



REPUBLIC OF NAMIBIA
MINISTRY OF HEALTH AND SOCIAL SERVICES
&
THE WORLD HEALTH ORGANIZATION

Report on

Workshop on Resource Mapping and Multisectoral Preparedness
Coordination for the Implementation of the National Action Plan for Health
Security, 12-14 November
2019 – Safari Hotel, Windhoek



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1. Background and introduction

Namibia through various institutions and ministries is committed to co-ordinate, prepare and manage public health related emergencies in the country. The country is furthermore committed to co-ordinate, develop, strengthen and maintain core public health capacities for surveillance and emergency response at all levels.

Namibia has made great strides in reducing the burden of communicable diseases, particularly through campaigns such as the Expanded Programme in Immunization and other public health efforts to control tuberculosis and neglected tropical diseases. However, Namibia face challenges such a HIV prevalence of 12.6% among adults aged 15-64 years¹ and maternal mortality rate estimated at 385 deaths per 100,000 live births². Given its high influx of tourists and trade, there is also the ever-present risk of emerging and re-emerging communicable diseases, including spread from affected countries in the African continent. There is thus an urgent need to ensure that Namibia has sufficient capacity to deal with future health emergencies.

WHO Member States, including Namibia, have agreed to work together to prevent, detect and respond to public health threats under the International Health Regulations (IHR) (2005). Namibia has remained committed to improving preparedness and health security. The country completed its Joint External Evaluation (JEE) assessment in December 2016 of its capacities to prevent, detect and respond to public health threats such as infectious disease outbreaks. Of the 48 indicators assessed, 8 (16.6%) were rated Green (Demonstrated/Sustainable Capacity), 24 (50%) Yellow, (Limited/Developed Capacity), and 16 (33.3%) Red (No Capacity). Areas in particular need of improvement include Antimicrobial Resistance (AMR), emergency response operations, medical countermeasures and Points of Entry.

Among the recommendations of the JEE assessment is to establish a National Public Health Institute (NPHI) that will develop an implementation action plan for the country to combat these challenges and achieve the goals outlined in the National Health Policy Framework 2010-2020.

Namibia in 2017 began developing a multi-sectoral National Action Plan for Health Security (NAPHS) to address the JEE recommendations and strengthen country IHR capacities with a One Health approach and engagement of all relevant ministries. The plan was expected to be finalized and launched during Quarter three (Q3) of 2018. However, the process stalled and it was

¹ Namibia Population-based HIV Impact Assessment NAMPHIA 2017

<http://www.mhss.gov.na/documents/119527/289115/NAMPHIA+summary+sheet+for+printing.pdf.pdf/e7a56d1a-7d12-4da7-9bac-5c8c7e8f1fb8>

² 2013 Namibia Demographic and Health Survey (NDHS) <https://dhsprogram.com/pubs/pdf/FR298/FR298.pdf>

recommended in May 2019 that WHO and partners recruit an international consultant to support NAPHS finalization and implementation. A WHO consultant was recruited and spent more than two months in the country to support finalization, validation, approval and launch of the costed NAPHS to enable it to be part of the 2020/2021 national budget.

The NAPHS, which covers the years 2020-2024, is scheduled to be launched at the end of 2019. It was thus timely for Namibia to embark on a Resource Mapping exercise (REMAP), which would help the country to better identify current resources, gaps and potential roles of partners in implementation. The MoHSS, with technical and financial support from WHO Headquarters, WHO AFRO and WHO Country Office, conducted a 3-day (12-14 November 2019) resource mapping workshop at Hotel Safari in Windhoek to support the NAPHS implementation.

The specific objectives of the workshop were:

- To identify technical areas that were being supported by existing stakeholders;
- To map out these areas of support by technical domains and geographic distribution;
- To identify existing gaps in funding and other forms of support; and
- To re-align and streamline NAPHS activities with operational plans and budgets.

The workshop was attended by 46 participants from various institutions namely: WHO Country office, UNDP, CDC, Namibia University of Science and Technology (NUST), Japan International Cooperation Agency (JICA), Agro Marketing and Trade Agency (AMTA), Namibia Airport Company (NAC), Food and Agriculture Organization of the United Nation (FAO), National Commission on Research and Science Technology (NCRST), City of Windhoek (CoW), Ministry of Agriculture, Water and Forestry, Namibia Institute of Pathology (NIP), Ministry of Gender Equality and Child Welfare (MoGECW), Ministry of Mines and Energy (MME) and Ministry of Urban and Rural Development (MURD), Global Fund Namibia and Ministry of Health and Social Services (MoHSS) (attendance register attached).

The Director of Health Information and Research (HIRD) in the Ministry of Health and Social Services, secretariat to the multisectoral NAPHS, welcomed participants and gave the opening remarks. She acknowledged and honoured all stakeholders and recognized the continuous support by WHO Headquarters and WHO AFRO.

She highlighted Namibia's commitment to the IHR (2005) and shared that emergency preparedness is worth investing in given the high cost of outbreaks. Resilient health systems and preparedness are crucial to save lives. The NAPHS, as developed through multisectoral effort involving all relevant ministries, is a tool which the government will use to address health security

in Namibia. The plan needs to be implemented, however, and funds from partners and government will be required, hence the need for the resource mapping.

A WHO AFRO representative spoke to the workshop participants and highlighted the magnitude and frequency of disease outbreaks and health emergencies in Africa, perpetuated by factors such as climate change, that underscore the urgent need for sustained preparedness, capacity building and operational readiness in WHO AFRO Member States. Every Member State, Namibia included, is threatened by diseases and events that are of public health concern at local, national and global levels, that threaten human and animal populations and can result in significant health impacts as well as negative socio-economic consequences for the country and the region. Therefore, health security planning and emergency preparedness are essential for the effective implementation of IHR (2005). Investing in emergency preparedness is a highly cost-effective way to protect lives and safeguard livelihoods and communities. Whether measured in human lives saved or economic disruption avoided, the return on investment in pandemic preparedness is high. The recently released first annual report of the Global Preparedness Monitoring Board, co-convened in May 2018 by the World Bank Group and the World Health Organization, calls for seven (7) urgent actions to prepare the world for health emergencies—the first of these actions is a call for heads of government to commit and invest in preparedness by implementing their binding obligations under the IHR (2005). The single progress indicator for this action is: all countries that have completed an assessment of their capacities by 1 July 2019 have developed a costed NAPHS, identified required resources and started to implement the plan by September 2020.

2. Methods

WHO held a series of meetings with various agencies, donors and other partners ahead of the REMAP workshop. The intent for early engagement was to better understand current and future perspectives and roles of these stakeholders, conduct preliminary mapping and encourage them to participate in the upcoming workshop. Meetings were also held with the Ministry of Health and Social Services (MoHSS) to run through the REMAP tool and refine the workshop agenda.

The workshop was conducted through presentations, highly engaged discussions by technical members, engagement with high-level government and partner representatives, and working group sessions. The workshop participants were divided into four (4) working groups (Prevent, Detect, Respond and Other IHR) based on participant areas of expertise in the nineteen (19) technical areas as follows:

- **Prevent:** National legislation, Anti-Microbial Resistance, IHR Coordination, Communication and advocacy, Zoonotic Diseases, Biosafety and biosecurity and Immunization

- **Detect:** Reporting, National Laboratory systems, Workforce development and real time surveillance
- **Respond:** Preparedness, Emergency response, Linking public health and security authorities, Medical counter measures and personnel deployment and Risk Communication
- **Other IHR Hazards & PoE:** Chemical, Radiation, Point of Entry

WHO presented the resource mapping (REMAP) tool to participants and instructed them on its use. Workshop participants, with support of WHO, then used the tool to map the health security investments and activities in Namibia at the national and sub-national levels, including details such as the geographic location of partner projects and the main technical area being supported. This mapping will allow policymakers and partners to see where gaps exist and where more investment of resources is needed, allowing identification of potential areas of collaboration between the government and partners. The goal is to foster dialogue between the country and existing and potential partners to create a Strategic Partnership for NAPHS implementation in Namibia.

The workshop participants also used the REMAP tool to identify the areas where partner technical assistance is needed for NAPHS implementation. WHO is creating a Global Strategic Preparedness Network (GSPN) to coordinate the technical assistance provided to countries by public health institutes, technical agencies, foundations, academia, the private sector and others. Identifying the needs for technical assistance, as in the Namibia workshop, is crucial to ensuring that the assistance is provided when and where needed to implement the country's NAPHS.

3. Results

The working group mapping of partner activities and technical needs for assistance provided data for WHO create the resource mapping dashboard for Namibia, which was presented on the final day of the workshop.

STRATEGIC PARTNERSHIP COORDINATION
Monitoring Tool for IHR in Namibia

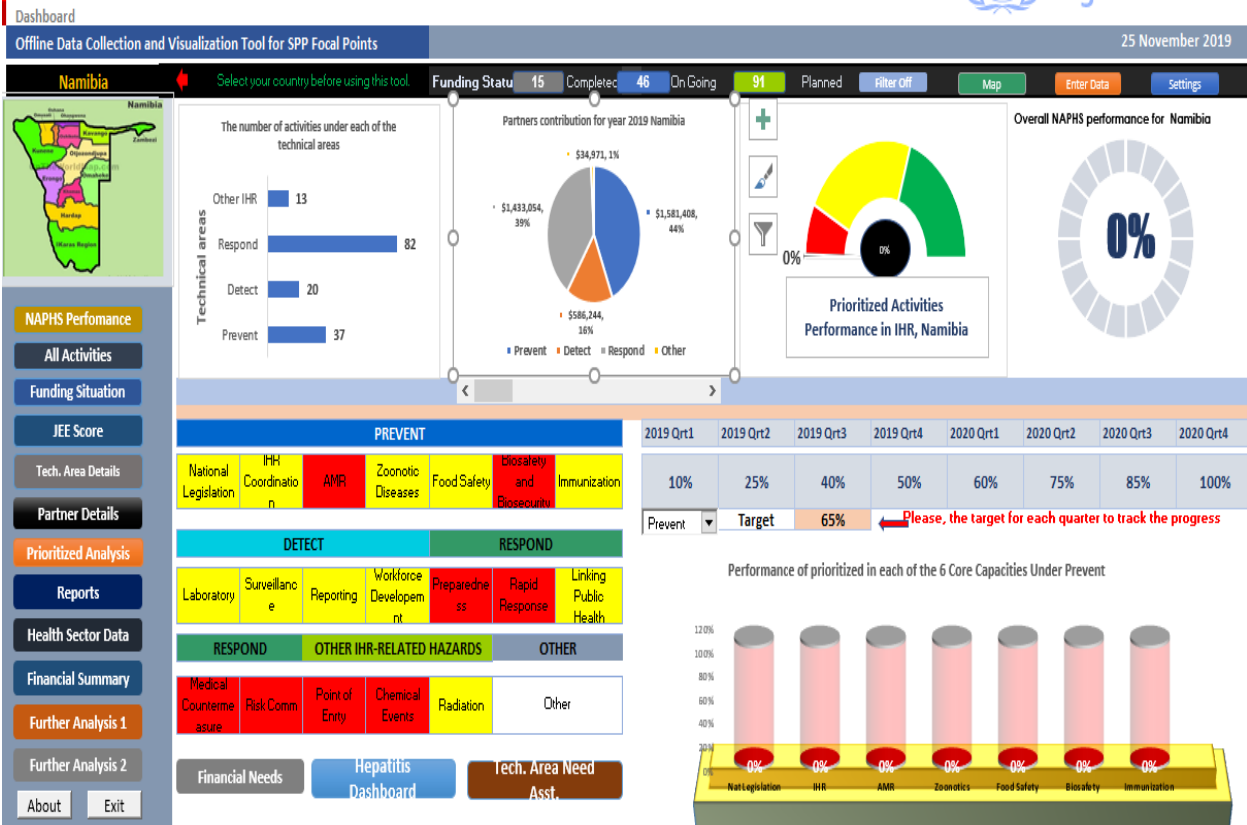


Figure 1: Resource Mapping Dashboard for Namibia

The dashboard provides data and visualization on health security activities and investments in Namibia. This can be used to foster dialogue between the government and partners on areas for needed collaboration. Follow-up meetings with partners and donors can be held to continue the resource mapping process, including discussing the results of the initial mapping and identifying areas of collaboration for filling gaps and strengthening preparedness. Data on health security activities is displayed in the tool by geographical area as well as technical area.

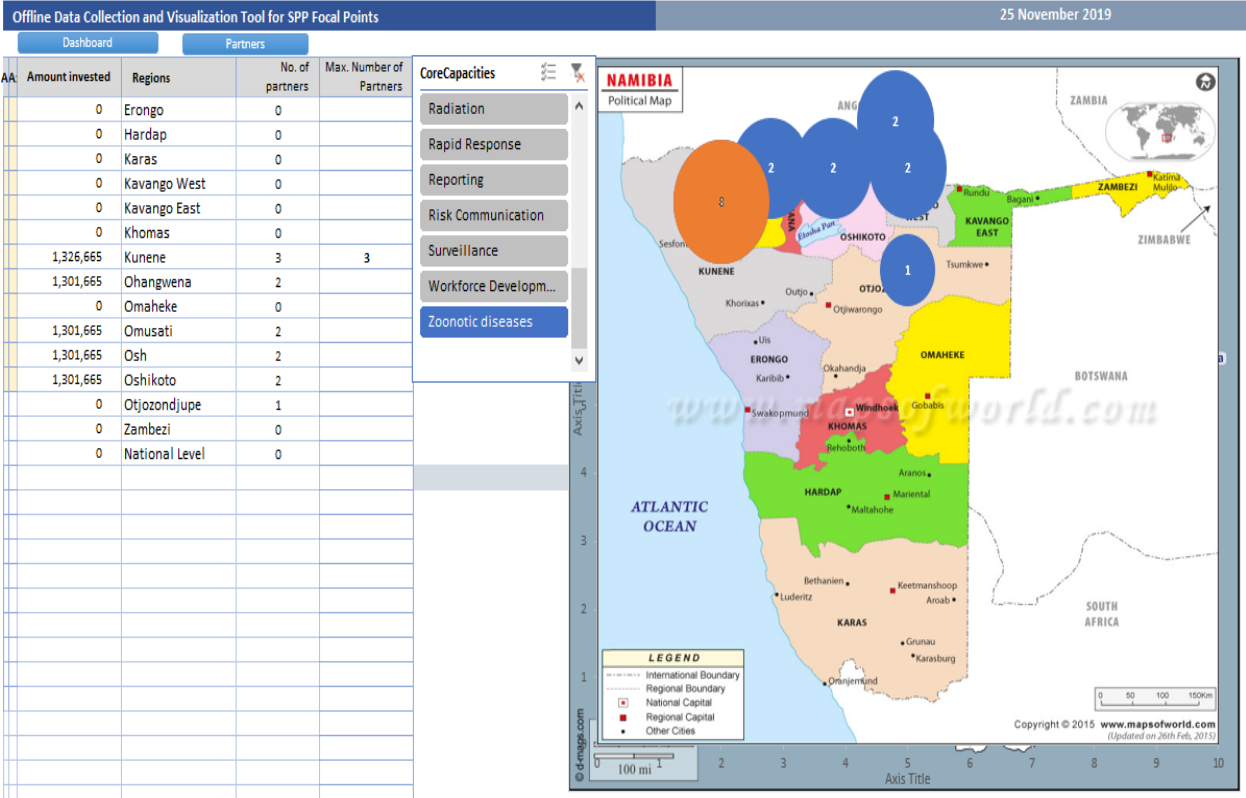


Figure 2: Map in the resource mapping tool showing partner activities by technical area in Namibia

The tool also displays the technical areas for which Namibia requires technical assistance in order to complete the activities prioritized for implementation in the first two years of the NAPHS. This information can be shared with partners to target areas where technical assistance can be most useful in completing the prioritized activities and implementing the NAPHS.

STRATEGIC PARTNERSHIP COORDINATION
Technical Areas in need of assistance in, Namibia

Summary

Offline Data Collection and Visualization Tool for SPP Focal Points		Dashboard
Technical Area in Need o...	Technical Area	District
AMR	AMR	Nominate AMR focal person(s) for MoHSS & MAAF for 5 years
Biosafety and Biosecurity	AMR	Conduct annual M&E meetings with 30 participants (14 regional) to ensure functionality of governance structures through M&E processes
Chemical Events	AMR	Develop and implement communication plan (through AMR Awareness Week) by 2020 updated annually.
Food Safety	AMR	Develop and implement communication plan (through AMR Awareness Week) by 2020 updated annually.
Immunization	AMR	Develop and implement communication plan (through AMR Awareness Week) by 2020 updated annually.
Laboratory	AMR	Develop and implement communication plan (through AMR Awareness Week) by 2020 updated annually.
Linking Public health	AMR	Develop and implement communication plan (through AMR Awareness Week) by 2020 updated annually.
Medical countermeasures	AMR	Develop and implement communication plan (through AMR Awareness Week) by 2020 updated annually.
National Legislation	AMR	Develop and implement communication plan (through AMR Awareness Week) by 2020 updated annually.
Points of Entry	AMR	Develop and implement communication plan (through AMR Awareness Week) by 2020 updated annually.
Preparedness		
Radiation		
Rapid Response/EODC		
Risk Communication		

Figure 3: Mapping within in the resource mapping tool of the technical needs for assistance in NAPHS implementation

The Excel-based resource mapping tool can also be used to track implementation of the NAPHS and other country health-security related plans. WHO included Namibia’s Hepatitis E plan in the tool to allow monitoring of the implementation of the plan in response to the ongoing outbreak.

The workshop ended with a high-level multisectoral engagement meeting which was attended by senior officials such as the WHO Country Representative, the Indian High Commissioner to Namibia, the leader of the UN country team in Namibia, CDC-Namibia, Global Fund representative (who doubled as a representative for the GIZ Country Director), the Japan International Cooperation Agency (JICA) Resident Representative, Ministry of Agriculture Water and Forestry, Ministry of Environment, Office of the Prime Minister, National Planning Commission, and civil society amongst others. The workshop objectives were successfully met with assistance of the lead consultants from WHO AFRO and WHO Headquarters.

4. Discussion

The workshop participants showed strong support through group discussions and engagement – there was good stakeholders’ collaboration. The meeting closing ceremony was attended by high-level officials from different sectors and partners. The Executive Director (ED) for the Ministry of Health and Social Service (ED-MoHSS) chaired the workshop closing ceremony. In his closing remarks, he recognized and honoured all present and commended them for positive

response to the invitation. He further recognized and honoured all technical people who worked on the plan. He noted that due to the legal binding agreement adopted by all WHO Member States, through IHR (2005) to which Namibia is signatory, countries are required to build capacity to prevent, detect and adequately respond to any emergencies of public health concern.

Hence, Namibia conducted a Joint External Evaluation (JEE) in 2016 which recommended that the country develop a National Action Plan for Health Security (NAPHS). The plan was developed in 2017, costed in 2018, followed by the documenting of progress in May 2019 and the finalisation of the NAPHS with the support of a WHO consultant.

The plan was presented at the Executive Directors Forum which was held on the 7th November 2019. Since this is a multisectoral plan and MoHSS is just secretariat, there was a need for all Executive Directors to be sensitized. Moreover, the plan was presented at the Ministry of Health Ministerial Policy committee, Policy and Management and Development Review Committee (PMDRC), to address the heads of directorate for insights.

Next step from now is to launch the plan in December 2019 and all stakeholders will be invited. The estimated cost to implement all planned activities during 2020–2024 is approximately **NAD 576,323,486 (38,421,565 US dollars)**. However, these resources are not to be administered by MoHSS alone, there are other key ministries such as OPM, MET and MAWF. Government alone may not necessarily be in position to mobilize all these resources, and this is why all partners are invited to support the plan.

4.1 Remarks from Partners

4.1.1 WR Remarks

The WHO Representative for Namibia recognized all present and informed the house that, currently WHO AFRO has about 66 health security events of which 55 are outbreaks such as Measles, Hepatitis E and Cholera, to mention but a few, whereas 11 are humanitarian crises. Prevention is worth investing in, as compared to the high cost of emergencies, and thus we should not be deterred by the apparent high cost of preparedness. Being prepared would yield multiple benefits for a country, first and foremost by saving lives. Namibia is a Member State of WHO and all Member States are required to implement the IHR (2005).

4.1.2. Remarks by CDC representative

The Centers For Disease Control and Prevention Representative highlighted that CDC will continue to work together with the Namibian Ministry of Health in Prevention, early detection and response to public health emergencies for global health security.

4.1.3 Remarks by Global fund/GIZ

The Acting Director for Global Fund Management Unit in the MoHSS, who doubled as a representative for GIZ Country Director, stressed that Global Fund implements programmes for specific populations in different sectors such as Ministry of Education, Ministry of Gender Equality and Child Welfare, MoHSS and other agencies on a 3-year cycle budget plan. The fund implements programs with GIZ supplementation e.g in laboratory services, TB/HIV, Malaria and supply chain management. For the next cycle (new grant) Global Fund will consider priority activities from the NAPHS for implementation. Results from the REMAP workshop would be useful for prioritization exercises for future grants.

4.1.4 Remarks by the Indian High Commissioner

His excellency, the Indian High Commissioner, stressed that his country is committed to work together with Namibia in provision of good quality medications and there is an organized joint program for sharing experience with the Namibian MoHSS. He further said there is a room for engagement.

4.1.5 Remarks by the Head of United Nations (UN) in Namibia

The UNICEF Country Representative, who as UN Resident Coordinator is leader of the UN country team in Namibia, recognized the task ahead which calls for a collective effort. There is a need to work together towards health security and the UN remains committed to maximise the partnership to make sure Namibia is secure for everybody, including children.

4.1.6 Remarks by Representative from Ministry of Agriculture Water and Forestry (MAWF)

A representative from the Ministry of Agriculture, Water and Forestry (MAWF) underscored that MAWF is ready to collaborate in the implementation of the NAPHS. MAWF and MoHSS will continue to collaborate in areas such as combating Zoonotic Diseases and Antimicrobial Resistance. Therefore, the Ministry of Agriculture, Water and Forestry will incorporate activities in the NAPHS in their normal budget.

5. Conclusion

The REMAP workshop highlighted the commitment from multiple stakeholders from within the Government and external partners towards strengthening preparedness for health emergencies.

The main achievements of the workshop were: 1) A thorough review of ongoing and planned NAPHS activities (and beyond) to identify government and partner contributions by technical area and geographic distribution; 2) A list of NAPHS technical areas in need of assistance from external partners; 3) Initial mapping, preliminary analysis and visualisation of data in the monitoring tool; 4) Dialogue on results of the REMAP, prioritisation of NAPHS activities,

collaborations across agencies, and proposed next steps. Moving forward, participants agreed to the following recommendations:

- ❖ Government of Namibia, WHO and partners to continuously monitor the critical gaps and mobilize resources for implementation of priority activities in the National Action Plan for Health Security (NAPHS)
- ❖ A communication network involving Government, WHO and other partners to be created in order to coordinate plan financing and implementation
- ❖ Ministry of Health and WHO to engage the development of multisectoral coordination mechanisms to enhance collaboration between relevant ministries and sectors
- ❖ MoHSS to use the resource mapping tool to monitor the progress of implementing health security activities, and analyse impact, and to discuss the results at regularly scheduled meetings
- ❖ WHO to support MoHSS on the use of the resource mapping tool to monitor NAPHS implementation and to update mapping of the health security investments at the national and sub-national levels.

6. References

¹ NAMIBIA POPULATION-BASED HIV IMPACT ASSESSMENT NAMPHIA 2017

<http://www.mhss.gov.na/documents/119527/289115/NAMPHIA+summary+sheet+for+printing.pdf.pdf/e7a56d1a-7d12-4da7-9bac-5c8c7e8f1fb8>

¹ 2013 Namibia Demographic and Health Survey (NDHS)

<https://dhsprogram.com/pubs/pdf/FR298/FR298.pdf>

7. Annexure 1: Participants List

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