Essential NCD Interventions (PEN) Guidelines and training of healthcare providers.

The WCO further supported the setting of the national health sector agenda through the Health Sector Performance Review and the drafting of a new Health Policy Strategic Framework for 2023 – 2033.

Namibia was one of 12 countries earmarked for the implementation of the first phase of the emergency preparedness and response (EPR) flagship initiative by the WHO Regional Office for Africa. This project aims to increase Namibia's capacity to manage the full life cycle of public health emergencies, and especially to reinforce the Prepare – Detect – Respond phases. A memorandum of agreement was signed between WHO and MoHSS to endorse

the project, with WHO committing 2.8 million USD for the first two years of the initiative.

The WCO worked towards ensuring health and wellbeing for all Namibians through addressing the social determinants of health, promoting intersectoral approaches and prioritizing Health in All policies and healthy settings, especially through the Healthy Cities Initiative and the school health programme. Progress has also been made in addressing road safety, suicide prevention and mental health promotion, and violence against women and children.

Support was provided to pilot an outpatient rehabilitation programme for substance use disorders while the Brief Motivational Intervention (BMI) screening for substance dependence was rolled out to all regions. Further support was provided to establish the National Drug Control Commission to oversee the implementation of the National Drug Control Master Plan. Namibia is one of seven countries participating in the SAFER training programme, introducing interventions to reduce alcohol-related harm, and has drafted a short-term plan to accelerate alcohol control.

WHO Namibia worked closely with the Namibian government to strengthen the country's capacity for data collection and health research. This included the pilot implementation of the e-health strategy, support towards transitioning the District Health Information System 2 (DHIS2) from the International Classification of Diseases 10th Revision (ICD10) to ICD11, and the drafting of the National Health Research Strategic Plan.

WHO Namibia team



Dr Mary A. Brantuo
[Officer-in-Charge/ Health System Advisor,
Participatory Governance & Policy](#)

Dr Sirak Hailu
[Public Health Officer \(Malaria/NTDs\)](#)

Ms Celia Kaunatjike
[Health Promotion and Social Determinants
Officer](#)

Ms Roselina De Wee
[EPR/Epidemiology Officer](#)

Mr Petrus Kosmas
[EPR Management Officer](#)

Ms Mary C. Ikosa
[National Operations Officer](#)

Ms Margret Mutirua
[Logistics, Procurement and Travel
Assistant](#)

Mr Frankline Nsai
[Strategic Health Information Officer - UNV](#)

Mr Gabriel Joseph
[EPR - SSA](#)

Mr Japhet Nashipili
[ICT Assistant](#)

Ms Irma Naanda
[Personal Assistant to the Representative](#)

Ms Wendy Mutabelezi
[Budget Assistant](#)

Ms Margaret Mutirua
[Travel Protocol Assistant](#)

Ms Melizia Goagoses
[Programme Assistant](#)

Ms Charmaine Kisting
[Project Assistant - SSA](#)

Ms Yvonne Kundakuzee
[HR Assistant](#)

Mr Nicky Narib
[Driver](#)

Mr Ezra Kharigub
[EPI Driver](#)

Mr Eliabba Kandume
[Driver - SSA](#)

Ms Aina Erastus
[IPC - SSA](#)

Mr Ezekiel Kambongi
[Polio Surveillance - SSA](#)

Ms Rosalia Nairenge
[NTDs - SSA](#)

Ms Elmarie Eiman
[Polio Surveillance - SSA](#)

Ms Loide Amukwa
[Project Assistant - SSA](#)

Ms Lisa Petersen
[COVID-19 and RI/ AEFI - SSAMs](#)

Bertha Katjivena
[COVID-19 Vaccines National Coordinator - SSA](#)

Ms Gbubemi Jacdonmi
[STOP Consultant](#)

Ms Karin Mvula
[Project Assistant - SSA](#)

Ms Maria Shikongo
[Strategic Health Information Officer](#)

Dr Wilma Florenze Soroses
[NVD Control - SSA](#)

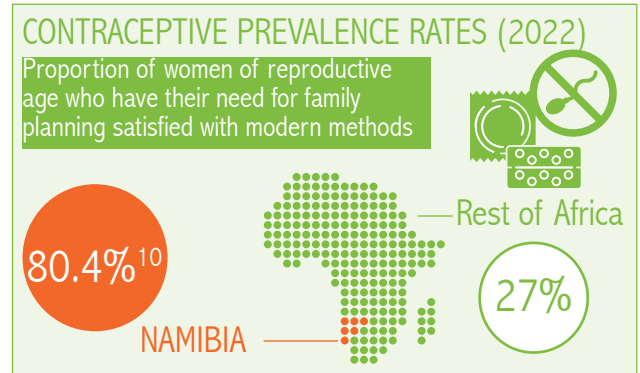
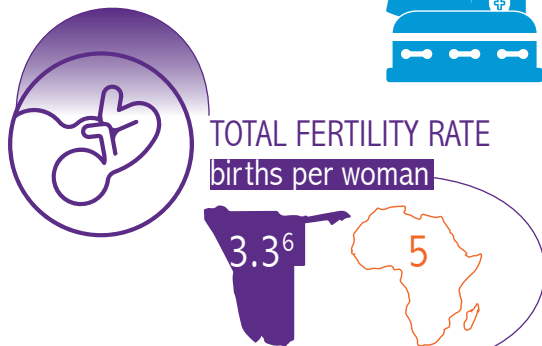
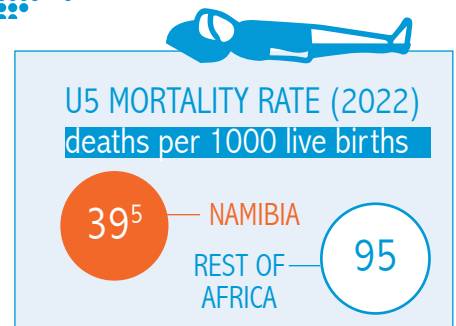
Dr Laimi Sofia Nalitye Ashipala
[National Professional Officer \(NCDs\)](#)

Ms Anastasia Aluvilu
[Health System Strengthening - SSA](#)

Dr Sikota Zeko
[Health System Strengthening - SSA](#)

Dr Temptation Chigova
[PMTCT, Reproductive, Maternal and Child Health - SSA](#)

Health Profile of Namibia



Antenatal care
(4 or less visits)
visit during pregnancy



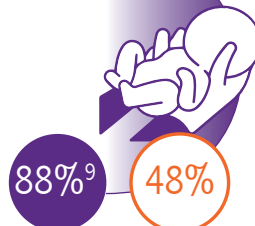
Antenatal care (4 +)

Women receiving at least 4 antenatal counselling (ANC) visits during pregnancy



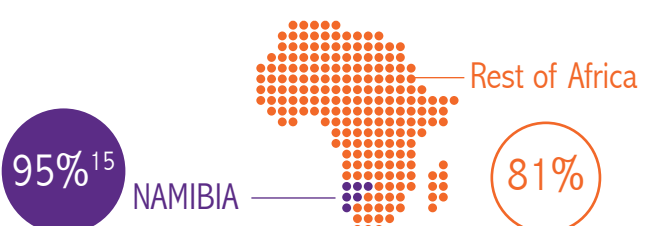
Institutional deliveries

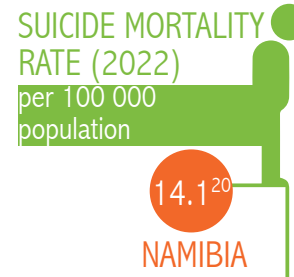
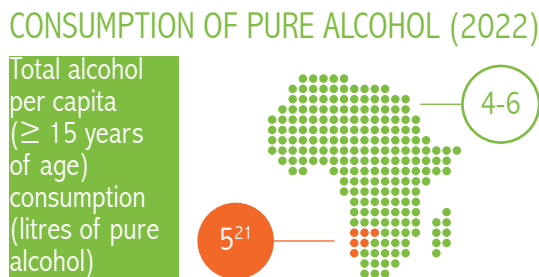
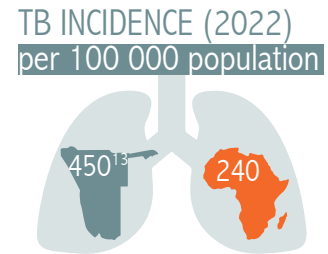
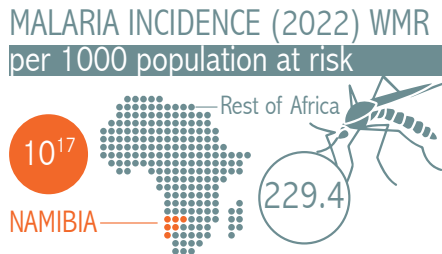
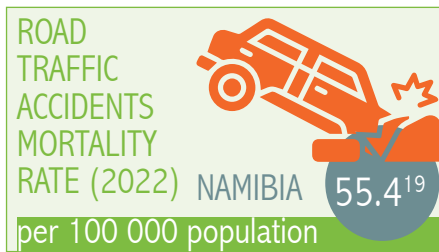
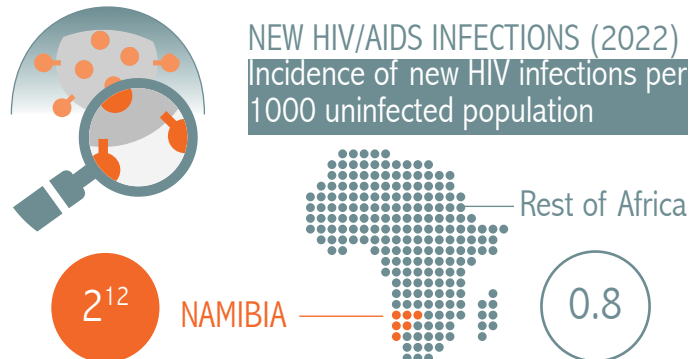
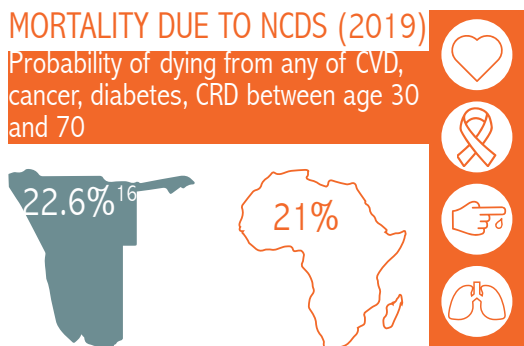
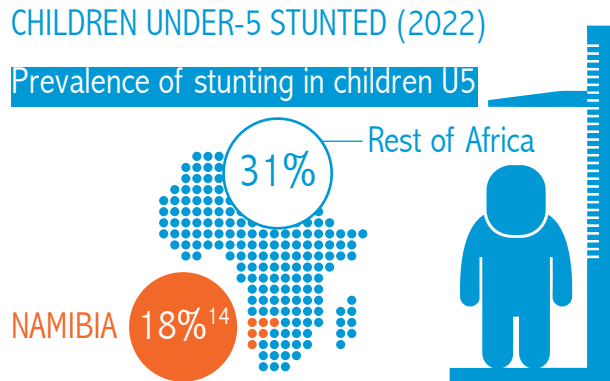
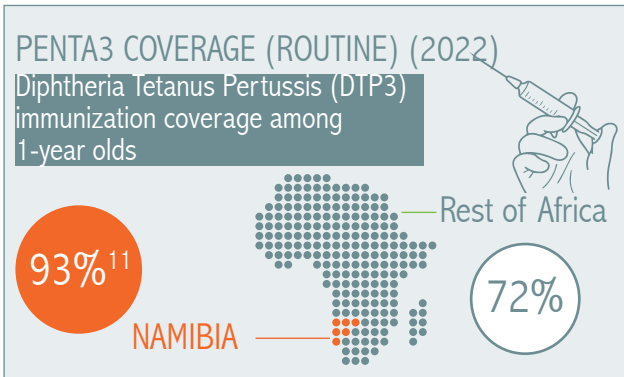
Births attended by skilled health personnel



PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) COVERAGE

Estimated pregnant women living with HIV who received antiretroviral medicine for PMTCT









Strategic Priority 1 Universal Health Coverage

all people have access to the full range of quality health services they need, when and where they need them, without financial hardship

OUTCOME 1.1: Improved access to quality essential health services

PEOPLE-CENTERED HIGH QUALITY HEALTH SERVICES

Policy development

- ✓ A national policy on the rights, protection and care of older persons was drafted through a consultative process. This policy is a milestone achievement for Namibia and is aligned to the WHO African region framework of priority actions for the Decade of Healthy Ageing in the context of the SDGs in the African region.
- ✓ The National Quality Policy and Strategy (NQPS) was launched with WHO support. These are aimed at strengthening structures, roles, and responsibilities within national quality efforts, institutionalizing a culture of quality, and improving the quality of healthcare systems, and ultimately achieving enhanced population health in Namibia. To strengthen the implementation of the National Quality Policy and Strategy (NQPS), WHO supported the revision of various guidelines and plans including:
 - National Infection Prevention and Control (IPC) Action Plan and guidelines



Strategic Priority 1

focuses on the principles of access, equity, quality and sustainability. WHO is supporting 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, integration of services and targeting of key populations/marginalized groups.²⁴





- National Surgical, Obstetrics and Anaesthetic Plan (NSOAP)
- National Central Sterilization Services Department (CSSD) Guidelines
- Operation Theatre (OT) Guidelines
- Patient satisfaction and clinical and death audit guidelines and tools
- Paediatric clinical booklet.

- ✔ The Emergency Care System Roadmap was finalized to guide the strengthening of systems. Technical working groups have been established at national level to implement priority actions on the roadmap.
- ✔ WHO provided support for the revision of the National Essential Health Care package. As part of this process, an assessment of the implementation of the 2014 Namibian District Essential Health Service Package (EHSP) within the broader context of accelerating Namibia's progress towards UHC achievement by 2030, and the COVID-19 pandemic was conducted. The findings of the assessment provided guidance to the development of an updated EHSP for Namibia.

Capacity development

- ✔ The Hospital Quality Standards have been rolled out in 10 prioritized hospitals. Over 600 healthcare workers were capacitated on implementing the hospital quality standards, and on quality improvement methodologies, and 125 oriented on the lessons learned.
- ✔ As part of the efforts to enhance IPC practices at national and facility level, IPC focal persons were equipped with 12 laptops and 9 projectors. These efforts have strengthened their capacity to implement WHO recommendations for IPC minimum requirements, conduct IPC facility assessments, monitor compliance, and effectively respond to public health emergencies.

High-level advocacy meetings and/or engagements

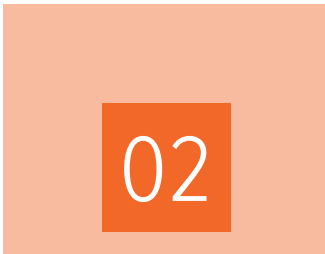
- ✔ World Patient Safety Day, observed annually on 17 September, aims to raise awareness about patient safety and calls for solidarity and united action by all stakeholders to reduce patient harm. In 2022, this day was commemorated to increase awareness on medication safety and ensuring medication without harm among the public and healthcare providers in all regions.



The national policy on the rights, protection and care of older persons is a milestone achievement for Namibia.



Oshakati and Opuwo Hospital training



Launch of IPC Guidelines

MATERNAL, SEXUAL AND REPRODUCTIVE HEALTH (SRH)

Policy development

- ✓ The national integrated intrapartum, newborn, emergency obstetric care and postnatal care guidelines were revised in line with WHO recommendations. The revised guidelines are in response to the need for the promotion and implementation of evidence-based interventions to improve the quality of maternal and newborn health. This is also in line with national efforts to reduce maternal and newborn morbidity and mortality and ensure that mothers and newborns thrive.

Capacity development

- ✓ Over 200 health workers from 14 regions were trained to strengthen antenatal care (ANC) capacity for a positive pregnancy experience and adolescent and youth-friendly health services (AYFS). This was followed with supportive supervision to monitor and support the implementation of action plans and recommendations, and the distribution of job aids and ultrasound machines. As a result, the antenatal care for a positive experience model has been rolled out in all 14 regions.

High level advocacy meetings and/or engagements

- ✓ MoHSS launched the Namibia Family Planning 2023 (FP2030) Commitments. The FP2030 is supported by WHO together with other UN agencies and outlines key strategies that Namibia will implement to achieve the targets under family planning. The FP2030 Commitments are a public financial, policy and programmatic pledge aimed at advancing rights-based family planning.



Over **200** health workers from 14 regions were trained in ANC and AYFS.



CHILD HEALTH AND NUTRITION

Policy development

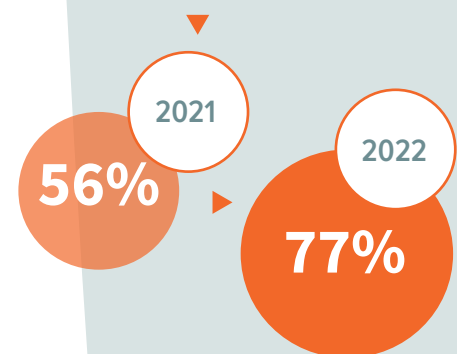
- ✓ The Baby Friendly Hospital Initiative (BFHI) guidelines were finalized and disseminated to all healthcare facilities. The BFHI aims to promote, protect, and support breastfeeding, giving every baby the best start in life by creating a healthcare environment that supports breastfeeding as the norm. It provides a framework that supports mothers to acquire the skills they need to breastfeed exclusively for the first six months, followed by complementary foods and continued breastfeeding for 2 years and beyond.

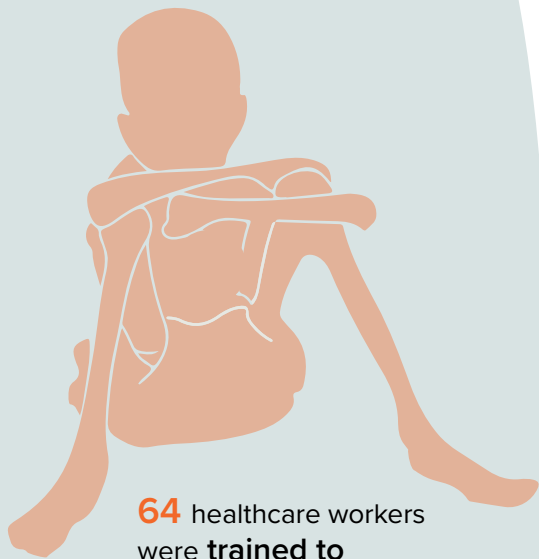
Capacity development

- ✓ 1081 Community Health Workers (CHWs) in Omusati, Oshana, Oshikoto, Ohangwena, Karas, Erongo, Kunene and Hardap regions received training in nutrition task-shifting skills including infant and young children feeding, prevention and management of malnutrition, treatment of diarrhoea with oral rehydration solution (ORS) and zinc, and empowering parents and caregivers to screen for, and identify acute malnutrition, and to seek care timeously. The training of CHWs led to an increase in Vitamin A supplementation coverage from 56% in 2021 to 77% in 2022, improved availability of therapeutic foods for the treatment of malnutrition, and timely community-based identification of children with wasting as well as treatment continuity for defaulters. Further support was provided through supportive supervisory visits focusing on orientation on monitoring and evaluation (M&E) tools, identifying strengths and addressing gaps.
- ✓ 326 healthcare providers in all 14 regions, including 10 trainers were capacitated to promote, prevent and manage malnutrition through nutrition counselling and support (NACS), breastfeeding promotion, and inpatient management of SAM. The training also included procedures for following-up on malnourished children, people living with HIV (PLHIV) and pregnant and post-partum women with malnutrition.



The training of CHWs led to an **increase in Vitamin A supplementation coverage.**





64 healthcare workers were **trained to effectively manage children admitted with SAM in hospitals** according to the revised WHO standards and guidelines.



a multisector visit to San communities in the Omaheke region aimed to improve the health and wellbeing of the affected communities and the reduction of SAM cases.

Improving quality care/coverage of services

- ✔ The Hardap and Oshikoto regions conducted Maternal and Child Health (MCH) days, reaching 3,294 pregnant and lactating women and 5,385 children. Interventions included Mid-Upper-Arm Circumference (MUAC) assessments to determine the nutritional status of children under 5 years, administration of Albendazole for deworming, Vitamin A supplementation, and ORS for the management of diarrhoea.

High level advocacy meetings and/or engagements

- ✔ WHO, together with UN agencies participated in a multisector visit following reports of a sudden increase in SAM cases among San communities in the Omaheke region. Activities included investigating the root causes, evaluating the capabilities of local healthcare facilities, developing a response plan, considering preventative measures through CHWs, and conducting a strengths, weaknesses, opportunities, and threats (SWOT) analysis to guide future actions by the Regional Council. The overarching goal was to improve the health and wellbeing of the affected communities and the reduction of SAM cases.



TUBERCULOSIS (TB)

Policy development

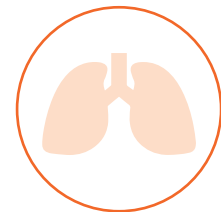
- ✓ WHO supported the GRN during the End-Term Review (ETR) of the National Third Medium Term Strategic Plan for Tuberculosis and Leprosy (2017/18 – 2021/22) and to develop the new costed National Strategic Plan for Tuberculosis and Leprosy (TBL), 2023/24 – 2027/28. The new TBL Strategic Plan guides the national TB response for the next 5 years and serves as a basis for the mobilization of 5.744 million USD through the 7th cycle of the Global Fund Grant (GC7) for the period 2024-2026.

Capacity development

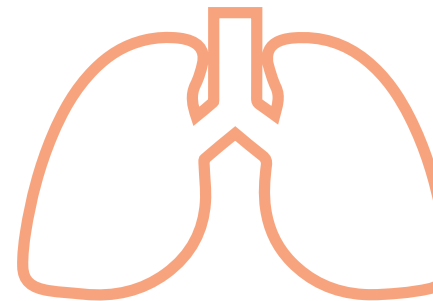
- ✓ The monitoring and reporting capacity of the TBL programme was strengthened through the overhauling of the DHIS2 TB Tracker system including addition of new modules to capture leprosy cases and Adverse Drug Reactions (ADR).

High-level advocacy meetings/engagements

- ✓ The Minister of Health and Social Services together with the WHO Representative officiated at the World TB Days providing high-level advocacy for increasing TB case notification in the country, especially in the areas with a high burden of TB cases, including drug-resistant tuberculosis.



The new TBL Strategic Plan serves as a basis for the mobilization of **6.9 million USD** through the 7th cycle of the Global Fund Grant.



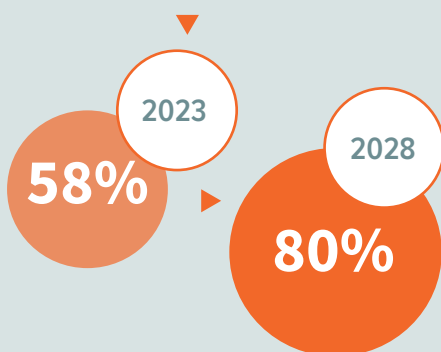


23.9 million USD mobilized for the **multisectoral HIV response** through the 7th cycle of the Global Fund Grant.



male circumcision coverage

among boys and men (15-29 years) to be scaled up by 2028.



HIV and AIDS

Policy development

- ✓ End-Term Review of the National Strategic Frameworks for HIV/AIDS (2017/18 – 2021/22) was conducted and a new costed National Strategic Framework for the HIV/AIDS response (2023/24 – 2027/28) was developed, guiding the planning, programming, resourcing, and implementation of the national multisectoral and decentralized HIV and AIDS response in the country for the next 5 years. It aims to attain 97-97-97 treatment targets and triple elimination of mother-to-child transmission of HIV, Syphilis, and Viral Hepatitis B by 2028. With support from partners including WHO, the country mobilized 23.9 million USD for the multisectoral HIV response for the period 2024-2026 through the Global Fund Grant Cycle 7 (GC7).
- ✓ In addition, WHO supported the End-Term Review of the implementation of the national Voluntary Male Medical Circumcision (VMMC) programme and the development of the new costed national VMMC Strategic Plan for 2023/24-2027/28. The VMMC strategy is aimed at contributing to the reduction of new HIV infections by scaling up male circumcision coverage among boys and men (15-29 years) from the current 58% to 80%, by 2028.
- ✓ Furthermore, support was provided for updating of key national HIV/AIDS-related documents including the 2018 HIV/AIDS Testing Services (HTS) guidelines, the guidelines for sexually transmitted Infections (STIs) and the standard operating procedures (SOPs) for Pre-Exposure Prophylaxis (PrEP) which are expected to improve the quality of HIV and STIs preventive and care services.

Improving quality care/coverage of services

- ✓ Namibia is committed to eliminating mother-to-child transmission (MTCT) of HIV, Congenital Syphilis, and Hepatitis B Virus. The country launched its National Roadmap to Elimination of MTCT of HIV and Syphilis in 2020, HBV elimination was subsequently added as an addendum. WHO facilitated the submission of Namibia's application for formal recognition of its status on the path to the elimination of mother-to-child transmission of HIV, Congenital Syphilis, and Hepatitis B (HBV).

MALARIA

Policy development

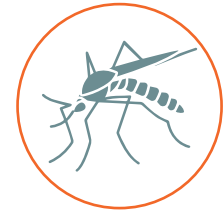
- ✓ The end-term review of the National Malaria Strategic Plan 2017–2022 was conducted and resulted in the development of the new National Malaria Elimination Strategic Plan 2023–2027. The new strategic plan aims to achieve zero indigenous malaria cases in Namibia by 2027 and to prevent the reintroduction and establishment of malaria in eliminated and non-receptive areas.
- ✓ Namibia, with support from WHO and other partners successfully applied for the Global Fund grant for the elimination of malaria and secured 3.093 million USD for the period 2024-2026 for this purpose.
- ✓ The National Malaria Surveillance guidelines were reviewed, finalized, and submitted to MoHSS Management for approval.

Capacity development

- ✓ 26 (medical officers and nurses) from all 14 regions were trained as trainers on the new National Malaria Case Management guidelines. The training was cascaded to all 36 health districts.
- ✓ A therapeutic efficacy protocol for the use of artemether-lumefantrine as a first line treatment for malaria has been drafted and approved by the MoHSS Research Unit. Study teams were trained, and the study was conducted in four malarious districts. Capacity was further strengthened through joint supportive supervision between MOHSS and WHO to ensure adherence to the study protocol. The study aims to assess the efficacy of the first line antimalarial medicine in Namibia.

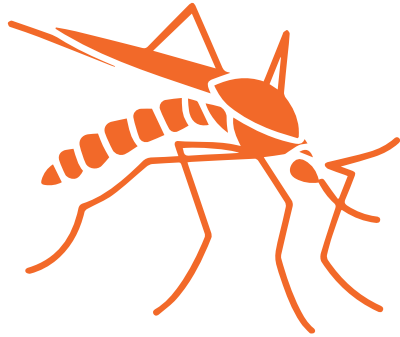
Improving quality care/coverage of services

- ✓ A community-based research project was conducted with the aim of strengthening national capabilities for the implementation and scaling up of evidence-based, innovative, diversified and environmentally sound malaria vector control interventions with a particular focus on winter larviciding as

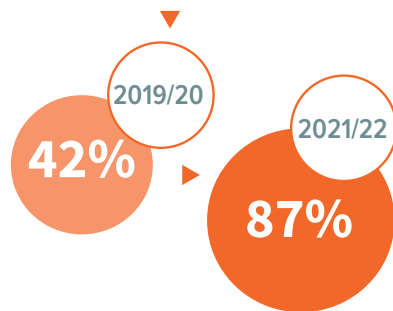


4.65 million USD secured for the elimination of malaria for the period 2024 to 2026.





Winter larviciding has resulted in a **reduction of malaria cases**



an additional vector control tool to achieve malaria elimination by 2027. This has resulted in a 76% reduction of Anopheles mosquito larvae density and 42% of malaria cases in 2019/2020 and 87% in 2021/2022 when compared to the situation prior to the winter larviciding implementation.

High-level advocacy meetings/engagements

- ✓ Together with the Governor of the Kavango East Region, the WHO Representative conducted a familiarization visit to the WHO AFRO Region (AFRO II) implementing study sites to assess the impact of the AFROII project on communities in these sites.
- ✓ Namibia hosted the high-level Southern Africa Development Community (SADC) Elimination Eight (E8) meeting with ministers of health and finance as well as key stakeholders to re-energize the fight towards the elimination of malaria. Dr Akpaka Kalu represented the Director for the Regional Office for Africa (WHO-AFRO), accompanied by WHO Namibia Officer-in-Charge, (WHO OIC) Dr Mary Brantuo.
- ✓ The SADC Malaria Day is commemorated annually on 6 November and the WHO Representative together with the Minister of Health and Social Services officiated at this event in collaboration with other partners.



NEGLECTED TROPICAL DISEASES (NTDS)

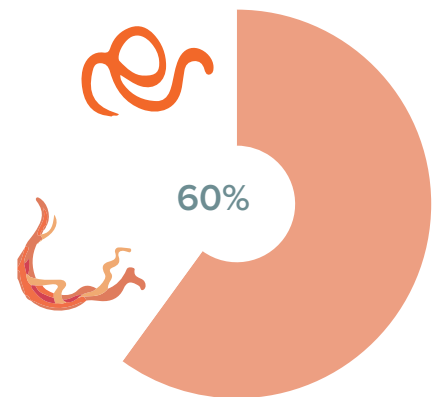
Policy development

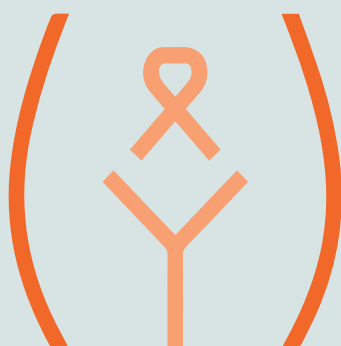
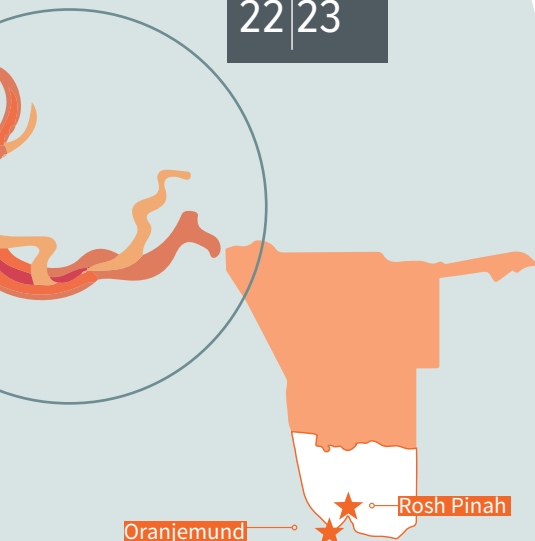
- ✓ The first national NTDs Elimination Master Plan (2023/24 – 2027/28) was developed to guide NTDs programming in Namibia in line with the targets of the WHO Roadmap for 2030. The key goals of this master plan are to eliminate transmission of leprosy by 2027, and to ensure that at least 30% fewer people require interventions against NTDs. Additionally, the NTD Programme intends to have eliminated schistosomiasis and soil transmitted helminthiases as public health problems in 60% of endemic health districts by 2027. The national NTD multisectoral technical working group was reactivated to support the implementation of the NTD Elimination Master Plan.
- ✓ A population-based mapping survey to determine the prevalence of trachoma, scabies, and other selected NTDs was conducted in the Kunene and Zambezi regions, where trachoma was reported in some remote communities with very low access to healthcare services. The survey included assessments for scabies, Guinea worm disease (GWD) and other selected NTDs to be detected using multiplex serological assays. The results of the survey will inform future policies and public health programming. This survey was conducted with the technical support of WHO, the University of Namibia (UNAM) and other international partners including Centers for Disease Control (CDC), Tropical Data (TD), International Trachoma Initiative (ITI), London School of Hygiene and Tropical Medicine (LSHTM) and Sightsavers. Funding for this survey was provided by Sightsavers and the WHO Expanded Special Project for the Elimination of Neglected Tropical Disease (ESPEN).
- ✓ NTDs were integrated into the 2nd National Integrated Disease Surveillance and Response (IDSR) Guidelines.

Capacity development

- ✓ Approximately 100 healthcare workers including programme managers, nurses, ophthalmic technical officers, data recorders, CHWs and partners were trained on the prevention, control, and elimination of NTDs.

to eliminate
schistosomiasis
and soil
transmitted
helminthiases
in **60%** of endemic
health districts by
2027.





cervical cancer targets:

90% HPV vaccine coverage of girls by the age of 15

70% screening of women at 35 and 45

90% treatment coverage of women with precancerous lesions

- ✓ MoHSS with WHO conducted supportive supervision to the //Karas Region responding to frequent reported cases of Schistosomiasis. The overall objective of this visit was to investigate Schistosomiasis cases reported in the Lüderitz district and establish local transmission especially in the towns of Oranjemund and Rosh Pinah.
- ✓ A mapping protocol for Taeniasis/Cysticercosis was developed.

NONCOMMUNICABLE DISEASES (NCDS)

Policy development

- ✓ The national Package of Essential NCD Interventions (PEN) Guidelines was updated to improve the quality of NCDs services in primary health care facilities.
- ✓ The National Cervical Cancer Elimination Strategic plan was reviewed and updated. It aims to accelerate progress toward the elimination of cervical cancer as a public health problem in Namibia by 2030. The target is to achieve 90% human papillomavirus (HPV) vaccine coverage of girls by the age of 15; 70% screening of women using a high-performance test at 35 and 45 years old; ensuring 90% treatment coverage of women with precancerous lesions; and improving access to early diagnosis, management, and palliative care for those with invasive cervical cancer.

Capacity development

- ✓ The capacity of 45 healthcare providers was strengthened on the updated PEN guidelines through training and supportive supervision together with support for the implementation of the PEN guidelines at facility level.

Improving quality care/coverage of services

- ✓ Screening for asthma, diabetes, and hypertension in the Hardap and //Karas regions was improved through the development and implementation of a healthworker screening tool as well as a monthly reporting tool.

HEALTH POLICY

Policy development

- ✔ The National Health Policy Framework (NHPF) for 2023 – 2033 was reviewed and updated. The policy framework offers a thorough explanation of the broad objectives of health and social services as well as the methods used to accomplish them. This framework serves as the foundation for more in-depth program policies that were operationalized through management plans, strategic plans, and national development plans while the goal of the Health Strategic Plan is to increase the effectiveness and efficiency of public service delivery.
- ✔ A health sector performance review commissioned by MoHSS was undertaken through a multisectoral consultative process. The review aimed to assess progress in attaining sector targets and implementation of strategies, to document contextual factors impacting the performance of the health system, and to propose recommendations.

High-level advocacy meetings/engagements

- ✔ A consultative workshop on the National Health Policy Framework was held with representation from the Office of the Prime Minister, the national planning commission, development cooperation partners including UN agencies, US agencies, academic institutions, the private sector, civil society organizations, trade unions, as well as youth groups which identified six policy strategic areas.

National Health Policy Framework

Six strategic areas identified:

- 1 to enhance health system development for attainment of UHC and SDGs.
- 2 to strengthen health system performance for attainment of UHC and SDGs.
- 3 to expand essential health service coverage for addressing common health conditions affecting all citizens.
- 4 to tackle all determinants of health.
- 5 to enhance health security.
- 6 to expand the provision of essential social services and interventions.



HUMAN RESOURCES FOR HEALTH (HRH)

Capacity development

- ✓ WHO Namibia and the Regional Office for Africa (AFRO) supported training to strengthen the capacity on the National Health Workforce Accounts (NHWA). The purpose of this training was to facilitate standardization of a health workforce information system for interoperability, and to support the tracking of human resources for health (HRH) policy performance towards UHC.

11



A population-based mapping survey was undertaken to determine the prevalence of trachoma, scabies, and other selected NTDs in the Kunene and Zambezi regions.

Training on the prevention, control, and elimination of NTDs.





Screening for asthma, diabetes, and hypertension in the Hardap and //Kharas regions



12

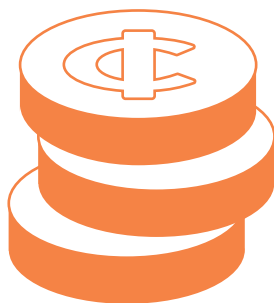


Training on the PEN Guidelines

OUTCOME 1.2 Reduced number of people suffering from financial hardship

HEALTH FINANCING

Capacity development



- ✓ Namibia participated in the WHO-supported health financing regional conference in Ghana spotlighting a spectrum of dynamic strategies employed by different countries to advance UHC through equitable resource allocation. The conference served as a platform for sharing experiences and innovative approaches, allowing nations to adapt to the evolving healthcare landscape. It brought attention to the core challenges faced in the pursuit of UHC, including financial gaps, healthcare infrastructure, human resources, and regulatory issues. By establishing connections and learning from each other's experiences, countries can strengthen their efforts to achieve UHC and enhance health security.



OUTCOME 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for PHC

ESSENTIAL MEDICINES

Policy development

- ✓ The 2nd edition of the National Medicines Policy (NMP) was launched and provides a framework for coordinating the activities of the pharmaceutical sector. The policy comprehensively identifies and prioritizes the main strategies for attaining defined medium-to-long term goals in line with global directions of development in the public and private pharmaceutical sectors.
- ✓ WHO supported MoHSS with printing copies of the 2nd edition of the Namibia Standard Treatment Guidelines (STGs) and 7th edition of the Namibia Essential Medicines List (NEMList).

Capacity development

- ✓ WHO Namibia and MoHSS with The Regional Office for Africa (AFRO) and WHO Headquarters conducted training on the Global Antimicrobial Resistance (AMR) and Use Surveillance System (GLASS) and WHONET tool for participants from 12 selected member states. The training built the capacity of member states, including Namibia, to accelerate the implementation of National Action Plans on Antimicrobial Resistance under the “One Health Approach”, to enhance national surveillance systems for AMR, and generate, collect, report, and use quality data to inform decisions at the country, regional and global levels.

National Medicines Policy (NMP)

The NMP seeks to ensure that the cost of medicines is kept under control and ensures that measures are taken to counter widespread irrational use and lack of unbiased information on medicines for healthcare providers and the public alike.



PROVISION OF AUTHORITATIVE GUIDANCE AND STANDARDS ON QUALITY, SAFETY, AND EFFICACY OF HEALTH PRODUCTS, INCLUDING THROUGH PREQUALIFICATION SERVICES, ESSENTIAL MEDICINES AND DIAGNOSTICS LISTS



Capacity Development

- ✓ WHO carried out the SADC WHO Emergency Use and Listing Facilitated Procedure (EUL-FP) and Collaborative Registration Procedure (CRP) workshop for in-vitro diagnostic medical devices on 24 - 26 October 2022. This workshop formed part of a series of workshops in different Regional Economic Communities in Africa to advocate use of facilitated registration approaches to increase readiness of countries to register products more efficiently during routine and emergency situations.
- ✓ To strengthen the country's regulatory system in line with the drive towards UHC and increase the scope and impact of WHO's regulatory support activities, WHO supported the Namibia Medicines Regulatory Council (NMRC) to carry out the following activities in December 2023:
 - i. Dossier Assessment Training for new staff to build capacity and assessment of dossiers. Ten assessors participated in the retreat and assessed 10 application dossiers.
 - ii. Drafting and revision of Inspection Tools, Modules, SOPs, and Guidelines to align with current regulations, ensuring compliance with the established legal framework.
 - iii. Undergoing an ISO17025 Internal Audit of its management system to evaluate the laboratory's conformance to the requirements of ISO/IEC 17025:2017.
 - iv. Training of 10 laboratory staff on performing effective internal audits in adherence to ISO/IEC 17025 standard to equip professionals with the essential skills and knowledge required to perform effective internal audits.

High level advocacy meetings and/or engagements

- ✓ WHO participated in a consultative meeting to develop the roadmap for the review of the Medicines and Related Substances Control Act, 2003 (Act No.

13 of 2003) and domestication of the African Union Model Law on Medical Products Regulation in Namibia. The objective of the domestication process is to harmonise the countries' regulatory frameworks within the African region and ensure inclusion of key functions and standards that should form part of a regulatory system. Additionally, this is a response to the second edition of the National Medicines Policy, which highlighted the need for strengthening the regulatory system capacity of the NMRC to guarantee safety, efficacy and quality of human and veterinary medicines and related supplies in Namibia.

- ✔ WHO assisted the NMRC's Pharmacovigilance Centre to print 8000 copies of the Medicines Watch Bulletin for healthcare professionals, aimed to provide quarterly updates on medicines adverse events, safety issues and NMRC regulatory activities.
- ✔ The World Antimicrobial Awareness week is celebrated annually from 18-24 November. Under the theme 'Preventing Antimicrobial Resistance Together' for 2022/23 Namibia used this week to raise awareness, increase levels of understanding of AMR and promote best practices among One Health stakeholders and the general public to reduce the emergence and spread of drug-resistant infections. Activities included community engagements, town walks throughout the country, as well as media engagement through radio, television and digital platforms including social media to increase awareness among the general population.



EXPANDED PROGRAMME ON IMMUNIZATION

Policy Development

- ✔ A national policy on Adverse Events Following Immunization (AEFI) was drafted and finalized. This guideline outlines the processes and procedures to be followed by healthcare providers in reporting, documenting and preventing AEFIs, as well as outlining the surveillance system, tools and procedures needed to report and manage AEFIs, including investigation techniques, specimen collection, managing AEFIs and communication with the media and caregivers/parents.
- ✔ A national introduction plan for Human Papilloma Virus vaccine (HPV) was drafted through a multistakeholder consultation process and was approved by MOHSS for implementation. The HPV Vaccine Introduction Plan proposed that government targets girls aged 9 - 14 in the first year in 2024, and 9 years

A single dose of the **HPV vaccine** to be administered to girls aged **9 to 14** in 2024.



414 health providers

trained on the use of the new generation online **Stock Management Tool**.



thereafter, administering a single dose of the HPV vaccine and 2-3 doses to HIV-positive girls.

Capacity development

- ✓ As part of the efforts to strengthen vaccine management, MoHSS with support from WHO trained over 400 health providers including pharmacists, program officers, and immunization focal persons at regional and district level on the use of the new generation online Stock Management Tool for improved stock management, distribution, warehousing, cold chain management and vaccine quality assurance.
- ✓ Thirty seven (37) newly recruited EPI support officers were trained in Immunization in Practice modules to capacitate them on programmatic areas.
- ✓ The National AEFI Committee was relaunched in 2022. Since then, 22 medical officers from 10 regions received training to enhance their medical-legal and clinical autopsies skills and to develop standard operating procedures (SOPs). AEFI technical training and mentoring support visits were conducted in all 14 regions to capacitate teams on AEFI surveillance.
- ✓ Five members of the newly established National Immunization Technical Advisory Group (NITAG) received training in South Africa on vaccinology.

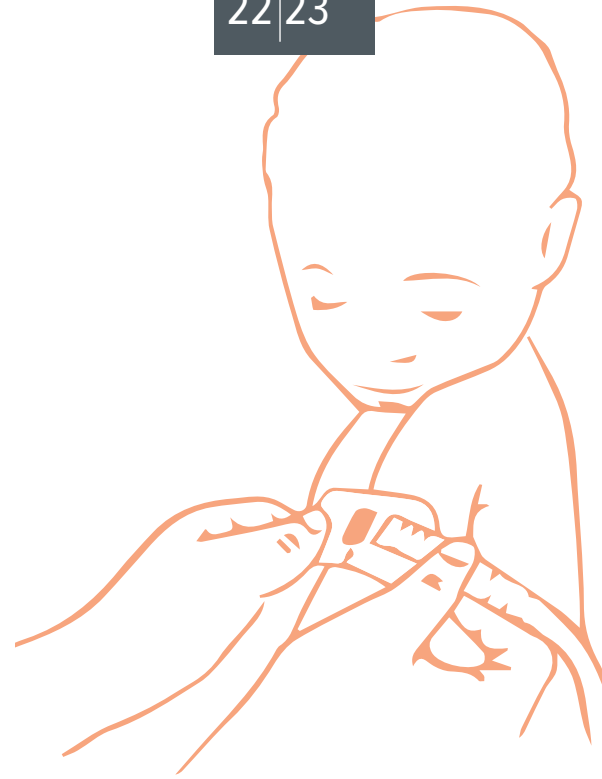
Strengthening coordination mechanisms

- ✓ MoHSS and the Namibia Medicines Regulatory Council (NMRC) established robust surveillance on AEFI with support from WHO. This includes reactivation of an interdisciplinary national AEFI causality assessment committee supported by a well-trained secretariat.
- ✓ The National Immunization Technical Advisory Group (NITAG) was established 2023 in line with the 65th World Health Assembly recommendations.



Improving quality care/coverage of services

- ✔ Based on Namibia's epidemiological profile, the country is at risk for Measles outbreaks every 3 – 5 years as coverage for the MR 2nd vaccination dose remains below 50%. In response to this, MoHSS conducted a two-week preventative campaign offering a range of health services for children, including MR immunization (for U5s), other routine vaccines, vitamin A supplements, Albendazole and deworming tablets. The campaign also provided iron supplements for pregnant women, nutrition services for children including screening for SAM using the MUAC measurement and provision of treatment for severe malnutrition with ready-to-use therapeutic food. Overall, 309,916 children received Measles/Rubella vaccines; 20,934 people aged 18 and above received COVID-19 vaccines, and 282,197 children were treated with Vitamin A supplements.
- ✔ To monitor the quality of the campaign, MoHSS with the support of WHO trained and deployed 72 independent monitors to ensure quality and high coverage using the rapid convenience survey monitoring tool.
- ✔ To validate administrative coverage, Namibia conducted a post MR and Routine Immunization (RI) coverage survey to assess the reported MR coverage results, identify reasons for non-immunization, and to make recommendations for strategies and interventions that will enhance the achievement and sustainability of high routine immunization coverage.



The country is at **risk for Measles outbreaks** every 3 – 5 years as **coverage for the MR 2nd vaccination dose remains below 50%**.

VACCINATION AGAINST COVID-19

Policy development

- ✔ The National Vaccine Deployment Plan (NDVP) was reviewed and aligned to WHO guidance.

High-level advocacy meetings/engagements

- ✔ Namibia held a high-level stakeholders consultation meeting to review the slow uptake of COVID-19 vaccination. The meeting aimed to measure the performance and coverage of COVID-19 vaccination; reflect on the findings of the 14 regional intra-action reviews, Knowledge, Attitude and Practice





29% of children aged 12 to 17 **were fully vaccinated against COVID-19**



The novel **oral polio vaccine type-2 (nOPV2)** has been adopted by Namibia to better address the evolving risk of type-2 circulating vaccine-derived poliovirus (cVDPV2).

(KAP) survey, vaccine hesitancy surveys and the education advocacy and vaccination campaign. The meeting reviewed current strategies and identified key issues to consider in the adoption of best practices and innovative vaccination strategies for an integrated vaccination campaign.

- ✓ The country conducted a deep dive to review the challenges and opportunities as well as lessons learned from other African countries to improve vaccine uptake. This resulted in improved risk communication and community engagement strategies for implementing partners.

Improving quality care/coverage of services

- ✓ In November 2022 Namibia expanded vaccination against COVID 19 to include children aged 12-17 through a school-based vaccination programme. As of 17 September 2023, a total of 29.2% of the target population were fully vaccinated against COVID-19.
- ✓ To better address the evolving risk of type-2 circulating vaccine-derived poliovirus (cVDPV2), Global Polio Eradication Initiative (GPEI) partners together with countries introduced the novel oral polio vaccine type-2 (nOPV2). The Strategic Advisory Group of Experts on Immunization (SAGE) recommended that nOPV2 become the vaccine of choice for responding to type-2 outbreaks and events. Countries were required to fulfill certain criteria and Namibia managed to fulfill all the criteria such as NMRC approval, and ministerial approval in June 2023.



World Antimicrobial Awareness week 18-24 November, to raise awareness and increase levels of understanding of AMR.



COVID-19

MoHSS conducted a two-week preventative campaign offering a range of health services for children, including immunization.



Human Interest Story

COVID-19:
How traditional
leaders drove up
vaccination rates
in Namibia's
northern region



Hompa (Chief) Alfons Kaundu



“I was the first person to get vaccinated in this entire village.”

These are the words of Hompa (Chief) Alfons Kaundu of the Mbunza Traditional Authority in Kavango West, who met with a team from WHO Namibia in Sigone village to reflect on COVID-19 in the region.

He chuckles as he narrates how villagers were scared to get vaccinated against COVID-19, thinking the vaccine would kill them. “People were saying the leaders should get vaccinated first and when they saw that I had no reaction they also followed,” says Kaundu. After getting vaccinated, the chief told his entire clan to also get vaccinated. “I had to lead by example, so I took my whole family to get vaccinated. I also took the headmen and women in the area under my jurisdiction to get vaccinated,” he adds.

Kaundu says he also got the second dose of the COVID-19 vaccine to further prove the safety and efficacy of the COVID-19 vaccines. In addition to asking his clan to get vaccinated, the chief regularly visited various vaccination points to calm the nerves of those who were ready to be inoculated. He also went from homestead-to-homestead encouraging people to get vaccinated. “The villagers were not resistant to getting vaccinated. The misinformation and concerns were fueled mostly by the educated people who live in towns and come home during holidays,” explains Kaundu.

Before the roll-out of the COVID-19 vaccines, Kaundu also went from village to village, holding meetings and talking to villagers about protecting themselves from contracting COVID-19. He also set up tippy taps so that people coming for

hearings could wash their hands before and after entering the traditional court. “I always bought masks and sanitizers in bulk, and I would give them to people who needed them. I still keep masks and hand sanitizers in my car,” says the 67-year-old traditional leader. He says the Namibian Government did a good job sensitizing traditional leaders about COVID-19. The Government worked with traditional leaders to spread accurate information about COVID-19. Kaundu notes that this method was effective at the community level because of the trust constituents have in their traditional leaders. “The Ministry of Health and Social Services was effective in sharing the news about how COVID-19 is spread and also how to prevent it. That helped us with identifying the false news spreading in our communities because some political parties and churches were against people getting vaccinated,” Kaundu says, adding: “Some churches were operating even during lockdown so I would go from community to community to encourage people to adhere to COVID-19 regulations.”

Meanwhile, Regina Nakale, the headwoman of the Masivi village in Ncamagoro district agrees that the Namibian Government’s response throughout the COVID-19 pandemic and especially during its peak, is commendable. “With the assistance of the chiefs and healthcare workers, especially community health workers, we were able to give out a lot of information on COVID-19 at the grassroots level. Without that information on how to prevent COVID-19, how to identify COVID-19 symptoms and the availability of the vaccine, many people would have died,” says Nakale. “The traditional leaders in Kavango West were dedicated to seeing that the correct information was delivered to the people. They explored all available means to communicate to the public about this ‘new disease’”, says Nakale. “At first, we were concerned about this new disease and questioned its origin. But through the radio and the community health workers who walked from house to house we received the correct information. Our chiefs were also dedicated to seeing that the correct information was disseminated. Also, when people saw others dying, they knew that getting vaccinated would save their lives,” says Nakale who is a retired nurse. She says her background in nursing came in handy because she is constantly reminding people in her household to maintain good hand hygiene. “This helped us a lot when we heard about COVID-19,” she adds. Nakale and other traditional leaders convened community meetings specifically to spread information about COVID-19.

Daniel Haufiku, the Acting Primary Health Care Supervisor in Kavango West region says the fact that Kavango West is 99 percent rural made it easy to encourage communities to get vaccinated. They used traditional leaders including Kaundu and Nakale as well as the local radio station, Wato FM to teach communities about



Regina Nakale

“The traditional leaders in Kavango West were dedicated to seeing that the correct information was delivered to the people. They explored all available means to communicate to the public about this new disease.”



So far 31, 115 people in Kavango West are inoculated with their first dose of the COVID-19 vaccine.

A further 12,874 people received their second dose while 6,791 received booster doses, according to data from the Directorate of Health in Kavango West. The Kavango West region has a population of 92,239,00 of which 57,210 (70%) adults were targeted to be eligible for the COVID-19 vaccination. A total of 9,139 adults were fully vaccinated by October 2021. Before the determined interventions by the traditional leadership in June 2023, 16% were fully vaccinated. Following the interventions, the total of fully vaccinated increased from 9,139 to 32,200 (56%) representing an increase of 40%. This is due to collaborative efforts between government, partners such as WHO Namibia and Recon Africa and traditional authorities, says Eleotheria Nangura Thipungu, who at the time of the WHO visit was Acting Director of Health for Kavango West. WHO Namibia invested NAD 4.1 million for the rollout of COVID-19 vaccines to 11 regions in the country, according to the WHO 2020/2021 Biennial report.²⁵

COVID-19 in the initial stages of the pandemic, notes Haufiku. “We moved from house to house during our visits and we identified areas where hesitancy was high and then devised strategies to reach them with the correct message,” adds Haufiku. “The youth and teachers were the hardest to convince”, says Haufiku, adding that because they have access to the world wide web, they were more exposed to false information about COVID-19. Despite limited resources such as a shortage of vehicles to access hard to reach areas, Kavango West still reached a high number of people with the correct information.

“We had a team of healthcare workers that visited the traditional palace. That really helped us very much with the dissemination of the correct information and with encouraging people to get vaccinated,” said Eleotheria Nangura Thipungu, who at the time of the WHO visit was Acting Director of Health for Kavango West. Also, a team of health workers and police officials was stationed at various points of entry, including the Katwitwi border post.

Meanwhile, WHO’s Health Promotion and Social Determinants Officer, Celia Kaunatjike explains that through a multisectoral approach, interventions at the start of the pandemic and throughout were extensive. WHO Namibia funded community-based health workers, says Kaunatjike. These community health workers were volunteers through the Namibia Red Cross Society (NRCS) while others were attached to the Ministry of Health and Social Services. They were recruited to increase the community-based workforce, and subsequently increase coverage and thus spread the correct information at the community level, Kaunatjike explained. These community health workers were trained on how to address concerns about COVID-19 and they focused extensively on prevention measures during house visits. “They were trained on what to say, how to respond to certain questions and if they encountered difficult questions around COVID-19, they knew how to respond,” Kaunatjike explains.

These efforts, adds Kaunatjike, were to intensify communication around COVID-19. These efforts certainly paid off in Kavango West region, notes Thipungu. “When you walk around in the community, especially now in the winter, you will see people wearing their masks at public gatherings. Also, our people still want to be vaccinated,” said Thipungu.



Strategic Priority 2 Health Emergencies

keeping the world safe and protecting the vulnerable through health preparedness and health response

OUTCOME 2.1 Countries prepared for health emergencies

KEY ACHIEVEMENTS

Capacity development

- ✓ WHO Namibia emergency preparedness and response (EPR) team completed various professional training courses on EPR including Leadership in Health Emergencies Phases 1 and 2, and public health skills for humanitarian settings.
- ✓ As part of its preparedness for emergencies, Namibia completed the training of 50 surge members selected from different disciplines within the MOHSS and other Ministries focusing on four mandatory trainings:
 - Introduction of Public Health Emergency Management,
 - Humanitarian overview and introduction to the health cluster,
 - Rapid Response Team training,
 - Gender-Based Violence (GBV), and Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH).
- ✓ A team of 10 logistics focal persons from MoHSS received specialized training in Operational Support in Logistics (OSL) as part of EPR.

Strategic Priority 2

focuses on strengthening health security through the improvement of national preparedness, promoting adherence to the International Health Regulations (IHR, 2005), utilization of the international framework for the monitoring and evaluation of IHR and enhancing collaboration with relevant partners and countries to prepare for and respond to public health emergencies.²⁴





- ✓ Namibia established the national Emergency Medical Team (EMT). To date, 50 medical officers, nurses, pharmacists, paramedics, and other healthworkers are trained on EMT induction training and are part of the EMT roster for the country. They have been deployed to provide training to Ethiopia, Botswana, and Malawi.

EMERGENCY PREPAREDNESS AND RESPONSE (EPR) FLAGSHIP INITIATIVE

Policy development

- ✓ The MoHSS and WHO signed a Memorandum of Agreement (MoA) to operationalize the (EPR) flagship initiative which aims to increase the country's capacity to manage the full life cycle of public health emergencies, and especially to reinforce the Prepare – Detect – Respond phases. WHO has committed 2.8 million USD through this agreement. Namibia is one of 12 countries earmarked for implementation of the first phase of the EPR flagship initiative in Africa, including:

1. **Promoting Resilience of Systems for Emergencies (PROSE):** focusing on preparedness and ensuring that member states have resilient health systems to prevent, predict, timeously detect, and enable a prompt and effective response to any public health emergency/all hazards.
2. **Transforming African Surveillance Systems (TASS):** coordinating and strengthening detection and reinvigorating stronger integrated surveillance systems and actions to prevent/respond outbreaks.
3. **Strengthening and Utilizing Response Groups for Emergencies (SURGE):** fast-tracking capacity building and training to bring on board 3000 African Health Volunteer Corps (AVoHC) ready to be deployed within 24 hours.²⁶

- ✓ To enhance surveillance and enable rapid response, WHO donated 8 multipurpose field vehicles (4x4s), including an ambulance as part of the flagship initiative.
- ✓ In addition to the MoA, Namibia developed an action plan for the implementation of SURGE and TASS for the initial 2 years. This initiative serves as a catalyst for the implementation of the National Action Plan for Health Security (NAPHS Strategy 2021-2025) which was launched in December 2020.



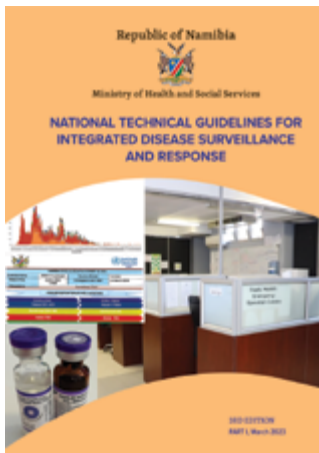
High-level advocacy meetings/engagements

- ✔ A joint WHO-AFRO scoping mission was conducted in Namibia in August 2022 to introduce the flagship initiative.
- ✔ High-level meetings with development partners and diplomatic missions including the British High Commission, the Embassies of Japan, China, Germany, Turkey, the European Union, South African High Commission, United Nations Country Team, United States Agency for International Development (USAID), US Centers for Disease Control and Namibia Red Cross Society were held to promote understanding of the initiative, harness buy-in, and enhance opportunities for support and resource mobilization.
- ✔ A high-level government meeting was convened by the Secretary to Cabinet and attended by all executive directors of government ministries to share information on the flagship initiative as well as to gain buy-in from line ministries.



OUTCOME 2.2 Emergence of high threat infectious hazards prevented

INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR) 3RD EDITION



311
healthworkers
trained
on **IDSR**



Policy development

- ✓ The National Integrated Disease Surveillance and Response Guidelines (IDSR) 3rd edition technical guidelines were finalized and launched in June 2023. The guidelines aim to impact the health system with the appropriate knowledge and skills for enhancing the capacity to rapidly detect, report and respond to priority diseases, conditions and events and thereby reducing the burden of illness, death, and disability in communities.

Capacity development

- ✓ To date, 311 health workers, including national, regional and district surveillance focal points based in the MoHSS, have been trained on IDSR to strengthen the early warning system, and enhance timely detection of emerging or re-emerging diseases and conditions in the country. This contributed to the submission of timely and complete weekly surveillance reports.

Improving quality care/coverage of services

- ✓ Following the extensive training on IDSR technical guidelines, IDSR is implemented in all 36 health districts of the country.
- ✓ More than 1,842 copies of the IDSR 3rd edition technical guidelines were printed and distributed to health facilities, private health facilities, academic institutions, and other health partners.

POLIO ERADICATION

Capacity development

- ✓ Namibia conducted a polio outbreak response tabletop simulation exercise (POSE) to strengthen preparedness and response. This simulation exercise identified bottlenecks and areas needing improvement in the national polio preparedness and response plan. The country scored 83% in the exercise, indicating a robust health system able to respond to any polio outbreak.
- ✓ A total of 1131 health workers in 344 health facilities were given on-site training on Vaccine Preventable Diseases (VPDs) with special attention on polio case detection, notification, and reporting (immediate/routine reporting including zero report) using the syndromic approach. A further 578 clinicians were sensitized on the concepts and practice of Acute Flaccid Paralysis (AFP) surveillance during clinician sensitization meetings held across 33 health districts. This is in line with the Global Polio Eradication Initiative (GPEI) Strategy 2022 – 2026 and the Global Polio Surveillance Action Plan 2022 – 2024.

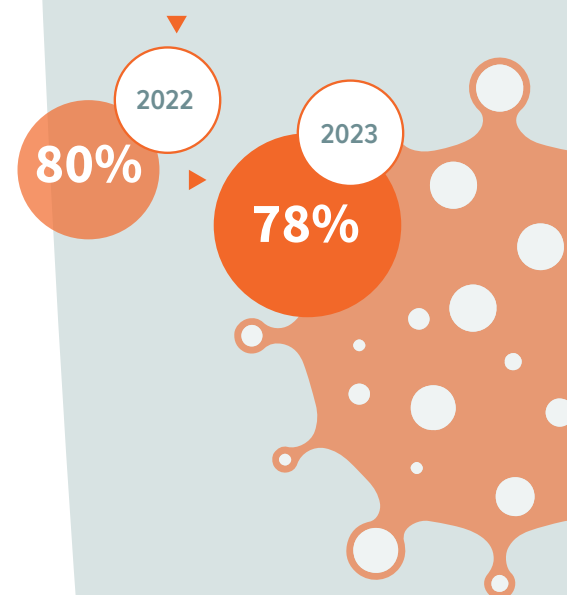
Improving quality care/coverage of services

- ✓ Environmental surveillance (ES) has been implemented in seven identified sites: Epana treatment plant, Gammans water care, Katima sewerage plant, Ndama sewerage pond, Opuwo oxidation pond, Oshakati west pond and Oshikango treatment plant. These sites were selected based on a risk assessment looking at population density and bordering districts. The aim of environmental surveillance is to provide supplementary information to complement and bridge deficiencies in AFP surveillance. Since the initiation of ES, Namibia has been performing well, with the enterovirus isolation rate of 80.2% and 77.6% in 2022, and 2023, respectively, well above the target of 50%.
- ✓ MOHSS in partnership with WHO conducted an integrated supportive supervision and active case search of AFP and other VPDs in 14 regions and 36 health districts focusing on children under the age of 15 years.

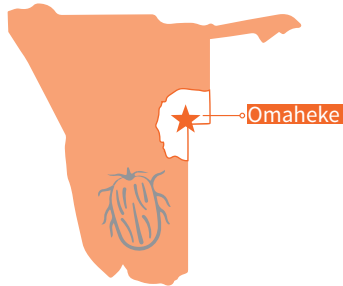


The **enterovirus isolation rate** is well above the target of

50%.



AFTER ACTION REVIEW FOR CRIMEAN CONGO HEMORRHAGIC FEVER OUTBREAK, GOBABIS DISTRICT, OMAHEKE REGION



- ✓ The MoHSS, in collaboration with WHO, conducted an After Action Review (AAR) following an outbreak of Crimean Congo Hemorrhagic Fever (CCHF) in Omaheke region. The overall objective of the AAR is to evaluate the preparedness and outbreak response mechanisms before, during and after the CCHF outbreak and to draw lessons for improved response during future CCHF outbreaks and other emerging public health threats. The improvement plan was developed with specific corrective actions for future outbreaks.

AFTER ACTION REVIEW FOR THE HEPATITIS E VIRUS OUTBREAK IN NAMIBIA, 2017 TO 2022



8092
HEV cases were reported, with:

66
deaths (case fatality rate 0.8%), including

27
maternal deaths.

- ✓ The government declared an end to the Hepatitis E Virus (HEV) Outbreak on 02 March 2022 after a four year protracted outbreak. The outbreak affected informal settlements in urban settings and was prevalent in 13 of Namibia's 14 administrative regions.
- ✓ A total of 8092 HEV cases were reported, with, a cumulative total of 66 deaths (case fatality rate 0.8%), including 27 (41%) maternal deaths.
- ✓ Following the end of the HEV outbreak, MoHSS in partnership with WHO and other partners, conducted an after action review.
- ✓ The HEV outbreak response strengthened Namibia's emergency response system through the establishment of the Incident Management System (IMS) to coordinate a public health event response. The HEV IMS included 5 thematic areas/pillars: Coordination, Surveillance and Laboratory, WASH, Case management and Infection Prevention and Control, and Risk Communication and Community Engagement.
- ✓ WHO mobilized USD100,000 to support the implementation of corrective measures identified during the AAR. The corrective actions included a cross-border meeting with Angola, enabling the surveillance focal persons meeting and the Healthy Cities Initiative with the City of Windhoek.

NAMIBIA – ANGOLA CROSS-BORDER COLLABORATION

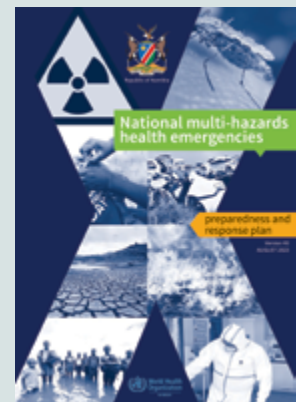
- ✓ A cross-border meeting between the governments of Angola and Namibia aimed to strengthen cross-border collaboration and discuss strategies for effective cooperation in the control of SAM, Hepatitis E Virus, VPDs, COVID-19, HIV, TB, Malaria, Guinea Worm Disease (GWD) and other NTDs. The meeting was attended by 73 officials representing the regions and provinces that border both countries, including Omusati, Ohangwena, Oshana and Kunene regions of Namibia, and the Cunene and Namibe provinces of Angola. Meeting delegates included representatives from MoHSS, Ministry of Home Affairs, Immigration, Safety and Security (Immigration and NamPol), Ministry of Agriculture, Water and Land Reform, regional councils, local authorities and WHO.



Other Policies and Strategies

MOHSS drafted:

- ✓ **National multi-hazard emergency preparedness and response:** aimed at establishing an effective health sector all-hazard emergency response system that will lead to the reduction of mortality, morbidity and disability arising from various hazards.
- ✓ **Cholera contingency plan:** to improve prevention, preparedness and timely responses to cholera outbreaks.
- ✓ **National Respiratory Pathogen Pandemic Preparedness Plan:** aimed at minimizing the risk of respiratory pathogens, including the transmission, morbidity and mortality, and socio-economic impacts.





Strengthening and Utilizing Response Groups for Emergencies (SURGE): fast-tracking capacity building and training to bring on board 3000 African Health Volunteer Corps (AVoHC).

Launch of IDSR 3rd edition technical guidelines.



Polio outbreak response tabletop simulation exercise (POSE) to strengthen preparedness and response.

On-site training on Vaccine Preventable Diseases (VPFDs).

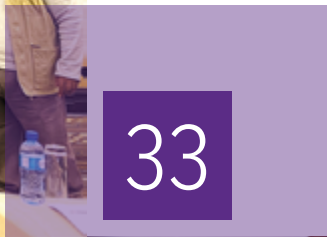


31



32

AAR for Crimean Congo Hemorrhagic Fever (CCHF)



33

Scoping mission



Human Interest Story

Bringing COVID-19 screening and testing closer to the community: A case for Katima Mulilo District



At the entrance of the Katima Mulilo State Hospital is a large tent.

It is here that 30-year-old Josephine Poniso gracefully interacts with an older male patient seeking medical attention. She encourages the patient to wear a mask and then explains that he would need to be screened for symptoms of COVID-19 before proceeding to the hospital.

Poniso is a Senior Community Health Worker for the Community-Based Response Initiative (CBRI), a project funded by the WHO in collaboration with the MoHSS. Namibia is one of 15 countries in the WHO African Region (AFRO) implementing the CBRI which aims to improve the detection and response of COVID 19 as well as contribute to the reduction of COVID-19 cases and deaths in the selected member states.

Mrs Klaudia Inghepa, the CBRI Coordinator in Namibia says the project was initiated in July 2022 and concluded in August 2023. Katima Mulilo is one of 14 health districts in which the Namibia CBRI project is being implemented.

The tent where Poniso is stationed is divided into three compartments - a screening point, a testing point, and a post-testing point. The tent serves as a triage point to screen for COVID-19 cases before patients proceed to the hospital for their initial treatment. While stationed primarily at the tent, Poniso, who works with four other colleagues, also goes into the community where she traces contacts who might have been exposed to COVID-19.

The starting point however, is the tent.

Here, patients are first educated on ways to prevent COVID-19 and to recognize symptoms. Next, the patients are asked a few questions using a semi-structured questionnaire to determine their risk and exposure to the COVID-19 virus. “If the patient has more than three of the symptoms listed on the form, they are referred to the next tent for (COVID-19) testing,” explains Poniso.

If a patient tests negative they are free to go to the outpatient department of the Katima Mulilo State hospital to seek medical attention. Those who test positive are required to provide information that would assist Poniso and her team to go to the patients’ homesteads to trace cases that might potentially be positive. Each time a patient tests positive for COVID-19, Poniso must go to the patients’ homesteads. When tracing contacts, Poniso is always accompanied by a nurse or two depending on the number of positive cases tested on that day. When she tests patients and their contacts in the field, the nurses are there to treat the people who test positive for COVID-19.

“Before we test them, we explain why we are doing this. Most times they are understanding but we have patients who refuse to be tested, and in that case we cannot force them but if the person is symptomatic, especially in the field, we treat them because we go with nurses,” Poniso explains. The main reason patients refuse to get tested is their perception that it is painful to have their noses “poked”. “But we make sure that every person entering the hospital has a mask and is wearing it properly,” she adds.

In the tent, the positive cases are referred to the hospital for further management. There are at least eight positive cases daily from the triage. A few other cases are detected at the casualty department of the hospital, Poniso explains.

When doing outreach in the villages and locations around Katima Mulilo, Poniso and the team supply the communities with hand sanitizers, masks and emphasize on the importance of preventing COVID-19. This time, representatives from WHO are accompanying Poniso as she goes in the field to provide outreach services.

The first stop is Namalubi in Katima Mulilo where 63-year-old Edinah Sitali lives. She tested positive for COVID-19 in January this year after seeking medical attention at the Katima Mulilo State hospital. “I was weak and had difficulties breathing,” she recounts. At the hospital, her first point of contact was Poniso and the team. “When she tested positive, we had to come here to Namalubi to test her family who all tested negative,” explains Poniso. While doing contact tracing, Poniso and the team educate individuals how to protect themselves and



Josephine Poniso and her team

“Our region is vast. People have relaxed on testing and following up on people. There is a big change because of the CHWs. They are doing all of the COVID-19 outreach services,”

So far, the project has reached over 16,615 people in the Zambezi region with health education, testing, as well as supplies such as masks and sanitizers.

Since inception of the project, 388 people in the region have been vaccinated.

Windhoek, Rehoboth, Okahandja, Gobabis, Karasburg, Lüderitz, Walvis Bay, Opuwo, Engela, Oshakati, Outapi, Rundu, and Onandjokwe are the other 13 health districts implementing the project. Since inception of the project in the 14 selected health districts, a total of 7,773 people have been vaccinated, 3,504 tests were conducted, and 107,362 reached with health education.



their families from COVID-19. She encourages them to get vaccinated, to mask up when going to public places, and to wash their hands as frequently as needed. Sitali appreciates the gesture.

“I am glad that they are moving from house to house sharing about COVID-19, testing people who might have been exposed to the virus and encouraging people to get vaccinated,” says Sitali.

Even though her family tested negative for COVID-19, she is happy that the team reinforced the message of preventing COVID-19. “They have helped a lot of people by doing this,” says Sitali. She adds that some people will not necessarily seek medical attention if they are showing symptoms suggestive of COVID-19 unless they are gravely ill because of the distance they must travel to seek medical attention. “The vaccinations are picking up. People want to be vaccinated because they don’t want to get sick and die,” Poniso explains.

Inghepa is pleased with the outcome and commitment of the work being done in Katima Mulilo. “They have all the systems in place,” said Inghepa, highlighting the determination of the CBRI team in the Zambezi region.

Nosiku Mundia, the Health Information System Officer in the region attests to the commitment of the CBRI team. One team is stationed at the hospital while the other team is stationed at the Katima Mulilo clinic. “The people the WHO has employed are very active. The numbers of those vaccinated and reached with masks and sanitizers has increased. They go out three days in a week for outreach services,” said Mundia.

But there are challenges such as the shortage of transportation and human resources that makes it difficult to reach all corners of the region.

“Our region is very vast. People (nurses within the hospital) have relaxed on testing and following up on people. There is a big change because of the CHWs. They are doing all of the COVID-19 outreach services,” said Mundia.

Poniso too is very proud of her contribution to the project. “I have gained a lot of valuable skills but I have also witnessed change. I have seen an uptake in vaccination numbers since we started on this project,” she says proudly.



Strategic Priority 3 Promoting Healthier Lives

promote healthier populations and wellbeing using multisectoral approaches to address the social determinants of health and risk factors

OUTCOME 3.1 Determinants of health addressed

ROAD SAFETY

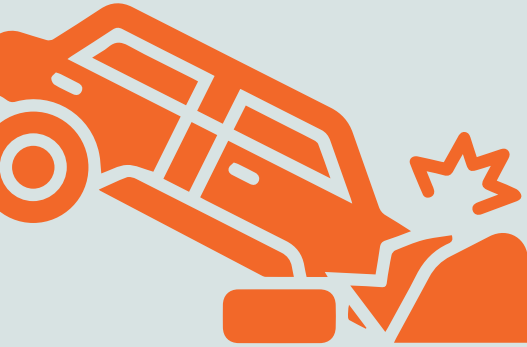
Policy development

- ✓ Namibia drafted and launched the 2nd National Decade of Action on Road Safety with the vision of having zero deaths and zero injuries due to road traffic accidents. The Decade of Action is closely aligned to the SDG targets and the Global Decade of Action of Road Safety targets. It serves as a roadmap to making Namibian roads safer for all road users and is divided in 5 pillars focusing on road safety management, safer roads and mobility, safer vehicles, road safety users and post-crash response.

Strategic Priority 3

is broad and based on multiple SDG targets. WHO Namibia aims to contribute to people enjoying better health and wellbeing by addressing social determinants of health and risk factors for NCDs through multisectoral approaches.²⁷





StreetsforLife

#RethinkMobility



10%
reduction in
suicide mortality
by the year 2026.



Strengthening coordination mechanisms

- ✓ The implementation of the 2nd Decade of Action on Road Safety is strongly based on multisectoral coordination with committees for each of the 5 pillars. Through this mechanism Namibia has, amongst others:
 - Hosted the annual National Road Safety Conference to monitor the implementation of the Decade of Action and provide recommendations for improvements,
 - Commemorated the annual UN Week on Road Safety as well as the World Day of Remembrance for Road Traffic Victims, and
 - Conducted several communication campaigns on road safety including during the festive seasons.

SUICIDE PREVENTION

Policy development

- ✓ A 2nd National Strategy on Suicide Prevention is in draft and aims to provide a comprehensive framework for the prevention, early identification, and intervention within a multisectoral milieu. The goal of this suicide prevention strategy is to attain a 10% reduction in suicide mortality by the year 2026.
- ✓ A community toolkit adapted from the WHO Suicide Prevention Community toolkit is also in draft with the aim of strengthening community engagement in support of prevention and early identification efforts in all 14 regions.

Capacity development

- ✓ 35 Oshikoto Regional School Health Taskforce members and 60 health workers in Oshana Region were trained on suicide prevention and mental health promotion as part of the COVID-19 pandemic response.

High-level advocacy meetings/engagements

- ✓ A month-long communication and community engagement campaign on suicide prevention and mental health promotion was launched by the Minister of Health and Social Services and the WHO OIC on 10 September 2023 and concluded with a public event on 10 October in the Oshana region. MoHSS led the campaign and with partner organizations focused on workplaces, schools, and community outreaches as well as radio and television talks in different languages. The campaign included a road show in the Erongo Region, with the Deputy Minister of Health creating platforms where community leaders and members could openly discuss issues affecting their emotional wellbeing.

Strengthening coordination mechanisms

- ✓ A multisectoral committee on suicide prevention is in place at the national level while some regions have similar multisectoral coordination mechanisms in place to coordinate suicide prevention at sub-national levels.



Red Cross Volunteers visited

10,009

households in the 3 regions.

COMMUNITY ENGAGEMENT ON NUTRITION

- ✓ As part of the Government of Japan funded project on nutrition, 45 Namibia Red Cross Volunteers in the Khomas, Omusati and Ohangwena regions were trained. They in turn:
 - Visited 10,009 households in the 3 regions.
 - Conducted 189 community meetings.
 - Reached 117,000 people.
 - Reached 3,578 expectant mothers.
 - Reached 6,552 lactating mothers.
 - Referred 637 women to health facilities.
 - Referred 425 babies with mild to severe malnutrition to health facilities.





OUTCOME 3.2 Risk factors reduced through multisectoral action

REDUCTION OF HARMFUL USE OF ALCOHOL

Policy development

- ✓ WHO is supporting MoHSS in drafting and reviewing the National Alcohol Policy. Once approved, this policy will guide interventions related to reducing the harmful use of alcohol through a multisectoral engagement.
- ✓ The Prevention and Treatment of Substance Use Bill is in draft. It aims to strengthen prevention efforts, early detection, and intervention as well as treatment and recovery management of substance use disorders. The Bill also makes provision for the banning of alcohol promotion, advertising, and marketing.

Capacity development

- ✓ Over 282 health workers from 18 health facilities in the Omusati, Ohangwena and Oshana regions were trained with WHO support on Brief Motivational Intervention (BMI) for early identification of substance use disorder and intervention. These regions have reported a high percentage of usage of the BMI screening tool in their consultations, together with health education and referrals where needed.
- ✓ The country is piloting an outpatient rehabilitation programme for substance use disorders in two regions - Kavango East and //Kharas - training a total of 76 health workers. The outpatient rehabilitation programme aims to strengthen community and family involvement during the rehabilitation process with the hope of improved and sustained outcomes. Supportive supervision was conducted with both regions to monitor progress, identify and address challenges, and make recommendations for rollout to other regions.



282 health workers
trained on Brief
Motivational
Intervention (BMI).

Improving quality care/coverage of services

- ✓ In 2023, the Kavango East and West regions recorded 104 people screened using the BMI tool and 45 clients stopped drinking alcohol through appropriate interventions.

Strengthening coordination mechanism

- ✓ The Minister of Health and Social Services launched the National Drug Control Commission to facilitate the implementation of the National Drug Control Master Plan.

TOBACCO CONTROL

Capacity development

- ✓ Seventy-four (74) environmental health practitioners, law enforcement agencies, government social workers, local authorities, and non-governmental organizations (NGOs) from all 14 regions received training on the Tobacco Control Act and its regulations as well as the WHO Framework on Tobacco Control. The training made recommendations for GRN and partners to strengthen certain provisions in the current tobacco control legislation, which will be addressed with support from WHO in the next biennium.

High-level advocacy meetings/engagements

- ✓ World No Tobacco Day has been commemorated annually with extensive community mobilization and a public event involving the Minister of Health and Social Services and the governor of the host region.

PROMOTION OF PHYSICAL ACTIVITY

Policy development

- ✓ The National Policy for Integrated Physical Education and School Sports (IPES) was approved by Cabinet and is most likely to be launched early in 2024.





Capacity development

- ✓ Namibia participated in the AFRO online workshop on the promotion of walking and cycling and the use of the health economic assessment tool (HEAT) in the African region with representation from the MoHSS, Ministry of Youth, Sports and National Service (MYSNS), Ministry of Education Arts and Culture (MoEAC) and the Ministry of Works and Transport (MWT).
- ✓ Following the training, WHO Namibia made a presentation to government ministries and agencies on wellness and the use of HEAT to promote walking and cycling in the workplace with the aim of creating workplace policies that promote physical activity.

Strengthening coordination mechanism

- ✓ A National Steering Committee for Integrated Physical Education and School Sports is in place with multisectoral representation under the joint leadership of the MoEAC and MYSNS.

STRENGTHENING THE HEALTH SECTOR RESPONSE TOWARDS VIOLENCE AGAINST WOMEN AND CHILDREN



300 healthcare providers
in all 14 regions trained
on the **Clinical Handbook for
the Health Care of Survivors
subjected to Intimate Partner
Violence and/or Sexual
Violence.**

Capacity development

- ✓ Over 300 healthcare providers in all 14 regions were trained on the Clinical Handbook for the Health Care of Survivors subjected to Intimate Partner Violence and/or Sexual Violence.
- ✓ 40 healthcare providers were trained as trainers on child abuse. The training emphasises the importance of early detection and intervention in child abuse, how to optimize the unique position of health workers and social workers, and the need for multisectoral collaboration. Further support will be provided to cascade the training to subnational and facility level.

MENTAL HEALTH PROMOTION

Policy development

- ✔ SOPs for mental health in HIV and TB care are in draft and awaiting approval from MOHSS management. These will equip healthcare providers with standardized practices, evidence-based interventions, and capacity building to effectively address mental health needs. It also helps to mitigate the bi-directional relationship between mental health and HIV/TB, supporting comprehensive care and improving the quality of life for those affected.
- ✔ Namibia is in the process of finalising the adaptation of the Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) for mental, neurological and substance use (MNS) disorders in non-specialist health settings. These are training manuals for health workers and CHWs. This will increase capacity for mental health care in the periphery and increase coverage of this essential healthcare service.



OUTCOME 3.3 Healthy settings and Health in All Policies Promoted

THE SCHOOL HEALTH PROGRAMME

Policy development

- ✓ The National Policy on Integrated School Health and Safety, its implementation and M&E framework is in final draft. The main objective of this policy is to ensure comprehensive delivery of an integrated school health and safety programme. The new policy was supported jointly by WHO, UNICEF, UNESCO and UNFPA.

Capacity development

- ✓ Regional School Health Taskforces on School Health in the Erongo and //Kharas regions were trained on the Health Promoting School Initiative (HPSI). The Erongo Region selected 10 schools to implement the health promoting school initiative and trained school principals, teachers, inspectors, and school health nurses who in turn, are expected to initiate the programme in their respective schools.
- ✓ Furthermore, the Omaheke Region HPSI was strengthened through internal and external assessments of all of the 47 schools. Schools were then graded either as bronze, silver or gold using set standards related to health services in schools, cleanliness, access to safe drinking water, gender appropriate sanitation, access to nutritional and healthy diets, quality physical education and recreation, safety, and health education on issues that affect young people including sexual reproductive health rights.
- ✓ A training manual on school health for CHWs is in draft and aims to equip them to promote health in schools and strengthen health services to schools.

Strengthening coordination mechanism

- ✓ A multisectoral coordination committee on school health is in place at national and regional levels with joint leadership from the MoHSS and



MoEAC. The school health programme is supported by WHO, United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO) and US CDC.

Improving quality care/coverage of services

- ✔ Omaheke Region has 100% coverage of health promoting schools. The Erongo region introduced the initiative in 10 schools this year and there are plans to expand to at least 5 more regions in 2024.
- ✔ In addition to the HPSI, schools in all 14 regions are implementing different health education programmes with support from civil society organizations.

HEALTH IN ALL POLICIES

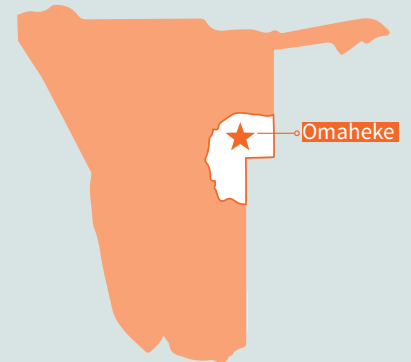
Policy development

- ✔ The National Strategy on Health in All Policies is in its final draft. The strategy has twice been presented to MoHSS management, and the MoHSS, WHO and partners are working to incorporate the received comments. The strategy emphasizes the impact of other sectors on health and aims to put accountability measures in place to ensure all public policies are developed with consideration for their potential impact on the health of the population.

HEALTHY CITIES INITIATIVES

Improving quality care/coverage of services

- ✔ Following the end of the Hepatitis E outbreak, WHO partnered with the City of Windhoek through their Healthy Cities Initiative to intensify hygiene promotion in all informal settlements and markets to sustain behavioral changes related to hand hygiene and sanitation.



100% coverage of health promoting schools.



- ✓ The City of Windhoek in turn produced and printed 1,453 copies of Information, Education and Communication (IEC) materials on health and hygiene.
- ✓ They further procured the following items for distribution to at-risk populations:
 - 800 water purification tablets.
 - 250 hand sanitizers.
 - 200 soap bars.
 - 100 health and hygiene packs.
 - 26 water jerry cans 20 L.
 - 26 water containers 5 L.
- ✓ Plans are in place to review and update the health profile of the city.

HEALTH PROMOTION, RISK COMMUNICATION AND COMMUNITY ENGAGEMENT



Policy development

- ✓ A National Strategy on Risk Communication and Community Engagement (RCCE) is in the final draft and awaiting approval from MOHSS. This strategy was developed to guide RCCE interventions during any public health event as part of EPR.
- ✓ The National Policy on Health Promotion is being drafted through a consultative process and is most likely to be finalized in 2024.

Capacity development

- ✓ MoHSS, with support from CDC recruited national and regional RCCE coordinators and in partnership with WHO, conducted training on core capacities for RCCE with 34 RCCE Regional Coordinators and RCCE focal persons. The same cadre received training on content development for

different media platforms and an introduction to behavioral insight. They in turn drafted a message bank for potential disease outbreaks, identified different target audiences and channels of communications as well as community gate keepers and influencers. This is part of emergency preparedness for RCCE and will be updated regularly to ensure relevance over time.



41

Training on core capacities for RCCE.

46



School Health Training.



47

Healthy Cities Initiative.

Human Interest Story

The Journey of Gobabis Primary School to becoming a Platinum Health Promoting School



Regina Diergaardt



Mrs Regina Diergaardt, school principal of the Gobabis Primary School, shares the story of how her school has remained a health promoting school through the years despite numerous challenges.

“I have realized that if we take HPSI seriously, we will see a change in the behaviour of our learners who in return take what they have learned at school back to the society, and together we can promote good health in our communities.” She alluded to the challenges in implementing the Health Promoting School Initiative (HPSI) but noted that these are not insurmountable with the ‘right mindset’. She shared some of these challenges hoping to motivate other schools to persist in making their schools health promoting.

“The ablution blocks and water pressure were just a nightmare with 1,100 learners of whom the majority don’t have ablution facilities at home. You can imagine what would happen at school outside and around the premises. We were tired and discouraged by children who are doing the opposite of what we taught them. In 2022, we were downgraded from silver to bronze. We were even cautioned that we could lose the bronze as well,” said Mrs Diergaardt. She mobilized her staff to rally behind the HPSI and although not everyone was fully on board, she forged ahead with her team who committed to implementing the HPSI criteria. The poor rating motivated the school to improve through a few practical and innovative interventions.

Despite the impact of COVID-19 on the Omaheke HPSI, this process is a precursor to motivating schools to continue participating in the initiative. Every year, the region organizes a prestigious award ceremony to recognize the efforts and hard work of the schools.

Although Mrs. Diergaardt's school was downgraded to bronze in the past, this year the school received the platinum award. Despite the fact that the school is situated in one of the impoverished communities in Gobabis, the school health team decided that 'we could also be a school of excellence in this region, competing against private schools, challenging schools nationally as well'. Mrs. Diergaardt said that they needed to identify the challenges and address them. These included learners who were taking toilet paper home, throwing stones in toilet pots, playing with soap, sitting outside whilst ablution facilities are opened, and learners not bathing for days due to their circumstances. "I assigned our life skills teacher to a few schools in the region, to look at what they are doing, sharing best practices especially with their ablution facilities. She informed me that there are good ideas but with our setup we needed to make a few adjustments and take it step-by-step, being consistent and patient."

The school board and parents were mobilized to support fundraising efforts to change the image and environment of the schools as part of the school health initiative. "We also agreed to implement the criteria of HPSI, to make it our own and to start with the basics". "I realized that once we put our hearts into the HPSI, it's not a costly process. All we need is committed people with passionate hearts." She further said that there is a lot that can be done without money especially engaging stakeholders to address and educate learners and staff on different risk factors affecting young people including violence, hygiene, sexual and reproductive health (SRH) and the use of alcohol and tobacco.

As a result of these efforts the school's wellness committee and health prefects were strengthened and are the driving force behind the success of the school's health promoting initiative. The school also raised funds to build additional classrooms to ensure that all learners are attending school in the morning hours which resulted in the discontinuation of the afternoon classes.

"With the permission of the then Director of Education, Mr. Pecka Semba and in consultation with the Ministry of Works, we built zinc classes, and taught in tents just to ensure that all the learners were coming to school in the morning." The school observed that the learners who were attending afternoon classes were not performing optimally. "We observed that learners are playing the whole day, and then are dirty and tired when coming to school." The school also received funding from a community member who donated bathtubs, toiletries, soap, and sanitary products to enable learners who are unable to bath at home, to do so at school.

The Health Promoting School Initiative (HPSI) was introduced in Namibia in 1998 and the MoHSS and MoEAC have been working collaboratively in ensuring that the school health programme is cascaded to all Namibian schools.

The Omaheke region is the only region with all of its 47 schools participating in the HPSI. The schools are to meet a set of criteria graded in 4 categories as bronze, silver, gold, or platinum.

The higher categories include additional criteria to improve the health and wellbeing of learners and the entire school population. Every year, the Regional School Health Taskforce will do an assessment to evaluate schools against the set criteria. The recommendations from the internal assessment are then used to improve the school's performance in ensuring that all criteria are met, and the school either maintains its grade or there is consideration for a higher grade or a downgrade.

This process is validated by a team of external evaluators, who are selected from the National School Health Taskforce and/or from other Regional School Health Taskforces.

The bronze level is the elementary level and includes:

- Availability of safe drinking water.
- Sanitation facilities:
 - toilet facilities should be maintained in good working order and hygienic conditions.
 - separate toilets available for use by teachers, boys, and girls.
 - toilets with a wash hand basin, running water, soap and a hygienic method of hand drying available (such as paper towels, etc).
- Access to health services and school feeding/food and nutrition services (when possible).
- Skills-based health education for pupils.
- Health-related school policies.
- Development of the school health charter.
- Display of health messages in classrooms, toilets, and notice boards.
- A safe and clean school environment.
- Establish school health clubs, and create a Health Corner in each classroom, library or any place that is accessible to all the learners, teachers, and school personnel.
- School canteens to provide safe nutritious food.
- School nutrition program to be in place.
- Oral health programme to be in place.

“We changed the image of the school by repainting the school, making the environment attractive and friendly. Today, as I am speaking, everyone is on board and happy to be associated with Gobabis Primary School.”

She proudly commended her teaching and support staff and some parents for their level of commitment which contributed immensely to a clean, healthy and germ-free environment.

WHO together with UNESCO, UNFPA and UNICEF has been supporting the school health programme at all levels. Through this support an MoU between the two lead ministries is in place with a functional coordination mechanism at both national and regional levels. Trainings to facilitate the implementation of the school health programme in all 14 regions have been provided and although the effectiveness of the programme differs in the different regions, there is interest from most regions to have the HPSI implemented as part of the school health programme.

“We changed the image of the school by repainting the school, making the environment attractive and friendly. Today, as I am speaking, everyone is on board and happy to be associated with Gobabis Primary School.”





Strategic Priority 4

Strengthening leadership, governance and enabling functions

OUTCOME 4.1

Strengthened country capacity in data and innovation

IMPROVING CAPACITY FOR DATA COLLECTION

Support to E-Health Strategy implementation

- ✓ The pilot implementation of the Digital Health Platform (DHP) is underway at the Windhoek Central Referral Hospital. The technical support provided by WHO has resulted in the successful completion of key modules, including the Billing and Registration modules. This achievement marks significant progress towards modernizing healthcare practices in Namibia, enhancing administrative efficiency, and improving patient care. The successful implementation of the DHP represents a significant step in the digital transformation of healthcare, showcasing the collaborative efforts between the WHO and MoHSS. As the project continues, it holds the potential to revolutionize healthcare practices and set a precedent for similar initiatives in the country.

Capacity Strengthening in DHIS2 (Transition to ICD 11 from ICD 10)

- ✓ Capacity of national and regional healthcare teams, including medical doctors and Health Information

The term digital health is rooted in eHealth, which is defined as the use of information and communications technology in support of health and health-related fields. (WHO)





System (HIS) officers is being developed. This effort is focused on preparing these teams for the smooth transition from the 10th to the 11th edition of the International Classification of Diseases (ICD 11) and improving the handling of Medical Certification of Cause of Death (MCCoD) procedures. This transition ensures that Namibia aligns with international standards for health data classification and reporting. The initiative emphasizes the importance of accurate cause-of-death data, contributing to better healthcare planning and resource allocation. These capacity-building efforts are a testament to Namibia's commitment to advancing its healthcare system, ultimately leading to improved health outcomes for its population.

Health Sector Analytics and Reviews

- ✓ The WHO Country Office (WCO) collaborated with the Namibia Statistics Agency (NSA) to produce the second Cause of Death report for 2018-2020 in Namibia. This comprehensive report provides insights into the leading causes of death in the country, assisting healthcare professionals and policymakers in making informed decisions. After a thorough data collection and review process, the report has been finalized and approved, awaiting the printing and dissemination phase. This collaborative effort reflects the commitment to data-driven decision-making and strengthening public health infrastructure in Namibia.

Improving Health Information Governance and Coordination

- ✓ WCO is actively engaged in strengthening Namibia's capacity for health research through the facilitation of a consultative process involving national stakeholders to develop the National Health Research Strategic Plan (NHRSP). Additionally, WCO facilitated the establishment of a Technical Working Group (TWG) to guide the finalization of the document and ensure alignment with healthcare priorities. WHO is currently providing support to finalize the NHRSP document, which will serve as a crucial roadmap for the future of health research in Namibia, aiming to enhance healthcare practices and overall wellbeing.



OUTCOME 4.2 Strengthened leadership, governance, and advocacy for health

LEADERSHIP

Visit of WHO Director General to Namibia

- ✓ The Director General of WHO, Dr Tedros Ghebreyesus conducted a state visit to the Namibian Head of State, Dr Hage G Geingob in August 2023. The aim of the visit was to strengthen collaboration on public health matters of mutual concern for the WHO and the Government of Namibia, in line with WHO's strategic priority of achieving universal health coverage for people of all ages.



WHO LEADING ROLE IN PUBLIC HEALTH

- ✓ WHO is the specialized agency for health, the authority on international health regulations, standards and guidelines, and the key technical advisor to the MoHSS with the broadest health mandate. WHO provides leadership in the health sector on a broad range of health issues through advocacy, coordinating technical assistance, capacity strengthening. WHO coordinates support for the development of country proposals and negotiations for major grants from donor organizations and mobilizes resources for priority programmes.
- ✓ WHO continues to lead the Health Sub-Pillar of the United Nations Partnership Framework (UNPAF) and co-chairs the UNPAF Health Sub-Pillar stakeholders' group with the Executive Director of the MoHSS. WHO collaborates with other agencies on health through joint UN forums such as the Joint United Nations Team on AIDS (JUTA), the Gender Thematic Group and the Emergency/Humanitarian Thematic Group and through participation in external committees.
- ✓ WHO convenes the Health Development Partners Forum (HDPF), which meets every month. It aims to improve information sharing, coordination, and collaboration in the provision of support to the MoHSS and to collectively address critical roadblocks.





STRATEGIC COMMUNICATION

Commemoration of WHO 75th anniversary

- ✓ The President of the Republic of Namibia, H.E Dr Hage G. Geingob wrote a special congratulatory message to the Director General of WHO, Dr Tedros Ghebreyesus as part of the 75th anniversary highlighting key achievements in global public health and the leading role of WHO in global health.
- ✓ The 75th anniversary of WHO in Namibia was launched jointly with MoHSS as part of the World Health Day Commemoration with live media coverage and interviews by both WHO Representative and the Namibian Minister of Health and Social Services.
- ✓ Miss Namibia 2022, Miss Cassie Sharpley was nominated as the Champion for the 75th Anniversary and held a media conference announcing her role.
- ✓ The WCO produced a special publication titled 'WHO: 33 years in Namibia'. The publication also included statements from the Prime Minister and Minister of Health and Social Services showing appreciation for WHO's role in addressing health and its support in ensuring health for all.
- ✓ Several communication products for radio, television, and print media were produced in honor of the 75th anniversary. Additional promotional items were developed to promote the anniversary amongst partners, stakeholders, and the communities we serve.

INCREASING WHO'S VISIBILITY INCLUDING DONORS AND PARTNERS

- ✔ Drafted 8 human interest stories and posted on the WCO website.
- ✔ Increased engagement of stakeholders through different digital platforms.
- ✔ Published at least 4 newsletters in the year highlighting WHO support for GRN and its partnership with other UN agencies and stakeholders.



FIELD MISSION WITH THE AMBASSADOR OF JAPAN

- ✔ Conducted a field visit to the Erongo and Ohangwena regions respectively to showcase the impact of the funding received from the Government of Japan for maternal health and nutritional support on the lives of women and children.
- ✔ Additionally, summary promotional reports were produced highlighting the key achievements of both projects in the selected regions.



DONATION OF PAINTING

- ✔ Local artist Hage Mukwendje handed over a special painting to WHO on 21 January 2022 at UN House, Windhoek, Namibia. The painting was created as part of the LEAD Innovation Challenge Grand Finale event held on the 24th of November 2021 and illustrates the importance of respecting our environment for future generations.
- ✔ Dr Charles Sagoe-Moses, the WHO Representative for Namibia received the painting on behalf of the WHO Director General, Dr Tedros Ghebreyesus.



COMMEMORATION OF HEALTH DAYS

- | | |
|----------------------------------|----------------------------|
| ✔ World Health Day | ✔ World Malaria Day |
| ✔ World No Tobacco Day | ✔ African Vaccination Week |
| ✔ World Suicide Prevention Day | ✔ World Mental Health Day |
| ✔ Breast Cancer Awareness Month. | |



PREVENTION AND RESPONSE TO SEXUAL MISCONDUCT



- ✔ WCO drafted a workplan on Preventing & Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) that resulted in the orientation of all staff on PRSEAH, followed by open discussions, development, printing and dissemination of materials on code of conduct, no excuse cards and the do's and don'ts. WHO is also part of the UN RCO PRESEAH Committee and contributed to the joint UN workplan. At all WHO events WCO displays the code of conduct banner, and distributes the code of conduct flyer to all participants.



GENDER, EQUITY AND RIGHTS

- ✔ Increasingly WHO is required to measure the impact of its interventions against the gender, equity, and human rights (GER) dimension to ensure that no one is left behind and the farthest behind are included in programme design, implementation, and evaluation. WCO has strengthened its capacity with two trainings: an orientation of GER with all staff and an extensive training on GER with government and other implementing partners.

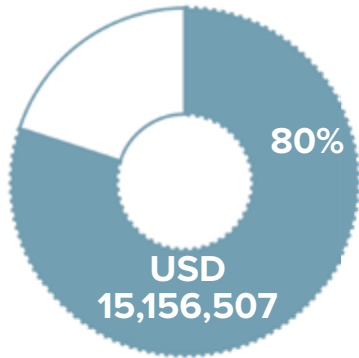


Challenges and Recommendations

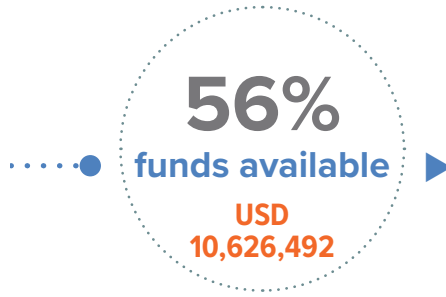
- ✔ Namibia's status as an upper middle-income country makes it difficult to attract donor funding, resulting in inadequate funds for activities. Sustainable health financial and strategic partnership is key to ensuring adequate resources for the implementation of the Country Cooperation Strategy (CCS).
- ✔ Although efforts are underway to increase human resources in the country office, the multiple roles and functions of staff puts a strain on the currently available human resources and risks timely implementation of the workplan.
- ✔ COVID-19 exacerbated existing challenges and limitations with the health systems and put an additional burden on an already overstretched healthcare system. This resulted in the reversal of gains in childhood immunization and affected the efficient delivery of quality essential healthcare services. There is a need to increase investment in the provision of essential healthcare services across the public health spectrum.



Financials



Planned Cost vs Allocated Budget

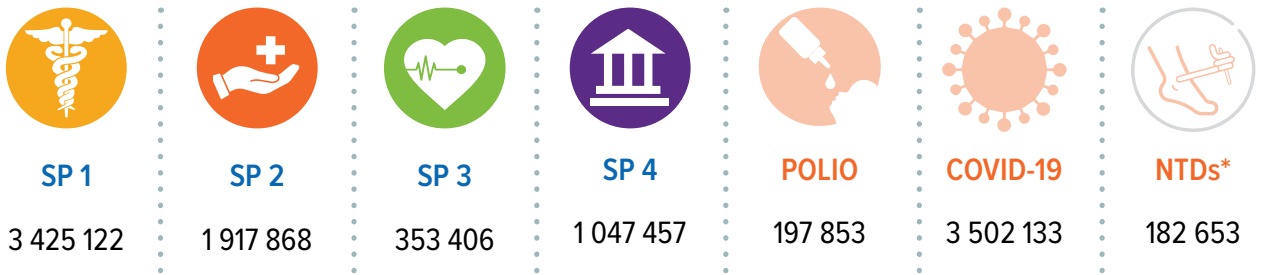


Available Funds vs Allocated Budget

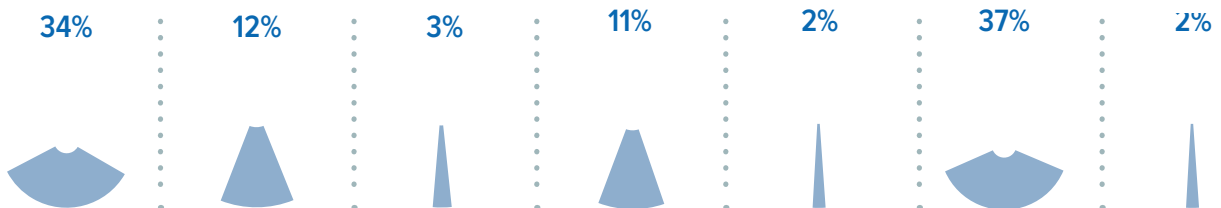


Utilization vs Available Funds

Implementation per strategic priority (USD)

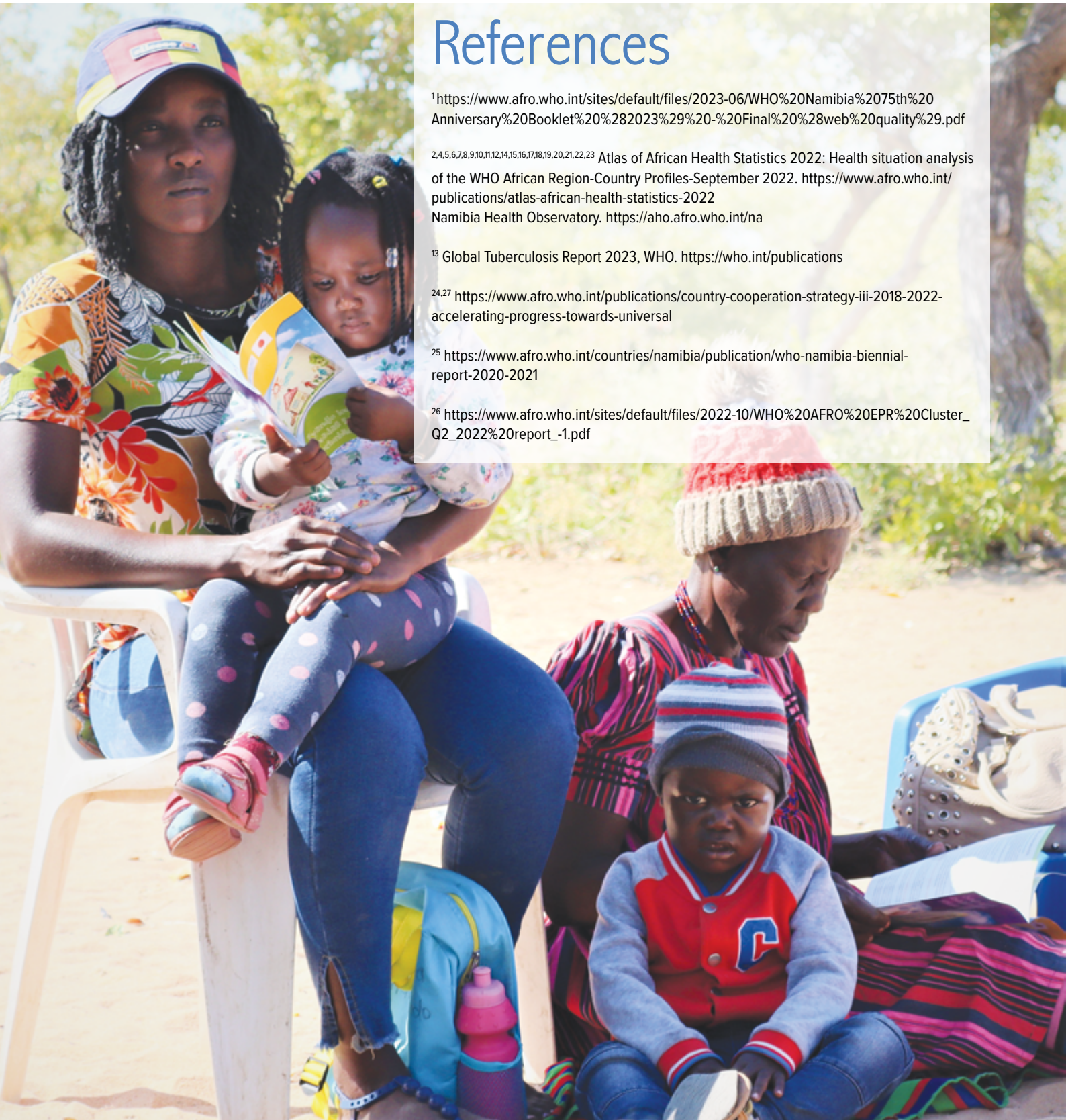


Implementation rate per SP against total funds utilized



* funded by Sightsavers and the WHO Expanded Special Project for Elimination of Neglected Tropical Disease (ESPEN)





References

¹ <https://www.afro.who.int/sites/default/files/2023-06/WHO%20Namibia%2075th%20Anniversary%20Booklet%20%282023%29%20-%20Final%20%28web%20quality%29.pdf>

^{2,4,5,6,7,8,9,10,11,12,14,15,16,17,18,19,20,21,22,23} Atlas of African Health Statistics 2022: Health situation analysis of the WHO African Region-Country Profiles-September 2022. <https://www.afro.who.int/publications/atlas-african-health-statistics-2022>
Namibia Health Observatory. <https://aho.afro.who.int/na>

¹³ Global Tuberculosis Report 2023, WHO. <https://who.int/publications>

^{24,27} <https://www.afro.who.int/publications/country-cooperation-strategy-iii-2018-2022-accelerating-progress-towards-universal>

²⁵ <https://www.afro.who.int/countries/namibia/publication/who-namibia-biennial-report-2020-2021>

²⁶ https://www.afro.who.int/sites/default/files/2022-10/WHO%20AFRO%20EPR%20Cluster_Q2_2022%20report_-1.pdf

75

HEALTH
FOR ALL



World Health
Organization

NAMIBIA