



*Republic of Namibia*

**IMPLEMENTING THE INTERNATIONALLY AGREED GOALS  
AND COMMITMENTS IN REGARDS TO PUBLIC HEALTH**

**STATEMENT**

BY

*DR RICHARD NCHABI KAMWI, MP*

*MINISTER OF HEALTH AND SOCIAL SERVICES*

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Your Excellency, Madam Sylvie Lucas, President of the Economic and Social Council,

Your Excellencies, Ministers, and Heads of Delegations,

Your Excellencies Heads of UN Agencies

Distinguished Ladies and Gentlemen,

I would like to thank you, Madam President, for the choice of the theme for the ministerial review of current session, notably, implementing the internationally agreed goals and commitments in regard to global public health. My delegation associates itself with a statement delivered by the Representative of Sudan on behalf of the Group of 77 and China. Health is indeed an important component of our development agenda; however it has not been enjoying the prominence that it deserves. Development depends on the human factor, people applying skills, knowledge to transform natural resources into various products that development ultimately takes place.

Madam President,

We welcome the Report of the Secretary General on the thematic discussion: Current global and national trends and their impact on social development, including public health. Namibia has made significant progress towards meeting the MDGs through investments in the social sectors. More than 30% of the national budget has been allocated to health and education over the last nineteen years. As a result, good progress in meeting targets regarding the MDGs was made.

However, despite the investments that we made in the social sectors there has been slow progress in respect of reduction of child and maternal deaths. Infant mortality as well as under-five mortality was decreasing until 2000, but has been on an upward trend since then. Currently, the infant mortality rate stands at 46 deaths per 1,000 live births, while under-five mortality is at 69 deaths per 1,000 live births. The increase is mainly due to the combination of HIV/AIDS and inadequate nutrition. Given this rising trend, it is unlikely that the targets set for 2012 of 38 and 45 respectively can be met.

Immunization of children against measles has made steady and uninterrupted progress since the early 1990's and currently stand at around 84% of all one-year-old children. In this respect, the target for 2012 is likely to be met.

On the other hand, maternal mortality has been on a rising trend since the beginning of the 1990's. At present, it stands at around 450 deaths per 100,000 live births. Therefore, it is unlikely that the target of 337 deaths per 100,000 live births will be met. At the same time, the proportion of births attended by trained health personnel is steadily increasing and currently stands at 80%. Therefore, the target of 95% is likely to be achieved by 2012.

A sizeable proportion of our investments in the health sector goes to HIV/AIDS and thereby indirectly contributing to under investments in maternal and child health.

Given this, the HIV prevalence rate has gone down from 12% in 2000 to 5.1% in 2008 for the age group 15-19 years and from 20% -14% for the age group 20-24 years. Clearly, the 2012 targets of 8% for the age group 15-19 years has been exceeded, while the 12% target for the age group 20-24 years may be reached if these declining trends continue.

The prevalence of TB has decreased since 2004 and currently stands at 765 cases per 100,000 people. However, for a small population of 2 million this remains worrisome.

It is also encouraging to note that Malaria cases had been declining over the past 3 years to the current ratio of 48 cases per 100,000. If this trend continues, the target for 2012 to hold and reverse the trend has been achieved. This trend can be attributed to improved training of officials, impregnated mosquito nets, as well as the expansion of the insecticides indoor-residual spraying to reduce the mosquito vector density.

The challenges that Namibia is faced with in achieving targets for goals 4, 5 and 6 is a result of financial and human resources constraints, as well as continuous cross-border transmission of diseases.

**M**adam President,

**I**n Namibia, access to basic sanitation remains a challenge. According to Government's 2<sup>nd</sup> MDGs Report (2008), 58% of urban households and 14% of rural households have access to basic sanitation. Unless drastic measures are put in place, it is unlikely to achieve the targets set for MDG 7.

**M**adam President,

**W**e should realize that this year's ministerial review is taking place against the background of multi-crises that affected the world economy adversely.

**N**amibia is a net-food importing country and the sky rocketing prices of basic foodstuffs have left many households unable to put food on the table. As a result, we had to divert resources from development to emergency relief. The high food prices combined with high fuel prices had a destabilizing effect on our balance of payment.

**T**his situation was worsened by the financial and economic down turn. Our economy has been negatively affected by the global recession and growth prospects are less optimistic due to low demands for our commodities, including minerals. Tourism has declined and unemployment increased. Our GDP real growth declined from 4.1% in 2007 to 2.4 % in 2008 and is projected to decline further in 2009 to 1%. This trend of

declining growth raises serious concerns about the prospects of meeting the MDGs by 2015 as we will need at least 7% annual growth rate in order to meet the targets on time.

As you may be aware, Namibia recently experienced floods in parts of the country that have destroyed transport and sanitation infrastructures thereby exposing the populations in those areas to health hazards. Addressing these challenges requires additional efforts and resources for both reconstruction and disaster risk reduction and preparedness.

I wish at this juncture to express the appreciation of our Government to those development partners who continue to extend official development assistance and emergency relief to Namibia despite our classification as a middle-income country. We need continued external support in the form of grants and concessionary loans as well as technical assistance to build and strengthen our capacities.

Madam President

We took note of the commitments made by the G20 Summit held in London, April, 2009 to avail an additional US\$1.1 trillion Program aimed at revitalising the world economy. Namibia calls for the immediate fulfillment of these commitments to help bring the world economy back on the growth path. Regional and sub-regional development banks need to be recapitalized in order for them to respond to requests for development financing. On the

other hand, world trade needs to be resuscitated in order to contribute to development. It is important that the needs of developing countries are taken into account in these efforts. Resources should be provided to address the human and social impacts of the crisis in order to safe-guard the hard won economic and development gains to date.

**I**n addition, new and innovative aid instruments should be created to accelerate the achievement of the MDGs and other internationally agreed goals. We appreciate the support from PEPFAR and the Global Fund to fight AIDS, Tuberculosis and Malaria. We also welcome the technical support of WHO.

**H**owever, a significant proportion of aid for health and social sectors is still in the form of earmarked projects, which are not always aligned with national strategies and which does not always reduce transaction costs and alleviate our thinly stretched systems.

**F**or us to sustain and accelerate progress, decisive actions need to be taken at global, regional and country, levels. Sound and targeted investments will have to be made, so that we address the large gaps in our countries and meet the needs of the poor and most vulnerable.

**I** thank you.