

Country presentation on Achievements and Challenges since September 2008



Regional Meeting of Parliamentary Committees on Health in Southern and Eastern Africa

Speke Resort Munyonyo, Kampala, Uganda
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Country : Namibia
Presenter : Hon. Hansina Christian

Country Demographic Statistics

Items	Values
Total Population	1, 830, 330 (National P op. & Housing Census 2001)
Population Growth	2.6%
Life Expectancy at birth	50 (females), 48 (male)
Total fertility rate	4.1%
Infant Mortality rate	40-49%/1,000 births (2000-2006)
Maternal mortality ratio	449/100,000 births (2006)
% of birth attended by skilled health personnel	81%
Contraceptive Prevalence	26% (1992 to 46% (2007)
Unmeet need for family planning	Only 7% of families in need of family planning have not received assistance
Enrollment in Primary Education (boys and girls)	92% (9 MDG target)
% Health budget/total annual budget	13% of the overall budget

1. Implementation of the September 2008 SEAPACOH resolutions

- The SEAPACOH September report was discussed by the Namibia's Health Committee and was tabled in Parliament during November 2008
- The Committee on Human Resources, Social and Community Development undertook field visits to Caprivi and Kavango regions in March 2009, as per its adopted Plan of Action for 2008/2009, with a view to assess the implementation of government policies and programmes with regard to health and education issues

SEAPACOH Sept 2008 resolutions ... Cont'd

- With the support from UNFPA in Namibia, the Committee Members were trained in Gender Based Violence, Reproductive Health and HIV/AIDS (July 2009)
- As part of the UN Programme (2006-2010), the Namibia's Health Committee in collaboration with the Ministry of Health, Ministry of Gender Equality and Child Welfare, Ministry of Safety (Women and Child Protection Unit), were supported by the UN agencies (UNFPA, UNICEF and UNDP) in interacting with communities and service providers on Gender Based Violence, Reproductive Health and HIV/AIDS, in Ohangwena and Kunene regions during August 2009

2. ICPD PoA: Country Progress, achievements and challenges

Institutional changes to strengthen and Reorient the policies and programmes in health care and family planning

- Namibia developed a national road map that outlines strategies and guidelines for improving maternal and child health as well as acceralating the reduction morbidity and mortality, was revised and costed in 2009
- Health Workers have been trained in Adolescent Friendly Health Services (AFHS) approach. This activity has commenced since the beginning of this year
- A Committee on restructuring of the Health Systems has been established by the MOHSS in May 2009, to restructure the whole ministry setup

2. ICPD PoA: Country Progress, achievements and challenges ...Cont'd

- The Policy is supported by programmes and initiatives giving evidence to the commitment of government to improve maternal health
- The MOHSS carried out a Health and Social Services Review, looking at the successes and challenges in the Namibian Public Health Sector since independence, as a result, a Health Strategic Plan for the period 2009 to 2013 was developed

2. ICPD PoA: Country Progress, achievements and challenges ...Cont'd

Empowerment of women and gender issues:

- The Namibia Women's Parliamentary Caucus (WPC) was established in 1996, as a Sub Committee of the Namibia's Health Committee
- The overall mandate of this Committee among others; is to deal with matters pertaining to women and children issues and to ensure that the legislations passed in the House are gender sensitive

2. ICPD PoA: Country Progress, achievements and challenges ...Cont'd

- **Women and gender issues... Con'td**
- With the support from the Friedrich-Ebert Stiftung (FES) in Namibia, the Namibian Women's Parliamentary Caucus (WPC) conducted various trainings in gender budgeting, speech writing, leadership skills, lobbying and advocacy skills etc.
- The workshops were attended by both male and female representatives from regional and local authority councils countrywide, including female Members of Parliament
- Since 2008 September, workshops were conducted in Erongo, Kavango and Otjozondjupa regions

2. ICPD PoA: Country Progress, achievements and challenges ...Cont'd

Budget allocation to SRHR Programmes:

- Namibia's Adolescent Sexual Reproductive Health Programme (2007-2010): N\$ 11, 313, 000
- UNFPA support to Reproductive Health services (2007-2012) : N\$ 47, 300, 000
- WHO technical Cooperation Programme (2007-2012): N\$ 21, 247, 000
- Presence of Annual Plan of Action (PoA) for the Namibia's Health Committee (Regional Familiarization visits to Health Institutions)

3. Implementation of International protocol and Declarations

1. Maputo Plan of Action

- Contraception methods uptake increased from 26% in 1992 to 46% in 2007
- This resulted into decrease in Total fertility rate from 3.8 in 2000 to 3.6 in 2007

3. Implementation International Protocols and Declarations...Cont'd

2. Abuja Declaration

- Currently the budget for health stands at 13% of the overall budget of the country
- Revision of current scope of practice in health personnel training and recruitment to accommodate newly envisaged expanded scope, has been conducted as a measure to address shortage of skilled health workers.

3. Implementation International protocols and Declarations...Cont'd

3. Ougadogou Declaration on PHC:

- The Reproductive Health and Family Planning Policies were revised and a comprehensive Sexual Reproductive Health Policy has already started
- This Reproductive Health Policy aims to protect and support pregnant women and mothers

4. Challenges

- Long distances to travel to deliver in hospitals and rural health facilities coupled with bad roads
- Low male involvement in reproductive health issues
- Shortage of transport at rural health facilities
- Infant feeding and follow up of PMTCT mother baby pair
- Lack of essential equipment at some rural health facilities
- Shortage of skilled workforce (doctors, midwives and nurses)

5. Way Forward

- Mobilise adequate resources to build and expand health facilities so that Reproductive Health Services are fully intergrated and rendered satisfactory
- Strengthen PNC (post neonatal care) for the mother and newborn within 1-2 hours and 1-7 days
- Establish a strong referral system between community and the nearest health facility on maternal and newborn
- Technical support to establish community based maternal, newborn and child care
- Strengthen male involvement in RH Programmes
- Establish and promote adolescent friendly health services at all levels of health care system including at community level

END