

Chairperson, Mr. Kahijoro Kahuure  
Hon. Deputy Minister, Comrade Petrina Haingura  
The Deputy Permanent Secretary, Dr. Norbert Forster  
The Under Secretary, Mr. Peter Ndaitwa  
The WHO Representative, Dr. Magda Roballo  
The Outgoing UNICEF Representative, Ms. Khin Sandi-Lwin  
UNHCR Representative – Ms. Joyce Mends-Cole  
UNFPA Representative – Ms. Nuzhat Ehsan  
Representatives of the Roman Catholic, Lutheran and Anglican  
Mission hospitals  
NAPWU Secretary General, Comrade P. Nevonga  
Directors and Deputy Directors  
Senior Officials  
Representatives of the Media  
Ladies and Gentlemen

I welcome you into 2008, wishing each and every one of you a prosperous year. I thank God Almighty, that we have all returned safely from the holiday season, and now, trusting that you have rested and enjoyed time with your loved ones, I hope that you are ready to resume our very important work. I urge you on with the SWAPO Party governing slogan, “Now: Hard Work!”

Colleagues and partners, please lend me your ears.

In opening 2008 it is important to reflect on the past year – tallying up our challenges and achievements – in order to chart a well-informed, relevant and progressive plan of action for this year. Indeed, there is much to learn and much to be done. 2007 was one of the most challenging years since Independence, with a very busy close as we can all remember. I commend you all for your hard work,

commitment and initiative shown last year, and am looking forward to the same resolve and praiseworthy dedication for this year.

Of the many exertions that kept us busy toward the end of the year, I call your attention to one in particular, because it will form the basis of our plans, work, and will be a measure of our success over the next 5 years. I am referring to the Third National Development Plan, better known as NDP3, which was finalised at the end of 2007, and ready for sustained implementation between 2007 and 2012. Together, the SWAPO Party 2004 Election Manifesto, the National Development Plans and Vision2030 are the 3 pillars upon which the socio-economic development of our country is built.

Therefore, because the National Development Plan provides the framework and detailed courses of action that must be assumed by all sectors towards achieving Namibia's Vision 2030 this enlarged Management Meeting is an opportune time to address the content of this document.

In working toward the noble and yet still attainable goals contained in Vision 2030, we must be focussed and motivate ourselves. You will recall the Christmas Message of His Excellency President Hifikepunye Pohamba where he encouraged all Namibians to use the holiday season as a reflective and recuperative period during which we prepare ourselves to resume work in a manner that will improve our respective work environments and enable us to become more effective and efficient. Furthermore, in His Excellency the President's New Year's Message he further directed the entire public service to serve the public to the best of our abilities.

Dear Colleagues

I call on the entire Ministry to embrace the theme for this year, which is "Service Delivery" focussing on efficiency and timeliness. I urge

you to let this theme translate into our every exertion during this year and into the coming year. In order to do this, we must ask ourselves, exactly where do we want to be by the end of 2008/2009?

Colleagues, we must understand and embrace the vision towards which we in the Ministry of Health and Social Services are all striving. This vision as stipulated in Namibia's Vision 2030 is to *"make Namibia a health Nation on which all preventable infectious and parasitic diseases are controlled and in which people enjoy a high standard of living with access to quality health and other vital services"*. The key guiding principles in achieving our vision are the following: equity, accessibility, availability, affordability, community involvement, sustainability, inter-sectoral collaboration and quality of care.

Last year when we met to open the year, I outlined some of the critical challenges that we faced as a Ministry. *Amongst them was timely and effective execution of duties at all levels, addressing personnel matters, staff vacancies, communication and information systems and sharing, expansion and improvement of health services; and what remains our number one priority, namely mitigating the impact of the HIV/AIDS pandemic and preventing its spread.*

In addition, Tuberculosis remains one of the major problems in Namibia; with a prevalence rate of 635/100,000 Namibia is second only to Swaziland in the world. I am pleased to note that in January of this year we announced the start of a public communication programme based on the WHO Communication-for-Behavioural-Change (COMBI) programme. This programme is supported by the Global Fund and is directed at controlling TB in Namibia. TB co-infection with HIV/AIDS renders TB a disease with a burden of concerning proportions. As a result, I have taken the decision, based on best practice by other countries, to consider declaring TB as a health emergency in Namibia.

In terms of Malaria, the indicators of 2007 reflects the lowest number of cases in the past 3 years as a result of the introduction of artemisinin-based combination therapy (ACT) and improved vector control interventions.

While this is promising, the major challenge remains the shortage of adequately trained human resources to effectively implement, monitor and evaluate programme activities.

Furthermore, heavy rains have come in both the Caprivi, Kavango, Ohangwena, Oshana, Omusati and Oshikoto Regions which suggests more mosquito vector activities, and a possible rise in malaria vulnerability. Directors for these regions must see to it that contingency measures are put in place to respond promptly.

Dear Colleagues,

During the course of last year we made tremendous progress in addressing most of these challenges. I am pleased that the Ministry is almost fully staffed at management cadre level, with a dedicated, willing and capable new team. I believe that with this strong management structure in place we are well positioned to move forward the agenda of this Ministry as will be outlined in our Strategic Plan.

At this point allow me, dear colleagues, to emphasise the critical importance of the Ministry's Strategic Plan in measuring the quality and pace of our exertions at all levels towards achieving our goals.

Now that we have filled most of the critical positions that were vacant at this time last year, we give it to our people to ensure that we implement the programmes and strategic goals as committed to under the Health sector of NDP3 and further delineated in our Strategic Plan. We can only succeed as a team if we are united and

embrace our common vision. Action is what is required now, since together we have already agreed on the vision and have outlined the necessary programmes to achieve that vision.

Let me state clearly and without reservation that it is therefore our collective responsibility to ensure that this Ministry's Strategic Plan is duly handed into the Office of the Prime Minister by the March deadline. There is no reason to fail the deadline. Note that as a technical Ministry I secured the service of a WHO-short term consultant to join the team from the office of the Prime Minister. We remain grateful to the WHO Regional Director for assistance. And furthermore, we must begin with its implementation immediately thereafter; there is no room for vacillating – as custodians of health for the Namibian nation, literally people's lives are in our hands, and deserve our effective and timely effort and exertion.

As I mentioned earlier, the theme for our Ministry this year is "Service Delivery" focussing on timeliness and efficiency. This Ministry is one of the largest Ministries of government, with an equally large mandate; therefore the value of effective communication and information sharing cannot be understated. Without timely, efficient and continuous communication between ourselves, this Ministry cannot and will not function well. There is an analogy that compares the need for effective communication and information sharing among management to the oxygen needed by the human body for survival. Indeed, these two processes are so vital to the proper service delivery.

Naturally, the Ministry Head Quarters will have to ensure that communication remains open and information flows freely not only at Head Quarters level but also in all regions, on regular basis and in a systematic manner. Among the systematic measures we must institute is that Regional Directors will have to file *quarterly progress reports to Head Quarters*; this will enable Head Quarters to be able to

support the regions, while also enabling the regions to chart their progress.

Colleagues, we all know that this Ministry faces enormous challenges requiring urgent efforts by all of us. At the same time resources are scarce and there are competing priorities. We cannot afford to push and pull in different directions.

Instead therefore, we must learn to use the limited resources at our disposal together and to focus them to garner the greatest effect. This is a major lesson of efficiency, in that it teaches us how to do more with less.

In his opening address of Cabinet this year, His Excellency President Pohamba directed us all to let hard work be the cornerstone of all our activities, urging us to improve our effectiveness, productivity and efficiency. He further encouraged us to be realistic and pragmatic such that we learn from past setbacks, listening to the concerns of our citizens, in a way that motivates us to take corrective steps and move forward.

Colleagues, meeting here this week, you will be addressing many issues, among them is **accountability**, also dealt with through Performance Management Systems to be introduced with our Strategic Plan. Indeed, we are accountable to the government as a whole and to the people of Namibia. We are fortunate that the SWAPO Party government is taking an active participatory role in supporting the work of this Ministry, as we strive for 'Health for All'. In this regard, there are specific resolutions adopted by SWAPO Party Youth League and SWAPO Party Elder's Council relating to youth unemployment, accessible and affordable health services for senior citizens and for orphans and vulnerable children, attitudes of professionalism of health care workers and shortages of health professionals. As a Ministry, we are accountable for addressing the

needs raised by both bodies, and my address this morning is aimed, amongst other things, at delineating the Ministry's courses of action on these serious issues.

I hope all of us are united in our resolve to serve the people of Namibia to the outmost of our abilities. Let us make 2008 a year of excellent, efficient and timely service delivery.

At this point I would like to outline the challenges that are staring us in the face, and propose to you, the Management Team, certain measures that must be adopted to address them. Let our goals and work be such that by the end of 2008 we will honestly be able to observe that we have made progress in alleviating these challenges, and indeed reduced them to manageable proportions.

#### **1. Shortages of Health Professionals.**

All of us are aware of this challenge and how it is a major barrier to effective service delivery and therefore access to vital services, especially in rural and remote areas. Indeed, on the global front there is an emerging consensus from WHO that without urgent improvement in performance toward health sector goals, the world will fail to meet the Millennium Development Goals (MDGs) for health, and will fail in its goal to achieve universal access to HIV services by 2010. Namibia cannot afford to fail!

The question is what should we do about it?

Let me start by confirming that we must, naturally, should continue to train and retrain health professionals as part of a long-term and sustainable solution, and as delineated in our current 5 year plan. However in the interim or short-term, we need to look at more innovative approaches to curb the possibly devastating effects of the shortage of health professionals. Therefore "Task Shifting" is being

considered as a provisional measure that is being implemented as a pragmatic response to health workforce shortages in a number of countries. This approach involves among others the introduction of a new and supportive category of worker to lessen the workload on nursing professionals. The countries that have successfully implemented this approach are saying that, in particular, good quality HIV services can be provided through the task shifting approach.

Considering our heavy HIV burden, in particular, Namibia cannot be left out of this positive move. Thus, this year, I am entrusting you, the Management Team, and in particular, the Directorate charged with human resources development to consider adopting this approach.

Government introduced the National Youth Service under the Ministry of Youth, National Service, Sport and Culture. We have been consulting with that line Ministry on ways and means to urgently address the worrisome issue of youth unemployment. Indeed, the Ministry of Health and Social Services can provide some redress. *I urge you as Management to consider as a matter of urgency, recruiting a specified number of youth from the National Youth Service to fill in the gaps of health professionals, coming on board as nursing support workers.* Given the high discipline demonstrated from these fellows, for those with a demonstrated interest and capacity, consideration must further be made to that they be enrolled as pupil nurses to be trained as Enrolled Nurses.

This would not only address the challenges of health workforce shortages, but also, owing to the discipline, patriotism and care inculcated in the National Youth Service programme, this would also address complaints we are receiving related to nursing attitudes.

## **2. Delivery of quality Health Care Services is a serious concern**

As a result of the shortages in the health workforce I just referred to, the delivery of quality health care is compromised. In order to address this issue, and within the “Task Shifting” approach, I urge that consideration be given to introducing a Nursing support worker who will directly assist with nursing care under direct or indirect supervision of Registered Nurses in wards.

This new cadre of health worker will perform tasks that are usually performed by nurses, in order to reduce the workload from nurses and allow them time to concentrate on providing direct nursing care.

This person/cadre will assist with ward duties such as: handling linen and bed making, damp dusting, monitoring ward stock and inventory taking, collecting x-rays and results, collecting the medicine blue box to and from the pharmacy, taking specimens to and from the laboratory, answering the telephone and collecting patient files, and transporting/accompanying stable patients.

In terms of regulations, this category of worker should most necessarily receive proper training and be registered by the relevant regulatory body to thereby have a legally defined scope of practice and/or mandatory education or standards of practice.

## **3. Closing of Clinics when Nurses go on leave**

There are a number of clinics manned by one nurse only. What is happening repeatedly is that when this nurse is away on leave or away due to another urgent matter such as death in the family, clinics are closed thereby denying the public access to vital services to which they are entitled. This situation is not acceptable and must be addressed henceforth by the District or Regional Primary Health Care Coordinators with the utmost urgency.

In this regard, special thanks must go to UNHCR, who have responded to this urgent situation and generously provided the services of 7 nurses to staff state facilities where we are experiencing shortages. Many thanks.

#### **4. User fees for Senior Citizens, Orphans and Vulnerable Children**

In consultation with the Ministerial Steering Committee, I decided to abolish the user fees for senior citizens and for orphans and vulnerable children. This fee often stands in the way of these dependent individuals receiving necessary health care services. Indeed, as government we are responsible for them and as such should ensure that barriers to their wellbeing are removed. I understand that the amended legislation to enact the abolishment of user fees is underway and should be finalised soonest.

#### **5. Rolling out of ARTs to Health Centres and Clinics**

In order to bring services closer to the people, we need to aggressively roll out the ARTs to all clinics and health centres this year.

The time has come for those entrusted with related services delivery to see to it that the personnel in the clinics and health centres are appropriately trained and retrained to be able to administer ARTs as will be required under the complete roll out.

I therefore call upon the Directorate for Special Programmes and Human Resources Development in collaboration with the relevant professional associations such as the HIV and AIDS clinicians to come up with appropriate modalities to bring this into immediate

and sustainable effect. Once again, here, the Task Shifting approach could be considered.

## **6. Nutrition**

Mindful of the need for proper nutrition, in particular, for those on ARTs, it is vital that when people come for their medication, they are properly advised about the need for eating a balanced diet, food of nutritional value before taking medication. However, let us hold firm to the fact that the provision of food of nutritional value to outpatient is not the responsibility of the Ministry of Health and Social Services.

## **7. Shortage of Outreach vehicles, ambulances and patients transfer**

The Primary Health Care approach informs policy on quality health care service delivery. This approach calls for, amongst other criteria, efficient transport to be in place. However, shortages of outreach vehicles and ambulances in some districts have compromised this necessary objective.

The need is urgent; therefore I am pleased to announce that within the current financial year, we received a total of a little over N\$15 million for transport which we have put to good use.

Out of our allocation, we were able to purchase Light Delivery Bakkies, VW Golf Sedans, Nissan Tiida Sedans, Toyota Hiace 16 seater buses, Nissan Hardbody Sedans, and Toyota Dyna trucks for patient transfer and administrative support services. Furthermore, and very importantly, I am pleased to announce that we were also able to purchase 10 4x4 Toyota Hilux double cabs for outreach services, and 15 Toyota Quantum Panelvan Ambulances. Notwithstanding, I remain concerned at the slow pace at which these vehicles are being delivered. I therefore urge the Under Secretary

responsible to make a follow up. I am aware that not all Hospitals will have their own vehicles due to limited resources.

Moreover, clearly a deficiency still remains for outreach vehicles and ambulances. We must continue pressing forward in our own efforts within the Ministry. On the part of government, I am hopeful following an assurance from the Honourable Minister of Finance of assistance toward filling these critical needs.

I am equally grateful to note that following consultations with stakeholders over the past year, we now confirm receipt of a total of 14 vehicles donated for outreach and ambulance services in particular. This is an achievement we need to applaud!

Sincerest thanks to the Government of the People's Republic of China, GTZ, Health Unlimited, UNFPA, Africa Group Services, UNICEF, UNHCR, NamPower, and to Namdeb Diamond Corporation. This is most encouraging as these outreach and ambulances address a direct and pressing need in our mandate as custodians of health.

## **8. Patients Transfer**

There still remains a challenge in some districts in so far as patient transfer. In some cases patients are transported a distance of 500km to the nearest point to get buses to Windhoek for further treatment. For example, I witnessed with my own eyes how patients are transported from Katima Mulilo to Rundu, crammed in an "ambulance". I urge you responsible for transport allocation to look at a better mode of transport, both in terms of medical needs as well as to preserve the dignity of our patients.

## **9. Lack of adequate Sanitation facilities in most Rural Areas.**

Many of you are aware that most of our people in the rural areas have no access to proper sanitation facilities. The consequence arising there from is the outbreak of waterborne diseases such as cholera, and especially during the rainy season. Although the Ministry of Health and Social Services is not the lead Ministry in so far as ensuring that proper sanitation facilities are constructed, we however have technical/facilitative role to play in terms of mass education on the importance of public and environmental health and to see to it that communities are aware of the need to use these facilities once they are made available. Where are our Environmental health Officers? I call upon the Directorate for Primary Health Care and Regional Directors in collaboration with the relevant Ministries to intensify the programmes of sanitation education and information sharing in schools and villages.

## **10. Incinerators**

The situation of incinerators, frankly speaking, is unacceptable. That hospitals should be operating without properly functioning incinerators is a matter of deep concern and urgency. There is no room for excuses or delays. It deserves our immediate attention.

I call on you as Management to immediately find ways and means to address this issue.

## **11. Cross Border Activities**

Colleagues, it is unfortunate to confirm that last year we experienced an outbreak of cholera for the first time in the history of this country. Similarly, diseases like poliomyelitis and meningitis were reported in the northern regions and across the border. Therefore surveillance and cross border activities should be strengthened in line with the

International Health Regulations to tackle such outbreaks and disease occurrences.

## **12. Medical Equipment**

When I addressed you last year in February there was a general shortage or existence of old medical equipment in most of our health facilities. I am pleased to note that we have since received new medical equipment through the Namibia – Finish project. It is now the responsibility of the Regional Directors together with their Chief Medical Officers to ensure that this equipment is put to good use, and that all the equipment is well looked after and maintained.

Similarly I have been reliably informed that containers of medical equipment from the Medshare International in the USA are on the Atlantic Ocean in ship and due to arrive at the port of Walvis Bay by 22 February 2008. I wish to commend the Directorate of Tertiary Health Care and Clinical Support Services; keep up the good work.

## **13. Insufficient infrastructure for certain professional health services**

You are all aware of the serious challenges we are faced with in so far as this area is concerned. I need not repeat myself on this point. We commenced with a 5 year programme which we must see through as part of the NDP3. His Excellency the President has also directed Ministers to take charge of the implementation and expenditure on capital projects and report progress to him on a regular basis. I will obviously not be able to accomplish this on my own without your support. I therefore reiterate my Directive to the Regional Directors to report progress on a quarterly basis through the office of the Permanent Secretary. I further direct the Permanent Secretary to see to it that those who fail to implement their projects on time and on budget are held accountable. I note with concern that some Regional

Directors do not send back to Head Quarters comments on feasibility studies timeously.

#### **14. Accommodation for Nurses and Doctors**

We receive medical interns on an annual basis who need accommodation. As you are aware the internship programme will, as of this year, extend to two years which make it very challenging to provide them with accommodation at the required standards. The current doctor flats which are meant for temporal use are now used as permanent accommodation.

I would like to believe that this situation occurred during the time when there was no Director responsible for Tertiary Health Care and Clinical Support Services. We now have one. I urge you as the management team to support each other and see to it that this anomaly is reversed with immediate effect.

Similarly, across the country there is a provision for Nurses homes, which in most cases are not used for their designed purposes. You will find most of them occupied by all sorts of health workers including drivers, family members, and friends and in some cases people who are not even working for the Ministry. Accordingly, as I have directed earlier, the Regional Directors should ensure that this state of affairs is reversed henceforth.

In recent years we have recruited expatriate nurses and doctors who are on a two year contract and thus entitled to Government accommodation, but who are not accommodated accordingly. I therefore direct you as the management team to see to it that all Namibians health workers who are entitled to housing allowance are moved out of Government houses/flats to make room for those entitled to these residences.

## **15. Forewarning: Electricity Saving**

I would like to issue a forewarning as regards electricity supplies. By now we are all aware of the load shedding and subsequent electricity cuts being experienced in our neighbouring country of South Africa. Colleagues, I urge us all to take pre-emptive measures now by conserving energy. We know the energy saving measures: switching off lights, putting equipment that is not being used on standby, and using energy efficient light bulbs and so on.

## **16. Gardening and Littering**

Ladies and Gentlemen, our facilities should be examples of health and sanitation; indeed, they are centres for health education you expect the general public to learn about conducive environments. I wish to congratulate you on the progress made at Headquarters, Windhoek Central Hospital, and Katutura Hospital in terms of green surroundings, as well as spic and span foyers, lobbies and the like.

However, it is sad to see what is going on between the Headquarters building and the doctors' homes in terms of litter! Where is the Management responsible? Colleagues, in a tenant landlord relationship there are responsibilities on both ends. As landlords it is our responsibility to ensure that the facilities are kept up to standard at all times.

## **17. Training and Retraining of Health Professionals.**

Mindful of the fact that we are faced with shortages of critical health professionals, and given that we are increasingly relying on expatriates to meet this deficit we need to intensify our training endeavours. I therefore urge the Directorate for Policy, Planning and Human Resources Development with the support of the management team, in particular the Regional Directors, to continue with an

aggressive training programme in line with NDP3. In this regard, I am pleased to confirm that of the 5 Training Centres around the country 288 students are enrolled in Nurse/Midwife, Radiographic and Pharmacy Assistant courses with the Ministry of Health and Social Services for 2008.

We now have new Directors, Chief Medical Officers, Nurse Managers etc. in place who may not have all gone through **an orientation programme**. I call upon the Directorate responsible to see to it that mechanisms are put in place to ensure that there is a **standard orientation programme for all newly recruited staff and that a training and retraining Needs Analysis** be carried out to provide appropriate developmental opportunities for all. It is only when people are properly skilled and empowered that we can expect high productivity and efficient service delivery.

Having said, this, it is equally important that once we attract people to join the Ministry we retain them, especially those in critical areas where we are experiencing high turnover, such as in the nursing profession. There are several types of retention mechanisms applied in different institutions. In the case of the Ministry, I would like to ask you as the management team to pay particularly close attention to this area. We could for example consider re-introducing **distinguished devices amongst the nurses e.g. theatre, psychiatric, paediatric, midwifery**. *A consideration should also be given to provide additional incentives to specialized fields of study as well as those nurses working in remote and challenging environments.*

These are merely suggestions. I am aware that there could be other forms of incentives not all necessarily couched in financial terms. I therefore challenge you as management to give further consideration as to how best we could attract and retain our health professionals, and to come back to me with concrete proposals. As management you need to be more proactive and come up with innovative

suggestions as to how best we can manage the affairs of this Ministry and not to wait until we are challenged by Trade Unions.

### **18. Restructuring and Streamlining Katutura and Central Hospital structures**

It is my sincere belief that the current set up of Katutura and Central Hospitals inherited from pre colonial days does not equitably serve the needs of the people and needs to be reviewed urgently. I am aware that the Permanent Secretary and his Deputy are seized with this important and overdue task. However, they will need all our support if they are to be successful.

Similarly, some Directorate structures also need to be reviewed and or streamlined in order to come up with simple and effective structures that are best to respond to the needs of the people we serve. Colleagues, there is need for change. Time is NOW!

### **19. MOU between MoHSS and the Mission Hospitals**

Late last year we held a meeting with the Lutheran Mission Health Services to review the existing Memorandum of Understanding (MOU) between the Lutheran Health Services and the Ministry. In response, the Permanent Secretary has put in place a committee to amend the existing MOU and the final draft is awaited. Moreover, considering the relationship between the Ministry and other Mission Hospitals, there is a need to expand the mandate of this committee to also look at all existing MOUs with the other Mission Hospitals including Catholic Health Services.

### **20. Stakeholders Consultation and Pledging Meeting**

You will recall that on the 19<sup>th</sup> November 2007; we held a successful consultative meeting with our key stakeholders. At that meeting we

received overwhelming support and pledges were made, going into millions of N\$ in support of the Ministry's efforts to upgrade and renovate its health infrastructures.

What remains is for you as the Management team to make follow-up calls to these stakeholders to realize the commitments made. It is also equally important to keep our stakeholders informed on progress we will be making and inform them of our wish to see such consultations on an annual basis. Again, I look to you to ensure that such consultations are planned well ahead of time and included in your annual activities plan.

## **21. Poor Communication remains a serious concern**

It would appear that all my efforts to encourage good flow of communication amongst us as a team are not yet bearing the desired results. As the risk of beating a dead horse, I wish to repeat what I often say that *“Communication and Information sharing is the oxygen for good and effective management “*.

How can you expect harmonious working relations if the left hand does not know what the right hand is doing? Lack of communication and information brings misunderstandings and at times creates suspicions. It also stifles progress and leads to duplication of efforts. Moreover, I can quote several instances without mentioning names where information was either deliberately withheld from crucial people within the Ministry or instructions were simply ignored.

Colleagues, I cannot stress enough the importance of communication and information sharing. It cuts across everything we do. I urge you therefore this year to make concerted efforts to share information and communicate with each other and to brief us in a timely manner. Your lack of communication results in delays and inaction which consequently makes us all fail in achieving our collective targets.

We must recognize that we are looked at as a team, in which your failure or success is the failure or success of the Ministry. And furthermore, if I, as a Minister who depends on you, fails, you too fail and once again the Ministry fails. Look for instance at the example I cited from Addis Ababa. In the end, those long overdue and so necessary recommendations and guidelines were not approved because some of us objected to the fact that we were not properly briefed.

## **22. Capital Projects**

Colleagues, the work to upgrade and construct the health care infrastructure is central to the mandate of this Ministry. I was recently briefed on the progress of our Capital Projects; in many cases we are moving forward and this is good. In others, we are experiencing delays. I urge all Regional Directorates to act, comment, and forward reports on feasibility studies to the Directorate: Policy Planning and Human Resource Development promptly.

## **23. Punctual payment of services rendered.**

The punctual payment for services of water and electricity, water, fuel and maintenance remains a concern. Indeed, His Excellency the President addressed Cabinet recently in the strongest terms to not delay in our payments for these vital services; we are to be held accountable for untimely payment. Non-payment is tarnishing the name of Government and of individual Ministries such as ours.

## **24. Maternal and Infant Mortality, Launching of State of the World's Children 2008 Report, and Namibian Supplement**

The final point is one which is close to our hearts as it concerns the very lives of our cherished mothers and precious children. We

launched the State of the World's Children Report 2008 and the Namibian Supplement last week. This Report and Supplement was prepared in collaboration between our Ministry and UNICEF. The revelations contained therein on both infant and maternal mortality are worrisome!

While noteworthy progress has been made in preventing mother to child transmission of HIV/AIDS, prevention of malaria and improved nutrition, there has been less progress in terms of increasing effective treatments for childhood illnesses. In addition, there has been less progress in providing essential services to mothers during and after pregnancy and delivery. I urge you to address this sorry state of affairs with urgency.

## **25. Launching of Revised Costing Report of Namibia's Third Medium Term Plan (MTP3)**

I would like to conclude my remarks this morning on a promising note, by launching the Revised Costing Report of Namibia's Third Medium Term Plan (MTP3). This Report is an example of the necessary active involvement and conscientious work that must characterise our endeavours this year.

As you are aware, our intervention response to the HIV/AIDS epidemic is guided by National Strategic Plans. Namibia's Third Medium Term Plan (MTP3) National Strategic Plan on HIV/AIDS 2004-2009 has fulfilled many of its targets in the four years of its implementation. Therefore, the costing done at the onset of the MTP3 was outdated and a need arose for a revised resource estimation exercise. As a result, the Ministry decided to conduct another resource needs estimation, which included 19 health and multi-sectoral programme areas. The main objective of the resource needs estimation was to develop a detailed costing of the National HIV/AIDS response based on the estimated population in need of

services, the defined targets for Namibia, and the unit costs of delivering the services. Three scenarios were incorporated to assist decision makers in policy making and strategic planning.

What we learned looking at the roll-out of HIV/AIDS programmes and the considerable amount of resources invested, is that this costing is paramount to strengthening planning, accountability, and resource mobilization. From the exercise it is clear that an increase in commitment of resources and resource re-allocation by the Government and substantial external support from our development partners is necessary to ensure a sustainable national HIV/AIDS response.

For reasons of sustainability, we will also have to look into increasing program efficiency and effectiveness through creating economics of scale, tackling health systems constraints and strengthening implementation capacity. Currently we are reaching limitations for scaling up health services as a result of human resource constraints and we need to invest in that now.

Indeed, the information gathered presented in the Technical Report is essential for the work of this Ministry, in collaboration with our partners, to fulfilling our mandate to fight the HIV/AIDS epidemic and its effects.

**It is therefore my distinguished honour today to declare the Revised Costing of Namibia's Third HIV/AIDS Medium Term Plan (MTP3) officially launched.**

Chairperson, colleagues, distinguished ladies and gentlemen,

Let me conclude on this note for it should provide us with the sincere motivation necessary to achieve our collective goals through hard

work, unity and a common vision. Keep in mind our theme for this year and the principles needed to see it through.

“Service Delivery” focussing on timeliness and efficiency. As Management I encourage you to manifest responsible and inspiring leadership; lead by example, foster trust with those who you supervise by delegating, and maintain order with systems of discipline and reward.

I thank you for your kind attention, and urge you to deliberate sincerely on these pressing issues over the next few days.

Thank you.