



# WHO: 33 YEARS IN NAMIBIA



World Health Organization



HEALTH FOR ALL



UN House, Stein Street, Klein Windhoek, Namibia

75 HEALTH FOR ALL





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# WHO and Global Health

## 1945

Diplomats meeting in San Francisco (California) to form the United Nations agree that throughout modern history there has been insufficient collaboration between countries to control the spread of dangerous diseases across the world. They decide on the need for a global organisation to oversee global health, and they plan for the **creation of the WHO**.



## 1946

The **WHO Constitution** is drafted and then approved at the International Health Conference in New York City.



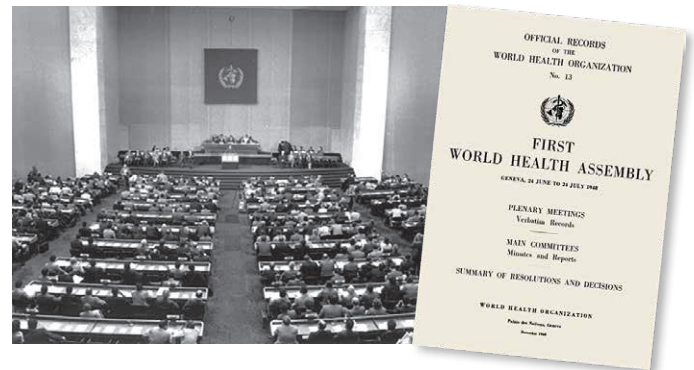
## 1947

The WHO establishes the first-ever **global disease-tracking service**, with the information transmitted internationally via telex.



## 1948

The WHO's Constitution comes into force on 7 April – the date that we now celebrate every year as **World Health Day**. Following the mandate that Member States established for it, WHO begins its first two decades with a strong focus on mass campaigns against tuberculosis, malaria, yaws, syphilis, smallpox, leprosy and other communicable diseases transmitted from person to person or from animals to people.



2

**WHO** ANNIVERSARY 75

# Historic Landmarks



## 1950

The great era of discovery of present-day **antibiotics** begins, and WHO begins advising countries on their responsible use.



## 1952-57

Jonas Salk and Albert Sabin discover, respectively, the inactivated wild **poliovirus vaccine** (given by injection) and the attenuated **live-virus vaccine** (given orally), paving the way for mass global campaigns facilitated by the WHO which have led to the near-eradication of polio.



## 1963

The **vaccine against measles** becomes available, and the licensing of **vaccines against mumps and rubella** occurs during the six years that follow.



## 1969

The World Health Assembly establishes the first **International Health Regulations**, which represent an agreement between WHO Member States to work together to prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

## 1972

The **Special Programme of Research, Development and Research Training in Human Reproduction (HRP)** is created at the WHO. This is the sole body within the UN system with a global mandate to conduct research into sexual and reproductive health and rights.

# 1974

The WHO founds the **Expanded Programme on Immunization** to bring life-saving vaccines to all the world's children.

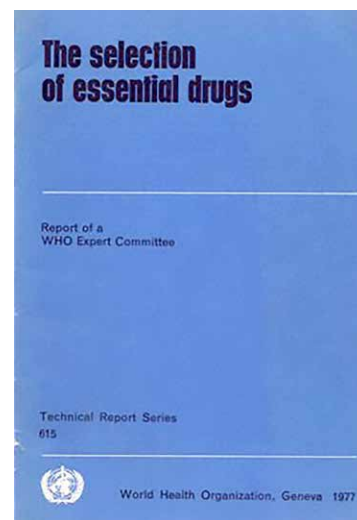


# 1975

The WHO founds and begins hosting the **Special Programme for Research and Training in Tropical Diseases (TDR)**, a global programme of scientific collaboration that helps to facilitate, support and to influence efforts to combat diseases of poverty. By 2016, five of the eight diseases that the programme was created to tackle are close to elimination.

# 1977

The first **Essential Medicines List** is published. This core list outlines the medicines that a basic health system needs. Each medicine is selected based on evidence for its safety, effectiveness and value for money.



# 1978

The **International Conference on Primary Health Care**, in Alma-Ata, Kazakhstan, sets the aspirational goal, "**Health for All**", laying the groundwork for the WHO's current call for Universal Health Coverage.

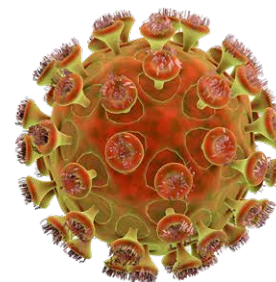


# 1979

Following an ambitious 12-year global vaccination campaign led by the WHO, **smallpox is eradicated** worldwide.

# 1983

The **Human immunodeficiency virus (HIV)**, which causes AIDS, is discovered.



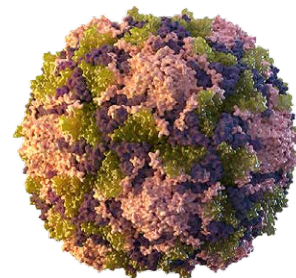
# 1987

The **first antiretroviral medication to control HIV** infection and prevent it from progressing to AIDS is licensed, prompting a shift in the WHO's priorities.



# 1988

The **Global Polio Eradication Initiative** is established at a time when the polio virus was paralysing more than 350 000 people each year. Since then, cases of polio have decreased by more than 99% because of immunisation against the disease worldwide.



4

# WHO ANNIVERSARY 75

## 1995

The **DOTS strategy for reducing the toll of tuberculosis (TB)** is launched. By the end of 2013, more than 37 million lives had been saved through TB diagnosis and treatment under this strategy.



## 1999

Major players in global immunization, including the WHO and other key UN agencies, leaders of the vaccine industry, government representatives and major foundations agree to work together through a new partnership: the **Global Alliance for Vaccines and Immunization (GAVI)**. Its role will be to overcome barriers preventing millions of children from receiving vaccines.



## 2001



The **Global Fund to fight AIDS, Tuberculosis and Malaria**, a new partnership and funding mechanism initially hosted by the WHO, is created in collaboration with other UN agencies and major donors.

## 2000

At the Millennium Summit in September 2000, the largest gathering of world leaders in history adopts the **UN Millennium Declaration**, committing nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015. They become known as the **Millennium Development Goals (MDGs)** and include specific goals for health. The **WHO Global Outbreak Alert and Response Network** is established to detect and combat the international spread of outbreaks.



## 2003



The World Health Assembly unanimously adopts the WHO's first global public health treaty, the **WHO Framework Convention on Tobacco Control**, which aims to reduce tobacco-related deaths and disease worldwide.

The WHO launches the **"3 by 5" initiative**, which aims to bring treatment to 3 million people living with HIV by 2005, and lays the groundwork for reaching 13 million people infected with HIV with antiretroviral treatment by 2013.

## 2004

The **WHO Strategic Health Operations Centre**

is built to serve as the nerve centre of the networks of emergency operations centres and of the WHO's global alert and response. It is used for the first time to assist with emergency coordination following the Indian Ocean tsunami disaster in December 2004.



## 2005

The **International Health Regulations** are revised, giving countries clear and tested guidelines for reporting disease outbreaks and other public health emergencies to the WHO, and triggering response systems to isolate and contain threats.



## 2006

The number of children who die before their fifth birthday declines below 10 million for the first time in recent history.

## 2008

The World Health Statistics report notes a **global shift from infectious diseases to non-communicable diseases**, with heart disease and stroke emerging as the world's number one killers. This new evidence prompts the WHO to strengthen its focus on non-communicable diseases.

## 2009

The emergence of the new **H1N1** influenza virus sees the world brace itself for the first influenza pandemic since 1968. The WHO works with collaborating centres and pharmaceutical industries to develop influenza **vaccines in record time**.

## 2010

The WHO issues a menu of options for raising sufficient resources and removing financial barriers so that all people, especially those who have limited funds to spend on health care, have **access to essential health services**. The objective is a move towards **Universal Health Coverage**.



For the first time, WHO Member States set **global targets** to prevent and control heart disease, diabetes, cancer, chronic lung disease and other non-communicable diseases.

## 2014

The biggest outbreak of **Ebola** virus disease ever experienced in the world strikes West Africa. The WHO Secretariat activates an unprecedented response to the outbreak, deploying thousands of technical experts and support staff and medical equipment, mobilising foreign medical teams, and coordinating the creation of mobile laboratories and treatment centres.

## 2015 SUSTAINABLE DEVELOPMENT GOALS

Delegates from around the world meet at the UN Summit to sign off on 2030 **Sustainable Development Goals (SDGs)**, which apply to all countries worldwide and move beyond the MDGs. The SDGs maintain poverty eradication, health, education, food security and nutrition as priorities, but additionally cover a broad range of economic, social and environmental objectives and the promise of more peaceful and inclusive societies.



## 2016



The WHO announces **zero cases of Ebola in West Africa**, but warns that flare-ups of the disease are likely to continue, and countries in the region need to remain vigilant and prepared. Under the International Health Regulations, the WHO convenes the Emergency Committee, which concludes that a cluster of neurological birth defects (underdeveloped brains), seemingly related to infection with **Zika virus among pregnant women**, represents a Public Health Emergency of International Concern.



# WHO Namibia

33 Years of Keeping Namibians Safe,  
Promoting Health and Serving the Vulnerable





# Statement by the Namibian Head of State on the 75<sup>th</sup> Anniversary of the WHO



**H.E. Dr Hage Geingob,**  
President of the Republic of Namibia

As we commemorate World Health Day as well as the 75<sup>th</sup> Anniversary of the World Health Organization (WHO) on 7 April 2023, under the World Health Day 2023 theme of “Health for All”, we pause to take stock of milestones in public health. We also pause to take stock of current and future challenges, and the need to collectively ensure that the most vulnerable and furthest behind have access to quality, essential healthcare services.

Over the past 75 years, the world has witnessed advancements in public health worth celebrating. Most recently, in 2020, the WHO gave emergency-use listing to 10 COVID-19 vaccine brands – the first of which was listed on the last day of 2020. Within only 15 days of this listing, 101 countries issued national regulatory authorisation, basing their decision on the WHO’s risk-based assessment and acceleration of the vaccine roll-out.

Prior to the establishment of the Global Polio Eradication Initiative in 1988, under the WHO’s leadership, polio paralysed more than 350,000 people per year worldwide. Since 1988, the number of polio cases has dropped by 99%, due to the polio vaccine. Namibia has been certified as polio-free since October 2008, and continues routine and national immunisation campaigns to maintain its polio-free status. Additionally, the national coverage for most childhood immunisations remains above the global rates recommended for ensuring increased child survival.

Another notable achievement for global public health is the eradication of smallpox in 1980, following an ambitious 12-year immunisation programme led by the WHO.

These are but a few of the many global achievements in public health with which Namibia, as a WHO Member State, is proud to be associated. In 2023, the 33rd year of Namibia’s Independence, we can take pride in numerous national public-health successes achieved in partnership with the WHO.

Namibia’s investment in controlling the HIV pandemic resulted in a 65% decline in the number of new infections and a 74% decline in HIV-related deaths since 2004, and life expectancy increased by 12 years from age 51 in 2001 to age 63 in 2020. Furthermore, the country is one of the first high-burden countries to approach epidemic control as per the UNAIDS 95-95-95 treatment cascade, with 92% of People Living with HIV aware of their status, 99% of them being on HIV treatment,



***“Thank you, my brother President Hage Geingob, for your commitment to #HealthForAll and Namibia’s partnership with WHO. Together!”***

**The WHO Director General, Dr Tedros Adhanom Ghebreyesus,** message posted on the President’s Facebook page on 7 April 2023

([www.facebook.com/DrHageGeingob](https://www.facebook.com/DrHageGeingob))



and 94% of the latter being virally suppressed. Namibia has also made considerable progress in the prevention of mother-to-child transmission of HIV. In 2022, the country attained a universal coverage of over 95% for the first antenatal care visit, HIV and syphilis testing of pregnant women, and maternal antiretroviral therapy.

Universal health coverage remains a priority for Namibia, ensuring that every Namibian can access healthcare where and when they need it, without the financial burden that may limit access. In 2016, it was estimated that 72,720 (95.7%) out of approximately 75,990 births in Namibia in that year occurred in health facilities.

In order to increase the provision of a competent health workforce, Namibia established its School of Medicine in 2009 with extensive support from the WHO. By 2022 the school had trained 400 medical doctors and four specialist anaesthetists, who are deployed in health facilities throughout the country.

In 2020, Namibia, like the rest of the world, was hit by the COVID-19 pandemic. The first case in Namibia was confirmed on 13 March 2020, and I declared a state of emergency on 17 March. Since the commencement of COVID-19 vaccination in Namibia on 18 March 2021, over 980,000 doses in total have been administered in all 14 regions of the country. Although the vaccination rate remains low, through the Government’s concerted efforts, and with support from the United Nations, especially the WHO, as well as other development partners, the private sector, civil society organisations, the media and all Namibian communities, the country has sustained a low positivity rate in the past year compared to the average of 31.1% during the Delta wave. Efforts to increase COVID-19 vaccine uptake are ongoing.

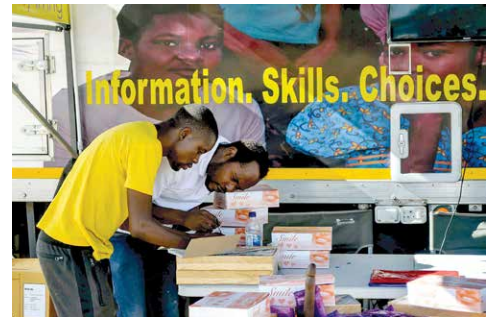
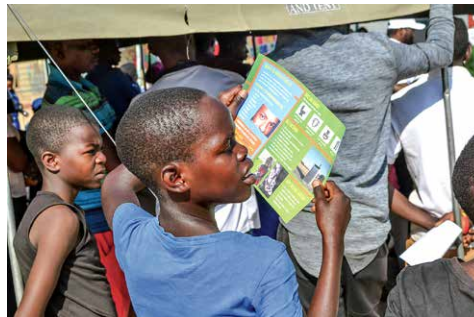
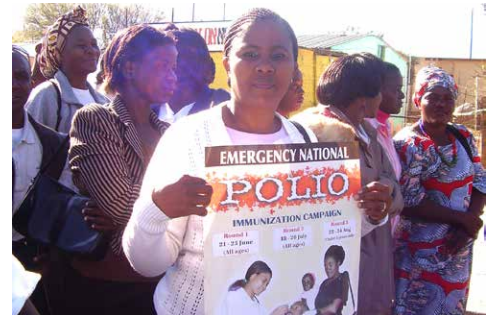
In March 2022, Namibia declared the end of the Hepatitis-E Virus outbreak that lasted 4 years and spread to 13 of the country’s 14 regions, affecting mainly informal settlements and areas where hygiene and sanitation were poor. This success is due to continued, sustained multisectoral collaboration with the WHO and other partners who supported the government efforts related to case management, surveillance, laboratory services, infection prevention and control, risk communication and community engagement, water, sanitation and hygiene.

Namibia remains committed to ensuring health for all, in line with Goal 4 of the Harambee Prosperity Plan – the goal of ensuring access to healthcare for all.

I heartily congratulate the WHO on its 75<sup>th</sup> Anniversary, and assure this invaluable partner of Namibia’s commitment to our continued partnership.



1. **2012:** Namibia's Founding Father and first Head of State, **H.E. Dr Sam Nujoma**, and the second Head of State, **H.E. Dr Hifikepunye Pohamba**, inaugurating the School of Medicine at the University of Namibia (UNAM). The WHO played a pivotal role in the establishment of the School of Medicine.
2. **2014:** **UN Secretary General Ban Ki-moon** and **President Hifikepunje Pohamba** inaugurating the UN House in Windhoek.
3. **2018:** The third and incumbent Head of State, **H.E. Dr Hage Geingob**, launching the National Clean-up Campaign in response to the Hepatitis E outbreak.
4. **2006:** The First Lady, **Madame Penehupifo Pohamba**, administering a polio drop during the mass vaccination campaign.
5. **2011:** The WHO Representative in Namibia, **Dr Magda Robalo**, with the Minister of Transport, **Hon. Erkki Nghimtina** (centre), and officials from the Motor Vehicle Accident Fund and the National Road Safety Council, launching the Namibia Decade of Action 2011-2020.
6. **2012:** The WHO Director General, **Dr Margaret Chan**, and the Minister of Health and Social Services, **Hon. Dr Richard Kamwi**, during Dr Chan's visit to Namibia.
7. **2012:** The UNICEF Representative in Namibia, **Ms Micaela Marques de Sousa**, South Africa's First Lady, **Mrs Graça Machel**, Namibia's First Lady, **Madame Penehupifo Pohamba**, and WHO Representative **Dr Magda Robalo** at a WHO event in 2012.
8. **2014:** The WHO Representative in Namibia, **Dr Monnir Islam**, and the Head of the Economic and Social Section at the EU Delegation, **Mr Markus Theobald**, presenting to the Minister of Health and Social Services, **Hon. Dr Richard Kamwi**, one of the nine new ambulances donated by the European Union, facilitated by the WHO.
9. **2019:** The UNAIDS Country Coordinator, **Dr Tharcisse Barihuta**, the WHO Representative in Namibia, **Dr Charles Sagoe-Moses**, and the Minister of Health and Social Services, **Hon. Dr Kalumbi Shangula**.

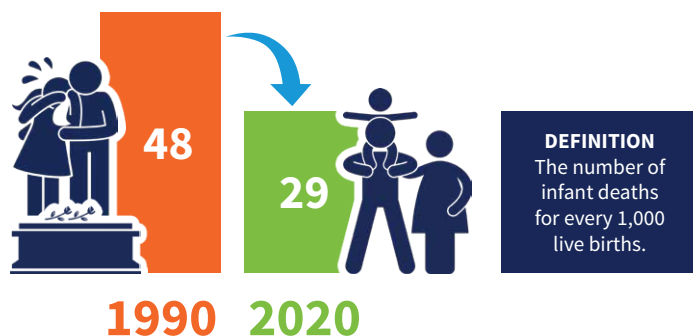


WHO has been in Namibia since 1990.

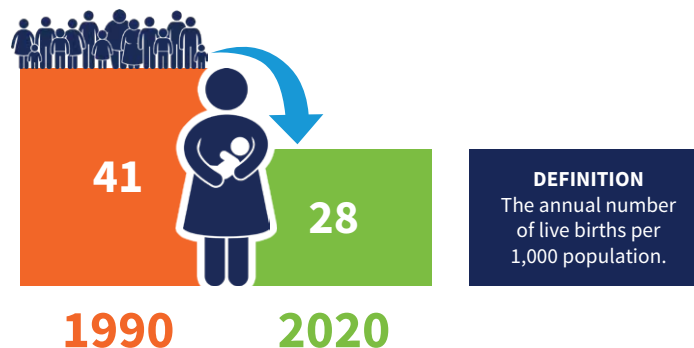
*Did we make a difference?*

## Key Indicators

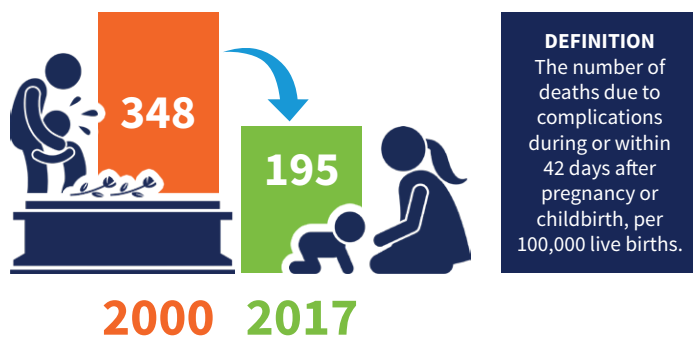
### Infant Mortality Rate



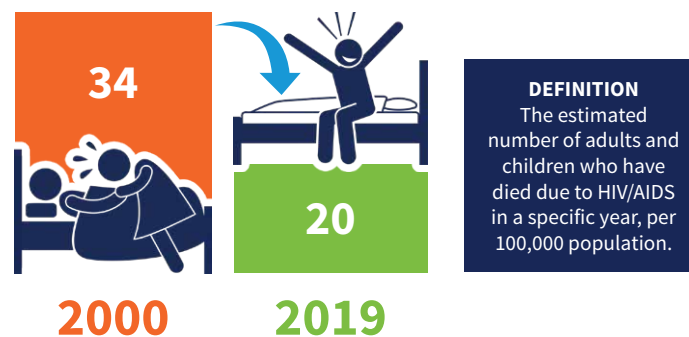
### Crude Birth Rate



### Maternal Mortality Rate



### Mortality Rate due to HIV



# The COVID-19 Pandemic

THE BIGGEST PUBLIC HEALTH EVENT IN RECENT HISTORY

WHO supported the Government of Namibia with preparedness, response and recovery.



33 YEARS IN **NAMIBIA** 13



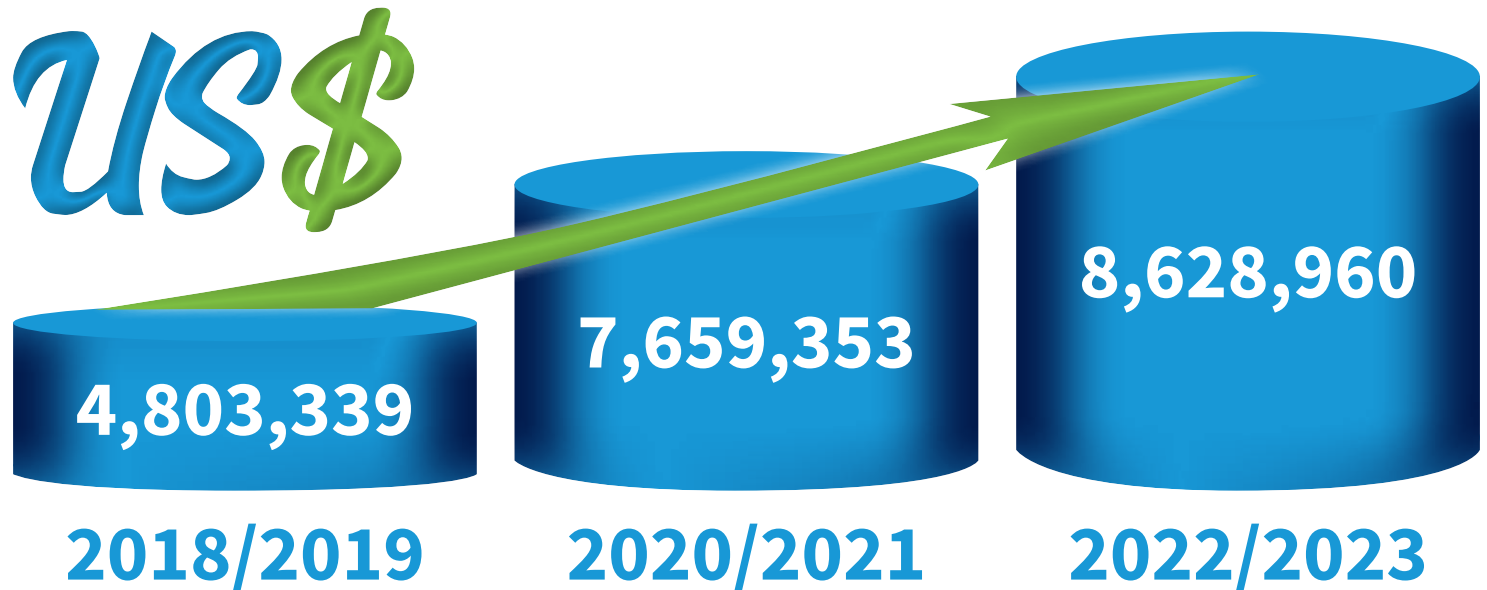
# United Nations Leadership and Support to the Government of Namibia

1. On 6 April 2021, the WHO Director General, Dr Tedros Gebreyesus, invited the Namibian Head of State to join the Director General's daily press briefings on COVID-19. In one such briefing, President Geingob made a strong statement regarding vaccine equity, with reference to the then limited availability of COVID-19 vaccines in developing countries.
2. President Geingob and the Executive Director of the Ministry of Health and Social Services (MoHSS), Mr Ben Nangombe, greeting the WHO Representative, Dr Charles Sagoe-Moses, at the Hosea Kutako International Airport isolation facility during the preparatory phase of the country's response to the pandemic in 2020.
3. The UN Resident Coordinator, Mr Sen Pang, handing over a certificate of appreciation to MoHSS Executive Director Ben Nangombe for health workers during the pandemic.
4. WHO Namibia donated over N\$43 million worth of equipment and supplies to the Government of Namibia through the MOHSS to support the Government's efforts to control the pandemic.
5. The WHO Representative, Dr Sagoe-Moses, handing COVID-related supplies to the Minister of Health and Social Services, Hon. Dr Kalumbi Shangula, at the COVID-19 Communication Centre.
6. The WHO Representative, Dr Sagoe-Moses, and the United Nations Children's Fund (UNICEF) Representative in Namibia, Ms Rachel Odede, at Hosea Kutako International Airport receiving the first COVID-19 vaccines through the COVAX facility.





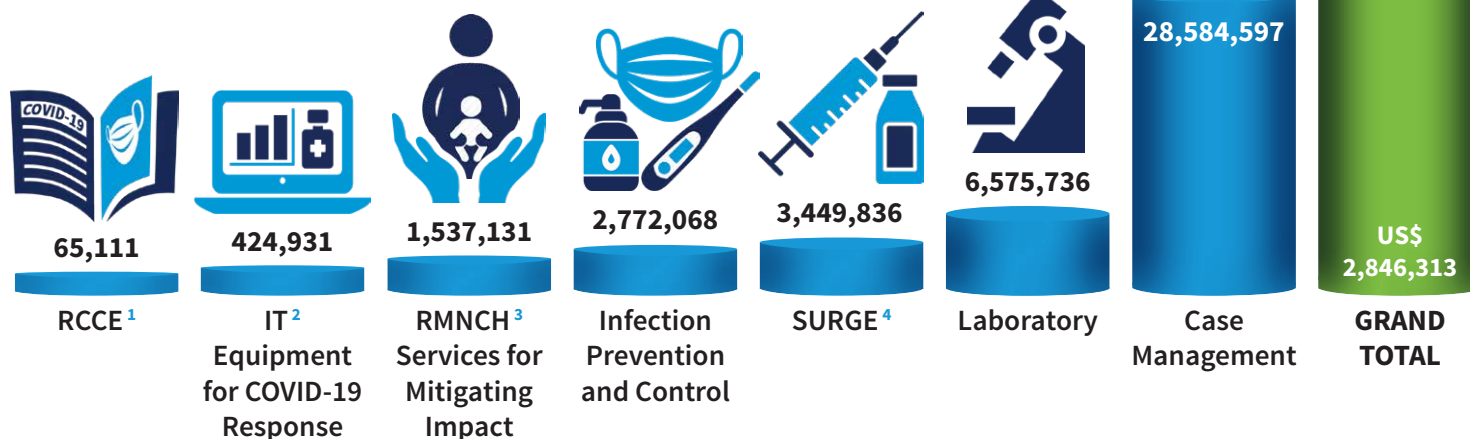
WHO's investment in Namibia more than doubled during the COVID-19 response.



# COVID-19 Response: Logistics



Total WHO investment in logistics per pillar 2020-2022



<sup>1</sup> RCCE = Risk Communication and Community Engagement

<sup>2</sup> IT = Information Technology

<sup>3</sup> RMNCH = Reproductive, Maternal, Newborn and Child Health

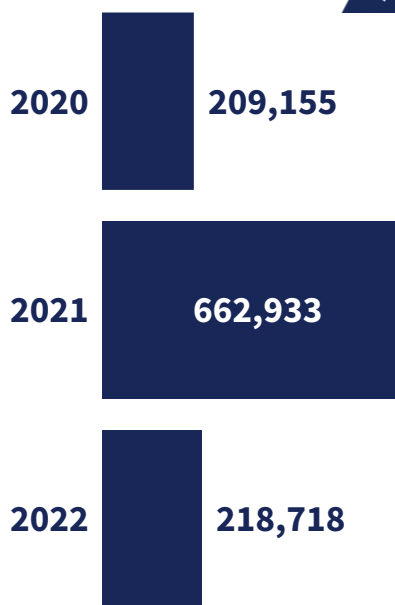
<sup>4</sup> SURGE = Strengthening and Utilising Response Groups for Emergencies

# COVID-19 Positivity Ratio

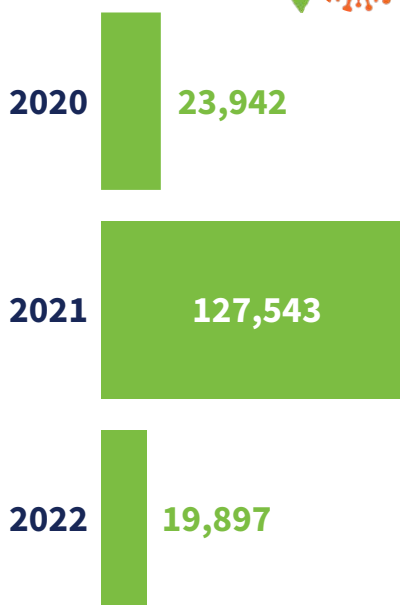


Although the risk of a resurgence of COVID-19 remains a reality in Namibia due to the low vaccination rate, the country managed to reduce its COVID-19 positivity over the past three years.

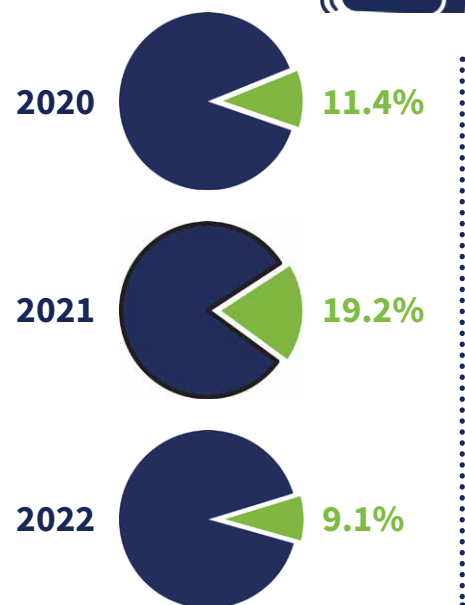
## Laboratory Tests



## Confirmed Cases

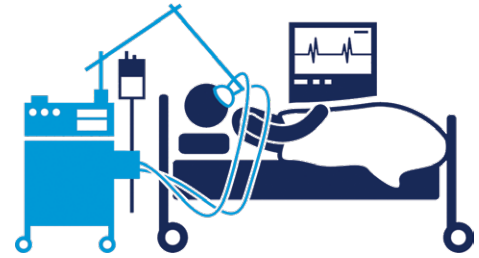


## Positivity Rate





# Case Management: Care of COVID patients



## Oxygen supply

1. As a short-term solution, the WHO provided 2000 oxygen cylinders to mitigate the oxygen shortage at COVID-19 treatment facilities particularly during the Delta wave of the pandemic.
2. As a long-term solution, the WHO supported the scaling-up of sustainable oxygen systems at various hospitals. This support included estimating the demand per hospital, and determining the oxygen-generating capacity and the infrastructure requirements. This WHO support led to the upgrade of oxygen-generating plants at all the intermediate hospitals and Windhoek Central Hospital. The oxygen-generating capacity of the upgraded plants was increased by more than 100%.



## Establishment of a National EMT

3. During the peak period of the Delta wave, the Ministry of Health and Social Services requested the WHO to facilitate the deployment of an International Emergency Medical Technician (EMT) to Namibia to support the overstretched healthcare workforce.
4. The lessons learnt through the deployment of the International EMT led to the Ministry establishing a National EMT for Namibia in 2022, with support from the WHO.



## Capacity development

5. With support from the WHO, 10 doctors undertook a Training of Trainers (ToT) course in Basic Critical Care in South Africa. They have since trained 20 ICU healthcare workers in Basic Critical Care.
6. Eight healthcare workers undertook a ToT course in Basic Emergency Care funded by the WHO. The trainees have since trained 40 healthcare workers in Basic Emergency Care.



# Risk Communication and Community Engagement (RCCE)



Over 1 million copies of **Information, Education and Communication (IEC) materials** on public health and social measures, quarantine and isolation were printed and distributed. (This number includes translations in Namibian local languages.)



Over 1 million **house visits** have been conducted by Community Health Workers since the outset of the pandemic in 2020.



The Ministry of Health and Social Services sent **daily advisory SMSs** to over 2.3 million mobile phone subscribers through both MTC and TN Mobile, especially in 2020 and 2021.



Over 80% of the Namibian population were reached every day through **mass media communication** (television, radio and newspapers).



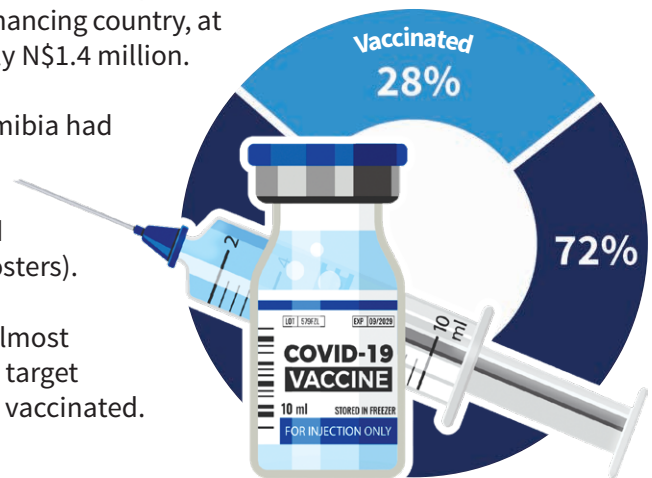
# COVID-19 Vaccination

Namibia launched its COVID-19 vaccination campaign on 18 March 2021 after receiving a donation of Sinopharm vaccine from the Republic of China.

The first vaccine doses for Namibia arrived in the country through the COVAX facility on 16 April 2021. This consignment, which consisted of 24,000 doses of the AstraZeneca vaccine, was purchased by Namibia as a self-financing country, at a cost of approximately N\$1.4 million.

By 12 March 2023, Namibia had administered a total of 984,564 doses (i.e. including first and second doses and boosters).

As at 12 March 2023, almost one-third (28%) of the target population have been vaccinated.



# Other WHO Namibia Public Health Interventions



# Progress in Controlling the HIV Pandemic in Namibia



92% of people living with HIV are aware of their status.

UN TARGET: 95%



99% of people living with HIV are on treatment.

UN TARGET: 95%



94% of people living with HIV have suppressed their viral load.

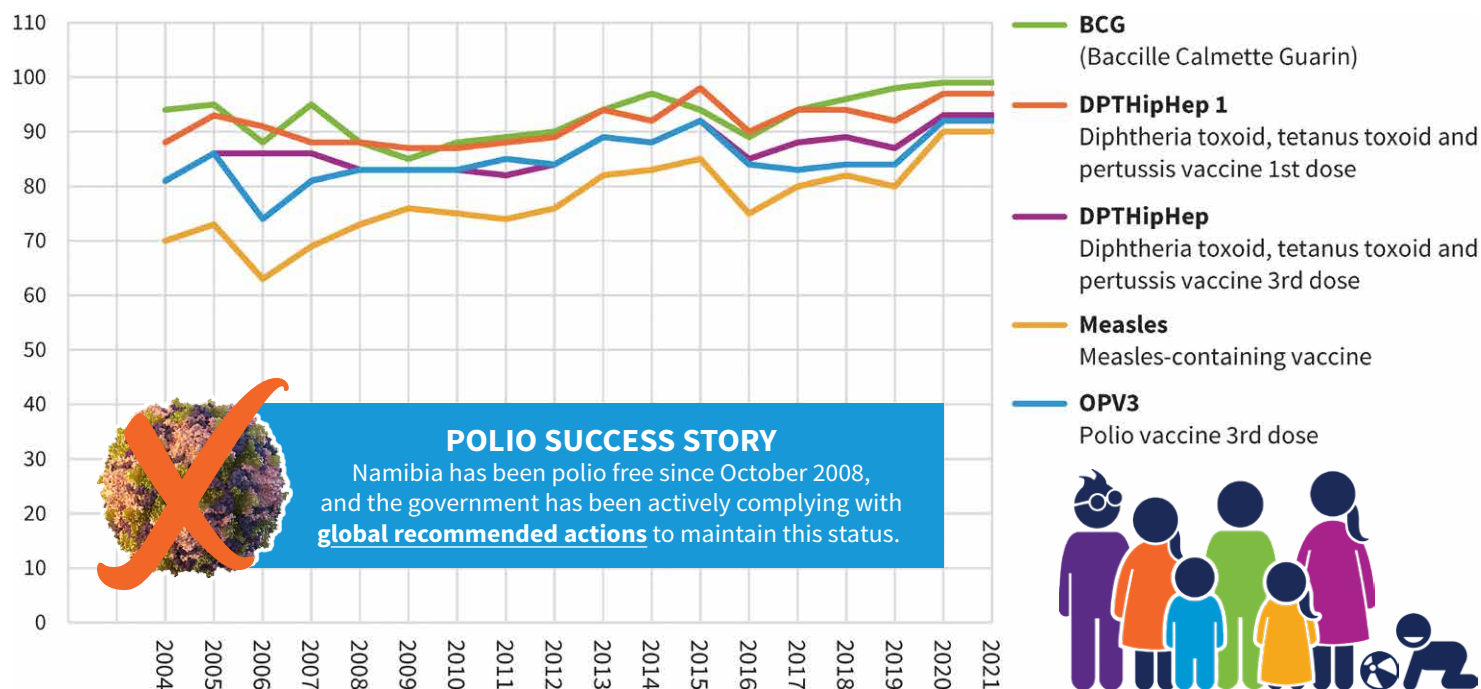
UN TARGET: 95%

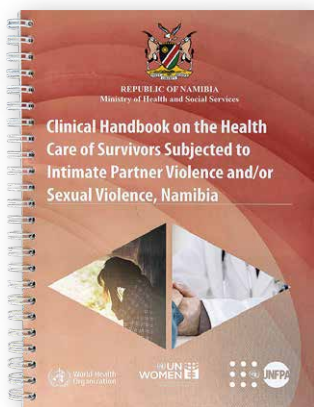


# Our Work Resulting in Positive Child Health Outcomes



## Childhood Immunization in Namibia 2004-2021





# Strengthening the Health Sector Response to Violence Against Women

The WHO, in partnership with the UNFPA, trained over 300 health workers on the *Clinical Handbook for the Health Care of Survivors subjected to Intimate Partner Violence and/or Sexual Violence*. Here are examples of feedback from trainees about the impact of this training:



*The training opened my eyes to what happens after we see patients of gender-based violence (GBV). The impact that the training had was that I am now starting to give the sexual assault cases higher priority. Before this training, we as doctors did not really prioritize GBV victims.*

**Dr Ifeolu Oyedele,**  
Acting Senior Medical Officer at Rundu State Hospital



*We do a triage to attend to patients who need urgent medical attention, including survivors of intimate partner violence (IPV) and GBV because they are also hurt emotionally, and they need support and a place of safety. Gender-based violence and intimate partner violence are emergencies. If you wait too long to attend to the patient, you are losing that opportunity to prevent infections, so there are medications that they need to receive, and prophylaxis which they need to receive to prevent certain types of infections that could be the result of the assault.*

**Dr Leonard Kabongo,** Chief Medical Officer in Erongo Region



*The handbook is very helpful. It makes it easier to deal with GBV clients because it helps us deal with patients empathetically and in ways that benefit them. Previously we often got stuck and did not know what to do next or who to involve. I'm more aware of how to deal with the rape survivors and those subjected to other kinds of GBV.*

**Mark Bezuidenhout,**  
Enrolled nurse at Epako Clinic in Omaheke Region





# Controlling Malaria: Success reaped in Kavango East

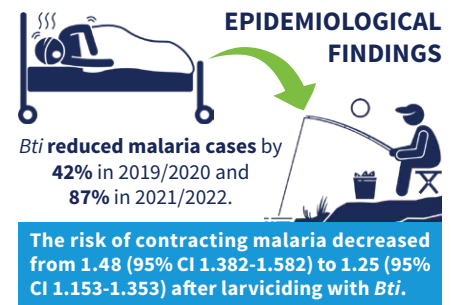
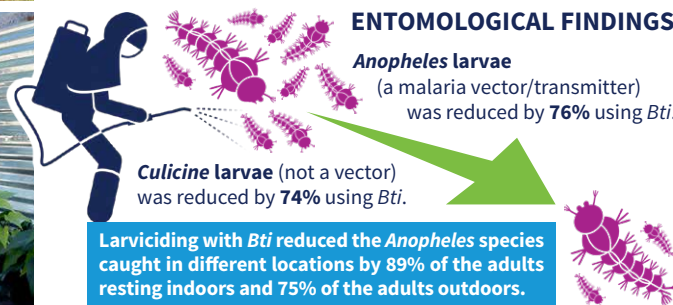
Community-based study to reduce the mosquito population in Mayana village, Kavango East Region, and other areas in northern Namibia

On the eastern outskirts of Rundu, the capital and largest city of Kavango East Region in northern Namibia, about 10km from the city centre, is Mayana village. The village area is characterised by floodplains (low-lying expanses of ground surrounded by water), and the village derives its name from these: *mayana* means ‘floodplains’ in the local dialect. Due to the many water bodies, “*mosquitoes breed everywhere*,” says Johannes Lipayi, the WHO AFRO II Malaria Demo Project coordinator for Mayana and Sikondo villages in Kavango East and West Regions respectively.

Mayana village is in one of the five districts selected for this WHO study aimed at reducing malaria cases in Namibia, as part of the WHO’s continuous efforts to support Namibia in its fight against malaria. The other four districts are in four other northern regions: Kavango West, Omusati, Oshikoto and Ohangwena. The five districts were selected due to their high numbers of malaria cases and deaths. The aim was to reduce malaria transmission through **larviciding** (reducing the adult population of mosquitoes using insecticides) both indoors and outdoors, using only environmentally friendly chemicals, specifically ***Bacillus thuringiensis israelensis (Bti)***. The study was piloted in Mayana village for three years (2018-2021).

It did not take long to see a positive result: “*Before the implementation of the project in this village, we had a lot of malaria cases and deaths, but as soon as the programme started, the cases started to decrease*,” says Lipayi, and further, “*When we compare this village to others where this project has not been implemented, you can tell the difference*.”

The WHO injected approximately N\$10 million into the pilot project. At the end of the funding period in May 2021, the community and the WHO hailed the project as a success. WHO Representative Dr Charles Sagoe-Moses stated that the difference the project had made in the community showed that “*the biological agent used works in malaria control*”.





## A PERSONAL STORY OF SURVIVAL

*“Face to face with death,  
I learnt that nothing  
is impossible.”*

**E**rwin Merero, a 34-year-old man in Gobabis, the regional capital of Omaheke Region in eastern Namibia, believed that he would never get sick with COVID, until he was hospitalised with the disease for over two months in the Gobabis State Hospital. Merero, the patient with the longest admission for COVID-19 at the Gobabis hospital, narrowly escaped death. That experience changed his perspective on COVID-19 and life.

*“I had this belief that brandy [alcohol] would protect me against COVID. As I lay helpless in the hospital, I thought about my previous beliefs and attitude toward the disease, and I was filled with regret. That’s when I learnt that you should never say never, because anything can happen in this world. Nothing is impossible,”* he explains.

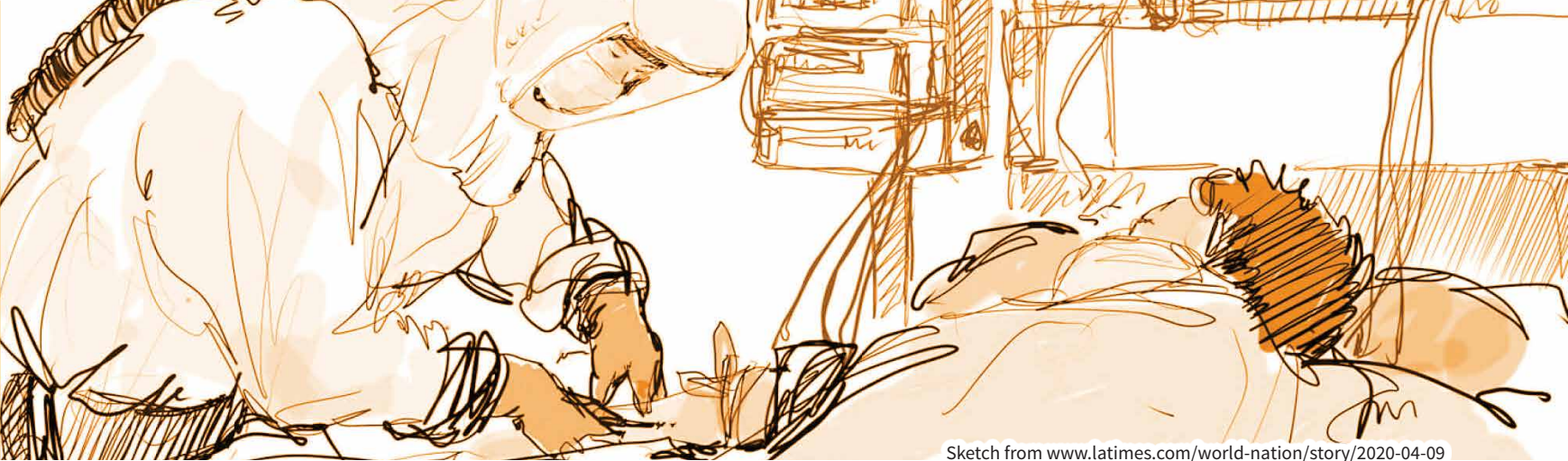
When discharged from the hospital, Merero acquired a sticker for his car with the words “NOTHING IS IMPOSSIBLE” to remind him of his battle with COVID.

*“I’ll be honest with you. I never fully adhered to COVID regulations. I can say that only about 40% of the time did I really take precautions to adhere to the regulations, and that was mostly in places where these were strictly enforced,”* he says.

On a Wednesday morning in early June of 2021, Merero came down with the flu, and *“I also felt dizzy and very weak.”* He chose to seek medical attention from a private doctor, because, *“During that time we all had this belief that everyone who got sick with COVID was dying at the state hospital.”* Then, when he perceived that he was not getting better, he lost all hope, but decided to go the state hospital. *“I could see I was not getting better, so I told myself I’m done with private doctors and will hand myself over to the State and see where the State will take me,”* he explains.

By the time he was admitted, Merero’s condition had deteriorated so much that he had already given up on living: *“When the doctors gave me medicine to drink, I just drank for the sake of it. I gave up ... I threw in the towel. I knew God could come anytime.”*

To this day, talking about his experience makes him emotional: *“I thought I was a man. I thought I was strong, but no.”* He says that the presence of death in the hospital ward still haunts him. He recalls the scenario, as he tries to smile, his eyes betraying him as he fights back tears: *“I saw at least 21 people dying in front of me. Every four hours someone was gone,” ... that was hard and that is what made many people give up. We were surrounded by death. People were dying all around us and some of them appeared to be responding well to treatment. So, I was thinking to myself, if this guy who was doing better than me didn’t make it, that means I’m next.”*



Sketch from [www.latimes.com/world-nation/story/2020-04-09](http://www.latimes.com/world-nation/story/2020-04-09)

Merero knew many of those who died in the ward where he lay hopeless: ***“Some were aunts I knew very well. Others were chiefs and CEOs. I also lost my biological father and his brother to COVID during that period,”*** he says, considering himself lucky to have survived. ***“It was horrible ... it was traumatic. I was bedridden with diapers and unable to respond to what people around me were saying.”***

Through this trial, Merero says that he learnt to value his health. He adds, ***“Some of us were fighting the information given without even experiencing the misinformation that was going on at the time for ourselves. My advice to people is do what is best for you and do not make decisions based on someone else’s experiences.”***

Today Merero is fully vaccinated, and ***“I also took my boosters.”***

\*\*\*

Between June and August 2021, 270 people died of COVID-19 in Omaheke. The collaboration between the WHO and the United Kingdom Government which led to the deployment of the UK Emergency Medical Team (UK-EMT) to Namibia during the Delta wave contributed to preventing more fatalities, says WHO Country Representative Dr Charles Sagoe-Moses.

The UK-EMT was deployed to Namibia to surge the capacity of the healthcare workforce, which was overwhelmed by the exponential number of cases arising from the highly transmissible and virulent Delta variant. The team also trained frontline healthcare workers on management of severe and critical cases of COVID-19. ***“The magnitude of the pandemic was too much for any system to bear,”*** says Sagoe-Moses.

In addition to providing technical support, the WHO coordinated the UN and other partners in providing support to the Namibian Government, and repurposed WHO funds meant for other activities towards mitigating the COVID-19 pandemic.

The pandemic provided an opportunity to strengthen Namibia’s health system, says Sagoe-Moses. The health system is now in a better position to respond efficiently to disease outbreaks as well as to detect diseases through surveillance. ***“Through this pandemic the health system improved the availability of oxygen in most of the country’s hospitals. Also, the hospitals established isolation facilities, and some malfunctioning equipment was repaired. We have better mechanisms now to quickly respond to any outbreak,”*** says Sagoe-Moses.

# The Leadership Role of the MoHSS in Public Health

## Vision

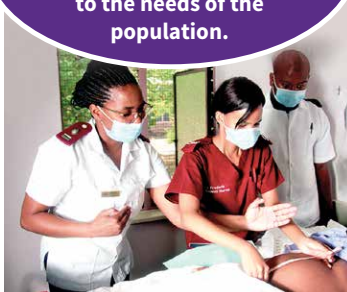
To be the leading provider of quality health care and social services according to international set standards.



CONTINUALLY TRAINING DOCTORS

## Mission

To provide integrated affordable, accessible quality health care and social services responsive to the needs of the population.



CONTINUALLY TRAINING NURSES



**PROVISION OF STATE HEALTHCARE SERVICES AROUND THE CLOCK**  
The public-health system has 4 tiers: 1150 outreach points; 309 health centres; 34 district hospitals; and four intermediate and referral hospitals.



**CONTINUALLY MAKING ACCESS EASIER:** Caregivers bring their children for child health services during Maternal and Child Health Week.



**CONTINUALLY PUBLISHING NEW AND UPDATED INFORMATION MATERIALS**  
**The launch of the updated *National Antiretroviral Guidelines* in 2019.**  
From right: **Hon. Dr Kalumbi Shangula**, Minister of Health and Social Services; the late **Ms Anna-Marie Nitschke**, MoHSS Director of Special Programme; **H.E. Lisa Anne Johnson**, former US Ambassador to Namibia; **Dr Charles Sagoe-Moses**, WHO Representative; **Dr Eric Dziuban**, former CDC Director; and **Dr Ismael Katjitae**, Physician Specialist in the MoHSS.

# Words of Appreciation from Key Public Health Figures



33 YEARS IN NAMIBIA



## The Prime Minister, Right Honourable Dr Saara Kuugongelwa-Amadhila

As the World Health Organization (WHO) turns 75 this year and marks 33 years of working with the Government of Namibia, I would like to express my appreciation for the good partnership between the Government of Namibia and the WHO over this period. The Government, in partnership with the WHO, strives to improve its healthcare system to ensure that every Namibian has access to essential quality healthcare and is protected from public health emergencies, and that the most vulnerable are protected from diseases and other hazards. Through this partnership, Namibia became a signatory to the International Health Regulations (IHR 2005), and is committed to strengthening the minimum core capacities. In 2016, the Namibian Government, the WHO and external partners conducted a Joint External Evaluation to determine the country's readiness to prevent, detect and rapidly respond to public health threats, and its ability to ascertain whether each threat is naturally occurring, deliberate or accidental.

This set the stage for the country's emergency preparedness and response through the development and launching of an all-hazards National Action Plan for Health Security (NAPHS) in 2021. As we navigate through the recurrent natural disasters such as floods, droughts and outbreaks of diseases including COVID-19, Hepatitis E virus and Crimean Congo Hemorrhagic Fever (CCHF), the NAPHS provides the basis for multi-sectoral response plans that are in line with the IHR framework.

The first HIV case in Namibia came to light in 1986, and today the country has a generalised HIV epidemic with 8.54% of Namibians living with HIV. Thanks to the early and continuous partnership of the WHO and other UN Agencies, the United States Government and other partners, Namibia is one of the first high-burden countries to approach epidemic control, with diagnosis, treatment and viral suppression levels estimated at 92-99-94 as compared to the UNAIDS 95-95-95 targets. New HIV infections have halved since 2004, and life expectancy has increased by seven years, from 56 in 2005 to 63 in 2019.

### SPEAKERS AT THE LAUNCH OF NAMIBIA'S MASS MEDIA CAMPAIGN ON COVID-19 VACCINATION, 2021:

The WHO Representative in Namibia,  
**Dr Charles Sagoe-Moses;**  
the Deputy Minister of Health  
and Social Services,  
**Hon. Dr Ester Muinjange;**  
the Prime Minister, **R.T. Hon.  
Dr Saara Kuugongelwa-Amadhila;**  
and the Minister of Information  
and Communication Technology,  
**Hon. Dr Peya Mushelenga.**





In Windhoek on 3 August 2022, the Africa Centres for Disease Control and Prevention (Africa CDC), in partnership with the Mastercard Foundation, commenced with Namibia's in-country implementation of the "SAVING LIVES AND LIVELIHOODS" initiative aimed at accelerating COVID-19 vaccination.

Speakers at the commencement ceremony included (from left): the Governor of Khomas Region, **Hon. Laura Mcleod-Katjirua**; the Prime Minister, **R.T. Hon. Dr Saara Kuugongelwa-Amadhila**; and the Minister of Health and Social Services, **Hon. Dr Kalumbi Shangula**.



A similar level of success has been attained in malaria control. Namibia experienced a 95% decrease in reported malaria cases, from 66,141 in 2017 to 3,404 in 2019, while malaria deaths dropped by over 83% from 6,500 to 7 during the same period. Although the country has seen a surge in malaria cases and deaths in recent years, especially in regions bordering Kavango East, Kavango West, Zambezi and Ohangwena Regions and Angola, the Government remains vigilant in improving coverage of malaria interventions among the most-at-risk populations, including pregnant women, children under five, people living with HIV and those living in hard-to-reach areas. With WHO support, Namibia concluded a community-based research project with the aim of strengthening national capabilities for the implementation and scaling-up of evidence-based, innovative, diversified and environmentally sound malaria-vector-control interventions.

In 2018, I launched the National Multisectoral Strategic Plan for the Prevention and Control of Non-Communicable Diseases (NCDs). NCDs are estimated to account for 41% of all deaths in Namibia. Namibia, with support from the WHO, needs to increase its investment in the prevention and control of major NCDs to ensure meaningful gains in this area. In this regard, the Government takes cognisance of the WHO support for creating an enabling policy and legal framework for mental health promotion and treatment, provision of specialised and on-the-job training, and strengthening of community-based interventions for care relating to mental health.

The Government also thanks the WHO and its Partners for the significant gains witnessed in the road safety sector with the launch of the 2nd National Decade of Action on Road Safety, which is aligned to the Global Decade of Action on Road Safety.

"Health is wealth" is not a cliché but a reality. Investment in health is a prerequisite for economic growth and stability, and for attainment of the Sustainable Development Goals. The achievements we witnessed in the past 33 years through our partnership with the WHO are invaluable, and as a government we aim to strengthen this collaboration as a means to bring about "*a prosperous and industrialised Namibia, developed by her human resources, enjoying peace, harmony and political stability,*" as articulated in our Vision 2030.



## Dr Kalumbi Shangula, Minister of Health and Social Services

It is indeed a great honour to be granted this opportunity to express my gratitude and share my views regarding the WHO contribution to public health in Namibia, particularly in preparing and responding to the COVID-19 pandemic. The WHO is a key partner of the Government, and over the past 33 years numerous complementary efforts have been initiated and implemented in which the WHO supported the Government towards achieving universal access to optimal and affordable healthcare and strengthening health security for the country.

The WHO has contributed to the attainment of health by helping Namibia to develop a responsive and resilient health system centred on people's needs and circumstances, providing technical and financial support, training health workers, supporting evidence-based decision-making, promoting research and combating priority diseases, to reduce the burden of major communicable and non-communicable diseases, especially among poor and marginalised communities.

COVID-19 is an unprecedented pandemic, which Namibia has been fighting to contain in order to save lives. In this context, on 17 March 2020, His Excellency Hage Geingob, President of the Republic of Namibia, stated that "The health of Namibians is the first priority," and subsequently declared a State of Emergency.

Hence the Government has responded with urgent and determined measures, including country-restricted movements of people to contain the spread of the Novel Coronavirus into our communities.

The WHO worked in close partnership with the Government to build capacity and improve Namibia's emergency preparedness and response to the pandemic. The WHO's contributions to this partnership included setting up and activating the COVID-19 Incident Management System, conducting simulation exercises and intra-action reviews, and training health workers on basic health-emergency management. Furthermore, the WHO has been working closely with the Ministry and other developmental partners in developing guiding documents and policies, including the communications strategies, messages and materials for the general public and affected communities.

I express gratitude and great appreciation to the WHO for its exceptional leadership throughout the pandemic in Namibia. We could not have reached this milestone without the support and cooperation of the WHO.





## Dr Ismael Katjita, Physician Specialist

Allow me to take you back to 2003, the year I was appointed as chairperson of the HIV/AIDS [and TB & Malaria] National Technical Committee that was tasked to provide leadership in the management of issues and activities related to HIV/AIDS, TB and malaria in the Directorate of Special Programmes within the Ministry of Health and Social Services (MoHSS).

At that time, HIV/AIDS became one of the leading causes of mortality and morbidity in the country. The healthcare system was burdened by the escalating impact of HIV/AIDS, and the health sector's human resource capacity and infrastructure needed to be reinforced to cope with the growing burden of disease.

The WHO's contribution complemented the government interventions to mitigate the HIV/AIDS pandemic, providing guiding documents such as national policies, frameworks, guidelines and strategic plans for HIV prevention and treatment. We are proud that over the years we have been able to significantly reduce the HIV/AIDS disease burden, and Namibia is on course to end HIV/AIDS as a public health threat by 2030.

When COVID-19 was declared as a pandemic, the WHO, as a reliable partner for health, made sure that Namibia set up appropriate systems and structures to respond to and mitigate this new health threat in the country. Through the WHO Incident Management Structure, all pillars were allocated WHO counterparts to assist the MoHSS to develop guiding documents such as Standard Operating Procedures and effective mechanisms to respond to the pandemic.

In mid-2021, Namibia experienced a devastating third wave of COVID-19 infections associated with the Delta variant. This was one of the worst-affected countries in the world, for a brief period recording the highest case-fatality rate in Africa, at 6.8%, and an attack rate of 46%. In response, the WHO supported the deployment of an Emergency Medical Team from the United Kingdom (UK-EMT) to Namibia for six weeks. The 9-member team consisted of doctors and nurses who specialised in emergency and critical care. They provided clinical support in the health facilities in Khomas Region, and activity-based capacity-building training for healthcare workers (HCWs).

In view of the lessons learnt during the Delta wave, and the difficulties of deploying an international EMT in time, the MoHSS, with WHO support, has set about establishing our own National EMT to promptly respond to health emergencies in order to reduce the impact of catastrophic public health emergencies.

The WHO also facilitated Basic Critical Care training for enhancing critical care skills and strengthening capacities of doctors involved in managing severe and critical COVID-19 cases. This support emerged from the realisation that there was a glaring shortage of critical care specialists in the country – one of the major challenges experienced in the third wave.

And, with the WHO's support, Namibia is now strengthening its emergency care system at both community and facility level. The MoHSS, with WHO technical and financial support, has developed an Emergency Care System strategy to equip HCWs with skills in Basic Emergency Care (BEC) as one of the top priorities. The main objectives of the BEC training are to enable HCWs to: recognise critically ill and injured patients; resuscitate critically ill and injured patient; and provide appropriate care to stabilise critically ill and injured patient before referral. Namibia now has its own BEC master trainer and 14 registered BEC trainers who are able to facilitate further training to the HCWs in all regions of the country.

We have demonstrated that when we work together, we can achieve the seemingly impossible!

# WHO Staff in the Field



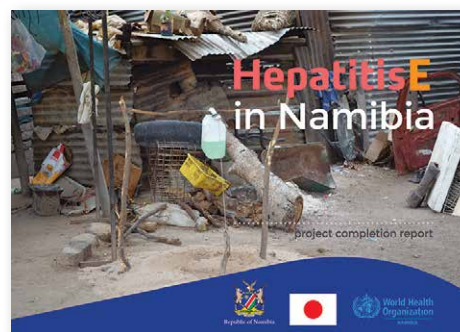
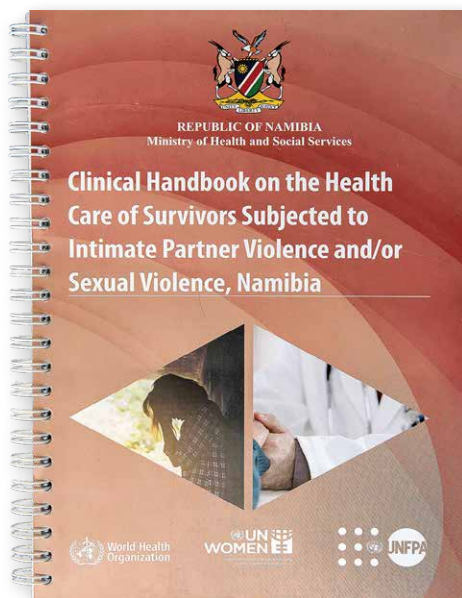
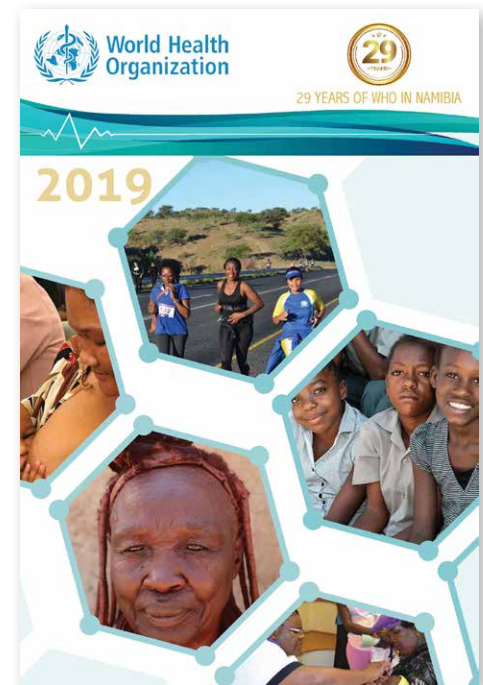
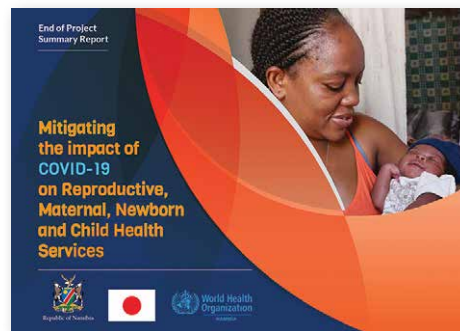
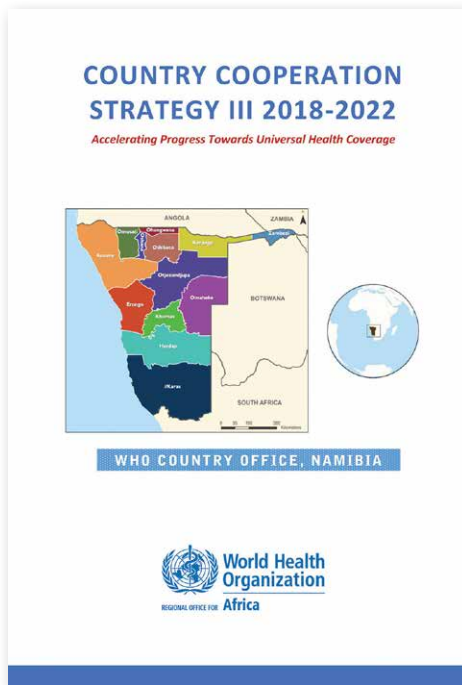
# WHO Staff in the Field



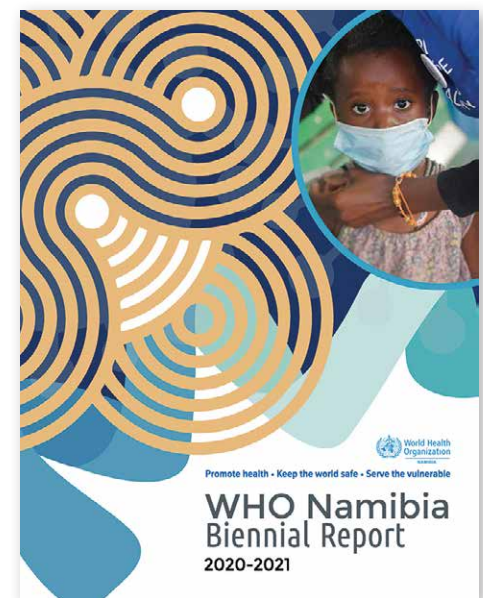
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# Recent WHO Namibia Publications



Digital versions (PDFs) of these and other recent WHO publications are accessible at <https://www.afro.who.int/countries/namibia>.





World Health  
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# NAMIBIA



75 HEALTH  
FOR ALL

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