Republic of Namibia
Ministry of Health and Social Services

# STRATEGIC PLAN

## 2025/26 – 2029/30


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MINISTRY OF HEALTH AND SOCIAL SERVICES

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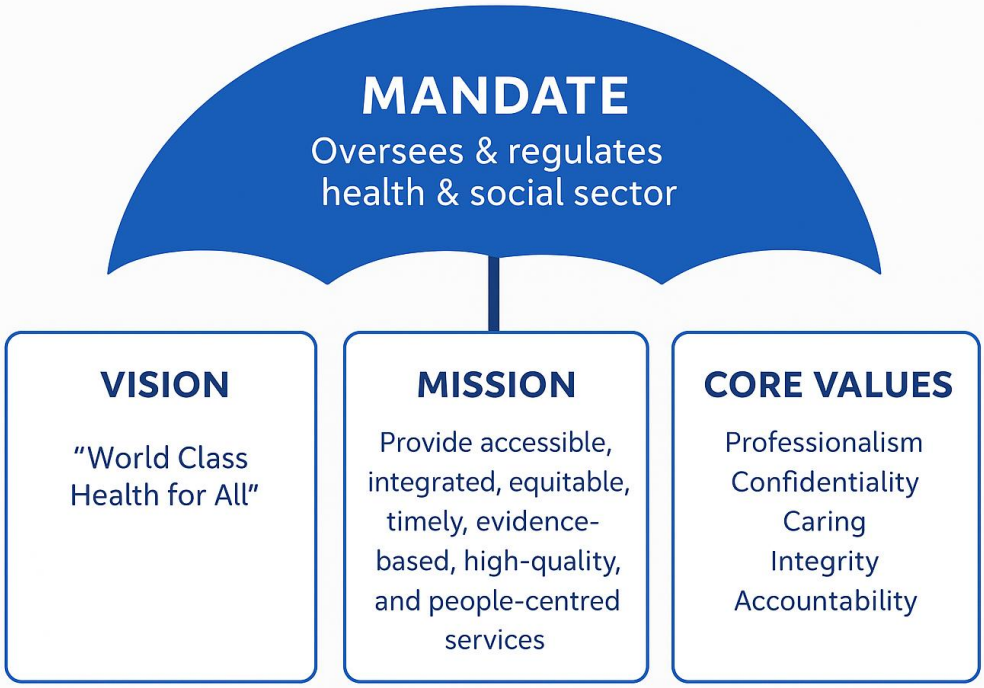


# CORE VALUES

| CORE VALUE | WHAT IT MEANS |
|---|---|
| **Professionalism** | Conducting oneself according to the ethics of one's profession and abiding by the set code of conduct |
| **Confidentiality** | Not divulging personal or professional information to a third party without consent |
| **Caring** | Treating others as one wishes to be treated |
| **Integrity** | Being truthful to ourselves and the public, and adhering to a strict moral or ethical code |
| **Accountability** | Maintaining loyalty and responsibility to patients, colleagues, the workplace, and the Ministry |

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## ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| **AI** | Artificial Intelligence |
| **ALoS** | Average length of Stay |
| **ART** | Anti-Retroviral Treatment |
| **AU** | African Union |
| **CSF** | Critical Success Factors |
| **COHSASA** | Accreditation Standards for Healthcare in Africa |
| **CAS** | Coping Ability Strategy |
| **DHIS 2** | District Health Information System 2 |
| **DPT** | Diphtheria Pertussis and Tetanus |
| **ERRC** | Etegameno Rehabilitation and Resource Centre |
| **FY** | Financial Year |
| **Gynae** | Gynaecology |
| **HALE** | Health-Adjusted Life Expectancy |
| **HIS** | Health Information System |
| **HIV/AIDS** | HIV - Human Immunodeficiency Virus and AIDS |
| **HRH** | Human resource for health |
| **HSSP** | Health Sector Strategic Plan |
| **ICT** | Information and Technology |
| **ICUs** | Intensive Care Units |
| **IHR** | International Health Regulations |
| **ITNs** | Insecticide Treated Bed nets |
| **LAN** | Local Area Network |
| **KPI's** | Key Performance Indicators |
| **MR** | Measles and Rubella |
| **MoHSS** | Ministry of Health and Social Services |
| **MRI** | Magnetic Resonance Imaging |
| **NCD's** | Non-communicable Diseases |
| **NDHS.** | Namibia Demographic and Health Survey |
| **NDP 6** | National Development Plan Sixth |
| **NSOAP** | National Surgical Obstetric and Anaesthesia Plan |
| **NIPH** | Namibia Institute of Public Health |
| **NSFAF** | Namibia Students Assistance Fund |
| **Obs** | Obstetrics |
| **OOP** | Out-of-pocket payments |
| **OPM** | Office of the Prime Minister |
| **PEDS** | Paediatrics |
| **PHEOC** | Health Emergency Operating Centre |
| **PAM** | Personnel Administrative Measures |

| | |
|---|---|
| **PESTEL Analysis** | Political, Economic, Social, Technological Environmental and Legal Factors |
| **PPP** | Public-Private Partnership |
| **PMTCT** | Prevention of Mother to Child Transmission |
| **QoC** | Quality of care |
| **RISDP** | Regional Indicative Strategic Development Plan |
| **SADC** | Southern African Development Community |
| **SDG** | Sustainable Development Goals |
| **SGBV** | Sexual and Gender-Based Violence |
| **SP** | Strategic Plan |
| **STEP Survey** | STEP wise approach to NCD risk factor surveillance |
| **SWAPO** | South West African Political Organisation |
| **SWOT** | Strengths, weakness, opportunity, threats |
| **TB** | Tuberculosis |
| **UHC** | Universal Health Care |
| **UHC Index** | Essential Health Services (UHC Index) |
| **WAN** | Wider Area Network |
| **WASH** | Water and Sanitation Hygiene |
| **WHO** | World Health Organisation |

## FOREWORD BY THE MINISTER

The Strategic Plan 2025/26 – 2029/30 represents a defining milestone in the Ministry of Health and Social Services' commitment to improving the health and well-being of all Namibians. This Plan serves as a comprehensive roadmap to guide the Ministry in navigating change, addressing emerging health challenges, and ensuring equitable access to quality health services for every individual. Our primary objective remains unequivocal: **achieving Universal Health Coverage (UHC).**

Over the past seven years, the Ministry has worked diligently to provide integrated, affordable, and accessible health and social care services that respond to the needs of our population. These efforts have been driven by our dedication to delivering services that are effective, sustainable, and aligned with national priorities. As we move forward, we must adapt to evolving circumstances, including the implementation of government reforms aimed at reducing the consumption of harmful products, safeguarding our youth, and promoting a healthier Namibia. This Strategic Plan articulates the Ministry's priorities for the next five years and is anchored on three strategic pillars: **People's Well-Being; Operational Excellence and Talent Management**

These pillars provide the foundation for achieving our vision of a healthier, more productive nation. The Plan builds on our core values and outlines strategies to address current challenges while positioning the Ministry to leverage future opportunities. It reflects our commitment to innovation, accountability, and continuous improvement in the delivery of health and social services.

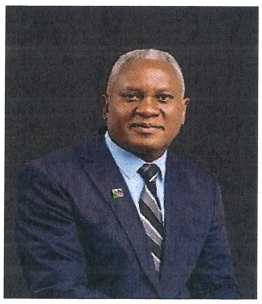
Healthcare services are integral to national development, and their effective delivery requires efficiency, compassion, and professionalism. This Strategic Plan will guide the Ministry in upholding these principles as we strive to strengthen the health system and improve the quality of care for all Namibians.

I call upon all stakeholders and partners to embrace this Strategic Plan and actively support its implementation. Together, through focused efforts and strong collaboration, we can achieve its objectives and ensure a healthier, more resilient future for our nation. We have moved away from business as usual, recognizing that bold change is needed to meet today's health challenges. While we celebrate the progress made, we are actively re-strategizing in areas where we have fallen short. Strengthened governance, accountability and digital transformation are central to our vision and serve as powerful tools for transforming care and expanding access. Our goal is clear: world-class healthcare for all, not just a privileged few. This is not merely a slogan, it is a real, achievable mission that we are committed to making possible.

**HON. DR. ESPERANCE LUVINDAO**
**MINISTER**

Ministry of Health and Social Services
Office of the Minister

## ACKNOWLEDGEMENT BY THE EXECUTIVE DIRECTOR



The Ministry of Health and Social Services extends its sincere appreciation to all individuals and institutions that contributed to the development of the Strategic Plan 2025/26 – 2029/30. We acknowledge with gratitude the Ministerial Strategic Planning Committee, whose dedicated efforts and collaborative spirit were instrumental in shaping this Plan. Their commitment ensured the successful completion of this important undertaking.

We also extend our appreciation to Ministry staff across all departments and levels for their valuable input, technical expertise, and innovative ideas, which formed the foundation of this Strategic Plan. Your active participation and commitment reflect our shared responsibility in strengthening Namibia's health system. Special thanks are due to the Office of the Prime Minister for providing technical support and guidance throughout the planning process. Their expertise in strategic planning and policy development greatly enriched this document.

Furthermore, we express our gratitude to partners, stakeholders, and collaborating organizations for their valuable perspectives, constructive feedback, and continued support. Your contributions will remain critical as we implement this Strategic Plan to achieve its intended goals.

Our future engagements will be guided by a common vision: delivering comprehensive, accessible, integrated, equitable, timely, evidence-based, high-quality, and person-centered health and social services through innovative, transformative, and collaborative approaches. This purpose is firmly articulated in the Strategic Plan and will serve as our collective commitment in the years ahead.

**MR. PENDA ITHINDI**
**EXECUTIVE DIRECTOR**

## EXECUTIVE SUMMARY

The Ministry of Health and Social Services (MoHSS) Strategic Plan for 2025/26–2029/30 provides a comprehensive framework to guide the Ministry's efforts in achieving its mandate to deliver equitable, accessible, and high-quality health and social services for all Namibians. Developed in strict alignment with national, regional, and global agendas, including Namibia's Vision 2030, NDP6, the Sustainable Development Goals (SDGs), and Universal Health Coverage (UHC), this plan builds on the significant achievements of the previous strategic period while decisively addressing existing and emerging challenges.

An extensive situational analysis, including SWOT and PESTEL assessments, informed the strategic direction. Key achievements from the past period include a notable improvement in Health-Adjusted Life Expectancy (from 47 to 56 years), increased coverage of Universal Health services, a significant reduction in maternal mortality, and progress in the HIV and TB programs. However, critical challenges remain, including a high burden of communicable and non-communicable diseases, an unequal distribution of resources and health workers, ageing infrastructure, fragmented health information systems, and a rise in social issues such as substance abuse and gender-based violence.

The strategy is organised around three core strategic pillars to address these issues. The first, People Well-being, focuses on improving maternal, child, and adolescent health; enhancing disease prevention and management; strengthening responses to social issues; and expanding access to specialized and primary healthcare services. The second pillar, Operational Excellence, prioritizes the modernization of health infrastructure, fleet, and equipment; accelerating the digitalization of health information systems; developing an effective medicine supply chain; and strengthening governance, legal frameworks, and research capacity. Finally, the third pillar, Talent Management, is dedicated to enhancing human capital through targeted training, improving staff retention strategies, especially in rural areas, and finalizing the Ministry's organizational structure to optimize workforce utilization.

This results-oriented plan outlines clear strategic objectives, key performance indicators, and targets for each pillar. Its successful implementation will require strong leadership, dedicated financial resources, robust stakeholder engagement, and a rigorous monitoring and evaluation framework to ensure accountability and ultimately advance Namibia's journey toward Universal Health Coverage and a healthier, more prosperous nation.

# 1. INTRODUCTION

## 1.1 Introduction and Background

The Ministry of Health and Social Services Strategic Plan 2025/26 – 2029/30 has been meticulously developed in alignment with the Government of the Republic of Namibia's commitment to strategic coherence and effectiveness. The process strictly adhered to the Strategic Planning Framework issued by the Office of the Prime Minister, which serves as a critical instrument for ensuring the relevance, consistency, and harmonization of strategic plans across all Ministries, Offices, and Agencies.

By adopting this structured approach, the Strategic Plan is firmly anchored in the Ministry's vision, mission, core values, strategic pillars, and objectives. This alignment guarantees that our interventions are coherent, results-driven, and responsive to national priorities while contributing to regional and global development goals.

**Specifically, the Strategic Plan reinforces Namibia's commitment to:**

1) Vision 2030 and its aspiration for a healthy and prosperous nation;
2) The Sixth National Development Plan (NDP6);
3) The SWAPO Party Election Manifesto and its health sector priorities;
4) Regional frameworks, including the Revised Regional Indicative Strategic Development Plan (RISDP) 2020–2030 and the African Union Agenda 2063; and
5) Global commitments such as Universal Health Coverage (UHC) and the United Nations Sustainable Development Goals (SDGs) 2030.

This comprehensive alignment ensures that the Ministry's strategic direction not only addresses Namibia's health and social priorities but also contributes meaningfully to broader regional and global health agendas

## 1.2 The Purpose of the Strategic Plan

The primary objective of this Strategic Plan is to serve as a guiding framework for the Ministry of Health and Social Services (MoHSS) in setting and implementing targeted strategic goals. Its core aim is to ensure equitable access to high-quality health services and products, thereby advancing the achievement of Universal Health Coverage (UHC). This Plan provides a clear and comprehensive blueprint that enables the Ministry to effectively fulfil its mandate and contribute to the broader goal of national development.

The previous Strategic Plan (2017/18–2021/22) and its Extension (2022/23–2023/24) were structured around following six (6) key programmes:

1) Public Health
2) Developmental Social Welfare Services
3) Health System Planning and Management
4) Health Regulation and Supervision
5) Clinical and Health Care Services
6) Performance Improvement and Administration

These programmes laid the foundation for significant progress in strengthening Namibia's health system and improving service delivery. The current Strategic Plan builds upon these achievements while introducing a renewed strategic focus to address emerging health challenges and align with national, regional, and global health priorities.

## 1.3 Major Achievements (as per the previous SP Review)

The strategic direction of the health sector in Namibia has been shaped by the National Health Policy Framework 2010–2020 and the Ministry of Health and Social Services Strategic Plan 2017/18–2021/22. The accomplishments of the previous Strategic Plan were assessed through the Health Sector Performance Review, conducted in 2022.

The purpose of this evaluation was to:

1) Assess progress in achieving the targets and implementing strategies outlined in the previous Plan;
2) Identify contextual factors influencing health system performance; and
3) Provide recommendations for future strategic direction.

The review confirmed that significant progress was made in strengthening key components of the health system and addressing major public health challenges in the country. These achievements outlined below under the three clusters which are:

### 1.3.1 Peoples well-being

#### *1.3.1.1 Service delivery*

Health-Adjusted Life Expectancy (HALE), which (the average number of years a person lives in full health) has improved from 47 to 56 years between 2000 to 2019. This was facilitated by the improvement in access to health services with a UHC service coverage indicator improving from 57% (of the population accessing health services) in 2010 to the current 63%. The health sector performance review also ranked effective demand for essential health services high, with a national average of 77.7%. Geographical access is also favourable with 76% of the population living within the WHO-recommended 10 km radius of a health facility. Efforts were made to improve quality of care (QoC) and assessment

carried out showed a national average score for QoC of 71.1% as rated by managers and 72% as rated by clients of exit interviews. Relatedly average length of stay (ALoS) reduced from five in 2016 to 4.6 in 2020, below the recommended five days was achieved. Between 2016 to 2020, the country recorded a reduction of 3% in cases of trauma and injuries.

This notwithstanding, approximately 24% of the country's population face geographic access barriers. Further, improvement in coverage of essential interventions is varied, for example, TB treatment success rate registered only modest improvements from 60 in 2016 to 65 in 2020 and, the set target of 72 was missed. Immunisation coverage is generally low except for the pentavalent third dose at 87%. Nutritional deficiencies among under-fives are on the increase. Coverage of malaria prevention interventions, specifically ITNs, is low in regions with a high malaria burden. Communicable diseases remain the leading cause of morbidity. Leading causes of mortality include HIV/AIDS, lower respiratory infections, stroke and Tuberculosis. There is skewed focus towards curative as opposed to preventive services and communicable diseases despite a rising burden of non-communicable diseases - in service delivery and allocation of resources.

Across the nine tracer indicators for service delivery, availability, and quality assessed between 2016 and 2020, four out of the eight indicators that had data met their targets and half were on track to do so, with a clear overall improvement over the review period. Outpatient visits per capita declined from 1.7 to 1.4, suggesting reduced utilisation of facilities, while health facility density reduced slightly from 3.0 to 2.8 per 10,000 population and inpatient beds from 30 to 28 per 10,000, reflecting limited infrastructure expansion. Bed occupancy fell from 55.5% to 42.8%, indicating constrained access to hospital admissions, even as average length of stay shortened from 5.1 to 4.5 days which may point to enhanced hospital efficiency. Immunization efforts saw Measles Rubella dose 2 coverage rise modestly from 50% to 56%, still below the 80% target.

Although the country has registered a reduction in the malaria burden incidence, reductions were inadequate to meet the elimination threshold of 1 case per 1,000 population. Malaria mortality declined from 3.4 deaths per 100,000 in 2016 to 1.7 per 100,000 by 2020, an impressive halving of the death rate yet still short of near-zero ambitions. The 2024 outbreak has stalled progress toward zero malaria deaths and exposed critical gaps in surveillance, case management, vector control, and cross-border coordination that must be addressed to resume the elimination trajectory.

The 2017 population-based impact assessment estimated adult HIV prevalence at 12.6%, with higher rates among women (15.7%) versus men (9.3%), regional variation from 7.6% in Kunene to 22.3% in Zambezi, and peaks of 30.0% in women aged 45 – 49 and 26.4% in men aged 50–54; key-population women engaging in paid sex faced 30.7% prevalence. Condom use remained low at 13.4% among HIV-positive adults and 63.7% with high-risk partners. The voluntary medical male circumcision programme, launched in 2009 and expanded in 2015, yielded 24.5% medical and 14.0% non-medical adult male coverage. ART initiation rose from 40% in 2010 to 93% by 2019, yet 12- and 24-month retention

declined through 2020. The country is nearing elimination of mother-to-child transmission, missing the 95% target by 3 percentage points, and was certified bronze and silver for HIV and hepatitis B elimination of mother to child transmission in 2024.

Namibia is classified among the 14 high-burden TB countries globally. TB treatment success declined from 70% to 65%, failing to meet the 80% standard. Between 2016 and 2020, TB mortality declined sharply from 73 to 25 deaths per 100,000 population outperforming the 2020 target of 51 while incidence fell modestly from 489 to 460 cases per 100,000, though short of the 289-case target. Drug-resistant TB treatment success and case notification rates both improved, contributing to a sustained downward trend: overall TB incidence dropped 53% from 974 per 100,000 in 2009 to 460 in 2020. Despite progress, incidence remains high, underscoring the need for intensified case finding and treatment adherence interventions.

**Maternal and New-born Health**

The maternal mortality ratio fell steadily from 449 per 100,000 live births (2006 – 2007 NDHS) to 385 (2013 NDHS) and further to 195 per 100,000 by 2020. Caesarean section rates rose from 11% in 2009 to 15% by 2015, aligning with WHO guidance that rates above 10–15% offer no additional mortality benefit. Institutional neonatal mortality declined from 13 to 8 per 1,000 live births, while infant mortality decreased from 31.7% in 2016 and 30.7% in 2020, and under-5 mortality from 54% to 42.36%—both just shy of their 25% and 42.0% targets respectively.

**Child Health and Immunization**

Under Namibia's 2010 – 2020 health policy framework, child health and immunization made steady gains but fell short of all targets: third-dose pentavalent (DPT3) coverage rose from 85% in 2016 to 87% in 2019 (target 90%), measles-containing vaccine dose 1 slipped from 75% to 74%, while dose 2 improved from 32% to 56%, leaving significant immunity gaps. Full immunization reached 79.9% in 2020, up from 68% in the 2013 NDHS. Nutritional indicators, however, worsened slightly: under-five underweight prevalence edged up by 0.2 percentage points, stunting rose from 1.4% to 2.2%, and low birth weight increased from 10% to 12.9%, mirroring 2013 levels. These mixed trends highlight the need to intensify outreach for both vaccination and early childhood nutrition

Inequalities persist, reflected in inequitable distribution of resources, for example Kunene has the highest proportion of health facilities to the population, with 3.22 per 10,000 people, while a similar ration in Khomas is as low as 0.38 facilities per 10,000 people. These disparities also affect the availability of healthcare workers across the regions. The health sector performance review showed similar inequalities in coverage of health interventions across regions.

#### *1.3.1.2 Social ills*

Between 2016 and 2020, reported cases of social ills in Namibia rose significantly from 1,450 to 5,032, reflecting a growing public health concern, although still below the maximum threshold of 5,730 cases. Services to SGBV victims, alcohol and substance abuse patients, and those suffering from various social ills continue to be offered services. The Etegameno Rehabilitation and Resource Centre (ERRC), established in 2004, remains the only government-run facility providing treatment for alcohol and drug dependency, and has operated with a full multi-disciplinary team since 2009. However, the report noted critical data gaps, particularly the absence of statistics on the number of clients treated for substance dependency and the gender-disaggregated prevalence of sexual violence, limiting comprehensive analysis and policy response.

### 1.3.2 Operational Excellence

#### *1.3.2.1 Leadership and Governance*

The health sector performance review highlighted the strong political support and leadership for health in the country, at all levels. Service providers complied with the Customer Service Charter during service delivery. The review however noted that the lack of a partnership framework, weak coordination, suboptimal participatory processes within the sector and the slow implementation of decentralisation as impediments. The accountability mechanisms were reported functional, albeit with varied performance especially at the sub-national levels. The development of needed policies was protracted.

#### *1.3.2.2 Health Infrastructure*

Public health services are provided through one referral hospital, four regional/intermediate hospitals, 31 district hospitals, 44 health centres, 297 clinics, and an estimated 1,150 outreach posts. Since 2012, at least 41 health facilities were constructed and 31 were upgraded. Despite these improvements, many facilities continue to experience serious challenges posed by ageing infrastructure and inadequate maintenance. Issues mostly cited by those at the regional level included: leaking taps, broken down machines and flat car batteries.

#### *1.3.2.3 Health financing*

Namibia has been steadily increasing funding for health. However, the government budget to health is below the Abuja target of 15%.

Budget allocations: increasing health budget allocations over the years:

*Table 1: Government Allocation to the Health Sector*

| | 22/23 | 23/24 | 24/25 |
|---|---|---|---|
| **Total GRN** National and Health Budget Allocations MTEF | N$70.8 billion | N$73.6 billion | N$76.2 billion |
| **The health sector (health plus PSEMAS) Budget allocation** | N$8,3 billion | N$8,3 billion | N$8,4 billion |
| **Abuja (15%): Allocation as a % of total national budget** | **11,7%** | **11,3%** | **11,0%** |

The country has high financial protection (the first UHC goal), with out-of-pocket (OOP) payments as low as 8 percent, while only 1.2 percent of the population experiences catastrophic health expenditure. Progress notwithstanding, the health financing systems is fragmented with multiple pools offering different service packages. Inequalities in financing persist, with the private sector pools controlling 38 percent of resources providing care to 20 percent of the population, compared to 49 percent of resources for 80 percent of the people in the public sector. Currently, the system employs passive purchasing arrangements with limited incentives to improve efficiency and align resource to priorities.

### *1.3.2.4 Health Information Systems and Research*

Namibia's health sector has strengthened its information architecture by establishing a Health Information and Research Directorate to steward the National Health Management Information System, expanding data sources to include facility reports, surveillance systems, programme reviews and periodic surveys, and rolling out DHIS2 as a unified, routine data-monitoring platform. The 2021–2025 National e-Health Strategy further formalizes digital health governance. Nonetheless, persistent challenges include over-reliance on external partners, absence of a cohesive organizational structure from national to district levels, and, multiplicity of information systems that are not interoperable, fragmented patient histories that impede continuity of care. A non-functional eHealth system limits evidence-based decision-making, and regional/district teams lack analytic capacity. Critical surveys such as STEPS and the demographic health survey (DHS) remain overdue, and private-sector data capture is incomplete.

### *1.3.2.5 Essential medicines*

Budget allocation for pharmaceuticals has increased significantly over the years with 10% of funding for health spent on pharmaceuticals in the FY 2016/2017. In 2022, the central medical store supplied 90% of medicines and medical products ordered by health institutions, guided by the Namibia Essential Medicines List. However, the inefficient and bureaucratic procurement system and the poor distribution and medicines inventory

management systems at all levels have led to stock-outs of essential pharmaceuticals. Additional challenges include poor involvement of health facilities and regional management teams in pharmaceutical requirements estimation, unavailability of a pharmaceutical budget ceiling at the regional and facility level, lack of accountability in the supply chain and substandard storage facilities,

### 1.3.3 Talent Management

#### *1.3.3.1 Health Workforce*

The 2019 Situation Analysis on Human Resources for health highlighted strong political commitment and increased budgetary allocations and the country has made significant progress in improving availability of human resource. The overall health worker-population ratio in the country has consistently remained above the WHO benchmark of 2.5 health workers per 1,000 populations - at 3.0 health workers per 1,000 population. Human resource for health development targets, over the life of the HSSP 2017/18 – 2021/22 were met for Nurses (36.1) and Doctors (6.7) per 10,000 population. Improved staff performance was realized through the enforcement for performance agreements and staff appraisals which were fully implemented.

However, the 2019 situation analysis on HRH noted lengthy delays between training and deployment, and inadequate postgraduate clinical and ancillary training. The health system performance review noted persistent challenges as inadequacy of some cadres, specifically pharmacists and inequities in the distribution of health workers. Inequitable distribution was noted in favour of urban areas, the private sector especially for Doctors and Specialists and some regions were more resourced (e.g. Khomas, Oshana, and Kavango) than others (e.g. Ohangwena, Erongo, Otjozondjupa). This is further aggravated by the absence of incentives for staff working in less resourced regions.

The country is faced with an increasingly changing internal and external health sector environment which may induce fiscal space constraints. These constraints may occur due to a reduction in donor funding and macro-economic challenges in the country; epidemiological transition from communicable to non-communicable diseases; population and demographic transition; and unforeseen shocks and stressors to the health systems, including disease outbreaks and environmental calamities and climate change. In this regard, building a resilient health system is paramount to ensure sustainable provision of essential health services in case of shocks.

Three key considerations are prioritised as the country develops its next phase of the national health strategic agenda:

- The epidemiological transition from predominantly communicable diseases to a mix of communicable diseases, NCDs and trauma and injuries;
- Population demographic transition characterized by older persons and fewer younger persons; and predominantly situated in urban areas as opposed to rural areas, and
- Constrained health sector fiscal space characterized by a reduction in donor support and a slowdown in national economic growth.

## 1.4 The linkage to the High-level Initiatives

Recognizing the indispensable contribution of the Ministry to national development, this Strategic Plan is meticulously aligned with key national and international frameworks. It serves as a direct articulation of MoHSS's vision, mission, goals, and objectives, ensuring seamless integration with Namibia's Vision 2030, the National Development Plan Six (NDP6), the SWAPO Manifesto, the United Nations Sustainable Development Goals, the African Union Agenda 2063, and the SADC Vision 2050. By anchoring our strategic initiatives within these overarching frameworks, we are committed to fostering a future of sustainable growth and prosperity for Namibia.

## 2. HIGH LEVEL STATEMENTS

### 2.1 The Mandate

The underlying mandate of the Ministry of Health and Social Services is to oversee and regulate public, private and non-governmental sectors in the provision of quality health and social services, ensuring equity, accessibility, affordability and sustainability.

### 2.2 The Vision

A vision statement serves as a forward-looking declaration that outlines the long-term aspirations of vision **"World Class Health for All".**

### 2.3 The Mission

A mission statement focuses on MoHSS's current purpose and reason for existence. It answers the question, "Why do we exist? **"To provide comprehensive, accessible, integrated, equitable, timely, evidence-based, high quality, and people-centred services through innovative, transformative and collaborative actions".**

### 2.4 The Core Values

- Professionalism
- Confidentiality
- Caring
- Integrity
- Accountability

# 3. ENVIRONMENTAL SCANNING (SITUATIONAL ANALYSIS)

The Ministry of Health and Social Services engaged in a systematic collection and evaluation of past and present economic, political, social, and technological data, aimed at identification of internal and external forces that may influence the Ministry's performance and choice of strategies, and assessment of the organization's current and future strengths, weaknesses, opportunities, and threats. The situational analysis process was therefore a process of finding a strategic fit between external opportunities and internal strengths while working around external threats and internal weaknesses.

## 3.1 SWOT Analysis

The Ministry of Health and Social Services undertook environmental scanning to determine the areas of its strengths and weaknesses, minimize threats, and to take the greatest possible advantage of available opportunities to bring about improved outcomes. By identifying strengths, weaknesses, opportunities, and threats, the ministry can develop targeted initiatives that address specific health challenges while leveraging existing capabilities.

*Table 2: SWOT Analysis*

# INTERNAL FACTORS

| STRENGTHS + | WEAKNESSES – |
|---|---|
| • Committed Workforce<br>• Increased staff compliment<br>• Good Coordination of stakeholder engagement and existence of the Public Health Emergency Operating Centre (PHEOC)<br>• Supportive and strong leadership<br>• Availability of legislative framework, policies and strong mandate<br>• Available basic infrastructure<br>• Provision of essential services at all levels of care at minimum cost<br>• A budget that closely meets the Abuja Declaration | • Non responsive staff establishment (PAM)<br>• Poor staff retention<br>• Poor Contract Management Inadequate staff development programs<br>• Shortage of specialized services<br>• Inadequate Physical Health Infrastructure<br>• Suboptimal management of infrastructure and equipment. (Ambulances, fleet, Helicopters<br>• Lack of Digitalization of Health Services (electronic patient management system)<br>• Fragmented health information systems and research<br>• High Peri-natal and Maternal Deaths<br>• The current service delivery model is more curative oriented due to lack of health promotion strategy<br>• Poor management of diseases (NCD's, Communicable diseases, trauma, injuries, Disability& social ills) |

# EXTERNAL FACTORS

| OPPORTUNITIES + | THREATS – |
|---|---|
| • Strong political will<br>• Small population<br>• Stakeholders Engagement<br>• Availability of Health Training Institutions<br>• Peace and stability<br>• Advancement in medical technology<br>• Multi-lateral and Bilateral agreements (Benchmark on prevention model)<br>• Decentralization<br>• Collaboration with various stakeholders (global partnerships, NSFAF, OPM, community, PPP, Social Contracting)<br>• Adoption of UHC (expansion of health service)<br>• Increased number of health professionals (increased capacity)<br>• Strengthen Local Pharmaceutical &medical Product Manufacturing<br>• Availability of both electronic and print media<br>• Availability of legislative framework, policies and strong mandate | • Climate change and health<br>• Increased social ills<br>• Disease burden -Emerging and re-emerging diseases and injuries<br>• Global health crises & Pandemics<br>• Inconsistent supply of medical products, pharmaceutical and Clinical Supplies<br>• Governance and ethical risks (corruption, compliance issues)<br>• Cyber security risk<br>• Geopolitical instability and global uncertainty<br>• Reduction in financial support from Development partners (SP for resilience)<br>• Rising unemployment and social economic issues |

## 3.2 PESTEL ANALYSIS

The PESTEL analysis highlights several critical issues that are essential for identifying strategic issues in the Ministry. These issues encompass political, economic, social, technological, environmental, and legal factors that can significantly influence the Ministry's operations. By addressing these elements, the Ministry can better align its strategies with the dynamic landscape of public policy and service delivery.

*Table 3: PESTEL Analysis*

| POLITICAL | ECONOMICAL | SOCIAL |
|---|---|---|
| • Strengthening cross border relationships/ bilateral agreements with political counter parts<br>• Adoption of the UHC Policy<br>• Political commitment is prominent – positive element<br>• Corruption<br>• Decentralization<br>• Peace and stability<br>• Strong governance and leadership structures | • Economic recession and economic volatility<br>• High Unemployment rate<br>• Unequal distribution of wealth in the country<br>• Increasing health costs<br>• High costs of hiring health or medical professionals<br>• High interest rate and inflation in the country<br>• Poverty<br>• Oil and Gas industries<br>• Demographic dividends<br>• Economic growth | • Religion and cultural practices. Example: the use of condom, Contraceptives, and Anti-retroviral<br>• Migration (urban migration and cross border movement)<br>• Crime<br>• High accident rates<br>• Housing<br>• Sedentary Life style/ behaviour<br>• Social ills (Substance Abuse, Gender Based Violence, |
| **TECHNOLOGY** | **ENVIRONMENTAL** | **LEGAL** |
| • Unreliable and outdated technology and infrastructure. Example of system interruption such as Human Capital Information Management.<br>• Lack of required technology and equipment. Example MRI machine.<br>• Technological Skill Deficit<br>• Poor Maintenance<br>• Internet Connectivity (fibre optics)<br>• Fragmented HIS<br>• Cyber security<br>• Poor/Absence of network coverage in many remote areas | • Climate change/ Natural Disasters (i.e., flood affects accessibility to services, Fire outbreak and resources utilisation and drought causes food insecurity/safety)<br>• WASH (Sub optimal Environmental waste management,)<br>• Disease Outbreak (Water borne, Air and vector borne diseases)<br>• Radiation Exposure (mines, electronic equipment, x-rays) Negatively affect health, i.e. cancer | • Outdated legislations, policies, regulations that are barrier to the provision of health services |

## 4. STRATEGIC ISSUES

**Strategic issues are the problems**: They represent the challenges or gaps that need to be addressed through strategic planning and it include the following:

4.1 Human resource for health**:** Challenges include inadequate and inequitable distribution of available health workforce; a non-responsive staff establishment (and PAM); suboptimal staff retention (brain drain) and inadequate staff development programs

4.2 Inadequate physical health infrastructure and Suboptimal management of equipment (Ambulances, fleet, Helicopters)

4.3 Maternal and Child Health: High peri-natal and Maternal Deaths

4.4 High diseases burden (NCD's, Communicable diseases, trauma, injuries, social ills & disability) due to lack of health promotion strategy

4.5 Limitations in Emergency Preparedness and response (improve the implementation of the preparedness and response of the mechanism to help emergencies)

4.6 Service delivery**:** Shortage of specialized services (Provision of services)

4.7 Health information**:** Fragmented health information systems and inadequate research activities/initiative (digitalisation)

4.8 Medicines and medical products**:** Inconsistent supply of medical products, pharmaceutical and Clinical supplies

# 5. STRATEGIC PILLARS AND STRATEGIC OBJECTIVES

**Strategic pillars are the solutions:** Provides strength and support to the vision of the Ministry. They represent the **key areas** where we **must excel** in order to achieve our collective vision. Looking at both the SWOT and PESTEL outcomes, three (3) main Strategic Pillars were identified and are as follow: ***People Well-Being***; ***Operational Excellence*** and ***Talent Management.***

## 5.1. Pillars

### 5.1.1. People Well-being

The Ministry has the responsibility of ensuring the wellbeing of the Namibian people. Thus, the first strategic pillar is focusing on the improvement of public health with the special effort directed at the implementation of programmes that address communicable and non-communicable diseases; social ills such as substance abuse and gender-based violence; issues of nutrition, mental health, rehabilitation and hygiene.
Furthermore, this pillar would address and mitigate issues arising from climate change and health, as well as Disease burden (Emerging and re-emerging diseases and injuries, Global health crises and Pandemics).

### 5.1.2. Operational Excellence

This pillar concentrates on the improvement of communication and stakeholder engagement, effective governance on infrastructure development and resource management. The upgrading and maintaining of existing infrastructure; including office space, health facilities, and maternal shelters for expectant mothers as well as accommodation of health officials, especially in remote and hard to reach areas will remain priorities.
The aspect of resource management is essential as it has direct influence on service delivery. Effective asset management will be in place and computerized. There will be improved stock control; a re-defined procurement system; good running and reliable fleet; provision of essential medicines and medical equipment amongst others. In addition, the Ministry shall ensure that adequate operational support services are provided in the management of finance; personnel, logistics, information in order to facilitate the efficient delivery of health and social welfare services at all levels.
Appropriate and relevant legislation will be put in place to address the scope and needs for the health sector. In addition, the decentralization strategy which is focused on de-concentration to MoHSS regions and districts will be vigorously promoted.

### 5.1.3. Talent Management

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

## 5.2.Strategic objectives linked to Pillars and their definition

*Table 4: Strategic Objectives linked to Pillars*

| Pillar | Definition | Strategic Objectives |
|---|---|---|
| **1. People Well-being** | Focusing on the improvement of public health with the special effort directed at the implementation of programmes that address communicable and non-communicable diseases; social ills such as substance abuse and gender-based violence; issues of nutrition, mental health, rehabilitation and hygiene. | Improve Maternal, New-born, Child, Adolescents Health and Nutrition |
| | | Improve effectiveness of prevention and management of communicable and non-communicable diseases and Conditions |
| | | Enhance access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services |
| | | Strengthen the prevention of and response to effects of social ills. |
| | | Improve the implementation of the preparedness and response mechanism to Health emergencies and public health threats |
| | | Increase and expand access to Specialised Services |
| | | Expand access to Primary health care and quality healthcare services to all citizens with special focus on rural areas and intermediate hospitals in each region that meet private healthcare standards. |
| | | Decentralize rehabilitation services to all the district hospitals |
| **2. Operational Excellence** | Improvement of communication and stakeholder engagement, effective governance on infrastructure development and resource management. | Accelerate the development and integration of functional ICT and HIS infrastructure and systems |
| | | Develop an effective procurement mechanism and supply chain management system to address the shortage of medications, consumables and equipment in the health sector |

| | | |
|---|---|---|
| | | Accelerate Development, Acquisition and Maintenance of Health Infrastructure, Fleet and Equipment |
| | | Enhance research capacity to improve evidence-based decision making |
| | | Enforce legal and Regulatory framework for health services delivery |
| | | Enhance Organizational capacity and performance |
| | | Renovate and upgrade all existing facilities with advanced medical technology, equipment and expand telemedicine services to remote rural areas |
| | | Upgrade emergency response services with 60 equipped ambulances and adequate qualified personnel |
| **3. Talent Management** | This Pillar is about hiring of qualified and competent healthcare providers who are able to deliver quality health care services. In addition, the focus will be on exploring ways of increasing the number of Namibian trained health professionals to ensure deployment of human resources for health service delivery. | Enhance Human Capital and Utilization |
| | | Invest in the specialized skills by training specialists nursing staff and medical practitioners in identified fields |
| | | Fast Track the recruitment of 8134 medical personnel including specialists and introduce incentives to retain medical professionals in rural areas |

## 6. LOGICAL FRAME (Definition of Terms)

### 6.1. Desired Outcome

The desired outcome describes the result that is expected at a national level as stated in NDP6.

### 6.2. Pillars

These are the formulated strategic themes based on the vision, founding instruments, and the key insights from the situational analysis process, such as the SWOT and PESTEL. They include;

### 6.3. Strategic Objectives

This is the statement of the desired result by translating Strategic Themes into Strategic Objectives, as part of bridging the gap between intent and action. To measure the desired result, the strategic plan should include strategic outcomes.

### 6.4. Key Performance Indicators (KPIs)

A description of the measure to be applied to an objective. It describes what will be in place when the actions of the organisation have been completed.

### 6.5. KPI Definition

The indicator definition ensures that there is clarity in how the indicator is calculated and what trend is expected.

### 6.6. KPI Type

A visible measure of achievement.

### 6.7. Baseline

The statistical or narrative description of the starting point at which the organisation is currently in its achievements and against which results are measured.

### 6.8. Targets

The specific result (related to a KPI) to be achieved in a set period which leads to an outcome.

### 6.9. Action Steps

A descriptive list of high-level activities that must be completed to achieve the result.

### 6.10. Budget

The budgets outlined in this Strategic Plan represent estimates of both current (operational) and capital costs required to implement the identified programmes and projects effectively. These estimates serve as a basis for resource planning and provide an indicative financial framework to guide implementation over the plan period.

To ensure optimal impact, future annual budgets and resource allocations by the Ministry and the Government must be closely aligned with the strategic objectives and priorities outlined in this Plan. This alignment is essential to maximize efficiency, achieve greater results with limited resources, and ensure the sustainability of health and social services delivery.

The Ministry will adopt a results-based budgeting approach, supported by rigorous monitoring and evaluation mechanisms, to ensure that resource utilization remains efficient, transparent, and focused on achieving Universal Health Coverage (UHC) and other national health targets.

## ANNEXURE 1: STRATEGIC PLAN MATRIX 2025 - 2030

| Desired Outcome | Strategic Themes / Pillar | Strategic Objective | KPI | KPI Definition | KPI Type | Baseline | Target | | | | | Programme | Project | Operational Budget ('000) | Development Budget ('000) | Responsible Unit |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Y1 | Y2 | Y3 | Y4 | Y5 | | | | | |
| **By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%.** | **People`s Wellbeing** | **Reduce deaths of maternal, new-born, adolescents and improve health and nutrition** | Reduction in Maternal Mortality Rate | The death of a woman while pregnant within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy from any cause related to or aggravated by the pregnancy or its management but not from accidental of incidental causes per 100000 live births for a specific time period | Decremental | 139 (2024) | 123 | 107 | 91 | 75 | 60 | Public Health Care | Women's, Children's and Adolescent Health | 33,428 | 50,071 | PHC |
| | | | Reduction in Neonatal Mortality Rate | Death of children born in a specific year or period who died during the first 28 completed days of life per 1000 live births. | Decremental | 24 (2024) | 21 | 18 | 16 | 13 | 10 | Public Health Care | Women's, Children's and Adolescent Health | 33,428 | 50,071 | PHC |
| | | | Reduction of Under 5 Mortality Rate | Number of children who died before 5 years per 1000 live births | Decremental | 41 (2024) | 38 | 35 | 31 | 28 | 25 | Public Health Care | Women's, Children's and Adolescent Health | 33,428 | 50,071 | PHC |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%.** | **People Wellbeing** | **Enhance access to quality Health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services** | Reduction in HIV Incidence Rate | New HIV infections per 1000 uninfected population. The incidence rate is the number of new cases per population at risk in a given time period. | Decremental | 2.18 (2024) | 2.18 | 2.16 | 1.91 | 1.8 | 1.6 | Public Health Care | Management of communicable Disease | 33,428 | 50,071 | DSP |
| | | | Reduction in TB Incidence Rate | New and relapse TB cases (all forms of TB, including cases in people living with HIV) arising in a given year, expressed as a rate per 100 000 population. | Decremental | 486 | 303 | 250 | 209 | 200 | 185 | Public Health Care | Management of communicable Disease | 33,428 | 50,071 | DSP |
| | | | Reduction in Malaria Incidence Rate | confirmed reported malaria cases per 1000 persons per year. | Decremental | 9.9 | 4.9 | 2.4 | 1.2 | 0.6 | 0.2 | Public Health Care | Management of communicable Disease | 33,428 | 50,071 | DSP |
| | | | Reduction in Cancer Incidence Rate | Number of cancer cases per 100000 population | Decremental | 194 | 180 | 170 | 160 | 150 | 140 | Public Health Care | Management of Non-communicable Disease | 33,428 | 50,071 | PHC |
| | | | Mortality rate due to NCDs | Number of deaths attributed to cardiovascular diseases, cancer, diabetes and Chronic respiratory diseases per 100 000 population | Decremental | 23 | 20 | 17 | 14 | 11 | 8 | Public Health Care | Management of Non-communicable Disease | 33,428 | 50,071 | PHC |
| | | | Measles and Rubella (MR1) Vaccination Coverage | Percentage of children who received the first dose of MR 1 through routine Vaccination services before their first birthday | Incremental | 80 | 82 | 84 | 86 | 88 | 90 | Public Health Care | Management of communicable Disease | 33,428 | 50,071 | PHC |
| | | | Mother to Child Transmission Rate of HIV | Percentage of children newly infected with HIV in the past 12 months due to vertical transmission | Absolute[-] | 2 | 1 | 1 | 1 | 1 | 0 | Public Health Care | Management of communicable Disease (PMTCT) | 33,428 | 50,071 | PHC |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%.** | **People Wellbeing** | **Enhance access to quality Health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services** | Coverage of Essential Health Services (UHC Index measured in %) | Coverage of Essential Health Services based on tracer interventions including reproductive, maternal, new-born, and child health, infectious disease and non-communicable diseases and services capacity, and access, among the general and the most disadvantaged population) | Incremental | 63 | 65 | 67 | 69 | 71 | 75 | Health System Planning and Management | UHC Index | 66,388 | | PHC; DSP; HR; THC+ CSS; P+P |
| | | | Perioperative mortality rate | Death from all causes, before discharge (up to 30 days), in all patients who have received any anaesthesia for a procedure done in an operating theatre, divided by the total number of procedures, per year | Decremental | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | Public Health | National Surgical, Obstetric and Anaesthesia Plan (NSOAP) | 33,428 | 50,071 | QAD |
| | | | Number of Health Facilities providing essential oral health services | Increase in access to oral health services at all facility levels (Clinics; Health Centres and District Hospitals) (An increase of 10 more health facilities equipped to provide oral health services) | Absolute[+] | 38 | 48 | 58 | 68 | 78 | 88 | Public Health Care | Dental Services | 33,428 | 50,071 | PHC |
| | | | % of patients with Dental Carries Reduced | Proportion of patients with dental carries in OPD out of the total number of patients with dental diseases | Decremental | 70 | 69 | 68 | 67 | 66 | 65 | Public Health Care | Dental Services | 33,428 | 50,071 | PHC |
| | | | % of the population accessing rehabilitation and assistive technology services | Total percentage of population accessing rehabilitation services out of the target population of 500, 000 | Incremental | 8 | 10 | 12 | 14 | 16 | 18 | Public Health Care | Management of communicable and Non-communicable diseases | 33,428 | 50,071 | PHC |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%.** | **People wellbeing** | **Enhance access to quality Health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services** | % of district hospitals providing essential mental health services | Number of district hospitals providing essential mental health services out of 36 district hospitals | Incremental | 5 | 10 | 15 | 20 | 25 | 30 | Public Health Care | Management of communicable and Non-communicable diseases | 33,428 | 50,071 | PHC |
| | | **Increased treatment coverage to persons with substance dependency** | Suicide Mortality Rate | Number of suicide death in a year divided by the population and multiplied by 100,000 | Decremental | 18 | 17 | 16 | 15 | 14 | 13 | Developmental Social Welfare Services | Community based Health Services Outreach | 92,500 | 134,210 | SWS |
| | | **Enhance preparedness and response' core capacities to Health Emergencies** | IHR Score | Combined score measured in % for assessing readiness to health emergencies using eight (8) components in accordance with IHR Framework of WHO | Incremental | 65 | 70 | 75 | 80 | 85 | 90 | Health System Planning and Management | Emergency preparedness & response | 66,388 | | HIR |
| | | | Namibia Institute of Public Health (NIPH) established | NIPH established with all structures in place, staff complement and other resources | Incremental | 72 | 85 | 95 | 100 | | | Policy Coordination and Support Services | Establishment of the (NIPH) | 258908 | | HIR |
| | | | % of trauma and emergency response system implemented at Windhoek Central Hospital | Progress made towards implementing emergency preparedness and response initiatives | Incremental | 30 | 50 | 70 | 100 | | | Curative and Clinical Health Care | Emergency Response System | 15,054,599 | 1,285,070 | WCH |
| | | **Increase and expand access to Specialised Services** | Surgical Procedures Rate | Surgical procedures performed in an operating theatre using any form of anaesthesia, per 100,000 population per year. | Absolute | 0 | 1700 | 2200 | 2700 | 3200 | 3700 | Public Health Care | Surgical Volume | 33,428 | 50,071 | QAD |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%.** | **Operational Excellence** | **Enhance Organizational capacity and performance** | % of Facilities with a reduction in patients/clients waiting time to 2hrs | Average number of Hours patients/clients wait for outpatients/emergency units at all hospitals | Incremental | 0 | 20 | 30 | 40 | 50 | 60 | Public Health Care | Strengthening governance for the health sector | 33,428 | 50,071 | QAD |
| | | | % progress on decentralisation of functions | Identified functions decentralised to Regional Councils | Incremental | 0 | 100 | | | | | Health System Planning and Management | Decentralisation | | | HR |
| | | **Accelerate Development, Acquisition and maintenance of Health Infrastructure, fleet and equipment** | # of ICU's completed | Number of Intensive Care Units constructed at District Hospitals across the country. | Absolute | 4 | 3 | 4 | 1 | 1 | 1 | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | # of Renal Dialysis Centres Constructed | Construction and equipping of Renal Dialysis Centres | Absolute | 0 | 4 | 1 | 2 | 1 | | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | # of Health Facilities Upgraded to provide oncology services | Expansion and equipping Windhoek Central Hospital and Oshakati Intermediate Hospital with infrastructure to provide oncology services | Absolute | 0 | | 1 | | 1 | | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | # of New District Hospitals constructed | District Hospitals constructed across the country | Absolute | 30 | | 1 | 1 | 1 | 1 | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | #of District Hospitals upgraded to Intermediate Hospitals | Number of Intermediate Hospitals constructed in eleven regions (one per region) adhering to high quality design and operational standards through PPPs | Absolute | 4 | | | 4 | 4 | 3 | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%.** | **Operational Excellence** | **Accelerate Development, Acquisition and maintenance of Health Infrastructure, fleet and equipment** | # of Mental Health Facilities established | Mental Health Facilities established in Rundu, Keetmanshoop and Walvis Bay | Absolute | 0 | | 1 | 1 | 1 | | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | # of Hospitals with a Psychiatric ward | The upgraded District Hospitals providing mental health services (1 per region) | Absolute | 0 | | 1 | 2 | 3 | 3 | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | # of Rehabilitation Facilities established (Physio, Occupational Therapy, Prosthetics) | Rehabilitation Facilities established Swakopmund, Otjiwarongo, Keetmanshoop, Outapi, Katima Mulilo | Absolute | 0 | | 1 | 1 | 1 | 2 | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | # of clinics constructed | The Number of clinics constructed across the country | Absolute | 279 | 7 | 4 | 8 | 7 | 5 | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | # of Health Centres constructed | The Number of Health Centres constructed across the country | Absolute | 43 | 1 | 2 | 2 | 2 | 3 | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |
| | | | # of Public Healthcare Infrastructure Maintenance Plan Developed | Number of planned activities completed towards the implementation of a Ministerial Maintenance Plan on Public Health Infrastructure | Absolute | 0 | 1 | | | | | Health System Planning and Management | Capital Project Development | | 631,210 | HITM |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Operational Excellence** | **Accelerate Development, Acquisition and maintenance of Health Infrastructure, fleet and equipment** | # of fleet procured | Fleet procured (mobile health vans, ambulances, trucks with trailers for pharmaceuticals and others) to promote outreaches clinic, school health, immunization, oral and dental services as well as provisions of emergency medical rescue services in all Regions | Absolute | 0 | 109 | 134 | 93 | 93 | 93 | Health System Planning and Management | Fleet Acquisition | | 631,210 | GSM |
| By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%. | | | # of Health facilities accredited for achieving the Quality standards | Health facilities COHSASA accredited for achieving the Quality standards | Absolute | 0 | 2 | 3 | 7 | 10 | 12 | Health System Planning and Management | Accreditation of Health facilities for quality healthcare standards | 258908 | 631,210 | QAD |
| | | | % of facilities equipped with minimum high-tech medical equipment | Proportion of Health Facilities (Clinics; Health Centres and Hospitals) across the country with functional medium to high-tech equipment as per standard list of minimum equipment in accordance with their respective level of care | Absolute | 0 | 20 | 30 | 60 | 70 | 90 | Curative and Clinical Health Care | Medical equipment supplies | 15,054,599.00 | 1,285,070 | THC + CSS |
| | | **Accelerate the development and integration of functional ICT and HIS infrastructure and systems** | % of Health Infrastructure with a functional network. | Proportion of Health facilities with a Local Area network (LAN) linked to a Wider area network (WAN) across the country (hospitals: 35, health centres: 41, clinics: 290) | Incremental | 20 | 40 | 50 | 70 | 80 | 90 | Health System Planning and Management | Installation of network infrastructure at health facilities | | 631,210 | HIR |
| | | | % of Hospitals with a functional e-Health system | Proportion of Hospitals with a functional e-health system out of the total number of hospitals | Incremental | 0 | | 10 | 20 | 50 | 80 | Health System Planning and Management | e-Health System Implementation | 66,388 | | HIR |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%. | **Operational Excellence** | **Enhance research capacity to improve evidence-based decision making and innovation** | # National Health Research Strategic Plan developed | Planned steps to be undertaken to finalize the National Health Research Strategic Plan | Absolute | 0 | 1 | | | | | Health System Planning and Management | Strengthening research capacity | 66,388 | | HIR |
| | | | % of progress towards the finalisation of NDHS | % of deliverables made towards the finalization of population based survey for evidence-based policy decisions | Incremental | 0 | 30 | 75 | 100 | | | Health System Planning and Management | Surveys, Operational Research and Evaluation Projects | 66,388 | | HIR |
| | | **Develop an effective procurement mechanism and supply chain management system** | % progress on developing a responsive procurement mechanism for health and medical products | The development of a responsive mechanism for procurement of pharmaceutical supplies and health products to improve supply chain management | Incremental | 0 | 100 | | | | | Policy Coordination and Support Services | Supply chain management | 15,054,599 | 1,285,070 | PS |
| | | **Ensure legal and Regulatory framework for health services delivery** | # of Bills drafted | A total of 13 Draft Bills finalised<br>1. Mental Health Bill (2025/26);<br>2.Food Safety Bill (2025/26);<br>3. Traditional Healers Practice Bill (2025/26)<br>4. UHC Bill (2025/26)<br>5. Human Tissue Bill;<br>6. Blood Service Bill;<br>7. Sexual Reproductive Health Bill; (2028/29)<br>8. Older Person's Bill; (2028/29)<br>9. Welfare Organization Bill;(2026/27)<br>10. Medicines and Related Substances Control Act;<br>11. Nuclear Bill;<br>12. Tobacco Amendment | Absolute | 0 | 4 | 2 | 3 | 1 | 2 | Policy Coordination and Support Services | Strengthening governance for the health sector | 258,908 | | Legal Services and National Directorates |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | # of Bills drafted (cont.) | Bill;<br>13. Prevention and Treatment of Substance Abuse Bill and its Regulations;(2026/27) | | | | | | | | | | | |
| By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%. | **Operational Excellence** | **Ensure legal and Regulatory framework for health services delivery** | # of Policies reviewed and updated | The number of policies reviewed and updated (Draft Policies Finalised:<br>1. National Health Policy Framework; (2025/26)<br>2. Health in All Policy; (2025/26)<br>3. Alcohol Policy; (2025/26)<br>4. National Older Persons Policy; (2025/26)<br>5. Digital Health Policy (2025/26)<br>6. Health Promotion Policy (2025/26)<br>7. Prosthetic and Orthotics (2025/26)<br>8. National Sexual Reproductive Health Policy (2026/27)<br>9. Revised Mental Health Policy (2026/27);<br>10. Oral Health Policy (2026/27)<br>11. School Health Policy (2026/27)<br>12. Fellowship Policy (2027/28);<br>13. National Quality Management Policy (2027/28)<br>14. Research Management Policy (2027/28;<br>15. HIV Policy (2028/29)<br>16. Revised National Community Based Health Care Policy (2028/29) | Absolute | 0 | 7 | 4 | 3 | 2 | | Policy Coordination and Support Services | Strengthening governance for the health sector | 258,908 | | National Directorates |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| By 2030, percentage of the population with access to quality health care for Promotion, Prevention, Curative, Palliative and Rehabilitative services have increased from 63% to 75%. | **Operational Excellence** | **Ensure legal and Regulatory framework for health services delivery** | % compliance to all relevant regulatory frameworks | Proportion of institutions complying to relevant frameworks aimed at protecting the general public against harmful interventions | Incremental | 50 | 55 | 64 | 73 | 80 | 90 | Policy Coordination and Support Services | Strengthening governance for the health sector | 258,908 | | AERPA |
| | | | % compliance to all relevant regulatory frameworks | Proportion of medical products complying to relevant frameworks aimed at protecting the general public against harmful interventions | Absolute[-] | 95 | 100 | 100 | 100 | 100 | 100 | Policy Coordination and Support Services | Strengthening governance for the health sector | 258,908 | | THC + CSS |
| | | | Claims Against the State (CAS) mitigation strategy developed | Progress made on the CAS mitigation strategy | Absolute | 0 | | | 1 | | | Policy Coordination and Support Services | Strengthening governance for the health sector | 258,908 | | Legal Services |
| | **Talent Management** | **Enhance Human Capital Development and Utilization** | % progress made on the finalisation of the Ministerial Organisational Structure | The process of finalising the Ministerial organizational structure | Incremental | 40 | 60 | 100 | | | | Health system planning and management | Business process re-engineering | 258,908 | | HR |
| | | | Number of Health worker` retention strategy developed | Strategy developed for retention of Health Workers | Absolute | 0 | | 1 | | | | Health system planning and management | Health workforce Retention | 258,908 | | HR |
| | | | Number of healthcare professionals trained in specialized skills sets | Number of healthcare professionals trained to provide specialized healthcare services in various domains | Absolute | 114 | 98 | 100 | 100 | 100 | 100 | Health system planning and management | Training and Skills Development | 258,908 | | HR |
| | | | # of medical specialists recruited at District Hospitals | Number of Medical Specialists deployed to various district hospitals at the end of the financial year | Absolute | 0 | 12 | 15 | 15 | 15 | 15 | Health system planning and management | Human Resources Management | 258,908 | | HR |

## ANNEXURE 2: RISK ASSESSMENT

The Health sector is vulnerable to a broad range of risks that can threaten development effectiveness. These risks can spring from several factors:

a) Substantial share of higher education in total government expenditure.
b) Opportunities for discretionary decision making.
c) Political interference and patronage networks.
d) Weak sector institutions.
e) Non transparent and inefficient systems.
f) Resistance to the implementation of proposed programmes/activities by some stakeholders.
g) Staff turnover, redeployment or shortages of highly trained technical staff is likely to affect delivery of services.
h) Resistance by stakeholders to adapt to new technological changes.
i) Vulnerabilities may exist at any stage and among any group of actors from policy makers to education providers and to education beneficiaries.
j) Weak accountability increases the likelihood of misaligned priorities, resource leakages and poor service delivery.

This Strategic Plan aims to explain key features of the Health sector and identify entry points for mapping governance risks. In order to limit the effects of the above mentioned risks, it will be necessary to ensure the optimal utilization of the resources available to the Ministry, and also maintain close consultation with its stakeholders during the implementation of the Strategic Plan.

Proper and constant monitoring and evaluation of progress of activities would forestall failure in implementation. For effective implementation of the Strategic Plan, it is envisaged that the capacities of the various structures in the MoHSS institutional framework will be strengthened.

## ANNEXURE 3: CRITICAL SUCCESS FACTORS

The Critical Success Factors (CSFs) are those essential areas of activities in which the Ministry of Health and Social Services must perform creditably well in order to ensure the successful execution of its strategy. It is essential that the MoHSS carefully manage the following factors to achieve success in the implementation of projects:

| Critical Success Factors | Description |
|---|---|
| **1. Leadership, Commitment and Ownership** | Get management involved in the formulation as well as top management endorsement of the SP. Have a dedicated leadership team that is able to motivate, provide guidance and motivate all staff members to have the desire and commitment necessary to execute the ministerial SP successfully. This takes special leadership qualities. Through creating a firm but fair leadership style, focusing on developing mutual trust and strong relations, staff members in return will show commitment and ownership for the part they play in the success of the Ministry. |
| **2. Communication** | Frequently and effectively communicate the SP intent, action plans and progress to all staff members and stakeholders to ensure that the SP is understood. This will also ensure that everybody knows what is expected of them and how they can contribute to the successful implementation of the Ministerial Strategic Plan. |
| **3. Training and Development** | Staff members need to be trained regularly to increase their job knowledge and skills as well as productivity. The MOHSS need to assess the staff member's skills in order to provide the necessary training required. |
| **4. Teamwork** | The MoHSS needs to create a work ethos that values cooperation. It is necessary to create an environment where staff members and management understand and believe that thinking, planning, deciding and taking actions is better when done together and in good collaboration. Working together as a good team increases the chances of the Ministry to succeed. |
| **5.Financial Resources** | Provide sufficient budget to support all programmes and projects in the SP. Often than not SP fail to achieve the envisioned results due to lack of financial resources. Therefore, to deal with this challenge, Directorates need to estimate the cost/resource requirements for the planned activities and outputs. Strategic activities need to be costed and allocated with the adequate amount of funds that is required to undertake them. |
| **6. Stakeholder Relations** | It is vital for the MoHSS to develop and maintain strong relations with their stakeholders because it increases the chances that relations will continue and will effectively work together to realize |

| | |
|---|---|
| | the dream of the MOHSS. To build successful relations, it is vital that both the Ministry and its stakeholders base their relationship on trust, equality, respect and mutual understanding. The MoHSS needs the support of the key stakeholders to successfully implement the SP. |
| **7. Monitoring and Evaluation** | Monitoring is an important management tool that helps management to, among others; make decisions aimed at improving performance, allowing managers to determine whether the programme is on course and if it is likely to achieve the intended objectives, ensuring accountability to all parties involved in the programme, to assess the use and delivery of the resources in accordance with the SP and to monitor the achievement of the intended outputs on a timely manner. The main purpose is to enable managers to verify progress based on evidence-based decisions about any corrections needed in implementation. In this regard, MOHSS will monitor and evaluate the inputs, activities and outputs to ensure that the SP objectives are delivered in accordance with the implementation plan. An effective monitoring and evaluation mechanism will be designed and applied. |

## ANNEXURE 4: STAKEHOLDERS ANALYSIS

Stakeholder Analysis Key Stakeholder analysis was conducted in which key stakeholders were identified with their needs and expectations. The identification of key stakeholders was not limited to the obvious choices, instead, an attempt to identify all those who are touched by the Ministry's objectives was done. This will help the Ministry to focus on the strategic objectives and programmes that will satisfy the stakeholders' needs and expectations. The table below depicts the Key Stakeholder Analysis for the Ministry of Health and Social Services, Training and Innovation:

| | NAME OF STAKEHOLDER | STAKEHOLDERS' NEEDS AND EXPECTATIONS |
|---|---|---|
| **1** | Central Government | Skills development that meets the needs of the country |
| **2** | Cabinet | Implementation, Accountability, Feedback, Consultation |
| **3** | Public at large | Service delivery, Skilled graduates, Information, Funding, Outreach, Involvement |
| **4** | State Owned Enterprises | Information, Funding, Policy coordination, Monitoring and Evaluation |
| | **STRATEGIC PARTNERS** | |
| **5** | Vocational Training Centres | Policy Directive, Regulatory, Funding Framework |
| **6** | Private Training Providers | Open communication, Access to information, Open Policy Formulations |
| **7** | Training Institutions | Capacity Building |
| **8** | State Owned Enterprises | Open Communication, Clear Policy Direction, Resources Allocation, Consultation and Coordination |
| **9** | Trade Unions | Engagement, Collaboration, Highly Skilled Labour |
| **10** | Development Partners | Clear Policy Position, Accountability, Timely Provision of Information, Strategies and Plans |
| **11** | Offices/Ministries/Agencies | Collaboration, Engagement, Highly Skilled Labour |
| **12** | Media | Timely Provision of Information and Engagement |
| **13** | Parents/Employers | Information, Engagement, Guidance, Skilled Workforce and Consultations |
| **14** | Financial Institutions | Strategies and Plans, Accountability |
| **15** | Non-Governmental Organisations | Engagement |
| | **CUSTOMERS** | |
| **16** | General Public | Support, Training, Skills development, Career Guidance |
| **17** | All Staff Members | Open Communication, Access to Information, Policy Formulations, Transparency and Quality of Service |
| | **EMPLOYEES** | |
| **18** | All Staff Members | Implementation, Accountability |
| | **REGULATORS/LEGISLATORS** | |
| **19** | Parliament/National Council | Accountability |
| **20** | State Organs | Implementation, Accountability |
| | **INTEREST/PRESSURE GROUPS** | |
| **21** | Student Unions | Engagement, Training, Funding and Consultations |
| **22** | Trade Unions | Sound Employment Relations Practices |
| **23** | Traditional Leaders | Engagement, Quality Education, Training |
| **24** | Namibia Chamber of Commerce and Industry | Engagement, Collaboration, Highly Skilled Labour |
| **25.** | Namibia Employers Federation | Engagement, Collaboration, Highly Skilled Labour |
| **26** | Non-Governmental Organisations & Community-Based Organisations | Engagement |

# NOTES


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