REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

KEYNOTE ADDRESS BY DR KALUMBI SHANGULA, MP, MINISTER OF HEALTH AND SOCIAL SERVICES, ON THE OCCASION OF THE COMMEMORATION OF WORLD TB DAY 2024

11 APRIL 2024 **LUDERITZ**

**Check against delivery*

Programme Director, Mr Ben Nangombe, Executive Director, Ministry of Health and Social Services
Hon Joseph Isaacks, Chairperson of //Kharas Regional Council
Hon Gotthard Kasuto, MP and Chairperson of the Namibia Parliamentary Tuberculosis Caucus
Hon Susan Ndjaleka, Councilor for !Nami#Nus Constituency
Hon Regional and Local Authority Councilors
Your Worship Phillip Balhao, Mayor of Lüderitz
Your Axcellency Randy Berry, Ambassador of the United States to Namibia
Dr Mary Brantuo, Officer in Charge, WHO Country Office
Dr Brian Baker, CDC Namibia Country Director
Dr Taime Sylvester, Chairperson of the TB Free Foundation
Esteemed Traditional Authority and Community Leaders
Members of the //Kharas Regional Health Management Team
Distinguished Invited Guests
Members of the Media
Ladies and Gentlemen!

1. I join the Programme Director in welcoming you to this auspicious occasion as we gather to commemorate World TB Day 2024. The world commemorates TB Day on 24th of March every year. The day serves as a stark reminder of the ongoing battle against one of humanity's oldest and deadliest diseases, Tuberculosis. As we congregate here in the Town of Luderitz, we reflect on the progress made, and acknowledge the challenges on the path to eradicating TB by the year 2035. Each year, we start the commemoration of World TB Day with a variety of activities leading up to main event, such as this one today.

2. The statics on TB morbidity and mortality at global level are sobering. Unfortunately, TB is still with us. It is not a matter for the history books. Statistics indicate that 1 in 4 people, a quarter of the world's population, has latent TB infection as we speak. More than 10.6 million people fell ill with TB in 2022 and more than 1.3 million people died of TB during the same year. This is a serious cause for concern, especially considering that TB is a preventable and curable disease. Despite the high numbers, its is encouraging that significant progress has been made in the fight against TB globally. Over 5 million lives have been saved since 2000 through global efforts to end TB. Through concerted efforts, we have seen improvements in TB prevention, diagnosis, and treatment. Our healthcare workers, tirelessly dedicated to the cause, have made significant strides in reaching more individuals with life-saving interventions. We celebrate the lives saved and the families kept intact through our collective endeavors.

3. The TB situation in Namibia calls for intensified and resolute action. Although our population is relatively small at just over three million, our country is listed as a high TB and high TB/HIV-burden country by the World Health Organization. With an annual incidence rate of 450 cases per 100 000 population, Namibia currently has the 11th highest TB incidence rate in the world.

4. In 2023, Namibia notified 9 200 patients with TB an increase from 8 604 cases in 2022 or an increase of 6.9%. This increase vindicates our efforts to find cases and close the treatment gap. It is important that all those with TB are found and initiated on treatment promptly. This will minimize the further spread of the disease.

5. Namibia`s current TB treatment success rate is 87%, just 3% short of our target of 90%. Moreover, the Ministry has been conducting targeted screening in all three districts of the //Kharas region namely Karasburg, Lüderitz and Keetmanshoop. A total of 638 individuals were identified as having TB-related signs and symptoms. Out of these 18 individuals tested positive for TB and were already initiated on treatment.

6. As Minister of Health and Social Services, I am committed to leading this important charge, the fight to eliminate TB. We will work tirelessly to ensure that every person who needs the services, regardless of their socio-economic status or geographic location, has access to quality TB prevention, diagnosis, and treatment services. We will address the social determinants of health that fuel the TB epidemic, including poverty, inequality, and lack of access to healthcare.

7. For the second consecutive year, World TB Day is held under the same theme, "*Yes! We can end TB*". We can make this a reality through concerted local and global efforts to advance detection, diagnosis, and treatment of tuberculosis infection and disease. This year is a significant one as the Government of the Republic of Namibia endorsed the call to end the TB epidemic in the world and reaffirmed its commitments in line with the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the fight against TB. WHO recently hosted the World TB Day Talk Show. I was honoured to join world leaders in the field and delivered a statement on the occasion. I reiterate that to help fulfil our commitments in line with the 2023 Political Declaration, Namibia has:
   - developed the 4th National Strategic Plan for TB using People-Centered Framework;
   - included TB as a key health priority in the National Development Plans and other strategic frameworks;
   - established the Namibia Parliamentary Caucus on TB in addition to other national platforms, working groups and the Steering Committee on TB;
   - commenced the process of updating all our guidelines to be more responsive to the requirements of the End TB Strategy and to align with prevailing WHO recommendations and provide care at no cost to affected citizens;
   - continues to prioritize vulnerable populations for TB services, including those with special health needs; and
   - discovered more TB cases owing to our renewed focus on case-finding strategies and closing the treatment gap, which has decreased from 42% to 25% in the last year.

8. Namibia is cognizant of the targets contained in the 2023 UN High-Level Declaration that we have to contribute to. We are largely on track to achieving them. In 2023, we surpassed five

out of the six annual targets, including TB case notifications, finding child TB cases, addressing drug-resistant TB, and the provision of TB Preventative Therapy for child contacts and other contacts. In fact, for this last group, Namibia is close to reaching saturation point as most of the registered PLHIV have received TB Preventive Therapy. We will continue to focus on, and make every effort to find the missing TB cases. We will continue to innovate in order to bridge the gaps left by dwindling international funding. Our government remains committed to achieving the targets set at the 2023 UN High-Level Meeting.

9. Investment remains key to driving progress in the fight against TB and Leprosy. We must mobilize resources-financial, human, and technological-to support research and innovation, strengthen health systems, and expand access to quality TB services, especially in the vulnerable communities. This requires not only increased funding from governments, philanthropic organizations, and the private sector, but also smarter allocation of resources to maximize impact and efficiency.

10. However, investment alone is not the *panacea*. We must also translate our commitments into concrete action on the ground. This entails implementing evidence-based interventions, scaling up proven strategies, and addressing the underlying social, economic, and environmental factors that perpetuate TB transmission and hinder access to care. It requires a whole-of-society approach, involving governments, civil society organizations, healthcare providers, researchers, affected communities, and individuals alike.

11. Furthermore, we must ensure that our efforts are guided by principles of equity, justice, and human rights. Tuberculosis thrives in conditions of poverty. It disproportionately affects the marginalized and vulnerable populations. To end TB, we must tackle the root causes of these disparities, dismantle barriers to care, and empower communities wholistically.

12. The government of Namibia is committed to live up to its mandate by availing resources to promote and sustain good health status of its citizens. On the 2 April 2024, I tabled in the National Assembly the budget of the Ministry of Health and Social Services amounting to Ten Billion, Eight Hundred and Ninety-One Million and Seventeen Thousand Namibia Dollars (N$10 891 017 000). An amount of Two Hundred and Thirty-three Million and Nine Hundred and Sixty Thousand Namibia Dollars (N$233 960 000) is allocated to Kharas Region.

16. The following capital projects in the //Karas region are ongoing:

16.1. Auzenkher Health Centre

The construction of the health centre commenced on 7 September 2022. The anticipated completion date is 5–Aug–2024. The completion of the project is however hampered by the slow procurement of specialist contractors in particular, the electrical sub-contractor. The bid was advertised, evaluated and a recommendation made for cancellation and re-advertisement.

However, a bidder objected to this MOHSS recommendation with the Review Panel. The bidder is not satisfied with the Ministry report and has engage his lawyers to take the matter up in the High Court. From the MOHSS perspective our Legal Office is in consultation with Office of the Attorney General. The overall project cost for the civil works is N$70 651 945.79. The expenditure so far is N$53 136 474.60.

16.2. Keetmanshoop District Hospital Medical Internship programme

The project construction on 1 December 2023 with a completion date of June 2024. The total cost for the project is N$7 320 118.05. The total expenditure to date is N$3 650 378.99. The renovation on 3rd Floor of the hospital is progressing and anticipated to be completed within contract time.

16.3. Keetmanshoop District hospital Renal Dialysis Unit

The project is being undertaken simultaneously with the medical internship project and by the same contractor. The commencement and concluding dates are thus in line with the medical internship project.

16.4. Port Health Staff accommodation at Ariamsvlei and Noordoewer

The two projects for the construction of four staff units per site were awarded to the same contractor. The construction started in February 2023 with practical completion of October 2023. The construction cost for Ariamsvlei is N$4 764 259.56 while for Noordoewer the contract amount is N$5 520 291.99. So far N$3 349 732.25 was spent in respect of Noordoewer and N$2 050 877.45. in respect of Ariamsvlei.

17. The following projects were completed:

17.1. Keetmanshoop TB, XDR and MDR Wards

The construction of the above-mentioned wards started on the 3 December 2012. However, with the slow progress on the construction the Ministry had requested for a cancellation of the contract. This request was however declined by Tender Board. The contract was re-instated with the completion date of May 2016. There was however no progress on implementation of the construction of the facility. A new contractor started on 26 April 2022. The project has been completed on 29 December 2023. The overall cost for the completion of construction of the Keetmanshoop district hospital TB, MDR AND XDR WARDS is N$ 40 988 814.76.

17.2. Medical Oxygen Upgrade

With the advent of COVID-19 the Ministry commenced with the upgrading of the medical oxygen network infrastructure at Keetmanshoop, Lüderitz and Karasburg hospitals. For Keetmanshoop district hospital a new oxygen generating system has been installed with a capacity of 600 l/minutes in comparison to the existing oxygen generator of 63 l/minutes. The installation is financed through government resources. The Ministry is exploring the filling of the oxygen cylinders at the facility from the newly installed oxygen generating for distribution to the regional facilities.

18. **Funded project for the Medium Term Expenditure Framework**

18.1. Vaalgras

Consultants for the design documentation are to be appointed in the FY 2024/2025.

18.2. **Oranjemund clinic**

NAMDEB has provided a building for the operations of the Oranjemund clinic. The Ministry has finalized the design of the building to comply to health standards. The renovations are to be undertaken in the FY 2024/2025.

18.3. Incinerator

Over the past years the incinerator at Luderitz district hospital has been non-functional. Waste management is therefore referred to Keetmanshoop and or Rosh Pinah clinic. The Ministry will therefore engage on the procurement of a new incinerator.

19. I conclude by expressing my appreciation for the excellent work done by all our stakeholders in tackling TB in the country. I thank all the health workers, particularly Regional and District TB Coordinators, TB Field Promoters and all Community Health Workers who work tirelessly to combat TB. Your dedication and resilience inspire us all.

20. I also commend the //Kharas Region for organizing and putting together this event, even when we had to postpone the commemoration. Let me also thank all the listeners who tuned in on different social media platforms for being part of this important commemoration. Let us march boldly forward together with renewed determination, knowing that a TB-free Namibia is within reach.

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