We are tasked to save lives, says Dr Kamwi

1. Background and Introduction

It has become a tradition that we meet in an enlarged Ministerial management meeting around this time of the year, to review achievements and challenges of the previous year. At the same time, I use this opportunity to set the tone on the way forward in our public health arena. At the onset I wish to state that 2011 is a year of change for better, henceforth the theme for our meeting is, “Fostering Change for Accelerated Delivery of Quality Health Services”.

We are entrusted with saving lives through the provision of quality health services and as such, we cannot afford to approach our work leisurely. We must approach our work with renewed energy and vigor. The clock is fast ticking towards 2030 and we are far from meeting the intended objectives for the health sector.

Namibia is turning 21 years old in a couple of weeks. Similarly, Primary Health Care Policy is coming of age. The Primary Health Care Policy was introduced in 1990 in Oshakati by the Hon Dr Nikiyana Kaupe, the then Minister of Health and Social Services. I would like to pause here to pay sincere homage to him and to Dr Libertine Amathila for their visionary leadership.

The Permanent Secretary has just outlined the achievements and challenges of the past year. I would like to commend him for consistent efforts in strengthening the competency skills of the management cadre through the Leadership Forum. It is only with dedicated and experienced management cadre that we can turn the tide of public health challenges.

The right to health is enshrined in the Namibian Constitution, but the realization of that right requires that those of us entrusted with care and well being of the Nation work together as a team, from top down. We will however need unwavering support from other Ministries, regional and local government, traditional authorities and the communities at large.

The objectives of this meeting are twofold: the first objective is to share the Ministry’s main achievements and challenges for the past year and outline major strategic objectives, priorities and initiatives the Ministry has set itself for 2011. The second objective is to get input from our key stakeholders who are in our midst today. I invited some stakeholders who will share their experiences, successes and challenges. At the same time through the panel discussions, they will be critically analyzing our 2011 commitments and give us advice where improvement is required.

The theme for this meeting as I said earlier is “Fostering Change for Accelerated Delivery of Quality Health Services”. Change is an ongoing process and we all need to adapt to changes within our environment in response to our management.

In this respect, I will deliberately mainly on the second part of the first objective and highlight key proposed changes that we will need to implement to improve delivery of quality health care services during 2011. Important milestones were accomplished during the financial year 2009/2010, but we also faced some major challenges.

2. Restructuring of Directorates

We undertook to restructure and streamline some directorates in order to enhance efficiency and improved service delivery almost two years ago. To date, we have yet to see the outcomes of that undertaking. Moreover, we have a new Strategic Plan which requires a different Ministerial structure to ensure its effective implementation.

There is currently duplication and overlapping functions being performed by most directorates at the headquarters which results in sub optimal utilization of resources. There has been an outcry in the management for delivery of a new structure, which will require the intended objectives for the health sector

When I visit health facilities and find over worked health professionals especially the nurses. For example, two weeks ago, I found only six nurses during the night at Khomas Delta Hospital whereas there are nineteen vacant posts for registered nurses which are budgeted for. Can you imagine what will happen if the occupancy rate was at 100%? It hastens to add that this situation is not only unique to Khomas but countrywide.

The contributing factor to these vacancies is not always the lack of qualified personnel or lack of accommodation in most cases, I am told it is because we at the Head Quarter delay and/or fail to act on request from the various health facilities for vacancies to be filled. This is very serious in times when we hear the outcry of youth unemployment. The SWAPO Party Election Manifesto of 2009 calls for the creation of productive jobs.

In recognition of these challenges, I therefore direct the Accounting Officer and his team to continue exploring opportunities of filling critical vacancies especially with the unemployed youth.

We were previously successful in accommodating the youth to assist over worked nurses. I would like to take this opportunity to thank the National Youth Service (NYS) Volunteers for their immense support. Around sixty youth from the NYS were deployed to six regions to assist over worked nurses. I would like to take this opportunity to thank the National Youth Service (NYS) Volunteers for their immense support.

Another area which hampers the management for delivery of a new structure is the lack of qualified personnel. In most cases, I am told it is because we at the Head Quarter delay and/or fail to act on request from the various health facilities for vacancies to be filled. This is very serious in times when we hear the outcry of youth unemployment. The SWAPO Party Election Manifesto of 2009 calls for the creation of productive jobs.