



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

ADDRESS BY THE MINISTER OF HEALTH AND SOCIAL SERVICES, DR KALUMBI SHANGULA AT THE NATIONAL MANAGEMENT DEVELOPMENT FORUM, 18-22 FEBRUARY 2019, WINDHOEK

Programme Director, Mr Ben Nangombe, the Executive Director of the MOHSS
Hon Deputy Minister
Deputy Executive Directors
Directors and Management Cadre
Staff members of the Ministry
Ladies and Gentlemen!

I have the distinct pleasure to deliver my first address to you as Minister of Health and Social Services at the very beginning of 2019. Allow me therefore, at the onset, to wish you a productive and a rewarding New Year.

Programme Director,

When I accepted the portfolio of Minister of Health and Social Services, I had no illusion about the complexity of the challenges that this ministry is faced with. I consider myself to be fortunate to have served the Ministry of Health and Social Services at all levels, from Medical Officer, Head of Department, Medical Superintendent, Regional Director and finally Permanent Secretary. I have therefore an appreciation of the challenges and sensitivity associated with each levels of health care.

I wish to thank you all for the warm welcome I received and continue to receive from you and for the pledges of support you have made. This has encouraged me to embark on a defined trajectory that I will articulate to you at a later stage.

I am still in the process to familiarise myself with the current state of the Ministry. During my eleven years of absence from the Ministry, a number of new developments and dynamics have taken place. Let me acknowledge the contribution of my predecessors to the development of the health care services in Namibia. While I am yet to form a complete picture of the situation at hand, I deem the following areas critical enough to warrant priority attention.

1. A community of shared value

The Ministry is made up of individuals who come from different backgrounds in terms of cultures and professions. We are bound together as members of one organization with a common destiny. In order to ensure cohesion among our staff members, there is a need to rally ourselves around **a shared value** in order to facilitate an ethical decision-making process. In my view, our shared values should revolve around the following tenets: commitment, empathy, compassion, courtesy, caring, belief in others, cooperation and appreciation. I therefore implore you all to embrace these shared values for us to move forward in unison.

2. Team work/Unity

There is a saying in Oshiwambo that *“omunwe gumwe ihagu itoola ona”*. In English, this translates loosely as *“you cannot catch a louse with one finger”*. We joined the Ministry independently of one another. The workplace is not a boxing ring or a football pitch to fight individual battles. It is a place where we should look forward every morning we are coming to work. It is a place where each one of us should find solace and satisfaction in the discharge of one’s responsibilities. We need one another. We are here for a purpose. Team spirit must be inculcated and nurtured. I ask the Executive Director to arrange a team building retreat for managers. I will, towards the end of my address shared with you the *“soccer team concept”* that I intend to introduce as a vehicle for the attainment of a cohesive and an effective ministerial team capable of achieving the seemingly unattainable goals!

3. Primary Health Care Focus

The old English axiom that “prevention is better than cure shall remain our mantle. The emphasis will be more on “prevention of disease and illness and promotion of health”. This includes safe motherhood and better child care. It is not acceptable for a woman to lose life in the process of giving life to a bay. We will devise strategies to bring down maternal and infant mortality rates.

4. Emergency preparedness

The Hepatitis E Virus outbreak has exposed our unpreparedness to deal with emergencies. This has resulted in our inability to establish the index case. As such we are unable to establish whether Hepatitis E Virus is endogenous or exogenous because our systems are not responsive and sensitive enough to answer that question.

I had an opportunity to interact with the teams that is charged with the outbreak control at national and regional levels. Though we note progress made, the fact that the outbreak is persisting and has the potential to become endemic in Namibia is a wake-up call to action. The latent apathy that permeate through the public towards the disease is a frightening phenomenon.

A Rapid Assessment that was conducted late year revealed certain gaps and weaknesses in our current control environment. These will be addressed forthwith. We are called upon to show strong leadership and administer even shock therapy in order to eliminate Hepatitis E virus in Namibia. I shall remain engaged with the team in this regard.

4. Re-dedication to service delivery

Numerous complaints from the public towards our service delivery have been received. Nursing care has apparently deteriorated. Professionalism has given way to indifference and

lack of empathy. I know that this does not apply to everyone. We shall devise mechanism that will expose the bad apples and make it impossible for them to hide among the good ones. Why should the integrity of a dedicated health professional be impugned on account of an invisible culprit? Fairness must prevail!

5. Remedial Programme

Namibia, as a young country has been experiencing human resource deficit especially in the health-related fields. Due to the limited training capacity in Namibia, many students sought training outside the country. Upon their return as graduates, they found it difficult to be fully integrated in the Namibia health system. Through assessment it was found that some of the graduates do lack essential skills and competencies to be able practice as health professionals.

In order to address this matter, Cabinet decided to establish a remedial programme under the Ministry of Health and Social Services which should be designed to close the gaps between what the foreign trained graduates know and what they are expected to know. Since its introduction, the participants have experienced some challenges mainly due to the fact that the programme was not structured in any way. It was left to the ingenuity of the departments concerned. This problem was further compounded by the big number of the foreign graduates, thus putting more pressure on the already overburdened health system.

Given this untenable situation, the Ministry of Health and Social Services, the University of Namibia and the Health Professions Councils of Namibia came together with a view to put in place structures and resources in order to make this remedial programme a success. To this end, the three institutions decided to establish a **Task Force on Remedial Programme (TFRP)**. The purpose of the Task Force is to investigate the remedial programme in its current form and make recommendations on how it could be structured to meet the stated goal.

6. Pharmaceutical supplies

The public has a strong belief in treatment. If a patient goes to a health facility and is told that there is no medicine, such person will feel let down by the system and rightly so. Sometimes as health workers, we reinforce this narrative by not offering the available alternative or simply by being circumspect in our communication with patients. I have found some of the public comments from some staff members quite atrocious and not helpful at all.

The acquisition, distribution and dispensing of medicine are fraught with logistic challenges. This is so because there are too many players along the supply chain. This can be easily overcome if every player plays their part. I am working with the Executive Director and the Director of the Central Medical Store to address the acquisition aspect of the supply chain of medicines.

7. Other supplies

Recently there was an article in the newspaper about the outage of health passports in the health facilities. We were told that patient information are being written on loose papers. It turned out that the health passports were received in December 2018 but the health facilities were not informed about such delivery, nor were their orders followed up when the health passports

were received. It is these acts of avoidable negligent that tarnish the name of the Ministry. The Executive Director always talk about getting the basic things right. Let everyone just do that.

8. Legislation

The Ministry has developed various bills which are at various stages of finalization. We will prioritise them and ensure speedy passage through the legislative process. The bills impact on people's lives and their livelihood and therefore warrant speedy action.

9. Capital projects

I am deeply concerned about the slow implementation of capital projects. The current burn rate of 33% in this financial year does not impress me at all. Most of our physical facilities are in a deplorable state of disrepair. We will work with our colleagues in the Ministry of Works on this issue.

10. Ministerial audits

The Auditor General reported that the Ministry of Health and Social Services is one of those that has received qualified audits for three consecutive financial years. A qualified audit is a statement that suggests that the information provided is limited in scope and that the Ministry does not comply with generally accepted accounting principles. It does not necessary suggest that funds might have been misappropriated. It is in most cases a result of poor record keeping of supporting documents. A qualified audit reflects badly on the Ministry and may raise suspicion of possible wrongdoing in the mind of the public when in actual nothing of that kind has taken place.

I therefore ask the Executive Director as the accounting officer of the Ministry to enforce good accounting practices and to ensure future clean audits.

11. ICT Services

Innovation has opened up new opportunities in terms of information and communication technology. We should exploit this development to our advantage. It is no secret that printing of documents cost a lot of money. We can save these funds by going paperless. We can start on this journey by changing from health passports being in hard copies to an electronic version. This will help to preserve patient information which will be easily accessible to the health service providers for the benefit of the patients. It will also be convenient to the patients as they will no longer be required to carry a multitude of worn out and sometimes untidy health passports.

Programme Director

As promised at the beginning, I am now going to introduce to you the Soccer Team Concept. Soccer is a popular game in Namibia, like in many other countries. I bet that in this room, each and every one of us is associated with soccer in one way or another, either by being a player, a retired player, a supporter, a soccer fan or indirectly through spouses, children, siblings, boyfriends or girlfriends. I chose this concept as I believe that it will be understood quite easier.

12. The Soccer Team Concept

The soccer team concept illustrates the structural and functional relationship between and among members of the Ministry of Health and Social Services.

The Minister plays the role of the Coach.

The Deputy Minister plays the role of the Assistant Coach.

The Executive Director is the Captain of the Team.

The entire employees of the Ministry are the Players.

The public is the supporters and fans.

The name of the team is Ministry of Health and Social Services.

Please note that the Coach and the Assistant Coach never play a game. The team plays and when it wins, we say the team has won. Not the coach, not the assistant coach and not the captain, but the Team.

When the team loses, it is said the Ministry of Health and Social Services has lost. That includes the players, who are the employees. This must be clearly understood that non-performance by one employee is a bad reflection on all the other employees.

We are a soccer team!!!!

