While recognizing that Namibia has done remarkably well in her efforts to curb the tide of HIV/AIDS, the disease continues to be a major challenge for this country. Late last year we released the results of the sentinel survey 2010. Unfortunately the prevalence rate at 18.8% is still high.

However, we remain committed in our resolve to bring the prevalence down. At the same time we will continue to provide treatment, care and support to those infected and affected. We must place greater emphasis on prevention and prevention as articulated in the HIV/AIDS National Strategic Framework.

Namibia has reached 90% coverage of children living with HIV receiving antiretroviral therapy, running head and shoulder with our neighbor Botswana. We are aiming at virtual elimination of mother to child transmission of HIV. Notwithstanding, we recognize the slow progress in reducing maternal and child mortality. However, I believe that the various critical activities being implemented will put us on the right path.

7. Supervisory Visits

Last year going into this year, I undertook a number of visits to health facilities around the country. During such visits, I observed that there were serious challenges that call for our immediate attention. One such challenge is related to late arrival at work especially nursing supervisors, nurses and cleaners. It is even more disappointing to see managers coming as late as an hour plus. I am therefore calling upon the directors and management to see to it that these late arrivals and poor work ethics are addressed.

One other important finding from the visits is that the referral system from the district and the intermediate level is not being used effectively. Some principal medical officers are delaying referring cases that they cannot handle to intermediate hospitals. This naturally compromises speedy recovery of the patient. Accordingly, I direct the Chief Medical Officers to look into this practice and address it immediately.

I also observed that not all our medical practitioners including the private doctors are aware about the existence of the Special Fund despite the fact that the Permanent Secretary issued a circular to this effect. Thus, I urge all regional directors to see to it that information regarding this Fund is disseminated to all.

8. Partnerships

I would have not completed my job today, if I couldn’t conclude this statement without making reference to two important points. The first one is the good support that we are enjoying from the private sector. The second is the public private partnership that we have entered into with the private doctors, for the use of private wards in State hospitals.

The Ministry is indebted to the private sector for their immense contribution to complement Government’s efforts, including the renovation of hospitals, provision of linen and other materials, outreach service vehicles and ambulances. The list is too long for me to be able to mention all the valuable contributions here. At the risk of leaving out one or another private company, I would like to mention and single out Standard Bank Namibia, First National Bank of Namibia, NamPower, Motor Vehicle Accident Fund, De Beers Namibia, Namdeb, Namibia Brewery Limited, the Namibia Medical Clinics and Pukuramhi Trust for their immense contribution to the health sector in many different ways.

At the same time I would like to appreciate our existing partnership with private medical practitioners. Their services continue to complement Government efforts. However, like any partnership, there is need from time to time to review the partnership to ensure that it is mutually beneficial to both partners.

As an effort to make our medium more attractive, I also would like to introduce a new segment: the Media.

The theme for this meeting is “Fostering Change for Accelerated Delivery of Quality Health Services”. In this regard, we are committed to overhaul key aspects of the Ministry to ensure that we deliver on the promises we have made. I have outlined major strategic objectives, priorities and initiatives that we will be focusing on. These are: Restructuring of the Directorates to improve service delivery; Filling critical vacancies in order to alleviate work load on staff; Reform and Streamline the Ministry’s Tender Procedures; Establishment of Maintenance Unit; Ensure adequate succession coverage for critical roles; Establishment of Private Wards to generate revenue for GRN; Heightened efforts on HIV and AIDS management through Prevention Strategy; Review and Strengthen Work Ethics and Harnesing Synergies through the Power of Partnerships. Our main focus will therefore be on the implementation of the Strategic Plan 2009-2013 as well as monitoring and evaluating more systematically progress against the Plan. It cannot be or continue to be business as usual. There has to be a radical departure from the practices of the past for better accountability and efficient service delivery.

Thereafter, the role of the private doctors is expected to continue. There is need for us to continue working together in a constructive and objective manner.

The entire Ministry should embrace a culture of high performance individually and collectively. Whatever the Ministry will be able to achieve will be a result of the hard work and perseverance of the staff of the Ministry, especially the Managers. A lot can be achieved if teamwork remains the clarion call. We will continue to count on the support of our valuable partners in the public and private sectors, to make our dreams a reality.