Statement by Dr Richard Nchabi Kamwi, MP Minister of Health and Social Services on the 2011/2012-2013/2014 Medium Term Expenditure Framework (MTEF)

Hon. Speaker, Hon. Members,

There are reasons to thank the Hon. Minister of Finance, Cde. Saara Kuugongelwa-Amadhila and her Deputy, the Director-General of the National Planning Commission and their entire team for an expansionary budget that accelerates Namibia's effort to fight poverty, create employment, generate sustainable economic growth and social development.

The budget allocation of Three Billion, Three Hundred and Thirty Two Million, Six Hundred and Fifteen Thousand Namibian Dollars (N\$3 332 615 000), to the Ministry of Health and Social Services is 9% of the total National Budget, and reflects a 22% increase on the budget of the 2010/2011 financial year for the Ministry of Health and Social Services. This is mail Welcome

A closer look at the composition of the health expenditure reveals that more than 80% of the Ministry's budget goes into current expenditure. In this regard, I am happy that capital/ development expenditure has been increasing rising from 7% in 2007 to 17% of total expenditure in 2011.

Hon. Speaker, Hon. Members,

Permit me to share with you some information on the challenges and progress being made in the health sector as a result of the continued financial support provided by the Hon. Minister for Finance:

The revision of the ART Guidelines has led to the increase in CD4 count treatment threshold eligibility from 200 to 350 in line with the WHO guidelines. The revised PMTCT regimen has increased the number of patients in need of HIV care services. As a result, this will impact on infrastructure and increase the cost of delivery of health services.

The recently released National Health Accounts report of 2008/09 - 2009/2010 provided us with relevant information on how our health systems are financed and where the money comes from. The report provides clear indication that Government needs to address the issue of sustainable financing in the health sector. For example, Government funding is approximately 50% of the total resource needs for HIV/AIDS despite the additional allocation in the 2011/2012-2013/2014 MTEF. Most of the external resources for HIV/AIDS come from two main development partners i.e. GFATM and PEPFAR.

Hon. Speaker, while appreciating the support from the development partners, I wish to caution the serious risk in the event that one of the partners reduces funding significantly. In

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There is also need to reduce defaulting of TB patients and improve adherence of People on AIDS Medication through improved community-based health care. This is very important to ensure that Namibia can afford and our patients can continue using affordable medicines in the long run. But defaulting and non-adherence is a huge challenge within our communities: just that about the impact of the current flood situation in the North. To address this, my ministry is now actively engaged in planning for the introduction of community based extension workers and community health assistants. We also have aco (during the This initiative is in line with MDP3, the new WHO Primary Health Care Strategy for Africa, as well as the 2009 SWAPO Election Manifesto. Given that we are looking at a cadre of people who do not require post-school training, the rapid introduction of this cadre can also support Government's

On a positive note, the treatment success rate has improved from 83% during 2008 to 85% in 2009. This means we now meet with the World Health Organization requirements, although of lately, it had been raised to 90%. I am also happy to say there is now an increase in the HIV testing for TB patients as more than 75% of TB patients knew their status during 2010. Programmatic

Employment and Growth Programme while at the same time

reducing poverty at the community and household level by

improving the health of families and especially enhancing health

education, health promotion and the prevention of diseases.

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It is also encouraging to note that partners especially those in the Tobacco Industry are now willing to see the envisaged regulations being implemented.

In this regard, the draft regulations will be published through the Government Gazette shortly. All affected stakeholders are thus given the opportunity to consider what is envisaged and to provide their inputs in writing to the Ministry of Health and Social Services.

Hon. Speaker,

It had been my dream to establish private wards in key State Hospitals in order to generate revenue and promote Public Private Partnerships. This will complement our cherished desire to improve the quality of health care services. In this regard, I wish to thank His Excellency, President Hifikepunye Pohamba for commissioning the private ward at the Oshakati Intermediate Hospital which is comparable to any modern private ward. During the commissioning, H.E. the President directed that we continue establishing private wards in the remaining 34 district and intermediate hospitals in the country.

For this to be realized, it calls for maximum support from all members of this august House to the Hon. Minister's current budget.

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How: Stixin Ameru;

Speaking westes on the budget. The Floods of the State of emergency !! 1. The budget process & the insolvement for its tabling in the house. Ministers to be limited in regards to speaking on the Floor. 2. The Accounterbility report & Measuring Performance of the various Ministries, Agencies & offices & the need to do proper performance Misualisation. Change the format, let the audit of achievement be done by an independent / autononous agency (The teaches evaluating him/leself). D govt to fill the existing valancies an the establishment of the 3. TIPEEG, Employment Creation and economic growth. (Page 18 of the 1994 SEManifesto \$ 1999 \$ 2004 Swapo Manifestor... * New beneficiaries not repeat beneficia

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