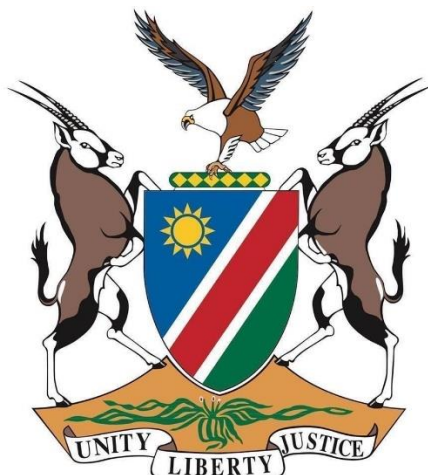


REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

**KEYNOTE ADDRESS BY DR. KALUMBI SHANGULA, MP, MINISTER OF
HEALTH AND SOCIAL SERVICES, ON THE OCCASION OF THE LAUNCH OF
THE TRIPARTITE ONE HEALTH NATIONAL STRATEGY 2024-2028**

19 JUNE 2024

WINDHOEK

**Check Against Delivery.*

Director of Ceremonies, Mr Ben Nangombe, Executive Director of MoHSS
Hon Calle Schlettwein, Minister of Agriculture, Water and Land Reform
Hon Heather Sibungo, Deputy Minister of Environment, Forestry and Tourism
Prof Kenneth Matengu, Vice Chancellor of the University of Namibia
Dr Richard Banda, World Health Organization Country Representative
Dr Qingyun Diao, Food and Agriculture Organization Country Representative
Dr Lul Riek, Africa CDC Representative
Dr Yewande Alim, Head of One Health Unit at Africa CDC
Senior Government Officials
Representatives from various Offices, Ministries, and Agencies of Government
Representatives from partner organizations
Distinguished Invited Guests
Members of the Media
Ladies and Gentlemen!

1. It is with great pleasure and honor that I stand before you today as we launch the Tripartite **One Health Strategy** for Namibia. This initiative represents a significant step forward in our collective efforts to ensure the health and well-being of humans, fauna, and the natural environment. Zoonotic diseases that occur at the human-animal-environment interface such as rabies and food-borne diseases continue to have a major impact on health, livelihoods, and economies. Many countries recognize the benefits of taking a One Health approach to build national mechanisms for coordination, communication, and collaboration to respond to and address these public health threats.
2. A global increase in emergent and re-emerging pathogens has caused significant strain on public health systems in recent years, particularly in developing countries. Zoonotic and vector-borne pathogens have a severe impact, causing substantial human morbidity and mortality, loss of income due to suspended trade in animal and animal products. There is also reduced biodiversity through loss of wildlife, especially amongst resource-constrained communities who rely on their environments for survival. Factors contributing to the increasing burden of these diseases include growth in human and animal populations; degradation of wildlife habitats; spread of pathogens through international travel and trade; changing farming systems; irregular urbanization patterns; harmful cultural practices; poverty; and climate change.
3. The International Health Regulations of 2005 came into force in 2007. Since 2007, there have been six declarations of Public Health Emergencies of International Concern (PHEIC), starting with the H1N1 influenza in 2009. In subsequent years, the world recorded several disease outbreaks and public health emergencies such as Zika, Cholera and Ebola and the re-emergence of other infections. Namibia was not spared. The country has experienced a significant number of outbreaks in the past years, such as Cholera, Anthrax, Crimean Congo Haemorrhagic Fever, Avian Influenza in migratory birds, Hepatitis E, foodborne illnesses, vector-borne diseases like malaria and recently the COVID-19 pandemic with high morbidity and mortality.

4. According to the UN Quadripartite Organizations that is WHO, United Nations Environment Programme (UNEP), Food and Agriculture Organization (FAO), and World Organization on Animal Health (WOAH)), **One Health** is defined as an integrated, unifying approach that aims to sustainably balance and optimize the health of humans, animals, plants, and ecosystems. The approach recognises that the health of humans, domestic and wild animals, plants, and the wider environment, including ecosystems are closely linked and interdependent.
5. Within the Namibian context, the need for the **One Health** approach is evidenced by the frequent reported outbreaks of zoonotic disease, coupled with the effects of climate change. The **One Health** approach is indeed crucial, as reports indicate that 75% of emerging pathogens that are known to cause epidemics affecting humans are of zoonotic origin, meaning transmitted from animals. Our country is experiencing worrisome impacts of climate change and environmental land-use changes. These include bush encroachment, sporadic flooding and frequent droughts. All of these impact arthropod and wildlife distributions, human well-being, ecosystem integrity and resilience, and consequently contribute to the proliferation of vector-borne pathogens and diseases. With the abundance of wildlife and livestock in the country, there is an increase in human-wildlife conflict in shared environments. Moreover, many zoonotic diseases have been reported including, anthrax, Foot and Mouth Disease, brucellosis, Crimean-Congo Haemorrhagic Fever (CCHF), and other tick-borne pathogens.
6. The **One Health** interventions in Namibia cut across Ministries of Health and Social Services, Environment, Forestry and Tourism and Agriculture, Water and Land Reform. For the country to ensure effective and timely preparedness and response to public health emergencies, these three ministries, along with the University of Namibia and other key stakeholders, have developed the **National Tripartite One Health Strategy (2024-2028)**. Following a validation meeting in February 2023, the strategy document was developed through a consultative process with subject-matter experts from human, environmental, and animal health sectors, researchers, and policy formulators at the regional and county levels.
7. Namibia's National Tripartite One Health Strategy is aligned to the **One Health Joint Plan of Action (OH JPA) (2022–2026)** developed by the UN Quadripartite Organizations. It also aligns with the country's priorities outlined in the National Action Plan for Health Security (NAPHS); the National Development Plan (NDP), as well as the Harambee Prosperity Plans and Vision 2030.
8. According to the Joint External Evaluation carried out in 2016, and the State Party Annual Report on IHR Core Capacities of 2023 respectively, there is a need to strengthen and improve Namibia's One Health capacities and collaborative efforts across sectors to address zoonosis. This highlights the need to accelerate actions to strengthen the One Health Multisectoral Coordinating Mechanism that will be guided by this Tripartite One Health National Strategy.

9. There is no doubt that progress towards global health security requires a greater focus on the interface between humans and animals. There is also a need for strong collaboration on interventions on human health and the animal health sectors. This is highlighted in the Tripartite One Health National Strategy we are launching here today.
10. The Government of the Republic of Namibia, through the budget allocations to relevant Offices, Ministries and Agencies, will allocate an amount of more than N\$4 050 136 annually, to support the implementation of the **One Health Strategy**. This translates to N\$16 200 544 over the Strategy's 4-year implementation period. This amount will cover direct allocation to specific interventions in the priority sectors, activities for the implementation of the National Plan of Action for Health Security (NAPHS) and other sector-related operational costs.
11. I emphasize that a diversity of stakeholders will be required to be involved during the implementation of this strategy. The roles of each institution will vary from providing leadership to the implementation of activities. Multisectoral collaboration is critical for the successful implementation of this strategy, involving the different institutions and organization. This is what we mean when we talk about the whole-of- government and whole-of-society approach to policy making and policy implementation.
12. The implementation of the Tripartite One Health National Strategy will be reviewed annually by the One Health Multisectoral Coordinating Committee and its activities will be integrated into the implementation of existing strategies such as National Action Plan for Health Security; the Integrated Disease Surveillance and Response; the Control of Neglected Tropical Diseases; Event-Based Surveillance; Antimicrobial Resistance; as well as Veterinary and Wildlife disease control interventions. The interventions will be further linked to the existing functions of the IHR National Focal Point. It is important to note that the implementation of the strategy will be monitored and evaluated regularly to ensure that the plan is effectively implemented at all levels.
13. I hereby re-affirm the government's commitment and support to the **One Health** approach, adapted to the Namibian context, for the prevention, detection, preparedness and response to public health threats. Namibia is currently working towards the establishment of the Namibia Institute of Public Health (NIPH) that will play an important role in the coordination of our country's preparedness and response to public health emergencies. The Ministries of Health and Social Services, Agriculture, Water and Land Reform and Environment Tourism and Forestry, will sign a Memorandum of Understanding (MoU) on One Health Tripartite Collaboration and Coordination to ensure effective implementation of the interventions outlined in the National One Health Strategic Plan.
14. In closing, I express our gratitude to the Africa CDC for the financial and technical support in the development of this Strategy. I further acknowledge and thank the various local and international stakeholders who were instrumental in the strategy's

development: Ministry of Agriculture, Water and Land Reform, Ministry of Environment, Forestry and Tourism, Ministry of Health and Social Services, Office of Prime Minister; University of Namibia (UNAM) through the Capacitating One Health in Eastern and Southern Africa (COHESA) Project, the Food and Agriculture Organization (FAO), the World Health Organization (WHO), the Friedrich Loeffler-Institute (FLI); Robert Koch Institute (RKI); Namibia University of Science and Technology (NUST), Namibia Institute of Pathology (NIP and US-CDC).

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