Namibia gained its independence in 1990. It is an upper middle income country situated in the southwestern part of Africa and has a surface area of 824,116 km². With a population of over 2 million inhabitants, it has one of the lowest population densities per square kilometer. It also has one of the highest income inequalities in the world, with a Gini coefficient of 0.6. It is estimated that 27.6% of the population is poor, with 13.8% of severely poor. The population is mainly rural and nearly two thirds of the population lives in the four northern regions. Namibia is frequently confronted with natural disasters such as floods and droughts. The country is divided into 13 administrative regions and has a well established network of roads, rails, port facilities and modern telecommunication infrastructure. The economy, traditionally based on natural resources, is increasingly diversifying with processing of diamonds, zinc copper, etc. The tourism sector is also expanding very rapidly. Most of the population is young (38% under the age of 15 years). Namibia experienced a high population growth rate of over 3% between 1981 and 1991, which declined to 2.6% per year between 1991 and 2001, due to many factors, including a generalized and matured HIV/AIDS epidemic. It is a politically stable country with a multi-party system in place. Namibia’s national vision is to become a prosperous and industrialized nation, developed by her human resources, enjoying peace, harmony and political stability by 2030.

**HEALTH & DEVELOPMENT**

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

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

Major health development challenges include a high HIV/AIDS prevalence and a concomitant tuberculosis epidemic; a significant burden of malaria; an increasing maternal mortality ratio and stagnating reduction of under-five mortality. Major causes of morbidity among children under five years of age are respiratory diseases and diarrhoea. Child malnutrition is very high, with 29% of children stunted, 17% underweight and 8% wasted (NDHS 2006/07). There is however a high antenatal care attendance 95% (for at least 1 visit) and 81% of births occur in health facilities (WHS 2013). Skilled human resources are scarce and unevenly distributed between the public and private sector as well as urban and rural areas.

It is estimated that non-communicable diseases are on the increase but there is lack of reliable data to establish the diseases pattern. Alcohol abuse is common. There is a decline in fertility and increase in life expectancy at birth – 66 years for females and 64 for males in 2011, as opposed to 50 years and 48 years respectively in the 2001 census.

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

### OPPORTUNITIES
- Peace, stability and rule of law;
- Committed human resources at the WCO level;
- Perceptions on positive role of WHO;
- Availability of technical support from Intercountry, Regional and Headquarters level;
- Ongoing health sector reforms

### CHALLENGES
- High HIV/AIDS prevalence;
- Increasing unemployment and poverty;
- Inadequate human resources;
- Financial and economic crises;
- Occurrence of natural disasters (floods and drought);
- Heavy dependency on voluntary and donor contributions

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**Sources:**
1. World Health Statistics 2013, WHO
2. Human Development Report 2013, UNDP
Health is the highest priority area of support from donors, accounting for 79% of all donor disbursements to Namibia. Donor funds are mainly channelled through NGOs and Government and a large proportion is directed to combat HIV/AIDS. The increased flow of funds directly to NGOs creates an important coordination challenge for the Government in determining where health resources are best allocated through evidence-based research and planning. In addition, there is a growing trend amongst development partners to phase out support to Namibia as the country has graduated from a lower middle income to a higher middle income country according to World Bank country classification.

The main areas of assistance and contributions from the major partners in health cover multisectoral HIV/AIDS; malaria and tuberculosis control; national social marketing; community health programme, reproductive health services; maternal and child survival and development.

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

**OPPORTUNITIES**

- Health is very high on the agenda of donor support.
- Effective implementation of the UNDAF

**CHALLENGES**

- Poor coordination and overlap of roles and responsibilities, which leads to duplication of efforts, masking gaps in critical areas and inhibiting maximization of investments in the sector.
- Reduction of number of partners in country.

**WHO STRATEGIC AGENDA**

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

- **Strengthening the Health System** with focus on governance; human resource development; health financing; health information systems; medical products, vaccines and technologies & service delivery.
- **Combating Priority Diseases** with focus on HIV/AIDS and tuberculosis; diseases targeted for elimination/eradication; noncommunicable diseases.
- **Improving Maternal, Newborn, Child and Adolescent Health** with focus on Emergency obstetric care; maternal and neonatal death reviews; integration of reproductive health and HIV/AIDS; immunization; child nutrition and IMNCI & adolescent health.
- **Promoting a Safer and Healthier Environment** with focus on emergency risk reduction, preparedness and response; IHR (2005); environmental health & health promotion.