



WHO COUNTRY COOPERATION STRATEGY 2010–2015

NAMIBIA

Second Generation, WHO Country Cooperation Strategy, 2010–2015, Namibia

1. Health Planning
2. Health Plan Implementation
3. Health Priorities
4. International Cooperation
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ABBREVIATIONS

AC	Assessed Contribution
AFHS	Adolescent Friendly Health Services
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARCC	African Regional Certification Commission
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral Medicine
BNLSS	Botswana, Namibia, Lesotho, South Africa and Swaziland
CCS	Country Cooperation Strategy
CHS	Catholic Health Services
CDC	Centers for Disease Control and Prevention (Atlanta)
DOTS	Directly-Observed Treatment Short-course
DSP	Directorate of Special Programmes
EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization
GAVI	Global Alliance for Vaccines and Immunization
GDP	Gross Domestic Product
GFATM	Global Fund to Fight Aids, Tuberculosis and Malaria
GSM	Global Management System
GTZ	<i>Gesellschaft für Technische Zusammenarbeit</i> (German Technical Cooperation)
HAMU	HIV and AIDS Management Unit
HIV	Human Immunodeficiency Virus
HRD	Human Resources Development
HSS	Health Systems Strengthening
IDSR	Integrated Disease Surveillance and Response

IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illness
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IT	Information Technology
I-TECH	International Training and Education Centre on HIV
JICA	Japan International Cooperation Agency
KFW	<i>Kreditanstalt für Wiederaufbau</i> (Reconstruction Credit Institute)
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant TB
MoHSS	Ministry of Health and Social Services
NANASO	Namibia Network of AIDS Service Organizations
NAPPA	Namibian Planned Parenthood Association
NASOMA	National Social Marketing Association
NEPAD	The New Partnership for Africa's Development
NCD	Noncommunicable Disease
NDHS	Namibia Demographic and Health Survey
NDP 3	National Development Plan 3
NGO	Nongovernmental Organization
NHA	National Health Accounts
NIP	Namibia Institute of Pathology
OPM	Office of the Prime Minister
PEPFAR	President's Emergency Plan for Aids Relief
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission
PSEMAS	Public Service Employee Medical Aid Scheme
SADC	Southern African Development Community
SRH	Sexual and Reproductive Health
STI	Sexually-transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats

TB	Tuberculosis
TIPC	Therapeutic Information and Pharmacovigilance Centre
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAM	University of Namibia
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VC	Voluntary Contribution
VSO	Voluntary Service Overseas
WCO	WHO Country Office
WHO	World Health Organization
WR	WHO Representative
XDR-TB	Extensively drug-resistant TB

FOREWORD

The WHO Country Cooperation Strategy (CCS) crystallizes the major reforms adopted by the World Health Organization with a view to intensifying its interventions in countries. It has infused a decisive qualitative orientation into the modalities of our Organization's coordination and advocacy interventions in the African Region. Currently well established as a WHO medium-term planning tool at country level, the cooperation strategy aims at achieving greater relevance and focus in the determination of priorities, effective achievement of objectives and greater efficiency in the use of resources allocated for WHO country activities.

The first generation of country cooperation strategy documents was developed through a participatory process that mobilized the three levels of the Organization, the countries and their partners. For the majority of countries, the 2004-2005 biennium was the crucial point for refocusing WHO action. It enabled countries to better plan their interventions using a results-based approach and an improved management process that enabled the three levels of the Organization to address their actual needs.

Drawing lessons from the implementation of the first generation CCS documents, the second generation documents, in harmony with the Eleventh General Programme of Work and the Medium Term Strategic Framework, address the country health priorities defined in their health development and poverty reduction sector plans. The CCSs are also in line with the new global health context and integrate the principles of alignment, harmonization and efficiency as formulated in the Paris Declaration on Aid Effectiveness and in recent initiatives such as the Harmonization for Health in Africa (HHA) and International Health Partnership Plus (IHP+). They also reflect the policy of decentralization which enhances the decision-making capacity of countries to improve the quality of public health programmes and interventions.

Finally, the second generation CCS documents are synchronized with the United Nations Development Assistance Framework (UNDAF) with a view to achieving the Millennium Development Goals.

To ensure the efficient and effective implementation of the strategy in the

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