



Republic of Namibia
Ministry of Health and Social Services



World Health
Organization

NAMIBIA COUNTRY COOPERATION STRATEGY 2010-2015



**TOGETHER IN PARTNERSHIP
FOR IMPROVED HEALTH OUTCOMES**

ABRIDGED VERSION



NAMIBIA COUNTRY COOPERATION STRATEGY 2010-2015

© World Health Organization, 2010

Country Office in Namibia, UN House, 2nd Floor, 38 Stein Street, Klein Windhoek, Windhoek, Namibia (tel.:+264-61-255-191717; fax: +264-61-204-6202; email: registry@na.afro.who.int). Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be addressed to the above address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility of interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damage arising from its use.

© Graphic Design: The Win Win Group Namibia
Printing: John Meinert, 2010



Page number	Sections
III	Contents
IV	Abbreviations
VI	A Word from MoHSS and WHO
1	Introduction
4	1. Health Situation in Namibia
8	2. Health Sector Partners and WHO's Role
12	3. Priorities for WHO Support To Namibia 2010-2015
15	4. STRATEGIC PRIORITY 1: STRENGTHENING THE HEALTH SYSTEM
20	STRATEGIC PRIORITY 2: COMBATING PRIORITY DISEASES
23	STRATEGIC PRIORITY 3: IMPROVING MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH
27	STRATEGIC PRIORITY 4: PROMOTING A SAFER AND HEALTHIER ENVIRONMENT
31	5. Strategies for Implementation
34	6. Conclusion
	List of Tables and Figures
2	Table 1: Geographic and Socio-economic Profile of Namibia
4	Table 2: Number of Public Health Facilities in Namibia
8	Table 3: Number of Private Health Facilities in Namibia
1	Figure 1: Map of Namibia
13	Figure 2: The Millennium Goals (MDGs)
14	Figure 3: WHO's Strategic Agenda

AIDS	Acquired Immunodeficiency Syndrome	MCH	Maternal and Child Health
ANC	Antenatal Clinic	MDG	Millennium Development Goal
ARCC	African Regional Certification Commission	MMR	Maternal Mortality Ratio
ARI	Acute Respiratory Infection	MoHSS	Ministry of Health and Social Services
ART	Antiretroviral Therapy	NCD	Noncommunicable Disease
ARV	Antiretroviral	NDHS	Namibia Demographic and Health Survey
CCS	Country Cooperation Strategy	NGO	Nongovernmental Organization
CNR	Case Notification Rate	NHA	National Health Accounts
DDRM	Directorate of Disaster Risk Management	NIP	Namibia Institute of Pathology
DSP	Directorate of Special Programmes	NRCS	Namibia Red Cross Society
DR-TB	Drug-Resistance Tuberculosis	OPM	Office of the Prime Minister
EMOC	Emergency Obstetric Care	OVC	Orphans and Vulnerable Children
EPI	Expanded Programme on Immunization	PEPFAR	President's Emergency Plan for AIDS Relief
FBO	Faith Based Organization	PHC	Primary Health Care
GDP	Gross Domestic Product	PMTCT	Prevention of Mother to Child Transmission
GFTAM	Global Fund to Fight AIDS, Tuberculosis and Malaria	SADC	Southern African Development Community
GNI	Gross National Income	STI	Sexually Transmitted Infection
GRN	Government of the Republic of Namibia	TB	Tuberculosis
GSM	Global Management System	UN	United Nations
GTZ	Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)	UNAIDS	Joint United Nations Programme on HIV/AIDS
HCT	Humanitarian Country Team	UNAM	University of Namibia
HIS	Health Information Systems	UNDAF	United Nations Development Assistance Framework
HIV	Human Immunodeficiency Virus	UNICEF	United Nations Children's Fund
HRD	Human Resources Development	USAID	United States Agency for International Development
HSS	Health Systems Strengthening	WCO	World Health Organization Country Office
IASC	Inter-Agency Standing Committee	WHO	World Health Organization
IDSR	Integrated Disease Surveillance and Response	WR	World Health Organization Representative
IHR	International Health Regulations	XDR-TB	Extensively Drug Resistant Tuberculosis
IMNCI	Integrated Management of Newborn and Childhood Illnesses		

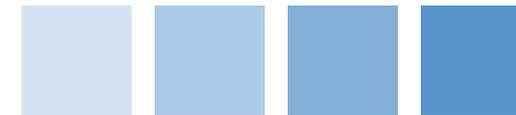


TOGETHER IN PARTNERSHIP

This Country Cooperation Strategy is about partnerships. It is about engaging and working with others in a way that adds value to what WHO does. We appreciate the different contributions and perspectives of our partners and the richness of our interactions.

This CCS is also about improved coordination and collaboration with our partners - particularly the UN family. We will continue to strive to meet Namibia's expectations and address the health and developmental challenges lying ahead. It is in our hands to help shape a better future. Together, in partnership.

A WORD FROM THE MINISTRY OF HEALTH AND SOCIAL SERVICES AND THE WORLD HEALTH ORGANIZATION



We stand at the threshold of the second Country Cooperation Strategy (CCS) of the Ministry of Health and Social Services (MoHSS) and the World Health Organization (WHO). This strategy which spans from 2010 to 2015 will enable us to cement the important strides taken thus far, forge stronger partnerships towards attaining the Millennium Development Goals (MDGs) and march towards realizing the goal of achieving the highest possible standard of health for all Namibians.

The Government of the Republic of Namibia (GRN) places health at the centre of its development agenda and is signatory to major internationally adopted initiatives, goals and agreements. As the United Nations (UN) specialized agency to coordinate health matters, WHO has a significant role to play in shaping Namibia's health sector. WHO provides policy, strategic, technical and programmatic support to the MoHSS. Over the years, our cooperation has grown from strength to strength and translates into an improved and conducive environment for all Namibian people to enjoy better health.

The CCS is intended to inspire and guide the collaboration between the MoHSS and WHO, as well as with the broader health sector partners, namely communities, civil society, the private sector and bilateral and multilateral donors, particularly UN agencies.

Cognizant of the public health needs of the Namibian population, it is aligned with key priorities of the MoHSS and other nationally relevant strategic documents and plans as well with WHO's policies and strategies; the United Nations Development Assistance Framework (UNDAF), as well as internationally agreed goals, most importantly, the MDGs. Its four strategic areas are derived from a broad-based consultative and consensus building process.

This CCS recognizes that we live in a global village and as much as we enjoy the benefits of our modern times, we also have to confront the challenges of an interconnected world. The scale and scope of worldwide interdependence are of a multiple and sometimes unpredictable nature. Consequently, this CCS is focused on our current and anticipated challenges. It will enable us to collectively and in partnership, plan and prepare for, act upon and mitigate any potential threats to public health, as well as foster development that is people-centred and has health as one of its cornerstones.

We would like to invite and encourage all our health sector partners to continue to strive for improved collaboration and coordination, in support of and under the leadership of the MoHSS. To this end, the MoHSS and WHO's CCS is a central tool. We are convinced that we can achieve our agreed upon targets and goals. Together, in partnership, it is possible!

Honourable Dr Richard Nchabi Kamwi, MP
Minister of Health and Social Services
Namibia

Dr Magda Robalo Correia e Silva
WHO Representative
Namibia



INTRODUCTION

Situated in the south western part of Africa, Namibia covers 824,000km² with a population of approximately two million. The population growth rate is estimated at 2.5% per annum and is slowly declining. Sparsely populated, the majority of the population lives in six northern regions of the country, where the population density is much higher than the average density of 2.2 inhabitants per square kilometre. The country shares a large northern border with Angola. The economy is heavily dependent on the country's natural resources, both mineral and marine.

Namibia is ranked as an upper-middle income country. However, this is a rather misleading status, masking significant disparities in income and wealth distribution. In 2008, nearly a third of the population was estimated to be poor and about 4% were considered severely poor. Furthermore, unemployment reached critical levels, estimated at 37% in 2008. Amidst this prevalent poverty, a segment of society is very wealthy. The consumption of the richest 10% of households is estimated to be more than 20 times higher than that of the poorest 10%.¹ Namibia is in fact recognized as one of the most unequal societies in the world.

The country celebrated its 20 years of Independence in 2010 having made noteworthy strides to address the socio-economic inequalities of its colonial history. However, its health system remains fragmented with a concentration of infrastructure and services in urban areas, posing challenges for equitable and accessible health care. Access to adequate sanitation facilities is also a challenge, particularly in rural areas.

The impact of consecutive years of natural disasters, in particular flooding in 2008 and 2009, resulted in the diversion of much needed resources for emergency relief to mitigate the impact on people's livelihoods.

Child malnutrition is very common, with about 30% of children estimated to be short for their age, and 17% thin for their age.

Moreover, the major challenges posed by Human Immunodeficiency Virus (HIV) is immense, with prevalence rates estimated at around 18% in 2008, down from 22% in 2002. The epidemic has eroded life expectancy, generated a sizeable number of orphans and vulnerable children (OVCs) and is undermining socio-economic development.

Through its Vision 2030, the country aims to "transform into a healthy and food secure nation, in which all preventable, infectious and parasitic diseases (including HIV/AIDS) are under secure control; people enjoy high standards of living, a good quality of life and have access to quality education, health and other vital services. All of these aspirations translate into a long life expectancy and sustainable population growth."

Figure 1: Map of Namibia



Table 1: Geographic and Socio-economic Profile

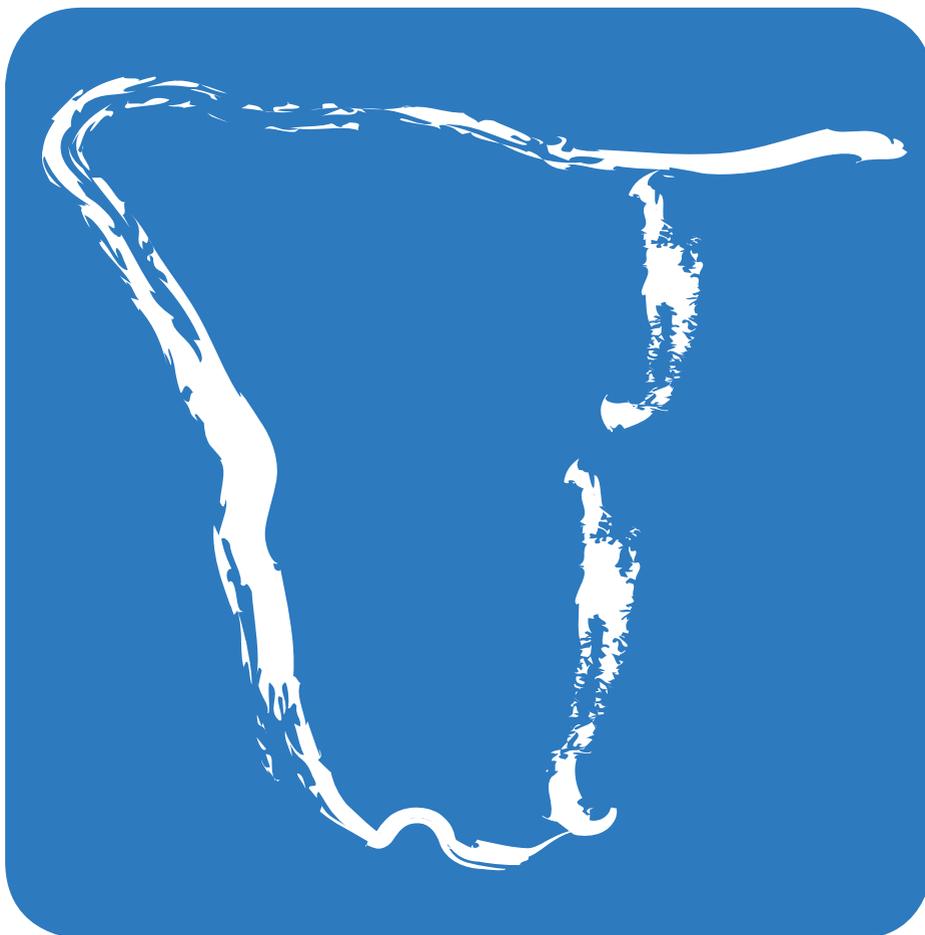
Total Population (2001)	1	1,830,330
% population under 15 years of age (2001)	1	43
Population distribution % rural (2001)	1	67
Life expectancy at birth f/m (2001)	1	50/48
Under-five Mortality rate per 1000 live births (2006/07)	2	69
Maternal mortality ratio per 100 000 live births (2006/07)	2	449
Total expenditure on health as % of GDP (2006/07)	3	8.3
General government expenditure on health as % of general government expenditure (2006/07)	3	11.3
Human Development Index Rank out of 177 countries (2009)	4	128 (0.686)
Gross National Income (GNI) per capita PPP USD (2008)	5	6,250
Adult (15+) literacy rate (2001)	1	81
Adult male (15+) literacy rate (2006/07)	2	88.6
Adult female (15+) literacy rate (2006/07)	2	90.9
% population with access to improved drinking water source (2006/07)	2	88
% population with improved access to sanitation (2006/07)	2	34

Sources:

- 2001 Census
- Namibia Demographic and Health Survey (NDHS) 2006/07
- National Health Accounts, 2008
- Human Development Report 2009, UNDP
- World Bank, International Comparison Programme Database (accessed 10 May 2010)



HEALTH SITUATION IN NAMIBIA



HEALTH SITUATION IN NAMIBIA

Since independence, health continues to be a priority for the Government of Namibia, as evidenced by the number of health sector reforms and developments that have taken place under the Primary Health Care (PHC) strategy and approach. There has been a significant increase in the coverage of and access to health and social welfare services. The current healthcare network consists of nearly 1500 health and social welfare service points (see Table 2). The per capita expenditure on health increased from \$143 in 2001/02 to \$276 in 2006/07.²

The public health sector consists of the central, regional and district levels. The central level has devolved authority to the 13 regional directorates and 34 districts. It is estimated that public health care facilities serve 85% of the Namibian population and is mostly accessed by lower income groups. The private for-profit healthcare system mostly serves the remaining 15% of the population, consisting of middle and high income groups.

The major challenges facing the public health sector relate to the high burden of communicable diseases, high maternal mortality ratio, child malnutrition, severe institutional capacity gaps, duplication of structures, systems and functions, and inadequate organizational development. Policies, strategies and mechanisms to establish linkages between formal structures and communities as well as coordination among the various partners in the health sector are lacking.

Access to Health care

Despite the number of available health and social welfare points, access to health care is a concern for a large number of Namibians due to remoteness and long distances. Overall, there are three health workers per 1000 population, slightly above the WHO recommendation. However, this number masks a critical skills shortage in the public sector, which has barely two health workers per 1000 population.

Table 2: Number of Public Health Facilities in Namibia

Outreach Points	1,150
Clinics	265
Health Centres	44
District Hospitals	30
Intermediate Hospitals	3
National Referral Hospital	1

Moreover, within the public sector there are chronic shortages of frontline workers, in particular doctors and nurses. According to the 2006/07 Namibia Demographic Health Survey (NDHS), one in five households is within 15 minutes of a government health facility and three in five are within one hour of a health facility. However, significant differences in access exist between urban and rural households. The latter are 114 minutes away from the nearest government health facility, whilst the former is 25 minutes away.



HEALTH SITUATION IN NAMIBIA

Major Communicable Diseases

The burden of communicable diseases remains quite high and predominant, in spite of encouraging signs of decline in the burden of HIV/AIDS, Tuberculosis (TB) and Malaria. For example, the number of pregnant women who tested positive for HIV dropped from 19.9% in 2006 to 17.8% in 2008. Notwithstanding this improvement, the HIV/AIDS prevalence remains very high in general and among the youth in particular, which is of great concern. However, there is progress in terms of the reduction of new infections among youth aged 15-24 years. For instance, HIV prevalence among youth aged 15-19 and 20-24 years old dropped between 2000 and 2008 from 12% to 5% and 20% to 14% respectively.

TB remains a serious health problem. There has been an increase in the Case Notification Rate (CNR) recorded in the period between 2007 and 2009. In 2007, there were 722 cases per 100 000 population increasing to 733 per 100 000 in 2009. However, the TB treatment success rate improved gradually and was recorded at 83% in 2007. Despite this positive trend, the emergence of Drug-Resistant Tuberculosis (DR-TB), in the form of Multi-Drug Resistant Tuberculosis (MDR-TB), and Extensively Drug Resistant Tuberculosis (XDR-TB) is posing a significant challenge, with nearly 400 cases of all forms of DR-TB recorded in 2009 alone.

The National Malaria Control Programme has successfully introduced and rapidly scaled-up malaria control interventions since 2005,

prioritizing high risk districts. This significantly reduced morbidity and mortality due to malaria. Namibia is aiming to eliminate malaria and is gearing its efforts towards this major goal, in coordination with other countries in the sub-region.

Noncommunicable Diseases

The surveillance, prevention and control of noncommunicable diseases (NCD) is in need of great attention. Health facility data indicate hypertension and diabetes as the leading causes of morbidity among adults. Various cancers are also estimated to be on the rise. Substance abuse and mental, neurological and psychosocial disorders, as well as increasing overweight and obesity rates are of concern. Risk factors such as poor diet, tobacco use, physical inactivity and alcohol abuse must be reduced to prevent chronic diseases and improve quality of life as well as increase life expectancy. This requires urgent advocacy, health promotion, resource mobilization and control efforts.

Maternal, Newborn, Infant and Child Morbidity and Mortality

The steady increase in the maternal mortality ratio over the past years, coupled with the reversal and insufficient decrease in infant and under-five mortality rates are major challenges. The maternal mortality ratio almost doubled between 1992 and 2006/07 from 225 to 449 per 100 000 live births. This translates to an estimated 350 mothers dying from pregnancy-related causes every year, despite high antenatal clinic (ANC) attendance and high rates of delivery at health facilities. One of the underlying causes of maternal mortality is the low coverage of emergency obstetric care services (EMoC) and HIV/AIDS.

Slow progress has also been made to reduce infant and under-five mortality rates since 2000, according to the 2006/07 NDHS. The infant mortality rate increased from 38 in 2000 to 46 deaths per 1000 live births in 2006/07. Similarly, under-five mortality rose from 62 in 2000 to 69 deaths per 1000 live births. Inadequate nutrition, HIV/AIDS and insufficient immunization coverage are some of the underlying causes of the high morbidity and mortality of children under five years of age. Only 69% of children aged 12-23 months were fully immunized in 2006/07, although this represents progress from only 65% in 2000.

Children in rural areas are less likely to be immunized as compared to those in urban areas. Similarly, poorer children are less likely to receive all basic vaccinations, as opposed to children from a higher income background (59% versus 82% respectively).

HEALTH SITUATION IN NAMIBIA

Natural Disasters and Health Emergencies

Namibia is prone to natural disasters such as floods and droughts. This has a significant impact on the health sector. Access to health facilities are compromised, as is provision of life-saving medicines and care. Regional Health Management Teams invariably have to establish relocation camps on higher ground and near existing health facilities. Consequently, health workers not only have to service the existing catchment population, but also those who are flood affected, thereby exceeding health workers' capacity.

Disease surveillance and control during the pre-emergency period is often less than optimal. When an emergency occurs, additional support is generally required to heighten surveillance and response. Given existing poor sanitation conditions, water-borne and vector-borne diseases, such as cholera and malaria can easily spread and become a general threat. It becomes necessary to pre-position medicines and supplies as well as deploy strategies to ensure adequate supplies for patients on chronic medications (for example, for hypertension, diabetes, TB and HIV/AIDS). Furthermore, maternal and child health, including malnutrition is a concern during emergencies. The Government is increasingly taking measures to establish strong coordination mechanisms and build capacity at national, regional and local levels for disaster risk reduction, emergency preparedness and response.



THE HEALTH SECTOR PARTNERS AND WHO'S ROLE



HEALTH SECTOR PARTNERS AND WHO'S ROLE

Civil Society

Churches and Non-Governmental Organizations (NGOs) play a significant role in protecting and promoting the health and social welfare of the Namibian people. A number of NGOs and Faith Based Organizations (FBOs) are involved in the delivery of health care, particularly at community level, in areas such as HIV/AIDS, TB and caring for Orphans and Vulnerable Children (OVC). However, few of these NGOs are actually involved in the MoHSS planning process, with the exception of some of those working in HIV/AIDS. Furthermore, the majority of NGOs face sustainability challenges related to funding, skills gaps, governance and leadership. There is a recognized need to build the capacity of NGOs so that they can effectively play their role towards improving the health situation for all Namibians.

Private Sector

The private sector is regulated by the Hospitals and Health Facilities Act of 1994 (Act No 36). The private sector consists of 844 private health facilities, including 557 medical practitioners and 75 pharmacies (see Table 3, below). The medical practitioners include dentists, opticians and psychologists

Table 3: Number of Private Health Facilities in Namibia

Private Hospitals	13
Private Health Centres	8
Private Primary Care Clinics	75

Access to the private sector is limited by financial constraints experienced by the majority of the Namibian population. There is potential for improved public-private partnership between the Government and the private sector, both in terms of human resources as well as provision of services.

Donor Community

Namibia's health spending has doubled over the past five years largely due to donor contributions. Up to 79% of all donor funding was directed to health in Namibia in 2006/07, as opposed to only 7.2% in 2001/02. This is largely due to funding provided by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, TB and Malaria (GFATM) - the largest financial contributors among donors in the health sector. Programmatically, HIV/AIDS, and to a lesser extent TB and malaria, received most, if not all of, the twelve-fold increase in donor contributions in recent years. The Spanish Cooperation, German Technical Cooperation (GTZ), the Finnish Government, Synergos and other partners are also providing funding to the health sector.

Meanwhile, national public spending on health is still below the 15% required by the Abuja Declaration. In fact, domestic funding fell as a percentage of overall government budget from 12.7% in 2002/03 to 11.3% in 2006/07. The National Health Accounts (NHA) report of 2008 states that a greater financial commitment is still needed to achieve Namibia's health goals.



HEALTH SECTOR PARTNERS AND WHO'S ROLE

It is critical to ensure that aid effectiveness, harmonization and alignment are put high on the health sector agenda. Resources need to be better allocated according to the Government's national priorities and needs. Most importantly, mutual accountability mechanisms should be developed and implemented. Efforts to devote increased domestic funding to health should be intensified.

United Nations Agencies (UN)

Apart from WHO, there are other UN agencies operating in the Namibian health sector. The United Nations Development Assistance Framework (UNDAF) established in 2005 provides guidance and helps to coordinate UN agencies support to the Government and civil society. This first framework ranges from 2006-2012 and governs joint activities of UN agencies. The Development Partners Group Forum, comprised of the Government, UN agencies and the donor community is a dialogue and coordination platform, jointly chaired by the National Planning Commission (NPC) and the UN. Its aim is to share information, develop joint planning and make recommendations on developmental issues facing Namibia. It is an important body that needs strengthening for improved aid coordination for development, with health as a priority.

Implications of the Changing Landscape of Development Actors and Aid

Notably, while there has been an increase in development aid for health, there is an overall decrease in development aid across all sectors. There is a growing trend among development partners to phase out support to Namibia, due to its re-classification from a lower middle income to an upper middle income country according to the World Bank country classification. This, however, masks the fact that 90% of the population live on approximately 35% of the country's income.

While the health sector is receiving a greater share of the shrinking pool of donor funding available to the country, certain programmatic areas, such as maternal and child health, are receiving little to no funding. Furthermore, there is a significant reduction in the number of development partners supporting the health sector, which has impacted on programming and service delivery.

This trend underlines the need for increased domestic funding, an improved results-based management framework and stronger collaboration and coordination. This will reduce fragmentation as well as improve efficiency. Achieving maximum results and better health will depend on creating synergies and avoiding duplication of efforts. WHO is uniquely and strategically poised to assist in the above endeavours.

WHO's Role and Functions

WHO is the coordinating authority for health. Unlike other development partners, WHO is not a funding organization. Rather, it plays a crucial role in the health sector through its core functions, as follows:

- Provide leadership on global health matters;
- Shape the health research agenda;
- Set norms and standards;
- Articulate evidence-based policy options;
- Provide technical support to countries; and
- Monitor and assess health trends.

WHO's support at country level is informed by the Organization's global and regional strategies, policies and plans, such as the Eleventh General Programme of Work. This document identifies the main health challenges to be addressed globally with relevance at country level. The priority areas include, maternal, newborn, child and adolescent health; malaria; HIV/AIDS and TB; cancer; cardiovascular diseases; chronic respiratory diseases; diabetes; tobacco use; and the promotion of healthy lifestyles.

Another main challenge identified is recurrent man-made and natural disasters, compounded by inadequate capacity for early warning, disaster risk reduction, preparedness and response. WHO plays an important role as the leader of the Inter-Agency Standing Committee (IASC) Health Cluster and works with humanitarian country teams to better address health and other aspects of such crises.

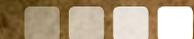
WHO Mission and Vision 2020

Mission

The attainment by all peoples of the highest possible level of health.

Vision 2020

Overcoming diseases related to poverty, exclusion and ignorance in a context of good governance and autonomous development of a proactive health system, for a decent and worthy living, by the year 2020.

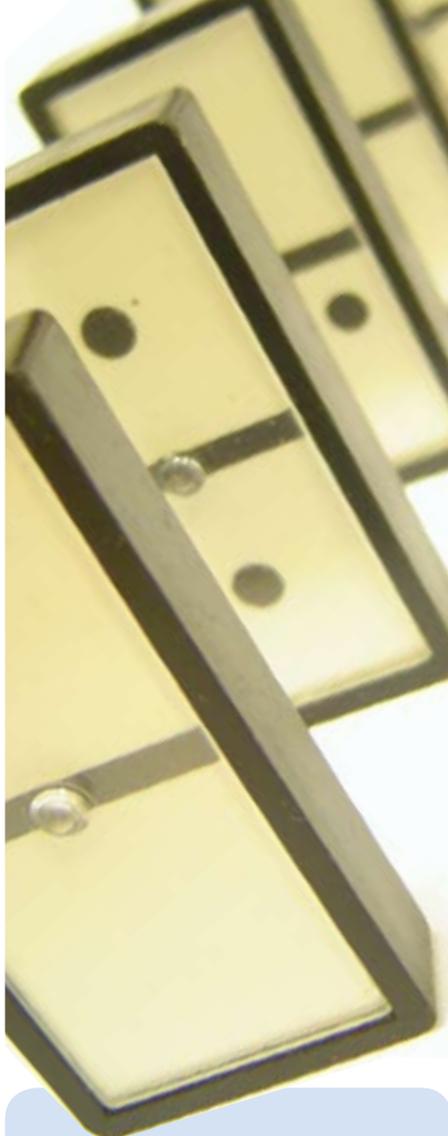


WHO's previous programme of cooperation with Namibia, developed in consultation with key partners and the MoHSS focused on the following main priority areas:

- Improving health systems;
- Primary Health Care (PHC) development and management, communicable diseases surveillance;
- Prevention and control of vaccine preventable diseases;
- HIV/AIDS, sexually transmitted infections (STIs), TB, malaria; and
- Promotion of reproductive and adolescent health.

This new strategic agenda for 2010-2015, is the result of a careful review of WHO Namibia's technical, operational and administrative capacity along with a comprehensive scan of the external environment. External environmental challenges include the shortage of technical capacity at the MoHSS, lack of coordination among development partners, the epidemiological transition, gaps in service delivery, cross-border issues, and social and economic determinants.

WHO's core strength is its ability to provide strategic, policy and technical advice; leadership; advocacy and support coordination across the health sector to address these challenges. WHO Country Office (WCO) will continue to utilize the global WHO network for mobilizing resources and expertise to address health challenges in the country, whilst coordinating with and supporting country-level actors to ensure sustainable health outcomes for all Namibians.



Improved partner collaboration and coordination will ensure the best use of resources with the least cost, create synergies, avoid duplication of efforts and achieve maximum results for better health outcomes.

PRIORITIES FOR WHO SUPPORT TO NAMIBIA 2010-2015



Strengthening the Health System



Combating Priority Diseases



Improving Maternal, Newborn, Child and Adolescent Health



Promoting a Safer and Healthier Environment



PRIORITIES FOR WHO SUPPORT TO NAMIBIA 2010-2015

Namibia has made some progress towards achieving a few of the targets set under the Millennium Development Goals (MDGs), namely: poverty reduction, gender equality, education, HIV/AIDS, TB and malaria. With five years to go, further advancement is needed, particularly with regard to the health-related MDGs. These are MDG 4: Reduce Child Mortality; MDG 5: Improve Maternal Health; and MDG 6: Combat HIV/AIDS, malaria and other diseases.

The country has made little progress towards achieving the MDG targets 4 and 5. By 2015, the under-five mortality rate ought to have been reduced to 55 deaths per 1000 live births. However, in 2006/07, 69 deaths per 1000 live births were reported. Also, the maternal mortality ratio (MMR) almost doubled since 1992, from 225 deaths per 100 000 live births to 449 deaths per 100 000 live births in 2006/07. Without a massive scale-up of efforts, these targets are unlikely to be achieved.

The remaining five years are critical for Namibia to turn the tide on the vicious circle of poverty and ill health. The health indicators in 2015 and beyond will depend on taking the vigorous and bold actions that are needed now to make a positive and sustainable difference in people's lives.

WHO's Country Cooperation Strategy 2010-2015 has been developed in close consultation with the MoHSS and key partners in health and is aimed at accelerating progress towards attaining the MDGs by 2015.

Figure 2: The Millennium Development Goals (MDGs)



To this end, WHO, MoHSS and other health partners have agreed on the following four strategic priorities for the period 2010-2015:

- **Strategic Priority 1:**
Strengthening the Health System
- **Strategic Priority 2:**
Combating Priority Diseases
- **Strategic Priority 3:**
Improving Maternal, Newborn, Child and Adolescent Health
- **Strategic Priority 4:**
Promoting a Safer and Healthier Environment

Figure 3 depicts the four priorities and shows that the first priority, Strengthening the Health System, lays the foundation for success in all other areas. WHO support for resource mobilization, capacity building, research, monitoring and evaluation will be covered under this strategic priority, and will underpin all the other priority areas.

As part of health systems strengthening, WHO will assist to ensure improved access, coverage, equity and quality of health services. These include accessible and affordable promotional, preventive, curative and rehabilitation services. These services should be delivered in a continuum of care from home, community, workplace and health facility, in line with the renewed Primary Health Care (PHC) strategy.

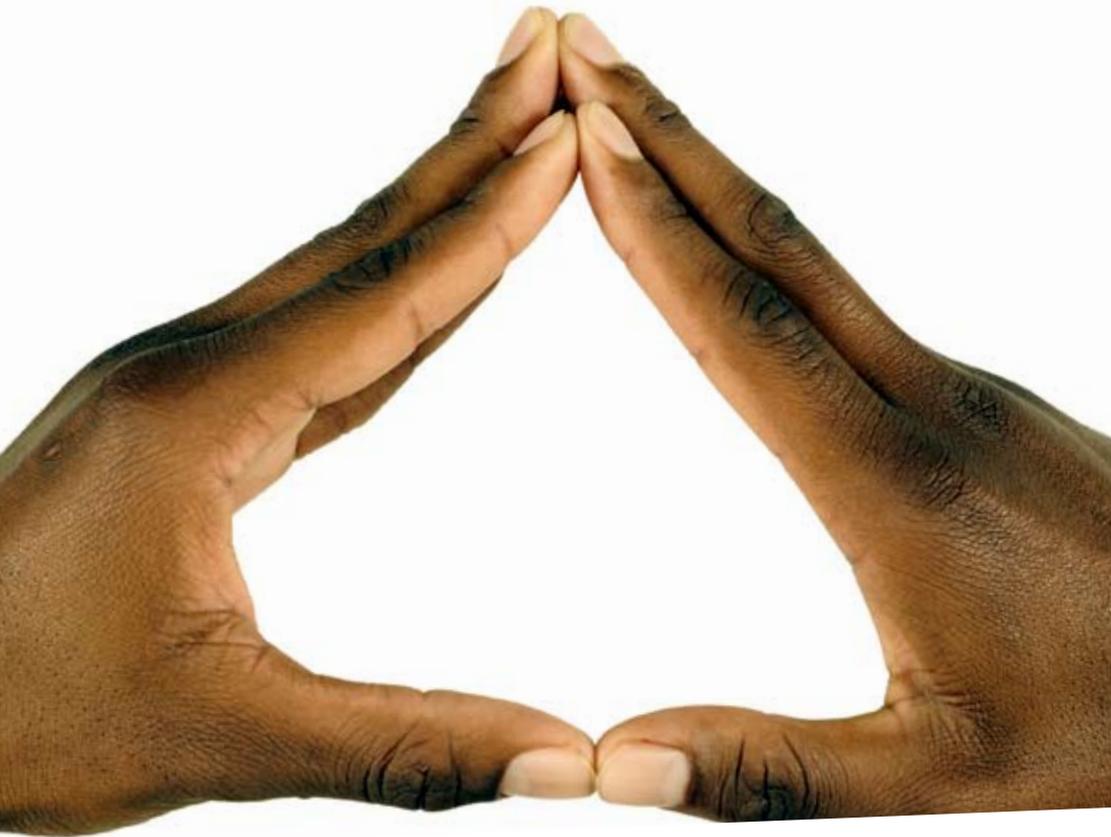
Figure 3: WHO's Strategic Agenda



STRENGTHENING THE HEALTH SYSTEM

STRATEGIC PRIORITY 1

STRENGTHENING THE HEALTH SYSTEM



A health system is more than a country's ministry of health. It is made up of all the organizations, institutions, resources and people whose primary purpose is to improve health.

For the Government to offer health services that are available and affordable to all, it should have an efficient and effective health system in place. Some of the major health challenges facing Namibia today include, organizational development and financial challenges. There is a need to strengthen the MoHSS ability to guide and coordinate health sector partners to ensure the best use of resources for maximum health outcomes. As identified by the MoHSS, the entire system needs to be streamlined to eliminate the duplication of structures and functions that currently exists.

WHO's support will be directed towards ensuring that the health system is strengthened to provide equitable, affordable and high quality services, particularly to disadvantaged and marginalized populations in line with the Primary Health Care (PHC) strategy.

OUTCOME

An efficient health system that is responsive to health needs and provides equitable and affordable access to quality health care⁴.

FOCUS AREAS

- 1.1 Governance
- 1.2 Human Resources Development
- 1.3 Health financing
- 1.4 Health information systems
- 1.5 Medical products, vaccines and technologies
- 1.6 Service delivery

STRATEGIES

1.1 GOVERNANCE

WHO will support the MoHSS to establish health sector coordination mechanisms along with improved governance strategies and structures. This will entail a review of its existing mechanisms of cooperation and coordination. Where necessary, WHO will support the development of new or improved coordination frameworks to ensure a system that is cross-functional, comprehensive, inclusive, effective and sustainable. This will also enable the functions of the Ministry relating to oversight, regulation and accountability to be carried out more efficiently. Furthermore, it will create a conducive environment for improved alignment and harmonization of priorities among partners and the MoHSS. Finally, WHO will also encourage mutual accountability.



3. MoHSS. 2008. *Health and Social Systems Review Report*. Republic of Namibia; *Namibia Demographic and Health Survey (2006/07)*. Namibia.

4. The six focus areas are the six building blocks of the WHO HSS strategy as detailed in "Everybody's business, Strengthening health systems to improve health outcomes," 2007.



STRENGTHENING THE HEALTH SYSTEM

Capacity to address current issues and identify future challenges must be strengthened. Effective information gathering and research are vital for informed decision making and good governance. WHO will therefore assist in developing systems to support these areas. This will allow for the health system to be responsive to existing and emerging needs. Establishing better functional links between programmes across the health sector (including civil society and the private for-profit sector) will be a key component of this strategy. Improved oversight and coordination role of the MoHSS, will need to be strengthened.

1.2 HUMAN RESOURCES DEVELOPMENT

Namibia has training institutions for the training of nurses, midwives and medical doctors. The country has a newly established Medical School and is in the process of establishing a School of Pharmacy for the training of pharmacists. WHO will provide upstream technical support to these institutions at the University of Namibia (UNAM), and other higher learning institutions, such as the Polytechnic of Namibia and the National Health Training Centre. Assistance will also be extended to in-service training and support. WHO will further assist the Ministry in the process of developing strategies for employing, re-deploying, motivating, retaining and orienting health workers, and finding ways to take essential healthcare services to remote and underprivileged areas.

1.3 HEALTH FINANCING

WHO will support the MoHSS to mobilize and equitably allocate funds for services to reach the people who need them most. WHO will work with the National Assembly, the Ministry of Finance, the National Planning Commission (NPC) and the Southern African Development Community (SADC) Parliamentary Forum and other partners to influence Government's allocation of funding to the health sector. The MoHSS, with support from WHO and other partners will also ensure that financial barriers to health care are removed, access improved and people protected from financial risk and catastrophic expenditure for health. This will be achieved through a comprehensive health financing policy and strategy that is equitable as well as affordable.

1.4 HEALTH INFORMATION SYSTEMS

For an improved and responsive healthcare system, it is vital to keep abreast of and understand how the different factors, interventions and determinants interact and impact on people's health. This requires that accurate, timely, reliable and verifiable health data are collected, analyzed and used for decision making. To this end, WHO will continue to assist the MoHSS to develop an integrated and sound health information system at all levels, including the private sector. Support for capacity building in the area of health research will also be provided.

1.5 MEDICAL PRODUCTS, VACCINES AND TECHNOLOGIES

The MoHSS currently purchases medicines, vaccines and supplies and is self reliant in this area, excluding the procurement of antiretrovirals (ARVs). WHO, in partnership with other actors, will assist in identifying options and implementing robust and alternative procurement systems backed by improved governance in the pharmaceutical sector. The Ministry and other partners will be supported to ensure that only medical products of a high standard are used and the safety of patients is protected through vigorous pharmacovigilance systems and strategies to prevent and limit the spread of microbial resistance. Building the capacity of the National Institute of Pathology (NIP) to become a Public Health Laboratory will be an important element of the strategy. Furthermore, blood safety will continue to be a critical area of support.

EHealth is the use of electronically transmitted, stored and retrieved data that can be shared through a network of computers to support health care, both locally and from a distance. WHO will explore, with the Ministry and other partners, possibilities of using eHealth to improve access to health care and minimize the shortage of qualified human resources in specific areas.

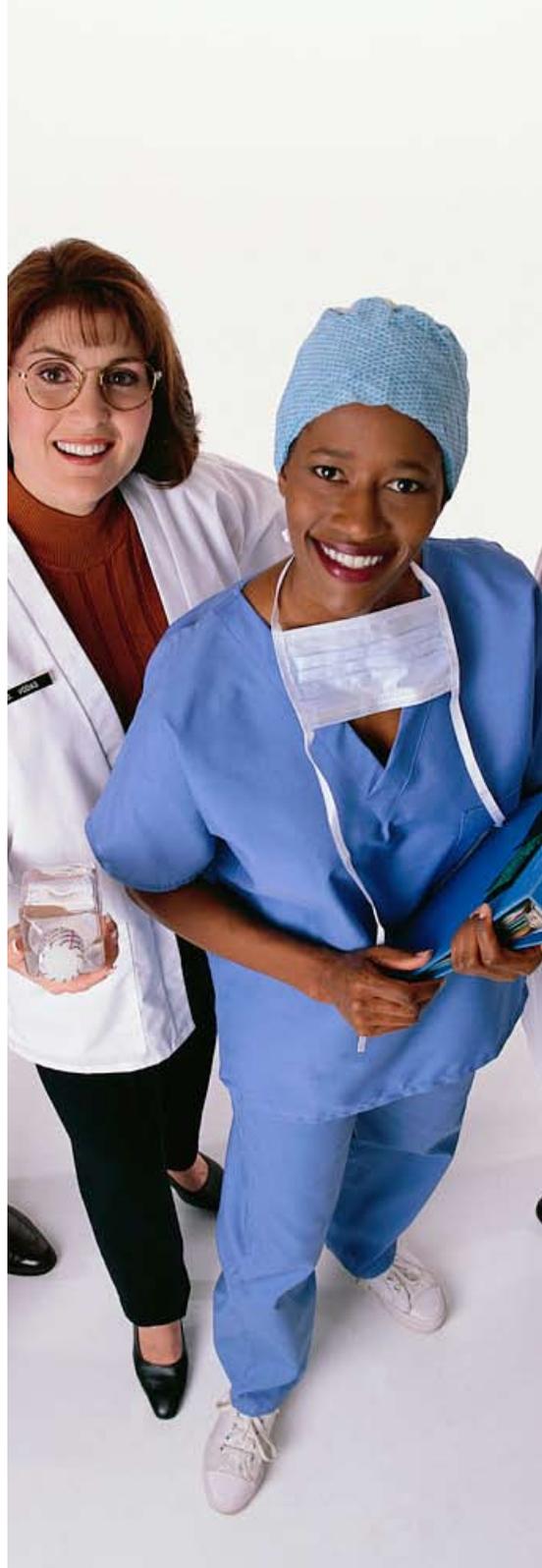


1.6 SERVICE DELIVERY

The Primary Health Care (PHC) strategy is key in the MoHSS approach to better health for the Namibian population. Support will be provided to ensure that health care service delivery is aligned with PHC principles and approaches and is people-centred.

The country's referral system is weak and does not cater for a continuum of care approach. For improved access to and coverage of quality health services, there is a need to improve and develop a more structural approach for establishing linkages between communities and health facilities. In so doing, WHO will continue to support the development of innovative cross-functional linkages at national, regional and district levels, in order for all people to receive quality health care that responds to their needs, wherever they are in Namibia.

Given the involvement of civil society and the private sector in the provision of health care, WHO will provide technical support for public-private cooperation to improve health service delivery.



STRATEGIC PRIORITY 2

COMBATING PRIORITY DISEASES



COMBATING PRIORITY DISEASES

The MoHSS Strategic Plan 2009-2013 places priority on HIV/AIDS, TB and malaria. Successful control of these diseases will also necessitate Namibia working together with neighbouring countries in the framework of the SADC Health Protocol, WHO resolutions and recommendations, and other relevant instruments. WHO will assist the MoHSS to coordinate and build partnerships for a multi-sectoral response to HIV/AIDS and other priority programmes. WHO will continue to promote the adoption and implementation of sound public health strategies and approaches to scale up HIV/AIDS, TB and malaria prevention, treatment, care and support, as well as ensure that the prevention and control of noncommunicable diseases are given adequate attention.

WHO's support will be geared towards achieving universal access to HIV/AIDS, TB and malaria prevention treatment, care and support services. Similarly, support will be provided to prevent the occurrence and reduce the impact of other communicable and noncommunicable diseases.

OUTCOME

Improved prevention and control of communicable and noncommunicable diseases

FOCUS AREAS

- 2.1 HIV/AIDS and tuberculosis
- 2.2 Diseases targeted for elimination and eradication
- 2.3 Noncommunicable diseases

STRATEGIES

2.1 HIV/AIDS and TB

WHO's assistance will continue to focus on four core areas: setting norms and standards; providing policy, strategic and technical guidance for prevention, treatment, care and support; facilitating change and building sustainable institutional capacity; monitoring the HIV/AIDS and TB situation and assessing trends. Currently, one of the main challenges in the prevention and control of HIV/AIDS and TB is the dual infection. Approximately, 60% of TB patients are HIV-positive. A stronger focus will be placed on prevention of HIV/AIDS to avoid new infections, while strengthening the quality of treatment, care and support services to people living with the disease, particularly those people with TB. WHO, through its new HIV/AIDS treatment guidelines, will support the MoHSS to progress from current to more effective treatment options in a sustainable manner. Continued research and technical support is necessary to address challenges related to drug resistance of both HIV/AIDS and TB treatment.

COMBATING PRIORITY DISEASES

2.2 DISEASES TARGETED FOR ELIMINATION AND ERADICATION

Diseases that are targeted for elimination or eradication include measles, neonatal tetanus, malaria and polio. Namibia has already achieved the elimination of neonatal tetanus. The African Regional Certification Commission (ARCC) has also recognized the country as polio free. Support in this area will be focused on ensuring that the country maintains this status until these diseases are eliminated and eradicated worldwide. Efforts towards eliminating malaria are just starting in the country, with a marked decline in the burden of malaria in the past five years. Hence, WHO will support the MoHSS to formulate appropriate strategies and action plans as well as build programme capacity for the long-term goal of malaria elimination.

WHO will continue to support the MoHSS in developing the best strategies for integrating immunization with other programmes such as vitamin A supplementation, distribution of insecticide-treated mosquito nets, growth monitoring and deworming. This approach will ensure the maximum use of financial and human resources as well as improved immunization coverage rates for the eradication of polio, elimination of measles, etc.

2.3 NONCOMMUNICABLE DISEASES

WHO will advocate for due attention to be given to the prevention and control of noncommunicable diseases (NCDs), such as diabetes, cardiovascular diseases, chronic respiratory diseases and cancer. WHO will support the strengthening of surveillance, monitoring and research to establish disease patterns in order to inform policies, strategies and plans for the prevention and control of these diseases.

Partnerships that include the community, civil society and private sector, and the development of community-based approaches to promote healthy lifestyles will be supported. In addition, strategies for promoting mental health and disability prevention will be supported and expanded.

WHO will further assist in the development of the strategic plan for Communication for Behavioural Impact for NCDs and support interventions to reduce risk factors.



IMPROVING MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

STRATEGIC PRIORITY 3

IMPROVING MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Maternal, newborn, child and adolescent health are priority areas for Namibia due to a number of factors such as the rising maternal mortality ratio. Child malnutrition is still very high, and teenage pregnancy and HIV/AIDS among the youth remains a concern. UN agencies are among the key partners that have committed themselves to speed up efforts to improve survival rates of mothers and newborns. WHO will focus on supporting the development of policies, norms, standards, guidelines, research, monitoring and evaluation, and advocacy.

Already, a number of WHO guidelines and training materials for the Integrated Management of Pregnancy, Childbirth and Postpartum including HIV/AIDS, are available and have been adapted to suit the needs of Namibia, such as the Road Map to Reduce Maternal and Infant Mortality. The national health training institutions have materials for midwifery and child health training. Support will be provided to review the standards of training, update these training materials, and improve the quality of on-the-job training and supportive supervision.

WHO will redouble its efforts to ensure that mothers and children do not die of preventable and treatable causes by providing quality technical support, resource mobilization and targeted advocacy to keep women and child health high on the development agenda.

OUTCOME

Improved quality of and access to maternal, newborn, child and adolescent health services

FOCUS AREAS

- 3.1 Emergency obstetric care
- 3.2 Maternal and neonatal death reviews
- 3.3 Integration of reproductive health and HIV/AIDS
- 3.4 Immunization
- 3.5 Child nutrition and Integrated Management of Newborn and Child Illnesses
- 3.6 Adolescent health

STRATEGIES

- 3.1 **EMERGENCY OBSTETRIC CARE (EmOC)**

WHO will focus on supporting training, coaching, mentoring and supervision of frontline health workers on lifesaving skills to ensure equal access to quality EmOC during labour and delivery and high quality neonatal care. Support will be provided to develop and implement a minimum package for these and other essential services at different levels of the healthcare system. Advocacy efforts to revise the scope of work of nurses and midwives, ensure availability of medicines at lower levels of the health system, and improve linkages between community and health facility levels and referral systems will be scaled up.

IMPROVING MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

3.2 MATERNAL AND NEONATAL DEATH REVIEWS

There is a need to strengthen capacity to conduct maternal and neonatal death reviews. This is important for identifying and correcting factors contributing to maternal and neonatal deaths at all levels. Support will be given to training and orientation of the health workforce and establishing mechanisms for conducting reviews. Assistance for increased maternal death notification will be given in line with the provisions made in the draft Public and Environmental Health Bill.

3.3 INTEGRATION OF REPRODUCTIVE HEALTH AND HIV/AIDS

WHO will support the development of health service packages that link Sexual and Reproductive Health (SRH) and HIV/AIDS. WHO will also support the development of policies and guidelines that are sensitive to the needs of both women and men as well as advocate for the rights of all people to be upheld. Efforts will be made to ensure the harmonization and mutual reinforcement of guidelines and tools on Sexual and Reproductive Health (SRH), Maternal and Child Health (MCH), HIV/AIDS and the Prevention of Mother-to-Child Transmission (PMTCT) to ensure consistency of health care delivery at all levels. The use of the newly released WHO guidelines on PMTCT will be widely promoted to catalyze further progress towards elimination of mother-to-child transmission of HIV.

3.4 IMMUNIZATION

Many Namibian children still do not receive the complete routine immunizations scheduled for their first year of life. Support will be provided for increasing coverage and quality of routine and supplementary immunization services. This will be done through technical and financial support in specific areas, including building the capacity of health workers to deliver quality immunization services. Namibia is self-sufficient as far as funding for routine immunization services is concerned. However, there is a need for sustaining the gains and strengthening surveillance for early detection of and response to disease outbreaks (such as measles) that can be prevented through immunization. The polio eradication agenda and the introduction of new vaccines and technologies will continue to be supported through various partnerships, including the Polio Eradication Initiative and the Measles Partnership. Through the Reach Every District (RED) Approach, WHO will continue to support efforts to ensure that each and every child is fully immunized. In order to underpin this approach, WHO will support the monitoring of coverage trends for the identification and immunization of pockets of unreached children.

3.5 CHILD NUTRITION AND INTEGRATED MANAGEMENT OF NEWBORN AND CHILDHOOD ILLNESSES (IMNCI)

Within the context of Integrated Management of Newborn and Childhood Illnesses (IMNCI), strategies, approaches and activities will include support to policy development and integration of interventions. Improved child nutrition will address MDG 1 (Eradicate Extreme Poverty and Hunger) and MDG 4 (Reduce Child Mortality). WHO will support the promotion of exclusive breastfeeding, adequate and safe weaning, complementary feeding for infants and young children, routine growth monitoring, development of therapeutic feeding guidelines and strengthening of nutrition surveillance. Support will also be provided for the adequate integration of neonatal care in IMNCI and scaling up to all districts.

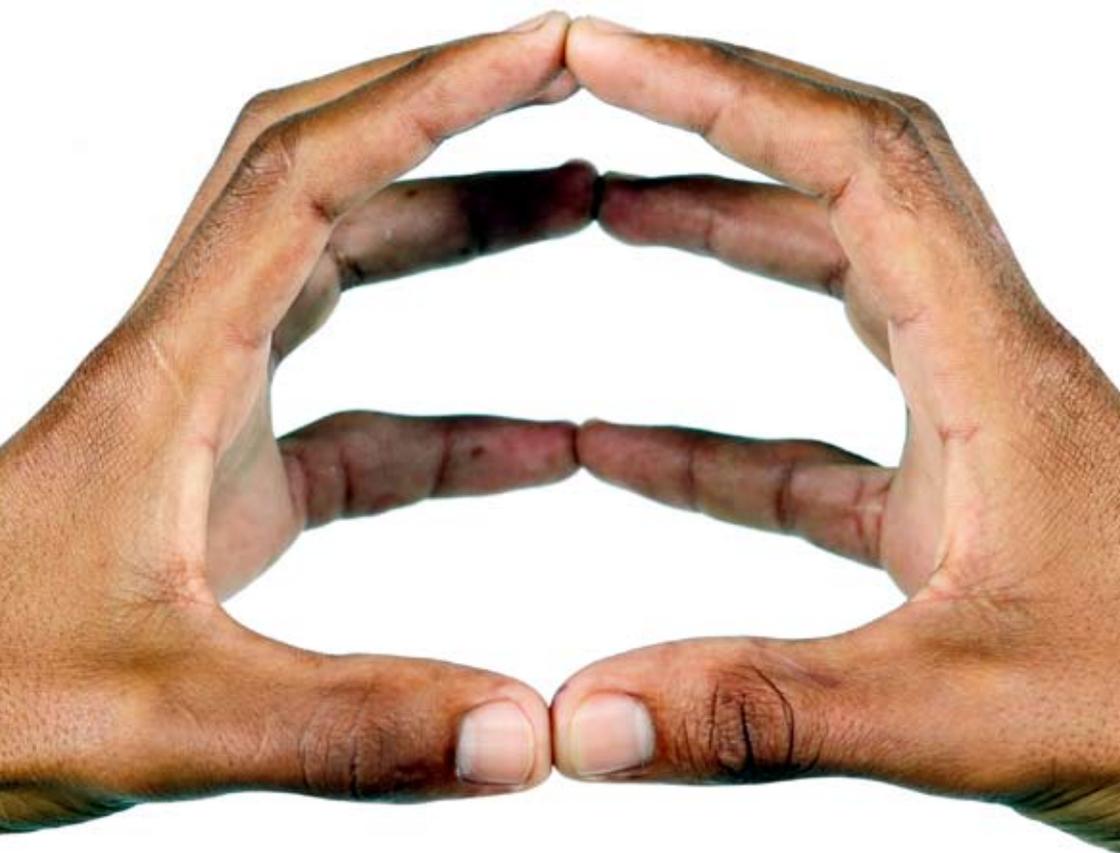
3.6 ADOLESCENT HEALTH

WHO will support the finalisation of the standards and guidelines for adolescent and school health; support a situation analysis on adolescent health; promote maternal and neonatal health services geared towards adolescent mothers; and promote counselling and family planning services for youth. In collaboration with other partners, WHO will also promote and support the strengthening of school health programmes to improve access to quality health information and counselling services for all adolescents.



STRATEGIC PRIORITY 4

PROMOTING A SAFER AND HEALTHIER ENVIRONMENT



PROMOTING A SAFER AND HEALTHIER ENVIRONMENT

This strategic priority is in line with MDG 7 (Ensure environmental sustainability) and contributes to other health related MDGs. Recent emergencies such as droughts and floods in Namibia signal the importance of addressing climate change to promote health. These events emphasize the need for better planning and coordination among different partners, and the importance of sound policies and strategies to promote environmental health as a component of broader preventative interventions to promote and protect people's health and livelihoods.

The focus on environmental health will address issues related to water quality, food safety, sanitation standards, and the impact of climate change on health. A number of gaps in the capacity for emergency response have become evident at regional and local levels. Emergency response is coordinated by the Directorate of Disaster Risk Management (DDRM) within the Office of the Prime Minister (OPM), with responsibilities shared between various line ministries.

WHO will use its comparative advantage to support comprehensive planning, taking into account regional preparedness and response needs. UN agencies play an important role and organizations such as the Namibian Red Cross Society (NRCS) have been active in initiating and supporting emergency appeals and responses.

Within the UN system, WHO acts as the Health Cluster Coordinator for emergency and humanitarian assistance. During crises, the

Inter Agency Standing Committee (IASC) Health Cluster under the leadership of WHO will guide and support the Humanitarian Country Team (HCT) to better address health and related aspects of humanitarian crises.

The WHO network for Health Action in Crises serves as a convener which provides information and services, and mobilizes partners to agree on standards and courses of action for the health response. WHO Country Office (WCO) is able to leverage timely and adequate support through this network and play a similar role at country level.

Cognizant of the increasing frequency, magnitude and impact of disasters due to climate change and other natural phenomena, as well as the interconnectedness of the world we live in, WHO will strengthen its support to disaster risk reduction, early warning, preparedness and response capacity. Additionally, WHO will promote healthy lifestyles and advocate for addressing inequities rooted in social determinants of health.



PROMOTING A SAFER AND HEALTHIER ENVIRONMENT

OUTCOME

Improved health security

FOCUS AREAS

- 4.1 Emergency risk reduction, preparedness and response
- 4.2 International Health Regulations (IHR 2005)
- 4.3 Environmental health
- 4.4 Health promotion

STRATEGIES

4.1 EMERGENCY RISK REDUCTION, PREPAREDNESS AND RESPONSE

WHO will assist the MoHSS to improve the capacity for health emergency risk reduction, preparedness and response. The strategies that will be used include: vulnerability and risk assessment; development of a comprehensive national emergency preparedness and response plan; and training of personnel in emergency preparedness and response.

Assistance will also be provided for the development of specific capacities, such as for the following:

- Mass casualty management systems;
- Improved coordination with other ministries and sectors, such as the DDRM; and
- Coordination with the international humanitarian community.

WHO will also:

- Support assessments of the safety of health infrastructure and the preparedness of hospitals and health facilities for emergencies;
- Support the development of community-based approaches to risk reduction and disaster management;
- Assist in monitoring and evaluation of the emergency response;
- Assist in gap filling, and
- Facilitate the dissemination of lessons learnt and best practices.

4.2 INTERNATIONAL HEALTH REGULATIONS (2005)

The World Health Assembly adopted the revised International Health Regulations (IHR) in 2005 and their implementation came into effect in June 2007. The purpose and scope of the IHR (2005) are “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”. In Namibia, the IHR (2005) will be implemented within the framework of Integrated Disease Surveillance and Response (IDSR). Therefore, the IDSR guidelines and tools will be reviewed, updated and brought in line with the IHR (2005). WHO will work closely with the MoHSS and other partners to build capacity for detecting and containing any public health emergency of international concern and improve disease surveillance and reporting.



4.3 ENVIRONMENTAL HEALTH

WHO will support the adoption and effective implementation of policies on improved road safety to enhance disability prevention and rehabilitation as well as reduce mortality. In the area of sanitation and hygiene promotion, WHO will complement the efforts of MoHSS and other partners. The focus will be on strengthening capacity to ensure sanitation standards, water quality and food safety. WHO will advocate for and collaborate with the Ministry of Education for the implementation of school initiatives, including hygiene promotion.

4.4 HEALTH PROMOTION

Health promotion is a cross-cutting component of all health programmes. WHO will facilitate and support the promotion of sound strategies to secure capabilities and resources for health promotion. These strategies will be based on the collection and analysis of data about the main socio-economic determinants of health in Namibia. This data will be critical for developing evidence-based advocacy strategies and health promotion policies that address health inequities, whilst also empowering communities to adopt healthy lifestyles.



STRATEGIES FOR IMPLEMENTATION



IMPLEMENTING, MONITORING AND EVALUATING THE STRATEGIC AGENDA

The strategic agenda for the next six years is an ambitious but achievable goal. To successfully implement it, all the necessary resources, processes, structures and systems have to be established and/or reinforced. At country level, the most important areas for attention are human resources, finances, technical support and partnerships.

Getting it Done

Technical support is an important core function of WHO. It is therefore essential that the WCO continues to employ, retain and develop qualified and experienced staff. Technical expertise must also be enhanced through greater integration across programmes in a spirit of teamwork and shared learning. The highest level of client service excellence must be applied to partner requests, which will be responded to with professionalism and integrity across the Organization. WHO's values and principles, which include solidarity, equity, ethics, cultural sensitivity and gender equity will serve as a true source of support for its work.

The consequences of the recent global financial crisis requires the WCO to take an even more proactive and deliberate role in securing funding for its activities. Thus, a key activity will be to mobilize additional financial resources to complement national and partner efforts. WHO Headquarters and the Regional Office as well as the Inter-country team will play important roles in providing complementary strategic, technical and programmatic support, as well as supporting the mobilization of resources.

Although considerable strides have been made in the health sector, a more coordinated effort by all public and private partners, and civil society involved is needed to achieve the ultimate goal of better health for all. WHO is uniquely positioned to support bringing together all stakeholders and facilitate improved coordination through meaningful dialogue and interaction on health matters.

WHO will continue to support the MoHSS to effectively coordinate the work of its health partners by reaching out, leveraging resources and building stronger relations with civil society, public and private sectors. Improved coordination will reduce programme and aid fragmentation and increase accountability to ultimately foster better partnerships and achieve results.

WHO's value system and principles, which include solidarity, equity, ethics, cultural sensitivity and gender equity, will serve as a true source of support for its work.



Monitoring and Evaluation: Keeping us on Track

There are many factors that may have an effect on the progress to be made in the next six years. To assess how the CCS is being implemented, a monitoring and evaluation plan will be developed at different levels. At the highest level, annual reviews, a mid-term review and a final evaluation will be conducted. The final evaluation will be done in 2015, including an in-depth case study. Apart from these, reports generated through and by other initiatives and frameworks such as the UNDAF, MDG progress reports and MoHSS strategic plan progress reports will feed into the CCS monitoring and evaluation process.

The CCS will be made operational through bi-annual work plans with a results-based framework. These plans will contain clear indicators and targets at input, output and outcome level for the identified strategic priorities. Armed with this valuable monitoring and evaluation data, and information from these instruments and sources, WCO in partnership with the key health partners will be able to stay on track and alter its course appropriately as it journeys towards achieving its strategic agenda in Namibia.

WHO's four pillars are geared towards improving health outcomes through strengthened health systems, control of priority diseases, the improvement of maternal, newborn, child and adolescent and the promotion of a safer and healthier environment through and with its valued partners.

CONCLUSION

Health is a complex interplay of biological, social, economic and environmental determinants. While progress in technology, increased scientific knowledge and economic development have improved health outcomes around the world, these improvements are significantly lower within and across developing countries, including Namibia.

Technical cooperation with countries is one of WHO's most critical functions. It enables countries to access timely and quality technical support to articulate and effectively implement their health policies and strategies around evidence-driven interventions and approaches.

The 2010-2015 Country Cooperation Strategy between the MoHSS and the WHO covers a period of six years. It describes the major areas of collaboration and cooperation, outlines the strategic agenda and underscores the particular role of other partners in the health sector.

This strategy is a result of elaborate consultations, involving a broad range of stakeholders within and beyond the sector. It is

articulated around the needs and challenges identified by the MoHSS and its partners, as well as the major roles, functions, policies and initiatives of the Organization and the United Nations Development Assistance Framework (UNDAF).

Its four pillars are geared towards improving health outcomes through strengthened health systems, control of priority diseases, the improvement of maternal, newborn, child and adolescent health, and the promotion of a safer and healthier environment. It embraces major international initiatives and goals, as well as national targets and development priorities. The strategic areas identified also take cognizance of anticipated needs, challenges and attempts to respond to changes over time.

It is WHO's deliberate intention to continue building alliances and working closely with the MoHSS and its partners for the implementation of this strategic agenda and the attainment of the MDGs in Namibia.





WHO Namibia Contact Information

P.O. Box 3444, Windhoek, Namibia

Tel: +264 61 255 121/171 / Fax: +264 61 204 6202

Email: registry@na.afro.who.int

Website: www.afro.who.int