

'We are tasked to save lives,' says Dr Kamwi

1. Background and Introduction

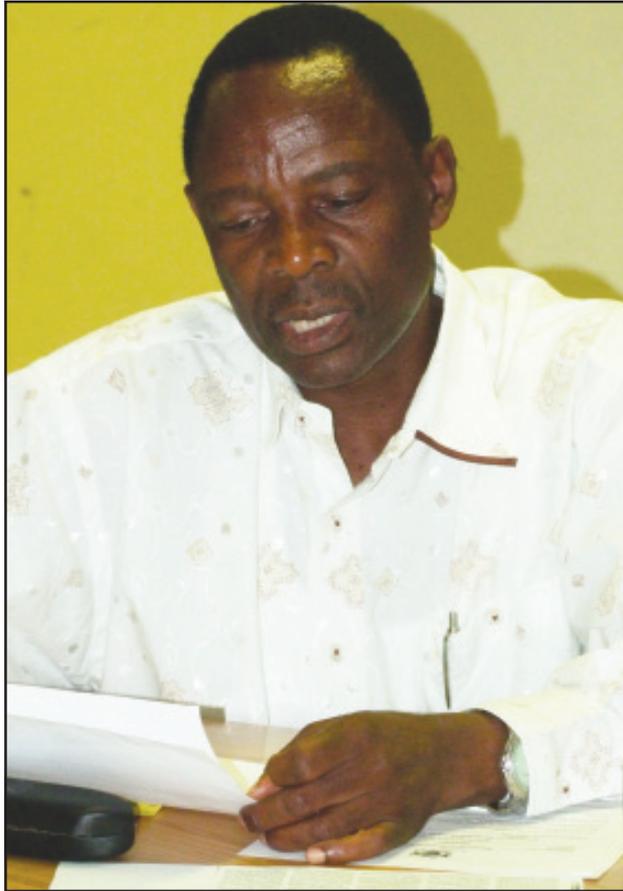
It has become a tradition that we meet in an enlarged Ministerial management meeting around this time of the year, to review achievements and challenges of the previous year. At the same time, I use this opportunity to set the tone on the way forward in our public health arena. At the onset I wish to 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 Nicky Iyambo, 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



Dr Richard Kamwi

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 man-

date.

In this respect, I will deliberate 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

is general consensus within the Ministry that restructuring is long overdue but we have consistently failed to act swiftly on this thorny issue. Information at my disposal suggests that the Restructuring Committee has not even started to address the restructuring of the regional offices where we are facing most challenges.

Clearly, a Strategic Plan without a suitable structure for execution cannot achieve the desired outcomes. It is therefore not surprising that we have been battling to make inroads in some of the key areas.

Similarly, we also need to pay attention to the skills mix and competencies within the directorates to make sure they are suitable for accelerated implementation of programmes and activities as outlined in the Strategic Plan.

Given the above and taking into consideration that I had been vocal on these issues but without specifying timeframes for delivery of a new structure, I now direct that the restructuring of the Ministry must be



Kahijoro Kahuure, Permanent Secretary

accompanying senior officials must be kept to a minimum of only essential staff". I want this Presidential directive heeded forth with.

3. Existing Vacancies and Staff Shortage

To successfully implement the Strategic Plan, we need a structure fit for purpose and human resources to execute the Plan. It pains me greatly

1,789 are vacant. These vacancies are not necessarily among the most highly qualified job categories. The shortages of health workers in most of our health facilities is a known limiting factor for improvements in the health sector and must therefore receive our undivided and urgent attention.

We are all aware of the high unemployment statistics in the country and yet, the Ministry has significant vacancies for entry level positions. This is not acceptable in times when we hear the outcry of youth unemployment. The SWAPO Party Election Manifesto of 2009 calls for the creation of productive jobs. Similarly, the Employment Creation Summit hosted in September last year considered specific strategies to address this important challenge and a number of resolutions passed. H. E. the President has given clear directives about expediting the implementation of resolutions from the Employment Summit.

In recognition of these challenges, I therefore direct the Accounting Officer and his team to



completed by 15th April 2011. The draft of the new structure should reach my desk before close of business on that day.

This exercise will require management undivided attention. Therefore, I am further putting a moratorium on travelling abroad by directors, regional directors, under secretaries, the accounting officer and his deputy until 15th April or upon the successful completion of the restructuring. The Permanent Secretary must see to it that this directive is adhered to by all his direct reports.

While on this point, I would like to reiterate H.E. the President's directive calling for the prudent utilization of public resources at all times. In his statement on the occasion of the opening of the first Cabinet session for 2011, the President said and I quote: "all Ministers and Permanent Secretaries are directed to avoid unnecessary local and foreign travels. When official missions are undertaken, the number of officials

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 Khorixas District 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%? I hasten to add that this situation is not only unique to Khorixas but countrywide.

The contributing factor to these vacancies is not always the lack of qualified personnel or lack of accommodation but 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 neglect of our oversight responsibilities.

To illustrate the magnitude of this challenge, out of the 10,651 funded posts for the 2010-2011 financial year,

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 with washing of patients; accompanying patients to X-ray departments; off-loading of medicine trucks and assisting with the supervision of patients when taking their TB medications. This allowed real implementation of the task-shifting strategy and reduced the workload of nurses.

4. The Internal Governance Processes

Another area which hampers efficient service delivery is the Ministry Tender process. There has been an outcry in the manner in which tenders for the conversion of ambulances, supply of

Cont on page 11



Part of the enlarged ministerial meeting which was addressed by Minister Richard Kamwi. Photo by Asser Ntinda