



REPUBLIC OF NAMIBIA
MINISTRY OF HEALTH AND SOCIAL SERVICES

REPORT

**ON THE REGIONAL FIELD VISIT OF THE
HON. MINISTER OF HEALTH AND SOCIAL
SERVICES, DR. RICHARD, NCHABI KAMWI
AND THE
REGIONAL DIRECTOR FOR AFRICA,
DR. LIUS GOMES SAMBO**

26 – 28 FEBRUARY 2009.

1. Introduction

The World Health Organization (WHO) Regional Director for the African Region, Dr. Luis Gomes Sambo visited Namibia on the invitation of the Government of the Republic of Namibia from the 22nd – 28th February 2009. Dr. Sambo was the guest of the Hon. Minister of Health and Social Services Dr. Richard Nchabi Kamwi. The aim of the visit was to assess the health system and the progresses made so far and strengthen technical cooperation with the Government.

During his seven day official visit Dr. Sambo met with Government, UN officials and other senior staff in the Ministry of Health and Social Services. In addition he undertook a mission to the Northwestern and Northeastern parts of the country. He was accompanied by the Hon. Minister of Health and Social Services Dr. Richard Nchabi Kamwi and senior officials from the Ministry, his delegation from Congo-Brazzaville, the WHO Country Representative and her team. On board was a television crew to cover the events of the week.

Sunday 22nd February.

Arrival of the WHO Regional Director for the African Region, Dr. Luis Gomes Sambo and his team. A Press Conference was organized at Hosea Kutako International Airport.

Monday 23rd February.

Dr. Sambo met with senior officials from WHO and the Ministry of Health and Social Services to discuss matters of concern.

Tuesday 24th February.

Dr. Sambo's visit to Namibia was introduced on the TV Programme: Good Morning Namibia of the Namibian Broadcasting Corporation. He was accompanied by the Hon. Minister of Health and Social Services Dr. Richard Nchabi Kamwi.

Dr. Sambo had an opportunity to visit the ARV clinic at Katutura Hospital. This was followed by a Press Conference in the afternoon.

Wednesday 25th February

The Hon. Minister of Health and Social Services Dr. Richard Nchabi Kamwi and the delegation accompanied Dr. Sambo to the office of the Rt. Hon. Prime Minister, Nahas Angula. The team was welcomed by the Rt. Hon. Prime Minister. In his remarks Dr Sambo noted how impressed he was with the improved health system in Namibia and the progress made so far. He mentioned that his visit was important to learn about the health situation in Namibia and to strengthen ties with the Ministry of Health and Social Services and WHO in the field of health. He

further noted that the Government is fully committed to achieving the Millennium Development Goals as set out by the WHO.

He emphasized the importance of strengthening technical cooperation with the Government in terms of human resource capacity and policy implementation, addressing equity.

The visit was followed by a courtesy call to the Hon. Speaker of the House, Dr. Theo-Ben Gurirab. In his remarks Dr. Sambo noted the role that the House can play in contributing to the achievement of the Millennium Development Goals.

Thursday 26th – Saturday 28th February.

Dr Richard Nchabi Kamwi, Minister of Health and Social Services, and Dr Luis Gomes Sambo, the WHO Regional Director for Africa and the rest of the delegation departed for the North.

Dr. Kamwi was accompanied by:

Ms C. Usiku, Director: Policy, Planning and Human Resource Development
Ms H. S. Auala, Deputy Director, Division Family Health
Mr C. Platt: Deputy Director, Division, Logistics
Ms G. Kamboo, MOHSS, Public Relation Officer

Dr Sambo was accompanied by:

Dr M. Robalo, WHO Country Representative.
Dr. R. Vaz, HIV/AIDS Programme Manager, AFRO.
Dr. M. Ketsela, Director Family and Reproductive Health, AFRO.
Mr. C. Boakye- Agyemang, Communication Officer, AFRO.
Mr F. Xoagub, Information Officer, WHO Country office.
Media officials from One Africa TV.

2. Omusati Region

The delegation was met by the two Regional Directors of Omusati and Kunene Ms. Haipinge and Ms. Namundunga, community members and Mr Shileka the Councilor for Ruacana Constituency who was also the acting Governor for that Constituency.

2.1 Health Facilities Visited

Two health facilities were visited namely Ruacana Clinic and Omona Uatjihozu Health Centre. The Ministry's delegation only visited the Health Centre due to the fact that the Regional Director's delegation arrived earlier in Ruacana and visited the clinic before the Ministerial delegation had landed.

(a) Omona Uatjihozu Health Centre

The delegation toured through the Health Centre and the Registered Nurse in Charge presented the services rendered at the Health Centre, whilst the Principal Medical Officer for Outapi District Hospital delivered a vote of thanks.

- The Health Centre treats up to 70 patients per day and conducts 6-8 deliveries per month.
- A total number of 205 patients receive ART at this Health centre.
- The nursing staff indicated their constraints and challenges that of shortage of nurses. The health centre starts to render new services such IMAI and ART while the staffing component remains the same. The Registered Nurse in Charge gave an example that she spent the previous night on duty – assisting with the deliveries and she continued to be on duty the following day.
- The community registered its dissatisfaction, with the health centre due to the fact that, it does not function during the weekend. The counselor stated that his car serves as an ambulance to transport patients to Outapi District Hospital during the weekend. He therefore requested for the Health Centre to operate during the weekends as other health centres.
- Dr Sambo, the WHO AFRO Regional Director's message to the Health Centre staff emphasized on the importance of Maternal Health, Outreach Services and Health Promotion and community involvement. He noted the important role that other public health sectors can play.

Decisions by Hon. Minister (Conclusions)

- The Hon. Minister urged the community to be patient as their plight will be discussed by the Ministry's Management in Windhoek.
- Furthermore, he advised the nursing staff not to close the Health centre after hours and during weekends especially when expecting mothers will need the services.
- A Delegation will be dispatched soon from Windhoek to Omusati Region for a support visit in order to decide how the shortage of staff can be addressed and for the Health Centre to function like other health centres.

(b) Flood Victims

The delegation also visited the flood victims in Ruacana District. They consisted of 156 people, and are accommodated in seven tents. All basic needs were provided for including safe drinking water.

2.2 Omusati Regional Management Office

The delegation visited the Omusati RMT where the two Directors for Omusati and Kunene presented their Regional Health profiles.

2.2.1. Omusati Regional Profile

The Omusati Regional Profile was presented by Ms H. N. Haipinge the Regional Director and the following key aspects were highlighted

a) Staffing

- Omusati region has 25 medical officers posts of which 4 are vacant.
- 92% of nurses' posts are filled. The challenge with regard to staffing is only the staff establishment which cannot accommodate new programmes and services.

b) Top Ten Health Problems

The following are the top ten health problems in Omusati Region:

- Other respiratory system diseases
- Muscular-skeletal disease
- Other skin diseases
- Other syndrome
- Trauma/injuries
- HIV/AIDS
- PTB
- Pneumonia
- Diarrhea
- Malaria

c) Challenges

The Director pointed out the following challenges in the region:

- Top 5 causes of mortality: *AIDS, PTB, Other respiratory system diseases, pneumonia, and diarrhea/gastro enteritis*
- TB-HIV positive: 398 (58%)
- HIV prevalence rate (23.7%)
- Malaria spraying coverage (15%) due to shortage of DDT
- Eleven (11) inaccessible health facilities due to Flood
- Seventeen (17) accessible by 4x4 vehicles only
- Fifty Nine (59) inaccessible outreach points
- Forty Three (43) accessible outreach points by 4x4 -vehicles only
- Shortage of Malaria RTD kits and water purification tablets.
- Mr Shileka, the councilor registered his concerns with regard to Omakehege Clinic which the Ministry promised to build two years ago but

this never materialized. He was also concerned about the HIV/AIDS which is increasing in the region. On this challenge the Hon. Minister, shared with the councilor the slow implementation of Capital Projects, which resulted in the low budget execution rate of 19.6%. The Ministry did its best to secure funding for Capital Projects, however, the coordination of the implementation of Capital Projects lies with Ministry of Works and Transport.

d) Recommendations and request for items needed.

- Request for 4 Casper's (army vehicles); one per districts to pick up emergencies cases and delivers pharmaceutical and material supplies to inaccessible health facilities.
- Need 8000 double bed IT Nets.
- Need for 4 canoes to cross the oshana.
- Need for 400 malaria RDT kits
- Water purification sachets/tablets

2.2.2 Kunene Regional Profile

- Kunene Regional health profile was presented by Dr P. Bwalya – PMO Opuwo District Hospital and the following were the key issues:

a) Acute Diarrhea Disease/ Cholera outbreak

- From 22 October 2008 up to Tuesday 24 February 2009 the District has reported 152 of acute watery diarrhea
- **9 confirmed** cases of vibrio cholera
- **8 patients lost their lives** (4 at Hospital and 4 deaths community deaths)
- Case Fatality Rate (Oct' 08 – Feb '09): **5.2%**
- Summary: from early February 2008 to Tuesday 24 February 2009, **2391 cases** reported, **20 confirmed cases** and **23 deaths**
- Case Fatality Rate (Feb'08 – Feb '09): **0.96%**
- Factors contributing to the Outbreak Of Cholera In Opuwo Districts are:
 - Lack of availability of wholesome water for communities for domestic use in some areas
 - Poor basic general hygiene and sanitation
 - Heavy rains with flooding in some areas
 - Lack of basic knowledge on hygiene
 - Nomadic lifestyle
 - Mourning practices

Main Actions Taken To Control and Prevent Cholera

- MoHSS Joint RMT/DCC Emergency Response / Preparedness Committee on Cholera Chaired by the Regional Health Director, Ms. L. Nambundunga meets thrice a week to assess progress towards controlling cholera and also to strategise on new plans. REMU informed.

- Regional Governor Hon. Dudu Murorua convened REMU meeting on 5th February 2009, Technical Committee/Task Force on Cholera response revitalized (consist of all stake holders- MoHSS, Nampol, Rural Water Supply, Namibia Red Cross, Medicos del Mundos, MoE, Regional Council, Town Council).
- Technical Committee/Task Force, Chaired by the Chief Regional Officer, meets every Wednesday (met 11th ,18th and 25th February 2009) to discuss and report on control / preventive measures now as well as prevent future outbreaks.
- The Committee in turn reports to the Regional Council Management Team.
- Active surveillance activities have been intensified and are ongoing.
- Social mobilisation with distribution of water purification kits and community awareness has been intensified spearheaded by MoHSS with full participation of all stakeholders.
- Mobilisation of additional resources from within the MoHSS (vehicles, staff, others) as well as externally has been done.
- Training of staff done
- Cholera Treatment Centre has been established within Opuwo Hospital grounds away from the wards

b) Staffing

All Medical Officers posts in Kunene Region are filled except the one for Outjo district. With regard to the nursing staff, most clinics in the region are headed by enrolled nurses due to the fact that registered nurses do not like to take up employment in that region.

2.2.3 Technical advice from the Regional Director and his delegation to Omusati and Kunene Regional Management Teams

(a) Regional Director: Dr Sambo

Dr Sambo assured the two regions that the purpose of his visit is to support Namibia to improve her health status. He further advised the two regions to improve and strengthen the provision of health services into communities and not only in health facilities. Furthermore, he emphasized

the importance of health promotion within the communities through giving health Education on:

- Hygiene
- Nutrition
- Clean water
- How to prevent cholera, malaria, TB and HIV/AIDS as prevention is the most effective strategy than providing ART. Anti-retroviral Treatment is not the solution for HIV/AIDS as the country will not be able to cope once a big population is infected.
- With regard to increased infant and maternal mortality, the advice given was to ensure quality care because this challenge might be due to the unavailability of skilled personnel and or equipment, hence retraining and upgrading of health workers' skills in maternal and child health is a pre-requisite in Namibia.
- Finally, he pointed out that Namibia has opportunities to improve her peoples' health status because Namibia is independent.

-The country is training its own health a worker especially nurses.

-There are MDG's that serve as a vehicle to improve health.

-Namibia has its own committed Government.

b) HIV/AIDS Programme Director in the WHO AFRO Regional Office.

- The HIV/AIDS Programme Director emphasized the importance of the strengthening of surveillance.
- Reduction/elimination of stigma.
- Need to review the HIV/AIDS Management Programme as to what cause the increase in HIV prevalence.
- Management of defaulters for those on anti-retroviral treatment.

c) Maternal and Child Health

- The Maternal Health Programme Director emphasized that if the ANC coverage in Namibia is 80% as well as the high delivery rate in health facilities, then the problem is inadequate quality of care. It is therefore advised for maternal health audits/reviews to be done as well as retraining of doctors and nurses in emergency obstetric care.

3. Visit to Ondjiva, Angola

The delegation travelled by road to Ondjiva in Angola and met with the Hon. Minister of Health of Angola, Dr. Jose.Van Dunem and the Governor of the Province of Ondjiva, Dr. Antonio Didalelwa, The delegation had the opportunity to

spend the night in Ondjiva and proceeded the next morning to Engela in the Ohangwena Region. The Ondjiva Provincial Hospital was also visited where health workers were address by the following Officials:

- The Governor of Ondjiva Province, Dr. Antonio Didalelwa
- Hon. Minister of Health of Angola, Dr. Jose. Van Dunem
- Hon. Minister of Health and Social Services of Namibia, Dr. Richard Nchabi Kamwi.
- The WHO Regional Director for the African Region, Dr. Luis Gomes Sambo.

The delegation was introduced to their newly donated mobile clinics. This was followed by a walk through the newly renovated hospital.

4 Ohangwena Region

The delegation was met at Engela Hospital by the Ohangwena Health Regional Director, Ms Pohamba and Dr Hamata, Regional Director for Oshana Region as well as Mr Usko Nghaamwa, the Governor for Ohangwena Region. Ohangwena Regional Director presented the regional profile and the following key issues were highlighted:

4.1 Ohangwena Regional Profile

a) Priority diseases

- Disease targeted for eradication: **Polio**
- Diseases targeted for elimination: **Measles** and **Neo-natal tetanus**
- Epidemic prone diseases: **Malaria, Cholera**
- Diseases of public health concern: **TB** and **HIV/AIDS**

b) Cross Border Matters

- Cross border meetings are being held regularly between Namibia and Angola.
- NIDs (Polio, Measles and Malaria) being synchronized successfully. However, other issues still need to be implemented such as:
- A permanent vaccination point at Oshikango Border Post
- Expansion of VCT, PMTCT as well as provision of STIs treatment at border posts
- Exchange and interactive discussions on national protocols on TB and HIV/AIDs

c) Staffing

All nurses' posts in Ohangwena Region are filled.

d) Challenges

- Lack of urbanization with 90% of the population living in rural areas
- Poor sanitation with lack of potable water
- Poorest region in the country
- High levels of unemployment
- Poor road infrastructure
- Flooding area
- Lack of sufficient professionals in the region
- People having to travel long distances to access health facilities
- the Governor of the region also briefed the delegation on the flood situation especially on schools that are cut off.

d) Recommendations/Request by the Region:

- Malaria blanket spraying have to be considered
- Sanitation as a matter of concern, intensive mobilization of the community & stakeholders to support the programme
- Capital development projects need to be speeded up

4.2 Oshana Region

Dr. Hamata gave a brief presentation on Oshakati Intermediate Hospital and about Namibia/ Angola Cross- Border activities.

a) Oshakati Hospital

Dr. Hamata pointed out the following as key issues with regard to Oshakati hospital.

- Oshakati Intermediate hospital caters for 10 hospitals as well as Opuwo district hospital in Kunene region.
- Only 6 of the specialists' posts are filled. Although the hospital employs some volunteers' specialists they are not practising as such due to the fact that their qualifications are not recognised by the local Health Professional Council.
- The Hospital has 8000 patients on Anti- retroviral treatment; whilst the Oshana region's HIV prevalence rate stands at 22%.
- Although 90% of pregnant women who attend Anti-natal care clinic agree for HIV testing, the region is experiencing a challenge of men who do not want to use the voluntary counselling and testing services as well as to accompany their partners to ANC.
- With regards to TB, the hospital experiences an increase in TB/ HIV co-infected patients which stands at 68%.

- TB patients' defaulters are followed up and this is made possible because the hospital acquired 2 vehicles for this purpose.
- A concern is however, that TB/ ART patients might be cut off from visiting the hospitals for follow up due to the flood situation.
- Oshana region therefore requested for 4 helicopters for outreach services so as to distribute pharmaceuticals to clinics and health centres. Alternatively the hospital is also looking at other options such as to provide ART for two months to patients if it can be allowed.
- Malaria: The region reported 126 cases and two facilities.
- Maternal health: The region is challenged by high maternal mortality, of which 50% are due to HIV/AIDS related.
- Child health: Immunisation coverage is 78% and this year's EPI will include Hepatitis B, and Influenza.

b) Cross- Border activities between Namibia and Angola.

Dr. Hamata as a chairperson for the Namibia/ Angola Regional Cross- Border Committee gave a brief presentation on the committee's activities under the following:

i) Background

The Committee was established due to the fact that the two countries share a common border which is partly artificial; the cross border travelling of people from both countries and communicable diseases in both countries are common.

Achievements

- Know each other.
- Synchronized Sub Immunization Activities (SIA) and National Immunization Days (NID's) x 2.
- Meetings are better managed.
- Exchanged information on diseases of interest.
- Assisted each other on mobilization of NIDs.

Challenges

- Language
- Funding/ WHO
- Adherence to agreement between the two countries.
- Time to prepare for meetings.
- Arranging meetings near the borders.
- Staff movements

Way forward

- Strengthen achievements.
- Plan together and implement together.
- Learn basic Portuguese and English.

5. Kavango Region

The delegation travelled to Kavango Region with a stopover in Tsumeb. The Regional Director for Oshikoto Region, Ms M.Kavezembi informed the delegation of the health status in her Region. Thereafter the team proceeded to the Kavango Region and was met by the Regional Director Ms E. Muremi and her Regional Management Team at Rundu Intermediate Hospital on Saturday morning 27th February 2009.

The regional health profile was presented by Dr Yuri Yangazov and the following were highlighted:

a) Hospital

- The hospital covers 5 districts and provides specialized medical services in the region such as in internal medicine, pediatrics, surgery, obstetrics and Gynae, anesthesia, ophthalmology and dental services.
- Deliveries per year are more than 4000 with around 300 caesarean sections.
- More than 2,800 patients receive ART at the hospital.
- The hospital has 10 patients with MDR TB.
- The top 5 diseases morbidity are:
 - Diarrhea diseases
 - Respiratory Tract infections
 - TB, HIV related diseases
 - Trauma
- The region had a significant reduction in malaria due to increase coverage of spraying for the past two years.

b) Staffing:

- The hospital has around 400 staff establishment component.
- There is a shortage of medical doctors, from 25 posts. Only 8 are filled including 2 Specialists and 3 Principal Medical Officers.
- From 176 nursing posts, there are 16 registered nurses posts vacant. All enrolled nurses posts are filled.

c) Statements by the delegation:

- Dr Van Dunem, Hon. Minister of Health of Angola delivered a short statement, by registering his appreciation that Rundu has become a place where Angolan citizens come to look for various opportunities.

- He urged the need for the two regions in both countries to cooperate and at the same time introduced the medical Director for Kwando Kubango Province to the Kavango Regional Management Team (RMT).
- He however, registered his concern about the Angolan citizens who are required to pay N\$ 100. as user fees at the hospital while the Namibians are only paying N\$ 12, 00.

d) Dr Sambo

- The Regional Director for African Region informed the RMT that he was pleased to note that the Namibian Health System is functioning and that the Governments of both two countries, Namibia and Angola are committed towards the health of their citizens.
- In achieving the MDG's, Namibia is making progress in some areas while efforts need to be made in other areas.
- He urged the health teams from both countries to be pro-active and to strengthen the Northern areas of Namibia and Southern part of Angola.
- The health teams should implement the policy initiatives that are adopted by the two countries.
- He concluded by urging for the involvement of communities to participate in all health aspects in order to have better health outcomes.

6. Concluding notes/Discussions between Hon. Minister of Health in Namibia and Angola and the Regional Director.

- Both Hon. Ministers of Health of the two countries expressed their sincere appreciation to the Regional Director for his visit from which the two countries have benefited and are grateful for Technical advice given by the RD and the two Directors for HIV/AIDS and Maternal Health Programmes.
- All recommendations and advices given during the visit will be conveyed to the Ministries management.
- Both Governments have the political will to support their health sectors.
- Both two countries are faced with the same challenge of human resource capacity and a humble request was thus made to the Regional Director for WHO to support the two countries in terms of long-term Technical expertise in the area of TB, Malaria, Maternal Health and Cross Border Initiatives.

- The two countries are in need for Entomologists and Malariologists at this point of time when the two countries are heading for malaria elimination.
- When it comes to the Cross Border Initiatives between the two countries, the process needs to be modernised, hence a need for someone with technical expertise in this area.
- The Regional Director assured the Hon. Ministers that the key notes on his visit will be sent to the two countries immediately when he arrives back in the office. With regard to the countries request for expertise, the Regional Director' response was that:
 - a) Generally countries do not have experts in TB, even in WHO itself, he however advised the two countries to utilize TB short courses being organized by WHO to train and retrain doctors in TB Management Strategies and treatment and to retain the trained doctors in TB programmes.
 - b) With regard to Malaria, WHO offers courses in Entomology and it are up to the countries to nominate candidates to be trained in this field. Countries do not need to have highly qualified professionals to be trained but even Environmental Health Assistants or any other vector borne control programme officials can be trained. A good example can be learned from Eritrea in this regard.
 - c) Maternal and Child Health, again this is an issue of quality care and the two countries have been advised to invest in their human resources by continuing retraining health workers in these areas to upgrade their skills.

The key issue is therefore for the two countries to come up with Master Plans for retraining their health workers in key health problem areas eg. – Maternal health, Child health, TB and Malaria to improve case management.

- d) Cross border initiatives: WHO will consider creating focal points in Regional Directorates that are close to the borders to support regions in both countries. One of the focal points is already created in Oshakati for this purpose.
It will however be expected for Governors in those regions to avail accommodation facilities for these focal point because WHO would not have sufficient resources.

7. Visit to the Angolan Consulate and the Province of Calias, Angola

The delegation visited the Angolan Consulate in Rundu and crossed over into Angola by boat. The delegation visited a clinic and a ward in Calias Province where Malaria infected patients were treated. The community was addressed by the Hon. Ministers of Health of Angola, Dr. Jose. Van

Dune, Hon. Minister of Health and Social Services of Namibia, Dr. Richard Nchabi Kamwi and the WHO Regional Director for the Africa Region, Dr. Luis Gomes Sambo

Hon. Minister of Health and Social Services of Namibia, Dr. Richard Nchabi Kamwi informed the community that Calias is one of the very remote clinics in that province and is totally depending on the health services in Namibia, especially Rundu Hospital. The Hon Minister encouraged the health workers to refer critical ill patients without delay to Rundu Hospital. This move was widely appreciated by the community and health workers alike.

The Regional Director for Africa and his team were later seen off at the Rundu Airport and the Angolan and Namibian teams' departed to their respective places of origin.

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