Health in Namibia Progress and Challenges

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Health in Namibia
Progress and Challenges

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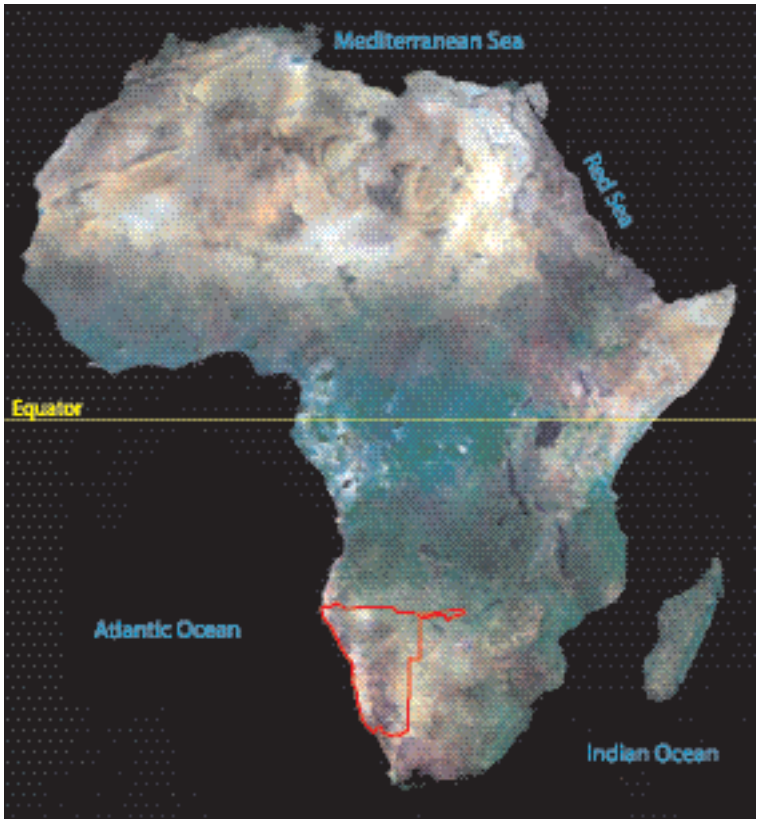

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Acknowledgements

This book serves as a tribute to the great efforts made by health workers who, on a daily basis, complete record sheets for the cases they see. These contributions are invaluable in the early detection of disease outbreaks, in the day-to-day management of health services, and in the overall monitoring of the performance of the Namibian health system. Most of the analyses presented in this book are based on those record sheets. Jeremy Clark kindly provided information related to the Health Information System (HIS) and the positions of health facilities.

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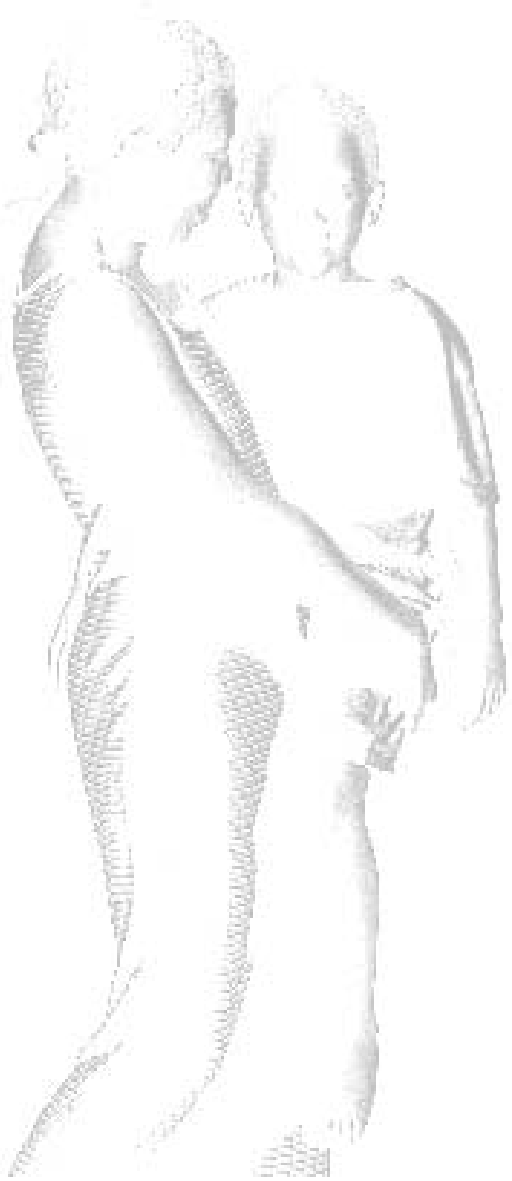

Preface

Namibia and its people face many challenges, especially if we are to develop the way in which everyone would hope: a richer, more equitable country, offering secure opportunities to our citizens. The development of any society is closely linked to the health and well-being of its members, and it for this reason that this book focuses on the very services that aim to ensure that Namibians are in better health.

Health in Namibia had its origins in an attempt to bring together the main trends and features reported in the Ministry of Health and Social Services' Health Information System (HIS). From those beginnings grew the ambition for the book to provide a broader profile of the health system. Thus, a good deal of other information has been included to present a fuller picture. Not all features of the health system have been covered, however, and much of the book concentrates on the public health system.

Difficult choices had to be made on what to include and what to leave out of this profile. Even though large numbers of cases are recorded for certain health conditions, the conditions are often too general to be of great interest. This is usually because it is the symptoms that are recorded, rather than the diseases that cause them. Muscular and skeletal, skin and eye diseases are examples. Some other diseases have been omitted because the diagnoses are often equivocal. Information on several uncommon diseases has been included, however. Each of these is important despite the number of cases being small. For example, poliomyelitis and plague are important because they can develop into epidemics.

A glossary and list of abbreviations is given on page vi, while a bibliography lists references to important publications on health in Namibia (see page 106). The HIS data cover five years from 1995 to 1999. Data for more recent years were not available in time for inclusion in the results. All graphs, maps, tables and other figures are from the HIS data for 1995 to 1999, therefore, unless stated otherwise. The structure of the HIS data files is described in the first note[1] in the sources at the end of the book (pages 104 and 105). Numbered superscript notes or endnotes are also used to describe sources of information that did not come from the HIS. One such source that proved especially valuable was the Demographic and Health Surveys (DHS). These were conducted in 1992 and 2000 as surveys of representative samples of people and households across the country. The frequency of diseases is reported in two ways: prevalence, as the total number of cases at a given time, or incidence, as the number of new cases per year in relation to the population. Incidence is reported as the number of cases per 1,000, 10,000 or 100,000 people, and was calculated from population estimates derived from mapped information on the densities of people in different areas of Namibia.[2]

Health in Namibia does not try to provide solutions to the challenges that Namibia and her people face. But the book does aim to raise questions. Why is a disease prevalent in one area but not in others, and why are some clinics and hospitals heavily utilized while other health facilities see few patients? These are important questions, and there many others in the graphs, maps, tables and text that lie ahead. We hope that health workers will ask and answer the questions. Following the words of Hippocrates written some 2400 years ago: it is through those answers that we may learn by our own thoughts to derive benefits that will make Namibia a healthier nation.

Glossary & Abbreviations

AIDS - Acquired Immune Deficiency Syndrome
Antenatal care (ANC) - Care given during pregnancy
ARI - Acute Respiratory Infections
BCG - Bacillus Calmette-Guérin, an anti-tuberculosis vaccine
Bed occupancy rate - Percentage of beds filled during the year out of the total of available beds in the hospital
CD4 cells - Category of immune cells that are targeted by the HIV virus
Child mortality - Probability of dying between the first and fifth birthday, expressed as the number of deaths during that period out of 1,000 children that reach their first birthday
Clinic - Facility that provides a variety of curative and preventative services, but does not have beds to accommodate patients. Clinics focus largely on primary health care services.
DHS - National Demographic and Health Survey conducted by the Ministry of Health and Social Services in 1992 and 2000
DPT - Vaccine against diphtheria, pertussis and tetanus
EPI - Expanded Programme for Immunization
Fertility rate - The average number of children that would be born to each woman if she were to live to the end of her childbearing years
Health Centre - Facility that has a small number of beds to accommodate patients for short periods
HIS - Health Information System of the Ministry of Health and Social Services
HIV - Human Immunodeficiency Virus
Hospital - Facility accommodating inpatients and providing more specialised services than health centres and clinics. Hospitals focus on curative treatment, many of the patients having been referred from primary health care services at clinics and health centres.
Infant mortality - Probability of dying before the first birthday, expressed as the number of deaths out of 1,000 live births during that period
Inpatients - Patients accommodated and treated at hospitals and health centres
km and km^2 - Kilometres and square kilometres
Life expectancy - The number of years newborn children would live if subject to the mortality risks prevailing for the population at the time of their birth.
Maternal mortality - Probability of dying from pregnancy-related causes during pregnancy, childbirth and for a period of 42 days after childbirth, expressed as the number of deaths out of 100,000 births
MOHSS - Ministry of Health and Social Services
Neonatal mortality - Probability of dying within the first 28 days of life, expressed as the number of deaths out of 1,000 live births
NID - National Immunization Day
Other diseases:
- **Other respiratory diseases** - excludes pneumonia, TB and ARI
- **Other gastrointestinal diseases** - excludes diarrhoea
- **Other genitourinary diseases** - excludes urinary tract infections

Outpatients - Patients treated at clinics and hospital outpatient departments and thus not being admitted as inpatients
Outreach Point - Usually a remote place visited at intervals by health workers to attend to health problems and offer preventative services
Postnatal care - Care given after delivery
STI - Sexually Transmitted Infections
TB - Tuberculosis
Under-five mortality rate - Probability of dying between birth and exactly five years of age, expressed as the number of deaths during that period out of 1,000 live births
Underweight measures - Taken from the ratio between a child's weight and age. Children that are "underweight" are so below weight that they are beneath the range of less than two standard deviations from what can be expected