



REPUBLIC OF NAMIBIA

Ministry of Health and Social
Services

**STATEMENT BY THE EXECUTIVE DIRECTOR
OF MINISTRY HEALTH AND SOCIAL
SERVICES
ON THE OCCASION OF THE 2019 NATIONAL
PLANNING AND FINANCIAL
MANAGEMENT MEETING**

**24 SEPTEMBER 2019
SWAKOPMUND**

Director of the Programme,
Deputy Executive Directors,
Senior Managers from National Level, Regions and Heads of Referral Hospitals,
Senior Government Officials,
Colleagues,

I welcome the opportunity to address you as senior managers and technical officials attending this important gathering, the Annual National Planning and Financial Management Meeting. I regret the fact that I missed out on some presentations as I could not attend the Meeting from Monday, in order to follow and participate in all the proceedings. For the sake of progress and the imperative of the work we do, I will be frank.

More than anything else, this meeting is an introspection, where we look at ourselves in a mirror and ask how are we doing? It is best if we answer this question with all honesty, with all objectivity and without passion or bias. That is why I said I will be rather frank. We are gathered here to reflect on the implementation of the resolutions we adopted at the National Planning and Finance Management Meeting in October last year at Otjiwarongo. This is also a good opportunity for us to reflect on our work since the start of the current Financial Year.

The idea is to look at both successes recorded and challenges encountered in our quest to get the basics right. This meeting will also provide us with an opportunity to learn from experience and identify priorities for the next Financial Year. The pillar of my address is that whatever we do will, and it surely will, rise and fall with leadership. It is on us as leaders to provide the necessary guidance, to plan, to think, to provide solutions. The second pillar is that for us to over-come the challenges that we face, we must be ready to actually acknowledge that they exist and call them by name.

Programme Director,

Our mandate as a Ministry is to ensure that we provide quality health and social welfare services to the people of Namibia. I do not need to repeat that the majority of Namibians depend on public health care services that the Ministry provides to the public. In this regard, it is absolutely critical, and I am saying so because words have meaning, that we place patients and clients at the center of all that we do in our health service delivery.

Programme Director,

Resource constraints are part of our daily reality. This has had a serious negative impact on our operations. It is exactly for this reason that we need to be more creative, innovative and focused to fulfil our mandate in a climate of resource constraints. The fact of the matter is that there are serious leakages in our system. Leakages, which if plugged can lead to major savings. I will venture to say that in many instances, the pain and suffering that the Ministry is suffering, is self-inflicted. Why do I say so, you will ask? I say so because as I said, there are leakages in our system, resources both material and financial are being wasted. Time too is being wasted. The result is inefficiencies, indifference and inertia in many areas. We have become comfortable, too comfortable with the status quo. One will observe that while some dedicated officials are working themselves to death, there are those, at least in my observation at Head Office, who come to work and it is not clear what they actually do during those eight hours. And the thing is, it appears supervision is not as robust as ought to be. I call this lack of accountability. We have to capitalize on skills and expertise of our human resources and motivate them to excel, even under difficult circumstances.

In addition, and this particularly important, I have observed over the past year, that across the board, the 2003 Health Facilities Standards and Norms are not being enforced. The 2003 Standards and Norms covered only District Hospitals. How do we continue to explain that, as Accounting Officer I sign off Certificates for Private Facilities, which are issued after inspection by our officials, but our own facilities are not subject to the same kind of scrutiny or inspection? Which type of Standards do we live up to? I am aware that the Norms have been updated since 2012 to make provision for Referral Hospitals. We must sort this out without delay.

Dear Colleagues,

Yes, it is true that resources are limited, however, we cannot afford for our health facilities, especially the big hospitals not to have certain critical components. Things like working medical gas backup systems, scavenging systems, where older model anesthetic machines are not equipped with such inbuilt systems, evacuation plans, fire drills, stock taking, filing etc. This is a serious matter.

Another question I would like to ask is: Are we planning adequately? When was the last time we conducted the Namibia Demographics and Health Survey, which is supposed to provide data to be able to

plan properly, more realistically, more accurately. Data is everything. Our planning must be data driven. That is how some programs such as the HIV/AIDS interventions have managed to become so successful. It is all about data. As they say, you cannot manage that which you cannot measure. We need up to date information in order to be able to plan and to execute.

I have made my observations on the Minutes of the National Planning and Financial Management Meeting of last year. I understand that they were shared. Please analyze them and provide the requested information and updates. It is important.

I am aware that despite the challenges, we are making progress, in a number of areas. Let me touch on some of the recent successes:

1. A fluoroscopy machine was recently commissioned at Intermediate Hospital Oshakati, which has been asking for it at gatherings like this one
2. 24-hour operations at Katutura Health Centre were launched last week. This will reduce congestion at Intermediate Hospital Katutura which for years had been overwhelmed by many patients, and improve service delivery.
3. We have managed to recruit and fill some positions already. For example, Okongo District Hospital, which did not have a single medical officer for almost a year, now has two medical officers since July this year.
4. We have managed to secure approval from the Secretary to Cabinet to create critical positions for health professionals in the Ministry. The submission was reviewed by the Public Services Commissioners who made various inputs which are currently being incorporated. Recruitment into these positions will be phased depending on funding availability. Let us applaud the Human Resource team that has worked, and is working day and night on the creation of these positions. It is a tedious process.
5. We have managed to get some facilities certified by the Health Professional Council of Namibia and have already placed interns to start undergoing training. A challenge remains in this area though as we have just received more than 200 graduates who will undergo the pre-internship evaluation, in preparation for internship.
6. Health facilities are being constructed country wide, and the most recently commissioned ones are Shadikongoro, Gcwatjinga, and Ncaute Primary Health Care Clinics in Kavango East and West Regions.
7. A 10-year Human Resources for Health Plan was finalized. This will guide us in planning for Human Resource.

8. Since the beginning of the current Financial Year, we managed to place 131 medical interns, 11 dental interns, 16 pharmacist interns, and two psychologist interns. I am positive that we will very soon address shortage of Human Resource for Health, especially among these cadres.
9. We have also made progress towards decentralizing some of our functions to the Regional Councils (*and hopefully, we will hand over the functions before the end of the current FY*).
10. We sought, actually fought for and obtained an exemption to buy pharmaceuticals and clinical supplies beyond the Ministry's procurement threshold of N\$100 million.
11. We sought, actually fought for and obtained an authorization to buy vaccines, antibiotics, family planning medication, and some Anti Retro Viral medications through the Pooled Procurement arrangements. The total value is more than N\$144 million for consignments that would be sufficient to cover our needs for at least 12 months. And that allows for us to prepare better for the long term, going forward.
12. We have agreed in principle to be granted another exemption to be able to flight tenders over a period of twelve months to procure pharmaceuticals and clinical supplies above our threshold. This will stabilize the clinical supplies situation and allow for the Central Procurement Board to finalize the Bidding Document for long term tenders for the procurement of pharmaceuticals and clinical supplies.

Human Resources

Our staff members in different operational areas, whether clinical, technical or administrative, are the lifeblood of the Ministry. They are the energy that powers public health care delivery in the country. Without them, there will be no public health services in the country. Thus, it is our duty as management, it is my duty as Accounting Officer to ensure that our staff members at all levels and in parts of the country are fully motivated, and well taken care of in order to do their work.

In this regard, I am concerned by a tendency I have observed in a number of instances where, instead of helping juniors, some seniors, whether it is administrators or medical professionals, treat juniors in a less than dignified manner. This is counter-productive and self-defeating. Our Ministry can only rise and we can only win if we join hands and work as a team. I am convinced, and you will agree with me that all of us want the Ministry to succeed, to do better, to be institution which we are proud to work for. The Strategic Plan for Human Resources for Health to guide us in this area up to 2030 was presented here. This is good progress.

Finance and Financial Management

Finance is to the operations of the Ministry, what engine oil, is to a running engine. Without it, the operations will stall. In this regard, it is of critical importance for us to manage our engine oil, our finances with utmost prudence. **At N\$ 6.4 billion, we have one of the highest budget allocations of all Offices, Ministries and Agencies in Namibia.** In terms of the allocation for the procurement of goods and services, ours is by far the highest. This is a huge responsibility and it comes with its unique set of challenges. For many years, the Ministry has received qualified audit opinion from the Auditor General. This means... We must work flat to address issues identified and the areas where we have not done well in order to get a clean audit report. This means our financial reporting procedures and other processes must be sharpened. Are you ready to work and ensure that we get a clean audit report? I count on you...

Health Facilities Maintenance and Capital Projects

This area is fraught with challenges. Many of our health facilities are aging to the extent that it is no longer possible to event effect maintenance or to renovate. The walls and foundations of the Maltahohe Clinic which was built in 1951 and whose roofing was blown, are so old that it is no longer feasible to renovate it. This is true for other health facilities.

While some facilities have aged, we have built new health centers and clinics across the country. Others were renovated and upgraded. Kaenda, Okaku, Okatope clinics and others. New facilities will be built at Mariental, Onamafila etc. Contracts have been awarded. Two weeks ago, our Minister officially opened three clinics in Kavango Regions. We are working flat out to ensure that the management of capital projects is improved dramatically. **Nothing which is as it is, will remain as it is.**

The undeniable truth is that **if an approach does not deliver results, it must be changed.** In this Ministry too, we cannot hope to achieve results, with the old ways of thinking. We must adopt new ways of doing things, we must innovate. We must find new more effective solutions. The outstanding issues are being sorted out to sign an Agreement with the Namibia Training Authority to bring in the Production Units of the Vocational Training Centers across the country to do basic maintenance of our facilities. We will bring in personnel from Namibia Correctional Services to assist. It is our way of contributing to the rehabilitation of offenders. This will result in significant cost savings. Leaking water taps, broken light fittings, broken door handles, curtain rails, a broken furniture must become something of the past.

Medical Equipment and Pharmaceuticals

The lack of medical equipment and pharmaceuticals has become chronic. It is a serious concern to us as a Ministry and the nation at large. We are working on plans to address this dual challenge. For the Central Medical Stores, we are implementing a Turn Around Strategy which will see a total change in the operations of CMS, better and stricter reporting, improved forecasting, improved management of logistics and our cold chain and better management of our overall stock. I have directed that the Regional Medical Stores which were not connected to the Dashboard be connected forthwith.

I want to say this though, there are some officials, who are failing to do the basic things right, with respect to the ordering of medicines and clinical supplies. Even before they confirm with Central Medical Stores or Regional Medical Depots, they report to me or to newspapers about stock outs.

Some months ago, there was a report of the shortage of health passports at Robert Mugabe Avenue Clinic, while the stock was available at the Regional Stores, less than two kilometers away. This means we lack co-ordination.

On 30th July, there was an SMS in the Namibian Newspaper saying the Executive Director of Health **must shape up** because there are not surgical gloves of a particular size in theatres. These complaints are valid. And it is not only the ED who must shape up. It is all of us. Regardless of the cumbersome procurement process, let us ensure that we forecast properly and procure on time so that items are not allowed to completely run out. We are dealing with people's lives here and we must never do anything to compromise them.

Director of the Programme,

Let me talk briefly about other operational issues in the Ministry. I have in mind things like cleanliness or lack thereof in our health facilities, catering services, management of our vehicle fleet, filing of documents and procurement.

These, in my view, are some of those basic things that we should not fail at. These are the things that demonstrate our commitment to work as staff members and our pride in our Ministry. Cleanliness is a must. We must not compromise on that. We are the Ministry of Health. Not the Ministry of Filth. It is our duty all of us to adopt habits that reject filth and untidiness. As promoters of good health, we must lead by example at all times. Let us make sure that all our facilities are spotless at all times. I have seen for myself and received positive feedback on cleanliness at many of our facilities: our host, Walvis Bay has done well. I saw some photos last week. Great improvement. Others include Keetmanshoop Hospital, which, we heard yesterday is the cleanest hospital in Namibia, Rundu Hospital, where I was on Monday, Katutura Intermediate Hospital, Opuwo Hospital, Kanono Clinic, Chinchimani, Okaku Clinic, Okatope, and others.

The area of procurement is fraught with challenges. There are temptations for insider dealings, dishonesty and corruption. There is no room for such in this Ministry. Procedures and oversight will be strengthened. Everything we do in this area must be above board and transparent. Anyone who contravenes the law and the procedures will be dealt with. To increase transparency, bids are now published on the Ministry Website, and the results of adjudications are also published. This must be maintained.

Another basic administrative task for any institution, especially one like ours, is to ensure that all official records are filed and preserved properly and according to the provisions of the Archives Act. This must

be the practice at all levels, at all facilities. We have no discretion in this regard. We must implement the law as it stands.

Discipline and Performance Management System

Discipline is the bedrock of success. Whether at personal or organizational level. You will never see success if you do not practice discipline. It is for this reason that in their wisdom, our lawmakers have included mechanisms for the enforcement of discipline in the Public Service Act. The Disciplinary Procedure is specifically designed to assist institutions to hold staff members who violate rules and procedures to account. It is designed to ensure fairness and prevent abuse of victimization. The application of enforcement of discipline is therefore an obligation of each staff members in a supervisory role.

We are exploring the best ways in which supervisors can be trained on disciplinary matters in a cost-effective manner. One way being considered is the training of trainers. Staff members will be informed on developments in this area in due course. What should be clear though is that, discipline should not be compromised or undermined in anyway. A supervisor who does not apply disciplinary action when it is warranted, will himself or herself be subjected to the provision of the law.

This brings me to the implementation of the Performance Management System. This is the tool to guide us in the implementation of our Strategic Plan. I must admit that challenges remain with respect to the proper understanding of this system by some staff members. The revision of our Strategic Plan 2017/2018 to 2021/2022 has been completed and it will soon be distributed to staff members and stakeholders.

Our Plans and Actions must be guided by the objectives in our Strategic Plan and all staff should embrace it. Linked to this is the Directorate-level Customer Service Charters which must also be completed. Currently, we have a Patients Charter which must also be implemented to the letter.

Each staff member is obliged to sign a Performance Agreement and supervisors must ensure that this happens. Staff members are also obliged to declare their interests and any engagement in engagement in remunerative work outside the civil service. Furthermore, all staff members are obliged, it is not an option, to complete Integrity Pledges in which they commit to practice and promote integrity, honesty, transparency objectivity, impartiality and ethical behaviour in the performance of their work.

Outbreaks and the Disease Burden

Our Ministry must be ever vigilant and awake to deal with disease outbreaks. The Hepatitis E out-break that been rather stubborn, however, the response has been ratcheted up. We hope to see a reduction in the number of new cases as the interventions start to take effect.

Those who attended the Management Development Forum and the Health Assembly in February last year, heard the Minister talk about the need for team building in the Ministry. Management has started to work on this matter as a way of improving morale in the Ministry.

Our mission is to improve the health and wellbeing of our fellow citizens. Let this be the sole reason for our actions. The nation is looking upon us with great expectations. We dare not fail them. The solutions to our many challenges are within us.

AS I SAID BEFORE LET US RISE ABOVE OUR CHALLENGES WITH INNOVATIVE APPROACHES AND DO MORE WITH LESS.

I implore you to suggest ways of how we can address these challenges, and many other challenges that this meeting will discuss. This meeting will just be “another meeting” if we are not going to implement decisions that we make. I, therefore, urge you to implement resolutions that we will adopt in this meeting.

I wish you fruitful deliberations.

Thank you for your kind attention.