Malaria transmission is confined to the north-east part of Namibia where malaria is endemic and about 72% of the population of the country is at risk. The annual reported number of malaria cases in 2011 was 3,163 with four deaths.
Urgent Global Fund Update

The Global Fund has announced that Namibia will receive US$ 111.3 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Namibia’s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Namibia this is calculated at US$ 5.5 million, including just US$ 518,686 of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Namibia is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Namibia has banned oral artemisinin-based monotherapies. Namibia has done well in mobilising resources for malaria control. Adequate funding for the required number of anti-malarial drugs, RDTs, LLINs, and IRS has been secured for 2014. Namibia has made significant progress in scaling-up malaria control interventions and has, in particular, sustained high levels of IRS whilst rolling out LLINs and expanded to universal parasitological diagnosis and treatment. The country has good coverage of tracer MNCH interventions, particularly PMTCT, skilled birth attendants, DPT3 vaccination, and postnatal care. Namibia has achieved a 47% reduction in under-five child mortality since 1990. Namibia was awarded a 2014 ALMA Award for Excellence in Implementation of Vector Control.

Impact

Namibia has made significant progress in the fight against malaria. The number of probable and confirmed malaria cases reported annually decreased from 480,515 during 2001–2005 to only 3,163 cases in 2012. During the same period, a similar trend was observed in deaths: malaria deaths fell from 1,370 to four. As such, the country has achieved the global target of more than a 75% reduction in the malaria burden since 2000.

Key Challenge

- Maintaining malaria high on the political and funding agenda as the disease burden continues to drop.
## Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNCH¹: Optimise quality of care</td>
<td>Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness</td>
<td>Q1 2013</td>
<td>[green]</td>
<td>There is a movement spearheaded by the Legal Assistance Center to extend maternity leave to six months to boost exclusive breastfeeding. Additionally, the country is working to integrate IYCF communication into the health extension package which is currently being rolled out</td>
</tr>
</tbody>
</table>

## New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q4 2014</td>
</tr>
</tbody>
</table>

### Key

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG