



**REPUBLIC OF NAMIBIA  
MINISTRY OF HEALTH AND SOCIAL SERVICES**

**MINISTERIAL STATEMENT BY HON. DR. ESPERANCE  
LUVINDAO, MP, MINISTER OF HEALTH AND SOCIAL  
SERVICES, UPDATING PARLIAMENT ON VISION APRIL 2026  
READINESS**

**24 FEBRUARY 2026**

**WINDHOEK**  
*\*Check Against Delivery.*

**Honourable Speaker,  
Honourable Members of this August House,  
Fellow Namibians,**

1. I rise today to address this August House and the Namibian nation regarding a matter of profound national importance, social justice, and structural transformation.
2. Shortly after Her Excellency Dr. Netumbo Nandi-Ndaitwah ascended to the highest office in the land as the first female President of the Republic of Namibia, she issued a directive that is nothing short of visionary. She directed that, effective from April 2026, civil servants must seek healthcare services within public health facilities. This directive, now widely known as **Vision April 2026**, is not merely an administrative adjustment; it is a clarion call for equity, a demand for excellence, and a “good shot in the arm” that we, as the Government, require to radically transform our public health system.
3. There has been robust public debate regarding this Vision. I have heard the voices of skepticism, the whispers of doubt, and the genuine concerns of our public servants. Today, I stand before you to provide clarity, to dispel myths, and to outline the concrete roadmap we have established to ensure that Vision April 2026 is gradually implemented successfully.

**Honourable Speaker,**

4. We must first confront the reality of our current landscape. The Government of Namibia is the largest employer in our country, with approximately 118,936 employees covered by PSEMAS. This medical aid scheme commands a budget of approximately N\$3.9 billion for the current financial year. Historically, a significant portion of this funding has flowed directly into the private health sector, funding excellent infrastructure and workforce capacity that serves the few.
5. Contrast this with the public sector. Over 85% of our population – roughly 2,567,000 Namibian people – relies solely on public health services provided by the Ministry of Health and Social Services. We service this overwhelming majority with a budget of N\$12.27 billion for the current financial year. While the private sector boasts world-class amenities, our public sector has struggled with aging infrastructure, long patient waiting times, and supply chain challenges.
6. For too long, we have accepted a two-tier system where services deemed insufficient for senior officials were deemed acceptable for the ordinary Namibian. The paradigm shift embodied in Vision April 2-26 is relevant, timely, and strategic. The logic of Vision April 2026 is anchored in a simple, powerful truth: **If the system is good enough for Kuku in the village, it ought to be good enough for the Executive Director in Windhoek.**

7. If public hospitals are not good enough for politicians, we must accept the indictment that they are not good enough for anyone. Therefore, by bringing the leadership of this country into the public health fold, we create the ultimate incentive to fix the system. We are closing the gap between the decision-makers and the services they administer.

**Honourable Members,**

8. A question frequently asked by the media and the public is: “How safe are State Hospitals?” Let me be clear. The public health sector currently provides services to about 85% of our population. It is through these very services that Namibia has recorded significant improvements in quality-of-life indices over the past three decades. If the system has been safe enough to sustain the lives of over two million Namibians, it is safe enough for senior government officials.
9. However, we do not deny that gaps exist. We are not blind to the complaints regarding infrastructure and service delivery gaps. Vision April 2026 is the mechanism through which we are closing those gaps. We are not asking public servants to step into a broken system; we are asking them to step into a system that is currently undergoing its most aggressive strengthening program since independence.
10. To prepare for April 2026, the Ministry has undertaken a comprehensive readiness assessment of our facilities, completed in September 2025. This assessment has informed a targeted investment strategy across four key pillars:
- 10.1. **Human Resources for Health:** Buildings do not heal people; doctors and nurses do. To support this Vision, we identified and funded over 2,000 additional personnel positions during the 2025/26 Mid-Year Budget Review. I am pleased to report that as of mid-January 2026, 66% of these posts – 1,262 medical professionals – have already been filled. The remaining vacancies are on track to be filled by March 2026. We are flooding the system with the expertise required to reduce patient waiting times and improve clinical outcomes.
- 10.2. **Availability of Medicines and Clinical Supplies:** We have heard the cries regarding shortages of essential medicines. We have shifted our strategy to direct procurement from manufacturers. This bold move is strengthening our supply chain with the objective of reaching and sustaining a 95% stock availability level. Between February and March 2026, we are receiving 40% of outstanding direct deliveries. We are ensuring that when a doctor prescribes medication, the pharmacy has it on the shelf.
- 10.3. **Medical Equipment and Technology:** Accelerated procurement is underway to equip our hospitals with the diagnostic and treatment tools comparable to the private

health sector. We are ensuring that our surgical theatres and wards have the necessary machinery to implement this Vision effectively.

- 10.4. **Infrastructure and Transport:** Working closely with the Ministry of Works and Transport and the Namibia Training Authority, we are executing specific maintenance projects to ensure our facilities are visually and functionally up to standard. Furthermore, we have procured additional ambulances and emergency vehicles to boost our responsiveness.

**Honourable Speaker,**

11. Vision April 2026 will not be a rushed “big bang.” It will be rolled out in sensible, manageable phases.
12. **Phase I**, commencing on 01 April 2026, targets the leadership of the Public Service. This includes Political Office Bearers, Executive Directors, the Secretary to Cabinet, the Inspector General of the Namibian Police, the Chief of the Defence Force, the Commissioner General of Correctional Services, and other senior public sector officials.
13. By prioritising this category, we are securing the high-level buy-in. We are putting the leaders on the frontline. For this first phase, services will be provided through seven strategically selected public health facilities that have demonstrated high levels of readiness:
  - 13.1. Windhoek Central Hospital;
  - 13.2. Katutura Intermediate Hospital;
  - 13.3. Rundu Intermediate Hospital;
  - 13.4. Keetmanshoop District Hospital;
  - 13.5. Oshakati Intermediate Hospital;
  - 13.6. Walvis Bay – Swakopmund Hospital Complex; and
  - 13.7. Onandjokwe Intermediate Hospital
14. As we progress, and as we continue to upgrade other health facilities, the rollout will expand to include more public servants and more hospitals.
15. I wish to address two specific logistical concerns: *waiting times and access to specialists*.
16. We understand that public servants have official obligations. We cannot have an Executive Director sitting in a queue for six hours when they need to be running a Ministry. Therefore, specific patient flow management systems are being designated for public servants at these Vision facilities. This is not to compromise equity, but to

ensure faster turnaround times so they can return to their workstations to serve the nation. We will be piloting this service delivery model in March 2026 to iron out any teething issues before the full launch.

17. **Regarding specialist care:** We are aware that some members fear losing access to specialized treatments currently available in private care. Let me assure this August House: **No one will be denied necessary care.**
18. Where a specialized service is available in the public sector, it must be utilized. However, under our phased model, if a specific level of care or a specific specialist service is **not yet available** at a public health facility within the region, the existing referral mechanisms – including the utilization of private providers – will remain in place. We are building capacity, but we are pragmatic. Continuity of care remains our priority. The reform mechanism is not just unparalleled and transformational, but self-reinforcing and self-incentivizing.

**Honourable Speaker,**

19. Vision April 2026 is about dignity. It is about the dignity of the patient in the queue at Katutura Hospital, who deserves the same quality of care as the patient in a private ward. It is about the dignity of our public servants, who should be proud to utilize the very services they work to provide.
20. This reform is a multi-stakeholder process. We are engaging trade unions, professional bodies, and medical aid stakeholders. We have ring-fenced funding in the budget to ensure sustainability.
21. To those who say we are on our way to fail, I say: Look at what we have already achieved in preparation. The recruitment is happening. The equipment is arriving. The infrastructure is being repaired. The medicines stock is accumulating to levels not achieved and retained before.
22. We are positioning the Ministry of Health and Social Services to deliver quality, equitable, and sustainable healthcare to *all* Namibian people. We are building a system where the health of a citizen is not determined by the size of their wallet or their job title.
23. Vision April 2026 is our commitment to Universal Health Coverage. It is bold, visionary and necessary, and with the support of this August House and the Namibian people, it will succeed!

I thank you.