

# NAMIBIA

Biennial Report  
2016 – 2017



World Health  
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The World Health Organization – Making a Difference in Namibia



Mental Health Day

PEOPLE DO BETTER OVER THE LONG TERM

should have access to

PSYCHO  
FII  
AI

PEOPLE DO BETTER OVER THE LONG TERM IF they

have access to social support & emotional support



World Health  
Organization

# NAMIBIA

## Biennial Report 2016 – 2017

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# ACRONYMS AND INITIALISMS



|                |  |
|----------------|--|
| <b>AFP</b>     | acute flaccid paralysis  |
| <b>AFRO</b>    | WHO Regional Office for Africa   |
| <b>bOPV</b>    | bivalent oral polio vaccine  |
| <b>CCHF</b>    | Crimean-Congo haemorrhagic fever   |
| <b>CCS</b>     | Country Cooperation Strategy   |
| <b>CHW</b>     | Community Health Worker  |
| <b>EPI</b>     | Expanded Programme on Immunization                                       |
| <b>EU</b>      | European Union   |
| <b>GF</b>      | Global Fund  |
| <b>GPW 13</b>  | Global Programme of Work 13  |
| <b>HEV</b>     | hepatitis E virus  |
| <b>HiAP</b>    | Health in All Policies   |
| <b>ISDR</b>    | Integrated Disease Surveillance and Response                             |
| <b>IHR</b>     | International Health Regulations   |
| <b>JEE</b>     | Joint External Evaluation  |
| <b>MDG</b>     | Millennium Development Goal  |
| <b>MoHSS</b>   | Ministry of Health and Social Services                                   |
| <b>NHSP</b>    | National Health Strategic Plan   |
| <b>RMNCAH</b>  | reproductive, maternal, newborn, child and adolescent health             |
| <b>MWH</b>     | maternity waiting home   |
| <b>NAPHS</b>   | National Action Plan for Health Security                                 |
| <b>NCDs</b>    | non-communicable diseases  |
| <b>NDP5</b>    | Fifth National Development Plan  |
| <b>NHEMC</b>   | National Health Emergency Management Committee                           |
| <b>OPV</b>     | oral polio vaccine   |
| <b>PARMaCM</b> | Programme for Accelerating the Reduction of Maternal and Child Mortality |
| <b>PMTCT</b>   | prevention of mother-to-child transmission                               |
| <b>TB</b>      | tuberculosis   |
| <b>U5MR</b>    | Under-5 Mortality Rate   |
| <b>UHC</b>     | Universal Health Coverage  |
| <b>UN</b>      | United Nations   |
| <b>UNICEF</b>  | United Nations Children's Fund   |
| <b>UNPAF</b>   | United Nations Development Partnership Framework                         |
| <b>WCO</b>     | WHO Country Office   |
| <b>WHO</b>     | World Health Organization  |

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# FOREWORD



As the World Health Organization (WHO) Representative to Namibia, it is my profound pleasure and honour to thank all WHO/Namibia staff for their exceptional dedication and performance during the period under review in this Biennial Report. Equally well, I must thank all our partners and key stakeholders, especially the Ministry of Health and Social Services (MoHSS), and in particular Honourable Minister Dr Bernard Haufiku, for the outstanding cooperation between the MoHSS and the WHO that has allowed us together to make significant strides towards achieving the highest possible standard of health for all Namibians.

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

PARMaCM was also instrumental in strengthening the capacity of 500 doctors and nurses and 800 community health workers. The community health workers provide basic health care, monitor the health of villagers, including mothers and their young children, and where necessary refer cases to the clinic.

PARMaCM also donated medical equipment valued at over N\$32 million to hospitals, health centres and clinics, and nine ambulances and six utility vehicles to the PARMaCM focus health districts.

Great strides have been made during the period under review through the Expanded Programme in Immunisation. Notable events included the introduction of a new polio vaccine regime. WHO-Namibia also advocated for and supported the supplementary measles and rubella vaccination campaign run by the MoHSS. Measles cases numbered only three in 2017, and Namibia is on course for eliminating measles by 2020. Through WHO-Namibia technical support to the MoHSS, malaria and Crimean-Congo haemorrhagic fever outbreaks were also promptly contained.

WHO-Namibia worked closely with the MoHSS and other stakeholders to secure funding of US\$29 million from the HIV/TB Global Fund for a comprehensive HIV and TB prevention and care programme, and supported training to improve the capacity of approximately 500 MoHSS staff from all 14 regions to develop and implement health policies and strategies.

Despite notable successes, we cannot afford to be complacent. In some areas, much remains to be done. Although progress was made in reducing the maternal, infant and under-five mortality rates during the decade leading up to 2015, Namibia failed to reach its Millennium Development Goals in these fields. At 265 deaths per 100 000 live births, maternal mortality is substantially higher than the average for the rest of Africa of 210 deaths. The availability of antenatal care also lags behind the rest of Africa, while the incidence of tuberculosis and mortality resulting from non-communicable diseases both exceed the averages for the rest of Africa. Renewed efforts on the part of WHO-Namibia and all stakeholders therefore remain priorities in these fields.

A highlight of the review period was the finalisation of the Third Country Cooperation Strategy (CCS III), for 2017 – 2022. The strategic priorities identified in the CCS III are strengthening the health system; combating priority diseases; improving maternal, newborn, child and adolescent health; and promoting a safer and healthier environment.

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

**Dr Charles Sagoe-Moses**, WHO Representative to Namibia

# EXECUTIVE SUMMARY

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

- promoting health through the life course;
- communicable and non-communicable diseases;
- surveillance and disease prevention;
- strengthening health systems; and
- health security and emergencies.

WHO-Namibia utilised 95% of its biennium budget for the implementation of programmes. Following is a summary of key achievements during the reporting period.

- With WHO-Namibia technical support and EU funding, Namibia's capacity for the delivery of quality reproductive, maternal, newborn, child and adolescent health care has improved.
- An Integrated National Strategy for Women's, Children's and Adolescents' Health was developed on the basis of evidence regarding the status of emergency obstetric and newborn care (EmONC) services provided by the WHO-supported second national EmONC assessment in 2016 and the findings of the 2015 joint review of maternal, newborn, child and adolescent health and nutrition programmes in Namibia.
- As a result of WHO-supported training, the capacity of approximately 500 MoHSS staff from all 14 regions to develop and implement health policies and strategies has been improved. This training included programmes to address HIV/AIDS, tuberculosis (TB), malaria, nutrition, vaccine-preventable diseases, antenatal care, EmONC, emergency surgery and anaesthesia, non-communicable diseases (NCDs), mental health, and school health.
- Reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition services were strengthened through the construction of two maternity waiting homes, the distribution of medical equipment worth US\$500 000, and training of over 300 health workers in EmONC. ►



- In collaboration with WHO-Namibia, the MoHSS rapidly scaled up the integrated people-centred health services guidelines after the value they added was demonstrated in pilot projects in seven sites, where they resulted in improvements in access to and the quality of health care, and a holistic responsiveness to the needs of clients.
- WHO-Namibia worked closely with the MoHSS and other stakeholders to mobilise 29 million United States Dollar (USD) for a comprehensive HIV and TB prevention and care programme through the HIV/TB Global Fund (GF) grant, guided by the National Strategic Framework for HIV/AIDS and Namibia's costed Medium-term Strategic TB Plan.
- WHO-Namibia supported the 2017 National Malaria Programme Performance Review and the development of the GF proposal, which led to the solicitation of 2.3 million USD malaria grant.
- Namibia's immunity gap for measles was significantly reduced, with laboratory-confirmed cases of measles reduced from 56 in 2015 to three in 2017. This success has been directly attributed to the WHO's advocacy for a mass supplementary measles and rubella vaccination campaign. Based on the epidemiological data of the country, the target population was nine months to 39 years of age. In all, 1 908 193 people were vaccinated. This campaign paved the way for the introduction of a rubella vaccine as part of the routine immunisation, as well as for introducing a measles second dose at 15 months of age. This achievement put Namibia on track for measles elimination by 2020.
- WHO-Namibia also supported the successful withdrawal of the oral polio vaccine (OPV) type 2 from routine immunisation and the introduction of the inactivated polio vaccine at the age of 14 weeks, in addition to the bivalent oral polio vaccine (bOPV). Namibia has maintained its polio-free status since October 2008 through active case searches focusing on acute flaccid paralysis surveillance, integrated supportive supervision for the Expanded Programme on Immunization (EPI) disease surveillance, clinician sensitisations, and a data quality review.
- With assistance from WHO-Namibia, International Health Regulation (IHR) (2005) core capacities were assessed through a voluntary Joint External Evaluation (JEE) that was conducted in 2016. Recommendations from the JEE were used to develop a 5-year strategic All-hazard Multi-sectoral National Action Plan for Health Security (NAPHS) to strengthen the emergency preparedness and response to public health threats.
- Malaria, Crimean-Congo haemorrhagic fever (CCHF) and hepatitis E virus outbreaks occurred amongst humans, and an outbreak of anthrax was reported in animals during this biennium. These were promptly contained through WHO technical support to the MoHSS and the Ministry of Agriculture, Water and Forestry.
- A National NCD Multisectoral Strategic Plan was developed to accelerate the prevention and control of NCDs. In response to WHO advocacy, taxes on tobacco and alcohol products have a steadily increased, resulting in reduced consumption of both tobacco and alcohol products.
- Facilitated by WHO-Namibia and other UN agencies, a memorandum of understanding between the Ministry of Education and the MoHSS was signed, leading to the establishment of school health coordination mechanisms at national and regional levels. School health programmes were also strengthened by expanding the adaptation of the Health Promoting School Initiative from 30 to 40 schools in Omaheke Region.





# HEALTH STATUS OF NAMIBIA COMPARED WITH THE REST OF AFRICA



| Indicator   | Namibia | Rest of Africa | Unit of measurement   |
|---|---------|----------------|---|
| Maternal mortality rate (UN estimate 2015)                  | 265     | 210            | Deaths per 100 000 live births  |
| Infant mortality rate                                       | 39      | 63             | Deaths per 1 000 live births  |
| U5 mortality rate   | 54      | 95             | Deaths per 1 000 live births  |
| Total fertility rate  | 3.6     | 5              | Births per woman  |
| Antenatal care (4 or more visits)                           | 63%     | 75%            | Visit during pregnancy  |
| Antenatal visit 4+  | 63%     | 47%            | Women receiving at least 4 antenatal counselling visits during pregnancy  |
| Institutional deliveries                                    | 88%     | 48%            | Births attended by skilled health personnel   |
| Contraceptive prevalence rates                              | 50%     | 27%            | Use of contraceptives amongst women of child-bearing age  |
| Penta3 coverage (routine)                                   | 88%     | 72%            | Children vaccinated with penta 3  |
| HIV/AIDS prevalence   | 17.2%   | 4.1            | Prevalence of HIV among adults aged 15 to 49  |
| TB prevalence   | 394     | 303            | TB prevalence per 100 000 population  |
| Children under-5 stunted                                    | 24%     | 30.3           | Children under-5 with below-expected development  |
| Prevention of mother-to-child transmission (PMTCT) coverage | 95%     | 81%            | Estimated pregnant women living with HIV who received antiretroviral medicine for preventing mother-to-child transmission |
| Mortality due to NCDs                                       | 43%     | 21%            | Proportional mortality from the four major NCDs   |
| Malaria incidence   | 20.7    |                | Incidence of malaria per 1 000 population   |
| Health workforce  | 31.3    | 14.1           | Number per 10 000 population  |

# THE WHO-NAMIBIA TEAM

|                                 |  |
|---------------------------------|--|
| <b>Dr Charles Sagoe-Moses</b>   | WHO Representative in Namibia  |
| <b>Dr Mary Nana Ama Brantuo</b> | Child and Adolescent Health, HIV/ TB, Health systems Officer   |
| <b>Dr Sirak Hailu</b>           | Reproductive Health, NCDs, Malaria & NTDs Officer  |
| <b>Ms Roselina De Wee</b>       | NPO/EPI Surveillance Officer   |
| <b>Dr Petrus Mhata</b>          | Surveillance Officer   |
| <b>Ms Celia Kaunatjike</b>      | Health Promotion Officer(focal person for Communications, Mental Health, Suicide Prevention, Tobacco Control, Alcohol, Gender-based Violence, Road Safety) |
| <b>Ms Mary Masule</b>           | Operations Assistant   |
| <b>Ms Magaret Mutirua</b>       | Logistics, Procurement and Travel Assistant  |
| <b>Ms Karin Mvula</b>           | Project Assistant (PARMaCM)  |
| <b>Ms Wendy Mutabelezi</b>      | Budget and Finance Assistant   |
| <b>Ms Agnes Quimbaba</b>        | Finance Clerk  |
| <b>Ms Irma Naanda</b>           | Personal Assistant to the Representative   |
| <b>Mr Japhet Nashipili</b>      | ICT Assistant  |
| <b>Mr Nicky Narib</b>           | EPI Driver   |
| <b>Mr Ezra Kharigub</b>         | EPI Driver   |
| <b>Mr Lasarus Tjitjai</b>       | Senior Driver  |
| <b>Ms Cathrin Fish</b>          | Senior Secretary   |



CHAPTER  
**1**

# MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

- N\$33.3 million (US\$3 million) worth of medical equipment procured
- 15 vehicles (9 ambulance and 6 utility vehicles) donated
- Maternity waiting homes constructed
- Over 500 doctors and nurses and 800 community health workers trained in maternal, newborn, child and adolescent health and nutrition

## Key achievements: Maternal and women's health

### Progress:

|                 |  |   |                |
|-----------------|--|---|----------------|
| Namibia in 2005 | 390 maternal deaths per 100 000 live births* | ✓ | * UN estimates |
| Namibia in 2015 | 265 maternal deaths per 100 000 live births* | ✓ |                |

### But ...

|   |  |   |
|---|--|---|
| Millennium Development Goal (MDG) target for 2015 | 75% reduction in maternal deaths per 100 000 live births over 1990 levels not achieved | ✗ |
|---|--|---|

### There are positive factors:

|  |   |
|--|---|
| Government commitment, conducive policies and programmes | ✓ |
| Access to services is high                               | ✓ |

### But there are still challenges:

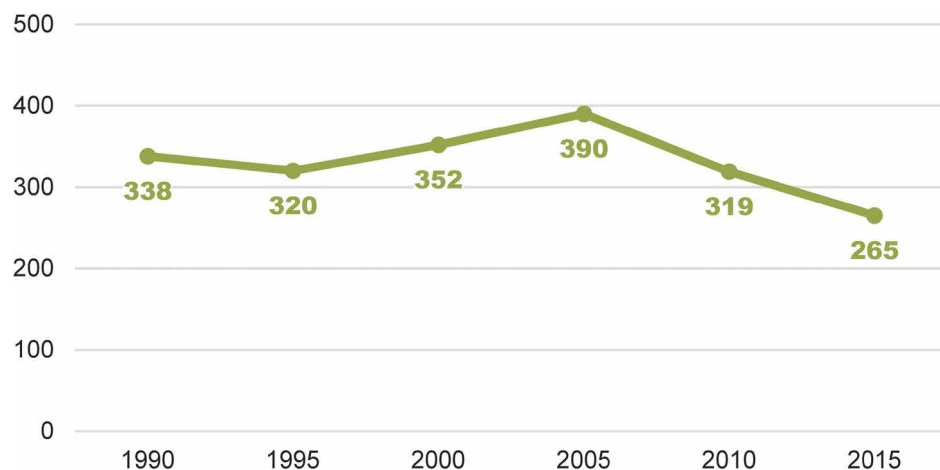
|  |   |
|--|---|
| Quality of obstetric and neonatal care services is not optimal | ✗ |
| Where people live affects their access to essential care       | ✗ |
| Shortages of obstetric and newborn care staff                  | ✗ |
| Skills gaps  | ✗ |



WHO-Namibia supported the MoHSS in improving access to quality reproductive health services:

- The **Namibian Family Planning MEC Wheel** (2008) was updated in line with the 2015 and 2016 WHO recommendations.
- The **National Maternal and Peri-Neonatal Death Surveillance and Review** system was strengthened, and the second review report is in place.
- The WCO supported the **training of 12 Namibian nurses** in the Advanced Midwifery and Neonatal Care post-graduate diploma course at the University of Johannesburg.
- **Large-scale capacity building of nurse-midwives and medical doctors** in EmONC, emergency surgery, anaesthesia, sonography and neonatal intensive care unit skills both through in-service courses and on-the-job mentoring support increased the skills of providers in managing obstetric and newborn emergencies.
- Well-equipped fixed and mobile **EmONC skills stations were established in all the regions** to facilitate ongoing on-the-job-training for staff. The two fixed skills stations were set up at Windhoek Central Hospital and Oshakati Intermediate Hospital.
- **Strengthened health system capacity for the delivery of quality RMNCAH and nutrition services** through the construction of two maternity waiting homes, the distribution of medical equipment worth US\$500 000 and the training of over 300 health workers.

**Figure 1: Trends in maternal mortality in Namibia based on UN estimates, 1990 – 2015**



Source: WHO, 2015

## The Programme for Accelerating the Reduction of Maternal and Child Mortality

The Programme for Accelerating the Reduction of Maternal and Child Mortality (PARMaCM) was a joint partnership between the MoHSS, the European Union (EU) and WHO-Namibia. It was implemented by the MoHSS with support from the WHO, and funded in the amount of 10 million Euros by the EU.

PARMaCM aimed at complementing the programmes of the MoHSS in order to accelerate the achievements of MDGs 4 and 5:

- MDG 4: By 2015, **reduction of child mortality by  $\frac{2}{3}$**  from 1990 levels
- MDG 5: By 2015, **reduction of maternal mortality by  $\frac{3}{4}$**  from 1990 levels

More specifically, PARMaCM aimed to:

- improve access to and quality of EmONC services;
- implement adolescent-friendly health services;
- improve maternal, newborn and child health and nutrition programmes and services;
- mobilise communities for improved maternal, newborn and child health; and
- build the capacity of health workers in six selected districts and training institutions.

PARMaCM was primarily implemented in the health districts of Okongo, Outapi, Opuwo, Katima Mulilo, Gobabis and Keetmanshoop, and also supported national activities and other individual health districts, particularly with capacity building, implementation of the maternal and child health weeks, and the provision of medical equipment.

**Namibia's 34 Health Districts**



## Key achievements: PARMaCM

### PARMaCM: Reducing mortality in women and children by improving the quality of health services

The project was planned to be implemented over a four-year period from February 2013 to February 2017, but was extended by one year, until February 2018, to enable the construction of the maternity waiting home in Opuwo.

Over the period of implementation, the PARMaCM project provided:

- N\$33.3 million (approximately three million USD) worth of medical equipment for hospitals, health centres and clinics
- 15 vehicles (nine ambulances and six utility vehicles) donated to the PARMaCM focus health districts;
- Support for the construction and furnishing of three maternity waiting homes – in Opuwo, Okongo and Gobabis

Capacity strengthening for over 500 doctors and nurses and 800 community health workers (CHWs) (formerly Health Extension Workers) in maternal, newborn, child and adolescent health and nutrition

In the 2016 – 2017 biennium, PARMaCM strengthened health system capacity for the delivery of quality RMNCAH and nutrition services through the construction of two maternity waiting homes, the distribution of medical equipment to the value of US\$500 000 and the training of over 300 CHWs, bringing the total trained by the end of 2016 to 1 640.



## Health sector response to violence against women and children

Violence against women and children remains a public health concern, and frequently involves intimate partner violence. The Namibia Demographic and Health Survey (2013) reported:



- Following the adoption of the WHO Global Plan of Action to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children, the MoHSS adapted the **WHO global clinical handbook for women subjected to intimate partner violence and/or sexual violence** to local circumstances as a tool to strengthen the health sector response to gender-based violence.
- Although the roll-out of the handbook will only take place in the next biennium, the adaptation process resulted in over 50 health care providers, including management, being sensitised on the role of the health sector in responding to gender-based violence.
- A multi-sectoral core team is in place and will continue to coordinate the rolling out of training and supportive supervision in selected facilities.

## Key achievements: Newborn and child health

Although there has been a decline in childhood mortality over the years, this decline was not enough to achieve the MDG 4 targets.

|  | 2006/7 | 2013                       |
|--|--------|----------------------------|
| Infant mortality rate (IMR)<br>(deaths per 1 000 live births)          | 46     | 39                         |
| <b>Under-5 mortality rate (U5MR)</b><br>(deaths per 1 000 live births) | 69     | 54<br>(down to 45 by 2015) |
| <b>Neonatal mortality</b><br>(deaths per 1 000 live births)            | 24     | 20<br>(35% of U5MR)        |

WHO-Namibia's support during the biennium therefore focused on scaling up interventions to address neonatal and child survival. To this end, WHO-Namibia therefore:

- encouraged the adoption and scaling up of **evidence-based interventions for improved health for women, children and adolescents** by supporting the development of various policies, strategies and guidelines on reproductive, maternal, child and adolescent health, and in a collaborative effort with other UN agencies, developing the Integrated Reproductive Maternal Newborn Child and Adolescent Health and Nutrition Strategic Plan;
- contributed to **improving the quality of care for children in the first-level facilities** through capacity building and supportive supervision of health care providers trained in the integrated management of neonatal and childhood illness;
- contributed to **increased community engagement for better health outcomes** for women and children through capacity strengthening of the CHWs; and
- contributed to the **increase in the uptake of key child and maternal health interventions** such as immunisation, deworming, vitamin A supplementation (for children) and iron-folic supplementation (for women) through the support to Maternal and Child Health Week in November 2016.

## Key achievements: Towards polio eradication

- **Improved vaccines:** The Polio Eradication and Endgame Strategic Plan 2013 – 2018 developed by the Global Polio Eradication Initiative and approved by the Executive Board of the WHO in 2013 requires the removal of all oral polio vaccines (OPVs) in phases. In line with the WHO recommendations, Namibia successfully switched from trivalent oral polio vaccine to bivalent oral polio vaccine (bOPV) on 9 April 2016; bOPV is now the polio vaccine being used for routine immunisation services. In October 2016, Namibia also introduced inactivated polio vaccine, which is concurrently given with bOPV to infants at 14 weeks. The entire exercise was overseen by a dedicated independent "Switch Committee" and validated by independent monitors recruited from the Namibia University of Science and Technology.
- **Detection and notification:** Strengthening and monitoring of surveillance indicators remains a top priority for polio eradication. WHO-Namibia contributed to the overall improvement in detection and notification of acute flaccid paralysis (AFP) cases and other diseases under surveillance. Since the attainment of Polio free status in October 2008, the country has managed to sustain all AFP indicators above 80%. This achievement is attributed to an integrated active case search for AFP, which was conducted in all 14 regions, as well as to interventions focused on capacity building for health workers for improved data management.



## Key achievements: Expanded Programme on Immunization

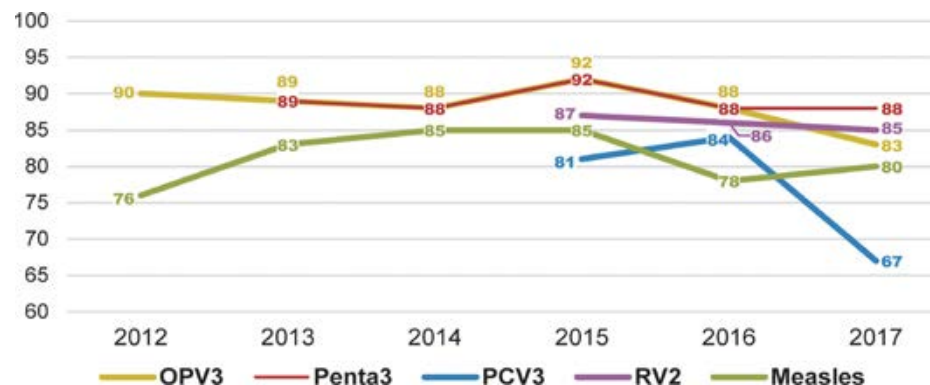
- A **second dose of the measles-containing vaccine was introduced** into the routine immunisation in 2017. Since the measles vaccine is also available in combination with rubella, Namibia opted for the measles-rubella vaccine based on the trends of rubella outbreaks affecting the country almost every year. Based on epidemiological data, a decision was taken to conduct a wide age range campaign, from nine months to 39 years. This measles-rubella campaign was conducted in August 2016, achieving full national coverage. To validate the coverage, rapid convenience monitoring was conducted using independent monitors recruited from the University of Science and Technology.
- The comprehensive review of the National Immunization Programme has enabled the EPI to take **evidence-based decisions to improve its coverage and efficiency**. The review integrated the assessments of surveillance for vaccine-preventable diseases, data quality, and the introduction of pneumococcal conjugate vaccine, rotavirus vaccine, inactivated polio vaccine and hepatitis B birth dose vaccination.

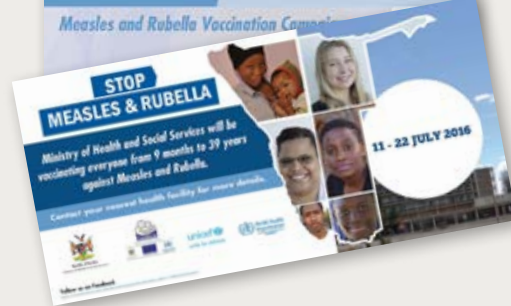
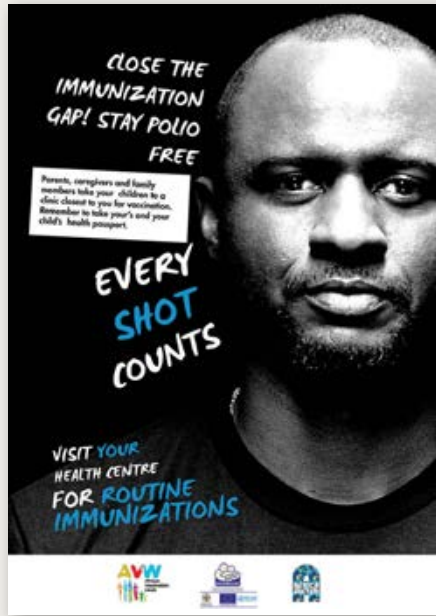
Namibia is on track for measles elimination by 2020.



The graph below illustrates immunisation coverage from 2012 to 2017. Although coverage for OPV3 remains higher than other vaccines, it has witnessed a steady decline in the last biennium from 88% in 2016 to 83% in 2017. This was mainly attributed to a stock out of OPV in some regions and maldistribution of vaccines resulting in overstocking and understocking. For PCV3, the coverage also dropped from 84% in 2016 to 67% in 2017 due to several months of stock outs. A slight increase was observed for measles from 78% in 2016 to 80% in 2017. Penta 3 remained the same with 88% for the two-year period.

Figure 2: Immunisation coverage 2012 – 2017





| NATIONAL IMMUNIZATION SCHEDULE IN NAMIBIA |  |
|---|--|
| AGE                                       | TYPE OF IMMUNIZATION   |
| 0 to 6 months                             | DTaP, Hib, Hepatitis A (with 2 doses), Hib, Hib/Typhoid  |
| At 6 to 12 weeks                          | Hib, DTaP, Hepatitis B (2 doses), Hib/Typhoid, Hib/Typhoid/Tetanus, Hib/Typhoid/Tetanus/Td, Hib/Typhoid/Tetanus/Td/TdP, Hib/Typhoid/Tetanus/Td/TdP/TdP |
| At 12 to 18 months                        | Hib, DTaP, Hib/Typhoid, Hib/Typhoid/Tetanus, Hib/Typhoid/Tetanus/Td, Hib/Typhoid/Tetanus/Td/TdP, Hib/Typhoid/Tetanus/Td/TdP/TdP                        |
| From 18 months                            | Hib, DTaP, Hib/Typhoid, Hib/Typhoid/Tetanus, Hib/Typhoid/Tetanus/Td, Hib/Typhoid/Tetanus/Td/TdP, Hib/Typhoid/Tetanus/Td/TdP/TdP                        |

A few of the many immunisation campaign communication materials produced in Namibia in 2016/17

## Key achievements: Adolescent and school health

### ADOLESCENT-FRIENDLY HEALTH SERVICES

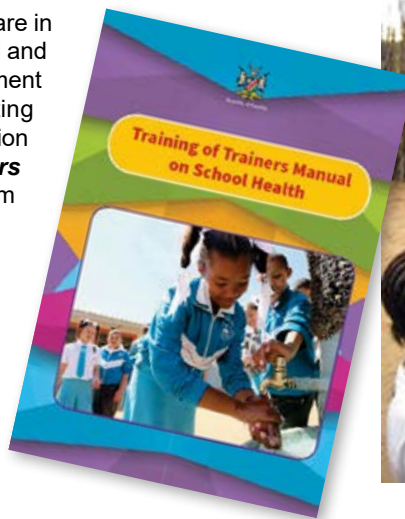
The **adolescent-friendly health services approach** was adopted in Namibia in 2000 and piloted in six health districts in 2002/03. It was then gradually rolled out, and by 2014, all health districts in Namibia had been introduced to this approach. Over the years, however, the attrition of trained health providers and inadequate clinical guidance has resulted in there being limited capacity to provide adolescent-friendly health services.

- WHO-Namibia supported the **adaptation of the WHO generic Adolescent Job Aid** for use in Namibia, and also helped with capacity building and strengthening the national response to the health and development needs of adolescents, and the provision of adolescent-friendly health services.



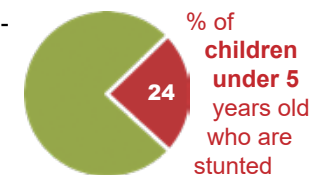
### SCHOOL HEALTH

- The **partnership between the MoHSS and the Ministry of Education** has been strengthened through the renewal of a memorandum of understanding to improve the implementation of the integrated school health programme, including the Eastern and Southern African commitments for comprehensive sexuality education.
- Functioning **intersectoral coordination mechanisms** are in place at national and regional levels through the national and regional school health taskforces. Their role is to implement the school health programme and the Health Promoting School Initiative. To this end, over 350 health and education officials have been trained using the **Training of Trainers Manual on School Health** (developed with support from many UN agencies including the WHO).
- There is **increased uptake of the Health Promoting School Initiative**, with three more regions (Kunene, Ohangwena and Hardap) adapting the Initiative, and Omaheke Region rolling it out to all of its 40 schools.



## Key achievements: Nutrition

Namibia has relatively high rates of malnutrition, with approximately a quarter (24%) of children under five years old being stunted. The country has adopted the **Scaling Up Nutrition: A Framework for Action** agenda with a view to eliminating all forms of malnutrition. Various interventions such as infant and young children feeding counselling, growth monitoring and **Integrated Management of Acute Malnutrition** services are being implemented in various facilities. There are limited numbers of trained health workers, and little monitoring of the nutrition outcomes of the points of care. WHO-Namibia support for the biennium therefore focused on the following:



- the **strengthening of nutrition surveillance** to ensure better monitoring of nutrition outcomes, through consultative dialogue, gap analyses and enhancing of the capacity of health providers;
- the **improved quality of care for malnourished children**, thereby reducing the risk of mortality through capacity building and the revision of guidelines; and
- the **promotion of breastfeeding in Namibia** through capacity building and legislation review to strengthen the implementation of the International Code of Marketing of Breast-Milk Substitutes within the framework of the Public and Environmental Health Act, 2015 (Act No. 1 of 2015) in Namibia.





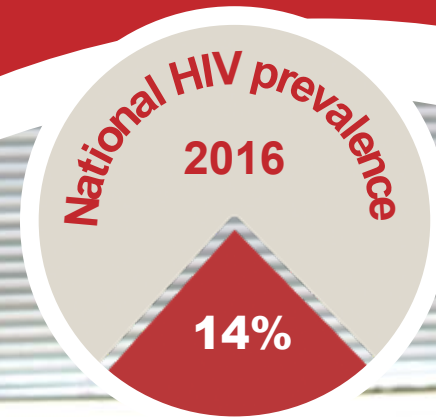
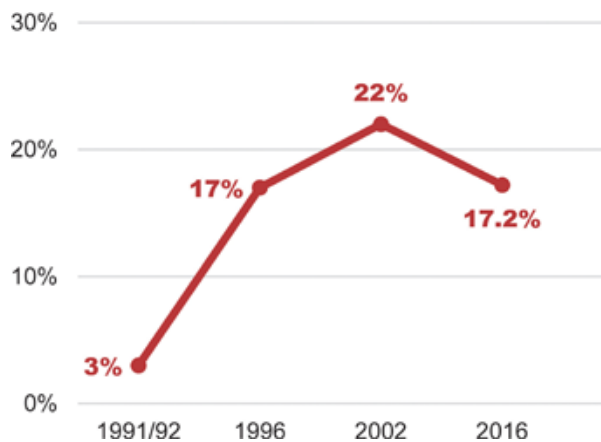
# CHAPTER 2

# COMBATING PRIORITY DISEASES (COMMUNICABLE DISEASES)

- **Support for the drafting of key policy documents:**
  - National Strategic Framework
  - Combination Prevention Strategy for HIV/AIDS
  - Medium Term Strategic Plan for TB
  - National Malaria Strategic Plan
- **Assistance with mobilising Global Fund resources:**
  - US\$37 million for HIV and AIDS
  - US\$2.5 million for TB

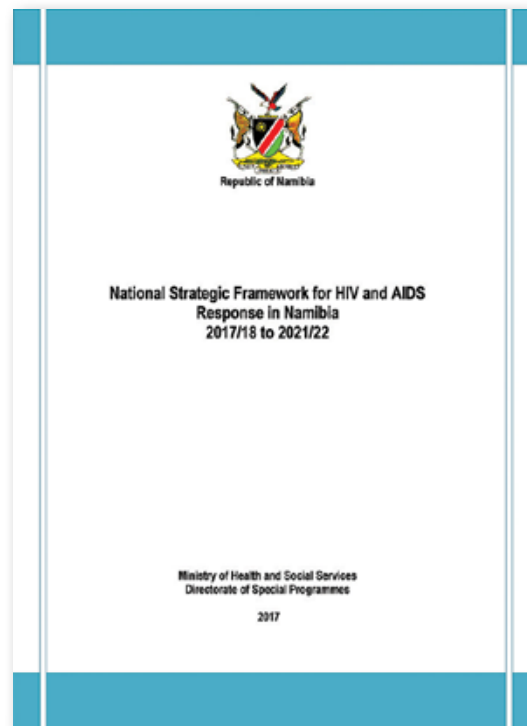
## HIV and AIDS

**Figure 3: HIV prevalence among pregnant women attending antenatal care services (1991 - 2016)**



Namibia has one of the highest HIV/AIDS prevalence rates in the world, but progress is being made. In collaboration with several stakeholders, the Government of the Republic of Namibia, through its National Strategic Framework on HIV, is implementing various strategies, including a combination of interventions targeting behavioural, biomedical and structural drivers of the epidemic. Working in partnership with the Joint United Nations Team on HIV/AIDS, WHO-Namibia provided support by:

- contributing to the **scale-up of Test and Treat** nationwide, as well as introducing pre-exposure prophylaxis (PreP) to increase access to HIV treatment and preventive interventions, through the revision of National Treatment and Testing guidelines;
- supporting the **National Strategic Framework and Combination Prevention Strategy for HIV/AIDS**, and the **GF grant proposal** which mobilised additional funds of 37 million USD to the HIV and TB response for the period 2018 – 2020; and
- contributing to the achievement of **95% PMTCT coverage** nationwide through support to the revision of guidelines, and programme review and planning.



## Tuberculosis

- TB (all forms) notifications in 2016: 394 cases per 100 000 population = +/- 1 in every 250 people
- Success rate for treatment that commenced in 2015: 86%

Although the TB notifications and estimated prevalence, incidence and mortality have been declining steadily and significantly over the past ten years, the rates remain some of the highest in the region. In response to this, the country has developed a costed medium-term plan for TB and leprosy that sets out objectives for the programme for 2017 – 2022.

WHO-Namibia's TB-related support in the biennium covered the following areas:

- improving the **management of tuberculosis** through support to the development and costing of the Medium-term Strategic Plan for Tuberculosis and Leprosy;
- Supporting the preparation of the **GF grant proposals** which mobilised additional funds of 37million USD to the HIV and TB response for 2018 – 2020; and
- providing **guidance for the TB prevalence survey** which is expected to be completed in 2018

The TB prevalence survey is critical to:

- obtain a direct measurement of the absolute burden of disease caused by TB;
- measure trends in the burden of disease; and
- enable identification of the extent to which people with TB are being treated by health care providers that are not linked to the national TB programme.



## Malaria

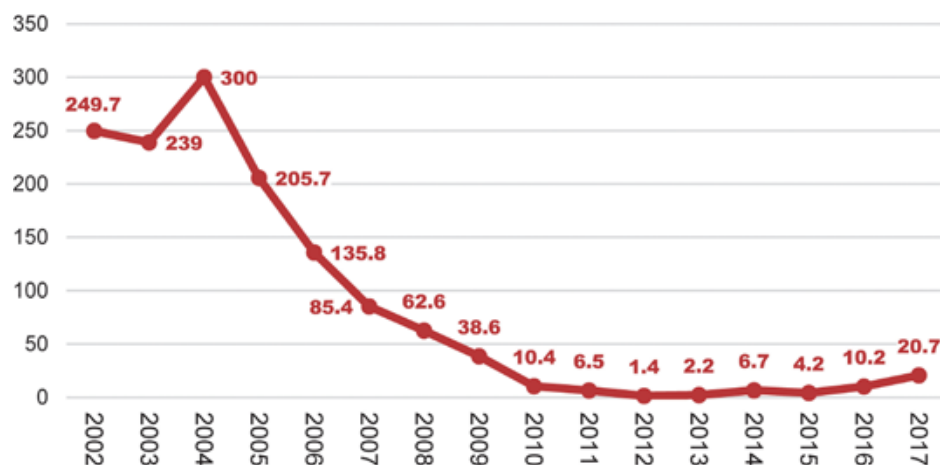
### “Towards a malaria-free Namibia”

WHO-Namibia supported the MoHSS in the implementation of the Malaria Strategic Plan (2010–2017) under the theme “Towards a malaria-free Namibia”.



Malaria in Namibia is seasonal and unstable, and is characterised by focal and cyclic outbreaks. Namibia has made remarkable progress during the last two decades. The country has experienced seasonal malaria outbreaks in a few northern districts since 2015, however, with an upward trend of cases being reported in 2016 and 2017. Shortages of human and financial resources and cross-border transmission of malaria were some of the challenges faced.

Figure 4: Incidence of malaria per 1000 population (2002 – 2017)



During the biennium, WHO-Namibia:

- assisted with the preparation of the 2017 **National Malaria Programme Review** (the findings were the basis for the development of the new national Malaria Strategic Plan);
- supported the development of the **Namibia Malaria Strategic Plan 2017 – 2022**, which aims to achieve the complete interruption of indigenous transmission of malaria by 2022;
- supported the development of the **GF proposal development** which led to the solicitation of a 2.3 million USD malaria grant to support the malaria elimination effort; and
- developed the **AFRO-II Integrated Vector Management Project document** for the implementation of a demonstration project to evaluate the impact of winter larviciding on top of the primary malaria prevention interventions indoor residual spraying IRS and long-lasting insecticide treated nets to interrupt malaria transmission.

## Neglected Tropical Diseases

Globally, about 20 Neglected Tropical Diseases (NTDs) have been targeted for elimination. Of these, six are suspected or confirmed to be endemic in Namibia. They include schistosomiasis, soil-transmitted helminths, trachoma, scabies, snake bites and rabies. WHO-Namibia supported the MoHSS in capacity building of staff on NTDs, the development of technical guidelines. Support was provided for mass drug administration for 84 911 school children against schistosomiasis and soil-transmitted infections.





# CHAPTER 3

# NON-COMMUNICABLE DISEASES

- National Non-Communicable Diseases (NCD) Strategy in place
- Increased taxes on tobacco products in each fiscal year
- Intensified efforts to provide non-specialised mental health care at primary health care level

## Implementing policies and plans

Namibia is an upper-middle income country with increasing urbanisation. The burden of risk factors is also on the increase: unhealthy diets, physical inactivity, tobacco smoking, excessive alcohol consumption and obesity are commonplace in Namibia.

WHO-Namibia supported the development of the country's first national **Multi-sectoral Non-Communicable Diseases Strategy** to guide the multi-sectoral response for the prevention and control of NCDs for the period 2017/18 to 2021/22 and contribute to the achievement of the global NCDs voluntary targets.

WHO-Namibia also supported the **World Health Day 2016** celebration, on the theme "Beat diabetes". The key focus in Namibia was on NCDs and the application of the Global Strategy on Diet and Physical Activity.



## Tobacco control

Namibia is amongst the 178 countries which ratified the WHO Framework Convention on Tobacco Control. Since the enactment of the Tobacco Products Control Act, 2010 (Act No. 1 of 2010) and subsequent ratification of its regulations in 2014, the country has been intensifying its interventions in tobacco control. During the 2016/2017 biennium, the following key achievements were noted:

- gradual increases in **taxes on all tobacco products** in each fiscal year;
- implementation of **graphic health warnings** on tobacco products packaging in accordance with WHO guidelines;
- advocacy to revitalise the **Tobacco Control Board** in accordance with the Tobacco Control Act;
- strengthening of the **capacity of national government to implement tobacco control policies**, including intensive legal training on tobacco control jointly hosted by the McCabe Centre and the WHO in Australia, and training by the WHO Regional Office for Africa (AFRO) on the implementation of plain packaging in 2017;
- implementation of **tobacco control regulations** that led to the engagement of different sectors, including law enforcement agencies, schools, local authorities, and public and private entities; and
- in partnership with the Cancer Association of Namibia, **increasing community engagement** and mobilisation on awareness of the risks associated with tobacco use.

## Mental health

Mental health remains under-funded, which constrains comprehensive interventions for clinical services, capacity development and health promotion. Namibia only has two mental health centres, both of which have limited specialisation to cater for the increasing demand for these services. Nevertheless, some progress was made during the biennium:

- The provision of **non-specialised mental health intervention at primary health care level** was improved through the training of health care providers. Approximately 200 providers from seven regions have been trained using the WHO Mental Health Gap (mhGAP) Action Programme Intervention Guide for mental, neurological and substance use disorders in non-specialised health settings.
- The private and public sectors were sensitised regarding **draft human resources policies** which will create supportive and non-discriminatory work environments for employees who may suffer from mental health disorders.



# World Health Organization



# mhGAP

CHAPTER  
**4**

# SURVEILLANCE AND DISEASE PREVENTION



*Namibia's immunity gap for measles was significantly reduced with a laboratory-confirmed reduction of 56 cases in 2015 to three cases in 2017. This success has been directly attributed to WHO's mass supplementary measles and rubella vaccination campaign, as part of introducing MR in routine vaccination that reached 1 908 193 of the targeted population of 9 months to 39 years."*

– WHO-Namibia programme report



Outbreaks of communicable diseases such as measles, meningococcal meningitis, cholera, malaria, Crimean-Congo haemorrhagic fever (CCHF) and hepatitis E virus (HEV) are amongst the most common causes of illness, disability and death in Namibia. The MoHSS adopted the Technical Guidelines for Integrated Disease Surveillance and Response (IDSR) in the African Region in 2003, which is based on the AFRO IDSR guidelines. The goal of the IDSR is to improve the ability of health districts to prevent, detect and contain diseases, conditions and events that cause high levels of morbidity, mortality and disability in communities.


The key achievements of WHO-Namibia during the biennium were:

- contributing to the **monitoring and strengthening of surveillance activities** in state and private facilities by carrying out joint WHO/MoHSS active case search support visits to all 34 health districts of the 14 regions of Namibia;
- conducting **28 clinician surveillance sensitisation meetings** in all 14 regions and supporting supervision in 40 private facilities and 180 state health facilities in all 34 health districts; and
- contributing significantly to the **improvement in the quality of data and data management** at district, regional and national levels, and harmonising data at all three levels with laboratory data.


City of Windhoek

Vision: To enhance the quality of life of all our people

**DEPARTMENT OF ECONOMIC DEVELOPMENT AND COMMUNITY SERVICES**



**CRIMEAN-CONGO HAEMORRHAGIC FEVER (CCHF)**



**World Health Organization**  
NAMIBIA

13

Crimean-Congo haemorrhagic (CCHF) virus causes severe viral fever outbreaks with a fatality rate of up to 40%.

## International Health Regulations: National health security

WHO member states have agreed to work together to prevent, detect and respond to public health emergencies under the 2005 International Health Regulations (IHR). In August 2016, the WHO African region adopted the Regional Strategy for Health Security and Emergencies setting out the framework and milestones for ensuring health security in Addis Ababa. Member states agreed to build resilient health systems which can adapt and respond to challenges posed by outbreaks and other emergencies.

The key achievements of WHO-Namibia during the biennium were:

- supporting Namibia in conducting a **Joint External Evaluation (JEE)** for the IHR core capacities;
- supporting the development of a **multi-sectoral National Action Plan for Health Security (NAPHS)** to provide guidance in line with the findings of the JEE; and
- between September and November 2017, facilitating and supporting the MoHSS to finalise a **unified all-hazard five-year NAPHS** that includes all relevant sectors under the leadership of the MoHSS.

## Disease outbreaks and management

Namibia continued to be threatened by disease outbreaks. To be able to promptly and effectively respond to and contain any such outbreaks, the WHO urges countries to have updated outbreak preparedness and response plans. WHO-Namibia therefore:

- provided technical support to the MoHSS to ensure that the multi-sectoral National Health Emergency Management Committee (NHEMC) was functional and met at least once every week during emergencies, and less often in the absence of outbreaks;
- provided technical and financial support for the After Action Review training workshop through which best practices and areas that need improvement were identified, and a plan (which the MoHSS is now ready to implement) was developed for improving the response to future CCHF outbreaks; and
- supported the NHEMC by providing guidance on how to effectively contain outbreaks, using the National Health Emergency Preparedness and Response Plan.

There were two **CCFF outbreaks**, one in Gobabis (Omaheke Region), during February and March 2017, and the other in Khomas Region during August 2017; two fatal cases were reported, and all the contacts with index cases were followed up, with none showing symptoms of this disease.



An **anthrax outbreak** among hippos and buffaloes in Kavango Region was detected in October 2017. Personnel of the Ministry of Environment and Tourism disposed of the carcasses of 155 hippos, 86 buffaloes and two impalas. WHO-Namibia provided technical support and no human anthrax was contracted.



There was an **outbreak of HEV** in the Windhoek health district of Khomas Region from October to December 2017. WHO-Namibia assisted with the overall outbreak response. Out of the 163 HEV cases reported between October and December 2017, one person died from this disease.

To ensure effective responses to and speedy containment of outbreaks, WHO-Namibia facilitated the **establishment of thematic working groups during each outbreak** and shared the roles and responsibilities of each of these working groups. WHO-Namibia also assisted with the training/orientation of health care workers on the relevant epidemiology, transmission, infection prevention/control and case management, and with the provision of personal protection equipment and other supplies to prevent the spread of infections.

## Surveillance of vaccine-preventable diseases

- Surveillance of vaccine-preventable diseases is the process of **determining the effectiveness and quality of immunisation**. Surveillance helps to determine how successful an immunisation programme such as the EPI is. It is imperative that active case investigations are carried out at the health facility level. It is through diligent searches of inpatient and outpatient records that it might come to light that cases of diseases were observed but not reported by health workers.
- All **non-polio AFP** cases were investigated, and the results received from the National Institute for Communicable Diseases were all negative.
- Prior to the mass supplementary measles and rubella vaccination campaign in 2016, the country had 56 confirmed cases of **measles and rubella**. In 2017, there were only three confirmed measles cases, which put the country back on track for measles elimination by 2020. A total of 1 908 193 people in the age group of 9 months to 39 years were immunised. This was in response to WHO-Namibia's recommendation, as the data had revealed an immunity gap amongst this age group.
- Of the 156 **rotavirus samples** that were collected, 90 tested positive.



CHAPTER  
**5**

# HEALTH SYSTEM STRENGTHENING



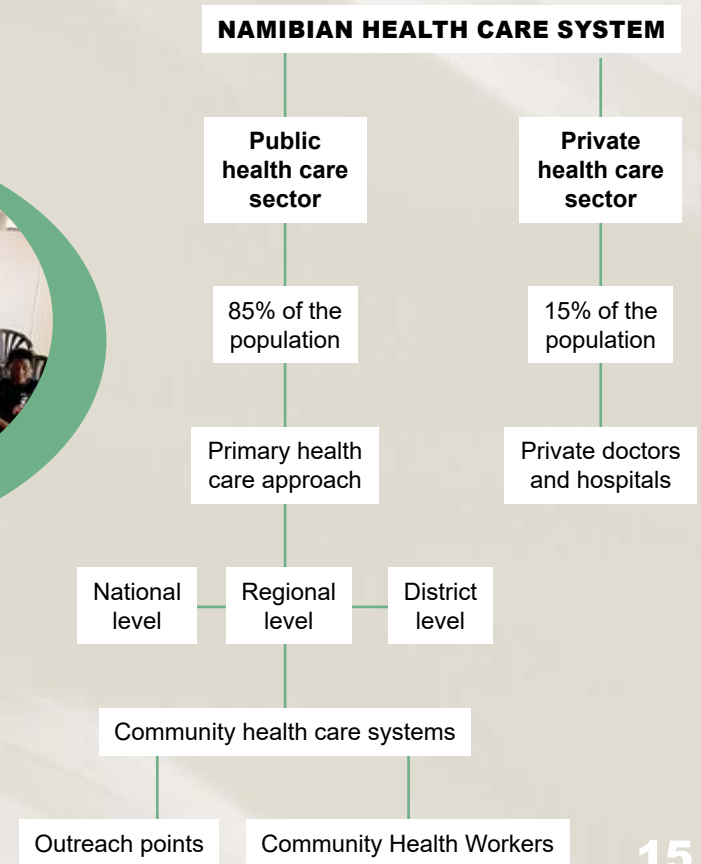
*Namibia has made significant achievements on Universal Health Coverage in terms of public health service ... 88% of women have access to skilled birth attendance during delivery.*

– WHO-Namibia programme report



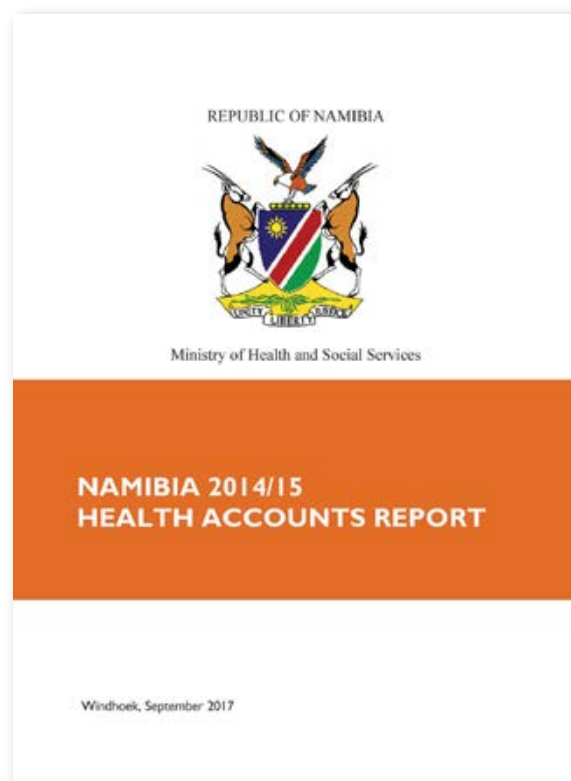
## Community Health Workers

- Support was provided to the MoHSS with the finalisation and costing of the National Health Strategic Plan 2017 – 2022, which will guide the work of stakeholders in the health sector over the next five-year period.
- Support was provided through the EU-funded PARMaCM for the training of 24 health managers from six regions in middle and senior management. The aim of the training was to strengthen leadership and management at the sub-national level.
- As part of the implementation of the National Civil Registration and Vital Statistics Strategy, WHO-Namibia supported the National Statistics Agency, the MoHSS and the Ministry of Home Affairs to improve Cause of Death certification and statistics. Support was also provided to orient stakeholders on the e-death registration process, as well as to build the capacity of the MoHSS on the proposed transition from the International Classification of Diseases (ICD) 9 to ICD 10.
- WHO-Namibia provided technical support for the adaptation and conducting of the 2<sup>nd</sup> Service Availability and Readiness Assessment health facility survey for Namibia.
- Support was provided for the conducting of a situation analysis on nursing and midwifery services in Namibia. This will contribute to the development of a strategic plan for strengthening the services, as well as the Human Resources for Health plan.
- Through PARMaCM, WHO-Namibia procured and distributed medical equipment to the central referral hospital, three intermediate hospitals, and district hospitals to strengthen the delivery of maternal and child health services.



## National Health Accounts

On 5 October 2017, the Deputy Minister of Health and Social Services, Honourable Juliet Kavetuna, launched the Namibia 2014 – 2015 Health Account Report. The System of Health Accounts tracks all health spending in a given country over a defined period, regardless of the entity or institution that financed and managed such spending. The report is crucial for the health care system, particularly as the country strives towards the attainment of the Universal Health Coverage target, and the Sustainable Development Goals.



## Universal Health Coverage

Namibia has already made significant advances regarding Universal Health Coverage (UHC); for example, 88% of women now have access to skilled birth attendance during delivery. The greater challenge remains improving access to quality health care for the majority of the population.

WHO-Namibia has supported the government in addressing the three dimensions of UHC:

- the health financing strategy, to ensure sustainable health care financing and reduce out-of-pocket payments for health services;
- burden of disease and other studies, to help in defining the essential package of health services; and
- the coverage of services (increasing community and outreach programmes, expanding health services to reach more people).



# CHAPTER 6

# HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH

“

*... health impacts on and is impacted by other sectors. It is determined by policies of other sectors and thus needs intersectoral actions and deliberate policy and strategic positioning across government, society and other social actors.*

– WHO-Namibia programme report

”

## Health in all policies

As a cross-cutting element, health impacts on and is impacted by other sectors. It is affected by policies of other sectors and thus requires intersectoral actions and deliberate policy and strategic positioning across government, society and other social actors. Health in All Policies (HiAP) is an approach that enables enhanced and systematic streamlining of health promoting actions in each sector with a view to improving the health outcomes of a country. It involves the accentuation of existing positive impacts of sectoral policies and intersectoral actions on health, while strengthening the mitigation of negative impacts. It also promotes systematic and coordinated implementation, monitoring and evaluation of deliberate actions across sectors.

An assessment of multi-sectoral collaboration with the MoHSS has been conducted within the education, child welfare, road safety and gender sectors, resulting in a national intersectoral consultative workshop on HiAP which delivered key recommendations for Namibia's approach to HiAP.

A National Working Group on Health in all Policies constituted by representatives from the Prime Minister's Office, the National Planning Commission and the MoHSS has been established with WHO-Namibia support to oversee the drafting a National Strategy on Health in All Policies and its implementation.

WHO-Namibia co-authored the Namibian case study on HiAP, which was included in the Case Study Book on Health in All Policies. It documents experiences from around the world in the context of the 2030 Sustainable Development Agenda jointly facilitated by WHO Head Office and the Government of South Australia. The case study book captures important elements of HiAP practices through an analysis of established and emerging models.



## Health communication and advocacy

### EXPANDED PROGRAMME ON IMMUNIZATION

- Communication material to strengthen routine immunisation was produced with EU funding. It includes a **20-part radio series on routine immunisation** which aims to increase awareness on the importance of immunisation. The series was initially produced in English, and translated into Afrikaans, Oshiwambo, Otjiherero, Setwana, Silozi and Rukwangali. It will be aired on the Namibian Broadcasting Corporation's language services, reaching over 70% of the Namibian population.
- WHO-Namibia provided **communication support during the introduction of the measles- and rubella-containing vaccine**. This included the production of radio jingles translated into local languages, and TV jingles, newspaper placements, leaflets and posters to support social mobilisation efforts at a local level. In addition, a fact sheet was produced for the media to guide reporting on the campaign.
- Support was provided towards the commemoration of **African Vaccination Week** and other supplementary immunisation activities through media engagement, social mobilisation, newspaper placements and social media engagement.



### RISK COMMUNICATION

WHO-Namibia supported the response towards the hepatitis E outbreak in the Havana and Goreagab Dam informal settlements in Windhoek with communication and health education activities. These included:

- the development of a communication plan;
- training of community health workers;
- development of communication materials which were later translated into local languages;
- community engagement through the leadership at regional, constituency and local levels;
- media engagement; and
- support for multi-sectoral coordination, specifically through the communication and social mobilisation team.

### Maternal and Child Health Week

Together with UNICEF, WHO-Namibia supported the MoHSS in hosting the Maternal and Child Health Week, which was funded by the EU.



### PRODUCTION OF IEC MATERIALS FOR INCREASED VISIBILITY

WHO-Namibia, with EU support, produced two video documentaries and a leaflet on:

- the impact of the Health Extension Workers (now CHWs) Programme (*Village Health care*); and
- the impact of the EU-supported PARMaCM (*Maternity Waiting Homes: Hope for the Future* – accompanied by a leaflet with an illustrated creative story about the importance of maternity waiting homes).

### World Health Days

- World Health Day
- World TB Day
- World No Tobacco Day
- Blood Donation Day
- World Mental Health Day



CHAPTER  
**7**

# WHO COUNTRY OFFICE THIRD GENERATION COUNTRY COOPERATION STRATEGY

In the last quarter of 2017, the WHO Country Office (WCO) in Namibia started working on its third generation Country Cooperation Strategy (CCS), a medium-term vision for the WHO's technical cooperation for a five-year period. The 3<sup>rd</sup> CCS is aligned to the WHO's Global Programme of Work 13 (GPW 13). The GPW 13 has three main targets, namely:

- 1 billion more people benefiting from universal health coverage;
- 1 billion more people better protected from health emergencies; and
- 1 billion more people enjoying better health and well-being.

The new CCS is an integrated package that positions the WHO as the lead agency for health within a multi-sectoral milieu and increased visibility of its work and contributions towards Namibia's development agenda. It is aligned to the GPW 13, the SDGs, the Fifth National Development Plan (NDP5), the National Health Strategic Plan (NHSP), and the United Nations Partnership Framework (UNPAF). It is structured to address the three main targets of the GPW 13, but with a national focus. Through a consultative process, the 3<sup>rd</sup> CCS is coined around four nationally-identified strategic priorities:

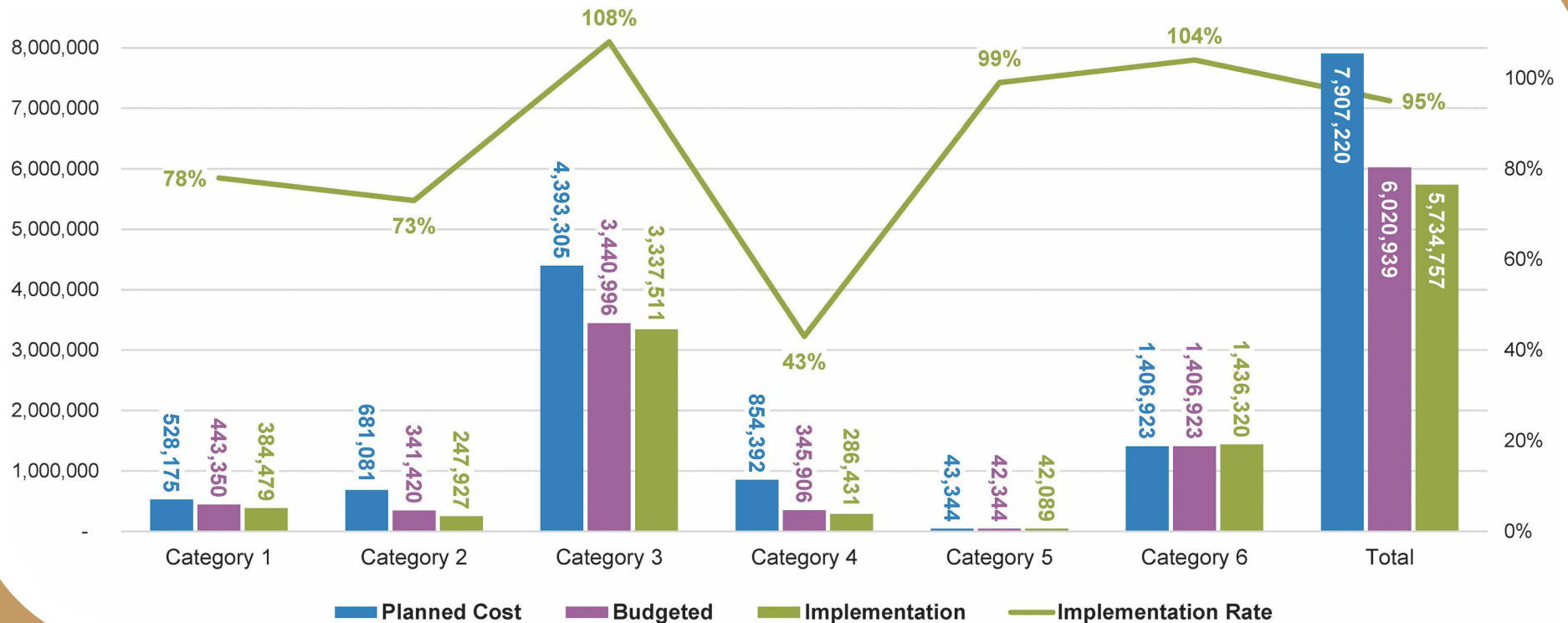
- strengthening the health system;
- combating priority diseases;
- improving maternal, newborn, child and adolescent health; and
- promoting a safer and healthier environment.



CHAPTER  
**8**

# FINANCIAL IMPLEMENTATION

Figure 5: Financial implementation for 2016 – 2017 budget by category (US\$)



# CHAPTER 9

# CHALLENGES AND CONCLUSION

## Challenges

Below are some challenges that may have hampered the effective implementation of the country work plan:

- Namibia's ranking as upper-middle income country has contributed to decreasing donor support to national programmes. The impact of decreasing donor support is more apparent now in the face of the country's economic downturn.
- Implementation of key health activities such as surveillance, supplementary immunisation activities, responses to non-communicable diseases and others is constrained by limited budgetary allocation.
- The MoHSS is experiencing high staff turnover in certain operational areas due to the lack of clear career progression. This results in the ongoing need for training of newly recruited staff.
- A number of MoHSS staff have retired and cannot be replaced due to limited budgetary allocation.
- Both WCO and MoHSS staff are generally over-stretched with heavy workloads and demands which may impact on programme delivery.

## Conclusion

WHO-Namibia remains committed to working with the Government of the Republic of Namibia and partners to ensure the attainment of the highest possible level of health by all people. In collaboration with key stakeholders, WHO-Namibia contributed towards ensuring healthy lives and promoted the wellbeing of the people of Namibia, particularly the most vulnerable people. This was achieved by promoting health through the life course; strengthening health systems to prevent communicable and non-communicable diseases; and improving surveillance for health security and emergencies. The WCO will work within the framework of the third generation of the CCS, which is aligned to United Nations Partnership Framework 2014-2018, the MoHSS National Health Strategic Plan, and the overarching Fifth National Development Plan. Resource mobilisation and the provision of high-quality technical support to the government will remain a priority in the next biennium.





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**2016 – 2017**