



Minister of Health and Social Services

Motivation

For Vote 13

By

Dr Richard Nchabi Kamwi, MP
Minister of Health and Social Services
To the
National Assembly



12 April 2013



Comrade Chairperson of the Whole House Committee,

In view of the above, we remain grateful for the immense support from our development partners, sister countries, the private sector and NGO sector for their contribution and investment in the health and social service public sector.

Finally, I wish to thank His Excellency Comrade Hifikepunye Pohamba, President of the Republic of Namibia for the confidence he has in me and my deputy, Comrade Petrina Haingura to contribute to the important process of improving the health service delivery in the country.

Allow me also to thank my team, the Honourable Deputy Minister, the Permanent Secretary, and the entire workforce at the Ministry of Health and Social Services for their tireless efforts towards the realization of our primary goal of achieving health for all. Due to the time constraint and the size of the programmes and projects under implementation, I would like to refer the honourable members of this august House to the Technical Report for more information.

I now have the honour to submit the sum of **Five billion, two hundred and forty five million, four hundred and ninety eight thousand Namibian dollars** (N\$ 5,245,498,000.00) for Vote 13 for your consideration.

Thank you.



Comrade Chairperson of the Whole House Committee,

It is a great honour and privilege to present to this august House my ministry's policy priorities and budget for the financial year 2013/2014 for your consideration.

In so doing, I would like to sincerely thank the Hon. Minister of Finance, Saara Kuugongelwa-Amadhila and her dynamic team for the forward-looking and well-articulated budget with the appropriate theme of *growing the economy, optimizing development outcomes, and jointly doing more with less*.

In addition, I wish to commend Comrade Kuugongelwa-Amadhila, and her Team for ensuring that the Namibian economy stood its ground despite the global economic downturn.

As a result of the responsible management of the fiscus, I am proud to note that Namibia reduced the budget deficit from 4.4% of GDP in 2012/13 to 0, 9% of GDP in 2013/2014. This is, indeed, a significant improvement that must be applauded.

Let me also thank the Director-General of the National Planning Commission, Comrade Tom Alweendo for the immense support and guidance during the preparation of the budget, particularly, with regard to capital projects.

Whilst we recognize that the process of nation-building involves competing priorities, the provision of public health services will always remain a critical priority that calls for adequate funding if we are to ensure a healthy and productive citizenry. At the same time, as stated by Comrade Saara Kuugongelwa-Amadhila, critical sectors of the economy, including social sectors, remain areas in which the country continues to face structural and competing challenges.



Comrade Chairperson of the Whole House Committee,

Sustained socio-economic development can only be realized when our citizens enjoy access to quality health and education. Therefore, I am most delighted and grateful for the current allocation to the Ministry of Health and Social Services which has shown a significant increase from the previous years.

The allocation to the Ministry of Health and Social services amounts to **Five Billion, Two hundred and forty five million, Four hundred and ninety eight thousand Namibian Dollars** (N\$ 5,245,498,000.00). This shows 32% increase from the last financial year.

Despite the overall increase of the health and Social Services budget, we are still lagging behind in terms of achieving the 15% allocation of the total Government budget allocation as called for in the Abuja Declaration. However, I remain confident that with the current trend, Namibia will soon reach the 15% target.

The Ministry of Health and Social Services will, indeed, effectively make use of the additional resources provided within this budget to address some of the pressing needs within the health sector.

Comrade Chairperson of the Whole House Committee,

The Ministry is cognizant of the challenges ahead and is committed to address, without delay, the shortcomings identified by the Presidential Commission of Inquiry and are already working towards the speedy implementation of the recommendations.

In order to deal with the recommendations in a structured and methodical manner, the Ministry will prioritise the following areas as contained in the recommendations of the Commission's Report namely:

- Improvement of the Policy and Legal Framework environment
- Human Resource development and utilization



Medical Equipment and Maintenance

It should be noted that specialized services require modern specialized high technology medical equipment, which is dynamic in nature and require constant replacement and maintenance. Therefore, the Ministry is considering the Public Private Partnership in this area so as to compliment the state efforts in keeping up with functioning medical equipment.

The funds budgeted under this program amounts to **Nine Hundred and Twelve Million, Two Hundred Thirty Eight Thousand Namibian Dollars** (N\$912 238 000).

Programme 5: Developmental Social Welfare

The developmental social welfare programme ensures equal and quality delivery of social care for all while enabling people to retain their independence, control and dignity. This programme include activities such as support of people with disabilities, promotion of family wellbeing, counselling, administering policies and legislations for registration and operations of welfare organizations and institutional centres, offenders health, mental capacity, learning disabilities, assistance to people affected by the abuse of drugs/substance.

Five Million, Three Hundred and Ninety Five Thousand Namibian Dollars N\$5 395 000 is budgeted to meet the above aim.

Partners' contributions

Our most valued development partners have committed an amount of **Six Hundred, Eighty Eight Million, Five Hundred and Ninety Five Thousand Namibian Dollars** (N\$ 688,595,000.00) towards the programmes in the health sector and which are funded outside the State Revenue Fund. The funds earmarked by our development partners will continue to make a significant contribution to the development of the health and social welfare sector, including the fight against HIV/AIDS, development of physical infrastructure, human resources, strengthening of health systems management mechanisms and other Family Health Services programmes.



Programme 4: Clinical Health Care Services

The clinical health care services programme provides a broad range of programmes to deliver services for in-patient and outpatient health care services to match the needs of various communities. Inpatient services include, amongst others, medical, surgical, paediatrics, obstetrics, orthopaedics, and ear nose and throat. Outpatient services include, amongst others, emergency services, day procedures, diagnostic assessment services, and therapy services.

The clinical health care services programme is also responsible for the management of specialized services to treat chronic conditions such as cancers, heart, kidney, psychiatry, intensive care unit and nuclear medicine.

Specialized services are provided for at the 3 Referral Hospitals and 1 National Hospital. For the reporting period, the number of out-patients seen at the cardiac outpatient unit at the Windhoek Central Hospital was 3,950 for various procedures such as thoracic, adult cardiology, rheumatic heart disease, pediatric, congenital and echocardiogram.

Understandably, there are specialized services that are not provided for through public health facilities. For example, 150 patients were referred to the private haemodialysis treatment centre, while 14 patients were referred to Cape Town for cardiac surgery with financial assistance from the special fund created to cater for the treatment of rare diseases.

It is important to note that the Namibian health system is still in the developmental stage and some conditions cannot be treated locally. This requires bringing in specialized experts or referring such patients to other countries. For this reason, a special Fund has been created to cater for the treatment of rare diseases. Despite this fund being in place, the public is still pleading for pledges to be able to afford specialised medical treatment. As a result, the Ministry is undertaking public outreach programmes to encourage the public to optimally utilise the Fund.



- Infrastructure development
- Hospital management
- Setting of quality and standards and
- Improvement of transport management

I want to take this opportunity to reassure this august House and the nation at large that my Ministry welcomes the recommendations of the Commission and will, indeed, redouble efforts in addressing the pertinent issues raised in the report. However, as I have said before, my Ministry cannot do it alone. There is a need for a strong and deeper cooperation and partnership with our communities and stakeholders who include among others; Regional Councils, Local Authorities as well as some key Ministries.

Comrade Chairperson of the Whole House Committee,

During the year 2012/2013 the main challenges which faced the Ministry of Health and Social Services included:

1. Outdated Legislations and Cumbersome process of Legal Drafting

The Ministry is in full consultations with the Ministry of Justice and the Office of the Attorney General to table some of the urgent legislations such as the Public Health Bill, Medical and Dental Bill, Nursing Bill, Allied Health Professions Bill, Social Work and Psychology Bill and the Food Safety Bill.

2. Aging Health Infrastructure

As a result of population growth and migration to urban areas, and the emergence of new diseases without the expansion of old infrastructure, there is a constant need for the construction of new infrastructure to attend to the needs of the population.

We are also overwhelmed by increase number accidents related injuries resulting from fighting and stabbing each other. Clearly these self inflicted injuries are additional strane on the already stressed public health care system.

BUDGET MOTIVATION SPEECH



Another challenge is that of inadequate financial resources to undertake sufficient maintenance and renovation. Subjecting procurement of essential consumables, maintenance of infrastructure and Hi-Tech life saving equipment without regards to emergencies continue to be of great concern. This has sometimes resulted in delay of health service delivery to the needy.

The Ministry is, in consultation with the Ministry of Finance and the National Planning Commission to address emergencies as well as the inadequacy of health infrastructures.

With regards to the maintenance of health infrastructure, the Ministry is undertaking a restructuring process to cater for the important maintenance units at all health facilities. At the moment this function does not exist, hence the unacceptable condition of the infrastructure.

I am also glad to inform the house that both the National and Ministerial Public Private Partnership Policies have been approved by Cabinet and the Ministry in consultation with the Ministry of Finance and the Office of the Attorney General will explore the best method of involving the Private Sector in the development of Health Infrastructure.

3. Human Resource Development and Utilization

Namibia is faced with an acute shortage of Medical Doctors, Medical Specialist, Registered nurses, and other Allied health professionals. The new UNAM School of Medicine is yet to produce the required medical doctors and pharmacist, but even at the current pace of intake there still will remain significant shortages.

Similarly, there are other challenges which need to be addressed such as the availability of lecturers and professors.

Apart from the recruitment of foreign health experts, I am glad to inform this august House that the Ministry will undertake several measures aimed at addressing staff shortage.

BUDGET MOTIVATION SPEECH



Goal 5: Reduction of Maternal Mortality Rate by $\frac{3}{4}$ by 2015

Again using 1992 Demographic Health Survey data, maternal mortality stood at 225/100 000 live births. In 2006, it skyrocketed to 449/100 000 live births. However, with the efforts of the Ministry, it was estimated by the World Health Organization, World Bank and UNICEF to be 180/100 000 live births in 2011. Ministry's own estimated suggest that by the end of 2012 the maternal mortality rate for Namibia stood at 118/100 000 live births in 2012.

Goal 6: Reduction in infection rate of HIV, TB and Malaria

Malaria incidence in 2010 were recorded as 10.4/1000 while in 2012 it has reduced to 1.3/1 000. The country therefore has achieved the target. This means that Namibia is in the elimination stage. You will recall that the AU and the African Leadership Alliance on Malaria (ALMA) have also noticed the progress made by Namibia. As a result, His Excellency the President, Dr Hifikepunye Pohamba was awarded an Award of Excellence in the area of Malaria Implementation and Impact. This is an achievement the entire Namibian nation should be proud of.

This public health programme is also covering the implementation of Environmental health policies, regulations and legislation including the food safety.

Another activity covered under the public health programme is the family health services with the objective of improving and protecting the health and nutrition of families and communities through specific programmes that reduce maternal, infant and child mortality, morbidity and malnutrition.

The total budget allocation to these program is **Four Hundred and Sixty Four Million, One Hundred and Thirty Six Thousand Namibian Dollars** (N\$464 136 000).

BUDGET MOTIVATION SPEECH



According to the Namibia Demographic and Health Survey 2006-7 (DHS), smoking was found to be more common among Namibian men than women. The survey revealed that 24% of men use tobacco products, compared to 8 % of women. According to Health Information System of the MoHSS 2010, the top 5 leading cancers are as follows: Breast, Cervical, Skin, Lymphatic tissue/organs.

The Ministry has put in place programmes with the following strategies to address the prevention and control of Non-Communicable Diseases:

- Surveillance system for monitoring of risk factors for NCDs;
- Implementation of Tobacco Act No: 1 of 2010;
- Promoting healthy lifestyles and supportive environment;
- Ettagameno Rehabilitation Centre to manage clients with Alcohol abuse;
- Strengthen Mental Health services;
- Reduction of malnutrition in collaboration with Namibian Alliance for improved Nutrition (NAFIN) in collaboration with the Office of the Prime Minister

The Public Health programme also attends to health promotion, prevention and control of disease outbreaks.

Namibia's implementation of the Millennium Development Goals related to the health sector is also implemented under the public health programme.

During the 2012/13 financial year the following progress was recorded in the area of MDGs:

Goal 4: Reduction of the under 5 deaths by 2/3 by 2015

Following the Demographic Health Survey of 1992 the under 5 mortality rate stood at 83/1 000 live births. This had dropped to 69/1 000 births during 2006. Currently the Ministry is carrying out another Demographic Health Survey which will provide us with the latest estimates.

BUDGET MOTIVATION SPEECH



One such measure is the introduction of Registered Nurse training at Windhoek, Keetmanshoop and Rundu Health Training Centres. A total of 270 students will be enrolled to undergo training before June 2013. This new approach will compliment the ongoing enrolled nurse training at five other health training centres countrywide.

Through bilateral cooperation, the Ministry has secured training of 250 medical professionals who will start training in August this year (125 medical doctors, 50 dentists, 75 medical engineers and technicians). With these efforts, the Ministry wishes to put in place a permanent supply of medical personnel to the Namibian Public Health Sector.

Moreover, the Ministry is in consultation with the Health Professions Council to address challenges related to registration of Health Professionals, enforcement of professional ethics and behavior and accreditation of institutions where Namibian Students are undergoing Medical training.

In addition, the Ministry is consulting with the Public Service Commission with regard to the need to fast tracking recruitment of health professionals, improvement of the condition of service for those working in remote and rural areas, and improvement of the staffing norms and restructuring of the Ministry to be responsive to the growing needs.

In order to enhance health planning, efficient supervision of health workers, monitoring and evaluation of health programmes and improvement in management of hospitals and health facilities, the Ministry has introduced a distance Leadership and Management Training Programme for all Management Cadres at both national and regional level.

4. Quality and Standards

With regard to quality and standards, the Ministry is committed to ensuring that health service provision in the country conforms to National Laws, Standards and prescribed International Standards as promoted by World Health Organization, International Standard Organization, Codex Alimentarius, African Union and SADC. To this end, all our health professional staff

BUDGET MOTIVATION SPEECH



are undergoing in-service training on the best health practice. More importantly, the ministry has stepped up its efforts to ensure that patients have access to safe medical care and pharmaceutical products.

The Ministry is aware of the national outcry concerning the attitude and conduct of some of the health professionals and support staff in health facilities. All supervisors' especially national and regional directors and hospital managers are now under strict instructions to enforce the implementation of the operational manuals, ethics and discipline. Where applicable, they are directed to use the provision of the Public Service Act to instill discipline.

At the same time they have been directed to institute regular planned supportive supervision and implement consistent follow-up on identified problems. The Ministry's management is also directed to recognize and reward the efforts of the staff that are doing their best to execute their duties.

5. Overcrowding at Health Facilities (Katutura and Oshakati Intermediate Hospitals)

To address the overcrowding experienced at the Katutura and Oshakati Intermediate Hospitals, the Ministry will upgrade Katutura and Khomasdal Health Centers to operate 24 hours, 7 days a week, in order to reduce the pressure on the Katutura Hospital and to make services more available to the increasing population of the Khomas Region

In addition, feasibility studies for the establishment of district hospitals in Khomas and Oshana Regions will be undertaken during 2013/14 financial year and construction is envisaged to commence in the 2014/15 financial year.

The Ministry is also investigating the status of all Health Centers in country to also operate on a 24 hour basis.

Comrade Chairperson of the Whole House Committee,

As indicated earlier in my statement, the allocation to the Ministry of Health

BUDGET MOTIVATION SPEECH



I am glad to report that in February 2013 we launched the National Guideline for the Management of Leprosy.

The re-emergence of diseases that we have eliminated clearly underscores the importance of having active surveillance systems in place.

Malaria

With regard to malaria, the Ministry achieved all national and international targets, (Abuja targets, and MDG's etc.) and also reached pre-elimination stages as noted through declining malaria morbidity and mortality. As we target malaria elimination, there is a great need for programme reorientation to enable the programme to achieve malaria elimination. This includes strengthening health systems, human resource; surveillance systems and most importantly scale up interventions (such as Indoor Residual Spraying, Mosquito net distribution) in targeted areas.

Operational research also becomes a very important component to address challenges such as drug and insecticide resistance. The Ministry is prioritizing sustainability of the national malaria control program, realizing that in the absence of external donor support, significant resurgence of malaria would occur if key control interventions were heavily dependent on external financing.

Non-communicable Diseases:

Namibia as a developing country has not been spared the prevalence of Non-Communicable Diseases (NCD's). NCD's are emerging as important causes of morbidity and mortality in the country. Health facility based data indicate hypertension and diabetes as the first and second causes of disability among adults respectively.

Most common NCD's in Namibia remain: Cardio-Vascular Diseases (hypertension, stroke, and congestive cardiac failure), Diabetes-Mellitus, Cancer (all types) and Chronic Respiratory Diseases (e.g. asthma).



TB and Leprosy

Following the introduction of new tests to diagnose drug-resistant TB, 206 cases of multi-drug resistant tuberculosis (MDR-TB) were detected in 2012, which is a significant increase from the 195 cases detected in 2011. Furthermore, 4 cases of XDR-TB were detected in 2012, compared to 2 cases in 2011. Therefore there is a need to redouble our efforts to detect cases of MDR-TB early enough in order to administer early treatment and prevent further development and spread of MDR-TB, as well as to save lives.

Similarly, Namibia has realized significant declines in the number of people being diagnosed with TB for the past few years. For example, in 2012, 11,145 patients were diagnosed with TB, which is a 7% decline from the 11,924 diagnosed in 2011. This continued decline, noted since 2004, suggests that our efforts are starting to bear fruit on the epidemic. As far as treatment success is concerned, 82% of new patients who commenced treatment in 2011 were successfully treated.

Another re-emerging disease that was declared eliminated in our country is leprosy.

Over the past three years, a number of new cases of Leprosy were reported in the country; 42 in 2010, 5 in 2011 and 6 in 2012. The hotspots for these cases are in Kavango, Caprivi, Ohangwena, Oshana and Omusati regions. This could be an underrepresentation of the existing number of cases since it is possible that some cases are going undiagnosed.

We remain grateful to the World Health Organisation (WHO) for providing technical support with assessment in the regions to try and identify cases of Leprosy. Through this process we have learnt that there could be a lot more cases of the disease in the country than the numbers that have been shared. Furthermore WHO has also supported the treatment of these patients by providing free Multi Drug Treatment (MDT), the internationally recommended treatment for Leprosy. In addition the Leprosy Mission International (TLMI) has been providing technical support especially in the area of capacity building of health care workers.



and Social Services for the Financial Year 2013/14 is: **Four Billion, Five Hundred and Forty Nine Million, Eight Hundred Ninety Eight Thousand Namibian Dollars** (N\$4 549 898 000) for the Operational budget while for the Development budget it amounts to Six Hundred Ninety Five Million, Six Hundred Thousand Namibian Dollars (N\$ 695,600,000.00).

The total budget allocation is thus **Five Billion, Two Hundred Forty Five Million, Four Hundred Ninety Eight Thousand Namibian Dollars** (N\$5 245 498 000)

These resources will be utilized to implement seven (5) critical programmes of the Ministry. These important programmes deal with promotion, preventative, curative and rehabilitation services.

Allow me now to address individual programmes as per the allocation.

Programme 1: Health System Planning and Management

The health system planning and management programme aims at developing the capacity for planning and management of health and social services in order to optimally and efficiently utilize the available resources dedicated to the sector.

Particular attention is given to planning in the following health system areas: Human Resource for Health, Health Financing, Service Delivery, Governance, Health Information Management Systems, Public Private Partnerships and Health Care Technology.

Under the health system planning and management programme, the development of health facilities will be managed to make health and social services accessible to all citizens.

Since independence the Ministry has been operating 1 National Referral Hospital, 4 Intermediate Referral Hospitals, 34 District hospitals, 44 Health Centres and 269 Clinics. Out of the 269 clinics, 18 clinics were renovated and upgraded during the 2012/13 financial year. Similarly, 4 health centres

BUDGET MOTIVATION SPEECH



were renovated and upgraded and six components at hospitals were constructed.

During the ensuing year, and in addition to the existing responsibilities, the programme will take care of the maintenance of the health facilities and equipment. To this effect, the Ministry will ensure sufficient staffing of the relevant expertise required.

The programme also deals with the donor funded programmes and as a result a total number of 53 Medical Officers and 44 Pharmacist and Pharmacist Assistants previously funded by development partners have been transitioned.

A sum of **Three Billion, Eight Hundred and Nineteen Million, Six hundred Forty Five Thousand Namibian Dollars** (N\$3 819 645 000) is allocated to this program for both operational and development expenditure.

Programme 2: Disability Prevention and Rehabilitation

The disability prevention and rehabilitation programme aims at contributing to the prevention and rehabilitation of disability in the country.

The budget allocation to this program is **Forty Four Million, Eighty Four Thousand Namibian Dollars (N\$44 084 000)**. A substantial amount of N\$32 million dollars is earmarked for the rehabilitation and capacitating of the three main orthopaedic technical workshops in the country.

Part of these resources will be used to improve the orthopaedic services at referral, intermediate and district hospitals as well outreach programmes. The remainder of the funds will be used to fast tract the provision of prosthesis material for the manufacturing of prosthesis limbs and wheel chairs for the disabled.

The Ministry is also planning to undertake a feasibility study for the establishment of the national rehabilitation centre to train beneficiaries of artificial prosthesis to regain the mobility and confidence and to go back to productive live. In this regard, the Ministry has secured an affordable

BUDGET MOTIVATION SPEECH



technology to provide artificial limbs and accessories within an hour time to those in need.

Programme 3: Public Health

The public health programme aims at establishing and improving capacity and systems for disease surveillance, analysis, data bases and control measures. The programme will include the study of the distribution and patterns of health events, health characteristics, and causes or influence in well-defined populations.

Comrade Chairperson of the Whole House Committee,

According to the Medium Term Expenditure Framework (MTEF) 2013/14-2015/16 you will notice that Public Health is divided into three programs; Environmental Health, Communicable and Non-communicable diseases and Family Health.

For the purpose of this presentation they are hereby address under program 3 Public Health.

Under this programme, the Ministry is attending to the challenges of Communicable and Non-communicable diseases such as:

HIV/AIDS

The HIV infection rate remains very high at 18.2% for 2012 for pregnant women. The 2012 Sentinel Surveillance Survey indicated that Namibia's HIV prevalence has stabilized and that the number of new cases is now declining. However significant efforts are still needed in making Voluntary Counseling and Testing more readily accessible as well as the roll-out of the Voluntary Male Circumcision programme.

With regard to HIV, tremendous progress has been made in the provision of Anti-retroviral therapy and the coverage rate is 87%. The number of patients on ART is now at 111 660 of those eligible. As for the PMTCT the coverage rate is above 95%.