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## MINISTRY OF HEALTH & SOCIAL SERVICES

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### STRATEGIC PLAN 2017/2018 – 2021/2022

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## ABBREVIATIONS

<b>ALMA</b>	African Leadership Alliance on Malaria
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Antiretroviral
<b>AU</b>	African Union
<b>CCL</b>	Cabinet Committee on Legislation
<b>CD</b>	Communicable Diseases
<b>CDC</b>	Centre for Disease Control
<b>CTD</b>	Common Technical Document
<b>EPI</b>	Expanded Programme on Immunization
<b>EU</b>	European Union
<b>FY</b>	Financial Year
<b>GF</b>	Global Fund
<b>HIV/AIDS</b>	Human Immune Virus / Acquired Immuno-Deficiency Syndrome
<b>HRD</b>	Human Resource Development
<b>HUILOP</b>	Housing Units for Independent Low-Income Older People
<b>ICT</b>	Information and Communication Technology
<b>IMAI</b>	Integrated Management of Adolescent and Adulthood Illnesses
<b>IMR</b>	Infant Mortality Rate
<b>MDR – TB</b>	Multi Drug Resistant Tuberculosis
<b>MoHSS</b>	Ministry of Health and Social Services
<b>MoF</b>	Ministry of Finance
<b>MoU</b>	Memorandum of Understanding
<b>NMR</b>	Neonatal Mortality Rate
<b>NCD</b>	Non-Communicable Diseases
<b>NDP5</b>	Fifth National Development Plan
<b>NMRC</b>	Namibia Medicines Regulatory Council
<b>OPM</b>	Office of the Prime Minister
<b>OTS</b>	Orthopaedic Technical Services
<b>PEPFAR</b>	President’s Emergency Fund for AIDS Relief
<b>PHC</b>	Primary Health Care
<b>PLHIV</b>	People Living with HIV
<b>PPP</b>	Public Private Partnership
<b>PSC</b>	Public Service Commission
<b>SADC</b>	Southern African Development Community
<b>SDG</b>	Sustainable Development Goals

<b>TB</b>	Tuberculosis
<b>UHC</b>	Universal Health Coverage
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children’s Fund
<b>USAID</b>	United States Agency for International Development
<b>WCAC</b>	Women and Child Abuse Centre
<b>WHO</b>	World Health Organization
<b>XDR - TB</b>	Extensively Drug-Resistant Tuberculosis

## FOREWORD



**DR. BERNARD HAUFIKU (MP)**  
**MINISTER OF HEALTH AND**  
**SOCIAL SERVICES**

Strategic Planning is an organizational process of defining its strategy, or direction, and making decisions on the allocation of resources to pursue the organization's strategies and priorities. It is a management tool that helps an organization focus its energy to ensure that the members of the organization are working towards the same goal. Further, a strategic plan contributes to policy interventions by providing clear objectives that need to be achieved over a defined period of time.

I am honored to present the Five-Year Strategic Plan (2017/2018 – 2021/2022) of the Ministry of Health and Social Services, which was developed through a comprehensive and consultative process.

This Strategic Plan charts clear, measurable and relevant activities towards the realization of the vision of the Ministry of Health and Social Services as stipulated in Namibia's Vision 2030 - "Make Namibia a healthy Nation on which all preventable infectious and parasitic diseases are controlled and in which people enjoy a high standard of living with access to quality health and other vital services". The key guiding principles in achieving our vision are: equity, accessibility, availability, affordability, community involvement, sustainability, inter-sectoral collaboration and quality of care.

The Strategic Plan is intended to guide the Ministry of Health and Social Services and its partners in ensuring that the resources are equitably distributed, where they are most needed to achieve tangible results. Our clients should be satisfied and proud with our service delivery, despite the fact that the resources are scarce and there are competing priorities.

I am convinced that by working together more effectively and with greater efficiency, we shall overcome challenges and achieve Universal Health Coverage (UHC) in the shortest possible time.

A handwritten signature in black ink, appearing to be 'B. Haufiku', written over a horizontal line.



**Dr Bernard Haufiku (MP)**  
**Minister of Health and Social Services**

## PREFACE



MS. PETRONELLA H. MASABANE  
ACTING PERMANENT SECRETARY

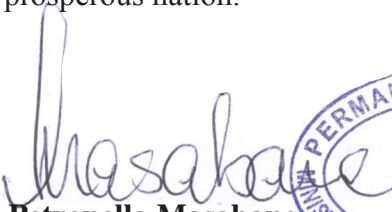
The Ministry of Health and Social Services sincerely appreciates and thanks, the Hon. Minister, Dr. Bernard Haufiku and the Deputy Minister, Hon. Juliet Kavetuna, for their strong leadership and inspirational vision during to the development of the Ministry’s Five-Year Strategic Plan 2017/2018 – 2021/2022.


I would like to extend my gratitude towards the entire staff of the Ministry of Health and Social Services for their dedication, hard work and commitment in making the development of the Ministry’s Strategic Plan a resounding success. The long hours of intense deliberations and discussions during the Technical Committee meetings and stakeholder consultations have borne fruit and set us on the path where our people will not experience financial hardship when in need of quality health care.

I wish to acknowledge, with thanks, the support from the Office of the Prime Minister (OPM) for providing technical assistance and guidance in the formulation of our Strategic Plan. Their technical assistance started during the review of the Ministry’s previous Strategic Plan, which was aimed at taking stock of major achievements and challenges encountered during the plan implementation.

The Ministry of Health and Social Services also expresses its profound gratitude to the World Health Organization for its assistance in the costing of the Strategic Plan, through the use of the “One Health Tool”. The tool is designed to inform national strategic health planning as it facilitates an assessment of resource needs associated with key strategic activities and their associated costs, with a focus on integrated planning and strengthening health systems.

Last, but not least, the Ministry conveys its sincerest appreciation and support to our stakeholders who contributed technically and financially in the finalization of this significant document. All Government Ministries, Agencies and Offices and our partners in the health sector are herewith urged to embrace this strategic plan, incorporate its targets in their plans and make it a living document for the next five years in our quest for a health and prosperous nation.

  
**Ms. Petronella Masabane**  
**Acting Permanent Secretary**

The official seal of the Ministry of Health & Social Services, featuring a central emblem with a shield and a bird, surrounded by the text "PERMANENT SECRETARY" and "MINISTRY OF HEALTH & SOCIAL SERVICES".

## *EXECUTIVE SUMMARY*

The MoHSS Strategic Plan for 2017/2018 – 2021/2022 is aligned to the broader national and global development plans such as Vision 2030, Harambee Prosperity Plan (HPP); Fifth National Development Plan (NDP5), Agenda 2030/Sustainable Development Goals (SDG), the African Union (AU) Agenda 2063, while taking into consideration the evolving context of public health care and social welfare services delivery.

The Strategic Plan is aimed at improving efficiency and effectiveness in the delivery of public health services through Universal Health Coverage. It provides guidance and serves as a reference tool for government, as well as technical and financial partners in health in their effort to address major issues and challenges in order to improve health outcomes.

Despite some remarkable progress over the past decade, the burden of HIV/AIDS, Malaria and Tuberculosis, including multi-drug-resistant and extensively resistant tuberculosis cases, is still gloomy and requires special attention. The morbidity and mortality burden attributable to non-communicable diseases such as cardiovascular diseases, cancer and diabetes are on the increase. Some of these diseases are associated with the risk factors such as tobacco and alcohol use, physical inactivity and unhealthy diets. Thus, innovative interventions for the prevention and control of both communicable and non-communicable diseases are central to curb the scourge of these diseases.

The scaling-up of proven and cost-effective interventions such as new-born care, infant and young child feeding, micro-nutrient supplementation, integrated management of childhood illnesses and immunization, among others, are key in reducing infant and child mortality. In addition, promoting the health and wellbeing of women and adolescents remains a priority.

The competent and skilled health workforce, adequate health financing, sound policy framework, appropriate and relevant medical products including technologies, medicines and knowledge management, are pivotal to health system strengthening in our country.

## 1. INTRODUCTION

### 1.1 Introduction

The Ministry of Health & Social Services' Strategic Plan is developed within the parameters of the Strategic Planning Framework provided by the Office of the Prime Minister to all government agencies and offices. This is to ensure appropriateness, consistency and uniformity of strategic plans by various government agencies and offices, anchored by their respective high-level statements, strategic pillars and objectives.

### 1.2 Purpose

The purpose of the Strategic Plan is to assist the Ministry of Health and Social Services in establishing priorities and to better serve the health and social welfare needs of the population.

### 1.3 Synopsis of the Previous Strategic Plan

The objectives of the previous Strategic Plan (2013-2017) were anchored in the following five programmes: (1) *Public Health*; (2) *Clinical Health Care Services*; (3) *Health System Management and Planning*, (4) *Disability Prevention and Rehabilitation* and (5) *Developmental Social Welfare Services*.

#### 1.3.1 Public Health

**HIV/AIDS** – The Anti-Retroviral Treatment (ART) coverage stood at 75% as Namibia achieved universal access for adults (15+yrs) eligible for ART. The coverage rate has declined, following the revision of ART guidelines in conformity with World Health Organization (WHO) international guidance of 2013 for treatment of People Living with HIV (PLHIV) i.e. initiation to ART when CD4 count is less than 350 from the base of 250. This remarkable progress is attributable to the simultaneous roll out of testing sites, increased access to care through ART outreach, increased human and material resources and implementation of the Integrated Management of Adult Illnesses (IMAI).

**Tuberculosis (TB)** - While the TB burden in the country remains high, there has been a progressive decline in case numbers since 2006. The number of tuberculosis cases diagnosed and treated in Namibia has maintained a downward trend from 16,156 cases in 2004 to 9, 882 cases in 2014, representing a 39% decline during that period. The treatment success rate (Smear Positive) was 85% in 2013 and now stands at 87%.

**Malaria** incidence in 2012/13 was recorded as 1.6/1000 while in 2015/16 it was recorded at 1.9/1 000. Although there is a slight increase by year 4, the preceding three years have seen a significant decline. This achievement has led to Namibia being among the four countries in Southern Africa earmarked for malaria elimination.

**Maternal health** or safe motherhood, newborn care and prevention of Mother-to-Child transmission of HIV and syphilis. A total of 333 (94%) out of 355 health facilities are providing PMTCT country-wide, and 87% of all births occurred in the health facility while 88% of births are attended to by a skilled birth attendant. The mother to child transmission rate of HIV has



decreased from 13% in 2012 to 3% in 2017. In line with WHO recommendations, lifelong ART for PMTCT (OPTION B+) for all HIV positive pregnant and breastfeeding women was introduced in 2014 and has rapidly scaled up.

**Child Health** success covers improvement in areas such as stillbirths’ rate, Neonatal Mortality rate (NMR), Infant mortality rate (IMR), Under Five Mortality rate and Expanded Programme on Immunization (EPI). The immunization of the under five-years old and routine immunization coverage stood at 88% - an improvement from 76% in 2012/13. A wide age range supplementary immunization campaign was successfully implemented in July 2016 nationwide to prevent measles outbreaks.

### 1.3.2 Clinical and Health Care Services

The table below presents various procedures for specialized services conducted at WCH.

Type of Procedure	2012/13	2013/14	2014/15	2015/16
<b>Thoracic surgery operations</b>	258	150	132	155
<b>Angioplasty Stenting</b>	153	340	116	156
<b>Pacemaker Implantation,</b>	61	99	20	26
<b>Complex Devices ICD</b>	0	12	15	4
<b>Hip replacement</b>	19	37	46	45
<b>Knee replacement</b>	11	25	0	31
<b>CT scan investigation</b>	840	864		2898

Patients who were referred to local private institutions for special investigation, such as MRI, Dialysis, Eye Care, encephalo electrogram (EEG) etc. were 218 in 2015/2016. The number of patients referred to hospitals in South Africa increased from 934 in 2014/15 to 1092 in 2015/16. The **Namibia Medicines Regulatory Council (NMRC)** established a Human Medicines Register with 5,857 medicines and Veterinary Medicines Register with 1,300 medicines.

In line with regional harmonization efforts for medicines registration, the Namibian Common Technical Document (CTD) was implemented. This ensures that the technical requirements for medicines applications across the Southern African Development Community (SADC) region is the same, thereby making new medicines more accessible to the people.

The **service levels for pharmaceuticals** and related medical suppliers for the reporting period averaged 71%.

### 1.3.3 Health Systems Planning and Management

**Staff establishment** - The Ministry had a total number of 11,270 posts of which 9,918 (88%) were filled during the 2012/13 FY. By 2016/17, the staff establishment had 13,082 posts of which 11700 (89%) were filled.

**Human Resource Development (HRD):** A total of 121 and 93 students were admitted for their studies in Medicine and Pharmacy at People’s Friendship University and First Moscow Medical University in Russia respectively. As part of Project 2013, 633 students were pursuing undergraduate training in India, Russia, Zambia and Cuba in various health related fields. With regard to post graduate and specialization, 38 Doctors were under training in South Africa, Tanzania and Zimbabwe.

Furthermore, the Ministry introduced the Diploma in Nursing Training Project for a six-year period and the classes commenced on 1st February 2014 with a total number of 566 students. In its pursuance efforts of strengthening pre-service training, various bilateral agreements were signed with the Republic of Cuba; Federal Democratic Republic of Ethiopia; Republic of Zambia; Senegal and Kenya.

**Policy and Legal framework – *Policies*:** The National Policy on Public Health Laboratory and the regulations relating to the Impaired Registered Persons have been approved. Social Welfare Policy, National Alcohol Policy, Policy for Older People, Policy for Financial Assistance to Registered Welfare Organizations, Policy on HIV and AIDS, Ministerial Training Policy, Transport Policy and Malaria Policy were under review.

On legal framework, The Public Health and National Environmental Health Bills were under consideration of the Cabinet Committee on Legislation (CCL), whilst Substance Abuse Prevention and Treatment Bill; Welfare Organization’s Bill; Mental Health Bill; Food and Safety Bill; Amendment to Health Facilities Act were approved.

**Capital Development** - 41 health facilities were newly constructed (clinics, health centers, Regional Management Team offices, and staff accommodation), while 31 health facilities were upgraded (clinics, health centers, hospitals and offices). **Health Financing** – Over the reporting period, the budget execution rate averaged 99.75%.

**Information Technology** - The Ministry has developed Intranet System and is awaiting its implementation. Functional Video conference facilities were installed at the Head Office, Windhoek Central, Katutura, Oshakati, Rundu and Katima Mulilo hospitals.

### 1.3.4 Disability Prevention and Rehabilitation

The ministry continue to ensure the well-being of people with disability by providing preventative, rehabilitation and habilitation services such as Orthopaedic Technical services, physiotherapy, Occupation therapy, Speech Therapy and language development, audiology, eye health, ear health care, visual rehabilitation, mental health services and provision of assistive devices and wheelchairs.

Total number of people with disability are 98 413 (4.7%) of the population. Physical impairment –lower limbs is the most common type of disability, affecting 22.6% of all people with disabilities. The second most frequent disability is visual impairment which affected 17.4% of the population with disabilities (Namibia 2011, Population & Housing Census main report).

### 1.3.5 Developmental Social Welfare Services

In order to improve **Family wellbeing**, various interventions, on parenting; social entrepreneurship; older persons and suicide prevention; psychosocial support services; marriage and divorce as well as migration and human trafficking were implemented countrywide. A total of 85 older persons were placed at Housing Units for Independent Low-Income Older People (HUILOP) and a total of 34 out of 50 (68%) planned Social Welfare Organizations were registered during the reporting period.

## 2. HIGH-LEVEL STATEMENTS

### 2.1 Mandate

The mandate of the Ministry of Health and Social Services is derived from the Namibian Constitution, Article 95 that calls upon the State to ensure that citizens have got the rights to fair and reasonable access to public health facilities and services in accordance with the law. These rights are further derived from various government policies and legislations with regards to the protection of the health and welfare of the people of Namibia. The mandate of the Ministry of Health and Social Services is therefore

**“To oversee and regulate public, private and non-governmental sectors in the provision of quality health and social services, ensuring equity, accessibility, affordability and sustainability”.**

### 2.2 Vision

The vision of the Ministry of Health and Social Services is

**To be the a leading provider of quality health care and social services according to international set standards**

### 2.3 Mission

The Mission of the Ministry of Health and Social Services is

**To provide integrated, affordable, accessible and equitable, quality health and social welfare services that are responsive to the needs of the population**

### 2.4 Core Values

Core Value	What it means
<b>Professionalism</b>	Conducting oneself according to the ethics of one’s profession and abiding by the set code of conduct for specific professions
<b>Confidentiality</b>	Do not divulge personal or professional information to a third party without consent
<b>Caring</b>	Treating others as one wished to be treated
<b>Integrity</b>	Being truthful to ourselves and to the public and adhering to a strict moral or ethical code
<b>Accountability</b>	Maintain loyalty and responsibility to the patient, colleagues, the workplace and the Ministry

### 3. ENVIRONMENTAL SCANNING

#### 3.1 SWOT Analysis

The Ministry of Health and Social Services undertook environmental scanning to determine the areas of its strengths and weaknesses, minimize threats, and to take the greatest possible advantage of available opportunities to bring about improved health outcomes.

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Strong Political will;</li> <li>• Legislation/ Policies in place;</li> <li>• Programmes in place to respond to disease burden</li> <li>• Reasonable to good infrastructure</li> <li>• Increase in accessibility of ART services, Reduction in the HIV prevalence</li> <li>• Availability of Central and regional medical stores</li> <li>• Minimum acceptable equipment in place</li> <li>• Availability of data, ICT and monitoring and evaluation systems</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Non-responsive staff establishment</li> <li>• Lengthy recruitment process</li> <li>• Limited career path</li> <li>• Negative staff attitude towards service provision</li> <li>• Lack of incentive package</li> <li>• Low staff moral due to burnout</li> <li>• Poor execution of projects and programs and Aging and dilapidated infrastructure</li> <li>• Increasing morbidity and mortality due to NCD and high communicable diseases burden</li> <li>• High peri-natal and maternal deaths</li> <li>• Inefficient stock management at all levels and inefficient supply chain of medicines</li> <li>• Shortage of specialized services i.e. dialysis, neonatology</li> <li>• Poor contract management</li> <li>• Long tendering and procurement processes</li> <li>• Lack of accountability</li> <li>• Poor communication at all levels</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Training institutions available for health professional in Namibia and abroad</li> <li>• Willingness of Non-Namibian Health Professionals to work in Namibia</li> <li>• Exchange programmes of health professionals</li> <li>• Leadership/ management trainings</li> <li>• Availability of funds from developmental partners</li> <li>• Collaboration with private sector for service delivery</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Highly competitive private health sector/</li> <li>• Shortage of higher learning institutions</li> <li>• People going on retirement (skills and experience)</li> <li>• Emerging and re-emerging epidemics</li> <li>• Disease outbreaks</li> <li>• Unhealthy lifestyles</li> <li>• Global Economic recession / Exchange rate/inflation rate (influence prices) / currency fluctuations / Poor macro-economy</li> <li>• Monopoly by financially well-established institutions/ individuals / High inflated bill of quantities</li> </ul>

### 3.2 PESTEL ANALYSIS

The discussion on the PESTEL analysis noted the following issues that are critically important in the identification of the strategic issues.

POLITICAL	ECONOMICAL	SOCIOLOGICAL
<ul style="list-style-type: none"> <li>• Strengthening cross border relationships/ bilateral agreements with political counter parts</li> <li>• Political commitment is prominent – positive element</li> <li>• Fragmentation of services (Social services)</li> <li>• Corruption and poor governance</li> <li>• Decentralization</li> </ul>	<ul style="list-style-type: none"> <li>• Economic recession</li> <li>• High Unemployment rate</li> <li>• Poor distribution of wealth in the country</li> <li>• Increasing health costs</li> <li>• High costs of hiring health or medical professionals</li> <li>• High interest rate and inflation in the country</li> </ul>	<ul style="list-style-type: none"> <li>• Religion and cultural practices. Example: the use of condom, Contraceptives, and Anti-retroviral</li> <li>• Migration (urban migration and cross border movement)</li> <li>• Gender Based Violence</li> <li>• Crime</li> <li>• High accident rates</li> <li>• Substance Abuse</li> </ul>
TECHNOLOGICAL	ENVIRONMENTAL	LEGAL
<ul style="list-style-type: none"> <li>• Unreliable and outdated technology. Example of system interruption such as Human Capital Information Management.</li> <li>• Lack of required technology and equipment. Example MRI machine.</li> <li>• Technological Skill Deficit</li> <li>• Poor Maintenance</li> <li>• Poor/Absence of network coverage in many remote areas</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Global Warming/</u> Natural Disasters (e.g. <u>flood</u> affects accessibility to services, disease outbreaks and resources utilisation and <u>drought</u> causes food insecurity/safety)</li> <li>• Radiation Exposure (mines, electronic equipment, x-rays) Negatively affect health, e.g. cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Outdated legislations that are barrier to the provision of health services</li> </ul>

## 4. STRATEGIC PILLARS, ISSUES AND OBJECTIVES

Looking at both the SWOT and PESTEL outcomes, three (3) main Strategic Pillars were identified and are as follow: **People Well-Being; Operational Excellence and Talent Management.**

### 4.1 People-Wellbeing

The Ministry has the responsibility of ensuring the wellbeing of the Namibian people. Thus, the first strategic pillar is focusing on the improvement of public health with the special effort directed at the implementation of programmes that address communicable and non-communicable diseases. While recognizing the importance of every citizen’s wellbeing, the Ministry has prioritized to improve women’s, children’s and adolescent’s health in line with the UN Secretary General’s Global Strategy for Women’s, Children’s and Adolescent’s Health (2016-2030). Furthermore, this pillar will address issues of social ills such as substance abuse and gender based violence. Similarly, the pillar will further address issues of nutrition, mental health, rehabilitation as well as hygiene, sanitation and safe water.

## 4.2 Operational Excellence

This pillar concentrates on the improvement of communication and stakeholder engagement, effective governance on infrastructure development and resource management. The upgrading and maintaining of the existing infrastructure; including office space, health facilities, and maternal shelters for expectant mothers as well as accommodation of health officials, especially in remote and hard to reach areas will remain priorities.

The aspect of resource management is essential, hence, the focus on medical equipment as this has a direct influence on service delivery. Furthermore, the Ministry aims to continuously maintain physical infrastructures, medical equipment and ensure availability of essential medicines.

Appropriate and relevant legislation will be in place to address the scope and needs for the health sector. In addition, the decentralization strategy which is focused on de-concentration to MoHSS regions and districts will be vigorously promoted.

## 4.3 Talent Management

The main objective of this pillar is to ensure the hiring of qualified and competent healthcare providers who are able to deliver quality health care services. The focus will be on senior managers and district managers. Their skills and competencies will be assessed independently and where skills gaps are identified, appropriate training will be provided. Furthermore, the MoHSS will endeavor to explore ways of increasing the number of Namibian trained health professionals to ensure deployment of human resources for health service delivery. A new revised and responsive staff establishment will be implemented.

# 5. CRITICAL SUCCESS FACTORS

The following elements are of significant importance to attain broad strategic objectives:

- ✓ Adequate funding from both Public Investments and Private resource streams
- ✓ Appropriate and responsive staff establishment
- ✓ Human capital development
- ✓ Leadership and management capacitation
- ✓ Infrastructure refurbishment / development
- ✓ Improved information management
- ✓ Improved logistics and supplies management
- ✓ Desired performance culture
- ✓ Improved Ministry Image

## 6. FINANCE

The Strategic Plan is costed using the One-Health Tool. This tool incorporates the UN epidemiology impact models to demonstrate the achievable health gains. The implementation of the Strategic Plan would require a total of N\$ 38, 668 billion for the period of five years (N\$ 7.73 billion per year)

## 7. MONITORING AND EVALUATION

During the implementation of this Strategic Plan, the Ministry will closely monitor the process of implementation of different programmes and projects. The Ministry will develop Management Plans on an annual basis, which will serve as a monitoring tool.

These Annual Management Plans will be done at all levels and reporting will be done on a quarterly basis through the annual performance review template as set out by OPM and NPC. Thereafter, an annual performance review or the Annual Progress Report will be generated to measure the actual performance against the set targets.

Joint planning and reporting review meetings with our stakeholders as provided for in the context of the Fifth National Development Plan framework will be periodically conducted.



## 8. STRATEGIC PLAN MATRIX

STRATEGIC MATRIX 2017/18 -2021/22

Desired Outcome	Pillar	Strategic Objective	Key Performance Indicator (KPI)	Indicator Definition	Indicator Type	Baseline	Annual Targets					Program	Project	Budget		Responsible Unit
							Y1	Y2	Y3	Y4	Y5			Operational	Dev	
							2017/18	2018/19	2019/20	2020/21	2021/22					
By 2022, Namibia's Health Adjusted Life Expectancy (HALE) has improved from 58 to 67.5 years	People wellbeing	Reduce incidence and Prevalence of Communicable Diseases	Reduction in morbidity for Malaria	Reduction in the rate of new malaria cases per 1000 population	Decremental	10%	5%	3%	1%	1%	1%	Public Health Care	Management of Communicable diseases	109 070		DSP
			Reduction in morbidity for TB	Reduction in the rate of new TB cases per 100 000 population	Decremental	489	396	356	321	289	260			129 614		DSP
			Reduction in morbidity for HIV	Reduction in the rate of new HIV infections per 100 000 population	Decremental	374	345	288	271	271	271			712 876		DSP
			Reduction in mortality for Malaria	Reduction in mortality rate for Malaria per 100 000	Decremental	3.4	1	0.3	0.1	0.02	0			-		DSP
			Reduction in mortality for TB	Reduction in mortality rate for TB per 100 000	Decremental	73	68	63	58	51	47			-		DSP
			Reduction in mortality for HIV	Reduction in mortality rate HIV per 100 000	Decremental	134	120	106	94	92	90			-		DSP
			Routine Immunization coverage for Measles and NID	Increased (90%) Immunization coverage in at 80% of districts	Incremental	20%	30%	50%	60%	70%	80%		32 403		PHC	

**STRATEGIC MATRIX 2017/18 -2021/22**

Desired Outcome	Pillar	Strategic Objective	Key Performance Indicator (KPI)	Indicator Definition	Indicator Type	Baseline	Annual Targets					Program	Project	Budget		Responsible Unit
							Y1	Y2	Y3	Y4	Y5			Operational	Dev	
							2017/18	2018/19	2019/20	2020/21	2021/22					
By 2022, Namibia's Health Adjusted Life Expectancy (HALE) has improved from 58 to 67.5 years	People wellbeing	Improve effective prevention and management of Non-Communicable diseases	% reduction in morbidity	number of cases of non-communicable diseases (top 5:as at end of 2016/17 FY:	Decremental	1.13%	1.11%	1.09%	1.07%	1.04%	1.02%	Public Health Care	Management of Non-Communicable Diseases	194 421		PHC
			% reduction in mortality	number of deaths of NCD per 100 000 population (top 5:as at end of 2016/17	Decremental	0.12%	0.11%	0.11%	0.10%	0.94%	0.88%	Public Health Care			PHC	
		Improve Maternal and newborn health	Reduction in maternal mortality Ratio	Number of maternal deaths from any cause related to or aggravated by pregnancy or its management per 100 000 live births	Decremental	385	348	311	274	237	200	Public Health Care	Women's, Children's and Adolescents ' Health	1 814 592		PHC
			Reduction newborn mortality	number of deaths among babies 0-28 days per 1000 live births	Decremental	20	18	16	14	12	10	Public Health Care			PHC	
		Improve Emergency Services	% progress made for the WCH to have a fully functional trauma and emergency center	WCH to have appropriate number and quality of skilled health professionals; functional equipment and physical infrastructure	Incremental	60	60	80	100	100	100	Public Health Care	Establishment of a National Emergency Rescue Services			WCH

**STRATEGIC MATRIX 2017/18 -2021/22**

Desired Outcome	Pillar	Strategic Objective	Key Performance Indicator (KPI)	Indicator Definition	Indicator Type	Baseline	Annual Targets					Program	Project	Budget		Responsible Unit
							Y1	Y2	Y3	Y4	Y5			Operational	Dev	
							2017/18	2018/19	2019/20	2020/21	2021/22					
By 2022, Namibia's Health Adjusted Life Expectancy (HALE) has improved from 58 to 67.5 years	Operational Excellence	Strengthen social welfare through quality health services	% reduction on waiting period at major health facilities	Average # of hours patients/clients wait for services (Katutura, Rundu, Oshakati, Onandjokwe, WHK Central Hosp, Katutura health center, (denominator 8 hours)	Decremental	0	63	50	38	25	13	Public Health Care	Strengthening governance for health sector			Quality Assurance
			No of social ills cases reduced	Reduction in number of new cases of social ills in all regions per 100 000 population	Decremental	820	788	758	729	702	675	Developmental Social Welfare Services	Community based Health Services Outreach	117 754		DSWS
			% of functions decentralized	Percentage progress made towards Health Services decentralization as per decentralization action plan	Incremental	0	10	20	20	20	30	Health system planning and management	Decentralization			PP+ HRD and HRM+GS
			% reduction in the number of referral for specialized services	Referral from state facilities to private or abroad (reduction of 2% per annum)	Decremental	385	308	247	198	158	126	Health system planning and management	Specialized Care and Patient Management			WCH

STRATEGIC MATRIX 2017/18 -2021/22

Desired Outcome	Pillar	Strategic Objective	Key Performance Indicator (KPI)	Indicator Definition	Indicator Type	Baseline	Annual Targets					Program	Project	Budget		Responsible Unit
							Y1	Y2	Y3	Y4	Y5			Operational	Dev	
							2017/18	2018/19	2019/20	2020/21	2021/22					
By 2022, Namibia's Health Adjusted Life Expectancy (HALE) has improved from 58 to 67.5 years	Operational Excellence	Ensure integrated and Functional ICT infrastructure	% of progress on the implementation of electronic health system	Health facilities with operational electronic health system. (number of facilities out of 353 facilities)	Incremental	0	10	50	100	100	100	Health system planning and management	Integrated Health Information System	1 233 936		HRM+GS
			% of information systems that are interoperable and synchronized into a single health information system	health information systems integrated into the DHIS2 (out of 61)	Incremental	7	20	43	59	79	100					DHIR

**STRATEGIC MATRIX 2017/18 -2021/22**

Desired Outcome	Pillar	Strategic Objective	Key Performance Indicator (KPI)	Indicator Definition	Indicator Type	Baseline	Annual Targets					Program	Project	Budget		Responsible Unit
							Y1	Y2	Y3	Y4	Y5			Operational	Dev	
							2017/18	2018/19	2019/20	2020/21	2021/22					
By 2022, Namibia's Health Adjusted Life Expectancy (HALE) has improved from 58 to 67.5 years	Operational excellence	Ensure Regulatory framework for health service delivery	% of policies reviewed	existing policies reviewed out of 15 planned	Absolute	0	4	3	2	4	2	Health Regulations and Supervision	Strengthening governance for health sector	246 787		PP+HRD
			% progress with finalization of Bills	80% means all bills are tabled and approved by the Cabinet Committee on Legislation and 100% means bills are approved by Parliament	Absolute	0	2	4	3	0	3					Legal Division
			litigation cases reduced	Number of successful litigations against the Ministry	Decremental	14	10	6	4	2	2					Legal Division
			% compliance to all relevant frameworks	Proportion of institutions (10577 on annual basis) complying to relevant frameworks aimed at protecting the general public against harmful interventions	Incremental	0	100	100	100	100	100					PHC, HRM+GS, DSWS and THC+CSS, Atomic Energy

**STRATEGIC MATRIX 2017/18 -2021/22**

Desired Outcome	Pillar	Strategic Objective	Key Performance Indicator (KPI)	Indicator Definition	Indicator Type	Baseline	Annual Targets					Program	Project	Budget		Responsible Unit
							Y1	Y2	Y3	Y4	Y5			Operational	Dev	
							2017/18	2018/19	2019/20	2020/21	2021/22					
By 2022, Namibia's Health Adjusted Life Expectancy (HALE) has improved from 58 to 67.5 years	Operational excellence	Accelerate Health infrastructure development	# of health facilities/units/ services constructed under PPP framework	health facilities constructed under the Public Private Partnership Framework	Incremental	0	1	1	1	1	1	Health system planning and management	Capital Projects : Health Facilities	10,629 154		PP+HRD
			% of units with functional specialized services	Specialized units with competent HR, equipment and physical infrastructure	Incremental	52	64	72	88	92	100					WCH
			% of health facilities renovated/upgraded	Existing health facilities upgraded/renovated in accordance with universal health facility assessment out of planned	Incremental	31	40	50	70	80	100					PP+HRD
			% of health facilities that are well maintained	Well maintained health Facilities has the required units, tools and approved maintenance plan	Incremental	0	14	15	20	25	30					PP+HRD

**STRATEGIC MATRIX 2017/18 -2021/22**

Desired Outcome	Pillar	Strategic Objective	Key Performance Indicator (KPI)	Indicator Definition	Indicator Type	Baseline	Annual Targets					Program	Project	Budget		Responsible Unit
							Y1	Y2	Y3	Y4	Y5			Operational	Dev	
							2017/18	2018/19	2019/20	2020/21	2021/22					
By 2022, Namibia's Health Adjusted Life Expectancy (HALE) has improved from 58 to 67.5 years	Operational Excellence		% of health facilities (Health Centers and Clinics) with minimum essential equipment	essential equipment both (low- and high tech) to be distributed to the current/existing total of 351 health facilities	Incremental	0	17	37	58	79	100	Clinical and Health Care services	Procurement, maintenance and Replacement of Medical equipment			THC+CSS
		Improve contracting and pharmaceutical supply of medicines	% Service level at Central Medical Stores	Percentage of items supplied out of ordered	Incremental	66	90	90	90	90	90		Pharmaceutical supply management	8 015 278		THC+CSS
		Enhance organizational performance	% of strategy execution	The execution of all yearly targets	Incremental	0	100	100	100	100	100	Performance Improvement	Performance Management (PMS, BPR, Charters)	11 537 378		HRM+GS
			% of staff members screened	Issues of Health and Emotional well-being of employees attended to	Incremental		100	100	100	100	100		Employee Wellness			Division: Employee Wellness
			% of client satisfaction	The perception of clients in terms of service delivery	Incremental	0	0	100	100	100	100		HR Development			HRM+GS
			% compliance with OAG statutory requirements	The compliance of budget execution in accordance all OAG requirements	Absolute		100	100	100	100	100	Administration	Financial Management & Audit Service	4 089 809		F+P

**STRATEGIC MATRIX 2017/18 -2021/22**

Desired Outcome	Pillar	Strategic Objective	Key Performance Indicator (KPI)	Indicator Definition	Indicator Type	Baseline	Annual Targets					Program	Project	Budget		Responsible Unit
							Y1	Y2	Y3	Y4	Y5			Operational	Dev	
							2017/18	2018/19	2019/20	2020/21	2021/22					
By 2022, Namibia's Health Adjusted Life Expectancy (HALE) has improved from 58 to 67.5 years	Talent Management	Enhance human capital development and utilization	% of progress in the development of a competency framework	average % of progress made for each of the 60 health professions in the development of competency framework	Incremental	0	5%	50%	75%	100%	0%	Health system planning and management	Training and Skills development			HRM+GS
			% of progress in organizational skills profile	percentage of staff members whose skills have been profiled out of staff component	Incremental	0%	0%	50%	100%	0%	0%	Health system planning and management	Training and Skills development			HRM+GS
			% implementation of national health human resource management plan	The first 2 years will be on the development and 3 <sup>rd</sup> Year, Implementation of HR and the strategy.	Incremental	0%	0%	0%	30%	40%	50%	Health system planning and management	Training and Skills development			HRM+GS
			Nurses ratio per population	The number of nurses at a given time in the country per total population	Decremental	328	317	307	297	285	270	Public Health Care	Training and Skills development			PP+HRD
			Pharmacist ratio per population	The number of pharmacists at a given time in the country per total population	Decremental	4095	3563	3286	2922	2567	2289	Public Health Care	Training and Skills development			PP+HRD
			Doctor ratio per population	The number of doctors at a given time in the country per total population	Decremental	2485	2224	2012	1837	1625	1457	Public Health Care	Training and Skills development (HRD)			PP+HRD



## ANNEXURE 1: STAKEHOLDERS ANALYSIS

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
All OMAs should implement health-in-all policies			
<b>Offices, Ministries &amp; Agencies</b>	OPM	Enabling Public Service Staff Rules, policies and procedures	Adherence to and implementation of Public Service rules, policies and procedures
	Ministry of Education, Arts and Culture	Implement school health programmes  To form part of the policy making process.  Provides Standards and guidelines on archive	Development of school health programmes  Training and development needs analysis in the health and social welfare sector  Manage archives in line with set standards
	Ministry of Higher Education, Training and Innovation (MHETI)	To form part of the policy making process.  Provide assistance in Human Resource Development for the health and social welfare sector  Implement tertiary health and social welfare programmes	Identification of potential candidates for training and development for the health and social welfare sector

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
	Academic Institutions	<p>Produce trained health and social welfare human resources</p> <p>Offer academic courses in line with the needs of health and social welfare sector</p>	<p>Provide needs requirements</p> <p>Advocate for more resources</p> <p>Nurturing the national school of medicine</p> <p>Provision of clinical training centres mandated</p>
	Namibia Students Financial Assistance Fund (NSFAF)	To fund health-related training programs	Provide priority training areas to be funded
	Ministry of Home Affairs and Immigration	<p>Expedient and timely issuing of Work Permits and work visas for health workers</p> <p>Provision of complete data on civil registration</p>	<p>Valid, complete and timely applications and supporting documents</p> <p>Enable civil registration</p>
	Ministry of Works and Transport (MoWT)	<p>Coordination of construction and adequate maintenance of road infrastructure, health and social welfare facilities and equipment</p> <p>Timely consultation and formal notification on contractor appointments</p> <p>Adherence to the set standards</p> <p>Provide guidelines for the transfer of maintenance functions.</p>	<p>Sufficient budget for construction and maintenance</p> <p>Timely and formal notification of maintenance requirements</p> <p>Provision of standards</p>

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
<b>Offices, Ministries &amp; Agencies Contd.</b>	Ministry of Urban and Rural Development (MURD)	<p>Provision of reliable water, electricity and sanitation services</p> <p>Ensure that decentralised functions are implemented</p> <p>Provide land for the construction of health and social welfare facilities</p>	<p>Sufficient budget for services required</p> <p>Set health and social welfare standards</p> <p>Indicate the health and social welfare functions which will be decentralised</p>
	Local Authorities (LA)	<p>Provide land for the construction of health and social welfare facilities</p>	<p>Provision of information on health-related needs</p>
	Ministry of Gender Equality and Child Welfare (MGE CW)	<p>Participate in the co-ordination of social welfare services.</p>	<p>Coordinate the provision of social welfare services.</p>
	Ministry of Defence (MoD)	<p>Provide transport logistics in routine activities and emergency situations</p> <p>Adherence to health standards</p> <p>Provision of health services to force members</p> <p>Provision of data on health services provided</p>	<p>Provision of health and social welfare services</p> <p>Supply pharmaceuticals</p> <p>Setting of health standards</p>
	Ministry of Agriculture, Water and Forestry	<p>Ensure sufficient Food and nutritional security</p> <p>Provision of safe and reliable water supply</p> <p>Collaboration on nutrition research</p> <p>Control of zoonotic diseases</p>	<p>Provide minimum nutrition standards</p> <p>Ensure that water quality conforms to set standards</p> <p>Coordination in the control of zoonotic diseases</p>

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
		Provision of set guidelines on sanitation	
	Ministry of Labour, Industrial Relations and Employment Creation	Provide assistance and guidelines in the implementation of the Labour Act in the health sector.  Share the available health and social welfare personnel statistics in the country	Proper implementation of the Labour Act  Regulation occupational health and safety
<b>Offices, Ministries &amp; Agencies</b>  <b>Contd.</b>	Ministry of Justice	Assist with the review and update of health and social welfare sector related Legislation	Provide layman's draft of proposed amendments to the legislation  Compliance to existing health sector legislation  Provide legal services
	Office of the Attorney General	Provision of legal advice and services	Revision of service level agreements
	Ministry of Sports, Youth and National Services	Implement health and social welfare programmes	Provide programmes and standards on reproductive health  Health promotion
	Ministry of Finance	Provide sufficient health care and social services financing	Proper sufficient justification for budget requests.  Timely implementation of tenders

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
			Implement the budget in line with the legal directives
	National Planning Commission	Mobilise funding  Fund capital projects	Implement planned projects and programmes  Prioritize intervention programmes for funding and timeous submission
	Namibia Statistics Agency (NSA)	Provision of statistics and statistical services  Provide support in research activities	Adherence to statistical and research standards
	Ministry of Poverty Eradication and Social Welfare	Participate in the coordination of social welfare services	Integrate and implement poverty reduction programmes  Co-ordinate social welfare services
<b>Offices, Ministries &amp; Agencies</b>	Ministry of Information and Communication Technology	Provide guidelines on ICT  Factual health and social welfare Information dissemination	Adherence to guidelines on ICT  Provide health and social welfare-related information for dissemination

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
	Ministry of International Relations and Co-operation	Facilitate international health & social welfare programmes and activities Assist in the ratification of conventions and treaties	Implement, adhere and report on conventions and treaties
	Ministry of Safety and Security	Provide health care and social welfare services in correctional facilities Provide transport logistics in routine activities and emergency situations Adherence to health standards Provision of health services to force members Provision of data on health services provided	Provide set standards Provision of Health and Social Welfare Services Setting of health standards Provide technical support on health-related issues
	Office of the Auditor General	Conduct financial and performance audits	Comply with policies and procedures
	Ministry of Mines and Energy	Technical backstopping (back-up power generators) on the mechanical systems	Comply with regulations
<b>Trade Unions</b>	ALL	Collaborative and cordial relationship Educate their members on labour-related issues	Adherence to Recognition agreements Provide conducive working environment Promote employee wellness programmes in the workplace

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
<b>Organizations (NGOs and Welfare organizations)</b>	ALL	To Align activities to the MoHSS Strategic plan.  Implement health programmes in line with the national set guidelines	Share health care needs and situational analysis  Advocate for more resources for our training programmes  Provision of accredited clinical training centres
	ALL	Health Promotion	Provide programmes framework and standards on reproductive health
		Assist in improving and providing access to health and social services	Collaborate and coordinate in the implementation of health and social services
		Assist with social mobilization, and advocacy around issues affecting people with disabilities  Assist in social mobilization and advocating for health issues	Share information on health issues affecting people with disabilities and the general public  Provide funding for sustainability of health services
		Assist in the provision of Health Care Services  Timely submission of budget requests  Provide annual financial reports  Submit results and achievements	Set guidelines and standards in the provision of health care services  Provide required subsidies

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
		Align activities with national health and social welfare strategic objectives	
<b>Faith-Based Organizations (FBOs)</b>	ALL	Assist in the provision of Health Care Services Timely submission of budget requests Provide annual financial reports	Set guidelines and standards in the provision of health care services Provide required subsidies
<b>Agencies</b>	WHO Global Fund (GF) UNICEF CDC, EU UNFPA UNAIDS USAID PEPFAR IOM FINIDA French Corporation Cuban Medical Volunteers JICA US Corps VSO, GDS	Health-related information dissemination Technical and financial support Provide assistance in line with MoHSS strategic objectives	Strengthen steward ownership Provision of health-related information Share planning activities and health care needs Improved coordination



Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
<b>Private Health and Social welfare Services</b>	ALL	Contribution to health and social welfare service provision in line with set standards  To provide statistics in line with agreements  Funding improvements  Use services appropriately	Provide health care and social welfare standards and guidelines  Registration and licensing of private health care providers  Avail MoHSS facilities to private health care providers  MoHSS to improve service delivery  Maintain proper billing facilities  Involvement in training of health workers  Increase funding
<b>Health Professions Councils</b>	ALL	To regulate all health and social welfare professionals in the country  Accredit health facilities for training purposes	To provide the legislative framework  To provide infrastructure  To provide appropriate standards  Account for funds received from the government
<b>Communities</b>		Participate in health care social welfare service activities	Provision of comprehensive, accessible, quality and affordable health care

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
		<p>Adhere to primary health care provisions</p> <p>e.g. NIDs</p> <p>Contribute to health care funding (i.e. through user fees)</p>	<p>and social welfare services</p> <p>Provide health promotion</p> <p>Support to community-based health and social services workers</p> <p>Community involvement and participation in planning, monitoring and evaluation</p>
<b>Laboratory Services</b>	<b>Namibia Institute of Pathology (NIP)</b>	<p>To provide high quality affordable accessible, timely essential laboratory services in line with performance agreements /MoUs</p>	<p>To provide regulatory framework, standards and norms</p> <p>To honour financial commitments</p> <p>Review of registration, MoU and relevant acts.</p> <p>Physical monitoring for quality assurance</p> <p>To conduct regular inspections</p>
	<b>PathCare</b>	<p>To provide high quality affordable accessible, timely essential laboratory services in line with performance agreements /MoUs</p>	<p>To provide regulatory framework, standards and norms</p> <p>To honour financial commitments</p> <p>Review of registration, MoU and relevant acts.</p> <p>Physical monitoring for quality assurance</p>

Stakeholders	Name	MoHSS Expectations	Stakeholder Expectations
			To conduct regular inspections
	<b>Blood Transfusion Services of Namibia (NAMBTS)</b>	To provide safe and quality blood and blood products Align plans to MoHSS Strategic Plan	To provide regulatory framework, Standards and norms To honour financial commitments
<b>Private Sector (Businesses)</b>	<b>ALL</b>	Implement health and social welfare programmes in line with set standards Provide statistics as per agreement	Provide guidelines on health and social welfare standards Provide technical assistance on request