



Republic of Namibia

KEYNOTE ADDRESS

BY

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

AT THE

**OFFICIAL OPENING OF THE MATERNAL
AND NEWBORN HEALTH WORKSHOP**

Swakopmund, Alte Brucke
16 July 2008

Director of Ceremonies – Ms. C. Thataone, Regional Director

WHO Facilitator – Dr. O. Oke

UNICEF Health Specialist – Dr. Steve Okokwu

UNICEF Facilitator – Ms. T. Amaambo

UNFPA Consultant – Dr. Luke de Bernis

UNFPA Facilitator – Ms. L. Amkongo

The Director for PHC – Ms. M. Nghatanga

Members of the Diplomatic Corps

Directors, Deputy Directors and Senior Officials from the MoHSS

MOHSS Invited guests,

Members of the Press and Electronic Media

Ladies and Gentlemen,

It gives me great pleasure to join you at this important workshop on Maternal and Newborn care.

At independence the Ministry of Health and Social Services adopted a Primary Health Care Approach which addressed amongst others safe motherhood. As a result, maternal and child

health care services are now being provided throughout the healthcare system. Antenatal care services is provided during labour while postnatal care including, family planning and other reproductive health services are provided after delivery.

As a result, the Namibia Demographic and Health Surveys (NDHS) 1992, 2000 and 2006 carried out revealed that the total fertility rate in Namibia has decreased from 5.2 in 1992 to 4.2 children per mother in 2000 and subsequently to 3.6 children per mother in 2006.

Similarly, the preliminary results of the NDHS, 2006 revealed that about 88% of pregnant women deliver with assistance of a skilled birth attendant/health professional and that about 95% of pregnant women attended antenatal care services. This is indeed an achievement.

Director of Ceremonies, Ladies and Gentlemen

Unfortunately, due to some public health challenges maternal deaths which includes all pregnancy-related deaths have since increased from 225/100 000 live births in 1992 to 271/100 000 live

births in 2000. The 2006 NDHS has also revealed that maternal deaths have increased to 449/100 000 live births. This is simply unacceptable as it is a known fact that there is a direct correlation between maternal death and infant and child mortality rate. It is against this background that I call upon this workshop to address this challenge and find ways of how to further improve it.

Programme Director

According to the Emergency Obstetric Care Assessment conducted in 2005/2006, the direct causes of maternal deaths in Namibia are obstructed labour, haemorrhage, septicemia, severe eclampsia and prolonged labour. Clearly, all these causes of maternal death can be prevented if only all pregnant women can have access to a skilled birth attendant and emergency obstetric care when any pregnancy related complications occur. I have no doubt that in this day and age, given all the resources at our disposal and advancement in medical knowledge and technology, that we can indeed turn around both maternal deaths, infant and child mortality.

It must be noted that our national efforts are part of global commitment in addressing the Millennium Development Goals in

particular goals 5 and 6 that calls upon developing countries to reduce deaths rates amongst infants and children under the age of 5 and maternal mortality by 2015.

In actual fact, the member states of the African Union, including Namibia, resolved to develop national strategies to guide the process of reducing deaths related to pregnancy and childbirth. I am proud to report that we have already developed and launched our national strategy to accelerate the reduction of maternal and newborn morbidity and mortality. This workshop forms part of the rollout of the Namibian roadmap.

Programme Director

We acknowledge the challenges in respect of shortage of staff distance to health facilities and limited financial resources. However, this should not prevent us from improving service delivery and work ethics. We were fortunate to have received sufficient budget for purchasing ambulances and outreach vehicles for all the regions in the current financial year. We also received sufficient medical equipment from the Namibia/Finish project for health centres and hospitals. Similarly, UNFPA and UNICEF also made immense contribution to the purchase of medical equipment

and transport for some regions including Oshikoto and Caprivi. All these put to good use will make a difference in improving the quality of life for both mother and child.

Indeed, improving coverage and quality of maternal and newborn health services is in line with NDPIII and Vision 2030. I trust that the Ministry's soon to be completed strategic plan will give impetus to the envisaged roadmap for maternal and newborn health.

While strengthening maternal and newborn health, we must ensure that all services are fully integrated with existing programs such as Prevention of Mother to Child Transmission (PMTCT) of HIV, Voluntary Counseling and Testing, and all other relevant programs.

Programme Director

Ladies and Gentlemen

Finally, I wish to acknowledge with thanks our development partners including UNICEF, WHO and UNFPA for financial and technical support towards this workshop.

I now have a distinct honour to declare this workshop officially open.

I wish you all the best in your deliberations.

I thank you.