

## NAMIBIA



This map is an approximation of actual country borders

Namibia gained its independence 20 years ago. It is an upper middle income country situated in the south western part of Africa and has a surface area of 824,116 square km. With a population of nearly 2 million inhabitants, it has one of the lowest population density per square kilometer. It also has one of the highest income inequalities in the world, with a Gini coefficient of 0.6. It is estimated that 27.6% of the population is poor, including 13.8% of severely poor. The population is mainly rural and nearly two thirds of the population lives in the four northern regions. Namibia is frequently confronted with natural disasters such as floods and droughts.

The country is divided into 13 administrative regions and has a well established network of road, rail, port facilities and modern telecommunication infrastructure. The economy, traditionally based on natural resources is increasingly diversifying, with processing of diamonds, zinc copper, etc. The tourism sector is also expanding very rapidly.

Most of the population is young (43% under the age of 15 years). Namibia experienced a high population growth rate of over 3% between 1981 and 1991; which declined to 2.6% per year between 1991 and 2001, due to many factors, including a generalized and matured HIV/AIDS epidemic.

It is a politically stable country with a multi-party system in place. Namibia's national vision is to become a prosperous and industrialized nation, developed by her human resources, enjoying peace, harmony and political stability by 2030.

### HEALTH & DEVELOPMENT

At independence, Namibia inherited a fragmented health system based on racial segregation, and marked by a concentration of infrastructure and services in urban areas. Since independence, a number of health sector reforms have taken place based on the Primary Health Care approach, and there has been a significant increase in the coverage of various services. The country has a large, dispersed and complex health infrastructure network consisting of about 1,150 outreach points, 265 clinics, 44 health centres, 30 district hospitals, 3 intermediate hospitals and 1 national referral hospital, as well as various social welfare service points. The public health sector is structured in a three-tier hierarchy with central, regional and district levels. The central level has devolved authority to 13 MoHSS regional directorates and 34 Districts.

Health remains one of the priorities of the Government, thus receiving a relatively high share of funds from the public purse, and is now the leading priority area for donors, accounting for 79% of all donor disbursements in Namibia.

Major health development challenges include a high HIV/AIDS prevalence and a concomitant tuberculosis epidemic; a significant burden of malaria; an increasing maternal mortality ratio and stagnating reduction of under-five mortality. Major causes of morbidity among children under five years of age are respiratory diseases and diarrhoea. Child malnutrition is very high, with 29% of children stunted, 17% underweight and 8% wasted (NDHS 2006/07). There is however a high Antenatal Care attendance (94.6%, NDHS, 2006/2007) and 81% of births occur in health facilities (NDHS, 2006/2007). Skilled human resources are scarce and unevenly distributed between the public and private sector as well as urban and rural areas.

It is estimated that non-communicable diseases are on the increase but there is lack of reliable data to establish the diseases pattern. Alcohol abuse is common. There is a decline in fertility and life expectancy at birth - 50 years for females and 48 for males (2001 Census), as opposed to 63 years and 59 years respectively in 1991. This is largely attributable to the impact of HIV/AIDS.

The Ministry of Health and Social Services is implementing its five years National Strategic Plan (2009-2013), which is in line with other national development policies and frameworks. The country has embarked on a series of public health reforms, aimed at improving access to affordable and quality health care by all Namibians.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>▪ Peace, stability and rule of law;</li> <li>▪ Committed human resources at the WCO level;</li> <li>▪ Perceptions on positive role of WHO;</li> <li>▪ Availability of technical support from Intercountry, Regional and Headquarters level;</li> <li>▪ Ongoing health sector reforms</li> </ul>	<ul style="list-style-type: none"> <li>▪ High HIV/AIDS prevalence;</li> <li>▪ Increasing unemployment and poverty;</li> <li>▪ Inadequate human resources;</li> <li>▪ Financial and economic crises;</li> <li>▪ Occurrence of natural disasters (floods and drought);</li> <li>▪ Heavy dependency on voluntary and donor contributions;</li> </ul>

Total population (2001) <sup>1</sup>	1,830,330
% Under 15 (2001) <sup>1</sup>	43
Population distribution % rural (2001) <sup>1</sup>	67
Life expectancy at birth f/m: (2001) <sup>1</sup>	50/48
Under-5 mortality rate per 1000 (2006/7) <sup>2</sup>	69
Maternal mortality ratio per 100 000 live births (2006/7) <sup>2</sup>	449
Total expenditure on health as % of GDP (200.) <sup>3</sup>	8.5
General government expenditure on health as % of general government expenditure (2006/7) <sup>3</sup>	11.3
Human Development Index Rank, out of 177 countries (2009) <sup>4</sup>	128 (0.686)
Gross National Income (GNI) per capita PPP USD (2008.) <sup>5</sup>	6,250
Adult (15+) literacy rate (2001) <sup>1</sup>	81
Adult male (15+) literacy rate (2000-2006/7) <sup>2</sup>	88.6
Adult female (15+) literacy rate (2000-200.) <sup>2</sup>	90.9
% Population with access to improved drinking water source (2006/7) <sup>2</sup>	88
% population with improved access to sanitation (2006/7) <sup>2</sup>	34

- Sources:
1. 2001 Census
  2. National Demographic and Health Survey 2006/2007
  3. National Health Accounts, 2008
  4. Human Development Report 2009, UNDP
  5. World Bank, International Comparison Program Database, (accessed 10 May 2010)

## PARTNERS

Health is the highest priority area of support from donors, accounting for 79% of all donor disbursements to Namibia. Donor funds are however mainly channelled through NGOs and Government and a large proportion is directed to combat HIV/AIDS. The increased flow of funds directly to NGOs creates an important coordination challenge for Government, in determining where health resources are best allocated through evidence-based research and planning. In addition, there is a growing trend amongst development partners to phase out support to Namibia as the country has graduated from a lower middle income to a higher middle income country according to World Bank country classification

The main areas of assistance and contributions from the major partners in health cover Multisectoral HIV/AIDS; Malaria & Tuberculosis control; National Social Marketing; Community Health Programme, Reproductive Health Services; Maternal and Child Survival and Development.

In order to implement this strategic agenda more effectively, WHO will partner with UN Agencies in the context of the UNDAF, bilateral and multilateral partners, as well as the private sector and civil society organizations active in the health sector. WHO will foster and strengthen partnerships at all levels and support the Ministry of Health and Social Services to strengthen its stewardship role in the sector. WHO will also encourage south-south cooperation and cross border collaboration with developing countries for experience sharing and joint initiatives where possible.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>▪ Health is very high on the agenda of donor support.</li> <li>▪ Effective implementation of the UNDAF</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor coordination and overlap of roles and responsibilities., which leads to duplication of efforts, masking gaps in critical areas and inhibiting maximization of investments in the sector.</li> <li>▪ Reduction of number of partners in country.</li> </ul>

## WHO STRATEGIC AGENDA

WHO's strategic agenda for second Country Cooperation Strategy aims at enhancing the achievement of improved health outcomes for Namibia through these four inter-related strategic priorities:

- **Strengthening the Health System** with focus on Governance; Human resource development; Health financing; Health information systems; Medical products, vaccines and technologies & Service delivery.
- **Combating Priority Diseases** with focus on HIV/AIDS and tuberculosis; Diseases targeted for elimination/eradication; Noncommunicable diseases.
- **Improving Maternal, Newborn, Child and Adolescent Health** with focus on Emergency obstetric care; Maternal and neonatal death reviews; Integration of reproductive health and HIV/AIDS; Immunization; Child nutrition and IMNCI & Adolescent health.
- **Promoting a Safer and Healthier Environment** with focus on Emergency Risk Reduction, Preparedness and Response; IHR (2005); Environmental health & Health Promotion.



## ADDITIONAL INFORMATION

WHO Country Page: <http://www.who.int/countries/nam/en/>

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