





HIV and immune cells

# Progress & challenges

This is almost the end of the book! The maps, graphs, tables and text have provided an overview of the health system in Namibia. Not all features have been covered, but the most significant patterns, trends and issues should have been made clear. Many of the analyses covered information collected between 1995 and 1999. What happened in 2000 and 2001, and what will happen in the years to come? For those aspects of the health system showing progress, we expect that the broad patterns seen in earlier years will continue. What are those signs of progress, and where do the main challenges lie?

Some of the best progress started soon after independence with the switch in emphasis to primary health care. This led to the increased provision of public health programmes and primary health care services through community-based health activities and the establishment of new health clinics for many communities. As a result, a high proportion of people now have ready access to health services (page 22) and the health of children has improved to a great degree. Rates of immunization for children increased (page 61), and the last epidemic of measles occurred in 1997 (page 73). Neonatal tetanus has been eradicated. Many more mothers now make use of antenatal and postnatal care services (page 58). All of this has produced a significant decline in the mortality rates of infants and older children over the last 10 years (page 16).

Namibians may now be better fed than before, so that fewer children are underweight and the number of cases of pellagra among adults has dropped significantly (page 77). The incidence of diarrhoea has declined (page 69), probably as a result of the increased supply of clean water (page 26). The campaign to “Kick polio out of Namibia” appears to have paid off with the last confirmed case of polio being in 1995 (page 79).

These and other changes are the good news of which Namibia can be proud. But there remain many aspects of the health system that need attention. Three challenges deserve solutions perhaps more urgently than any others: efficiency, skills and HIV/AIDS.

The World Health Organization (WHO) published indicators in 2000 to assess health systems in 191 countries. The “level of health” indicator is defined as the ratio between the actual level of health in a country and the potential level that could be achieved if the country’s health system was run efficiently. On this performance measure, Namibia’s health system (including both the public and private sectors) ranked 189th out of 191 countries. While it is possible to argue about indicators and to change the numbers here and there, that kind of rank makes it hard to avoid the conclusion that the need to improve the level of health is indeed great.

Another WHO indicator is on spending, and this measure places Namibia at a rank of 66th in the world in terms of spending on health

per capita. Comparatively large sums of money are therefore spent on Namibian health services. The difference in ranking between 66 for spending and 189 for the level of health also means that the large expenditures do not produce an equivalent level of health. If the health system were more efficient, the difference in ranks would be much smaller.

Great progress has been made since independence on making the health system more equitable and accessible. These are noble and expensive goals, but more emphasis must now be placed on raising the level of health by improving the quality and efficiency of health care. An example of one improvement is to make better use of funds, staff and other resources that are now allocated to the many health facilities that are little used (page 27).

Improved skills will also contribute to a better quality of service and the improved performance of the overall health system. People are the most important resource within the health sector, and Namibia's health system continues to be hampered by a shortage of skilled health workers, managers and other technical professionals. Training sufficient health professionals and ensuring the availability of the right skills, at the right time, in the right place, and at the right cost must be an important goal in the years ahead.

HIV/AIDS looms as the biggest challenge of all, however: a challenge to the socio-economic fabric of Namibia as a whole, as well as to the health system. All indications suggest that the prevalence of HIV will further increase before reaching a peak several years from now. The disease has an incubation period of around 10 years, thus taking more or less 10 years from the time of infection until death. As a result, death rates will only peak sometime during the next decade after 2010. While all sectors of society have to put measures in place to prevent the disease and assist those who are affected by it, the impact on the health system will be huge. It will have to provide greater stewardship of Namibia's response to the epidemic, and improved preventive and promotive programmes. Health services will have to meet a greater demand for curative services and improved and expanded approaches to the provision of social care and support. In addition, social welfare programmes will need to find ways of caring for a very large population of orphans.

These are among the great challenges that lie before Namibia's health system. They are challenges that lie at the doorsteps of all health workers, and also the 13 Regional Councils as the management of health becomes more decentralized in future. The best way of tackling these challenges will be to build on the many good components of the system and the important progress made in recent years. One improvement leads to another, and it is for improvement and progress that the health system must strive.