



WHO Contribution in Namibia (2018-2024)

EVALUATION BRIEF



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BACKGROUND

Independent evaluations of the World Health Organization (WHO) at the country level are conducted under the WHO Evaluation Policy (2018, 2025). In this context, the Regional Office for Africa commissioned an evaluation of WHO's contribution in Namibia with support from the WHO Evaluation Office at headquarters.

WHO has supported Namibia's health sector since independence in 1990, contributing to major public health achievements over the past three decades. This evaluation reviewed progress under the Country Cooperation Strategy (CCS) III (2018–2024), through which WHO invested about US\$26.7 million. The CCS III focused on four areas: advancing universal health coverage (UHC), addressing health emergencies, promoting healthier populations, and strengthening leadership and governance. Implementation was guided by biennial workplans developed with the Ministry of Health and Social Services, with WHO also playing a coordinating role among partners and contributing to national and regional health governance.

PURPOSE

The evaluation aimed to assess WHO's contribution to Namibia's health sector during the CCS III period, both in terms of results achieved and future relevance. It sought to determine the added value of WHO's support, identify challenges and lessons learned, and generate recommendations to guide the next Country Cooperation Strategy (CCS IV).

The evaluation covered all WHO-supported interventions at national and sub-national levels, reflecting inputs from country and regional offices and headquarters. Cross-cutting issues such as gender equality, health equity, and human rights were emphasized. The findings are intended to inform strategic and operational planning for the WHO Country Office in Namibia, while also supporting regional and global offices, government, UN agencies, development partners, civil society and non-state actors in strengthening coordination and partnerships.

METHODOLOGY

The evaluation looked at WHO's contribution to health in Namibia between 2018 and 2024, examining both what was achieved and the factors that shaped those results. It aimed to understand how WHO's support influenced changes in the health sector and how this can inform future priorities.

The assessment considered five key areas: relevance, coherence, effectiveness, efficiency and sustainability, with attention to human rights, equity, gender and disability. Information was gathered from a mix of sources, including 32 interviews with 55 representatives from government, WHO, UN agencies, civil society and academia, as well as reports, national data and about 50 other key documents. Most interviews were conducted in Namibia, with additional input from WHO staff in regional and global offices.

KEY FINDINGS

Relevance. WHO is the leading health agency in Namibia and its contributions through its positioning, level of engagement and interventions are highly relevant. The contributions aligned well with the national context, health priorities and policies of the government and responded to the evolving health needs of the Namibian population. CCS III was well aligned with the health and nutrition priorities in Namibia's Fifth National Development Plan (NDP5), including addressing the health and well-being of women, children and adolescents, and communicable and noncommunicable diseases (NCDs). It also explicitly aligned with Sustainable Development Goal (SDG) 3 and related goals.

Coherence. Overall, WHO interventions and implementation approaches were coherent. They were well integrated and complementary to the national government's efforts to advance better health for all and pursue SDG 3 targets. WHO synergized its work with development partners and other UN agencies in Namibia through the Health Development Partners Forum and leveraged its comparative advantage as the lead agency on health, particularly during COVID-19. While the previous United Nations Partnership Framework (UNPAF) (2019–2023) had limited joint programming, the new United Nations Sustainable Development Cooperation Framework (UNSDCF) offers a stronger platform to deepen inter-agency cooperation.

Effectiveness. WHO's effectiveness was mixed. WHO was notably effective in advancing UHC and strengthening emergency preparedness, including support for national quality standards, maternal and child health, immunization, HIV, TB, malaria, emergency action plans, and outbreak response systems. Its leadership during COVID-19 and the containment of the hepatitis E outbreak highlighted its technical and coordination strengths. However, support under Strategic Priorities 3 (healthier populations) and 4 (leadership and governance) faced challenges including underfunding, staffing gaps, broad scope, and weak monitoring indicators.

Efficiency. WHO's efficiency varied. It responded rapidly to health emergencies, for example in the hepatitis E outbreak (97.4% reduction in cases, zero deaths by 2021) and during COVID-19 (US\$ 3.7 million mobilized, 1.7 million vaccines procured). In contrast, areas such as health promotion and NCDs were underfunded and constrained by human resource shortages. Reliance on short-term consultants disrupted continuity and weakened technical support.

Sustainability. The sustainability of WHO's contributions in Namibia depends on continued national investment to scale up policies and strategies developed with WHO support. While WHO has strengthened institutional capacity and fostered strong government ownership, limited funding and operational capacity pose risks to translating these frameworks into lasting health outcomes.

Cross-cutting issues. WHO helped integrate equity, gender, disability and human rights into Namibia's health policies and strategies. This was most evident in universal health coverage (UHC), where efforts focused on improving access to quality care for all—whether in urban centres or remote rural areas. By embedding these principles across its work, WHO supported inclusive health system strengthening that aims to leave no one behind.

CONCLUSIONS

Conclusion 1. WHO reinforced its strategic positioning as the leading health agency in Namibia by building on its longstanding partnership with the Government, particularly through the Ministry of Health and Social Services. Its continuous engagement enhanced its role as a trusted adviser. WHO's profile was significantly elevated during the COVID-19 pandemic when its leadership and convening role were most visible.

Conclusion 2. WHO was effective in achieving results in UHC and health emergencies, supported by resource prioritization. Progress in promoting healthier populations was more limited due to under-resourcing and systemic challenges.

Conclusion 3. By the end of 2024, a substantial CCS III agenda remained unfinished, including human resources development, health information systems, UHC progress, NCD prevention, malaria elimination, child nutrition, and adolescent health services. Resource constraints and declining donor funding slowed implementation.

Conclusion 4. CCS III was ambitious in scope and designed as an operational rather than a strategic framework. The absence of a theory of change and robust monitoring and evaluation framework limited demonstration of results.

Conclusion 5. Staffing was not commensurate with the extensive CCS III portfolio. Vacancies and reliance on consultants created discontinuities in implementation and weakened engagement with government partners.

RECOMMENDATIONS

Ensuring continuity between CCS III and CCS IV

Recommendation 1: WHO, in collaboration with the Ministry of Health and Social Services and other health stakeholders, should develop and finalize CCS IV by the fourth quarter of 2025, aligning with national health priorities and GPW14. CCS IV should include a robust theory of change and monitoring and evaluation framework with intermediate outcomes and indicators.

- Establish strategic focus and causal pathways for CCS IV.
- Align CCS IV with NDP6, the National Health Policy Framework 2024/25–2030, and GPW14.
- Strengthen monitoring and evaluation to capture WHO's contribution.
- Use joint planning and review to align government expectations with WHO's capacity.
- Conduct a midterm review to ensure responsiveness.

Recommendation 2: WHO should consolidate gains in UHC and emergency preparedness while scaling up support for NCDs, health promotion, and health information systems. Priority actions should begin in the first year of CCS IV implementation (2026) and be reviewed annually.

- Support development of a costed UHC implementation plan.
- Strengthen health information systems and data use.
- Collaborate with government on a costed NCD prevention and control plan.
- Reinforce implementation and monitoring of communicable disease action plans.

Implementing CCS IV (2026–2030)

Recommendation 3: WHO should strengthen collaboration with UN agencies under UNSDCF and expand multisectoral partnerships beyond the Ministry of Health and Social Services over the next 12–18 months.

- Promote joint UN collaboration.
- Support sector coordination and Health in All Policies (HiAP).
- Strengthen engagement with non-state actors.
- Improve intra-ministerial coordination.
- Advocate for increased and equitable government health financing.

Recommendation 4: WHO should optimize the use of financial and human resources by aligning staffing and budgets with priority health outcomes, enhancing planning and resource mobilization, and reviewing resource utilization regularly.

- Conduct a strategic workforce review.
- Increase funding for under-resourced areas.
- Enhance financial monitoring and efficiency