



**Republic of Namibia**

**KEYNOTE ADDRESS**

**BY**

**DR. RICHARD NCHABI KAMWI, MP  
MINISTER OF HEALTH AND SOCIAL SERVICES**

**DURING THE**

**STAKEHOLDER CONSULTATION MEETING  
ON THE ESTABLISHMENT OF  
A MEDICAL SCHOOL FOR THE  
UNIVERSITY OF NAMIBIA**

**WINDHOEK  
11 MARCH 2008**

- Director of Ceremonies, Mr. Edwin Tjiramba
- Hon Minister of Education Mr Nangolo Mbumba
- Director General of the National Planning Commission, Mr. Helmut Angula
- Members of the Diplomatic Corps
- Representatives of our Development Partners in Namibia
- Chairperson of the University of Namibia Council, Prof Filemon Amaambo
- Distinguished Acting Vice Chancellor of the University of Namibia, Prof Osmund Mwandemele
- Mr. Zach Kazapua, Pro-Vice Chancellor for Administration and Finance
- Professors Olli Vainio and Peter Nyarango
- Members of the University Management and Academia
- Representatives of the medical fraternity and medical boards
- Media Practitioners
- Ladies and Gentlemen

**T**his morning marks yet another milestone for the ongoing collaboration between the Ministry of Health and Social Services and the University of Namibia. I am particularly elated to welcome you all to this much needed consultation on a topic vital to the development of Namibia and to say a few words that might provide some direction to our deliberations this morning.

**B**efore I venture into my remarks, I wish to register my profound gratitude to the University of Namibia for remaining cognisant of the important role that all stakeholders can play in the process of establishing a national school of medicine in Namibia. The Ministry of Health and Social Services is one such important stakeholder and our presence here this morning confirms our commitment to a process that we have engaged in for a number of years now.

**I** also want to emphasise the importance and relevance of our getting together here today in view of very pivotal global developments related to the health workforce. In this regard, I want to state that the Ministry is actively engaged in the process embarked upon by the Global Health Workforce Alliance, which held a milestone conference only last week in Kampala, Uganda. Namibia, together with the group of African and SADC countries at the World Health Assembly, has worked hard to bring the issue of human resources for health on to the global agenda. The Ministry has actively supported the establishment of the Global Health Workforce Alliance and we are happy with the outcome of last week's conference and the Kampala Declaration issued by it on Saturday. The Ministry fully appreciates, and I quote, "the need for a massive scale up of community and mid-level health workers, while also addressing the need for more highly trained and specialised staff."

**We** support the Conference’s appeal to governments to devise rigorous accreditation systems for health worker education and training and to “assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce” as well as to “put appropriate mechanisms in place to shape the health workforce market in favour of retention”.

**Distinguished Ladies and Gentlemen,**

**You** are all aware of the nature of the health care system which Namibia inherited at independence. While I will not go into an elaborate account of the old system, its key characteristics of racial segregation, fragmented health services delivery, a curative orientation and marked urban bias in terms of quality of services and delivery, have a huge bearing on the efforts of the current government in redressing this past. While one would not like to sound defensive or presumptuous in noting the gains of the Ministry since independence, you will agree with me that considerable progress has been realised in the following areas:

- Development of a National Health Policy Framework
- Development of a Comprehensive Health and Social Services System
- Development of National Primary Health Care Programmes such as the Expanded Programme on Immunisation; Reproductive Health; Nutrition etc.

- And furthermore, the strengthening of important public health programmes against HIV/AIDS, Tuberculosis and Malaria.

The improvements noted above can only be realised if they are met with the requisite number and calibre of human resources. The Ministry of Health and Social Services is on record for acknowledging that there is an acute shortage of trained human resources especially in the areas of medicine, pharmacy, managerial and technical areas such as epidemiology, biostatistics, health policy and planning, and health economics.

The process leading to the consideration of the establishment of a medical school started when the Ministry of Health and Social Services engaged the services of a WHO consultant to jointly conduct a feasibility study on such an endeavour at UNAM. The promising findings of this study are what led eventually to what we see today in a pre-med programme at UNAM.

Director of Ceremonies,

UNAM and my Ministry have walked together for a long way. I believe it has been our well considered and jointly agreed approach to enhanced training of medical doctors and other health professionals that has brought us to where we are today.

**In this regard, I am pleased to announce that we now have close to 120 Namibians undergoing medical training in various countries. This translates to around 20 medical students per year of the 6 year medical training course. And I am proud to announce that very many of them have received their foundational education here in Windhoek through the UNAM pre-med course.**

**Quality of education and ensuring the selection of high standard training programmes for our future doctors has been one of our prime guiding principles all along. I believe we owe our fellow-Namibians the best possible health care and the highest possible standard of medicine.**

**In this regard, I am happy to report that last month my South African counterpart and I agreed on the establishment of a world-class Cardiac Unit to be based at the Windhoek Central Hospital in partnership with the Groote Schuur Hospital of South Africa. The cardiac medicine and surgery services between the two countries would be implemented within the existing SADC Protocol on Health. Training to ensure sufficient cardiac care will be provided by the Medical School of the University of Cape Town, which I am told is already a partner institution of the University of Namibia.**

Director of Ceremonies, Honourable Minister, Ladies and Gentlemen

**W**e view a medical school as a national asset. In line with historical examples from around the world, we see that a nation's first medical school is established in the capital city – at the heart of the nation. Therefore, we at the Ministry of Health and Social Services are indeed, pleased that the decision has been taken to follow this successful model and establish Namibia's medical school in Windhoek through the UNAM main campus. Furthermore, the presence and proximity of the Windhoek Central hospital, a hospital which is emerging as a teaching hospital with renown, is a solid support and resource bank for the coming Medical School.

**I** would like to assure the audience of the commitment of the Ministry of Health and Social Services to this national project. We will make the Windhoek Hospital complex serve as the teaching hospital for the new school of medicine. To achieve this, the Ministry is in the process of embarking on an extensive upgrading exercise that will include all departments in order to reach the expected level and standard of University teaching hospital. The Ministry will also avail a piece of land near the hospital for the construction of relevant infrastructure for the school of medicine.

**P**lans include space for lecture rooms, a medical library, an administration block, and importantly, a first-class residence for students with relevant recreation and sport facilities. The ground is available today.

**W**hat is important is that there must be some coordination and constant consultation in this process. The Ministry of Health and Social Services will be ready and willing to identify a few competent staff within it, who could serve on the Steering Committee which will guide the process because we view the active participation in the planning and implementation processes of the school as being very important.

Director of Ceremonies,

**Q**uality of health care is dependent on the responsiveness and cultural sensitivity of our health care providers. While we have infused a multi-language system into our National identity, this has not yet permeated throughout the health care system we have in place. At times, rural citizens must be able to speak English or Afrikaans to describe their very concerns. This results in people simply not going to see a doctor. Imagine the difference it would make to be able to offer quality medical care in all thirteen regions of Namibia, fully resourced with Namibians.

Thanks to the SWAPO-Party led government slogan of “One Namibia, One Nation” which defines the unity that must exist within our country. Within this unity, we appreciate our differences, whether of language or of culture. Indeed, there are subtle differences to the ways in which we relate to our families, the community and even our health care. A doctor must understand these differences very well, in order to best serve the patient. We must find ways that ensure our future doctors get acquainted with the numerous traditional practices that involve herbs and plants endemic to Namibia which the average rural citizen will employ first before seeing a doctor. It is for this reason that we have introduced a 2 year medical internship programme in Namibia, which includes a 4 month family medicine and primary care attachment.

Considering the years of study in the field of medicine, the average Namibian high school student may find it difficult to consider studying for pharmacy or medicine. They may have a dream of becoming one of these professionals but they may perceive the study programme as too long and costly. Clearly, these fields of study appear to be most attractive to those with the means. In this regard, I wish to commend the Ministry of Education for working hard at increasing the funds for science and mathematics education throughout our education system. I am sure we will soon reap the fruit of this important initiative.

## Distinguished guests

**T**his consultative meeting has an important task. I am sure the idea is not to exhaust all discussions in a morning session. However, my expectation is that, today should pave the way to a systematic process of engagement in reaching the final goal, that of establishing a vibrant school of medicine for Namibia. During this process, all models will be studied and a Namibian model will be identified.

**I** am aware that the University has done a status analysis and came up with planning options on a school of medicine in 2003. This document has to be reviewed and in-depth investigation of the various options, the numbers of years and specific areas of specialisation in line with our needs have to be done. A full cost-estimate has to be compiled and clarity needs to be reached on how the cost burden can and will be shared by the various partners in this noble exercise. A clear road map also has to be developed so that we all have a guide for the process of establishing the school of medicine.

As I stated earlier, this consultation meeting is very important. I see among the participants in this room very experienced medical practitioners and very important stakeholders such as the National Planning Commission, the Ministry of Education, and the UN Agencies such as the WHO. Deep in my heart I am convinced that this meeting will come up with very practical and realistic recommendations that will inform this road map.

I wish to thank our two facilitators, Prof. Olli Vainio from the University of Oulu, Finland and Prof. Peter Nyarango from Kenya, who is not new to Namibia, and who has prepared the Status Analysis and Planning Options report, which has been made available to you for discussion. Both Professors have a wealth of experience on the establishment of medical schools, and thus I am sure we will benefit fully from their input and advice. I reiterate my hope that the close of these consultations will see a clear road map that will guide us through the processes leading to the successful establishment of a reputable world-class School of Medicine in Namibia.

It is therefore my distinct honour to declare this consultation meeting officially opened. I thank you for your kind attention and wish you fruitful deliberations. **I thank you.**