



Republic of Namibia



ANNUAL REPORT

2022-2023

Ministry of Health and Social Services



www.mhss.gov.na



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ABBREVIATIONS

AEFI	Adverse Events Following Immunization
AfSBT	Africa Society of Blood Transfusion
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante-natal CareART Antiretroviral Therapy
CBHC	Community-Based Health Care
CEHS	Continuity of Essential Health Services
CHWs	Community Healthcare Workers
CMS	Central Medical Stores
COVID-19	Coronavirus Disease
DHIS-2	District Health Information System
DR-TB	Drug-resistant Tuberculosis
DSD	Differentiated Service Delivery
DS-TB	Drug-Susceptible Tuberculosis
ECG	Electrocardiogram
ECSA	Emergency Care System Assessment
EHSP	Essential Health Service Package
EID	Early Infant Diagnosis
EMRS	Emergency Medical Rescue Services
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunization
ERRC	Etegameno Rehabilitation and Resource Centre
FELTP	Field Epidemiology and Laboratory Training Programme
FY	Financial Year
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HPCNA	Health Professions Councils of Namibia
HRH	Human Resources for Health
HTS	HIV Testing ServicesHUILOPs Housing Units for Independent Low-income Older Persons
ICU	Intensive Care Unit
IFMS	Integrated Financial Management System
IHK	Intermediate Hospital Katutura
IPD	In-patient Department
ITLS	International Trauma Life Support
LLINs	Long-lasting insecticide Treated Nets
MLS	Medical Laboratory Services
MPRC	Ministerial Policy Review Committee
NamBTS	Namibia Transfusion Service
NIPH	Namibia Institute of Public Health
NDHS	Namibia Demographic and Health Survey
NICU	Neonatal Intensive Care Unit
NMP	National Medicines Policy
NMSNDRC	National Maternal Stillbirth Neonatal Death Review Committee
NND	Neonatal Death
NRPA	National Radiation Protection Authority
NSF	National Strategic Framework
OPD	Out-patient Department

PACS	Picture Archival and Communication System
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PICU	Paediatric Intensive Care Unit
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PMU	Programme Management Unit
PROSE	Promoting Resilience of Systems for Emergencies
PSEA	Protection from Sexual Exploitation and Abuse
QMS	Quality Management System
QSL	Quality Surveillance Laboratory
RRT	Rapid Response Team
ISTWG	Intensive Services Teams Working Group
SADC	Southern African Development Community
STIs	Sexually-transmitted Infections
STICU	Surgical Trauma Intensive Care Unit
SURGE	Strengthening and Utilizing Response Groups for Emergencies
TASS	Transforming African Surveillance Systems
TB	Tuberculosis
TIPC	Therapeutics Information and Pharmacovigilance Centre
TPT	TB Preventive Therapy
UHC	Universal Health Coverage
UNAIDS	the Joint United Nations Programme on HIV/AIDS
UNAM	University of Namibia
UNICEF	United Nations International Children's Emergency Fund
VMMC	Voluntary Medical Male Circumcision
VPD	Vaccine Preventable Diseases
WCH	Windhoek Central Hospital
WHO	World Health Organisation

FOREWORD

I am delighted to present the 2022–2023 Annual Report of the Ministry of Health and Social Services towards achieving the overall sector goal as well as the specific targets for the period under review.

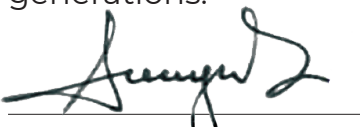
The total resource allotment of the health sector during the period under review, FY 2022–03, was 9 billion. This was only a 1.2% increase in real terms compared to the Fiscal Year 2021–22. Nevertheless, the health sector has implemented these resources by priorities, resulting in a substantial performance improvement. Over the past year, the Ministry has faced significant challenges and opportunities as we have tried to address the diverse needs of our population and navigate the intricacies of the global health landscape.

We are steadfast in our dedication to the development of a more inclusive and healthier society, in which each person has the opportunity to flourish and receive the necessary care and support. Our staff, partners, and stakeholders have tirelessly worked to ensure the welfare of all Namibians, including implementing innovative strategies to improve healthcare delivery and social welfare programmes, as well as responding to the ongoing COVID-19 pandemic. This advances our mission, demonstrating resilience and commitment as we reflect on the accomplishments and obstacles of the previous year. Their unwavering commitment to improving our community's health and well-being has been critical to our mutual success.

As we contemplate the future, we acknowledge the importance of ongoing collaboration, innovation, and resilience to confront the changing health and social challenges that our nation is currently facing. We are committed to promoting a society that is more inclusive and healthier, enabling every person to thrive and obtain the necessary care and assistance.

I am profoundly grateful to the Namibian people, our dedicated staff, partners, and stakeholders for their unwavering support and dedication to our shared vision of a more prosperous, healthier nation.

I strongly recommend that you read this report to obtain a more comprehensive understanding of Namibia's noteworthy initiatives under the Ministry of Health and Social Services. It is imperative that we remain dedicated to the continuous development of a society that is more resilient, compassionate, and healthier for the benefit of future generations.



Dr. Kalumbi Shangula
MP, Minister

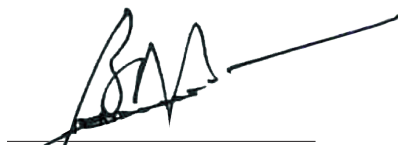
PREFACE

This report reflects our commitment to transparency, accountability, and excellence in governance as we strive to deliver high quality, accessible, and equitable health and social services to all our citizens. It outlines the progress we have made in key areas, such as disease prevention and control, maternal and child health, mental health services, social assistance programs, and capacity-building initiatives to strengthen our healthcare system.

The MoHSS remains steadfast in its mission to provide comprehensive and quality healthcare to all Namibians. With a clear vision and strategic initiatives, the Ministry is poised to overcome challenges and achieve its goals, ensuring a healthier future for the nation.

Looking ahead, the Ministry is committed to addressing systemic, programmatic and clinical challenges and enhancing healthcare delivery across Namibia. The focus will be on improving resource allocation, create efficiencies within the procurement systems, and continue addressing the issues of critical medical equipment. The Ministry aims to finalize key policy frameworks, streamline procurement processes, and bolster legal support services.

The Ministry also envisions the completion and operationalization of the e-Health System, further development of ICU facilities, and the establishment of the Namibia Institute of Public Health (NIPH). Enhancing human resources capacity through continuous training and recruitment, while improving financial management and revenue collection, will remain top priorities.


Ben Nangombe
Executive Director

CHAPTER 1: INTRODUCTION

The Ministry of Health and Social Services (MoHSS) is pleased to present the Annual Report for the Fiscal Year 2022/23, highlighting our significant achievements and challenges. This report encapsulates the dedicated efforts and unwavering commitment of the Ministry to enhance healthcare and social services across Namibia, despite numerous obstacles.

Throughout the year, the Ministry has made commendable strides in various areas. The Cardiac Department provided extensive care through its Outpatient Department (OPD), Intensive Care Unit (ICU), and Cath. Lab, conducting numerous successful interventions. Critical Care Services delivered high-quality care across specialized ICUs, including the pioneering Paediatric ICU. The Ministry streamlined patient referrals to private facilities and is investing significantly in new equipment, especially for dialysis services, to cut down on these referrals.

The Family Health Division advanced primary healthcare through school health initiatives, outreach services, and nutritional programs, significantly influencing maternal and child health. The Expanded Programme on Immunization achieved substantial vaccination coverage, safeguarding children and women from vaccine-preventable diseases. The communicable disease efforts saw commendable progress in HIV/AIDS management, with increased ART coverage and targeted testing interventions.

Throughout the 2022-23 Financial Year, the Ministry of Health and Social Services (MoHSS) made significant strides in integrated disease surveillance and response. Active Case Search (ACS) for Vaccine-Preventable Diseases and priority diseases was conducted across 25 districts, involving 100 facilities and 290 clinicians who were sensitized on Polio Surveillance and other Vaccine-Preventable Diseases. Namibia also enhanced its public health emergency management by participating in the Emergency Preparedness and Response (EPR) Flagship Initiative and conducting SURGE training for 60 personnel.

Namibia's COVID-19 response in 2022-23 showed notable progress with a significant reduction in new cases and deaths compared to the previous year. The number of new COVID-19 cases dropped to 11,501 from 116,535, and deaths decreased from 3,496 to 72. Vaccination coverage increased from 21% to 28%, and priority areas were identified for sustained response and pandemic recovery, including integrating COVID-19 response into overall pandemic preparedness and improving vaccination coverage. Despite the reduced COVID-19 burden, Namibia faced outbreaks of Measles, Rabies, Mumps, and Schistosomiasis, which were addressed through targeted interventions and vaccination campaigns.

The MoHSS also reported progress in maternal and new-born health, with a reduction in maternal and neonatal deaths. Maternal deaths decreased from 46 to 33, and neonatal deaths decreased from 644 to 586. The Maternal and New-born Quality Improvement Collaborative (MaNICare) was implemented in 14 sites across six regions. Additionally, Namibia made advances in family planning, adolescent health services, and HIV treatment, with significant milestones achieved in antiretroviral therapy (ART) for children, adolescents, and young people. The National Vector-borne Disease Control and National Tuberculosis (TB) and Leprosy Programmes also reported improvements,

with declines in malaria cases and increased TB case notifications and treatment success rates.

Despite these successes, the Ministry faced notable challenges that hampered efficient procurement processes. Contract management was strained by delayed reports and limited staffing. Additionally, the surveillance of environmental health factors and the regulation of atomic energy and radiation facilities required systems that are more robust and updated databases to ensure compliance and safety.

Resource limitations hindered the finalization of key policy frameworks while the Ministerial Policy Review Committee (MPRC) Meetings fell short of the planned target due to competing priorities. The Ministry's Legal Services faced challenges due to a skeleton staff complement and delays in receiving reports and documents from health facilities, affecting the ability to defend claims against the State.

The report highlights Namibia's demographic and socio-economic challenges in **Chapter 2**, noting the difficulties in service delivery due to vast land and low population density, alongside urbanization and economic issues exacerbated by COVID-19. Socio-economic conditions, including high-income inequality and persistent poverty, underline the need for improved health financing and equitable system development.

Chapter 3 reviews health and social service management, detailing achievements and challenges in health facilities, legal services, research activities, and development cooperation. It notes progress in policy frameworks and infrastructure development while addressing delays in stakeholder engagement and legal matters.

Chapter 4 discusses human resources management within the Ministry, emphasizing recruitment, training, and e-health advancements. Challenges in staff retention and updates on IT infrastructure and licensing private facilities are also covered.

Chapter 5 outlines financial management, procurement, and logistics for the 2022/23 Financial Year. It covers budget allocation, expenditures, stock management, and audit findings, including a qualified audit report after previously getting unqualified reports.

Chapter 6 provides an overview of efforts in public health, focusing on Family Health, Disease Control, Environmental Health, and Atomic Energy and Radiation. It details initiatives in primary health care, disease management, environmental health, and regulatory measures in radiology.

Chapter 7 examines tertiary health care and clinical support services, including Emergency Medical Rescue Services, Medical Laboratory Services, Radiographic Services, and Pharmaceutical Services. It highlights advancements and constraints in equipment procurement, regulatory oversight, and referral hospital performance, reflecting the Ministry's commitment to enhancing health care while addressing ongoing challenges.

CHAPTER 2: GENERAL MANAGEMENT AND DEVELOPMENT OF HEALTH AND SOCIAL SERVICES PROGRAMME

2.1 POLICY AND LEGAL ENVIRONMENT FOR HEALTH SERVICE DELIVERY.

Ministerial Policy Review Committee (MPRC) Meetings and Ministerial Quarterly Performance Review Reports

The Ministerial Policy Review Committee meetings fell short of the planned target, with only five out of nine meetings conducted. Competing priorities of the members of the committee were the primary challenges, necessitating a more realistic meeting schedule and streamlined agendas. Despite the reduced frequency, 100% of MPRC meeting decisions were recorded and updated as planned.

Ministerial Quarterly Performance Review Reports and finalisation of the Annual Report for the Financial Year 2021/22 met their targets with no reported challenges. However, the Review of the Strategic Plan (2017/18 - 2021/22) significantly lagged, achieving only 20% of the target due to prolonged review timelines and lack of streamlined processes.

Finalization of National Health Policy Framework, Health in All Policies (HiAP) and Universal Health Coverage (UHC) Policy

National Health Policy Framework: The National Health Policy Framework ran from 2010 and expired in 2020. The MoHSS started the development of a new policy to guide health planning in 2022. The development process faced substantial delays, achieving only 30% of the planned target. This performance is 70% below the target due to extended stakeholder consultations, lack of resources and inter-departmental coordination issues. Progress achieved for the 30% included mobilising for funds and recruitment of an international consultant to lead the process supported by World Health Organisation. The consultant was recruited and the first stage of consultations was conducted in December 2023.

Universal Health Coverage Policy: The development of the UHC Policy was approved by Cabinet through Decision No. 2nd/01.03.22/003. The Policy provides a clear vision and roadmap to strengthen the provision of accessible, quality health and social services for all without suffering financial hardship. The formulation of the Universal Health Coverage Policy was at 90% by the end of 2023 the majority of activities outlined in the roadmap approved by Cabinet conducted. This included constitution of UHC technical workings groups to lead stakeholder consultation, mobilisation of funding from development partners and government and stakeholder consultations. A draft UHC Policy was developed and validated by stakeholders. The remaining activities included validation and approval through MoHSS governance structures and presentation to Cabinet for final approval. These delays were due to the extensive stakeholder consultations conducted during the year in fulfilment of cabinet resolutions.

Health In All Policies Policy: the policy development achieved 55% of the planned target, falling 45% short. The significant challenges were resource limitations and a high

workload on existing staff. More of the stakeholder consultation needed to happen to ensure collective and encompassing inputs from the broad participation.

LEGAL SERVICES

The Ministry provides Legal support services to Different Offices, Directorates, Units and Health Facilities. Legal Support Services continued with its efforts to coordinate the review and amendment and/or drafting of Bills and Amendment Bills. The Bills are Health Professions Bill, Mental Health Bill, Food Safety Bill and Social Welfare Organisation Bill. The Bills are at various stages of development.

LITIGATIONS

The Ministry through the Legal Service Division coordinates the handling of claims against the State within the Ministry in consultation with the Office of the Attorney General. During the 2022/23 Financial Year, a total number of twelve (12) claims against the State involving compensation to the value of N\$ 6,067,615.08 were finalized. The Legal Support Services Division has an approved staff complement of 11 positions, according to the Approved Establishment. However, the Division presently comprises only four (4) staff members, resulting in work overload and delays in task execution.

The Division is facing challenges due to delayed submissions of accidents and incidents reports and other required documents from several health facilities. In some cases, requested documents and files are lost, making it difficult for the Office of the Attorney General to adequately defend the Ministry. The Attorney General's Office and Legal Drafters are experiencing delays in finalizing bills and amendments because of their high volume of work. It is important to note that the Office of the Attorney General and Legal Drafters serve all ministries and government agencies.

2.2 RESEARCH

Research proposals received and reviewed

The Research Division appraises all research projects submitted to the Ministry for approval and ensures that all the research projects conducted in the country are technically and ethically sound. The Research Division registered eight hundred and twenty (820) proposals during the reporting period, of which 792 (97%) were academic, 18 (2%) were operational and only 10 (1%) were publications. The division has set a target of 85% of the submitted proposals and 95% of the submitted proposals were reviewed and processed on time, and feedback was provided to the applicants/researchers.

The total number of approved research proposal were seven hundred and forty-one (741), of which 701 are academics, 29 Operational, 11 publications. There has been an increased demand for academic research from higher education institutions; however, there have been a few requests for publication.

District Health Information System (DHIS)2:

The Ministry conducted training sessions for DHIS2 end-users across all 14 regions, encompassing both new and existing users. The training covered essential functionalities of the platform, such as data capturing and analysis. The training resulted in improved

skills in navigating the DHIS2 system and enhanced skills in extracting data for analysis.

COVID – 19: As part of the COVID-19 response, the Ministry successfully implemented the Trusted Travel System (known as PanaBios), a significant accomplishment enabled by support from Africa Union/Africa-CDC. This initiative resulted in the issuance of verifiable QR-coded digital laboratory certificates, as well as vaccination certificates. Notably, a significant number of travellers benefited from this initiative, which effectively facilitated cross-border movement during the pandemic.

Namibia Demographic and Health Survey (NDHS)

The objective of the NDHS is to provide up-to-date estimates on various health and demographic indicators, including fertility levels, marriage, sexual activity, family planning, breastfeeding, nutrition, anaemia, mortality rates, maternal and child health, HIV/AIDS, sexually transmitted infections (STIs), women's empowerment, domestic violence, and hypertension. These estimates are crucial for programme managers and policymakers to evaluate and improve existing programs. Although the last Namibia Demographic and Health Survey (NDHS) was conducted in 2013, the requirement is to conduct one every five years to ensure current data. The Ministry has prioritized this activity for implementation.

Namibia Health System Review

The overall objective of the health system review was to assess progress in attainment of targets, implementation of strategies and document contextual factors affecting performance of the health system through an in-depth analysis, and to propose approaches to inform the development of the next health policy and sector strategic plan.

The review was conducted over two financial years as some of the activities were carried out during the current financial year. The draft report and recommendations of the health system were shared with the Management for input.

Namibia Frontline Service Readiness Assessment: Strengthening real-time health services tracking and monitoring in the context of the COVID-19 pandemic

In June 2022, Namibia conducted these second rounds Frontline Service Readiness Assessment with financial and technical support from the WHO Country and African Regional Office. The assessment aimed to understand facilities readiness in managing COVID-19 while ensuring continuity of essential health services, to inform planning and resource allocation for COVID-19 response and mitigation.

The WHO tools for COVID-19 case management capacity and Continuity of Essential Health Services (CEHS) assessment were adapted into the country context, to assess a nationally representative sample of 125 health facilities, including all (fifty) Covid-19 case management centres. In addition to these facility assessments, routine data from the country's District Health Information System (DHIS-2) was analysed to track trends in essential health service utilization and outcomes during the pandemic.

Response rate was 86% (43/50) for COVID-19 Case Management Module and 93% (117/125) for the Continuity of Essential Health Services Module. Nearly three in every four facilities had active Incident Management Support Teams (IMSTs); however, about two of every

ten facility's IMST are either not activated or do not exist.

2.3 DEVELOPMENT COOPERATION

The initial goal was to finalize four (4) Agreements/MoUs but the actual achievement was 10 Agreements/MoUs, far surpassing expectations. Overall, the achievement in signing Agreements/MoUs demonstrates a proactive approach in fostering partnerships, with corrective measures focused on enhancing efficiency and managing the increased workload effectively.

However, the high volume of agreements also introduced challenges, notably processing delays due to the substantial workload, especially from the legal side of things. To address these challenges and sustain this level of performance, it is crucial to increase capacity to handle the volume of agreements and streamline the processing procedures.

Joint Permanent Commission of Cooperation (JPCC) attended:

The planned target for attending JPCC meetings was 10, but only four (4) meetings were convened, resulting in a performance shortfall of six (6) meetings. The primary challenges faced were an increased demand for participation and limited resources.

2.4 NAMIBIA INSTITUTE OF PUBLIC HEALTH (NIPH)

The MoHSS with partners continues fast-tracking establishment of the Namibia Institute of Public Health. Terms of reference for working group ISTWG subgroups developed and conducted ten (10) meetings of the ISTWG to advance the development agenda of NIPH. The inter-sectoral working group drafted the regulatory framework and developed the costed roadmap and plan. Namibia registered with the IANPHI, as an associate member. IANPHI helps all of the world's National Public Health Institutes (NPHIs) by advocating for strong and well-supported NPHIs. IANPHI facilitates alliances among NPHIs and with strategic partners to catalyse support and investments for national public health systems.

2.5 CAPITAL PROJECTS

Prior to COVID-19, there were less than 40 intensive care units (ICU) beds in public health facilities around the country, shared among Windhoek Central Hospital, Katutura Intermediate Hospital, Oshakati Intermediate Hospital, and Onandjokwe Intermediate Hospital. In order to remedy this situation, the Ministry embarked on establishment of ICUs at various hospitals around the country. So far, the Ministry added 55 ICU beds to reach 97 beds. The Ministry is investing in establishing modern ICU facilities in different District Hospitals in all 14 Regions. The Ministry completed the ICUs for Katima Mulilo and Keetmanshoop District Hospitals in 2023.

Government has taken a decisive action to strengthen and expand the capacity of the public health system to withstand the impact of the COVID-19 pandemic. Prefabricated facilities with a capacity of 12 beds each were completed at Karasburg, Okahao, Okahandja, Otjiwarongo and Andara District Hospitals. The Katutura Intermediate Hospital TB Ward Extension project with a capacity of 98 beds were completed by end of April 2022.

Other projects which were completed in the reporting period are Mariental Primary Health Care Clinic, Aranos Clinic, Onandjokwe Hospital Mother's Lodge, Nkurenkuru

PHC Clinic, Okahandja Hospital Outpatient Department and Ablution Block as well as Katutura Intermediate Hospital Pharmacy. Projects including Onandjokwe Hospital Maternity Ward, Swakopmund Hospital Neonatal Ward, as well as Onanghulo, Onamafila and Okondjatu Clinics were still ongoing, affected adversely mainly by technical and financial capabilities of the contractors.



CHAPTER 3: RESOURCES MANAGEMENT AND GENERAL SUPPORT SERVICES

3.1 HUMAN RESOURCES MANAGEMENT

The Ministry recruited a total of 2 815 staff members on its approved staff establishment of 2022 in various disciplines and lost 2 990 staff members during the 2022/2023 Financial Year. The two categories of nurses (registered and enrolled nurses) made up the highest proportion (40%) of staff members recruited during the reporting period.

3.2 HUMAN RESOURCES DEVELOPMENT

3.2.1 PRE-SERVICE TRAINING

The Ministry supports training and development of Human Resources for Health (HRH) to ensure availability of an appropriate and skilled workforce. The Ministry's Project 2013 supported 306 undergraduate students studying abroad (South Africa, Zambia, Russia, Cuba, and India) in the fields of medicine, dentistry, pharmacy, physiotherapy, environmental health, and clinical technology. Furthermore, the Ministry covered all students' financial expenses in respect of tuition, books, study permit, accommodation, transport, medical insurance, and monthly stipends. A total number of 66 students completed their studies during the reporting period while 76 staff members completed various study programs of which eight (8) medical officers completed medical specializations, 27 Nurses completed various nursing specializations, 40 nursing bridging courses and one (1) allied health professional.

3.2.2 IN-SERVICE TRAINING AND CONTINUOUS EDUCATION

Medical Orientation Programme

The Ministry commenced with a Medical Orientation Programme for foreign-trained medical graduates who were unsuccessful with the Health Professions Councils of Namibia (HPCNA) pre-internship examination. A total number of 130 foreign-trained medical graduates underwent an eight-month clinical attachment at various teaching hospitals in Namibia.

Internship

The Ministry of Health and Social Services offered internships to medical and health-related graduates as follows: Medicine 315, Dentistry 14, Pharmacy 45, Clinical Psychology 2, Occupational Therapist 9 and Physiotherapist 2.

3.2.3 POST GRADUATE TRAINING

A total number of 113 staff members completed various qualifying study programs of which 11 medical officers completed Medical specializations; 52 Registered Nurses completed various nursing specializations; 45 nursing bridging courses, two Allied Health Professional; three FELTP; and 28 staff members who attended short courses.

Table 1: Summary of staff members who completed trainings during the 2022/2023 Financial Year

Course	Institution	No. of staff members trained
Short courses abroad/virtually	Various countries	8
Certificate in Transformational Leadership	African Leadership Institute	20
Total attended short courses		28
Medical Specializations Obstetrics and Gynaecology x 3, Anaesthesiology x 2, Radiology, Urology, Internal Medicine, Paediatrics, Emergency Medicine, Dermatology,	Various Universities	11
Masters of Science in Applied Field Epidemiology (FELTP)	University of Namibia	3
Postgraduate Diploma in Nursing (functional trainings) Advanced Midwifery & Neonatal Nursing x 14 Operating Room x 12 Emergency Nursing x 7 Critical Care Nursing x 7 Paediatric Nursing x 7 Mental Health Nursing x 4 Ophthalmology Nursing x 1	University of Namibia and Levy Mwanawasa University, Zambia	52
Diploma in Nursing	University of Namibia	45
Other Health Professionals (Master in Public Administration, Peking University, China. Bachelor of Radiography, UNAM)	Various Universities	2
Total completed qualifying trainings		113
Grand Total		141

3.3 GENERAL SUPPORT SERVICES

3.3.1 INFORMATION TECHNOLOGY

E-Health

The Ministry has embarked on digital transformation whereby ICT is used to support health service delivery in order to realize eHealth. One of the initiatives towards e-Health realization is the development and implementation of an electronic system (e-Health System) in the health facilities as per the Harambee Prosperity Plan II. The e-Health System is a patient-record management system, with the goal of enhancing healthcare by lessening the workload of health workers to a paperless working environment. It ensures that complete and accurate patient record is captured and shared across health institutions all over the country, so that health workers can make informed decisions.

Network infrastructure installation

A proper network infrastructure in health facilities is critical for the implementation of eHealth System. Therefore, during the Financial Year (2022/2023, the Ministry planned to install the required network infrastructure at thirty-five (35) hospitals. Network infrastructure were installed in thirty-three hospitals out of thirty-five hospitals (94%); however, switches were pending due to global shortage of microchips. The expected time of arrival (ETA) of switches was November 2022.

Procurement of IT equipment

Successful implementation of e-Health System requires end users' devices such as computers, printers and scanners. The Ministry has awarded a tender for the procurement of this equipment, and regrettably, companies could not deliver due to global shortage of microchips. This supply constraint was a setback to the Ministry, as orders had to be cancelled.

Administration of hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994)

The Ministry licenses private facilities on a yearly basis, and for the FY 2022/2023, 291 licenses were renewed as per the categories below.

Table 2: Renewed licence

Region	Con- sult- ing	Phar- macy	Bio kinet- ics	Am- bu- lance	Den- tistry	Physi- other- apist	Laboratory	Dialysis	Radiology
Erongo	49	6	2	10	7	3	7	1	2
Hardap	3	1			2	1	2		
//Karas	5			3					
Kavan- go	2	1		3					
Kho- mas	38	6	4	3	21	8	7		5
	1								
Ohang- wena	7	5							1
Oma- heke	1	1			2			1	
Omu- sati	7	1		1			7		
Oshana	29	2		1	1		2	2	
Oshiko- to	3	3							2
Ot- jozond- jupa	6	1	1						1
Zam- bezi	2				1				
TOTAL	153	27	7	21	34	12	22	4	11

Electronic Records Management

The Ministry has a Registry tracking system that was created by IT to track the documents within Head Office from Registry Office to the Office of Executive Director. This system was created to monitor the movement of documents and prevent documents from being lost in between. In case of any documents getting lost before they reach the addressee, the registry staff members can trace that document from the system and print it.

Following the approval and implementation of the File Plan during the 2021/2022 Financial Year, the Applications and Archive Support Division from OPM visited the Ministry and conducted a Records and IT survey on EDRMS.

The purpose of the survey was for OPM to familiarize themselves with the physical environment, such as to establish the status of the registry, general records management practices and the current status of the information technology infrastructure in the Ministry.

CHAPTER 4: FINANCE AND LOGISTICS

4.1 FINANCIAL MANAGEMENT

4.1.1 MOHSS BUDGET ALLOCATION AND EXPENDITURE

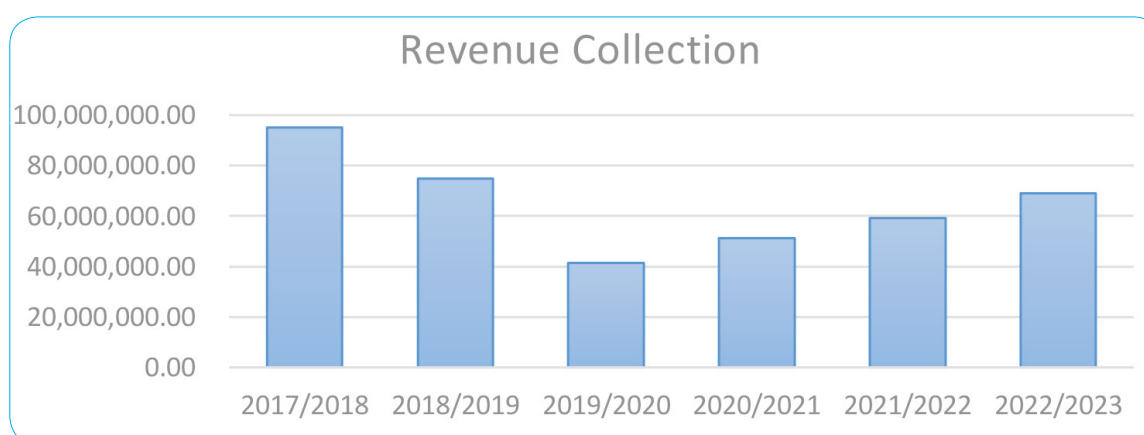
A total budget allocation for the Ministry for 2022/23 Financial Year was N\$8,851,502,000.00 out of which N\$8,651,502,000.00 (98%) was allocated to the operational budget and N\$200,000,000.00 (2%) made up the development budget. An amount of N\$8,842,543,817.22 was spent on the operational budget, representing a budget execution rate of 102%.

With regard to the developmental budget, an amount of N\$162,168,828.14 was spent, reflecting a budget execution rate of 81% and a budget variance of N\$37,831,171.86 (19%). On aggregate, the vote performed relatively well given the fact that the major variance on spending was mainly due to increased expenditure on remuneration to respond effectively to the COVID-19 Pandemic. The overall budget execution stood at 102%.

4.1.2 REVENUE COLLECTION

Total revenue collected for the year ended 31 March 2023 stood at N\$68,868,542. This is a 14% increase from the N\$59,073,573.97 which was collected in the 2021/2022 Financial Year. Revenue collected from the provision of health services remained the largest source of revenue, accounting for 70% of the total revenue, and Retention at 9% comes into second. The table below indicates a slight increase in revenue collection for the second consecutive year after a sustained period of decline. There are still opportunities for improvement considering that the Ministry was able to collect N\$91.9 million in the 2017/2018 Financial Year. The general decline since the 2017/2018 FY can be attributed to adverse impact of the COVID-19 pandemic on the income of citizens and therefore affecting their ability to pay for services.

Fig. 1: Revenue Collection



4.1.3 AUDIT REPORTS

The Ministry received a Qualified Audit after three consecutive Unqualified Reports from the Office of the Auditor General.

4.2 STORES AND ASSET MANAGEMENT

Division Stores and Asset Management is responsible for managing the Stores and Assets of the Ministry as a whole in an effective and efficient way to optimise the scarce resources and provide adequate support to meet the overall target of the Ministry.

The General Stores in the MoHSS also serves as a transit Stores through which materials/ goods are received, verified and inspected against the proposed specifications and quality before they are dispatched to their final destinations.

4.2.1 ACHIEVEMENTS

1. Out of the 67 Stock Control Points, 65 submitted their stock-taking reports during the reporting period. Intermediate Hospital Katutura and Katima Mulilo District Hospital did not submit their stocktaking reports.
2. All Units/ Facilities stock control points registered with Ministry Finance (Treasury)
3. Audit report for 2022/2023 Financial Year for Stocktaking, Consumable items and Donations are submitted to Division Finance.
4. Auctions on loose items and vehicles was conducted countrywide by the Ministry of works and Transport.
5. An investigation was conducted at Central Medical Store by staff members from the Namibian Police (Nampol), Ministry of Health and Social Services and the Ministry of Finance and Public Enterprise (Treasury) on deficiencies /losses to the total value of N\$ 23 897 527.68 and a report with certain recommendations were submitted to Ministry of Finance and Public Enterprise (Treasury).
6. All stocktaking reports were submitted to Ministry of Finance and Public Enterprise (Treasury) for approval and were approved without any corrections and the Regional Directors were informed about the approval accordingly.

4.2.2 SUMMARY OF TOTAL STOCK SUBMITTED DURING 2022/ 2023 FINANCIAL YEAR:

- a) Value of total stock within the Ministry during the 2022/2023 Financial Year amounts to N\$ 597 513 889.30 (Excluding Vehicles)
 - b) Surpluses N\$ 7 671 012.38
 - c) Deficiencies N\$ 425 391.00
 - d) Worn and damaged N\$ 3 872 963.22
 - e) Obsolete and redundant N\$ 299 317.00
- The Ministry received fifteen (15) donations from foreign nations for a total of **N\$ 37 670 182.41**.
 - The Ministry also received nine (9) donations from local organizations and persons for a total amount of **N\$ 6 071 367.23**

4.2.3 CHALLENGES

- The personnel complement is insufficient to execute the intended activities.
- The manual inventory system presents a challenge.
- Despite requests, the Ministry of Finance and Public Enterprises did not conduct the Asset Management System training.
- Neither Katutura Intermediate Hospital nor Katima Mulilo District Hospitals submitted the stocktaking report for the financial year under review.
- The stock control sites failed to submit their annual stocktaking reports on time, despite numerous reminders.
- Conducting stocktaking exercises by directors and hospitals with their own staff members is inconsistent with Treasury Instruction KA 0903.
- Despite the provision of deadlines and consistent follow-ups, national and regional directorates fail to implement treasury recommendations
- The responsible division is unable to request the acceptance of donations from the Ministry of Finance and Public Enterprises (Treasury) due to the non-submission of donations from regional and national directorates. Donations from benefactors are accepted and delivered before obtaining Treasury sanction

4.3 PROCUREMENT

The division serves as a coordinating unit of procurement activities in the MoHSS, through which goods/services/works are executed, issuing of purchasing orders and signing of contracts (Service Level Agreements) to enable supplies to facilitate the delivery of goods/services/works. The division is also responsible for monitoring and evaluation of suppliers' performance based on progress reports obtained from the receiving units.

The division comprises Procurement Management Unit in terms of the Public Procurement Act, 2015 (Act No. 15 of 2015), which includes Tenders Administration, Orders Administration and Contracts Management.

4.3.1 TENDERS ADMINISTRATION

Programme overview/performance

- Thirty-four (34) Procurement Committee meetings were convened during the period under review;
- Procurement Activities to the value of N\$1,772,207,484.98 were awarded while contracts to the value of N\$600,620,034.32 were extended during the period under review;
- The above values include procurement of various x-ray machines for Outjo, Rehoboth, Windhoek Central, Katutura, and Oshakati Hospitals; six 4x4 pickup vehicles; eleven high-roof panel vans; three 6x4-ton CMS trucks; ultrasound machines; anaesthetic machines; blood gas analysers; surgical headlights for Windhoek Central Hospital; a CT scan for Intermediate Hospital Katutura (IHK); the installation of network infrastructure in 23 health facilities; remedial construction of paediatric wards at Onandjokwe; digital radiography systems for Oshakati and Windhoek Central Hospitals; six digital radiography systems for Nankudu, Nyangana, Tsandi, Grootfontein, Opuwo, and Onandjokwe Hospitals; dialysis equipment for Katutura and Oshakati Intermediate Hospitals; conversion of Oshakati Intermediate Hospital TB ward into a dialysis unit; and various medical equipment, such as infant warmers, phototherapy lights, operating tables, and orthopaedic operating tables.

Challenges

- Incomplete, inaccurate, non-realistic and fragmented information submitted for tence of long term contracts for some essential goods and services creates more emergency procurement; and
- Limited capacity of procurement at all levels.

4.3.2 ORDERS ADMINISTRATION

Programme overview/performance

- Processed successfully all approved requisitions received and issued purchase orders;
- One-hundred and forty (140) supplier codes updates requested were submitted to Ministry of Finance and Public Enterprises and considered.

Challenges

- Insufficient space on the Integrated Financial Management System (IFMS) to accommodate the procurement Contract/Authorization reference numbers;
- Incorrect capturing of Procurement Contract/Authorization numbers on the Integrated Financial Management System; and
- Limited credentials on the IFMS score;

4.3.3 CONTRACT MANAGEMENT

Overview/performance

- Various Agreements signed and performance agreements obtained from the suppliers for supply, delivery, installation and commissioning of medical equipment; construction, trucks and pickup vehicles meant for conversion into ambulances during 2022/2023 Financial Year; and
- Monitoring and evaluation of catering, security, and Laundry services contractors.

Challenges

- Non-submission and late submission of reports from end users;
- Limited number of staff members to perform contract management functions to ensure adequate monitoring and evaluation exercises.
- Difficulty in obtaining Bank Performance Guarantees from awarded suppliers and some only submit performance security after the required 30 days, which usually results in requests for extensions.
- Some key personnel at regional level do not have active email addresses; hence they missed out important information.
- Limited ICT equipment to enable staff members to do their work effectively.

CHAPTER 5: PUBLIC HEALTH SERVICES

5.1 FAMILY HEALTH PROGRAMMES

The Division actively promotes, protects and improves health and well-being of the Namibian families and the population at large, including young adolescents.

5.1.1 SCHOOL HEALTH

The Ministry extends coverage of services and increases the number of potential beneficiaries by bringing more people, including learners, under the direct influence of development activities. The School Health Programme focuses on promoting and strengthening health services to all school-going children, empowering them with knowledge and skills they need to make informed decisions about their health, well-being and to improve their quality of life. During the implementation period, the School Health Programme facilitated COVID – 19 vaccination campaign for 12 and 17 years, which aimed at targeting school-going children.

5.1.2 COMMUNITY-BASED HEALTH CARE (CBHC) AND OUTREACH SERVICES

There is a comprehensive and integrated community programme, involving health, agricultural and economic activities undertaken by individuals, families, and groups with the community. CBHC deals with all health-related matters affecting the communities directly. Clinics, health centres and mobile outreach services as well as a number of specific community-based health interventions are the primary health care services directly involved with communities and as such, they are part of CBHC. Outreach points (visited by an Outreach Teams), clinics and health centres are situated in the community. They are the primary level of health care within a health district and provide direct link between the formal health system and the community. Outreach services aim to provide the same high quality and essential package of services as offered at fixed clinics.

5.1.3 FOOD AND NUTRITION

The Ministry is responsible for food and nutrition issues supporting preventive interventions of nutrition-related diseases. In 2022, pregnant women were monitored for anaemia, with 8.3% (6,413 out of 77,283) found to have haemoglobin levels below 10g/dl. The DHIS2 system indicated that 80.6% (77,283 out of 95,911) were screened for iron deficiency at their first ante-natal care (ANC) visit. Additionally, birth weight data from health institutions showed that 10.9% (9,559 out of 87,633 live births) of babies had low birth weight.

OPM/DDRM in collaboration with UNAM, UNICEF and MoHSS conducted vulnerability assessment and analysis (VAA) with a component on anthropometric measurements and micronutrient deficiency assessment. One hundred and ninety-three (193) CHWs were trained in Nutritional Task Shifting on ORS/Zinc.co-Packaging for prevention and treatment of diarrhoea, Vitamin A supplementation and treatment of moderate malnutrition.

5.1.4 REPRODUCTIVE AND CHILD HEALTH

5.1.4.1 Safe Motherhood, New born Care and Prevention of Mother-to-Child Transmission Programme

The programme contributes to a reduction of maternal, new born and child morbidity and mortality through implementation of a minimum package of maternal, neonatal, child and adolescent health and family planning services with the aim to improve mother and child health outcomes. The Programme provides quality obstetric care during pregnancy, childbirth and post-natal period, as well as quality new born care services at all levels of the health care system to reach every new born with evidence-based lifesaving neonatal interventions. PMTCT of HIV services are integrated into the safe motherhood services.

5.1.4.2 Ante-natal Care, deliveries, maternal and neo-natal deaths and post-natal care

Thirty-three (33) maternal deaths were recorded out of 83,492 live births, compared to 46 deaths out of 87,906 live births in the previous FY. High number of maternal deaths were reported from Oshana (8), Omaheke (5), Kavango East and Otjozondjupa (4 each), Ohangwena (3), Khomas, Omusati and Oshikoto (2 each).

New-born mortality and 586 Neonatal Deaths (NNDs) were recorded out of 83,492 live births, compared to 647 neonatal deaths out of 87,906 live births in the previous FY. High number of NNDs were reported from Oshana (158), Khomas (158), Oshikoto (54), Otjozondjupa (42), and Omaheke and Erongo Regions (30 each).

National Maternal Stillbirth Neonatal Death Review Committee (NMSNDRC) meetings and reviews were conducted and the main findings were: challenges with recognition/diagnosis, delay in referring patient, clients managed at inappropriate level, incorrect management (incorrect diagnosis), not monitored/infrequently monitored and prolonged abnormal monitoring with no action taken.

5.1.4.3 Prevention of Mother-to-Child Transmission (PMTCT) of HIV Infection

Introduced PMTCT Quality Improvement (QI) collaborative (NAMREV) in 37 sites in all 35 districts to improve HIV re-testing, VL monitoring/suppression for PBFW, follow up and scheduled HIV testing for HEIs and documentation of the final outcomes. Trained district and regional coaches for NAMREV. Supported regions with training of HCWs in PMTCT/EID.

5.1.5 EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

The Expanded Programme on Immunization aims to reduce mortality and morbidity in children under 5 years and women of reproductive age due to Vaccine Preventable Diseases (VPD) and to eliminate and eradicate vaccine preventable diseases. The programme goal is to ensure full vaccination of all targeted eligible population throughout the life course in Namibia in line with Universal Health Coverage (UHC).

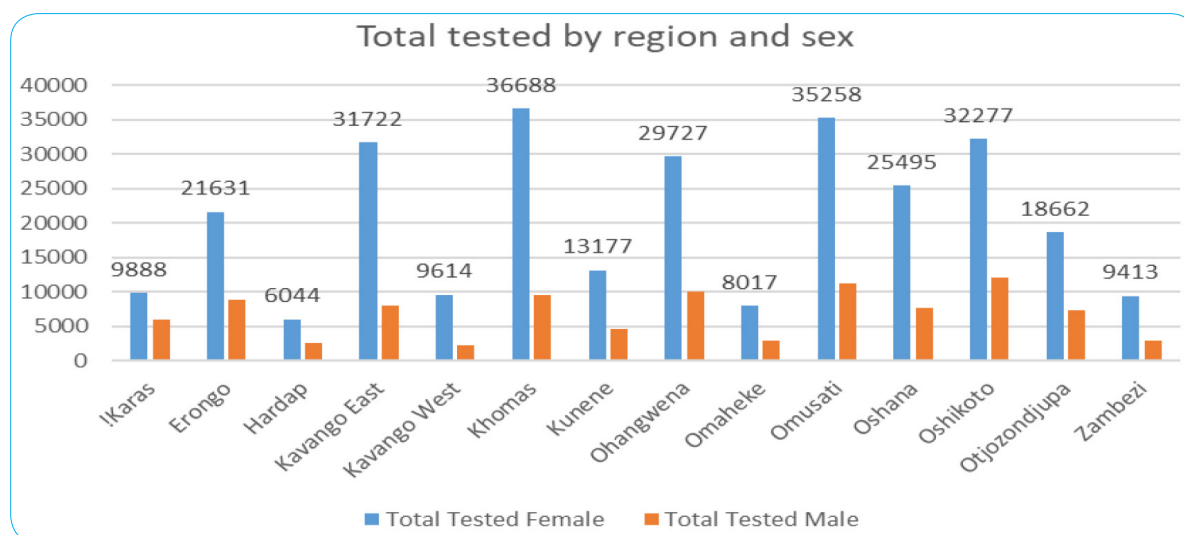
5.2 DISEASE CONTROL

5.2.1 HIV/AIDS

5.2.1.1 HIV Testing Services (HTS)

The HIV Testing Services (HTS) programme continues to make tremendous progress as witnessed through its most recent programmatic results related to the UNAIDS fast track targets, which show that 92% of people living with HIV know their status (Spectrum model 2021). The remaining 8% gap shows a disproportionate gap among men, key populations, and high-risk young people (15-24 years old). To address this gap in the immediate and long term, the programme is implementing targeted and streamlined HIV case identification testing interventions aimed at reaching high-risk individuals. The interventions include Index Contact Testing (ICT) and Optimized Provider Initiated Testing and Counselling (PITC). The programme has also refined its approach to focus on finding high-risk individuals using programmatic results and Recency testing data to identify hotspots and deliver targeted prevention and treatment programmes. HIV self-testing was recently introduced, serving as a tool to create demand for HTS while providing an alternative testing modality to traditional facility-based testing services.

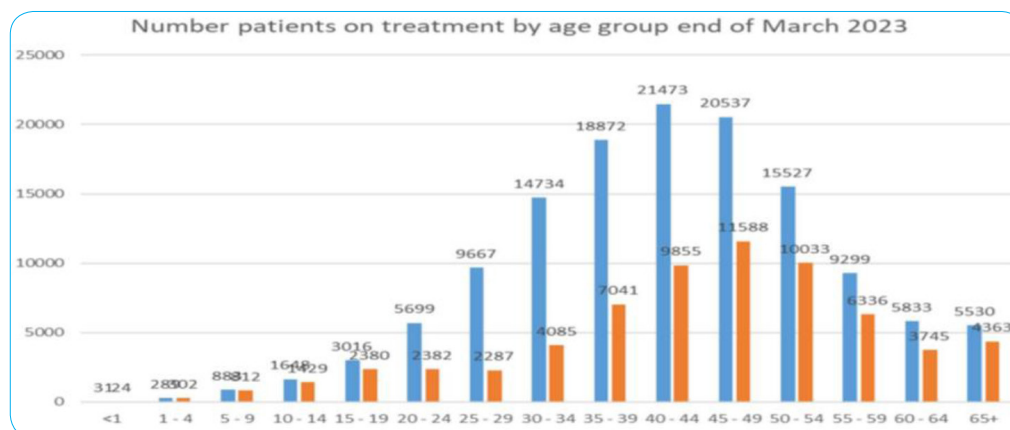
Fig. 2: HIV Testing by Region and Sex



During the period under review, 383,477 clients were counselled and tested. As reflected in the graph above, most clients accessing HIV testing services are women. High volumes are observed in Khomas, Omusati, Oshikoto and Kavango East Regions.

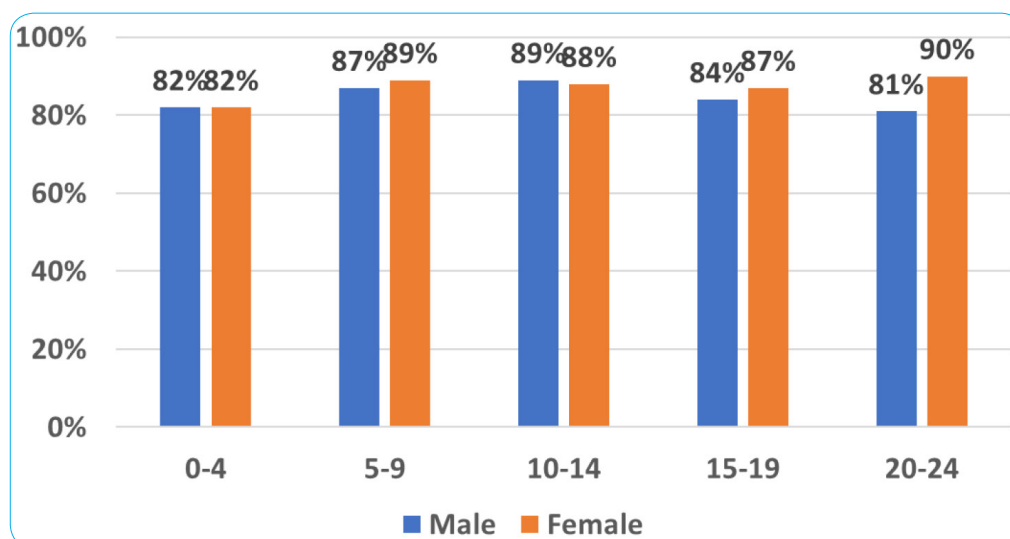
5.2.1.2 ART Adult Treatment, Care and Support Services

A total number of 199 703 patients were active on ART compared to 193 280 in 2021/2022, which is an increase of 6 234 patients. The active patients on ART translates to a coverage of 96.6 %, which exceeded the UNAIDS as well as the Namibia National Strategic Framework (NSF) targets. More females 133 038 /199 703 (66.6%) were active on ART compared to males 66 665/199 703 (33.4%).

Fig. 3: Number of Patients on Treatment

5.2.1.3 Paediatric HIV

Children and adolescents face additional barriers in achieving viral load suppression in comparison to other populations, due to their diverse and unique needs. The number of children and adolescents living with HIV (0-19 years old) by the end of March 2023 were 11 725, of which 9 093 (76%) are adolescents (10 – 19 years old). Paediatric viral load suppression remained below 90% for all paediatric ages, which is concerning. The focus has therefore been on expanding provision of quality and comprehensive HIV services to reach the 95:95:95 UNAIDS targets for children, adolescents, and young people living with HIV (CAYPLHIV). The activities implemented include ART optimization, strengthening peer support services, and capacitating healthcare workers on the management of paediatric HIV through trainings and technical support visits.

Fig. 4: Viral load Suppression, Panorama, Quarter 4, 2022

5.2.1.4 Voluntary Medical Male Circumcision (VMMC)

The VMMC Programme plays a critical role in Namibia's comprehensive HIV prevention strategies, targeting men who are at high risk due to various factors, such as low rates of HIV testing, male circumcision, condom use, comprehensive HIV knowledge, and enrolment in Anti-Retroviral Therapy (ART).

During the reporting period, the VMMC Programme successfully circumcised approximately 20,942 men through its various initiatives. While this number represents a slight decrease compared to the previous year's achievement of 23,983 circumcisions, the programme remains committed to its mission of integrating VMMC into comprehensive HIV prevention strategies. It aims to address the high risks faced by men due to low rates of HIV testing, male circumcision, condom use, comprehensive HIV knowledge, and enrolment in antiretroviral therapy (ART).

5.2.1.5 Pelebox Smart Lockers

The MoHSS continued working on introducing the Pele box Smart Lockers as part of Differentiated Service Delivery (DSD) Model to enable patients to conveniently collect their repeat chronic medications. During the period under review, the background work for introduction of the smart lockers was finalized. These included awareness creation for stakeholders, identification and preparation of sites for installation, procurement of the lockers, and preparation of Standard Operating Procedures. The programme acted as a lead in coordinating these tasks.

5.2.2 NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME

Namibia ranked among the top 30 countries globally with high burden of TB per capita, and incidence rate among PLHIV. WHO estimates that in 2022 the country has TB incidence rate of 450 cases per 100,000 populations. The year 2022 witnessed a significant increase in notified TB cases, marking a 30.4% increase compared to the preceding year, 2021. Notwithstanding challenges, the country demonstrated substantial progress in the accessibility of TB services, including diagnostic services, in 2022 compared to the previous two years.

5.2.2.1 TB Preventive Therapy (TPT) Coverage

The combination of Tuberculosis (TB) and HIV is one of the major causes of deaths in Namibia and the national ART guidelines recommends that all PLHIV should be screened for TB and those who test negative along with their contacts should be put on TPT.

TB preventive therapy has been shown to significantly reduce the risk of developing active TB in high-risk individuals. It is an essential component of TB control programme, particularly in areas with a high burden of TB and among vulnerable populations.

Table 3 below shows the number of patients who were initiated on TPT. The high number in the last quarter might be due to patients who were diagnosed positive in the third quarter.

Table 3: Quarterly TPT Initiation among New Patients

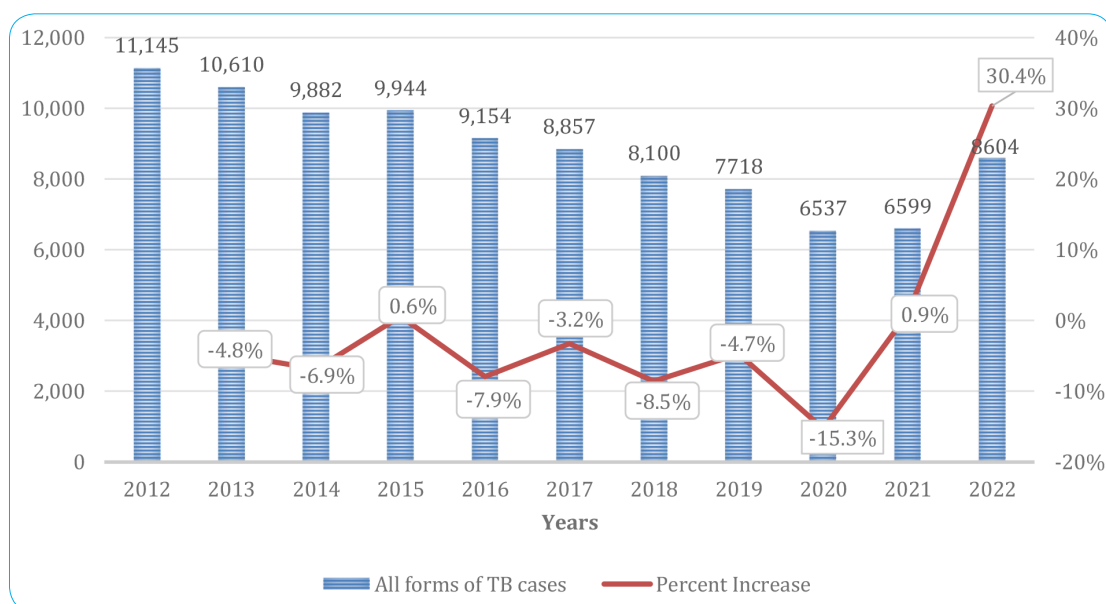
	TPT Initiation	New Patients on ART	%
April-June 2022	1371	2206	62%
July-September 2022	1370	2071	66%
October -December 2022	1216	1924	63%
January-March 2023	2475	2401	103%

5.2.2.2 Drug-Susceptible Tuberculosis (DS-TB)

In 2022, 8 604 TB cases were notified, and 8 386 classified as new or relapse cases. Notably, there was a considerable decline in TB notifications from 2019 to 2020, experiencing a 15% drop attributed to the impact of the COVID-19 pandemic. Subsequently, TB case notifications improved in 2021 and 2022. The TB case notification rate in 2022 increased to 335 per 100,000 individuals, surpassing the previous rate of 260 per 100,000. Additionally, treatment coverage improved to 75%, reflecting positive strides in the TB programme; however, this still translates to a 25% gap in coverage, representing cases that remain unaccounted for in the country.

The figure below shows the data on drug susceptible TB case notifications.

Fig. 5: Trend of number of all forms of TB cases, 2012 – 2022



5.2.2.3 TB HIV Co-infection

The HIV counselling and testing coverage for TB patients remained robust, with 99% of TB patients having a documented HIV status. In 2022, the prevalence of HIV infection among new and relapse TB patients reached 30%. Among the 2,512 patients diagnosed with HIV, an impressive 99% were promptly initiated on antiretroviral therapy (ART). Furthermore, nearly 100% of HIV-positive patients received cotrimoxazole preventative therapy, underscoring the programme's commitment to comprehensive care.

5.2.2.4 TB Treatment Success Rates

Namibia demonstrated commendable treatment success rates, achieving an overall rate of 87% for all forms of TB. However, there was a decline in the treatment success rate for DR-TB cases, dropping from 75% for the 2019 cohort to 69% for the 2020 cohort. This calls for focused attention on strategies to improve outcomes for individuals with drug-resistant strains.

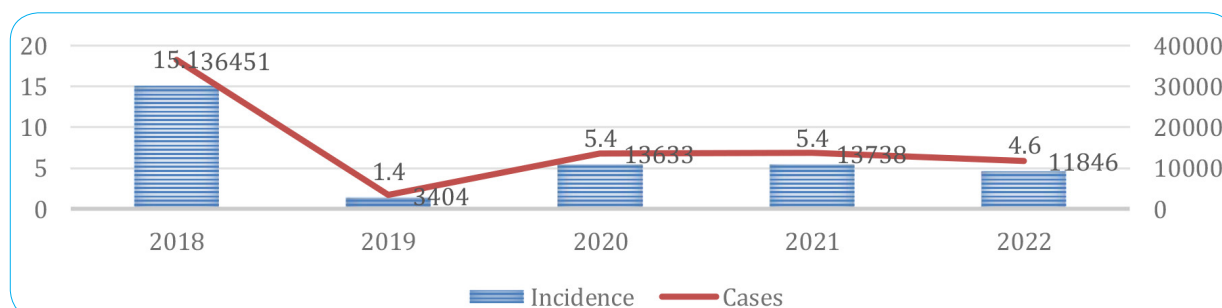
5.2.2.5 Leprosy Elimination status

Namibia has a few leprosy cases reported every year. The country is considered to have eliminated the disease (defined as less than one case per 10,000 population), and the country is aiming for complete eradication. Despite achieving elimination status for leprosy, the country continues to grapple with intermittent cases, indicating potential challenges in case detection and surveillance. In the year 2022, there were 34 reported cases, reflecting a notable increase from the 20 cases reported in 2021. These year-on-year variations underscore the need for a closer examination of the mechanisms in place, pointing towards potential inconsistencies that may be attributed to health system-wide capacity challenges.

5.2.3 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

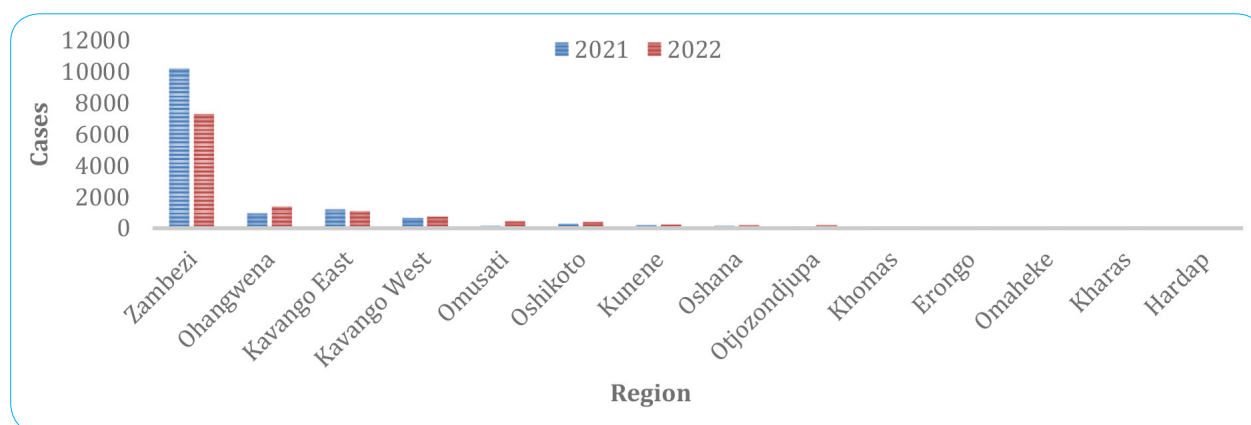
Malaria cases and incidence declined significantly between 2018 and 2019 as visualized in Figure 6 below. However, there has been an upsurge in cases, with an incidence of 4.6 per 1000 population observed in 2022.

Fig. 6: Trend of Malaria Cases and Incidence; 2018-2022



5.2.3.1 Malaria cases and incidence by region: 2021 and 2022

Most endemic regions observed an overall increase in cases in 2022 compared to 2021. Zambezi Region reported an excess of cases above the outbreak thresholds and accounts for 74.2% and 65% of cases reported in 2021 and 2022, respectively. Kavango East and West, Oshana-Namaland and Zambezi Regions collectively accounted for 85.3% of the cases.

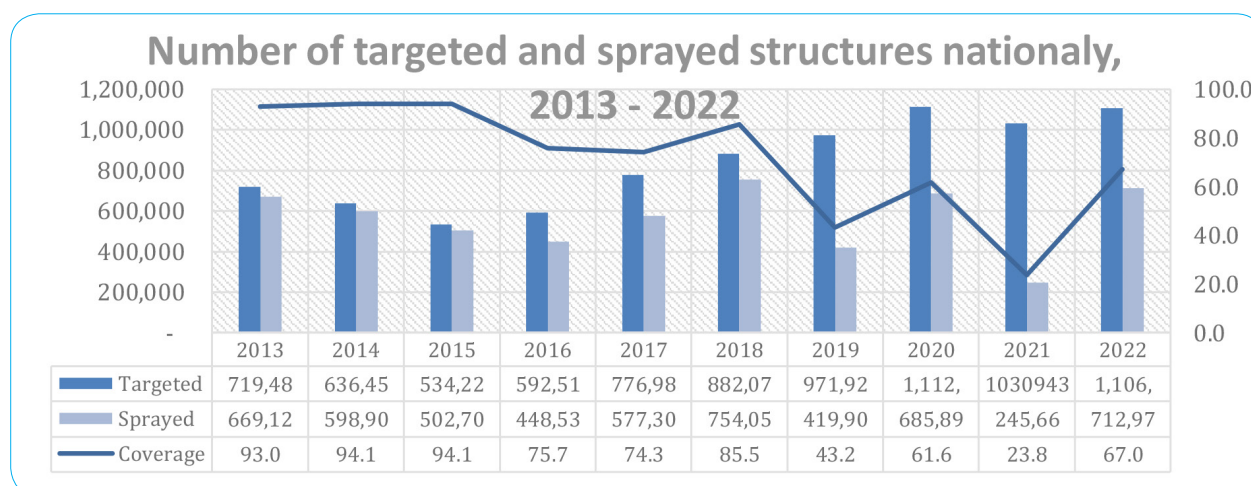
Fig. 7: Malaria Cases and Incidence: 2021 – 2022

As per figure 7, the overall, there was a reduction in malaria cases across the regions when comparing between 2021 and 2022. The highest percentage decrease in cases was observed in Zambezi (28%). Low transmissions districts in Zone 2 and Zone 3 observed an increase in cases, Omusati (242%) and Otjozondjupa (124%).

5.2.3.2 Indoor Residual Spraying

The programme implementation includes comprehensive malaria vector control, which relies on the Indoor Residual Spraying (IRS) since the mid-1960s. IRS continues to be conducted in all malaria-endemic regions during the 2017-2022 reporting period.

As a result, IRS coverage has declined from 85%, which is the minimum recommended target by the WHO to the lowest level in 2021 recorded at 23.8%. This could be mainly attributed to delays in procuring IRS insecticides and community refusals aggravated by the covid-19 pandemic. Despite increased coverage to 67% in 2022, it remains below WHO target.

Fig. 8: Proportion of Targeted Structures Covered by IRS 2013 to 2021

In addition, the programme interventions include the disbursement of Long-lasting Insecticide Treated Nets (LLINs), which are used in Namibia as an alternative vector control intervention to IRS. This strategy ensures that high-risk population groups that are not protected by IRS are targeted. During the year of review, the programme procured and distributed 175 000 Pyrethroid-Piperonyl Butoxide (PBO) nets under Global Fund. Overall population protected by LLINs is 73%. About 11% of the LLINs were distributed to cattle herders, 37% to people living in unsprayable structures, 6% to nomads and 46% to other unprotected risk groups (e.g. Worm collectors and agricultural workers).

Furthermore, Larvicide proves to be the most effective strategy for controlling outdoor vectors in malaria-endemic regions, even when these regions fail to follow optimal practices. Larvicide supplements for IRS. The current Larvicide guideline, which was developed in 2019 to provide guidance to regions, must be revised and implemented in accordance with the intended outcome. The programme must establish systems to implement Larvicide in accordance with normative guidance, which requires a minimum of eight (8) cycles in the period preceding the IRS campaign.

5.2.4 DISEASE SURVEILLANCE

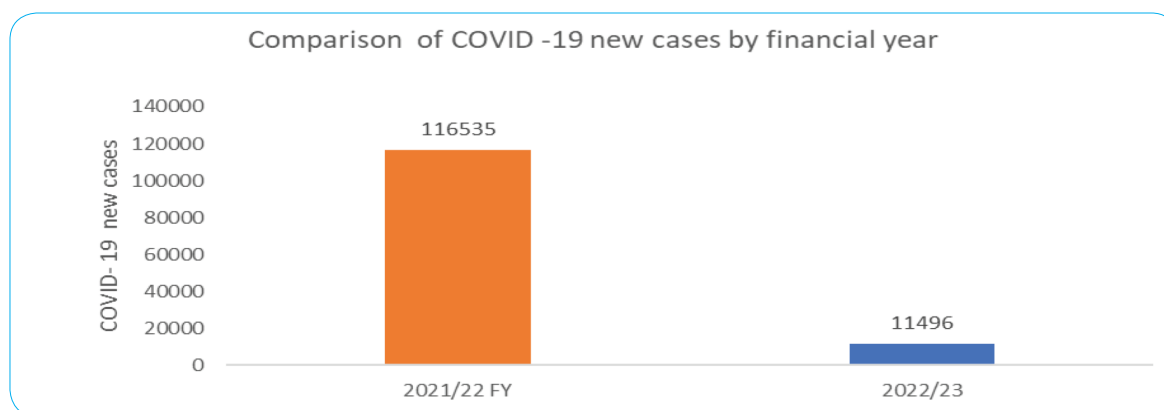
5.2.4.1 Outbreak and Public Health Emergency Management

Namibia is one of the twelve countries which are in the initial phase of implementing the Emergency Preparedness and Response (EPR) Flagship Initiative, in collaboration with WHO. The Flagship focuses on three main areas: Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS) for prompt detection of disease outbreaks, and Strengthening and Utilizing Response Groups for Emergencies (SURGE) for a rapid response to public health emergencies. WHO AFRO conducted a scoping mission to Namibia on the Flagship Initiative in August 2022, where a costed roadmap was developed, amounting to USD45,465,420.35. The WHO had committed, as the initial injection, the amount of USD 2.8 million to kick-start the implementation.

As part of the preparedness for future epidemics and pandemics, 60 multidisciplinary and multi-sectoral people successfully completed the SURGE training, which was conducted two weeks in November 2022 and two weeks in March 2023. This training covered four (4) modules as follows: 1) Introduction to Public Health Emergency Management, 2) Humanitarian Overview, 3) Rapid Response Team (RRT), and 4) Protection against Sexual Exploitation and Abuse (PSEA). A draft Memorandum of Agreement between MoHSS and WHO on the EPR Flagship is in place.

5.2.4.2 COVID-19 Response

By 31st March 2023, the country reported 171,264 cumulative COVID-19 cases including reinfections since the beginning of the outbreak in March 2020. During the 2022/23 FY, 11,501 COVID-19 cases were reported; in the previous Financial Year of 2021/22, the total number of new cases was 116,535. Similarly, the number of COVID-19 deaths reduced from 3,496 in 2021/22 to 72 in 2022/23 as shown in Fig. 9. The 2022/23 Financial Year was marked by a declining trend in COVID-19 cases and deaths, paving the way for economic recovery and a return to normalcy in social interactions, workplace business continuity, and the operations of educational institutions. All COVID-19 restrictions, such as the mandatory wearing of masks and compulsory testing and vaccination for travellers were lifted.

Fig. 9: Comparison of COVID-19 new 2021/22 and 2022/23 cases by FY

5.2.4.3 Outbreak of other communicable diseases and the number of casualties in 2022

In addition to the continued outbreak of COVID-19, which has been relatively under control, the country experienced several outbreaks such as Measles (June and November 2022), Rabies (sporadic cases), Mumps, and Schistosomiasis (July- December 2022). MoHSS conducted targeted interventions to combat the outbreaks such as integrated vaccination among those under five years, which reached coverage of 114% (high percentage coverage may be due to Angolans who benefited from this campaign), facilitation of access to treatment as part of the response to scabies and schistosomiasis outbreaks. For mumps, the MoHSS is embarking on rolling out mumps vaccination during the 2023/24 Financial Year to prevent future outbreaks. Table 4 below is depicting other reported outbreaks during the reporting period.

Table 4: Other Reported Outbreaks during the Financial Year

Regions affected	Measles		Rabies		Schistosomiasis	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Omusati	11	0	0	0	0	0
Kavango East	0	0	1	1	0	0
Kavango West	3	0	0	0	1112	0
Ohangwena	0	0	2	2	0	0
Otjozondjupa	0	0	1	1	0	0
Oshana	0	0	1	1	0	0
Total	11	0	5	5	1112	0

5.3 ENVIRONMENTAL HEALTH SERVICES

Environmental Health is one of the four divisions, and the preventive backbone within the Primary Health Care Directorate and is responsible for quality of life that is determined by physical, biological, social and psychosocial factors in the environment. It is also responsible for assessing, correcting, controlling and preventing those factors in the environment that have the potential to adversely affect the health of the people.

5.4 ATOMIC ENERGY AND RADIATION PROTECTION

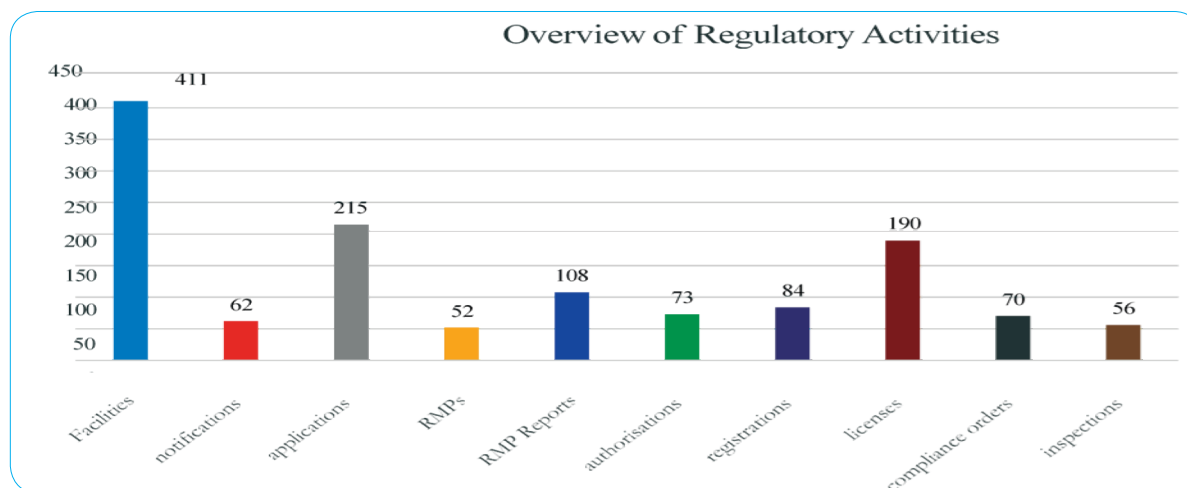
5.4.1 REGULATORY MECHANISM

As of March 2023, there were 411 facilities under regulatory control. These include facilities in diagnostic radiology, dental imaging; nuclear medicine; radiotherapy; uranium mining; exploration activities; industrial radiography and sealed sources in industry.

The implementation of the regulatory systems consists of the systems of notification and application; review and assessment of radiation management plans; inspections; enforcement and compliance assurance; review and assessment of implementation of radiation management plans.

During the reporting period, 62 notifications were made and 215 applications were received; 73 authorisations issued; 52 radiation management plans were reviewed; 108 reports have been reviewed on the implementation of the radiation management plan; 84 registrations issued; 190 licenses issued; 70 compliance orders issued and 56 inspections conducted as shown in Fig. 10 below.

Fig. 10: Regulatory Activities: 2022/2023 FY



5.4.2 OCCUPATIONAL EXPOSURE

5.4.2.1 Occupational Radiation Protection Programme

The objective of the occupational Radiation Protection Programme is to ensure that radiation workers' exposure to radiation is justified, kept within the required regulatory limits and optimised. Almost 3,000 radiation workers in Namibia are monitored by various services providers. The NRPA has 430 radiation workers under its monitoring programme. Other workers are monitored by external service providers; of which most are in the uranium mining sector. Regulated facilities are expected to provide dose results to the NRPA from which a centralised dose registry is maintained.

The Ministry maintains a register of all radiation workers in Namibia; however, the system is outdated and a new database will be commissioned in the next two years. An analysis of the doses shows that there is no significant and widespread exceedance of the dose limits across the industry, with the exception of a few exceedances in the nuclear medicine and uranium mining sectors.

5.4.2.2 Medical Exposure Programme

The optimisation of medical exposure ensures that patients receive the low dose without compromising the quality of imaging; and target area of treatment receive the prescribed dose without unduly exposing healthy tissues. Several factors that influence the optimisation of medical exposure, including skilled and competent professionals; optimal performance of equipment; and protocols optimise exposure. One of the priority interventions during the reporting period was to develop dose reference levels (DRLs) for Interventional Radiology and Mammography as guidance to the regulatory and licensees in terms of the acceptable dose for various investigations. The DRL for Interventional Radiology was finalized.

5.5 DISABILITY PREVENTION AND REHABILITATION

The Ministry is responsible for coordination, control, monitoring and evaluation of clinical services that are aimed at prevention and rehabilitation of disabilities related to physical, visual, hearing, and mental health conditions in the country. The main health programmes that are coordinated but not limited to orthopaedic technical services (prosthetics and orthotics), are physiotherapy, occupational therapy, audiology, speech and language therapy, eye care and mental health services. Progress on the finalisation of Mental Health Bill and Regulations, as well as Prosthetics and Orthotics Policy, is shown in Table 5. Assistive Products list, and Number of patients Assisted.

Table 5: Progress on various activities of the DPR Programme: 2022/2023

Key Indicators of Performance	Baseline (from)	Annual 2022/2023 Target (to)	Actual Annual 2022/2023 Targets Achieved
% Progress towards finalization of the Mental Health Bill	90%	100%	100%
% Progress towards finalization of Mental Health Regulations	20%	100%	50%
% Progress towards finalization of Prosthetics and Orthotics Policy	85%	100%	98%
% Progress towards finalization of the Assistive Products List (APL)	25%	50%	65%
No. of wheelchairs distributed	394	650	260
No. of patients provided with prosthetics and orthotics assistive products	13 000	10 000	14 181
No. of patients visiting Mental Health OPD for MH conditions		26 156	9 221

5.5.1 BLINDNESS PREVENTION AND REHABILITATION OF THE VISUALLY-IMPAIRED

Eye screening and cataract removal operations are being decentralized to regional levels, progressing steadily. With support from the World Health Organisation (WHO), a preliminary investigation was conducted in the Zambezi, Ohangwena, and Kunene Regions to assess prevalence of trachoma in Namibia in 2019. Detailed reports on this investigation are available for review.

In the 2023/2024 Financial Year, a population-based integrated trachoma survey will be conducted in Zambezi and Kunene Regions to determine the actual prevalence of trachoma in Namibia and other neglected tropical diseases such as scabies.

5.5.2 DEAFNESS PREVENTION AND REHABILITATION OF THE HEARING-IMPAIRED

The Ministry continues to offer services for the deafness prevention and rehabilitation of the hearing impaired. There is only one (1) audiologist in the Ministry, based at Windhoek Central Hospital. The post of the National Level Health Programme Officer responsible for Deafness Prevention and Rehabilitation of the Hearing Impaired is vacant; hence the limited programme activities during the reporting period.

5.5.3 MENTAL HEALTH SERVICES

Planned activities

- Finalisation of the Mental Health Bill and Regulations; and orientation of regional directors and stakeholders to the Mental Health Act.
- Development of a National Guideline in the interventions for common mental health conditions

Achievements

- The commemoration of the World Mental Health Day event was held on 10 October 2022 under the theme “Make Mental Health a Global Priority for All”.
- Familiarizing visits were conducted to the following regions: Otjozondjupa, Oshana, Ohangwena, Zambezi, Kunene, Kavango East and West, Omusati and Khomas.
- The Mental Health Bill has been sent to the legal drafter for the final input and review. The regulations are still in draft format to be finalised by the next financial year.
- During the 2022/23 Financial Year, there were 14,369 outpatient department (OPD) visits for psychiatric disorders reported, with an additional 96,192 OPD psychiatric revisits. Moreover, there were 9,782 inpatient admissions related to psychiatric disorders during the same period.
- A senior health programme officer was appointed for coordination and development of integrating mental health services with HIV services. The officer aims to complete a Standard Operating Procedure (SOP) and Training Guide for this integration, which will be completed in the next financial year.

5.5.4 PHYSIOTHERAPY SERVICES

Windhoek Central Hospital's Physiotherapy Department was accredited by the Health Professions Councils of Namibia (HPCNA) to allow the placement of physiotherapy students and interns. There were fifteen (15) physiotherapists employed in State health facilities during the reporting period. Most of these professionals are expatriates from neighbouring African countries.

In 2022, the University of Namibia graduated its first group of trained physiotherapists. The group underwent a 12-month internship during the year 2023 after which they qualified to work independently and assist in expanding physiotherapy services around the country.

In the 2022/23 Financial Year, the country had 7,379 new visits to physiotherapy services, and the number of revisits during the same period amounted to 7,961.

5.5.5 COMMUNITY-BASED AND MEDICAL REHABILITATION

A total number of 14 medical rehabilitation workers are stationed at the district level around the country, working diligently to deliver rehabilitation services both within districts and in community settings. Their efforts aim to enhance the accessibility of rehabilitation services throughout the country. However, these positions may not be required in the future due to the lack of training institutions for such a cadre globally and the recent introduction of physiotherapy and occupational therapy training courses at UNAM.

5.5.6 OCCUPATIONAL THERAPY SERVICES

By the end of the review period, there were 24 Occupational Therapists in the Ministry, with most of them being expatriates. Windhoek Central Hospital, Occupational Therapy Department, received accreditation from the HPCNA for placement of Occupational Therapy students and interns.

In 2022, the University of Namibia graduated its first group of trained occupational therapists. The group underwent a 12-month internship programme after which they qualified to work independently and assist with expanding occupational therapy services in Namibia.

There is a need to expand services and ensure departments at regional and district levels are equipped, and staff is availed to ensure these services are less centralized. There remains a long list of patients without necessary assistive devices such as wheelchairs. This is a major concern, as the bid for procurement of wheelchairs remains unresolved.

In the Financial Year 2022/23, there were 6,781 new visits to occupational therapy services and 6,848 revisits.

5.5.7 ORTHOPAEDIC TECHNICAL SERVICES (OTS)

Planned Activities:

- Facilitate OTS tender specifications for prosthetics and orthotics materials and supplies.
- Finalize the review of prosthetics and orthotics policy

Achievements

- The Prosthetics and Orthotics Policy was at an advanced stage; it was submitted to the office of the Executive Director for approval.
- Prosthetics and orthotics services continue to be provided in the existing facilities (Windhoek Central Hospital, Oshana Multi-regional OTS facility, Kavango East Multi-regional OTS facility, Swakopmund, Keetmanshoop and Outapi Hospital satellite facilities)
- In the Financial Year 2022/23, 14,181 orthotics and prosthetics were issued throughout the country.

Challenges:

- Continuous shortage of prosthetics and orthotics professionals around the country (there were only three (3) orthoptist and prosthetists, sixteen (16) orthopaedic technologists and six (6) orthopaedic assistants who are directly serving patients around the country during the reporting period).
- Continuous shortage of well-equipped prosthetics and orthotics facilities around the country.

5.6 SOCIAL WELFARE SERVICES

Mental health problems ranked number one among social ills reported to the offices of the social workers, followed by parenting and chronic illness. Substance abuse and suicide attempts were also some of the concerning social ills.

Various programs are implemented by the social workers to address these social ills, which enables more clients to access the services.

Other social problems reported were trauma, disability, bereavement, prostitution, welfare organisation, conflict management, family disputes, property disputes, human trafficking, maternity problems, national document application assistance, and misuse of social grants, financial management, and inheritance disputes.

Table 6: Trends in Top 10 Social Ills reported during the period 2020/2021 – 2022/2023

2020/21	2021/22	2022/23
Other (COVID-19 related social ills,)	Other (COVID-19 related social ills)	Mental Health
poverty	Relationship/Marital Problems	Parenting
Attempted Suicide	Gender Based Violence	Chronic illness
Chronic Illness	Mental Illness	Poverty
Mental Health	Chronic Illness	Other (diff social problems)
Relationship/Marital Problems	Substance Abuse	Substance Abuse
Substance Abuse	Suicide	Suicide attempts
Parenting	Poverty	Marital/Relations
Gender Based Violence	Parenting	COVID
Elderly	Elderly	GBV
		Elderly

Fig. 11: Top 10 Social Problems: 2022/2023 Financial Year

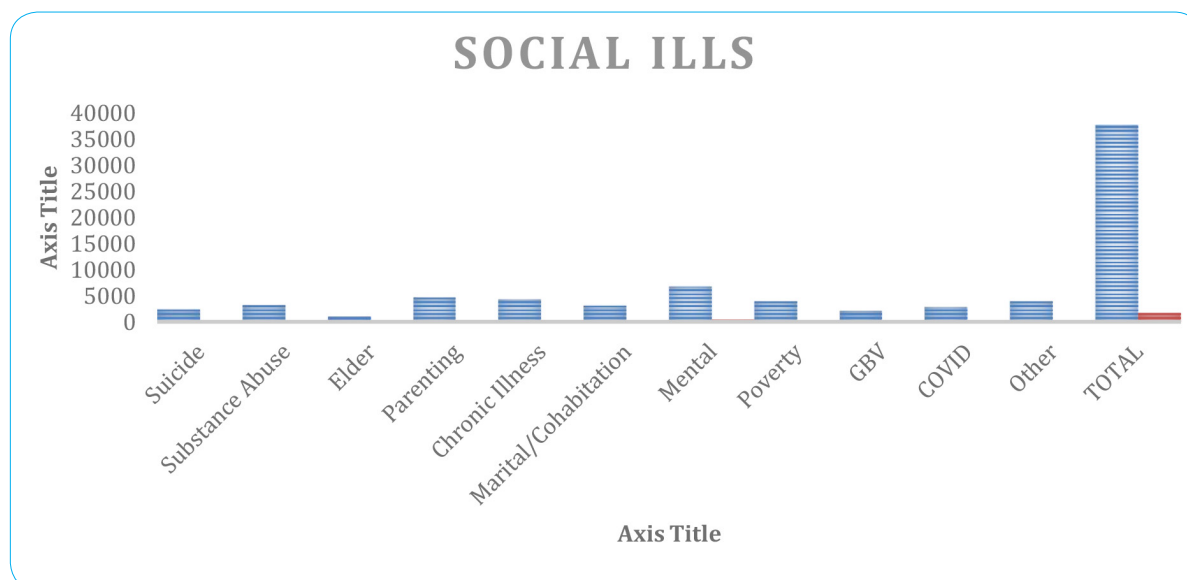


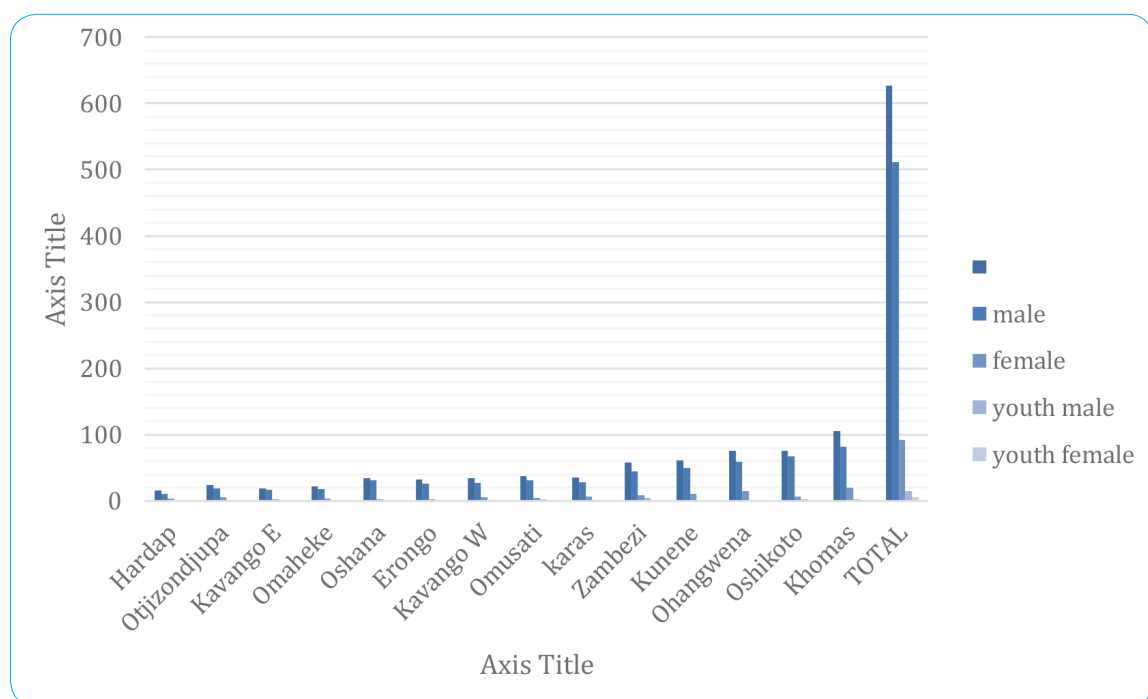
Figure 11 depicts magnitude of the top 10 social problems reported in Namibia during the period under review.

5.6.1 FAMILY WELFARE

Suicide

Six hundred and twenty-seven (627) completed suicide cases were reported at NAMPOL during 2022/23, with Khomas Region rated as the highest, followed by Ohangwena and Oshikoto Regions (refer to Fig. 12). More males than females commit suicide and the method of suicide is mostly by hanging (total 555 out of 627 = 88.5%).

Fig. 12: Completed Suicide (Source: NAMPOL) April 2022- March 23



A total number of 2,295 suicide attempts were reported at the offices of the social workers. The MoHSS facilitates execution of preventative and therapeutic services with regard to suicide in Namibia. The National Taskforce, as well as the Regional Taskforces, are functional and consist of various stakeholders. The World Suicide Prevention Day (10 September) was commemorated countrywide with the main event in Omusati, and attended by 600 community members. Monthly virtual meetings are conducted with the Regional Taskforce in order to strengthen preventative services and interventions with regard to suicide.

A National Suicide Taskforce (NST) was established. The purpose of the NST is to engage all relevant stakeholders who work in the field of suicide prevention to coordinate and collaborate on various prevention initiatives, to streamline a data system, budget, finalize suicide strategic plan, and draw up national annual plans.

5.6.2 SUBSTANCE ABUSE PREVENTION, DRUG CONTROL AND REHABILITATION

A total number of 3119 cases of substance abuse-related. While the types of substance abuse treated at Etegameno Rehabilitation and Resource Centre (ERRC) are depicted in Table 7.

Table 7: Types of Substances Treated at ERRC during 2022/23 FY

Alcohol	15
Alcohol, cocaine	1
Alcohol and tobacco	10
Alcohol and dagga	4
Alcohol, tobacco and dagga	9
Alcohol, dagga and prescription drugs	1
Alcohol, dagga, crack cocaine and cocaine	1
Alcohol, tobacco, dagga and mandrax	2
Dagga and Tobacco	4
Dagga, Tobacco and mandrax	2
Dagga	1
Crack cocaine	1
Crack Cocaine and tobacco	1
Crack Cocaine and mandrax	1
Crystal meth and cocaine	1
TOTAL	54

Inpatient Treatment Programme

Etegameno Rehabilitation and Resource Centre (ERRC) provides treatment for alcohol and drug-dependent clients. Four (4) inpatient treatment programs were conducted during the Financial year 2022-2023. The first two (2) intakes, with twelve (12) clients each, took place in the first and second quarter of the year. The last two intakes took place in 3rd and 4th quarters, with 16 and 14 clients respectively. ERRC has a bed capacity of 16 patients. The centre targets 64 clients across four intakes. Of these, 54 clients (84.375%) were admitted and completed the treatment programme. The reason for the variance is that some clients voluntarily discharged themselves and some did not turn up for admission.

Interventions by the Multi-Disciplinary Team included medical care by nurses, individual therapy sessions and group sessions by social workers and psychologist, vocational training by artisan, and an occupational programme by an occupational therapist who was appointed in March 2023.

5.6.3 COMMUNITY-BASED SOCIAL WELFARE SERVICES

The MoHSS is currently managing the Housing Units for Independent Low-income Older Persons (HUILOPs) in five (5) regions, namely Khomas, Erongo, Omaheke, Kunene and //Kharas. The following are the tenants of the units:

Table 8: Distribution of Housing Units for Independent Low-income Older Persons

Region	Name of facility	Number of tenants
Khomas	Senior Park	135
	Eastern Court	16
Erongo	Welwitschia 1	95
	Welwitschia 2	44
Omaheke	Elim Flats	18
Kunene	Matthys Greef	21
//Kharas	Daan Viljoen	21

The Ministry is responsible for the registration, monitoring and evaluation of welfare organizations which complement the efforts of government in the rendering of social welfare services, especially at grassroots level.

The Ministry of Health and Social Services (MoHSS) administers the National Welfare Act, 1965 (Act No. 79 of 1965), as amended. The said Act makes provision for registration of welfare organisations. Welfare organisations render social welfare services at grassroots level and hard-to-reach areas. The National Welfare Board conducted a meeting during October 2022 and registered nine out of 12 applications to operate as welfare organisations in Khomas-, Zambezi-, Oshikoto-, Oshana-, Omusati- and Kunene Regions.

Two welfare organisations were inspected in the Khomas Region for compliance. The Ministry subsidized seven (7) welfare organizations to an amount of N\$2,032,417.43 (out of N\$ 2,113,000.00 = 96.18%).

CHAPTER 6: TERTIARY HEALTH CARE & CLINICAL SUPPORT SERVICES

6.1 CLINICAL SUPPORT SERVICES

6.1.1 AMBULANCE SERVICES MANAGEMENT (ASM)

The ASM Sub-division is responsible for facilitating development of human capacity for Emergency Medical Rescue Services (EMRS) countrywide, revision, formulation/development and updating of EMRS policies, guidelines, standards, norms and protocols. The resultant outcomes of such activities are improvement in the quality and coverage of pre-hospital care services in the country. The Sub-division ensures proper planning, organizing, coordinating, supervising, controlling, monitoring and evaluation of EMRS delivery and management.

Achievement

- Coordinated various Emergency Care System Assessment (ECSA) Action Priority Committee meetings
- Facilitated the Germany – Namibia cooperation agreement to establish Namibia's own International Trauma Life Support (ITLS) Chapter
- Conducted a national ambulance inventory and EMS assessment and compiled a report

Constraints/challenges

- Lack of a comprehensive national EMRS structure hampers effective service delivery and coordination.
- The Sub-division experienced work overload as it is severely under staffed, thus development of EMRS is substantially affected.
- Lack of preventative planned maintenance and replacement plan for ambulance life, support equipment and ambulances nationwide.
- Lack of communication system for EMRS fleet hinders effective service delivery, especially with regards to inter hospital facility transfer and patient transportation.
- Shortage of fully equipped ambulances and other emergency vehicles. This results in delayed response and quick access to emergency calls.
- Shortage of trained Emergency Care Practitioners, Technicians and Advanced Life Support (Paramedics) as well as trained doctors and nurses in the field of trauma and emergency care continues to affect quality service delivery.
- Lack of sufficient funding makes it difficult for recruitment of emergency care personnel at all levels. Most vacant ECP positions were not filled.

Non-existence of job category: Advanced Life Support (Paramedic) on the Personnel Administration Measures (PAMs) hinders effective management of emergency services at operational and regional level.

6.1.2 MEDICAL LABORATORY SERVICES (MLS)

MLS continues to address issues related to strengthening of performance of medical

laboratory services in Namibia and the improvement of MLS collaboration with government and international bodies, particularly the World Health Organisation (WHO), civil society organizations, the private/parastatal sectors, and other relevant health and development stakeholders.

Achievements

- a) NamBTS was issued with Permits during the financial year for the import and export of Human Plasma.
- b) NamBTS maintained its accreditation with Africa Society of Blood Transfusion (AfSBT). NamBTS was the first in Africa to be accorded this status.
- c) A total of ten (12) permits were issued to the Cape Windhoek Fertility Clinic for import and export of human tissues.
- d) The Oshakati NamBTS Blood Bank has started with twenty-four- (24) hour services.

Constraints/challenges

- a) The shortage of group "O" blood, especially during the festive seasons is still being experienced; measures should be taken to mitigate the situation.
- b) The MLS could not carry out the annual medical laboratory and blood banks quality inspections due to financial constraint and lockdown measures that were imposed due to COVID-19.
- c) Cold chain maintenance for blood and blood components due to lack of specialized blood refrigerators at blood banks across the country.
- d) Delay in Genomic sequencing reports due to shortage in work force at sequencing laboratories.
- e) Challenge in procurement of sequencing reagents destined for NIP.
- f) Overdue Covid-19 Laboratory payments.

6.1.3 RADIOGRAPHIC SERVICES

Radiographic Services Unit is responsible for ensuring availability and accessibility of quality diagnostic radiographic services within the Ministry of Health and Social Services (MoHSS).

Achievements

1. Picture Archival and Communication System (PACS) and Radiology Information System (RIS) procured for Windhoek Central Hospital and four (4) Intermediate Hospitals
2. The following imaging equipment was approved by the Ministerial Procurement Committee and was awarded for various State health facilities across the country for the financial year under review
 - Seven (7) floor mounted Digital x-ray units for the following health facilities
 - Outjo District Hospital
 - St. Mary's Catholic Hospital (Rehoboth)
 - Nankudu District Hospital
 - Nyangana Catholic Hospital
 - Grootfontein District Hospital
 - Tsandi District Hospital
 - Opuwo District Hospital
 - Intermediate Hospital Onandjokwe
 - Three (3) Ceiling Suspended X-ray Units
 - Intermediate Hospital Rundu

- Windhoek Central Hospital
- Intermediate Hospital Oshakati
- Two (2) Direct Digital Mobile X-ray units:
- Intermediate Hospital Rundu
- Keetmanshoop District Hospital
- Two (2) Digital fluoroscopy units for the following hospitals:
- Windhoek Central Hospital – current machine was decommissioned in 2003
- Intermediate Hospital Katutura- Could not be fixed since 2019 due to unavailability of spare parts.
- 160 Slice CT scanner – Intermediate Hospital Katutura

Challenges/constraints

- Not all equipment required could be procured due to budgetary constraints and cancellation of awards.
- No provision for Sonography/Sonographer positions made. There is only one (1) Sonographer position, attending to referrals locally and nationally. Input given to ongoing restructuring on this matter.
- Lack of mobile x-ray machines remains a predicament. Most departments cannot perform Ward Radiography or attend to some emergencies (immobile patients for example on oxygen). Only six (6) departments had functional mobile x-ray units throughout the country.

6.2 HEALTH TECHNOLOGY

The overall objective is to put in place an effective national management system for acquisition and utilization of medical equipment in hospitals, health centres and clinics.

Achievements:

The following pieces of equipment were procured and installed at various health facilities as per the strategic objective to ensure availability of essential medical equipment at all health facilities:

- Installed 170 incubators at various health facilities. Training for end user was conducted at health facilities
- Installed five (5) anaesthetic machines at various health facilities. Training for end user was conducted
- Awarded tender to procure 17 Dental chairs and dental X-ray
- 3 mammography machines
- 28 dialysis machines
- 13 x-ray machines
- one CT computer tomography scanner
- 2 fluoroscopy x-ray units
- 150 monitors
- 20 ICU monitors
- 10 ECG machines
- 10 diathermy machines
- 2 endoscopic units
- 50 infant warmers
- 50 phototherapy lights
- one orthopaedic bed; and
- 13 theatre beds

The following medical equipment was donated and installed at selected health facilities:

- a) Infant incubators x 31
- b) Ultrasound machines x 30
- c) Ultrasound machines x 5
- d) Phototherapy lights x 10
- e) Suctions machines x 51
- f) CTG machines x 39
- g) Sixty (60) Patient monitors
- h) 12 CPAP machines
- i) 20 oxygen concentrators

Challenges/constraints

- Inventory audit was not conducted in Hardap and Omaheke Regions due to COVID-19 pandemic and its regulation.
- Due to long procurement process, only a fraction of the budget was used to procure medical equipment as per the procurement plan.

6.3 NATIONAL DRUG CONTROL COMMISSION (NAMIBIA MEDICINES REGULATORY COUNCIL SECRETARIAT)

6.3.1 QUALITY SURVEILLANCE LABORATORY (QSL)

A total number of 204 samples were received and 65 were analysed. The backlog of samples is 74 and this is mostly due to lack of reference standards, reagents and current monographs. All samples with available standard, reagents and monograph are analysed.

Training on the new Quality Management System (QMS) was successfully carried out before sample analysis to ensure implementation understanding and operational efficiency. All non-conformances, from the SADCAS ISO/IEC 17025:2017 initial assessment, were successfully cleared and laboratory has received accreditation to ISO/IEC 17025:2017.

Sustainable procurement of laboratory consumables and maintenance of equipment grossly affected the performance of the laboratory to provide proper services in accordance with the NMRC's mandate. The current QSL premises has greatly affected the QSL in attaining WHO Prequalification. QSL plans to expand its scope of work (microbiology and medical devices), the current premises remain a challenge.

6.3.2 THERAPEUTICS INFORMATION AND PHARMACOVIGILANCE CENTRE (TIPC)

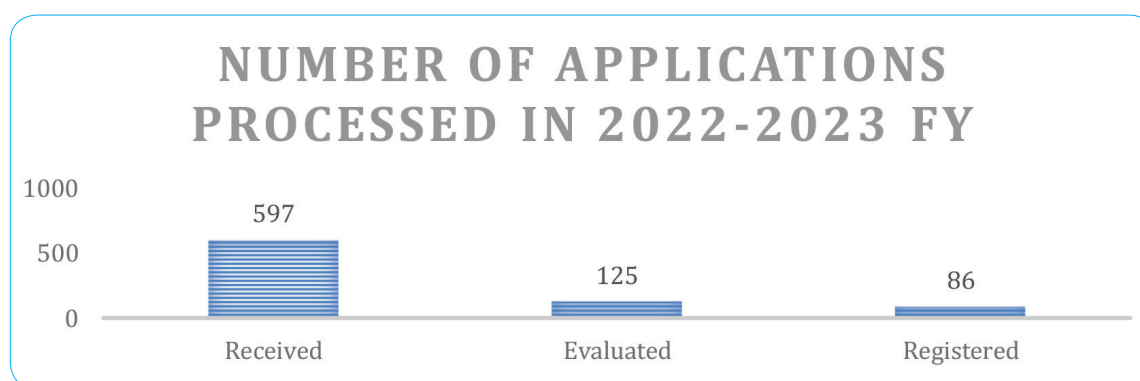
The TIPC received 553 adverse event reports during the financial year. Overall, the Adverse Events Following Immunisation (AEFI) reports were 300, whilst the medicines Adverse Drug Reports (ADR) were 253. Compared to the previous financial year where 224 Adverse Events (AE) reports were received, there is an increase of over 200%. Over half of these reports are attributed to the AEFI reports, mainly from the COVID-19 vaccines.

The backlog in the database entry as well as review of post-amendment variations is becoming a serious challenge. The slow implementation of the TB/HIV active surveillance by the targeted facilities is a concern, as the generation of local data on the effects of the newly-introduced therapies is delayed.

6.3.3 MEDICINES REGISTRATION

A total number of 597 (19 veterinaries and 578 human) new application dossiers for registration of medicines were received and screened for completeness. One hundred and twenty-five (125) dossiers for registration were evaluated. These include 108 for human medicines and 17 veterinary medicines. The target for the Ministry was to evaluate 120 dossiers (20%) out of the total pending product dossiers to be evaluated. This translated into an average of 20 dossiers per assessor. The set target was exceeded during the year under review. Eighty-six (86) medicines were registered. They include 69 human medicines and 17 veterinary medicines.

Fig. 13: Medicines Application Dossiers received, evaluated and registered in 2022/23 Financial Year



In terms of Section 27 authorisations, 942 permits (compassionate clearance certificates) for both human and veterinary medicines were processed.

Human resources are currently inadequate to clear the backlog as new applications (exceeding those assessed) are received daily. The insufficient number of assessor/experts is unable to reduce a backlog of more than 1,060 application dossiers and 1,995 post-registration amendment applications to be processed.

There is a lack of a fit-for-purpose IT infrastructure and information management system to ensure adequate monitoring of timelines and ensure readily available/retrieval of medicines regulatory data.

6.3.4 INSPECTION, LICENCING AND LAW COMPLIANCE

Twelve facilities, including community pharmacies, private nurses' clinics, pharmaceutical wholesalers and state health facilities, were inspected. The following permits and licences were issued:

- i. A total of 686 narcotic and psychotropic permits
- ii. Nine (9) Schedule 5 permits (for veterinary use)
- iii. A total of 98 Section 31 (5) (c) licenses (import licenses)
- iv. Five (5) licenses were issued for nurse practitioners

One (1) local Good Manufacturing Practices (GMP) inspection was conducted. The Medicines Inspectors also participated in three foreign GMP inspection for Zazibona, i.e. the SADC harmonisation initiative.

There are inadequate human resources, limited capacity for GMP inspections and absence of expertise on medical devices. There is also need to train Customs officials at ports of entry on basic aspect of medicines regulation. Increased importation of medicines through the post office has become a serious challenge and it takes up a lot of the inspectors' time.

Slow progress on amendment of the Medicines and Related Substances Control Act, 2003 (Act No. 13 of 2003) is also a cause of concern, as it currently does not make provision alternatives to prosecution such as spot fines for non-compliance with the Act. There are also inadequate financial resources to carry out GMP inspections, as well as all other inspection activities.

6.4 PHARMACEUTICAL SERVICES

6.4.1 NATIONAL MEDICINES POLICY CO-ORDINATION (NMPC)

The National Medicines Policy Coordination Unit is responsible for monitoring implementation of the National Medicines Policy. The following activities were implemented during the reporting period:

The electronic Dispensing Tool (EDT) has been upgraded and improved functionality to provide patient record management, stock management at the dispensary, and medication dispensing services for ARVs, other chronic medications, and other pharmaceuticals. The tool has further been improved to be interoperable with other electronic tools using Application Programming Interfaces (APIs). The EDT will contribute to end-to-end visibility of stock up to the last mile and provide data that will serve as a key input into the quantification and forecasting exercise of the Central Medical Stores, thereby contributing to rational procurement.

The Ministry successfully launched the second edition of the National Medicines Policy, its 5-year implementation and its monitoring and evaluation tool- The Pharmaceutical Management Information System Manual (PMIS Manual). The second National Medicines Policy (NMP) for the Republic of Namibia constitutes part of the continuous efforts by the Ministry of Health and Social Services (MoHSS) to ensure availability of safe, efficacious and quality essential medicines as an important condition for a well-functioning preventive, curative and rehabilitative health service.

The division NMPC conducted the Annual National Pharmaceutical Services Forum. The Forum provides an opportunity for pharmacists and pharmacist's assistants in the public sector from all over the country to convene and engage in discussions regarding shared concerns, exchange positive experiences, and devise strategies to tackle existing challenges within the pharmacy field and the Ministry of Health and Social Services as a whole.

Procurement and Quantification

For the year 2022/2023, the Ministry has managed to submit Bids to the Central Procurement Board of Namibia for ARVS, General Pharmaceutical products as well as clinical supplies. When awarded, this would improve availability of medication. The percentage of products awarded on contract for the Financial Year 2022/2023 was 64 %.

6.4.2 CENTRAL MEDICAL STORES (CMS)

Service level for the last quarter of the FY 2022/2023 was reported to be 62%, which is still below the target of 80%. Despite this, CMS achieved 100% on-time delivery for main orders and 98% on-time delivery for interim orders, to the facilities or collected by the facilities.

CMS currently operates 21 warehouses. Pharmaceuticals are primarily received, stored, and distributed from the main CMS, while clinical supplies are managed from various offsite warehouses scattered across the Khomas Region. These offsite warehouses pose a significant security risk as it is challenging to ensure adequate security for 21 different locations. Additionally, the offsite storage arrangement often results in discrepancies in stock records.

All CMS warehouses have been operating at or near full capacity, even though CMS is only able to store and distribute 62% of the required stock for the facilities. Storage space has been a critical bottleneck in the Ministry's operations.

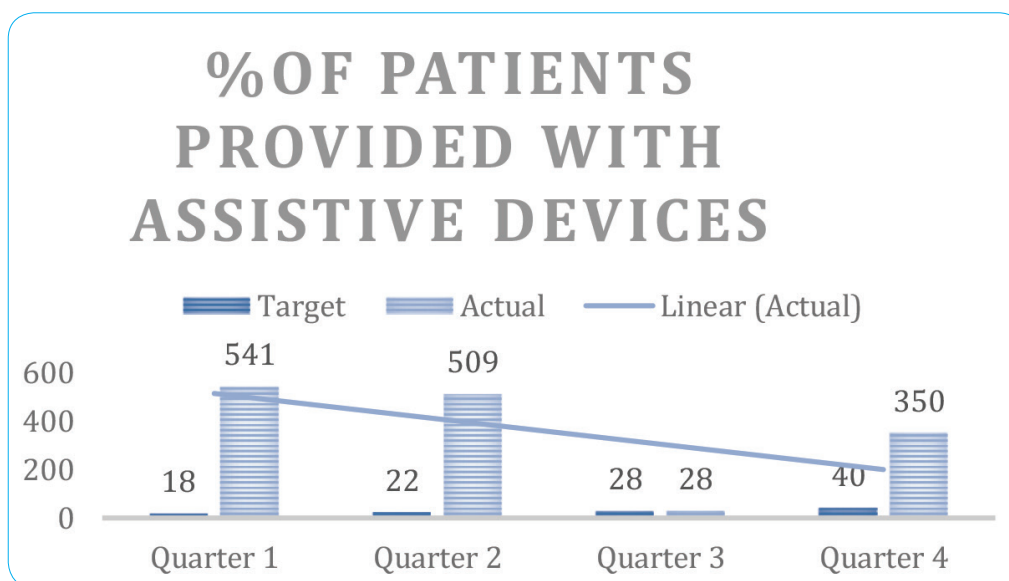
Given these challenges, it is imperative to move to a purpose-built warehouse as soon as possible. This transition would help address the security risks and storage discrepancies associated with the current offsite warehouses, ultimately enhancing the Ministry's ability to meet the stock requirements of healthcare facilities efficiently and securely.

6.5 NATIONAL REFERRAL HOSPITALS

6.5.1 WINDHOEK CENTRAL HOSPITAL (WCH)

The Orthopaedic Technical Services is mandated to provide assistive technology services, mainly prostheses to people with amputations; orthoses to people with musculoskeletal conditions, injuries, degenerative diseases, pain, and neurological disorders; and orthopaedic footwear to people with foot pathologies, orthopaedic pressure relief conditions and mobility aids such as crutches, walkers and canes.

Key achievements include procurement of necessary materials and supplies for fabrication of prosthetics and orthotics devices through Tender Contract G/ONB/130WS-4/2020, approved for a period of two (2) years from 01 July 2021 to 31 June 2023. In addition to that, 2776 patients were attended to for various orthopaedic devices.

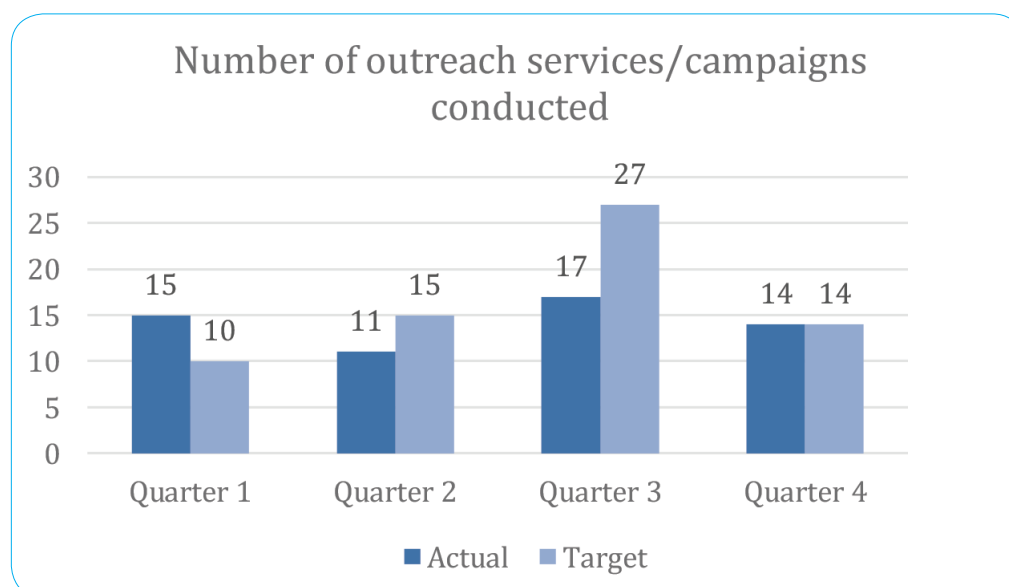
Fig. 14: Patients Provided with Assistive Devices at WCH

6.5.2 SPEECH THERAPY

The Department is the only department in the country providing speech therapy services to state patients countrywide. Only one staff member is employed in the department attending to inpatients and outpatients from WCH and Intermediate Hospital Katutura (IHK) as well as regional referrals. All in all, the Department has seen a total 860 patients during the period under review. The patient numbers have returned to pre-COVID numbers.

6.5.3 OUTREACH SERVICE PROVISION

Different hospital departments planned to conduct 66 medical outreach visits to different regions and managed to do 57 (86.3%) of the planned. Only 9 (13.7%) outreach visits were not conducted as planned.

Fig. 15: Outreach Services/Campaigns Conducted

6.5.4 X-RAY AND IMAGING

The Radiology department is an imaging unit, which utilizes radiation daily to carry out procedures to diagnose and treat many types of conditions. It is an integral part of any hospital multi-disciplinary approach.

Diagnostic radiology images help doctors see broken bones, tumours and conditions such as aneurysms within the body. Therapeutic radiology procedures include image-guided catheter treatments. The radiology department is a very diverse department giving service in the following areas:

- Ward radiography and neonatal radiography
- Ultrasound (at O.P.D)
- Specialized screening procedures e.g. Barium studies, H.S.Gs and other contrasted studies
- Mammography (breast) examinations
- General radiological examinations such as Chest x-rays etc.
- Radiological investigations of the Kidneys: Intravenous Pyelogram (IVP)
- Catheterization procedures (at the Cathlab 1W)
- Computed Tomography (CT) scans and
- Call-out duties after hours for CT and General Radiography

A tender process was being initiated to acquire a new Computerised Tomography scanner and a Cardiac Catheterisation Bi-plane machine for the department and the Cardiac unit as the current machines have reached their end of life. The Ministry has plans for a long-term goal to procure a Magnetic Resonance Imager (MRI).

Statistical Results

Table 9: General X-rays: 01 April 2022 to 31 March 2023

MONTH	IN and Out Patients
April	1419
May	1391
June	1458
July	1370
August	1425
September	1574
October	1352
November	1379
December	830
January	1036
February	1232
March	1323
TOTAL	15 789

Table 10 Computed Tomography (CT) Statistics, WCH - 01 April 2022 to 31 March 2023

MONTH	IN and Out Patients
April 2022	405
May	405
June	471
July	438
August	159
September	282
October	388
November	543
December	310
January 2023	359
February	369
March	439
TOTAL	4569

The X-Ray Unit managed to see at total 20 358 patients of which 15 789 are out patients for general x- rays while 4 569 were for CT scans.

6.5.5 PROVISION OF MANAGEMENT OF ONCOLOGY SERVICES

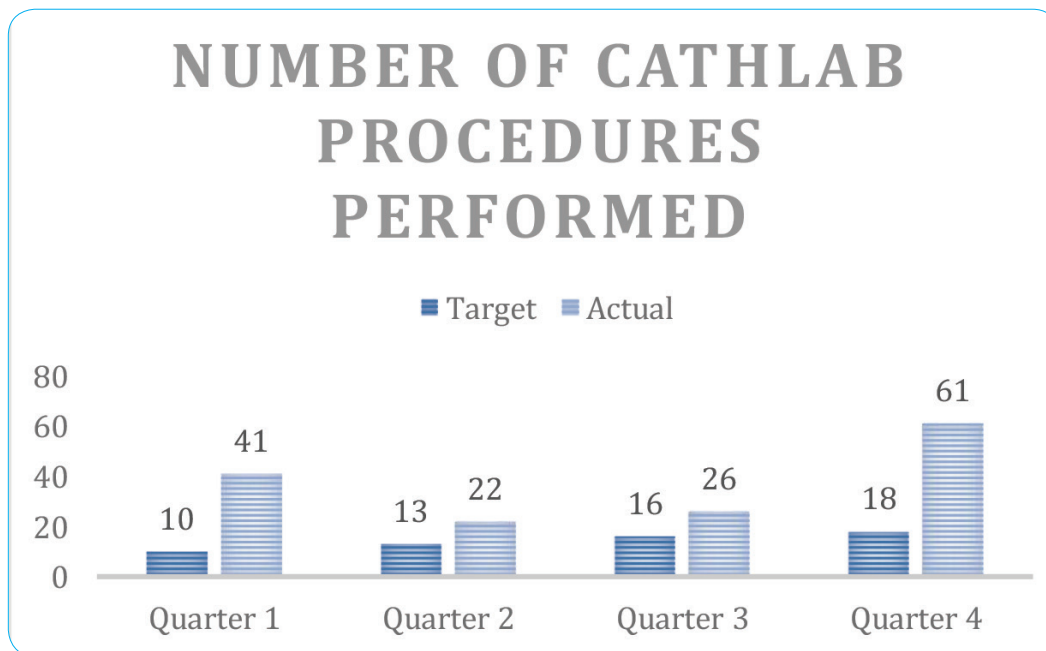
Preventative programs carried out in the hospital include Visual Inspection with Acetic Acid (VIA), Pap smear and large Loop Excision of the Transformation (LLETs), among others. Two hundred and twenty-four (224) women underwent VIA procedure, 42 Pap smears were done, and 271 were treated using LLETs from the maternity department. A total of 26 patients died of cervical cancer during the reporting period.

6.5.6 CARDIAC SERVICES

The Cardiac Department provides both adult and paediatric services and is composed of the following sections:

- Cardiac OPD
- Cardiac Ward
- Cardiac ICU
- Cardiac Theatre
- Cardiac Catheterization Laboratory (Cath. Lab)

The Cardiac OPD Clinic managed 11 550 patients seeking cardiac interventions of which 150 (1.3%) had cardiac catheterization done at the hospital. A successful Cardiac Catheterization Campaign was done in the year under reporting. Only 395 (3.4 %) patients were admitted to the Unit. 321 (81%) thoracic Surgery, 123 (31%) open-heart surgeries and 17 (4.3%) other vascular interventions were done. There were 17 (4.3%) deaths recorded in the reporting period.

Fig. 16: Number of Cathlab Procedures Performed

6.5.7 CRITICAL CARE SERVICES (ICU)

Windhoek Central Hospital through internal efforts provides critical care according to speciality and therefore Cardiac Intensive Care Unit falls under cardiac services, Neonatal Intensive Care Unit (NICU) falls under Maternity Services, Surgical Trauma ICU (STICU) falls under Emergency Medical Services, and the General Adult ICU and Paediatric ICU (PICU) are supported by various medical departments. All critical rendered optimal care to all admitted patients with high successfully treatment rate.

6.5.8 PAEDIATRIC ICU

PICU is located currently at Floor 9 West. It is the first of its kind in Namibia as a first paediatric ICU that was opened on 04 February 2022, catering for all children in need of critical care intervention in Namibia. The unit initially started with five (5) bed of general paediatric ICU beds including, one bed of isolation room, and now extended to eight beds. Two hundred and seventy-four (274) children were admitted in PICU with different diagnoses. Most of the patients were referred from outside Windhoek. In addition, there is a neonatal Intensive Care Unit (NICU) in the Maternity Ward.

6.5.9 PATIENT REFERRALS

In general, patients who cannot be managed from WCH and other State facilities are referred to local private health facilities or abroad through the Special Fund and the hospital budget. During the reporting period, 3 327 patients were referred from State to private health facilities. The most common reasons for referrals were kidney dialysis, MRI, different specialized surgeries, nerve conductions, oncology services, EEG, ERCP and other essential services that the government could not provide due to either faulty equipment, or absence of skills and technology.

The position of a Case Manager was introduced with an aim to streamline the referral processes, follow up on patient and verification against length of stay, procedures and

invoices. Equipment valued at NAD 33 043 998.00 was procured during the year under review to help address challenges related to equipment shortages. The number of patients referred to various private units for diagnostic and treatment at private health facilities in the Financial Year 2022/2023 is 3 028. The total of N\$ 134 396 927.61 of the Special Fund was spent on patient referral to various dialysis private health facilities, special cases sent to South Africa, and cancer Patients sent to various private health facilities in Windhoek.



CHAPTER 7: CONCLUSION

The 2022-2023 financial year has been a pivotal period for the Ministry of Health and Social Services as the nation was recuperating from the devastating effects of the COVID-19 pandemic. Despite the numerous challenges we have encountered, we have made substantial progress in improving the health and well-being of our communities.

The Ministerial Quarterly Performance Review Reports and the Annual Report for Fiscal Year 2021/22 effectively met their goals in managing and growing health and social services without facing any highlighted challenges. The Review of the Strategic Plan (2017/18–2021/22) significantly underperformed, achieving just 20% of its objectives due to prolonged review periods and inadequate streamlined processes. The Ministry accomplished several significant policy milestones, including the finalisation of the second version of the National Medicines Policy, its five-year implementation plan, and the monitoring and evaluation and National Medicines Policy (NMP).

Namibia has improved its public health emergency management by joining the Emergency Preparedness and Response (EPR) Flagship Initiative and providing SURGE training to 60 individuals. Notably, the MoHSS observed improved maternal and new-born health, with a decrease in maternal and neonatal mortality.

Maternal fatalities fell from 46 to 33, while new-born deaths dropped from 644 to 586. At 14 locations across six regions, Namibia established the Maternal and New-born Quality Improvement Collaborative (MaNICare). Namibia also progressed with family planning, adolescent health care, and HIV treatment, with substantial achievements in antiretroviral therapy (ART) for children, adolescents, and young adults. The National Vector-borne Disease Control, National Tuberculosis (TB), and Leprosy Programs also reported improvements, with fewer malaria cases, higher TB case notifications, and treatment success rates.

When it comes to reducing tuberculosis (TB), Namibia is in the top 30 nations in the world, with a high TB burden per capita and a higher incidence rate among people living with HIV. The World Health Organisation anticipated that in 2022, the country's TB incidence rate would be 450 cases per 100,000 people, a considerable rise in registered TB cases of 30.4% over the previous year, 2021. Despite hurdles, the government made significant progress in improving access to TB care, notably diagnostic tests, in 2022 compared to the previous two years.

In 2022, the prevalence of HIV infection among new and relapsed tuberculosis patients was 30%. An amazing 99% of the 2,512 HIV patients immediately started on antiretroviral medication. Furthermore, virtually all HIV-positive patients got cotrimoxazole preventive medication, demonstrating the programme's dedication to comprehensive care.

We have enhanced and improved the Electronic Dispensing Tool (EDT) to provide pharmaceutical services such as patient record management, dispensary inventory management, and medication dispensing services for ARVs, other chronic drugs, and other pharmaceuticals. Additionally, we have modified the tool to utilize Application Programming Interfaces (APIs) for compatibility with other electronic tools. By providing data that will significantly contribute to the Central Medical Stores' quantification and forecasting process, the EDT will enhance end-to-end stock visibility up to the final mile, leading to more rational procurement. Central Medical Stores (CMS) reported a service

level of 62% for the fourth quarter of FY 2022/2023, falling short of the target of 80%. Despite this, CMS delivered primary orders 100% on time and interim orders 98% on time, either to or collected by the facilities. In addition, all CMS warehouses have been running at or near full capacity, despite the fact that CMS can only hold and distribute 62% of the facility's needed stock. Storage space has been a major barrier to the ministry's activities.

We acknowledge that persistent obstacles, such as staffing shortages and resource constraints, particularly in rural healthcare infrastructure, continue to pose significant challenges. Furthermore, the ongoing vigilance and adaptability of our response strategies are required in light of the impact of emergent health threats, such as the aftermath of the COVID-19 pandemic.

Looking ahead, our strategic priorities for the upcoming year will focus on strengthening primary healthcare systems, enhancing health information systems, and fostering greater community engagement. We aim to build on our partnerships with local and international stakeholders to ensure sustainable health improvements.

To the end, we express our gratitude to all healthcare professionals, community leaders, and partners who contributed to our efforts this year. Together, we can continue to advance the health and social well-being of our population.



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Republic of Namibia