PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

Health Professions
Councils of Namibia

ANNUAL REPORT

2024/25

THE SUMMARY OF OUR
PERFORMANCE

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LIST OF ABBREVIATIONS / ACRONYMS

AC	Appeal Committee
AHPCNA	Allied Health Professions Council of Namibia
CC	Close Corporation
CEUs	Continuous Education Units
CPD	Continuing Professional Development
ECP	Emergency Care Practitioner
ETQA	Education and Training Quality Assurance
ExCom	Executive Committee
HPCNA	Health Professions Councils of Namibia
HR	Human Resources
IT	Information Technology
MCQs	Multiple Choice Questions
MDCNA	Medical and Dental Council of Namibia
MJ	Ministry of Justice
MoHSS	Ministry of Health and Social Services
NCNA	Nursing Council of Namibia
OSCE	Objective Structured Clinical Evaluation
PCC	Professional Conduct Committee
PCNA	Pharmacy Council of Namibia
PIC	Preliminary Investigation Committee
(Pty) Ltd	Proprietary Limited
SWP	Social Work and Psychology Professions
SWPCNA	Social Work and Psychology Council of Namibia
T/A	Trading as
UNAM	University of Namibia

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INTRODUCTION

The Health Professions Councils of Namibia (HPCNA) consists of five (5) Councils, established under the following Acts (hereafter referred to as the Acts).

- Nursing Council of Namibia (NCNA), established in terms of the Nursing Act No. 8 of 2004.
- Medical and Dental Council of Namibia (MDCNA), established in terms of the Medical and Dental Act No. 10 of 2004.
- Allied Health Professions Council of Namibia (AHPCNA), established in terms of the Allied Health Professions Act No. 7 of 2004.
- Pharmacy Council of Namibia (PCNA), established in terms of the Pharmacy Act No. 9 of 2004.
- Social Work and Psychology Council of Namibia (SWPCNA), established in terms of the Social Work and Psychology Act No. 6 of 2004.

OBJECTIVES OF THE HPCNA

The objectives of the HPCNA are:

- To promote the health and well-being of Namibia's population.
- To determine and uphold standards of education and training.
- To protect the public through regulated education and training.
- To set, maintain and promote a good standard of professional practice and conduct.
- To keep the registers of each health profession for which provision is made in terms of relevant Acts.
- To investigate all complaints, accusations or allegations relating to the conduct of registered persons.
- To deal firmly, fairly and promptly with a registered person against whom a charge, complaint or allegation of unprofessional conduct has been laid or whose fitness to practice his or her profession is in doubt.
- To advise the Minister of Health and Social Services on matters pertaining to the Acts as well as to the health and well-being of the population in general.

VISION

Protecting the public through regulated education and practice.

MISSION

- Determine and maintain minimum educational standards leading to registration of a health professional.
- Set and maintain ethical standards.

VALUES

- Transparency
- Confidentiality
- Commitment
- Accountability
- Accessibility
- Integrity
- Respect
- Quality

FROM THE REGISTRAR'S DESK

The 2024/2025 marked the first financial year of the members of the five Councils who took office on the 5th of October 2023 and whose term of office was to end in October 2028. However, their term of office was interrupted due to the enactment of the Health Professions Act No. 16 of 2024 on the 24th of December 2024 and its coming into effect on the 20th of March 2025.

This Act ushered in a new governance architecture by creating a singular Council and converting the Councils into five Professional Boards.

For the 2024/2025 financial year, the Councils were thus busy winding up most of their activities in preparation for a transition into a new dispensation. By the end of March 2025, all five Councils had their second meetings and attended to pending urgent matters.

While it was somehow unsettling to have their term of office terminated almost 18 months after its commencement, members of the Councils carried out their activities with absolute commitment and contributed a great deal in paving the way for the transition. What was assuring, though, was the arrangement in the new Act, which provided for seamless transitioning of the members of the Councils into the newly established Professional Boards to continue executing almost all activities for which they were appointed.

My word of gratitude goes to the members of the Councils for their understanding and for laying the solid foundation upon which the new Council and Professional Boards will be anchored. Similarly, the Ministry of Health and Social Services is highly commended for its continued support and policy guidance.

To my colleagues in the Secretariat, I couldn't have bet on a better team!

EXECUTIVE SUMMARY

PROFESSIONAL AFFAIRS DEPARTMENT

The term of office of the previous Councils which commenced on the 05th of October 2023 ended on the 20th of March 2025. Subsequently new Council members were appointed by the Minister of Health and Social Services effective from the 20th of March 2025 and the Council appointed the Board members on a five (5) year term in compliance with the new Health Professions Act No. 16 of 2025. The Council delegated some of its powers, duties and functions to the Boards.

After the inauguration of the office bearers, the Council and each Board established its Committees in accordance with the applicable Acts in order to help the Boards and the Council to fulfil their mandate. The core mandate of the Council amongst others is to protect the public by regulating the education and practice of healthcare professionals and to ensure that all persons practicing health-related professions in Namibia are suitably qualified. A total of 24 142 health practitioners are registered and enrolled and 364 pharmaceutical practices are registered with the Council. This number excludes students and interns and is divided per Council as follows:

- **NCNA:** thirteen thousand eight hundred and fifty-six (13 856) healthcare practitioners;
- **AHPCNA:** four thousand six hundred and fifty-nine (4 659) healthcare practitioners;
- **MDCNA:** three thousand three hundred and sixty- eight (3 368) healthcare practitioners;
- **PCNA:** one thousand three hundred and sixty-nine (1 369) healthcare practitioners; three hundred and sixty-four (364) pharmaceutical practices and
- **SWPCNA:** eight hundred and ninety (890) healthcare practitioners.

The NCNA has more healthcare professionals on its registers and the rolls at 57%, followed by the AHPCNA at 19%, the MDCNA at 14%, the PCNA at 6% and the SWPCNA at 4%.

LEGAL DEPARTMENT

The Legal Department continues to play a pivotal contributory role in safeguarding the integrity, compliance and strategic objectives of the HPCNA.

During this period, the overall number of reported cases has increased with 104% when compared to the previous period. This increase has been a trend over the years, and it is reasonable to project a further increase in the coming years.

As the direct results of the increased reported cases, the pending cases have increased with 41% from the previous period.

Throughout the reporting period, the Legal Department made significant strides in ensuring that the backlog of professional conduct inquiries significantly decreased by conducting 55% more inquiries than the previous period. Although the backlog increased with 12%, which is attributed to the increase in cases reported, the previous cases have significantly decreased.

The increase of 57% of drafted legislations was noted and is attributed to the promulgation of the Health Professions Act, 16 of 2024 with an increase expected to rise in the following period due to the ongoing review process of old regulations and rules aimed at alignment to the new legal framework.

All internal appeal matters were managed in-house thereby minimising the costs relating to legal representation. The High Court litigation matters for and against the HPNCA were successfully managed, limiting financial risks to the HPNCA.

Despite challenges such as financial resources in prosecution of the professional conduct inquiries and finalising of investigations within the shortest time, the Legal Department remained focused on delivering on its objectives towards the successful execution of the core mandate of the HPNCA.

FINANCE DEPARTMENT

The revenue generated by the HPNCA from prescribed fees, rental income, and interest accounted for 61% of the total revenue. Meanwhile, the annual grant from central Government, distributed through the Ministry of Health and Social Services (MoHSS), made up 39% of the total income.

Despite the increase in the number of registered practitioners, which led to a 25% rise in total revenue, the fees payable to the HPNCA remained unchanged during the review period. Rental income from the Councils' three leased properties saw a 12% increase, rising from N$452,000.00 in the 2023/2024 financial year to N$504,900.00 during the reporting period. The new office at 42 Schönlein Street, Erf 4170, which began leasing in February 2025, contributed significantly to this revenue boost.

The surplus funds accumulated by the HPNCA by the end of the year were kept in investment accounts, earning a total interest of N$3,625,111.67. This represents a 49% increase compared to the N$2,435,545.54 in interest earned during the 2023/2024 financial year.

HUMAN RESOURCES (HR), ADMINISTRATION, RECORDS MANAGEMENT, AND INFORMATION TECHNOLOGY (IT)

During the reporting period, the department's key focus areas were to ensure the availability of manpower to deliver services, improve staff relations, increase the asset base, and strengthen the IT infrastructure.

Regarding human resources, the HPNCA were managed by forty-two (42) employees out of forty-nine (49) posts on the staff establishment. This workforce is predominantly female, and overall, 47% of the employees have been with the HPNCA for ten (10) years or more. During the same period, employees' basic salaries were adjusted to offset the effects of inflation.

Concerning assets, attention was given to the six (6) fixed properties of the HPNCA, which are now valued at N$57,758,900.00. Three (3) of these properties are used for the HPNCA' daily activities, while the remaining three (3) are leased out for income generation.

In respect of IT infrastructure, some improvements were realised through enhancement of the database management system, acquisition of a new server and accommodation of pharmacy practices on the e-register. Furthermore, the network infrastructure was upgraded, replacing the wireless point-to-point connection with a fibre link. A comprehensive audit was also conducted in the telecommunication environment within the HPNCA.

SECTION ONE

PROFESSIONAL AFFAIRS DEPARTMENT

ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA (AHPCNA)

1. INTRODUCTION

The AHPCNA was established under Section 3 of the Allied Health Professions Act No. 7 of 2004 (the AHP Act) to –

- Register and keep registers for healthcare practitioners.
- Deal firmly, fairly, and promptly with registered persons against whom charges, complaints or allegations of unprofessional conduct have been laid or whose fitness to practice the profession is in doubt[1].
- Set education and practice standards and approve training programmes; and
- Regulate the training and practice of allied and complementary health professions in Namibia.

2. AHPCNA MEMBERS

The term of office of the following members of the former AHPC, which commenced on the 05th of October 2023, ended on the 19th of March 2025.

Prof. Cilas J. Wilders. [2]
Dr. Elga R. Drews.[3]
Dr. Christopher M. Likando.
Ms. Ndapandula H. Londo.
Ms. Henriette Maritz.
Ms. Belinda R. Tsauses.
Ms. Nadia Vermaak.
Mr. Marchin K. Mouton.
Ms. Dorothee G. Verrinder.
Ms. Irene M. Garthoff.
Mr. Efraim N. Paulus.
Ms. Cornelia O. G. Afrikaner.
Mr. Katuna Kamuhanga.
Mr. Linus Ngenomesho.
Ms. Carolie Cloete.

1 Section 5 of the AHP Act
2 President
3 Vice President

3. HEALTH PROFESSIONS COUNCIL OF NAMIBIA (HPCNA)

The Health Professions Act, Act No. 16 of 2024, was promulgated on the 30th of December 2024. The Act established a single Health Professions Council of Namibia, which replaced the then existing five(5) health professions Councils.

The Minister subsequently appointed new members on the 20th of March 2025 for a five (5) year term ending on the 19th of March 2030.

4. SUMMARY OF ACTIVITIES OF THE AHPCNA

4.1. AHPCNA meetings

The AHP Act stipulates that the AHPCNA must hold not less than two (2) meetings each year, and may hold, in addition thereto, such other meetings as the AHPCNA may determine from time to time. During the period under review, the AHPCNA held two (2) meetings as indicated in the table below.

Table 1: AHPCNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
20 September 2024	15	12	3
07 March 2025	15	14	1

4.2 AHPCNA resolutions

The AHPCNA made seventy-four (74) resolutions during the reporting period, and all were executed.

4.3 Executive Committee (ExCom)

The AHP Act stipulates that the AHPCNA must establish an ExCom to exercise the powers and perform the duties and functions of the AHPCNA between its meetings. The AHPCNA may set aside or amend any decision or act of the ExCom made or performed. During the period under review, the ExCom held one (1) meeting on the 28th of June 2024.

Table 2: Matters discussed by ExCom

DATE	MATTER	STATUS
28 June 2024	Inspection report of Northern Biokinetics – Otjiwarongo to train Intern Biokineticists.	Approved for three (3) years
	Inspection report of Windhoek Central Hospital to train Student Diagnostic Radiographers.	Approved for one (1) year
	Inspection report of Namibia Institute of Pathology -Windhoek to train Student Medical Laboratory Scientists and Intern Medical Technologists.	Approved for three (3) years
	Inspection report of Namibia Institute of Pathology -Rundu to train Student Medical Laboratory Scientists and Intern Medical Technologists.	Approved for three (3) years
	Inspection report of Namibia University of Technology to train Student Paramedics and Emergency Care Technicians.	Approved for five (5) years

	Inspection report of Atlantic Training Institution-Windhoek to train Student Emergency Care Practitioners (Basic).	Approved for one (1) year
	Ms. Iyapuleni Mbidi's application for registration as an Intern Physiotherapist.	Approved
	Ms. Melissa Hack's request for exemption from internship as a Physiotherapist.	Approved
	Mr.Pahl Roelof's request for exemption from internship as an Osteopath.	Approved
	Appointment of Ms. Anke Klopper, Ms Nicole Gruttemeyer, Ms. Rina Valentin and Ms. Christine Nashenda as additional evaluators and inspectors for the physiotherapy profession.	Approved
	Appointment of Dr. Chris Hikuam, Ms. Loide Uushona, Mr. Esegiel Gaeb, Mr. Simon Israel, Dr Albertina Iitana as inspectors for Drs. Shaw, Roux and Partners (Pathcare Namibia)	Approved
	Voluntary removal of Ms. Heidrun Rapp from the register of Therapeutic Reflexologists.	Approved

4.4 Professional Committees

The AHP Act[4] provides for the establishment of Professional Committees whose function is *inter alia,* to consider or investigate any matters of allied and complementary health professions and to advise or make recommendations to the AHPCNA or the Minister on any matter falling within the scope of the AHP Act. Eleven (11) Professional Committees were in existence, comprising thirty-four (34) members.

The following activities were carried out by the different Professional Committees:

a) Professional Committee of Radiography and Related Professions

This Committee evaluated the curricula for a Bachelor of Cardiovascular Technology of Sanskriti University (Clinical Technology), Bachelor of Science-Paramedic and Health Sciences (Radiography) of Parul University, Bachelor's degree in Radiology and Imaging Technology of Guru Kashi University, India, to determine whether they meet the minimum requirements of study for registration as a Diagnostic Radiographer in Namibia.

b) Professional Committee for Physiotherapy and Related Professions

The Committee evaluated the curricula for a Bachelor of Science in Applied Health and Therapeutics of Hochschule Fresenius, University of Applied Science, Germany and Bachelor of Physiotherapy of Lovely Professional University, India, to determine whether they meet the minimum requirements of study for registration as a Physiotherapist in Namibia.

c) Professional Committee for Dental Technology and Dental Therapy

Evaluated the Diploma in Dental Therapy of Gideon Robert University and Levy Mwanawasa Medical University, Zambia, to determine whether they meet the minimum requirements of study for registration as a Dental Therapist in Namibia.

4 Section 13(1)

d) Professional Committee for Optometry and Related Professions

Evaluated the Bachelor of Optometry of Charotar University of Science and Technology, India, to determine whether it meets the minimum requirements of study for registration as an Optometrist.

e) Professional Committee for Dietetics and Related Professions

Evaluated the Bachelor of Science in Nutrition and Dietetics of Our Lady of Fatima University, Philippines and reviewed the revised curriculum for the Bachelor of Dietetics Honours of I-Care Health Training Institute to determine whether they meet the minimum requirements of study for registration as a Dietitian in Namibia.

f) Professional Committee for Emergency Care Professions

The committee inspected Atlantic Training Institute, Windhoek and Three Sixty Emergency Services CC, Windhoek, for the training of Students Emergency Care Practitioner-Basic and Students Emergency Care Practitioner Intermediate, respectively.

5. CONTROL OVER EDUCATION, TUITION AND TRAINING

The AHP Act[5] provides that any person or educational institution intending to offer education, tuition, or training must apply to the AHPCNA in writing before offering such training. Tables 3 and 4 below indicate the training institutions and health facilities that applied for approval to train students or interns:

Table 3: Educational institutions applied for approval to train students.

INSTITUTION	QUALIFICATION	REGION	OUTCOME
Atlantic Training Institute (Oshakati)	Bachelor of Science in Dietetics Honours	Oshana	Under consideration
	Diploma in Medical Emergency Care	-	Under consideration
	Bachelor of Science in Environmental Health Honours	-	Under consideration
	Bachelor of Speech Therapy and Audiology Honours	-	Under consideration
Welwitchia University PTY(LTD) (Windhoek)	Bachelor of Science in Environmental Health Honours	Khomas	Under consideration
Higher Ground Training College (Omuthiya)	Bachelor of Science in Diagnostic Medical Sonography (Ultrasound)	Oshikoto	Under consideration

5 Section 17(2)

I-Care Health Training Institute (Windhoek)	Bachelor of Dietetics Honours	Khomas	Under consideration
	Bachelor of Speech Therapy and Audiology Honours	-	Under consideration
	Bachelor of Clinical Technology Honours	-	Under consideration
	Bachelor of Emergency Medical Care	-	Under consideration
	Bachelor of Medical Emergency Care Honours	-	Under consideration
	Diploma in Emergency Medical Care	-	Under consideration
	Bachelor of Science in Radiography (Diagnostics) Honours	-	Under consideration
	Diploma in Radiography (Diagnostic)	-	Under consideration
	Bachelor of Science in Radiography (Sonography) Honours	-	Under consideration
	Bachelor of Radiography (Radiation Therapy) Honours	-	Under consideration
	Bachelor of Radiography (Nuclear Medicine) Honours	-	Under consideration
River Higher Institute of Technology (Windhoek)	Bachelor of Science in Emergency Medical Care	Khomas	Under consideration

Table 4: Health facilities applied for approval to provide clinical training to students and Interns

FACILITY	NATURE OF TRAINING	REGION	OUTCOME
Atlantic Training Institute (Windhoek)	Students in Emergency Care	Khomas	Approved for one (1) year
Intermediate Hospital Oshakati	Internship in Physiotherapy	Oshana	Pending inspection
Ronel Isaacs, Physiotherapist (Windhoek)	Internship in Physiotherapy	Khomas	Approved for three (3) years
Windhoek Central Hospital, Forensic and Civil Psychiatry	Internship in Occupational Therapy	Khomas	Pending inspection

5.1 Assessment of Foreign Curricula

Table 5: Foreign Curricula assessed

INSTITUTION	CURRICULUM	REGISTRATION CATEGORY/ PROFESSION	STATUS
Sanskriti University, India	Three (3) year Bachelor of Cardiovascular Technology	Clinical Technology	The curriculum did not meet the requirements for recognition in Namibia.
Parul University, India	Four (4) year Bachelor of Science, Paramedic and Health Sciences (Radiography)	Radiography	The curriculum did not meet the requirements for recognition in Namibia.
Guru Kashi University, India	Three (3) year Bachelor's degree in Radiology and Imaging Technology	Radiography	The curriculum did not meet the requirements for recognition in Namibia.

Hochschule Fresenius, University of Applied Science, Germany	Three (3) year Bachelor of Science (Applied Health and Therapeutic Sciences)	Physiotherapy	The curriculum did not meet the requirements for recognition in Namibia.
Lovely Professional University, India	Four (4) year Bachelor of Physiotherapy	Physiotherapy	The curriculum did not meet the requirements for recognition in Namibia.
Gideon Robert University, Zambia	Three (3) year Diploma in Dental Therapy	Dental Therapy	The curriculum met the requirements for recognition in Namibia.
Levy Mwanawasa Medical University, Zambia	Three (3) year Diploma in Dental Therapy	Dental Therapy	The curriculum met the requirements for recognition in Namibia.

6. APPLICATIONS FOR REGISTRATION

The AHP Act provides that no person is entitled to practice within Namibia an allied healthcare profession unless registered under the AHP Act. Any person who wishes to be registered must apply to the AHPC. Registration applications received are indicated in Table 6 below:

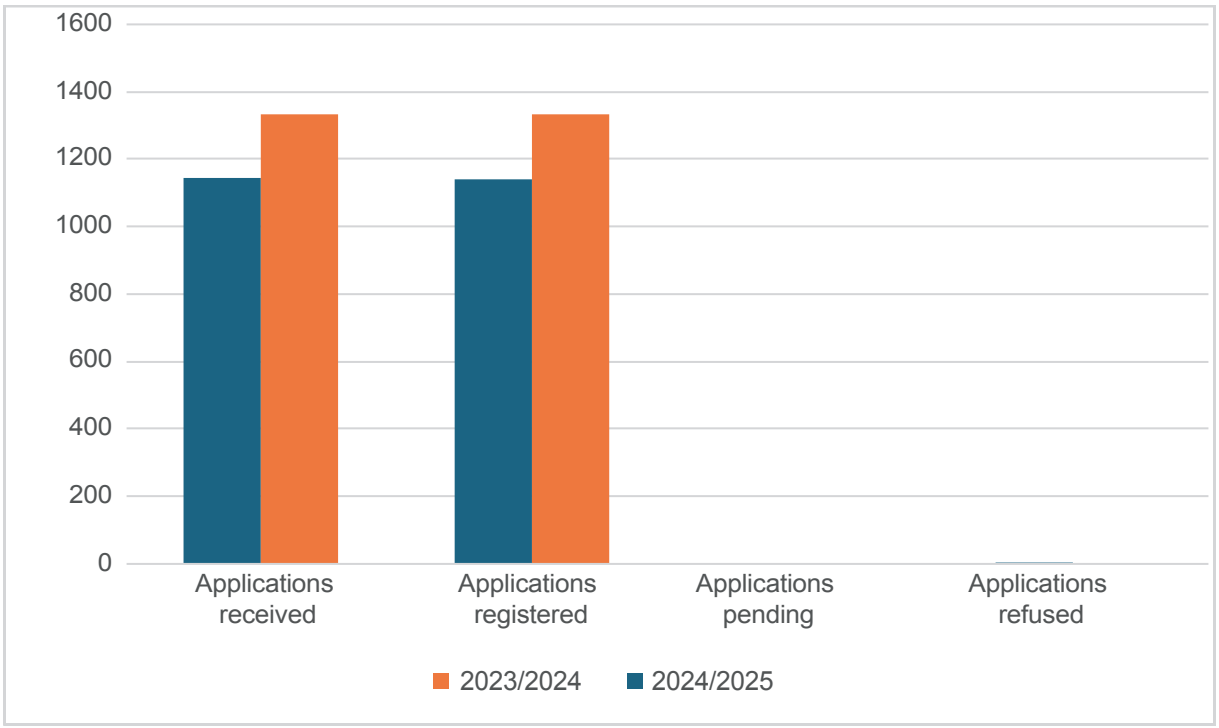
Table 6: Number of applications received per profession

PROFESSIONAL DESIGNATION	NUMBER OF APPLICATIONS	APPROVED FOR REGISTRATION	PENDING	REFUSED
Audiologist	1	1	0	0
Biokineticists	1	1	0	0
Intern Biokineticists	1	1	0	0
Clinical Technologists (Cardiology)	1	1	0	0
Combat Medics	3	3	0	0
Dental Therapists	2	2	0	0
Dieticians	2	2	0	0
Emergency Care Technicians	2	2	0	0
Emergency Care Practitioners-Basic Students	178	178	0	0
Emergency Care Practitioners-Basic	385	385	0	0
Emergency Care Practitioners-Intermediate Students	65	65	0	0
Emergency Care Practitioners-Intermediate	92	92	0	0
Paramedics – ALS	16	16	0	0
Paramedic Students	28	28	0	0
Environmental Health Practitioners	16	16	0	0
Environmental Health Practitioner Students	41	41	0	0

Environmental Health Practitioner Assistants	21	21	0	0
Environmental Health Practitioner Assistant Students	11	11	0	0
Medical Laboratory Scientists (Clinical Pathology)	21	21	0	0
Student Medical Laboratory Scientists (Clinical Pathology)	97	97	0	0
Medical Laboratory Technicians (Blood Transfusion)	4	4	0	0
Medical Laboratory Technicians (Clinical Pathology)	4	4	0	0
Student Medical Laboratory Technicians (Blood Transfusion)	5	5	0	0
Medical Technologist (Clinical Pathology)	1	0	0	1
Medical Orthotics and Prosthetists Technologists	2	2	0	0
Nutritionists	6	6	0	0
Nutritionist Students	13	13	0	0
Occupational Therapists	13	13	0	0
Occupational Therapy Students	16	16	0	0
Intern Occupational Therapists	8	8	0	0
Optometrists	14	14	0	0
Phlebotomy Technicians	3	3	0	0
Physiotherapists	11	11	0	0
Physiotherapy Interns	16	16	0	0
Physiotherapy Students	12	12	0	0
Speech Therapists	2	2	0	0
Diagnostic Radiographers	12	12	0	0
Diagnostic and Therapeutic Radiographers	1	1	0	0
Radiography Students	16	16	0	0
TOTAL	**1143**	**1142 (99.91%)**	**0(0%)**	**1(0.87%)**

There was an increase in registered health practitioners, students, and interns during the period under review.

Graph 1: Applications received in 2023/2024 compared to 2024/2025 financial year



The graph shows that there was an increase in the number of registered practitioners over the reporting period compared to 2024.

6.1 Trends in the registration of health practitioners

Table 7: Five (5) year trend of registration of health practitioners

YEAR	2020 / 2021	2021 / 2022	2022 / 2023	2023 / 2024	2024 / 2025
Number of Registered Practitioners	772	1145	1177	1335	1143

The figures above illustrate the trend in practitioner registrations from 2020/2021 to 2024/2025. Specifically, between 2020 and 2021, registrations grew by 18.22%, followed by a 32.58% increase from 2021 to 2022. From 2022 to 2023, the growth rate slowed to 2.79%. However, between 2023/2024 and 2024/2025, the number of new practitioner registrations declined from 11.8% to 9.2%.

7. REGISTERS KEPT

The AHP Act requires the AHPCNA to keep the registers of registered persons.[6] A register is kept for each of the ninety-six (96) categories of healthcare professions falling under the AHPCNA. The cumulative numbers of registered persons per profession are indicated in Table 8 below:

6 Section 17(2)

Table 8: Cumulative number of practitioners on the registers per profession

DESIGNATIONS	NUMBER OF PRACTITIONERS	
	2023 / 2024	2024 / 2025
Art Therapist	1	1
Audiologists	7	7
Biokineticists	83	82
Chinese Medicine Practitioners and Acupuncturists	7	6
Chiropractors	12	12
Clinical Technologists	30	28
Combat Medics	13	12
Dental Technicians	30	29
Dental Technologists	11	11
Dental Therapists	54	57
Dieticians	38	39
Dispensing Opticians	10	10
Emergency Care Practitioners (Basic)	2229	1794
Emergency Care Practitioners (Intermediate)	401	475
Emergency Care Technicians	46	39
Environmental Health Practitioners	322	320
Environmental Health Practitioner Assistants	114	122
Hearing Aid Acousticians	8	8
Homoeopaths	6	6
Intern Biokineticists	1	9
Intern Medical Technologists	1	2
Intern Occupational Therapists	10	8
Intern Physiotherapists	22	45
Medical Laboratory Scientists	164	183
Medical Laboratory Technicians	150	147
Medical Orthotics and Prosthetics Technologists	14	17
Medical Orthotics and Prosthetics Assistants	2	2
Medical Orthotist and Prosthetists	18	18
Medical Rehabilitation Workers	14	13
Medical Technologists	200	194
Music Therapists	2	2
Naturopaths	3	3
Nutritionists	15	18
Occupational Therapists	96	97

Ocularist	1	1
Operational Emergency Care Orderlies	1	1
Optometrists	109	122
Orthopedic Technicians	5	5
Orthopedic Technologists	3	1
Osteopath	1	0
Paramedics (Advanced Life Support)	111	129
Phlebotomy Technicians	35	37
Physiotherapists	172	168
Physiotherapists	3	3
Podiatrist	1	1
Radiographers (Diagnostic)	246	252
Radiographers (Nuclear Medicine)	8	8
Radiographers (Therapeutic)	22	16
Radiographers (Ultrasound)	29	24
Radiographers (Diagnostic and Therapeutic)	1	2
Radiographers (Diagnostic and Ultrasound)	2	2
Radiography Assistants	54	47
Speech Therapists	13	14
Speech Therapists and Audiologists	9	10
Student Combat Medics	4	3
Student Emergency Care Practitioners (Basic)	139	260
Student Emergency Care Practitioners (Intermediate)	97	142
Student Environmental Health Practitioners	174	199
Student Environmental Health Practitioner Assistants	134	129
Student Medical Laboratory Scientists	209	279
Student Medical Laboratory Technicians	46	45
Student Nutritionists	42	109
Student Occupational Therapists	42	75
Student Paramedics (Advanced Life Support)	120	133
Student Phlebotomy Technicians	9	6
Student Physiotherapists	45	56
Student Radiographers (Diagnostic)	68	76
Therapeutic Aromatherapists	7	6
Therapeutic Masseur	1	1
Therapeutic Reflexologists	7	5
Total	**6104**	**6171**

There has been an increase of sixty-seven (67) in the number of practitioners on the registers in 2024 / 2025 compared to the previous year due to the increased number of students and locally trained registered practitioners.

8. REMOVAL OF NAMES FROM THE REGISTER

8.1 Voluntary removal of names from the registers

The AHP Act empowers the AHPCNA to remove from the register the name of any registered person who has requested in writing that his or her name be removed from the register.[7] During the year under review, one (1) Environmental Health Practitioner Assistant, one (1) Speech Therapist, and two (2) Emergency Care Practitioner-Basic, were removed from the relevant register voluntarily.

8.2 Involuntary removal of names from the registers

- The AHP Act states that the AHPCNA may remove from the register the name of any registered person who has failed to pay on or before the 31st of March of the financial year concerning annual fees8. The number of practitioners who were removed from the registers in the 2024 / 2025 financial year is six hundred and twenty-seven (627).
- A person who practices a healthcare profession while unregistered or whose name has been removed from the register is guilty of an offence and, on conviction, liable to the penalties specified in the AHP Act.

Table 9: Number of practitioners involuntarily removed from the registers per profession

PROFESSIONAL DESIGNATIONS	NUMBER OF PRACTITIONERS
Biokineticists	5
Chinese Medicine Practitioner and Acupuncturist	1
Clinical Technologist	1
Combat Medic	1
Dental Therapist	1
Emergency Care Practitioners (Basic)	434
Emergency Care Practitioners (Intermediate)	28
Emergency Care Technicians	4
Environmental Health Practitioner Assistants	24
Environmental Health Practitioners	42
Medical Laboratory Scientists	3
Medical Laboratory Technicians	8
Medical Orthotics and Prosthetics Technologist	1
Medical Rehabilitation Workers	2
Medical Technologists	10
Nutritionists	6

7

8 Section 25 (1)

Optometrists	1
Occupational Therapists	13
Physiotherapists	15
Paramedics (Advanced Life Support)	3
Phlebotomy Technician	1
Radiography Assistants (Diagnostic)	9
Radiographers (Diagnostic)	7
Radiographers (Ultrasound)	1
Radiographer (Therapeutic)	6
Therapeutic Reflexologist	1
TOTAL	**627**

9. RESTORATION OF NAMES TO THE REGISTER

Table 10: Number of practitioners restored to the registers per profession

PROFESSION	NUMBER OF PRACTITIONERS
Biokineticist	4
Dental Therapist	1
Emergency Care Practitioner (Basic)	179
Emergency Care Practitioner (Intermediate)	20
Emergency Care Technician	4
Environmental Health Practitioner	38
Environmental Health Practitioner Assistant	24
Medical Laboratory Scientist	2
Medical Laboratory Technician	1
Medical Rehabilitation Worker	1
Medical Technologist	5
Medical Orthotics and Prosthetics Technologist	2
Nutritionist	3
Occupational Therapist	2
Optometrist	1
Paramedic (Advanced Life Support)	5
Physiotherapist	1
Phlebotomy Technician	1
Radiographer (Diagnostic)	10
Radiographer (Therapeutic)	2
Radiography Assistant	4
TOTAL	**310**

10. OTHER SERVICES

10.1 Certificate of status

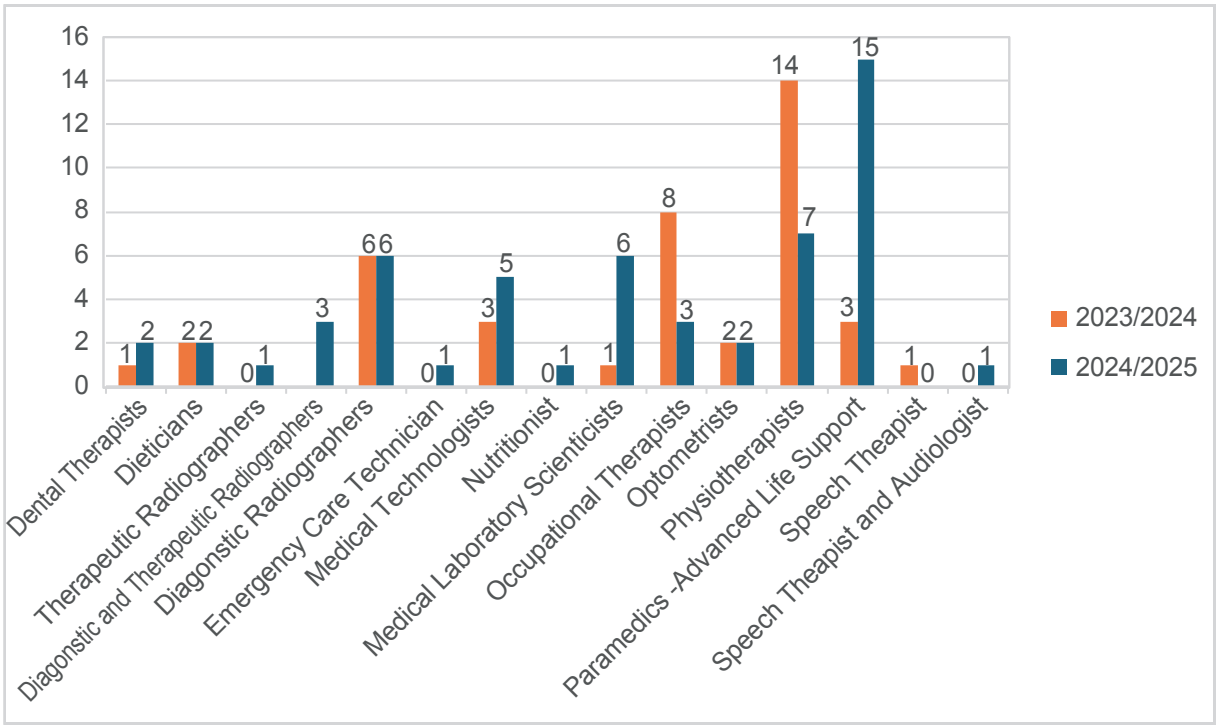
The AHP Act provides that a registered person may apply to the Registrar for a certificate of status [9]. The number and reasons for such applications are indicated in Table 11 below:

Table 11: Number of certificates of status issued per professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS	REASONS
Dental Therapists	4	Registration with the Health Professions Council of Zimbabwe and Zambia.
Dieticians	2	Registration with the Health and Care Professions Council of the United Kingdom.
Diagnostic Radiographers	6	Registration with the Health and Care Professions Council of the United Kingdom.
Therapeutic Radiographers	1	Registration with the Health and Care Professions Council of the United Kingdom.
Diagnostic and Therapeutic Radiographers	3	Registration with the Health and Care Professions Council of the United Kingdom.
Emergency Care Technician	1	Registration with the Health and Care Professions Council of the United Kingdom.
Medical Technologists	5	Registration with the Health and Care Professions Councils of the United Kingdom and the Health Professions Council of Zimbabwe.
Medical Laboratory Scientists	6	Registration with the Health and Care Professions Councils of the United Kingdom.
Nutritionist	1	Registration with the Health and Care Professions Councils of the United Kingdom.
Occupational Therapists	3	Registration with the Health and Care Professions Councils of the United Kingdom and the Health Professions Council of South Africa.
Optometrists	2	Registration with the Health Professions Council of South Africa.
Physiotherapists	7	Registration with the Health and Care Professions Council of the United Kingdom and the Health Professions Council of South Africa.
Paramedics (Advanced Life Support)	15	Registration with the Health and Care Professions Council of the United Kingdom, the United Arab Emirates, and the Abu Dhabi Health Council.
Speech Therapist and Audiologist	1	Registration with the Health Professions Council of South Africa.
TOTAL	**57**	

9 Section 29 (1)

Graph 2: Trends in the issuance of certificates of status



Compared to 2023 / 2024, there is an increase in the number of certificates of status issued over the reporting period.

11. STAKEHOLDER ENGAGEMENTS

The first (1st) year students pursuing studies in Environmental Health Sciences, Medical Laboratory Sciences, Human Nutrition and Emergency Medical Care at the Namibia University of Science and Technology were engaged on the importance of registration with the AHPCNA.

A discussion was also held with representatives from Osh-Med International on matters pertaining to the satellite training and registration of students.

12. CONCLUSION

A momentous increase in applications for registration from various healthcare practitioners and students was recorded during the period under review.

MEDICAL AND DENTAL COUNCIL OF NAMIBIA (MDCNA)

1. INTRODUCTION

The Medical and Dental Council of Namibia (MDCNA) is established in terms of the Medical and Dental Act,[10] (the Act). The MDCNA regulates the following healthcare professional categories: *Medical Practitioners, Dentists, Biomedical Engineers, Clinical Biochemists, Clinical Officers, Genetic Counsellors, Medical Assistants, Medical Biological Scientists, Medical and Dental Interns, Medical Physicists, Medical Scientists, Ophthalmic Assistants, Oral Hygienists and Rural Medical Aid*s. The MDCNA also controls and exercises authority in respect of all matters affecting the education and training of people to be registered under the Act.

2. MDCNA MEMBERS

The following MDCNA members were appointed in terms of Section 7 of the Act, as amended by the Medical and Dental Amendment Act, No. 9 of 2018. The term of office of these members commenced on the 4th of October 2023 until the 19th of March 2025.

Dr. Wilson L. Benjamin.[11]
Dr. Nguundja U.K. Uamburu.[12]
Dr. Sarah K. Shalongo.
Dr. Theresia S. Shivera.
Dr. Kondjela S. Hamunyela.
Dr. Felicia Christians.
Dr. Josephine N. Amesho.
Dr. Wesley C. Mouton.
Dr. Mewawa D. Amukugo.
Dr. Tomas I. Niilenge.
Mr. Marthino L. Olivier.
Mr. Ngamane Karuaihe-Upi.

10 Act 10 of 2004.
11 President.
12 Vice-President.

3. SUMMARY OF ACTIVITIES OF THE MDCNA

During the period under review, the following activities were carried out:

3.1 MDCNA meetings

The MDCNA held meetings as follows:

Table 12: MDCNA meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Twelve (12)	22 June 2024	10	2
	28 September 2024	12	0

Table 13: Resolutions taken and implemented

NUMBER OF RESOLUTIONS	NUMBER OF RESOLUTIONS IMPLEMENTED
75	75 (100%)

3.2 Education Committee (EduCom)

The *EduCom* advises the MDCNA on matters relating to registration requirements or qualifications, education, and training of applicants. The Committee held three (3) meetings during the reporting period.

Table 14: EduCom meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Nine (9)	15 May 2024	7	2
	13 November 2024	9	0
	19 February 2025	7	2

3.3 Committee on Independent Practice of Oral Hygienists

This Committee was established in terms of the Act [13] to advise or assist the MDCNA on matters pertaining to the independent practice of Oral Hygienists. The Committee held one (1) meeting on the 25th of July 2024 during the period under review. The Committee completed its task and was dissolved.

3.4 Medical Interns/Students Training Committee

This Committee advises the MDCNA on matters relating to the training of interns and medical students in practical training. The Committee assists the MDCNA in the exercise of its powers or the performance of its duties or functions in terms of the Act, as the MDCNA delegates or assigns to it from time to time. The Committee held one (1) meeting during the reporting period.

13 Section 12 (6)

3.5 Dental Interns/Students Training Committee

This Committee advises the MDCNA on matters relating to the training of interns and medical students in practical training. The Committee also assists the MDCNA in the exercise of its powers or the performance of its duties or functions in terms of the Act, as the MDCNA delegates or assigns to it from time to time. The Committee held three (3) meetings during the reporting period.

3.6 Advisory Committee

As per the Act [14], an Advisory Committee was established for the following professions that are not represented on the MDCNA or have Professional Committees established by the Act:

- Biomedical Engineers,
- Clinical Biochemist,
- Genetic Councilors,
- Medical Biological Scientists,
- Medical Physicists, and
- Medical Scientists.

The function of the Advisory Committee is to guide the MDCNA on any matters relating to the relevant professions and to assist the MDCNA in the exercise of its powers or the performance of its duties or functions in terms of the Act, as the MDCNA may delegate or assign to the Committee. The Advisory Committees held one (1) meeting during the reporting period.

4. CONTROL OVER EDUCATION AND TRAINING

The Act[15] provides that any person or educational institution intending to offer education, tuition, or training must apply to the MDCNA in writing before offering such training. The MDCNA inspects hospitals, health facilities and educational institutions for the training of medical and dental interns/students in terms of the Act.[16]

4.1 Inspection of training hospitals and health facilities

The MDCNA appointed healthcare professionals to inspect hospitals and health facilities for the training of Medical and Dental Interns/students in terms of the Act. The inspectors for the dental profession inspected one (1) hospital and three (3) private dental facilities for the training of dental interns, while the inspectors for the medical profession inspected six (6) hospitals for the training of medical interns.

Tables 15 and 16 below indicate the health facilities inspected for dental interns.

14 Section 12 (6)

15 Section 16 (2).

16 Section 55(1).

Table 15: State hospitals and private facilities inspected to train dental interns

FACILITY NAME	INSPECTION DATE	REGION	OUTCOME
Katima Mulilo District Hospital	16 April 2024	Zambezi	Approved for two (2) interns per year.
Olympia Dental Facility	6 March 2025	Khomas	Approved for four (4) interns per year.
Dr Wessley Mouton Dental Facility	7 March 2025	Khomas	Approved for five (5) interns per year.
Dr. D.A. Kock Dental Facility	14 March 2025	Erongo	Approved for five (5) interns per year.

Comments:

- The facilities that only offer Minor Oral Surgery, Prosthodontics, Preventative Orthodontics, Restorative Dentistry and Periodontics had to ensure that interns do Community Dentistry and Maxillofacial at approved training facilities.

The following hospitals were inspected to train medical interns:

Table 16: State hospitals inspected to train medical interns

FACILITY NAME	INSPECTION DATE	REGION	OUTCOME
Swakopmund and Walvis Bay District Hospital Complex	27 May 2024	Erongo	The hospital was approved to continue training forty (40) interns per year.
Intermediate Hospital Rundu (including Nankudu District Hospital)	29 May 2024	Kavango East	The hospital's intake capacity was approved to increase from forty (40) to fifty (50) interns per year.
Outapi District Hospital	22 July 2024	Omusati	The hospital was approved to train six (6) Interns per year.
Intermediate Hospital Oshakati (including Engela District Hospital)	2 September 2024	Oshana	The hospitals were approved to continue training one hundred and thirty-two (132) Interns per year.
Onandjokwe Intermediate Hospital	3 September 2024	Oshikoto	The hospital was approved to continue training ninety-eight (98) Interns per year.
Windhoek Central Hospital & Intermediate Katutura Hospital	5 September 2024	Khomas	The hospitals were approved to continue training three hundred and two (302) Interns per year.

Comments:

- Outapi District Hospital was inspected for the first time and approved as a satellite training facility for the Intermediate Hospital Oshakati to train medical interns in the Family Medicine/Primary Care domain.
- Engela District Hospital was inspected for renewal of training status as a satellite training facility for the Intermediate Hospital Oshakati to train medical interns in the Family Medicine/Primary Care domain.
- Intermediate Hospital Oshakati, Intermediate Hospital Onandjokwe, Intermediate Hospital Rundu, Windhoek Complex and Swakopmund and Walvis Bay District Hospitals Complex were inspected for the renewal of their training status.

5. APPLICATIONS FOR REGISTRATION

The Act[17] provides that no person is entitled to practice a profession within Namibia unless that person is registered in terms of the Act. Any person who wishes to be registered with the MDCNA must apply to the Registrar[18] Table 17 below indicates the number of applications for registration received.

Table 17: Applications received per professional category

NO.	DISCIPLINE	RECEIVED	PENDING	FINALISED
1	Anaesthesiologists	2	-	2
2	Biomedical Engineers	10	-	10
3	Dental Interns	22	-	22
4	Dental Students in practical training	4	-	4
5	Dental Students	17	-	17
6	Dentists	44	1	43
7	Dermatologists	3	1	2
8	Diagnostic Radiologists	4	-	4
9	Gastroenterologist	1	-	1
10	Medical Interns	174	-	174
11	Medical Practitioners	237	1	236
12	Medical Students	98	-	98
13	Medical Students in Practical Training	71	-	71
14	Nephrologist	1	-	1
15	Neurologist	1	-	1
16	Neurosurgeons	2	-	2
17	Obstetricians & Gynaecologists	2	-	2
18	Orthopaedic Surgeon	1	-	1
19	Otorhinolaryngologists	2	-	2
20	Paediatricians	3	-	3
21	Physicians	3	-	3
22	Plastic & Reconstruction Surgeon	1	-	1
23	Specialist in Gynaecological Oncology	1	-	1
24	Specialist in Emergency Medicine	1	-	1
25	General Surgeons	2	-	2
Total		**707**	**3**	**704**

17 Section 17.

18 Section 19

Comments:

- A total number of seven hundred and seven (707) applications were received, consisting of applications for registration, restorations, certificates of status, temporary registrations, additional qualifications, and extracts from the registers.
- A total of three (3) applications were pending as they were incomplete.
- Applications finalised were either for registration granted or declined due to non-compliance with the requirements, names restored to the register, approved candidates for evaluation or certificate of status and extract from the register issued.
- The highest number of applications received was for registration as medical practitioners, amounting to two hundred and thirty-seven (237).

6. REGISTERS KEPT

The Act requires the MDCNA to keep the registers of registered persons.[19] The MDCNA must also continue to keep the registers which were kept before the commencement date in terms of the provisions of any law repealed by Section 65, and which registers relate to the persons required to be registered to practice certain professions in terms of the Act.

The primary means of regulating any profession is through its register. This register comprises individuals with recognised expertise, skills, established standards, and ethical integrity, whose names are listed on a statutory register that is publicly accessible for transparency and accountability.

Admission to the register as provided for under the Act is strictly controlled. The Act also sets out key provisions regarding the process of admission to the register, the maintenance of registration[20] as well as the removal[21] and restoration of a name to the register.[22] These registers are available for public inspection during normal office hours at the MDCNA office.

6.1 Registered Practitioners

Table 18 below indicates the number of practitioners registered during the period under review.

Table 18: Total number of registered practitioners per discipline

NO	DESIGNATION	2024/2025	2023/2024	2022/2023
1	Biomedical Engineers	5	1	-
2	Dental Interns	66	20	15
3	Dental Students	18	20	21
4	Dental Students in Practical Training	5	12	27
5	Dental Therapists	3	-	-
6	Dentists	53	30	37
7	Maxillo-facial and Oral Surgeons	-	2	-

19 Section 23.
20 Section 26.
21 Section 24.
22 Section 25

NO	DESIGNATION	2024/2025	2023/2024	2022/2023
8	Medical Assistants	-	1	1
9	Medical Biological Scientists	-	-	1
10	Medical Interns	169	280	315
11	Medical Practitioners	259	176	186
12	Anaesthesiologists	3	18	23
13	Dermatologists	-	1	2
14	Diagnostic Radiologists	4	4	6
15	Family Physicians	-	-	3
16	Neurologists	1	-	-
17	Neurosurgeons	2	-	2
18	Obstetricians and Gynaecologists	2	14	14
19	Ophthalmic Clinical Officer	1	3	-
20	Ophthalmologists	-	1	2
21	Orthopaedic Surgeons	1	5	4
22	Otorhinolaryngologists	3	1	2
23	Paediatrics Surgeon	1	-	1
24	Paediatricians	2	2	15
25	Pathologists (Anatomical)	1	-	3
26	Pathologist (Clinical)	-	-	1
27	Physicians	6	12	9
28	Plastic & Reconstructive Surgeons	-	1	2
29	Psychiatrists	2	4	2
30	Radiation Oncologists	-	-	2
31	Specialists in Emergency Medicine	1	-	2
32	Specialists in Nuclear Medicine	-	-	2
33	General Surgeons	2	11	11
34	Urologists	2	3	3
35	Medical Scientists	1	1	-
36	Medical Students	100	119	102
37	Medical Students in Practical Training	48	92	16
39	Oral Hygienists	2	-	5
Grand Total		**763**	**832**	**837**

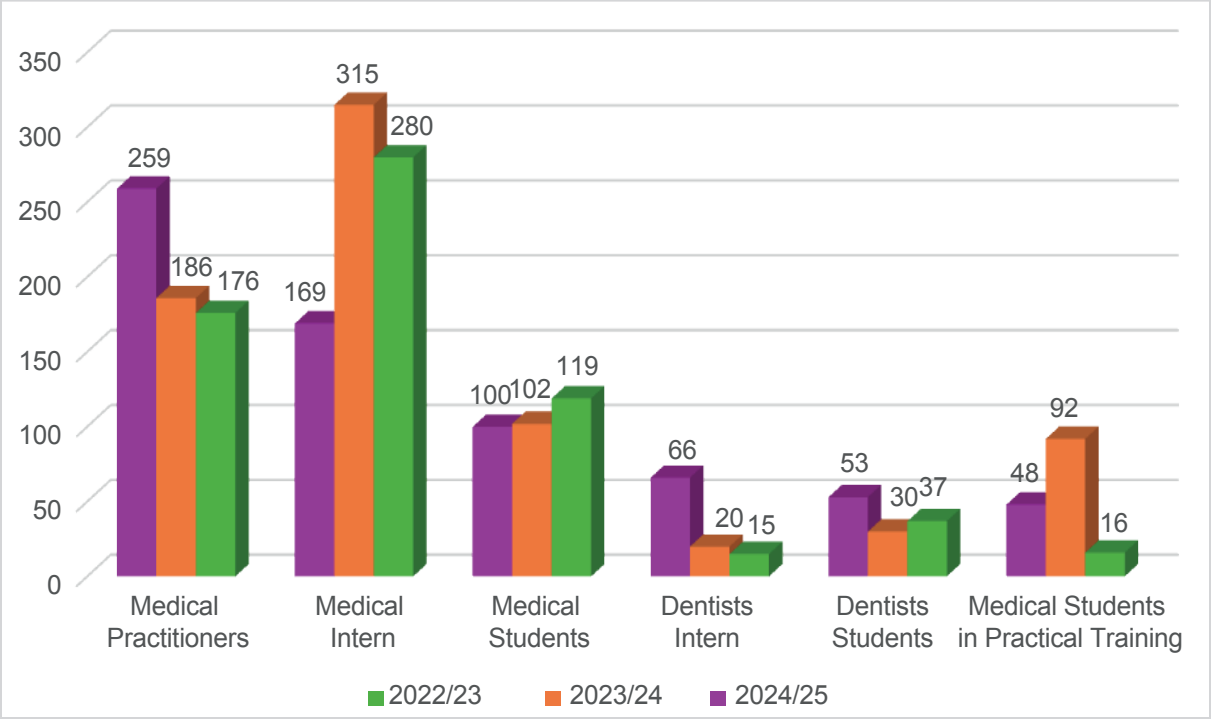
Comments:

- A total number of seven hundred and sixty-three (763) were registered during the period, including practitioners for full registration, restoration, and temporary registration.

- The total number of registered practitioners declined over the three years, with a significant drop between 2023/2024 and 2024/2025.
- Dental interns increased significantly from fifteen (15) (2022/23) to sixty-six (66) (2024/25); this may indicate higher graduates' output and expansion of internship sites.
- A total of five (5) Biomedical Engineers were registered during the period. This may have been attributed to greater awareness of the registration process or requirements for this profession.
- The number of Dentists registered increased from thirty-seven (37) (2022/23) to fifty-three (53) (2024/25), suggesting growth in qualified dental professionals.
- The number of Medical Practitioners registered increased from one hundred and eight-six (186) (2022/23) to two hundred and fifty-nine (259) (2024/25). This is possibly from a high number of interns completing their internships.
- There was a sharp decline in the number of Medical Interns from three hundred and fifteen (315) (2022/23) to one hundred and sixty-nine (169) (2024/25). This could signal reduced intakes or saturation of internship slots.
- Specialist practitioners such as Neurosurgeons, Radiation Oncologists, Specialists in Nuclear Medicine, and Dermatologists remain low in number, and this might reflect a national shortage.

Figure 1 below illustrates the top six (6) disciplines registered during 2024/25 compared to 2023/24 and 2022/23.

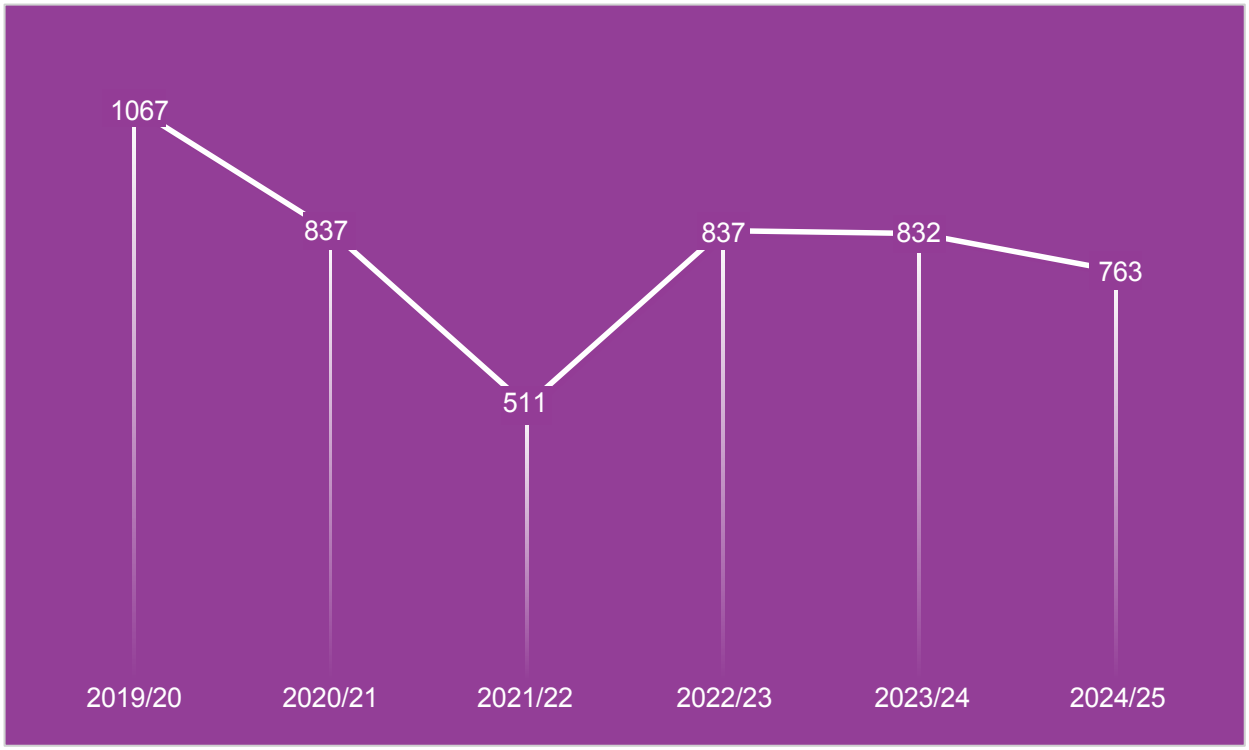
Figure 1: Comparison of the highest six (6) disciplines registered in 20242/25 to 2023/24 and 2022/23



Comments:

- A total of two hundred and fifty-nine (259) Medical Practitioners were registered in 2024/2025, showing a steady growth, especially between 2023/24 and 2024/25.
- One hundred and sixty-nine (169) Medical Interns were registered in 2024/25, showing a significant decline.
- During the reporting period, Medical Practitioners, Dental Interns and Dentists increased when compared to the previous years. This may indicate an expansion in the workforce or a possible successful professional progression.
- However, there has been a sharp drop in Medical Interns registered during the reporting period.
- Medical students and students in practical training show varied trends, with a drop during the reporting period possibly reflecting reduced enrolments.
- The number of Medical Practitioners and Dentists who were registered included those who underwent an evaluation and those who were exempted from the evaluations because they completed their internships in Namibia.

Figure 2: Practitioners registered during the past six (6) years



Comment:

- There was a slight decline in practitioners registered during 2024/25 compared to the previous two (2) years.

Table 19 below shows a cumulative number of practitioners on the register per discipline by the end of March 2025.

Table 19: Number of practitioners on the registers

NO	DESIGNATION	REGISTERED
1	Biomedical Engineers	7
2	Dental Interns	65
3	Dental Students	102
4	Dental Students in Practical Training	7
5	Dental Technicians	27
6	Dental Technologists	11
7	Dental Therapists	53
8	Dentists	341
9	Maxillo-facial and Oral Surgeons	10
10	Orthodontists	3
11	Oral Medicine and Periodontist	1
12	Oral Hygienists	34
13	Medical Assistants	2
14	Rural Medical Aid	2
15	Medical Students	672
16	Medical Students in Practical Training	95
17	Medical Interns	470
18	Medical Practitioners	1694
19	Anaesthesiologists	83
	Specialist in Critical Care	2
20	Cardiothoracic Surgeons	4
21	Dermatologists	14
22	Diagnostic Radiologists	46
23	Family Physicians	27
24	Neurologists	5
25	Neurosurgeons	12
26	Obstetrician and Gynaecologists	71
	Specialist in Maternal and Foetal Medicine	1
	Specialist in Reproductive Medicine	1
27	Ophthalmologists	21
28	Orthopaedic Surgeons	32
29	Otorhinolaryngologists	13
30	Paediatric Surgeons	4
31	Paediatricians	37
	Medical Oncologist	1
	Neonatologist	1

	Nephrologist	1
	Paediatric Cardiologists	4
	Pulmonologists	2
	Specialists in Critical Care	2
31	Pathologists (Anatomical)	17
32	Pathologist (Chemical)	1
33	Pathologists (Clinical)	7
34	Pathologists (Forensic)	2
35	Pathologists (Haematological)	4
36	Pathologists (Microbiological)	2
37	Physicians	46
	Cardiologists	8
	Clinical Haematologists	2
	Gastroenterologists	3
	Nephrologists	4
	Pulmonologists	2
	Rheumatologist	1
	Specialist in Infectious Diseases	1
38	Plastic and Reconstructive Surgeons	5
39	Psychiatrists	19
40	Radiation Oncologists	10
41	Specialists in Emergency Medicine	6
42	Specialists in Nuclear Medicine	3
43	Surgeons	60
	Gastroenterologists	2
	Trauma Surgeon	1
	Vascular Surgeons	2
44	Urologists	16
45	Medical Scientists	5
46	Medical Biological Scientists	7
47	Medical Physicists	5
48	Ophthalmic Clinical Officers	23
TOTAL REGISTERED		**4244**

Comment:

- Designations written in italics are subspecialties of associated specialties.

6.2 Removal of names from the registers

The removal from the register can happen voluntarily or involuntarily**.**

6.2.1 Voluntary Removal

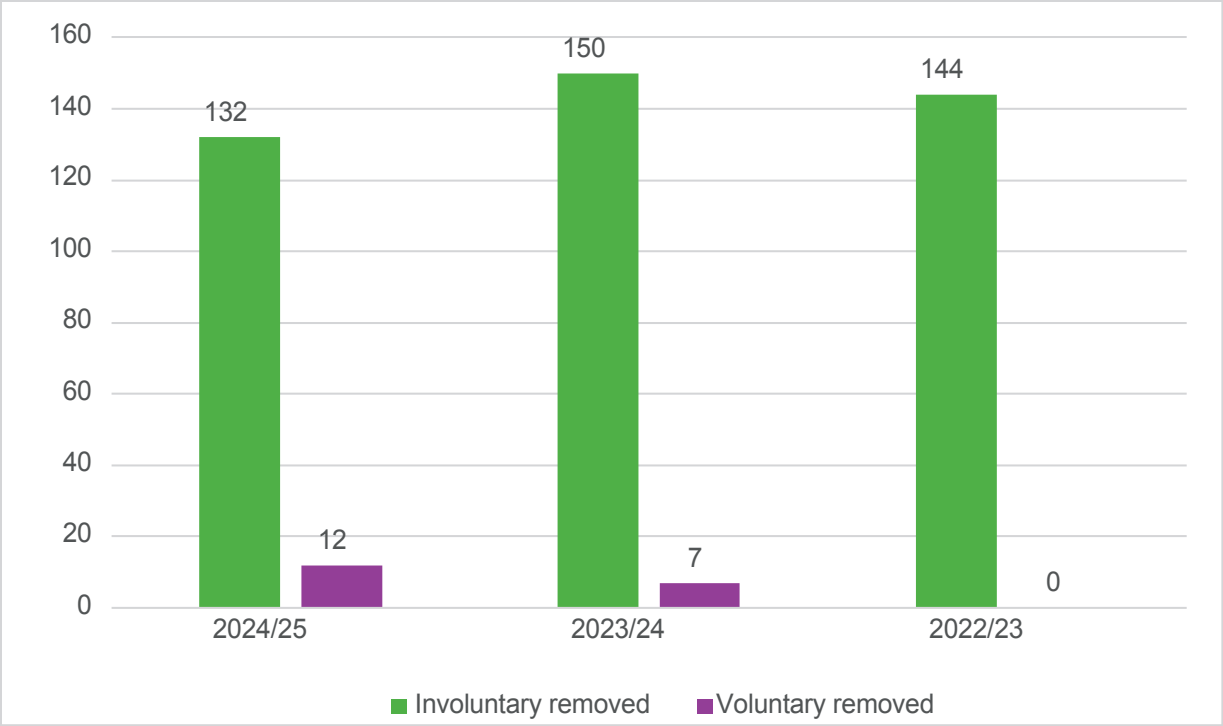
According to Section 24 of the Act, the MDCNA may remove from the register the name of any registered person who has requested in writing that his or her name be removed from the register. The names of twelve (12) practitioners were voluntarily removed from the relevant register during the year under review.

6.2.2 Involuntary removal of names from the registers

Section 24 of the Act provides that the MDCNA may remove from the register the name of any registered person who has failed to pay to the MDCNA on or before the 31st of March of the year under which the concerned annual fees are due. The names of one hundred and thirty-two (132) practitioners were removed from the relevant registers due to non-payment of annual maintenance fees.

Figure 3 below illustrates the total number of names removed involuntarily and voluntarily from the relevant registers in 2024/25 compared to the past two (2) years.

Figure 3: Removal of names from registers in 2024/25 compared to the past two (2) years



Comments:

- The names of practitioners who were involuntarily removed from the registers during the 2024/25 reporting year declined when compared to the previous two (2) years.
- The names of practitioners who were voluntarily removed from the register during the reporting period increased from zero in 2022/23 to twelve (12) in 2024/25. This suggests a growing number of practitioners who chose to leave the register.

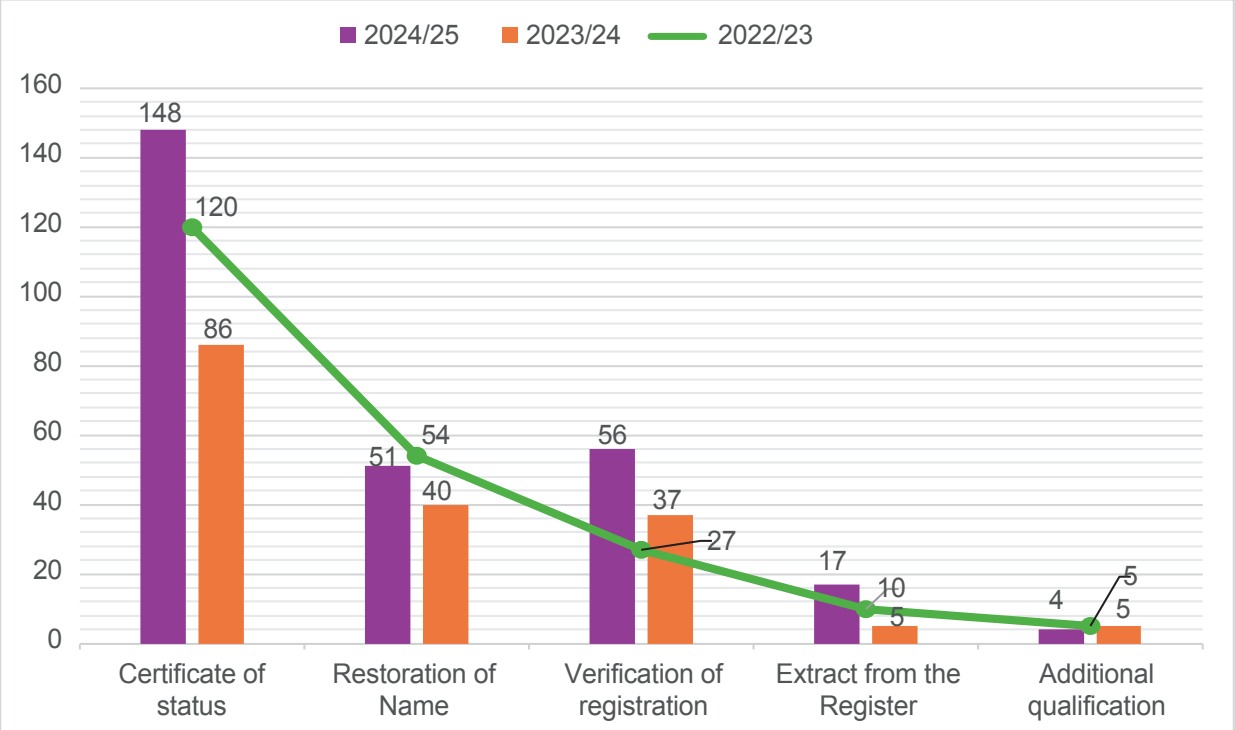
7. OTHER APPLICATIONS HANDLED BY THE MDCNA

The following applications were also handled by the MDCNA:

- Registration for additional qualifications in terms of Section 31 of the Act.
- Restoration of names to the registers in terms of Section 25 of the Act.
- Extract from the registers in terms of Section 28 of the Act.
- Certificate of status in terms of Section 28 of the Act.
- Verification of registration.

Figure 4 below indicates other applications handled by the MDCNA:

Figure 4: Other applications handled by the MDCNA



Comments:

- A total of one hundred and forty-eight (148) certificates of status were issued to practitioners. The demand **for certificates of status** has **increased significantly** in 2024/25, indicating either higher mobility, need for verification, or compliance with requirements for registration outside Namibia.
- A total of fifty-one (51) names of practitioners were restored to the registers after removal due to non-payment of the annual fees.
- Verifications of registration status were made at the request of the Educational Commission for Foreign Medical Graduates in the United States of America and The Dataflow Group.
    - **Verification of registration** and **restoration of name** requests increased moderately.

- Extracts from the register were issued to practitioners who may have lost their original certificates of registration.
- Only four (4) applications for additional qualification were registered.
    - **Requests for extracts** and **additional qualifications** remain low but show **slight variation**, possibly due to their specialised or less frequent nature.

8. AUTHORISATION TO PRACTISE PROFESSIONS IN EMPLOYMENT OF THE STATE

Under Section 62(4) of the Act, the Minister may, upon consultation with the MDCNA, grant written authorisation to a person to practise a profession in the employment of the State, provided that the applicant having applied in terms of subsection (2) meets the prescribed conditions and any additional requirements as may be determined by the Minister in a specific case. During the reporting period, the MDCNA processed a total of fifteen (15) applications for such authorisation.

9. HEALTH PROFESSIONS COUNCIL OF NAMIBIA

The Health Professions Act No. 16 of 2024 (the Act) was published under Government gazette No. 8550 of 30 December 2024 and came into effect on the 20th of March 2025.

This Act establishes a single entity, the Health Professions Council of Namibia (HPCNA), replacing the existing five (5) Health Professions Councils. The HPCNA now serves as the overarching body responsible for regulating health professions in Namibia. Additionally, five (5) Professional Boards were established under Section 13 of the Act.

According to Section 15 of the Act, members who were appointed or whose terms were extended under the repealed Acts before the commencement of the Act are considered to have been appointed by the HPCNA from the date the Act came into effect. These appointments are valid for a period of five (5) years, corresponding to their respective Boards.

Subsequently, members of the former MDCNA were appointed to serve on the Medical and Dental Board (MDB). The Act also reassigns the professional categories of Dental Therapists, Dental Technologists, and Dental Technicians under the regulatory oversight of the MDB. Consequently, Mr. Marchin Kevin Mouton, a Dental Technologist and Dental Therapist, was transferred from the former Allied Health Professions Council to the MDB, per the new legislative framework.

10. CHALLENGES

A persistent shortage of approved internship training facilities for Medical and Dental Interns continues to pose a significant challenge, resulting in prolonged waiting periods for many eligible graduates before they can be placed for internship training.

Additionally, delays in the assessment and evaluation processes frequently result in the late registration of practitioners, thereby extending the overall timeframe required to process applications from initial submission to final registration. This not only affects timely entry into the registers but also highlights the need for more efficient administrative procedures.

The appointment process of the Ministry of Health and Social Services often delays the commencement of the internship, resulting in a significant gap between the date of registration and the actual start of the internship.

11. CONCLUSION

The MDB is committed to ensuring that all individuals seeking to practice in Namibia possess and sustain the requisite professional knowledge, skills, and competencies through regulated education and the structured practice of all professions governed by the Act. In fulfilling this mandate, the MDB has demonstrated tangible and effective delivery.

NURSING COUNCIL OF NAMIBIA (NCNA)

1. INTRODUCTION

The NCNA is established in terms of the Nursing Act, Act No. 8 of 2004 ("The Nursing Act"). The NCNA regulates the practice of five (5) professional categories, namely: Registered Nurse and Midwife/ Accoucheur, Registered Nurse, Registered Midwife/Accoucheur, Enrolled Nurse and Midwife/Accoucheur and Nursing Auxiliary.

The NCNA also exercises authority over all matters affecting the education and training of persons to be registered and enrolled under the Nursing Act.

1.1 NCNA Members

Prof. Louise Pretorius[23].

Mr. Gebhardo S. Timotheus.[24]

Ms. Loini N. Nangombe.

Ms. Popyeni Shigwedha.

Ms. Francina Tjituka.

Mr. Petrus Kawiyu Shingandji.

Prof. Pilisano Masake.

Mr. William Bongani //Garoeb.

2. SUMMARY OF NCNA ACTIVITIES

During the period under review, the following activities were carried out:

2.1 Meetings

In line with the provisions of the Nursing Act, the NCNA convened meetings to deliberate on matters within its mandate.

Table 20: Council meetings

DATE OF MEETINGS	TOTAL NUMBER OF MEMBERS	MEMBERS ATTENDED
6th of September 2024	8	8
4th December 2024	8	8
11th of March 2025	8	7

23 President

24 Vice- President

2.1.1 Executive Committee meetings

The Executive Committee (ExCom) exercises its powers and functions of the NCNA between its meetings.

EXCOM members

1. Prof. Louise Pretorius.
2. Mr. Gebhardo Timoteus.
3. Ms. Popyeni Shigwedha.
4. Mr. Petrus Shingandji.

Two ExCom meetings were held during the period under review.

Table 21: ExCom meetings

DATE OF MEETINGS	TOTAL NUMBER OF MEMBERS	MEMBERS ATTENDED
24th of May 2024	4	4
31st of October 2024	4	4

2.1.2 Education Committee (EduCom)

The *EduCom* advises the NCNA on matters relating to qualifications, education, and training in terms of the Nursing Act.

2.2.1 EDUCOM members

Prof. Louise Pretorius.

Prof. Stephanie van der Walt.

Dr. Kopano Robert.

Dr. Panduleni Shimanda.

Ms. Loini Nangombe.

Ms. Popyeni Shigwedha.

Ms. Hambeleleni Petrus.

Table 22: EduCom meetings

DATE OF MEETINGS	TOTAL NUMBER OF MEMBERS	MEMBERS ATTENDED
24th of May 2024	7	7
25th of April 2024	7	7
03rd of May 2024	7	7
30th of August 2024	7	7
22nd of November 2024	7	7
31st of January 2025	7	7

The tables above indicate that meetings were held, in compliance with the provision of the Nursing Act. Three (3) were NCNA meetings, two (2) were ExCom meetings, and six (6) were EduCom meetings.

2.3 NCNA Resolutions

The NCNA takes decisions during meetings in the form of resolutions for purposes of performing its duties or functions and exercising its powers in terms of the Nursing Act. Therefore, the NCNA took a number of resolutions during the reporting period, as indicated in Table 4 below, and the execution of those resolutions is also indicated in the same table.

Table 23: Resolutions made by the NCNA

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED
33	33

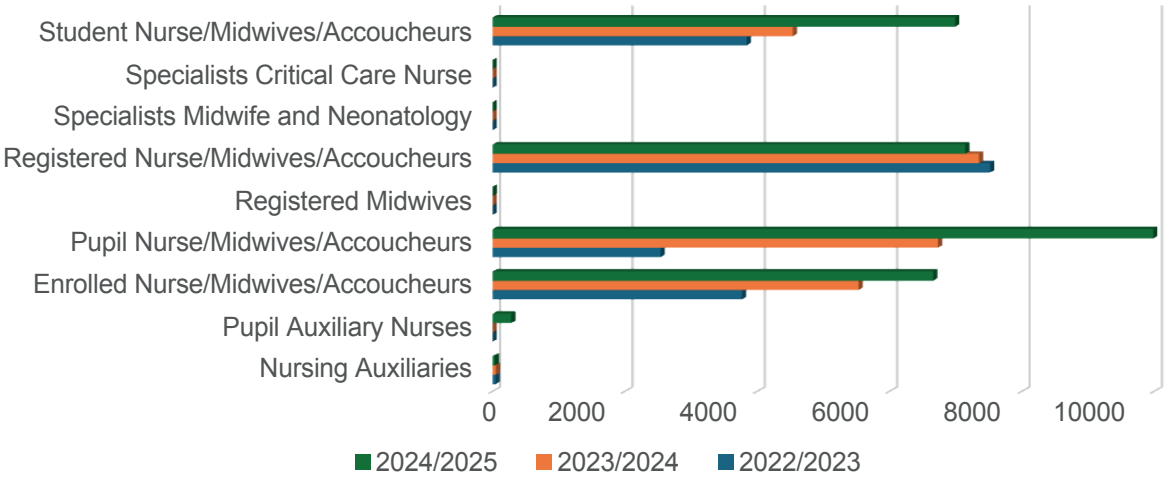
2.2 Registers and /or Rolls kept

Admission to the register and roll as provided for under the Nursing Act, is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register (Section 25), the maintenance of registration (Section 28) and the removal (Section 26) or restoration of a name to the register (Section 27). These registers and rolls remain open during ordinary hours at the offices of the NCNA for inspection by any interested member of the public.

Table 24: Number of registrants on the register or roll for the three (3) years

CATEGORY	2022/2023	2023/2024	2024/2025
Nursing Auxiliaries	44	49	35
Pupil Auxiliary Nurses	0	0	284
Enrolled Nurse and Midwives/Accoucheurs	3770	5530	6662
Pupil Nurse and Midwives/Accoucheurs	2537	6731	9986
Registered Midwives	1	1	3
Registered Nurse and Midwives/Accoucheurs	5922	7355	7145
Specialist in Midwifery and Neonatology	1	1	1
Specialist in Critical Care Nursing	1	1	1
Student Nurse and Midwives/Accoucheurs	3839	4538	6992
TOTAL	**16, 526**	**24, 206**	**31, 118**

Graph 3: Trend of registrants per register and practitioners: 2022/2023, 2023/2024 and 2024/2025



Overall, there is an increase in the number of Student Nurses and Midwives/Accoucheurs and Pupil Nurses registered across the three fiscal years 2022/2023 to 2024/2025.

2.2.1 Pupil and Student Nurse and Midwife/Accoucheur applications received during the reporting period.

The NCNA is mandated to ensure that all persons who are registered or enrolled to undertake nursing and midwifery training at approved training institutions in Namibia are registered or enrolled as Student Nurses and Midwives/Accoucheurs or Pupil Nurses and Midwives/Accoucheur with the NCNA. This exercise is done biannually at the beginning of the training institution's academic year.

Table 25: Enrolment of Pupil Nurses and Midwives/Accoucheurs and registration of Student Nurses and Midwives /Accoucheurs per educational institution

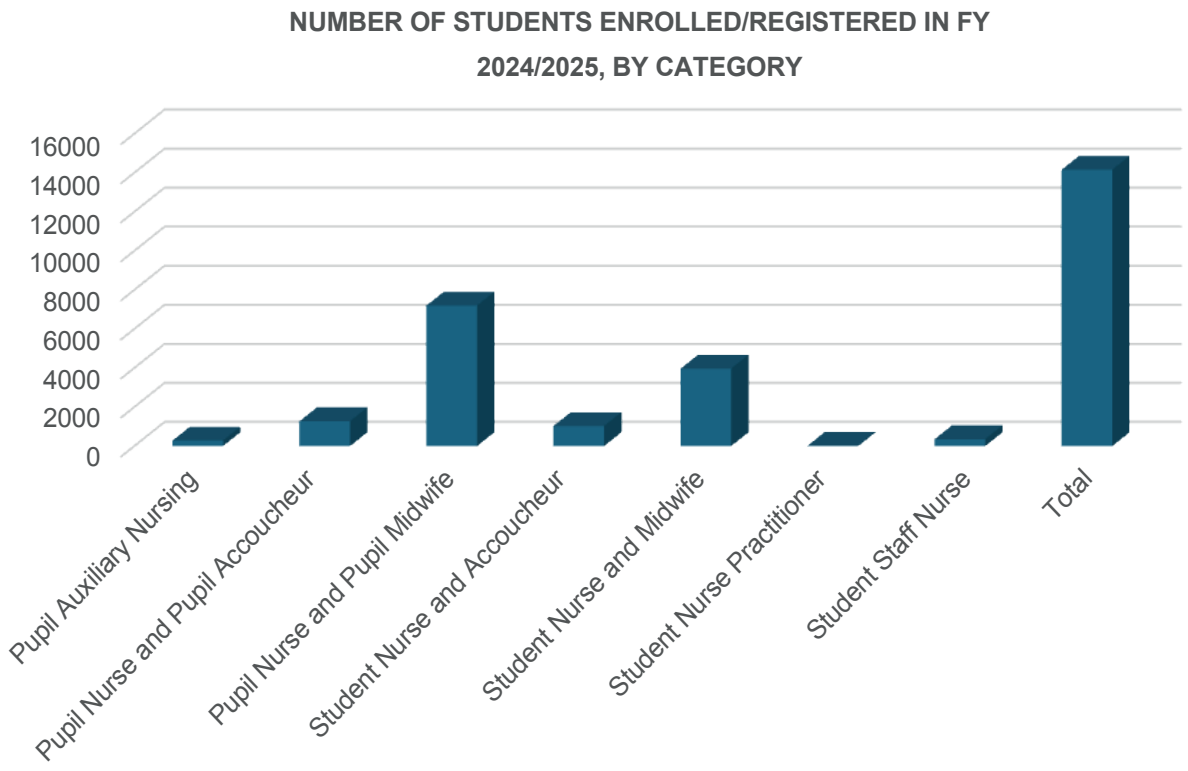
EDUCATIONAL INSTITUTION	PROGRAMME	NUMBER OF PUPILS	NUMBER OF STUDENTS
Alba Chipamba Training Centre (Oshikango)	Certificate in Enrolled Nursing & Midwifery Science	81	0
Alba Chipamba Training Centre (Rundu)	Certificate in Enrolled Nursing & Midwifery Science	90	0
	Bachelor's Degree in Nursing & Midwifery Science	0	90
Alba Chipamba Training Centre (Walvis Bay)	Certificate in Enrolled Nursing & Midwifery Science	32	0
	Bachelor's Degree in Nursing & Midwifery Science	39	2
Atlantic Training Institution (Oshakati)	Certificate in Enrolled Nursing & Midwifery Science	259	0
Atlantic Training Institution (Windhoek)	Certificate in Enrolled Nursing & Midwifery Science	289	0

D'Expert Varsity Institute (Rundu)	Certificate in Auxiliary Nurse	29	0
	Certificate in Enrolled Nursing & Midwifery Science	52	0
D'Expert Varsity Institute (Walvis Bay)	Certificate in Auxiliary Nurse	106	0
	Certificate in Enrolled Nursing & Midwifery Science	71	0
D'Expert Varsity Institute (Windhoek)	Certificate in Auxiliary Nurse	79	0
	Certificate in Enrolled Nursing & Midwifery Science	50	0
Essence Health Care Academy	Certificate in Enrolled Nursing & Midwifery Science	81	0
Eureka Medical Institute (Rundu)	Certificate in Auxiliary Nurse	34	0
	Certificate in Enrolled Nursing & Midwifery Science	53	0
Higher Ground Training College (Omuthiya)	Certificate in Enrolled Nursing & Midwifery Science	21	0
	Bachelor's Degree in Nursing & Midwifery Science	0	17
I-Care Training Institute (Ondangwa)	Certificate in Auxiliary Nurse	47	0
	Certificate in Enrolled Nursing & Midwifery Science	293	0
	Bachelor's Degree in Nursing & Midwifery Science	0	50
I-Care Training Institute (Karasburg)	Certificate in Auxiliary Nurse	23	0
	Certificate in Enrolled Nursing & Midwifery Science	168	0
I-Care Training Institute (Swakopmund)	Certificate in Auxiliary Nurse	36	0
	Certificate in Enrolled Nursing & Midwifery Science	251	0
	Bachelor's Degree in Nursing & Midwifery Science	0	52
I-Care Training Institute (Windhoek)	Certificate in Auxiliary Nurse	98	0
	Certificate in Enrolled Nursing & Midwifery Science	292	0
	Bachelor's Degree in Nursing & Midwifery Science	54	140
International University of Management (Eenhana)	Bachelor's Degree in Nursing & Midwifery Science	0	50
International University of Management (Windhoek)	Bachelor's Degree in Nursing & Midwifery Science	0	50
Nursing Training Institute of Technology	Certificate in Enrolled Nursing & Midwifery Science	137	0
PMT Health Care Institution (Ongwediva)	Certificate in Enrolled Nursing & Midwifery Science	16	0

PMT Health Care Institution (Rundu)	Certificate in Enrolled Nursing & Midwifery Science	21	0
PMT Health Care Institution (Windhoek)	Certificate in Enrolled Nursing & Midwifery Science	71	0
River Higher Institute of Technology	Bachelor's Degree in Nursing & Midwifery Science	0	12
Shiramed Medical Institute (Pty)Ltd	Certificate in Enrolled Nursing & Midwifery Science	96	0
	Bachelor's Degree in Nursing & Midwifery Science	0	97
Symanek Training Academy (Okahandja)	Certificate in Auxiliary Nurse	46	0
Triumphant College (Windhoek)	Bachelor's Degree in Nursing & Midwifery Science	0	41
University of Namibia (Windhoek)	Bachelor's Degree in Nursing & Midwifery Science	0	78
University of Namibia (Oshakati)	Bachelor's Degree in Nursing & Midwifery Science	0	97
University of Namibia (Rundu)	Bachelor's Degree in Nursing & Midwifery Science	0	69
University of Namibia (Keetmanshoop)	Bachelor's Degree in Nursing & Midwifery Science	0	45
Welwitchia University (City Campus)	Certificate in Enrolled Nursing & Midwifery Science	123	0
	Bachelor's Degree in Nursing & Midwifery Science	0	138
Welwitchia University (Katima Mulilo)	Certificate in Enrolled Nursing & Midwifery Science	125	0
	Bachelor's Degree in Nursing & Midwifery Science	0	83
Welwitchia University (Kombat)	Certificate in Enrolled Nursing & Midwifery Science	132	0
	Bachelor's Degree in Nursing & Midwifery Science	0	158
Welwitchia University (Lafrenz Township)	Certificate in Enrolled Nursing & Midwifery Science	99	0
	Bachelor's Degree in Nursing & Midwifery Science	0	112
Welwitschia University (Nkurenkuru)	Certificate in Enrolled Nursing & Midwifery Science	121	0
	Bachelor's Degree in Nursing & Midwifery Science	0	115
Welwitschia University (Outapi)	Certificate in Enrolled Nursing & Midwifery Science	133	0

Welwitschia University (Walvis Bay)	Certificate in Enrolled Nursing & Midwifery Science	140	0
	Bachelor's Degree in Nursing & Midwifery Science	0	127
TOTAL NUMBER OF PUPIL NURSES ENROLLED	Certificate in Enrolled Nursing & Midwifery Science	3888	-
TOTAL NUMBER OF STUDENT NURSES REGISTERED	Bachelor's Degree in Nursing & Midwifery Science	-	1623
TOTAL NUMBER OF PUPILS / STUDENTS REGISTERED		**5511**	

Graph 4: Enrolment and registration of Pupil Nurse and Student Nurse /Midwife/Accoucheur



During FY 2024/2025, there were more Pupil Nurses and Midwives/Accoucheurs enrolled compared to other categories of students.

2.2.2 Registration/Enrolment of Nurses and Midwifery Practitioners

During the period under review, notifications of completions were received from training institutions for enrolment and registration of the graduating Pupil Nurses and Midwives/Accoucheurs and Registered Student Nurses and Midwives/Accoucheurs as practitioners.

Table 26: Enrolment and registration of graduating Pupil Nurses and Midwives/Accoucheurs and Student Nurses and Midwives/Accoucheurs practitioner graduates per educational institutions

EDUCATIONAL INSTITUTIONS	STAFF NURSES	NURSE MIDWIVES/ACCOUCHEURS PRACTITIONERS
Alba Chipamba: three (3) campuses	252	0
D'Expert Varsity Institute: three (3) campuses	106	0
Eureka Medical Institute: two (2) campuses	19	0
I-Care Health Training Institute: four (4) campuses	464	0
International University of Management: one (1) campus	0	52
PMT Health Care Institution: three (3) campuses	111	0
Shiramed Medical Institute (Pty) Ltd	135	37
Welwitchia University: eighty (8) campuses	488	193
University of Namibia: three (4) campuses	0	328
TOTAL	**1575**	**610**

3 CONTROL OVER EDUCATION, TUITION, AND TRAINING

The Nursing Act provides that any person or educational institution intending to offer the education, tuition, and training to practice nursing must apply to the NCNA in writing before offering such education, tuition, and training. Table 8 shows the curricula that were received for approval during the reporting period.

Table 27: Curricula received for approval

NO.	EDUCATIONAL INSTITUTION	QUALIFICATION	STATUS
1.	Atlantic Training Institution	Bachelor's in Nursing and Midwifery Science	Pending
2.	Adex Imperial Training Institute	Certificate in Auxiliary Nursing	Refused
3.	EDI Health Institute	Certificate in Auxiliary Nursing	Approved
4.	Keamogetse Health Training Centre	Certificate in Auxiliary Nursing	Refused
5.	Shannah College	Bachelor's in Nursing and Midwifery Science	Refused
6.	Mayfield University	Diploma in Enrolled Nursing & Midwifery Science	Refused
		Bachelor of Nursing and Midwifery Science	Refused
7.	University of Namibia	Postgraduate Diploma in Ophthalmic Nursing	Pending
		Postgraduate Diploma in Oncology Nursing	Pending
		Postgraduate Diploma in Anaesthetic Nursing	Pending
		Postgraduate Diploma in Palliative Nursing Care	Pending
		Postgraduate Diploma in Nursing Science Infection Control	Pending

4 OTHER SERVICES RENDERED BY THE COUNCIL

The NCNA is required to render other services to practitioners and other key stakeholders. Indicated in the table below are other services provided to practitioners and key stakeholders during the period under review.

Table 28: Other services rendered by Council NCNA

SERVICES RENDERED	TOTAL
Registered / Enrollment Certificates issued	9418
Registration of Additional Qualifications	76
Application for the Approval of Health Facilities	5
Application for the Approval of Training Facilities	3
Confirmation of Registration Status	46
Certificates of Status Issued	102
Extracts from the Register / Roll Issued	36
Reprint of Practicing Cards	320
Involuntary Removal from Register / Roll	602
Voluntary Removal from Register / Roll	13
Restoration of a Name to the Register / Roll	366
Ethics & Jurisprudence Manuals Sold	2021
Ethical Guidelines Sold	6
Namibian Standard Treatment Guidelines Sold	1340

4.1 Distinguishing devices

The NCNA is mandated in terms of the Nursing Act to sell distinguishing devices such as epaulettes, bars and badges to practitioners registered and enrolled under this Act. Table 29 below indicates the number of distinguishing devices sold to practitioners during the reporting period.

Table 29: Distinguishing devices sold

DISTINGUISHING DEVICES SOLD	
Epaulettes	3102
Badges	2881
Green Bars	1121
Yellow Bars	907
Black Bars	64
White Bars	41
Silver Bars	27
TOTAL	**11510**

5. CONCLUSION

The NCNA ensured that all persons aspiring to practice healthcare professions in Namibia have acquired and maintained the required professional knowledge, skills, and competency. This was done through regulating the education and practice of all persons falling under this Act.

PHARMACY COUNCIL OF NAMIBIA (PCNA)

1. INTRODUCTION

The PCNA was established under Section 3(1) of the Pharmacy Act No. 9 of 2004 (the Act) to regulate and advance the pharmacy profession in Namibia. Its mandate is to ensure the safe, ethical, and effective practice of pharmacy in the interest of public health.

2. PCNA MEMBERS

The following eight (8) persons were appointed as members of the PCNA for a period of five (5) years:

- Dr. Bonifatius Siyuka Singu (President).
- Mr. Tuyambeka Paulus Mwandingi (Vice-President).
- Ms. Blandine Nangombe Meesher.
- Ms. Fransina Netumbo Nambahu.
- Ms. Frieda Shigwedha.
- Ms. Grace Penonghenda Nakalondo.
- Mr. Shafimana Shimakeleni.
- Ms. Tusano Cynthia Mukendwa-Haimbodi.

The PCNA is assisted in fulfilling its mandate by the Committees it establishes and the Secretariat.

3. COMMITTEES OF THE PCNA

The following are the Committees of the PCNA:

3.1 Executive Committee

Established in terms of Section 12 (1) of the Act, the Executive Committee (ExCom) exercises the powers and performs the duties or functions of the PCNA during the periods between the meetings of the PCNA.

Members

- Dr. Bonifasius Singu.
- Mr. Tuyambeka Mwandingi.
- Ms. Fransina Nambahu.
- Ms. Grace Nakalondo.
- Mr. Shafimana Shimakeleni.

3.2 Education Committee

Established in terms of Section 12 (4) of the Act to investigate and report to or advise the PCNA on any matter referred to it relating to education and the requirements pertaining to qualifications prescribed for the registration of persons under the Act.

Members

- Dr. Bonifasius Singu.
- Ms. Ester Hango.
- Mr. Fillemon Iyambo.
- Ms. Frieda Shigwedha.
- Ms. Irene Brinkmann.
- Dr. Salvatory Magesa.

3.3 Practice Committee

Established in terms of Section 12(6) of the Act to advise the PCNA on matters pertaining to the registration and conducting of pharmaceutical practices.

Members

- Mr. Barnabas Iitula.
- Ms. Ester Mvula.
- Ms. Fransina Nambahu.
- Ms. Grace Nakalondo.
- Mr. Johannes #Gaeseb.
- Ms. Renata Kolzing.
- Mr. Shafimana Shimakeleni.

3.4 Secretariat to the PCNA

To effectively execute its mandate, the PCNA relies on the support of its Secretariat to perform tasks related to the day-to-day operations of the PCNA. Within the department of Professional Affairs, the Secretariat consists of:

- Ms. Uanjengua Hoveka (Senior Manager: Professional Affairs).
- Mr. Malima Kapirika (Manager: PCNA).
- Mr. Thomas Shipushu (Assistant Manager: PCNA).
- Ms. Eveline Haingura (Administrative Officer: PCNA).

4. SUMMERY OF ACTIVITIES OF THE PCNA

This section summarizes the PCNA's key activities and the methods by which they were carried out during the reporting period.

4.1 Meeting of the PCNA and the Committees

During the reporting year, the PCNA convened four (4) meetings, including one (1) special meeting.

Table 30: Meetings of the PCNA and Committees during the 2024/25 fiscal year

MEETING	NUMBER OF MEETINGS	DATES OF MEETINGS	MEMBERS PRESENT	MEMBERS ABSENT
The PCNA	4	14 June 2024	7	1
		24 September 2024	7	1
		09 December 2024	7	1
		18 March 2025	8	0
Executive Committee	1	02 August 2024	5	0
Education Committee	3	16 May 2024	5	1
		20 October 2024	6	0
		27 February 2025	6	0
Practice Committee	4	24 May 2024	6	1
		03 September 2024	6	1
		08 November 2024	4	3
		14 March 2025	4	3

On 26 July 2024, the Practice Committee reviewed and provided recommendations on 16 agenda items through a round-robin process. A single item was considered and resolved by the PCNA through round-robin circulation on 11 April 2024.

Registrations and Approvals

Table 31: Total number of new registrations and approvals made during 2024/25 fiscal year

REGISTRATION TYPE	CATEGORY	NUMBER REGISTERED
Students	Student Pharmacist's Assistants	124
	Student Pharmaceutical Technicians	0
	Student Pharmacists	1
Practitioners	Pharmacist's Assistants	141
	Pharmaceutical Technicians	9
	Pharmacist Interns	53
	Pharmacists	87
Pharmacy practices	Hospital Pharmacies	0
	Community Pharmacies	19
	Wholesale Pharmacies	4

5. CURRICULA EVALUATIONS

The table below provides a summary of the curricula of foreign institutions evaluated during the year under review.

Table 32: Foreign curricula evaluated during 2024/25

INSTITUTION	QUALIFICATION	STATUS
Swaziland Christian University, Eswatini	Bachelor of Pharmacy Four (4) years	The curriculum does NOT meet the requirements of study for registration as Pharmacists.
University of Gondar, Ethiopia	Bachelor of Pharmacy Five (5) years	The curriculum meets the requirements of study for registration as Pharmacists.
Universal Medical and Business College, Ethiopia	Bachelor of Pharmacy Six (6) years	The curriculum does NOT meet the requirements of study for registration as Pharmacists.
Near East University, Cyprus	Master of Pharmacy Five (5) years	The curriculum meets the requirements of study for registration as Pharmacists.
Victor Babeş University of Medicine and Pharmacy of Timisoara, Romania	Bachelor of Pharmacy Five (5) years	The curriculum meets the requirements of study for registration as Pharmacists.

6. OTHER ACTIVITIES

The PCNA also rendered services related to the following applications:

- Relocation of pharmaceutical practices
- Restructuring of premises of pharmaceutical practices
- Changes of ownership of pharmaceutical practices
- Changes in the name of pharmaceutical practices
- Changes of Managing Directors/Members and Responsible Pharmacists
- Notifications of closures of pharmaceutical practices
- Issuing of certificates of status
- Voluntary and involuntary removal of names from the registers
- Restoration of names to the registers

Statistics of the PCNA

This part provides a summary of statistics on registers as at 31 March 2025.

Table 33: Total numbers of practitioners and pharmacy practices on the registers as at 31 March 2025

REGISTRATION TYPE	CATEGORY	TOTAL NUMBER ON REGISTER
Practitioners	Pharmacist's Assistants	553
	Pharmaceutical Technicians	47
	Pharmacist Interns	59
	Pharmacists	828
Pharmacy practices	Hospital Pharmacies*	8
	Community Pharmacies	280
	Wholesale Pharmacies	76

The number of hospital pharmacies does not include the number of hospital pharmacies in State Health Facilities.

Table 34: Sex distribution of practitioners on the register as at 31 March 2025

REGISTRATION TYPE	CATEGORY	NAMIBIAN CITIZENS	NON-CITIZENS
Practitioners	Pharmacist's Assistants	535 (96.7%)	18 (3.3%)
	Pharmaceutical Technicians	45 (95.7%)	2 (4.3%)
	Pharmacist Interns	59 (100%)	0 (0%)
	Pharmacists	604 (72.9%)	224 (27.1%)

Table 36: Educational institutions approved to provide training of practitioners in Namibia

INSTITUTION	QUALIFICATION	PROFESSIONAL CATEGORY
University of Namibia	Bachelor of Pharmacy	Pharmacists
University of Namibia	Diploma in Pharmacy	Pharmaceutical Technicians
Welwitchia University	Certificate in Pharmacy	Pharmacist's Assistants
International University of Management	Certificate in Pharmacy	Pharmacist's Assistants

7. CONCLUSION

The number of healthcare professionals registering with the PCNA has continued to rise steadily, with the majority of newly registered healthcare practitioners having received their training locally in Namibia. Although the year under review witnessed a more modest increase in the number of newly registered pharmacy practices compared to previous years, the overall trend remains positive. Notably, the PCNA significantly increased the frequency of its meetings, resulting in shorter processing times for applications. This improvement has helped ease the administrative burden on applicants and enhanced the overall efficiency of regulatory processes. A major milestone during the year was the signing and commencement of the Health Professions Act No. 16 of 2024, which marked a transformative step forward in the governance and regulation of pharmacy practice in Namibia.

SOCIAL WORK AND PSYCHOLOGY COUNCIL (SWPCNA)

1. INTRODUCTION

The SWPCNA was established in terms of the Social Work and Psychology Act, Act No. 6 of 2004 (SWP Act). The SWPCNA regulates the practice of six (6) professional categories, namely, Social Workers, Social Auxiliary Workers, Clinical Psychologists, Educational Psychologists, Psychological Counsellors, and Psychometrists, by ensuring that all persons who apply for registration to practice these professions are suitably qualified before they get registered. The SWPCNA also controls and exercises authority concerning all matters affecting the education and training of persons to be registered under the SWP Act[25].

2. SWPCNA MEMBERS

The Members of the SWPCNA as of the 05th of October 2023 were:

Ms. Verona Z. Z. du Preez[26].

Dr. Shelene G. Gentz[27].

Ms. Helen U. L. Mouton.

Ms. Enjouline L. Kole.

Ms. Ronel Bosch.

Ms. Atty T. Mwafufya.

Ms. Virginia O'Malley.

Ms. Asnath K. Kaperu.

Health Professions Council of Namibia (HPCNA)

The Health Professions Act, 2024 (Act No. 16 of 2024) (the Act), was promulgated on 30 December 2024. The Act established a single Health Professions Council of Namibia, which replaced the previous five Health Professions Councils.

The Minister subsequently appointed new members on the 20th of March 2025 for a five (5) year term ending on the 19th of March 2030.

25 Section 5.

26 President

27 Deputy President

3. SUMMARY OF ACTIVITIES OF THE SWPCNA

3.1 SWPCNA meetings

SWP Act [28] stipulates that the SWPCNA must hold not less than two (2) meetings each year, and may hold, in addition thereto, such other meetings as the SWPCNA may determine from time to time. During the period under review, the SWPCNA held two (2) meetings as indicated in the table below.

Table 37: SWPCNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
27 September 2024	8	8	0
14 March 2025	8	8	0

3.2 SWPCNA resolutions

The SWPCNA took twenty-three (23) resolutions, and all resolutions have been successfully implemented.

3.3 Education Committee

SWP Act stipulates that the SWPCNA must establish a standing Education Committee, consisting of several persons, including persons who are not members of the SWPCNA, as it may determine and appoint to such Committee[29]. The functions of the Education Committee are to –

i. Formulate minimum requirements of study for registration.

ii. Assess whether the foreign qualifications meet the minimum requirements of study for registration in Namibia.

iii. Evaluate training programmes relating to the professions to which the Act applies.

iv. Recommend policies to the SWPCNA relating to the work or scope of the Committee.

The Education Committee held three (3) meetings as indicated below:

Table 38: Education Committee meetings:

SUBJECT MATTER	DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
Social Work and Psychology	06 June 2024	6	6	0
Social Work and Psychology	25 October 2024	6	6	0
Social Work and Psychology	12 February 2025	6	6	0

28 Section 11

29 Section 12

4. CONTROL OVER EDUCATION, TUITION, AND TRAINING

The SWP Act provides that any person or educational institution intending to offer education, tuition, or training must apply to the SWPCNA in writing before offering such training[30] to the Council in writing for the written approval of the SWPCNA.

Tables 39, 40 & 41 below indicate curricula received for approval and the training facility that applied for approval to train students or interns:

Table 39: Curricula received from local educational institutions for approval

INSTITUTION	CURRICULUM	STATUS
The United Lutheran Theological Seminary, Paulinum	Two (2) year Diploma in Social Auxiliary Work	Approved
University of Namibia	Four (4) year Bachelor of Arts in Social Work-Honours	Approved
I-Care Health Training Institute	Four (4) year Bachelor of Arts in Social Work	Under consideration

Table 40: Curricula from foreign educational institutions for assessment

INSTITUTION	CURRICULUM	PROFESSION	STATUS
University of New York in Prague, Czech Republic	Two (2) year Master's Degree in Psychology	Clinical Psychologist	The curriculum did NOT meet the minimum requirements for registration in Namibia.
Girne American University, Cyprus	Four (4) year Bachelor of Science in Psychology	Psychological Counsellor	The curriculum did NOT meet the minimum requirements for registration in Namibia.
Rusangu University, Zambia	Four (4) year Bachelor of Arts in Social Work	Social Worker	The curriculum met the minimum requirements for registration in Namibia.

Table 41: Training facilities applied for approval to train students and interns

FACILITY	NATURE OF TRAINING	REGION	STATUS
Ministry of Education, Arts, and Culture Diagnostic & Advisory Training Services	Students and Interns in Clinical, Educational and Counselling Psychology	Khomas	Pending inspection

5. APPLICATIONS FOR REGISTRATION

The number of applications for registrations is presented in the table below:

Table 42: Registration applications received

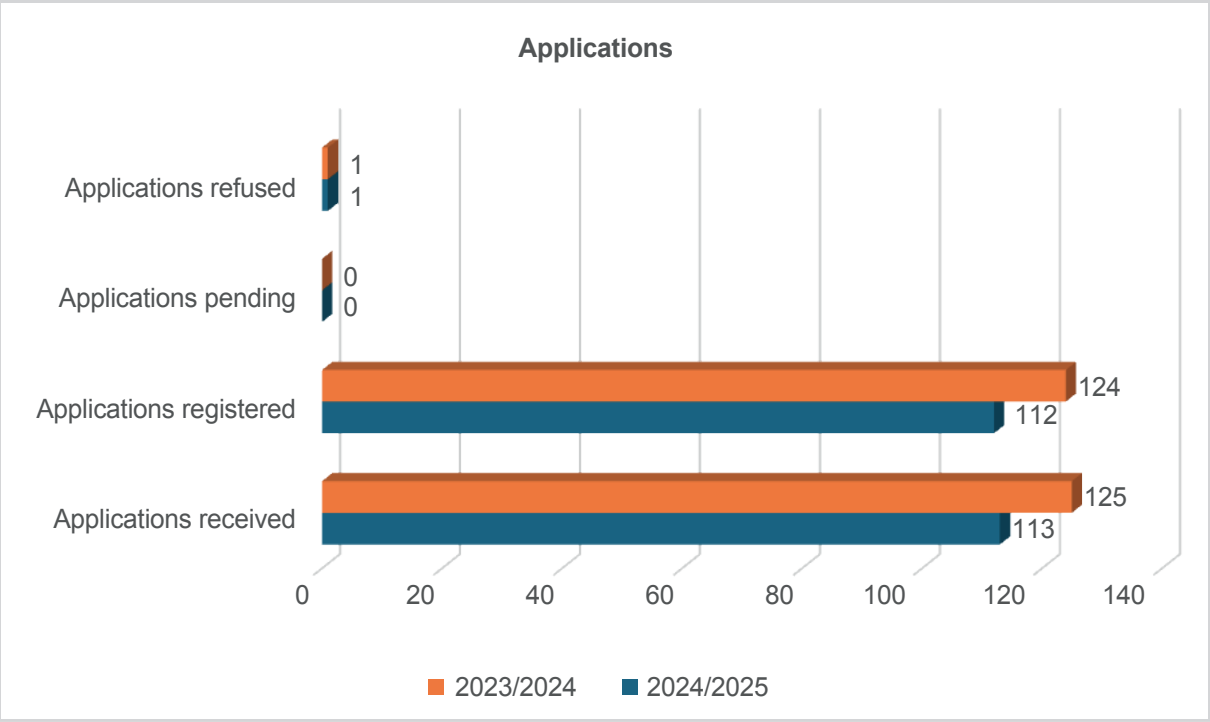
DESIGNATION	NUMBER RECEIVED	APPLICANTS REGISTERED	PENDING	REFUSED
Clinical Psychologists	3	2	0	1
Educational Psychologists	2	2	0	0
Psychological Counsellors	7	7	0	0
Intern Clinical Psychologists	3	3	0	0

30 Section 16

Intern Psychological Counsellors	4	4	0	0
Social Workers	26	26	0	0
Social Work Students	65	65	0	0
Master's Student in Clinical Psychology	1	1	0	0
Elective Foreign Student in Psychology	2	1	0	0
Bachelor of Psychology Student	1	1	0	0
TOTAL	**114**	**112**	**0**	**1**

A total of one hundred and fourteen (114) applications were received, out of which one (1) was refused because it did not meet the prescribed minimum requirements of study for registration.

Graph 5: Applications received in 2023/2024 compared to 2024/2025 financial year



The graph shows that there was a decrease in the number of registered practitioners over the reporting period compared to 2024.

6. KEEPING OF REGISTERS

The SWP Act provides that the SWPCNA must establish and keep in respect of the persons registered in terms of the SWP Act to practice Social Work and Psychology professions, and separate registers. Admission to the register as provided for under the SWP Act is strictly controlled.

The SWP Act also contains very important provisions about the method of admission to the register[31], the removal of names from the register[32] or restoration of a name to the register[33], and the maintenance of registration[34] These registers remain open during ordinary hours at the offices of the SWPCNA for inspection by any interested member of the public.

The numbers of practitioners on the registers over the past three (3) years are indicated below:

Table 43: Number of practitioners on the registers

PROFESSIONAL CATEGORY	2023/2024	2024/2025
Clinical Psychologists	90	90
Clinical Psychologists and Specialists	2	2
Intern Clinical Psychologists	2	9
Educational Psychologists	20	22
Intern Educational Psychologist	1	1
Student Educational Psychologists	1	1
Psychological Counsellors	89	94
Intern Psychological Counsellors	11	9
Bachelor of Psychology Students	56	52
Foreign Elective Students in Psychology	0	5
Master's Students in Clinical Psychology	21	15
Master's Students in Educational Psychology	5	5
Psychometrists	2	2
Social Workers	574	591
Social Workers and Specialists	8	7
Student Social Workers	228	266
Foreign Elective Students in Social Worker	0	4
Auxiliary Social Worker	1	0
TOTAL	**1117**	**1175**

Comments

Table 43 shows that for the 2024/2025 year, the total number of registered practitioners in the two registers has increased to 1,175 from 1,117 in 2023/2024.

31 Section 25
32 Section 26
33 Section 27
34 Section 28

7. REMOVAL OF NAMES FROM THE REGISTER

7.1 Voluntary removal of names from the registers

The SWP Act empowers the SWPCNA to remove from the register the name of any registered person who has requested in writing that his or her name be removed from the register.[35] During the year under review, one (1) Social Worker and Specialist, one (1) Clinical Psychologist and one (1) Psychological Counsellor were removed from the relevant register voluntarily.

7.2 Involuntary removal of names from the registers

The SWP Act states that the SWPCNA may remove from the register the name of any registered person who has failed to pay on or before the 31st of March of the financial year concerned, annual fees[36]. The number of practitioners who were removed from the registers in the 2024 / 2025 financial year is forty-four (44). A person who practices a healthcare profession while unregistered or whose name has been removed from the register is guilty of an offence and, on conviction, liable to the penalties specified in the SWP Act.

Table 44: Number of practitioners involuntarily removed from the registers

PROFESSIONAL DESIGNATIONS	NUMBER OF PRACTITIONERS
Clinical Psychologists	3
Psychological Counsellors	5
Social Workers	36
TOTAL	44

8. RESTORATION OF NAMES TO THE REGISTER

Table 45: Number of practitioners per profession restored to the registers:

PROFESSION	NUMBER OF PRACTITIONERS
Clinical Psychologists	2
Psychological Counsellor	1
Social Workers	46
TOTAL	49

9. OTHER SERVICES

9.1 Certificate of Status

The AHP Act provides that a registered person may apply to the Registrar for a certificate of status.[37] The number and reasons for such applications are indicated in Table 9 below:

35 Section 26 (1)

36 Section 28 (1)

37 Section 30 (1)

Table 46: Number of certificates of status issued per professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS	REASONS
Social Workers	4	Seeking registration with the Health and Social Care Professionals Council of Ireland
Clinical Psychologist	4	Seeking registration with the Health and Social Care Professionals Council of Ireland
TOTAL	**8**	

10. STAKEHOLDER ENGAGEMENTS

First (1st) year students pursuing studies in the Bachelor of Arts in Social Work-Honours and the Bachelor of Arts in Psychology at the University of Namibia were engaged on the importance of registration with the SWPCNA.

11. CONCLUSION

A significant increase in applications for registration from Social Workers and Student Social Workers was recorded during the period under review.

SECTION **TWO**

EDUCATION AND TRAINING QUALITY ASSURANCE & CONTINUING PROFESSIONAL DEVELOPMENT

EDUCATION AND TRAINING QUALITY ASSURANCE (ETQA) SUBDIVISION

1. INTRODUCTION

One of the main responsibilities of regulatory bodies is to ensure that healthcare practitioners are qualified and competent to provide services to the public that respond to the evolving needs, developments, priorities, and expectations in health and healthcare.

This principle is specifically articulated in the legislation which governs all the healthcare professions in Namibia. It is against this background that mechanisms for monitoring practitioner competency, which include the review of standards of practice and codes of ethics of practitioners, have been put in place.

To achieve the abovementioned, the ETQA Section has been established to focus on the following areas:

- the promotion and control standards of training of persons for registration to practice a health profession;
- generating standards for health-related qualifications; and
- ensuring accreditation of training institutions for health-related professions and health facilities.
- For the reporting period 2024/2025, ETQA assisted Councils in performing the following strategic objectives:
- To regulate the practice of professions and to ensure that all persons practising the professions are suitably qualified, able to practice the professions concerned and are registered;
- To promote and control standards of training of persons for registration to practice a profession;
- To ensure compliance with the legislation on continuing professional development; and
- Control and exercise authority concerning all matters affecting the education and training of all healthcare professionals and how they practice their profession.

2. HPCNA STRATEGIC OBJECTIVE:

To regulate the practice of professions and to ensure that all persons practising the professions are suitably qualified and able to practice the professions concerned and are registered.

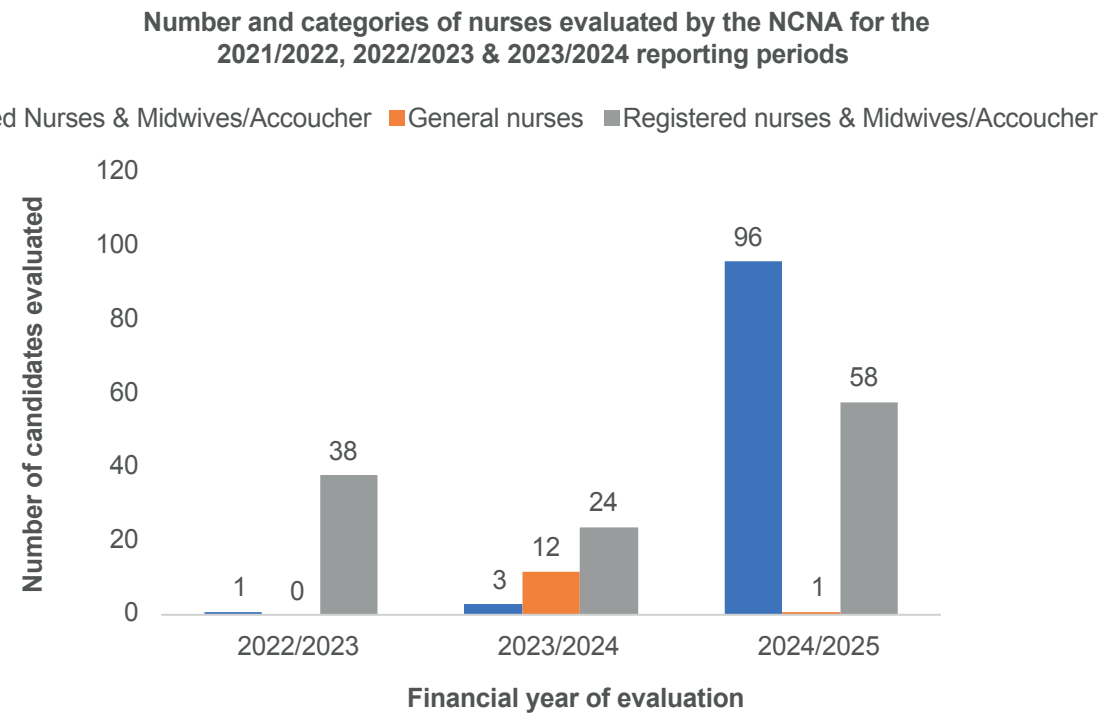
The ETQA section assisted the NCNA, the AHPCNA, the MDCNA and the PCNA in conducting pre-registration evaluations as indicated in Tables 1, 2, 3, 4 and 5 below. These activities were conducted within the provisions of Section 20 (3) (a) of the Medical and Dental Act No. 10 of 2004, the Nursing Act No. 8 of 2004, and Section 22 (3) (a) of the Allied Health Professions Act No. 7 of 2004 and the Pharmacy Act No. 9 of 2004, which respectively provide that an applicant has to pass to the satisfaction of the Councils, an evaluation to determine whether or not he or she possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied for.

Table 47: Pre-registration evaluations for the NCNA

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
General Nurse	4	4	0	4	0%	100%
Registered Nurse / Midwife / Accoucheurs	4	58	11	47	18.9%	81%
Enrolled Nurse/ Midwife/ Accoucheur	4	96	29	67	30.2%	69.8%

Table 47 indicates three (3) categories of the nursing profession that were evaluated during the reporting period. The pass rate shows that 26% of candidates who were evaluated were found to be competent to practice and register with the NCNA.

Graph 6: Comparison for the number of candidates evaluated during 2022/2023, 2023/2024 and 2024/2025



Graph 6 is a comparison of the number of candidates evaluated during 2022/2023, 2023/2024 and 2024/2025. The total number of candidates evaluated in the 2024/2025 reporting period increased due to the NCNA resolutions. In the 2024/2025 reporting period, the NCNA resolved that all Nursing and Midwifery graduates who had not submitted his or her application to the Council as student or Pupil Nurses and Midwives/Accoucheurs two (2) months after enrolment at an educational institution in terms of Regulation 8 and 24 of Regulations relating to registration of students and enrolment of Pupil Nurses and Midwives/ Accoucheurs, were required to undergo a pre-registration or pre-enrolment evaluation. The NCNA had further resolved that all nursing graduates were required to undergo pre-registration evaluation as of

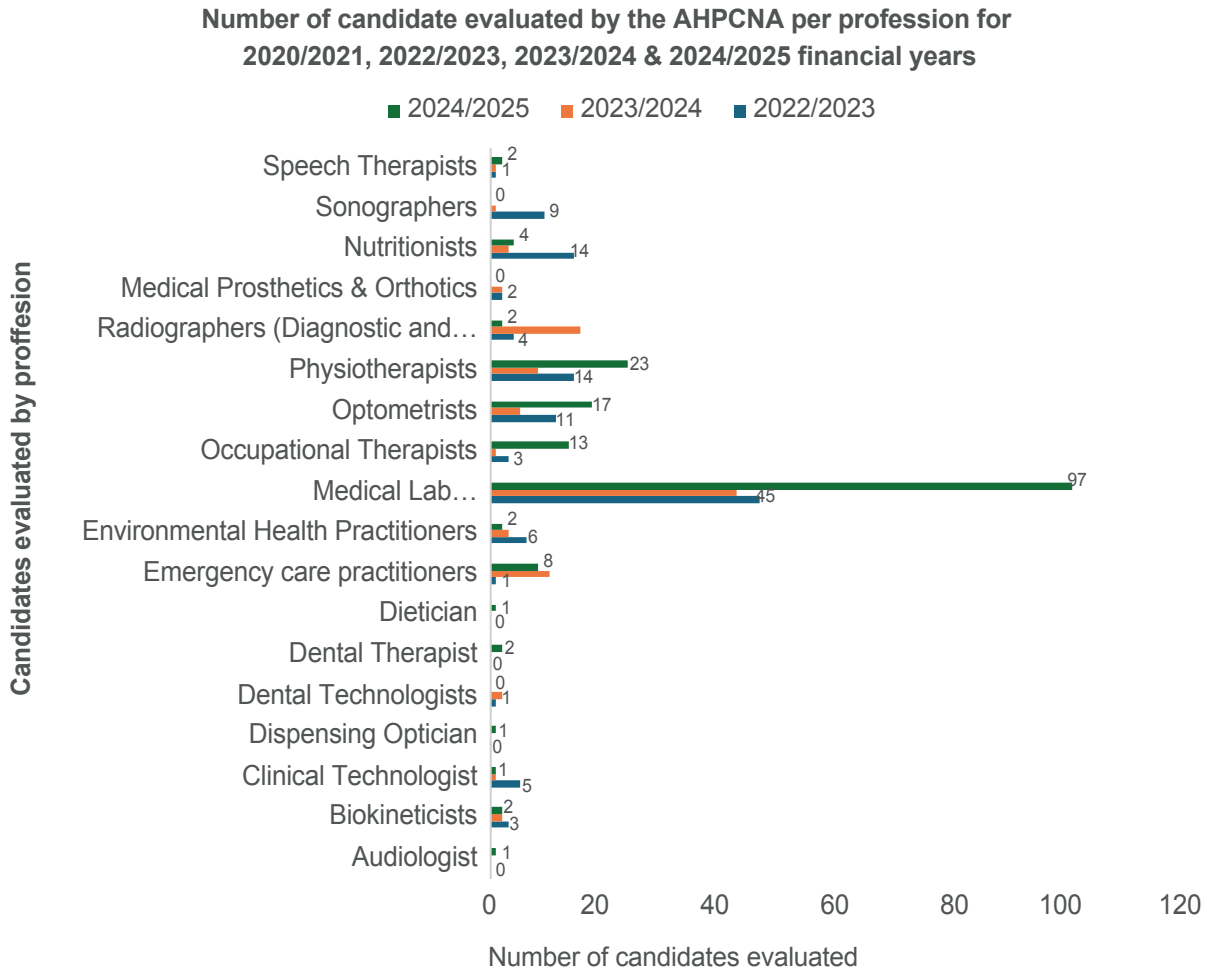
January 1, 2025. Hence, there was a significant increase in the 2024/2025 reporting period. The figures also include foreign-trained nurses.

Table 48: Pre-registration evaluations for Allied Health Professions

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Audiologist	1	1	1	-	100%	-
Biokineticist	2	2	2	-	100%	-
Clinical Technologist	1	1	-	1	-	100%
Dispensing Optician	1	1	1	-	100%	-
Dietician	1	1	1	-	100%	-
Dental Therapist	1	2	2	-	100%	-
Emergency Care Practitioner	2	8	2	6	25%	75%
Environmental Health Practitioner	2	2	2	-	100%	-
Medical Laboratory Scientist/ Technologists/ Technician	7	97	49	48	51%	49%
Nutritionist	1	4	4	-	100%	-
Occupational Therapist	4	13	13	-	100%	-
Optometrist	4	17	15	2	88%	12%
Physiotherapist	4	23	16	7	70%	30%
Radiographer (Diagnostic and Therapeutic)	1	2	1	1	50%	50%
Speech Therapist	2	2	2	0	100%	-

Table 48 above shows that applicants from fifteen (15) registrable categories under the AHPCNA were evaluated. The professions which performed poorly were the Emergency Care Practitioners-Basic (ECPs) with a 75% failure rate and the Medical Laboratory Scientists and related professions with a 49% failure rate. The high failure rate among the ECPs could be due to the time it takes for a practitioner to register with the AHPCNA after completing their training. The majority of the ECP candidates qualified in Namibia but failed to register as ECPs within twelve (12) months after completion of training.

Graph 7: Pre-registration evaluations for Allied Health Professions



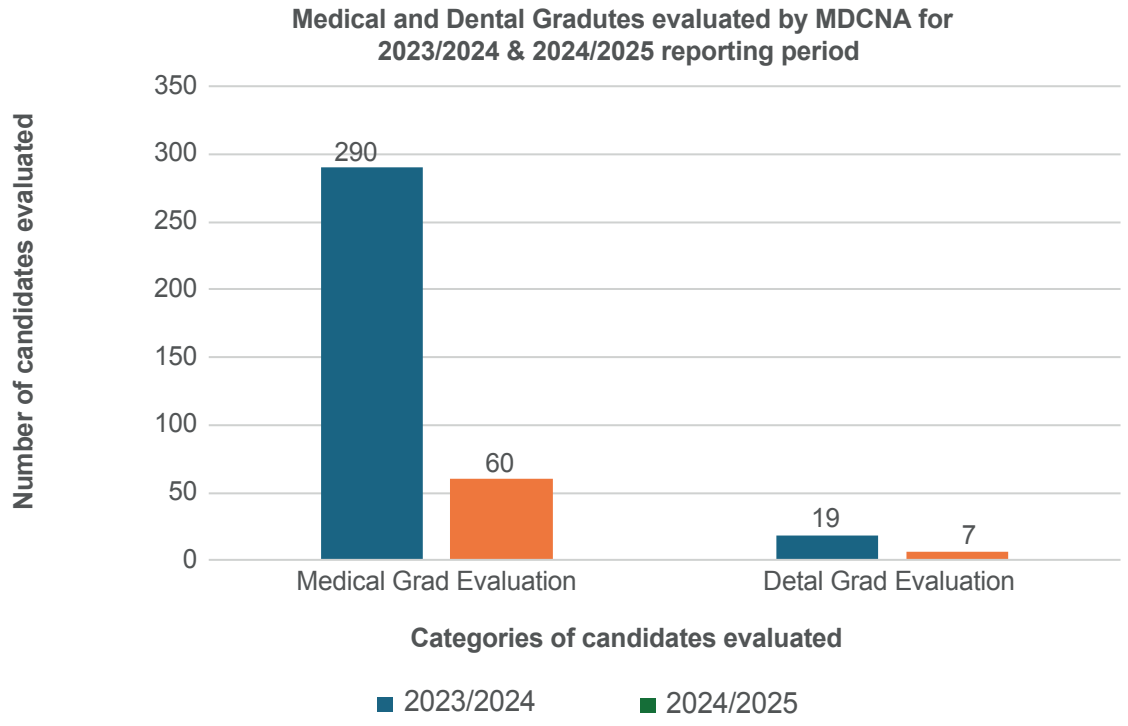
Graph 7 gives a comparison of three (3) reporting periods, 2022/2023, 2023/2024 and 2024/2025. There is an increase in the number of Allied Health Professionals who were evaluated during the 2024/2025 reporting period when compared to the 2023/2024 reporting period. There is a drastic increase in the number of Medical Laboratory Scientist graduates who were evaluated as the number of student intake for the Bachelor of Biomedical Science programme at the Namibia University of Science and Technology has increased.

Table 49: Pre-registration evaluations for MDCNA

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Medical graduate	1 (initial evaluation) 1 (supplementary evaluation)	60 22	7 15	53 (22 qualified for supp) 7	12% 68%	88% 32%
Dental graduate	3 (OSCE) 0 (MCQ)	8 OSCE 0 MCQ	0 0	8 0	- -	100% -
Dentist	1	1	1	0	100%	-
Medical Practitioner	1	7	1	6	14%	86%
Plastic and Reconstructive Surgeon	1	1	1	0	100%	-
Ophthalmologist	1	2	2	0	100%	-
Dermatologist	3	3	0	3	-	100%

Table 48 above indicates that there was only one (1) candidate evaluated in each of the following categories: Dentist and Plastic and Reconstructive Surgeon. It is further indicated that the highest number of candidates who were evaluated per category were the medical graduates followed by the dental graduates. The table records an 88% failure rate for initial evaluation for medical graduates and a 100% failure rate for the Objective Structured Clinical Examination (OCSE) evaluation for dental graduates. This high failure rate may be due to the difference between the language of instruction used during tertiary education and the official language used in Namibia. All of the medical and dental graduate candidates were applicants who obtained their qualifications outside of Namibia.

Graph 8: Medical and Dental Gradutes evaluated by MDCNA for 2023/2024 & 2024/2025 reporting period



Graph 8 is the comparison between the reporting period of 2023/2024 and 2024/2025. It indicates a major decrease in the number of medical graduates and dental graduates evaluated in 2024/2025 due to an increase of applicants and the increase in the number of enrolments in the Orientation Programme after attending one evaluation session. The Orientation Programme is offered to foreign-trained graduates by the Ministry of Health and Social Services.

Table 50: Pre-registration evaluations for PCNA

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Pharmacist	3	6	4	2	67%	33%
Pharmacist Intern (Exit)	3	80	75	5	94%	6%
Pharmacy Intern (Mid-term)	3	38	26	12	68%	32%
Pharmaceutical Technician	3	16	8	8	50%	50%
Pharmacist's Assistant	3	173	108	65	62%	38%

Table 50 shows the number of practitioners evaluated during the 2024/2025 reporting period. 94% of the Pharmacist Interns who sat for exit evaluations passed and were registered as Pharmacists with the PCNA. The Pharmacists' Assistants were the highest number of practitioners who were evaluated and had the second highest failure rate for the reporting period. The high number of Pharmacists' Assistants who were evaluated is due to the increased number of educational institutions offering the Pharmacist's Assistant course in Namibia.

Table 51: Pre-registration evaluations for SWPCNA

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Intern Clinical Psychologist	3	6	6	0	100%	-
Intern Educational Psychologist	2	2	2	0	100%	-
Psychological Counsellor	3	7	7	0	100%	-
Social Worker	1	3	2	1	67%	33%

Table 51 shows the number of practitioners evaluated during the 2024/2025 reporting period. There is a 100% pass rate for the different categories of the Psychology profession, whilst a 67% pass rate in the Social Work profession. All candidates of the Psychology and Social Work professions were trained in Namibian educational institutions and completed their internship in Namibian facilities.

Health professionals were appointed to serve as evaluators during the reporting period.

Table 52: Evaluators

COUNCIL	NAME	PROFESSION
AHPCNA		
	Mr. Arne Schmidt Mr. Roy Hermanus Ms. Magano Kapia Ms. Wilhelmina Haimbodi Ms. Sune Cronje Ms. Tanja Wilckens	Optometry
	Ms. Christiane von der Heiden Ms. Erika Brand Ms. Marieke Mocke Ms. Jenna Musakanya Ms. Christine Nashenda Dr. Tonderai Tshumba Ms. Etheline Geurtze Ms. Zenra Buys Ms. Farirai Kamba Ms. Anke Klopper Ms. Nicole Gruttenmeyer Ms. Rina Valentin	Physiotherapy
	Ms. Anja Haugk Ms. Sylvia Shinana Mr. Jafet IT Ilonga Ms. Ndeshipewa Hamatui Valombola Ms. Rosaline Tsauses Ms. Aune Seketa Mr. Aron Aron Ms. Merjam Bauleth Ms. Teopolina Gideon Ms. Jatileni Niitembu Ms. Sadiya Adams Ms. Rauna Tuhadeleni	Medical Laboratory Science and related professions
	Mr. Anton Swart Dr. Henry Boshoff Mr. Michiel Greeff Ms. Jackie Retief Mr. Christof Senekal	Biokinetics
	Ms. Christine Bathfield- Speech Therapy Mr. Glen Shivambu-Speech Therapy Ms. Carla le Roux-Speech Therapy Ms. Melanie Landman Ms. Janet Brits-Audiology Ms. Irene Garthoff- Audiology	Speech Therapy and Audiology
	Mr. Shaun Van Rooi Mr. Godhard Spiegel Mr. Lorenzo Kisting Mr. Eon Beukes Ms. Stephilade Van Rhyn Ms. Syeda Schelechin Mr. Egon Jankowisk Ms. Charmain Conradie Ms. Chrizelle October Ms. Salome Veldskoen	Emergency Care Services

COUNCIL	NAME	PROFESSION
AHPCNA		
	Ms. Charity Zulu Mr. Honest Chabvuka Mr. Pala Ziyambo Ms. Grace Chibaya Ms. S Gonye Mr. Kumbulani Sibanda Mr. Martin N Nakambunda Ms. Martha N Pokolo Mr. Bernard Musonda Ms. Isabele Kayombo	Dental Therapy
	Dr. Marion Klingelhoeffer Dr. Elga Drews Dr. Daryl Oehley	Chiropractors, Phytotherapy Homoeopaths, Naturopaths and related complementary professions.
	Dr. Peng Wang	Acupuncture
	Mr. Oscar K Kangwiya Ms. Irya N Ekandjo	Nutrition
	Mr. Joel Matinhure Ms. Mouyelele Haufiku Ms. Ndilimeke Mutikisha Mr. Gabriel Moses Ms. Selina Negumbo Ms. Charmaine Jansen Mr. Nestor Sheimi Mr. Dekko Lichisa Mr. Kufuna Lucas Ms. Manoria Niingo	Environmental Health
	Ms. Karlien Gous Ms. Ru-Ane Diergaardt Ms. Samantha Du Toit Ms. Laetitia Malan Ms. Juliana Courtney-Clarke RD Ms. Marich Gouws Ms. Mari-louise Jeffrey Ms. Bernice Pretorius Ms. Karen Temple	Dietetics
	Mr. Edwin Ralph Daniels Ms. Magdelena Lutaka Ms. Sara Tseitseimou Ms. Ester Kaluu Shapopi (Murape) Ms. Maria Nakanyala Ms. Martha Kashani Ms. Alfred Maretha Ms. Lee- Anne Isaacs Ms. Louise Eksteen Mr. Festus Shidolo	Radiography
	Ms. Heidi Schmidt Ms. Antoinette De Almeida Ms. Helena Louw Ms. Helga Burger Ms. Henriette Maritz	Occupational Therapy

COUNCIL	NAME	PROFESSION
AHPCNA		
	Mr. Edward Rieth Ms. Progress Mhangami -Cardiology Ms. Beate Nagel- Cardiology Ms. Michelle Zulch - Cardiology Mr. Siphamandla Simelane- Cardiovascular Perfusion Ms. Nelago Ndinohenda Embula-Cardiovascular Perfusion Mr. Pierre Jaques Malan- Cardiovascular Perfusion Ms. Jesicca Hancox-Pulmonology Ms. Else Lambrechts-Pulmonology Ms. Albertina Udjombala-Nephrology Ms. Sune de Wit- Cardiology Mr. Sphamandla Nzuza-Cardiology	Clinical Technology
	Ms. Ndesheetelwa Mbodo Ms. Anne Schindler Ms. Michelle Opperman	Dispensing Optics
	Mr. Ashley Heunis	Dental Technology
MDCNA		
	Dr. Martha Josef Dr. Adolf Kaura Dr. Laimi Ashipala Dr. Karolina Ishi	Medical Practitioner
	Dr. Jacob Sheehama Ms. van der Colf	Medical Biological Science
	Dr. Nguundja Uamburu Dr. Mewawa Amukugo Dr. Priskila Kambunga Dr. Tomas Niilenge Dr. Linda Byarugaba Dr. Taimy Shaanika Dr. Albertina Nashapi Dr. Nelson Herunga Dr. Frank Schwardmann Dr. Maren Thomson Dr. Byron Bailey Dr. Monika Sckespan Dr. McConey Taswald Dr. Aina Uusiku Dr. Sanchia Jauch Dr. Saara Leonard Dr. Rehama Muro Dr. John Rutabanzibwa Dr. Francis Mburu	Dentistry
	Ms. Jacki Prins	Oral Hygiene

COUNCIL	NAME	PROFESSION
MDCNA		
	Dr. Elisah Agaba Dr. Margareth Olivier Dr. Beata N Haitembu Dr. Sylvia de Silva	Dermatology
	Dr. Meandra Jordaan Dr. Alexander Stebelsky Dr. Andrey Kornilov Dr. Christopher Terblanche	Anaesthesiology
	Dr. Gerhard Marx Dr. Belinda Bruwer Dr. Ndahambelela Mthoko Dr. Hilen Ndjaba Dr. Kissah Mwambene Dr. Lahija Hamunjela	Psychiatry
	Dr. Susan Kruger Dr. Cardid Lopez San Luis	Plastic and Reconstructive Surgeon
	Dr. Ernst Fredricks	Gastroenterologist
	Dr. Ismael Katjitae Dr. Johannes W Bruwer Dr. Juline Smit Dr. Juno Nashandi Dr. Norbert Muramira Dr. Fasika Yimer Dr. Flavia Mugala-Mukungu	Physician
	Dr. Albertina Iitana	Anatomical Pathology (HistoPath)
	Dr. Sifelani Mtombeni Dr. Steffen Bau Dr. Fredrick Sinyinza	Paediatric
	Dr. Badra Kone Dr. Salifou Diabate	Neurosurgery
	Dr. Lukanga Kimera Dr. Godfrey Sichimwa Dr. Behre Hailemariam Dr. Johannes Keiseb Dr. Benjamin Joseph Nggada	Obstetrics and Gynaecology
	Dr. Ngenomelulu Nakale Dr. Sibasthiaan Shituleni	Orthopaedics
	Dr. Manoj Kamble Dr. Francis W Quyason Prof. Filemon Amaambo Dr. Celestine Mbangtang Dr. Elkana Nande	Surgery
	Dr. Helena Ndume Dr. Jannes Brandt Dr. Sven Obholzer Dr. Ernst Van Der Merwe Dr. Corinna Andreae Dr. Leart Petrick	Ophthalmology

COUNCIL	NAME	PROFESSION
NCNA		
	Ms. Toini de Almeida Ms. Petersen Ms. Gloria Muballe Ms. Popyeni Shigwesha Ms. Paula Lindtvelt Dr. Panduleni Shimanda Prof. Stephanie van der Walt Ms. Hambeleleni Petrus Dr. Robert Kopano	Registered Nurse and Midwife/ Accoucheur
PCNA		
	Ms. Frieda Shigwedha Ms. Nadia Coetzee Mr. Johannes Gaeseb Mr. Bonifatius Singu Dr. Emmanuel Magesa Ms. Ester Hango Ms. Wilet Maritz	Pharmacy
SWPCNA		
	Ms. Black Leign-Ann Dr. Veronica Theron Ms. Geraldine Kanyinga Ms. Kandji Manfriedine Ms. Helena Andjamba Ms. Eveline January Dr. Emmerentia Leonard Ms. Charlene Uakuramenua	Social Work
	Dr. Manfred Janik Dr. Kathe Burkhard Ms. Parista M N Heita Dr. Joab Mudzanapabwe Ms. Charine Glen-Spyron Dr. Chelene Gentz	Clinical Psychology
	Dr. Kazuvire Veii Ms. Ronel Bosch Ms. Carike Viljoen Ms. Sandra Van Schalkwyk	Educational Psychology

3. ETQA STRATEGIC OBJECTIVE

To promote and control standards of training of persons for registration to practice a profession.

To ensure that minimum educational and training standards are in line with the relevant legislation, the ETQA Section has the responsibility of facilitating the inspections of hospitals, health centres, clinics, and private practices as well as accreditations of educational training institutions.

Below are the tables of the facilities and institutions which were inspected during the 2024/ 2025 reporting period.

Table 53: Hospitals and Health Facilities Inspected by the AHPCNA

REGION	FACILITY	CATEGORY	OUTCOME
KHOMAS	Ministry of Health and Social Services- Windhoek Central Hospital	Interns: Physiotherapy	Approved for a period of twelve (12) months.
	Ronelle Isaacs Physiotherapists	Interns: Physiotherapy	Approved for a period of twelve (12) months.
	Namibia Institute of Pathology (Windhoek)	Student Medical Laboratory Scientists and Intern Medical Technologists	Approved for a period of twelve (12) months.
	Ministry of Health and Social Services- Windhoek Central Hospital	Interns: Radiography	Approved for a period of twelve (12) months.
	Ministry of Health and Social Services- Windhoek Central Hospital	Students: Radiography	Approved for a period of twelve (12) months.
	Drs Shaw, Roux, and Partners (Pathcare Namibia)	Students and Interns: Medical Technicians, Medical Technologists and Phlebotomists.	Approved for a period of three (3) years.
KAVANGO EAST	Namibia Institute of Pathology (Rundu)	Student Medical Laboratory Scientists and Intern Medical Technologists	Approved for a period of three (3) years.

Table 53 indicates seven (7) facilities which were inspected for the placement of students and interns under the AHPCNA. All the inspected institutions were approved to train students and Intern Physiotherapists, Radiographers and Medical Laboratory Scientists, Medical Technicians, Medical Technologists and Phlebotomists. -

Table 54: Educational institutions inspected by the AHPCNA

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
KHOMAS	University of Namibia	Bachelor of Physiotherapy (Honours)	Approved for a period of five (5) years.
	Namibia University of Science and Technology	Bachelor of Nutrition (Honours) Programmes	Approved for a period of twelve (12) months.
	Atlantic Training Institute	Emergency Care Practitioner (Basic)	Approved for a period of twelve (12) months.
	Three Sixty Emergency Services	Emergency Care Practitioner (Basic)	Approved for a period of twelve (12) months.

Table 7 displays the educational institutions for AHPCNA inspected and the outcome of the inspections.

Table 55: Hospitals and Health facilities inspected for clinical training of students and pupil nurses, and midwives/accoucheurs

REGION	NAME OF FACILITY	OUTCOME
KHARAS	Lüderitz PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Lüderitz District Hospital	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of one (1) year – **Grade C**
	Rosh Pinah PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Karasburg Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Karasburg District Hospital	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of one (1) year – **Grade C**
	Noordoewer Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of one (1) year – **Grade C**
	Bethanie PHC Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Keetmanshoop PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Aroab Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**.
	Daan Viljoen PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Tses PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Berseba PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Keetmanshoop District Hospital	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of one (1) year – **Grade C**
	Koes PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
OSHANA	Eloolo PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Eluwa PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**

	Intermediate Hospital Oshakati	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Okaku Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Okatana Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Onamutayi PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Ondangwa Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Ongwediva Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of one (1) year – **Grade C**
	Ongwediva Medi Park Private Hospital	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Ou Nick Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Uukwiyushona PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
OSHIKOTO	Omuntele PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of one (1) year – **Grade C**
	Omuthiya Hospital	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Omuthiya Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Onamishu Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Onandjokwe Intermediate Hospital	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Onanke PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Onkumbula PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Onyuulaye PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**

	Oshalongo PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Catherine Bullen PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Tsumeb PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Tsumeb District Hospital	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Lombard PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Okankolo Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Onayena Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Oshigambo PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Olukonda PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Onyaanya Health Centre	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Ontunda PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Ndamono PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Onakazizi PHC Clinic	Approved for the placement of student and pupil nurse and midwives/accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**

Table 55 indicates that forty-six (46) facilities were inspected in total, fourteen (14) in the IIKharas region, eleven (11) in the Oshana region and twenty-one (21) in the Oshikoto region. All the facilities were approved for the clinical training of student and pupil nurses and midwives/accoucheurs. Six (6) facilities were approved for one (1) year, twenty-nine facilities (29) for three (3) years, and twenty-two (22) for five (5) years.

Table 56: Educational Institutions inspected for the training of nursing and midwifery professions

REGION	NAME OF TRAINING INSTITUTION	PROGRAMME	OUTCOME
ERONGO	D'Expert Varsity Institute (Walvis Bay)	Certificate in Enrolled Nurse Midwifery Science	Approved for a period of five (5) years for the education, tuition, and training of Enrolled Nurse and Midwife/Accoucheur.
IIKHARAS	University of Namibia Southern Campus	Bachelor of Nursing Science (Honours)	Approved for a period of five (5) years for the education, tuition, and training for Registered Nurse and Midwife/ Accoucheurs.
	I-Care Health Training Institution	Certificate in Enrolled Nurse Midwifery Science	Approved for a period of three (3) years for the education, tuition, and training of Enrolled Nurse and Midwife/Accoucheur.
KHOMAS	PMT Health Care Institution	Diploma in Enrolled Nursing and Midwifery Science	Approved for a period of three (3) years for the education, tuition, and training of Enrolled Nurse and Midwife/Accoucheur.
	D'Expert Varsity Institute	Diploma in Enrolled Nursing and Midwifery Science	Approved for a period of three (3) years for the education, tuition, and training of Enrolled Nurse and Midwife/Accoucheur.
	Welwitchia University-City Campus	Bachelor of Nursing Science Certificate in Enrolled Nursing and Midwifery Sciences	Approved for a period of five (5) years for the education, tuition, and training of Registered Nurse and Midwife/ Accoucheur and Enrolled Nurse and Midwife/Accoucheur.
	Welwitchia University-Lady Pohamba Campus	Certificate in Enrolled Nursing and Midwifery Sciences	Approved for a period of one (1) year for the education, tuition, and training of Enrolled Nurse and Midwife/Accoucheur.
OSHANA	PMT Health Care Institution-Ongwediva Campus	Diploma in Enrolled Nursing and Midwifery Science	Approved for a period of three (3) years for the education, tuition, and training of Enrolled Nurse and Midwife/Accoucheur.
	Compassion College	Diploma in Enrolled Nursing and Midwifery Science	Approved for a period of three (3) years for the education, tuition, and training of Enrolled Nurse and Midwife/Accoucheur.

Table 56 shows that nine (9) institutions were inspected. One (1) was granted an accreditation for one (1) year, five (5) facilities were granted a three (3) year accreditation period and three (3) were granted a five (5) year accreditation period. The educational institutions are in the following regions: Erongo, IIKharas, Khomas, and Oshana.

Table 57: The facility and institution grading system used by the NCNA is explained below

GRADING	FINDINGS	CLASSIFICATION	% SCORE	INSPECTION CYCLE	APPROVAL PERIOD
Grade A	The facility complies with the set criteria	Slight deficiencies	80-100%	5 years	5 years
Grade B	The facility complies with most of the set criteria	Minor deficiencies	60-79%	3 years	3 years
Grade C	The facility partially complies with the set criteria	Major deficiencies	50-59 %	1 year	1 year
Ungraded	The facility does not comply with the set criteria	Critical deficiencies / shortcomings	Below 0%	-	No approval

Health professionals were appointed to serve as inspectors during the reporting period.

Table 58: Inspectors

COUNCIL	NAME	PROFESSION
AHPCNA		
	Ms. Suane Cronje Ms. Talent Bero	Optometry
	Ms. Marieke Mocke Ms. Christiane von der Heiden Mr. Kudawashe Chikwara Ms. Lindi Christensen Ms. Christine Nashenda Ms. Anke Klopper Ms. Nicole Gruttenmeyer Ms. Rina Valentin	Physiotherapy
	Ms. Karen Kunz	Occupational Therapy
	Ms. Anja Haugk Ms. Ndeshipewa Hamatui Valombola Mr. Jafet IT Ilonga Mr. Elia Muremi Ms. Jatileni Niitembu Ms. Aune Seketa Ms. Melissa Maswahu Ms. Rosaline Tsauses Ms. Teopolina Gideon Mr. Hendrick Hedimbi Ms. Annemieke Du Plessis- Medical Technology Ms. Karin Engelbrecht-Medical Technology	Medical Laboratory Science and related professions
	Ms. Selma Mbuntu	Dental Technology
	Mr. Anton Swart Dr. Henry Boshoff	Biokinetics

	Mr. Shaun Van Rooi Mr. Godhard Spiegel Mr. Luke Orange Mr. Eon Beukes Ms. Stephilade Van Rhyn Mr. Egon Jankowiski Ms. Elzan Shongolo Ms. Salome Veldskoen Mr. Dylen Fredericks Ms. Hendried Maakgraaf Ms. Lahja Iipinge	Emergency Care Services
	Mr. Andrew Machiya Ms. Paulina Alberto Ms. Rutendo Chingama Mr. Jonathan Chanda Mr. Ranganai Mazanhi Ms. Unenyasha Moyo Mr. Sindikani Zulu Mr. Munyaradzi Mushava Mr. Gregory Olivier Ms. Fiina Naikaku	Dental Therapy
	Dr. Marion Klingelhoeffer Dr. Elga Drews Dr. Daryl Oehley	Chiropractors, Phytotherapists, Homoeopaths, Naturopaths and related complementary professions.
	Dr. Peng Wang	Acupuncture
	Mr. Oscar K Kangwiya	Nutritionists
	Mr. Jackson Shifeni Mr. Josua Nambinga Mr. Nestor Sheimi Ms. Petrina Hamunyela Ngonga Ms. Imogene Joulay F. Mulonda Ms. Ronel Bampton Mr. Markus Joao Ms. Priskola Mwanyekange	Environmental Health
	Ms. Edwin Ralph Daniels Ms. Magdelena Lutaka Ms. Sara Tseitseimou Ms. Ester Kaluu Shapopi (Murape) Ms. Maria Nakanyala Ms. Martha Kashani Ms. Alfred Maretha Ms. Lee- Anne Isaacs Ms. Louise Eksteen	Radiography
NCNA		
	Prof. Stephanie van der Walt Dr. Lusia Pinehas Dr. Ndapeua Shifiona Ms. Maria Iyambo Ms. Lucille van der Westhuizen Mr. Eliud Shiwayu Ms. Judika Namases Ms. Toini de Almeida Dr. Alfons Amoomo	Registered Nurse and Midwife/Accoucheur

	Dr. Ndapunikwa Uukule Dr. Esther Mulenga Dr. Ottilia Ikeakanam Ms. Hilda Nashandi Ms. Justina Lungameni Ms. Mbapeua Kaapona Ms. Johanna Nghiluwa Ms. Hilma Iipinge Ms. Justina Petrus Ms. Gloria Jamela Ms. Sylvia Fillemon Ms. Rosina Hishitile Mr. Nicodemus Nghiweni Ms. Helena Amalenge Ms. Helena Nuumbosho Ms. Emma Nghitanwa Ms. Martride Amwaalanga	Registered Nurse and Midwife/Accoucheur (continues)
SWPCNA		
	Prof. Janetta Ananias Dr. Emma Leonard Ms. Angelique Kotzee Dr. Alta M Vorback Ms. Helen Mouton Ms. Enjouline Kole Ms. Catrien Du Toit	Social Work
	Ms. Hambeleleni Malakia Ms. Maika Eysselein Dr. Shelene Gentz	Clinical Psychology
	Ms. Ronel Bosch	Educational Psychology

4. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

4.1 INTRODUCTION

Healthcare practitioners have a responsibility to continuously update their professional knowledge and skills for the benefit of patients or clients. To this end, a joint CPD Committee, which comprises ten (10) members, two (2) representatives from each Council, was established to coordinate CPD activities. Practitioners are required to accumulate Continuing Education Units (CEUs) per twelve (12) month period, including the areas of professional ethics, human rights, and medical law. Each CEU is valid for twenty-four (24) months from the date on which the activity took place.

The CPD activities recorded during the 2024/2025 reporting period were conducted within the provisions of Section 32 (1) and (2) of the Medical and Dental Council Act, 10 of 2004 and the Pharmacy Act, 9 of 2004; Section 33 (1) and (2) of the Allied Health Professions Act, 7 of 2004; and Section 34 (1) and (2) of the Nursing Act, 8 of 2004 and the Social Worker and Psychology Act, 6 of 2004.

4.2 THE CPD COMMITTEE

The term of office of the CPD Committee members, which commenced on the 4th of October 2023, ended on the 4th of October 2024. The Council subsequently appointed the following new committee members on the 05th of October 2023 for a five (5) year term ending on the 06th of October 2028:

Table 59: Members of the CPD Committee 2023-2028

	NAME	COUNCIL
1.	Ms. Antonette de Almeida	AHPCNA
2.	Ms. Nadia Vermaak	AHPCNA
3.	Dr. Priscila Kambunga	MDCNA
4.	Dr. Marsha Koekemoer	MDCNA
5.	Prof. Scholastika Iipinge	NCNA
6.	Ms. Elizabeth Hamwaanyena	NCNA
7.	Ms. Nelago Ambondo	PCNA
8.	Ms. Vulika Nangombe	PCNA
9.	Ms. Sanmari Steenkamp	SWPCNA
10.	Ms. Enjouline Kole	SWPCNA

4.3 CPD Committee meetings

There were no CPD Committee meetings held during the reporting period.

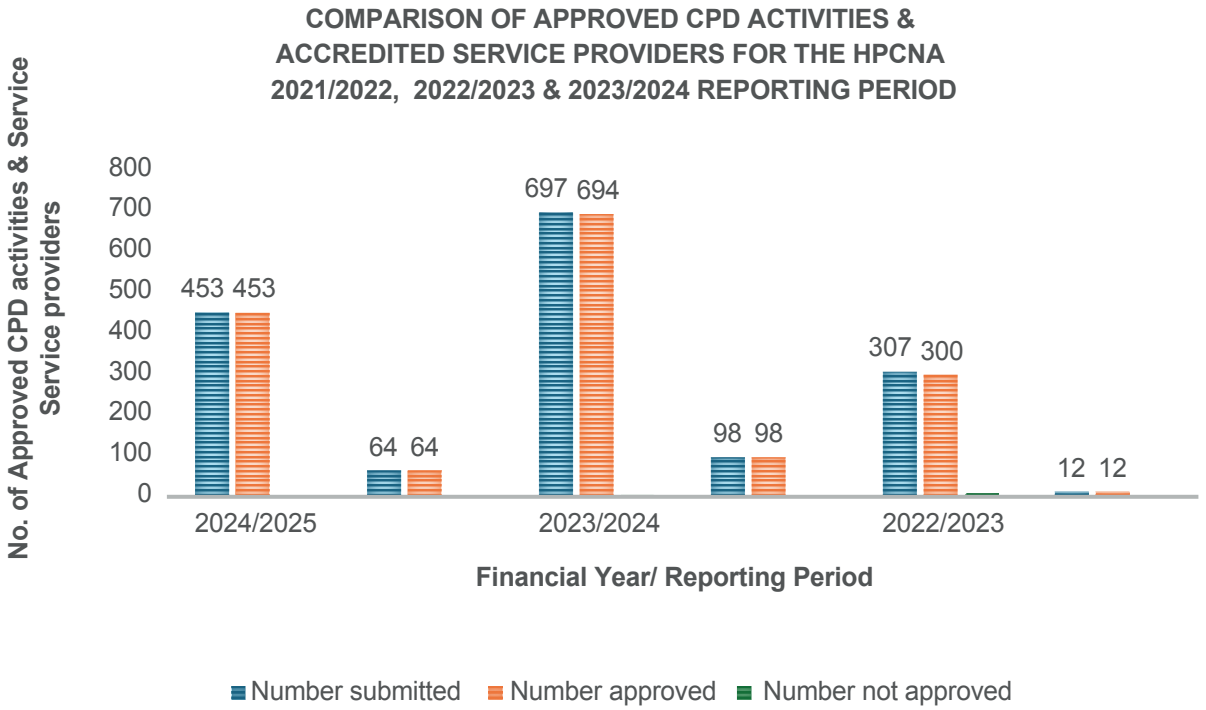
4.4 Approval of CPD activities and Accreditation of Service Providers

The CPD Committee approved several CPD activities and accredited various Service Providers as set out below:

Table 60: Number of approved CPD activities and accredited Service Providers

ACTIVITY	NO. SUBMITTED	NO. APPROVED	NO. NOT APPROVED
Approved CPD activities	453	453	0
Accredited service providers	64	64	0

Graph 8: Comparison of approved CPD activities and accredited Service Provider



The graph above indicates a decrease in the number of accredited service providers and approved CPD activities in 2024/2025 compared to the 2023/2024 reporting period. In addition, the 2022/2023 reporting period reflects the lowest accreditation and approval period. This decrease indicates that there is a need to sensitise health professionals on the importance and impact of CPD.

5. CPD STRATEGIC OBJECTIVE

Control and exercise authority concerning all matters affecting the education and training of all professionals and how they practice their profession.

The inspections of hospitals, health facilities and educational institutions, the evaluations and the CPD section enables the division to facilitate the control and exercise authority concerning all matters affecting the education and training of all professionals.

6. CONCLUSION

In conclusion, the ETQA and CPD division managed to carry out all the planned activities despite several challenges. There is progress in inspections, evaluations, and CPD efforts. Plans include refining inspection processes, maintaining rigorous evaluation standards and continuous improvement of CPD offerings.

SECTION **THREE**

LEGAL SERVICES DEPARTMENT

LEGAL SERVICES DEPARTMENT

1. INTRODUCTION

The Legal Services Department ('the department') of the Health Professions Councils of Namibia (HPCNA) is entrusted with the mandate of facilitating investigations of complaints against healthcare practitioners, providing legal opinions, and conducting of professional conduct inquiries and appeals. This is done through the coordination of activities of the preliminary investigation committees, professional conduct committees, appeal committees and health assessment committee.

In addition, the department plays a role of legislative support by drafting preliminary regulations and rules and aligning the legislation with the activities and mandate of the HPCNA. In doing so, stakeholders' engagement plays a pivotal role in execution of this task, such as registered persons, professional associations, the Ministry of Health and Social Services (MoHSS) and the Ministry of Justice (MJ).

The department plays a role in ensuring timely attendance to litigation matters involving the HPCNA and takes steps to mitigate legal risks to the HPCNA.

As part of its internal support function, the department ensures internal compliance with policies and administrative decisions and adherence to contractual obligations.

2. THE TEAM

The department has a team comprising:

- Ms. Johanna Nghishekwa, Chief Legal Officer – provides leadership and oversight of the departmental functions, acts as a pro forma complaint in professional conduct inquiries and provides legal advice and guidance.
- Ms. Charne Visser, Senior Legal Officer- provides oversight in the Legislative Support Division by drafting preliminary regulations, rules, and contracts.
- Ms. Luchandre Zimmer, Senior Legal Officer – provides oversight in the Professional Conduct Division by overseeing the functions of the Committees under the unit, overseeing litigation matters, acts as a pro forma complainant and provide legal advice and guidance.
- Ms. Surprise Nzwala, Legal Officer – provides support in the Professional Conduct Division in the management of the Committees, acts as a pro forma complainant in the professional conduct inquiries and provides legal advice.
- Ms. Ndinelao Kambunga, Legal Officer - provides support in the Professional Conduct Division in the management of the Committees, acts as a pro forma complainant in the professional conduct inquiries and provide legal advice.
- Mr. Johannes Burger, Senior Administrative Officer – provides support in the Legislative Support Division by conducting research and compiling preliminary information on proposed regulations and rules.
- Ms. Elizabeth Matomola, Senior Administrative Officer- ensures efficient documentation, filing and administrative support to the department.

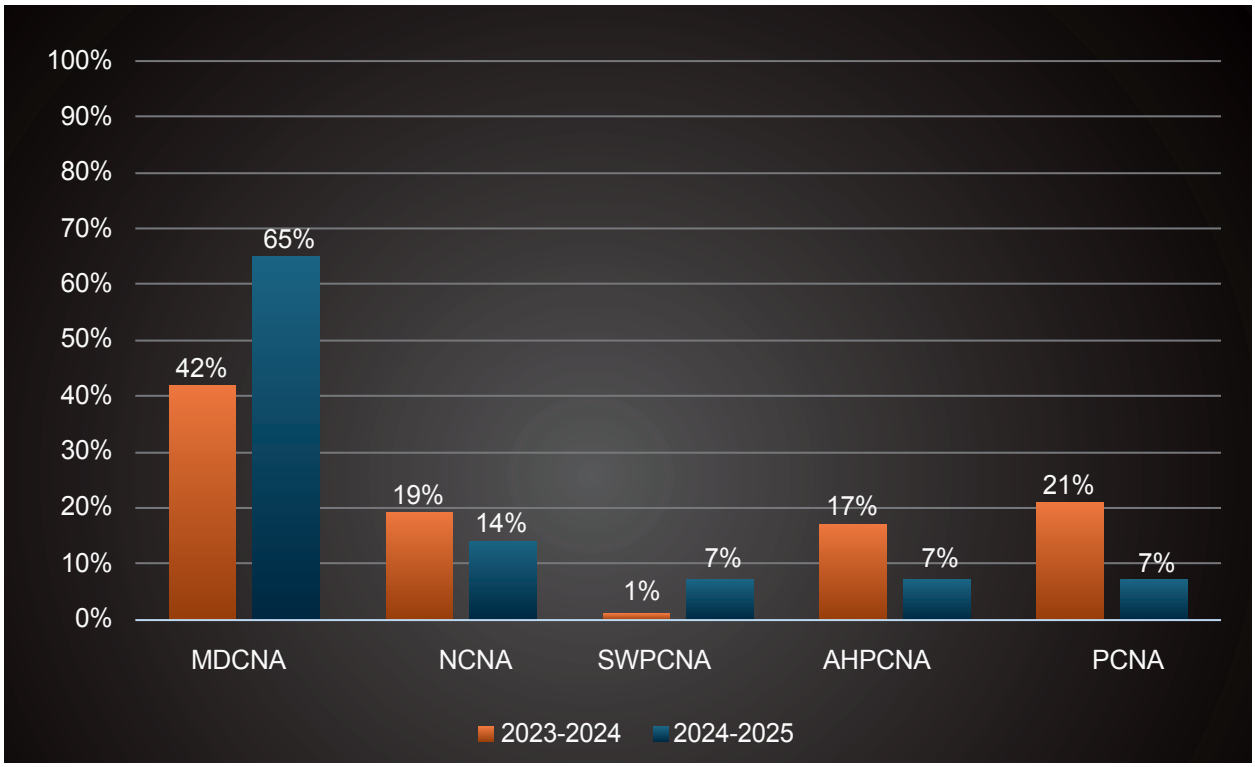
3. PROFESSIONAL CONDUCT DIVISION

3.1 Complaints Recorded

Table 61: Monthly records of the number of complaints reported to the HPCNA

MONTH	MDCNA	NCNA	SWPCNA	AHPCNA	PCNA	TOTAL
April 2024	3	0	0	1	0	**4**
May 2024	9	1	0	1	1	**12**
June 2024	3	0	1	0	0	**4**
July 2024	6	1	2	1	2	**12**
August 2024	3	1	0	0	0	**4**
September 2024	3	0	1	2	0	**6**
October 2024	10	2	2	1	1	**16**
November 2024	6	3	1	1	0	**11**
December 2024	3	0	0	0	0	**3**
January 2025	7	5	0	0	0	**12**
February 2025	3	0	0	0	2	**5**
March 2025	4	0	0	0	1	**5**
TOTAL	**60**	**13**	**7**	**7**	**7**	**94**

Graph 9: Graphical presentation of comparison of reported cases per Council during this period and the previous period



- The MDCNA has recorded an increase of 23% in complaints reported in comparison to the previous year. The cases range from general surgery, obstetrics, and gynaecology, maxillofacial, paediatrics and general surgery. Similar to the previous year, a high number of complaints were recorded for general medicine followed by obstetrics and gynaecology. This translates to a total of 78% of complaints relating to general medicine followed by a 6% for obstetrics and gynaecology and the remaining sectors made up a minimal percentage. The Khomas region generated the highest number of complaints followed by the Erongo region.
- Similar to the previous year, the NCNA received complaints 5% higher than the previous year. The general nursing field remains dominant in the number of complaints followed by midwifery. During this period no complaint was received from Kavango East and West regions, Oshana region, Omusati region, Hardap region, Otjozondjupa region, Oshikoto region and Zambezi region.
- An increase of 6% was noted during this period for SWPCNA in comparison to the previous period. This increase is attributed to the complaints reported in respect of field of clinical psychology.
- The AHPCNA recorded an increase of 10% in comparison to the previous period. The complaints emanated from medical and clinical laboratory and emergency care fields. It is noted that the complaints have been on the increase for the two consecutive periods of reporting.
- The PCNA has recorded a decrease of 14% in the number of complaints received during this period, with a significant number of complaints relating to non-compliance with legal ownership of community pharmacies.

4. COMMITTEES

4.1 Preliminary Investigation Committees (PIC)

The PICs are tasked to investigate complaints against healthcare practitioners and to make recommendations to the relevant Councils on their findings for Councils to take decisions.

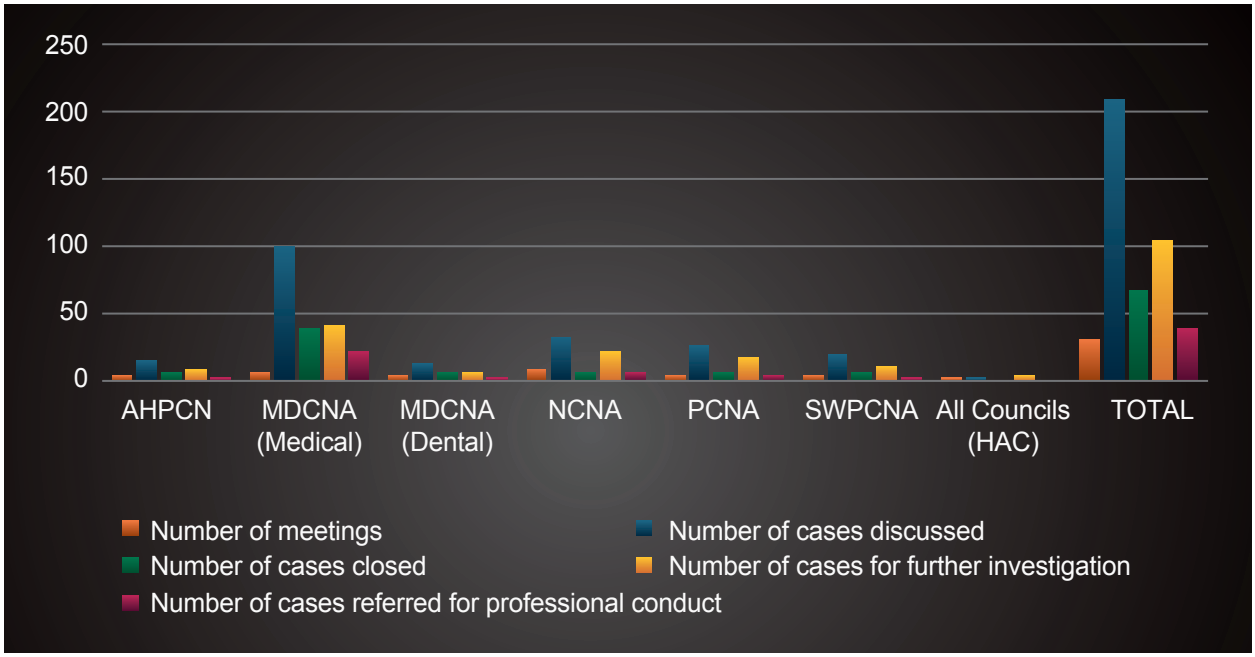
(a) Meetings held by Committees

Different Committees held meetings to conduct preliminary investigations into matters reported to the relevant Councils as envisaged by the relevant legislations. The table below shows the activities of the Committees during this period:

Table 62: Number of meetings and status of cases

COUNCIL	NUMBER OF MEETINGS	NUMBER OF CASES DISCUSSED	NUMBER OF CASES CLOSED	NUMBER OF CASES FOR FURTHER INVESTIGATION	NUMBER OF CASES REFERRED FOR PROFESSIONAL CONDUCT
MDCNA (Medical)	5	99	38	40	21
MDCNA (Dental)	4	13	6	5	2
NCNA	8	33	5	21	7
PCNA	4	26	6	16	4
SWPCNA	4	18	5	11	2
AHPCNA	4	15	6	9	2
Health Assessment Committee	2	4	0	3	0
TOTAL	**31**	**208**	**66**	**105**	**38**

Graph 10: Number of meetings and status of cases



- The cases are closed when there is insufficient evidence to prove the claim of unprofessional conduct, and the Committee recommends to Councils to close such cases.
- A case remains under investigation when a committee intends to obtain further information such as further explanations from the parties involved, an expert opinion or a legal opinion.
- Once a case is referred for PIC, a legal opinion on the prospect of success against a healthcare practitioner is obtained first before the case is presented to the Council for a decision. If a legal opinion finds no prospects of success on evidential aspects, a committee then recommends to the relevant Council to close the case.
- The meetings held by the PICs have increased with 72% in comparison to the previous period as the Committees were fully functioning during this period, given their recent appointments in the previous period.
- During this period the cases discussed have increased with 39%, which is attributable to the general increase in the number of cases reported during this period.
- Overall, there has been a notable increase in the number of cases before PICs during this period, with 27% of cases closed, 16% of cases under investigation and 31% of cases referred for professional conduct inquiry.

4.2 Pending cases for PIC

Pending cases are those cases under investigation, including cases from previous years, by PIC, awaiting information from the complainant and/or accused and/or health institutions and/or expert opinions and/or legal opinions.

Table 63: Pending cases in comparison to the previous year

COUNCIL	2023/2024	2024-2025
MDCNA	166	211
NCNA	25	46
PCNA	24	40
SWPCNA	13	24
AHPCNA	22	31
TOTAL	**250**	**352**

Overall, the pending cases have increased significantly with MDCNA with 27%, NCNA with 46%, PCNA with 40%, SWPCNA with 84% and AHPCNA with 41%. This is evidenced by an increase in the number of cases that were reported during this period in comparison to the previous period.

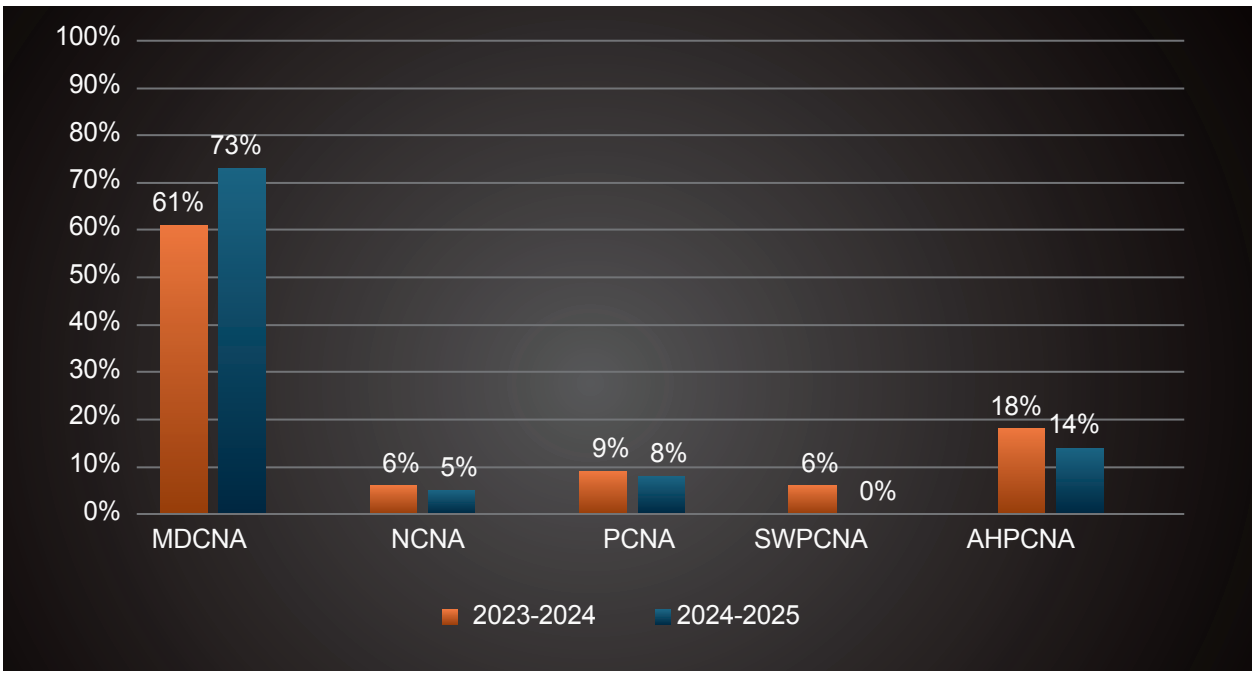
4.3 Professional Conduct Committees (PCC)

Professional Conduct Committees are tasked to conduct professional conduct inquiries on behalf of HPCNA and to make recommendations on their findings to Councils for ratification.

Table 64: Pending cases for professional conduct inquiry in comparison with the previous year

COUNCIL	2023-2024	2024-2025
MDCNA	20	27
NCNA	2	2
PCNA	3	3
SWPCNA	2	0
AHPCNA	6	5
TOTAL	**33**	**37**

Graph 11: Graphic presentation of pending cases for professional conduct inquiry in comparison with the previous year



- With exception of the MDCNA, an apparent increase in cases pending professional conduct inquiries is not actual, the percentage is influenced by the total number of cases pending during the reporting period.
- The MDCNA conducted six (6), NCNA held three (3), PCNA held one (1) SWPCNA held one (1) and AHPCNA held three (3) professional conduct inquiries.
- Although a significant number of inquiries were held in respect of the MDCNA, the number of cases pending increased due to the increased number of finalised investigations of cases reported during the same period.
- The inquiries are scheduled on the basis of first -come -first serve basis and date of the incident; and this is aimed at avoiding loss of memory of complainant, witnesses, healthcare practitioners and the loss of documentation relating to cases. The funds play a significant role in the scheduling of inquiries as expenses relating to venues, transportation and accommodation of witnesses, experts and Committee members, fees for committee members, witnesses and experts, catering and legal costs, in the event where outside legal practitioners are involved.
- The legislative framework does not curb the period within which a complaint may be lodged. This results in a case being reported at any stage while an incident may have occurred many years ago. In many instances, priority is given to such cases. During this period all cases in which incidents occurred up to 2014 have been finalised.

Table 65: Professional Conduct Inquires conducted

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
AHPCNA	14-15 August 2024	Ms. Heidrun Rapp	**Charge 1** The allegations were that on or about 24 September 2020 and at her practice at Fountain of Health in Windhoek she displayed her business cards bearing the description of acts that she performs such as natural health science, live blood analysis, thermography, molecular hydrogen therapy and iridology, which acts fall beyond the scope of her profession and/or practice as a therapeutic reflexologist. **Charge 2** The allegations were that on or about 7 September 2020 she used professional letterheads bearing a qualification of PhD., ND., which is not her registered qualification with the Allied Health Professions Council. **Charge 3** The allegations were that on 13 December 2007, and in particular, on or about 7 September 2020, her professional letterheads reflected a qualification of PhD., ND., which is not her academic qualification registered with the Allied Health Professions Council.	Ms. Rapp was found guilty on all three charges. **Penalty:** Payment of a fine of N$10,000-00 per charge, payable over a period of twelve months.
	2-4 October 2024	Mr. Egon Jankowski	**Charge 1** The allegations were that on or about 13 June 2020, and at or near Mariental, he administered medication, namely Paracetamol, one thousand milligram, intravenously, to a patient which administration falls within the scope of advanced life support or advanced life support specialist, while he was registered as an emergency care practitioner (intermediate), and whilst he was not a holder of a Bachelor of Honours in Emergency Medical Care.	The Defendant was found not guilty.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
	22-24 October 2024	Mr. Vistor Bushihu	**Charge 1** The allegations were that on 7 November 2020 and at Windhoek, and whilst Mr Paulus Filippus, a then acting shift leader, instructed him to attend to an emergency ambulance transfer of a critically ill patient with pericardial and pleural infusion from the Intermediate Katutura Hospital Ward 5A to the Windhoek Central Hospital Intensive Care Unit, he refused the said instructions and consequently withheld emergency services to the said patient, with regard to his profession. **Charge 2** The allegations were that on 7 November 2020 and at Windhoek, and whilst Mr Paulus Filippus, a then acting shift leader, instructed him to attend to an emergency ambulance transfer of a preterm labour patient from the Intermediate Katutura Hospital to the Windhoek Central Hospital Maternity Ward and he refused to act on the said instruction and consequently withheld emergency services to the said patient, when regard is had to his profession. **Charge 3** The allegations were that on 5 February 2021, and 12 April 2021, the Allied Health Professions Council of Namibia addressed letters to him requesting his response to the allegations of unprofessional conduct levelled against him, and he failed and/or refused to comply with the lawful instructions of the Council to respond within a period of twenty-one (21) days, fifteen (15) days, and five (5) days, respectively, and thereby made himself guilty of unprofessional conduct.	Defendant was found guilty on all three charges. · In respect of charge 1 and 2, Defendant's name was removed from the register of the Allied Health Profession Council, and he is not allowed to practice his profession as an emergency care practitioner. · A fine of N$20 000-00 was imposed on the Defendant in respect of Charges 2 and 3.
MDCNA	24-26 April and 20-21 June 2024	Dr. Tshali Ithete	**Charge 1** The allegations were that between May 2010 and March 2017 and at or near Oshikango, Republic of Namibia, he employed one Lester Perez Ricardo as locum *tenens* at his medical practice of Ongwediva Medical Centre while well knowing that the said Lester Perez Ricardo was not registered to practise as a medical practitioner in Namibia. **Charge 2** The allegations were that between May 2010 and March 2017 and at or near Oshikango, Republic of Namibia, he employed or co-operated or consulted, or in any way assisted one Lester Perez Ricardo by allowing him to provide health services at his medical practice of Ongwediva Medical Centre while well knowing that the said Lester Perez Ricardo was not a registered medical practitioner and therefore, not allowed to practise as a medical practitioner in Namibia.	Dr. Ithete was found guilty on Charges 1 and 2. **Penalty** He was fined an amount of N$ 70 000.00.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
	10-11 June 2024	Dr. Pieter van der Westhuizen	The Defendant raised two (2) points *in limine*, that the Professional Conduct Committee was not properly constituted, firstly, that the President must chair the inquiry, and secondly, the appointment of an Executive Committee member was improper as the provisions of Section 10 (4) of the Act do not apply to the inquiry proceedings and consequently, the appointments of the assessor and co-opted members were invalid. The Committee resolved that all appointments were done within the legal provisions and the inquiry in the matter should proceed. The matter was set down for 11-14 August 2025 which dates were called off due to an application filed by the Defendant in the High Council seeking an order for stay of professional conduct proceedings. The High Court application proceedings are not yet finalised.	
	22-26 July, 23-25 September and 25 October 2024	Dr. Barend P. Viljoen	**Charge 1** The allegations are that between 7 January 2015 and 11 February 2015 and at or near Windhoek, and whilst a patient was under his care or charge, he failed to immediately and/or at all treats and/ or prescribe the correct medication to the patient who later died. **Charge 2** The allegations are that between 7 January 2015 and 15 February 2016 and at or near Windhoek and whilst a patient under his care or charge, who later died on 15 February 2015, he failed, while the said patient's blood tests revealed the presence of an infection, to immediately and/or as soon as possible control such infection when his professional ethics and duties so dictated. **Charge 3** The allegations are that between 7 January 2015 and 15 February 2015 and at or near Windhoek, and whilst a patient under his care or charge, who later died on 15 February 2015, he failed to correctly diagnose the patient. **Charge 4** The allegations are that between 7 January 2015 and 15 February 2015 and at or near Windhoek, and whilst a patient under his care or charge, who later died on 15 February 2015, he failed to note the deterioration in the condition of the patient when his professional ethics and duties so dictated. **Charge 5** The allegations are that between 7 January 2015 and 15 February 2015 and at or near Windhoek, and whilst a patient under his care or charge, who later died on 15 February 2015, he failed to monitor and/ evaluate the patient when his professional ethics and duties so dictated.	The professional conduct inquiry has not been finalised.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
			Charge 6 The allegations are that between 7 January 2015 and 15 February 2015 and at or near Windhoek, and whilst a patient under his care or charge, who later died on 15 February 2015, he failed to note that the patient was under respiratory distress when his professional ethics and duties so dictated. **Charge 7** The allegations are that between 7 January 2015 and 15 February 2015 and at or near Windhoek, and whilst a patient under his care or charge, who later died on 15 February 2015, he failed to keep clear and accurate records of all actions he performed on the patient when his professional ethics and duties so dictated.	
	2-5 September, 9-13 December 2024 and 16 January 2025	Dr. Celestinos Murairwa	**Charge 1** In that between 09 June 2014 and 12 June 2014, and at or near Engela State Hospital, and whilst a patient was under his care or charge, he failed, when regard is had to his profession, to conduct a physical examination and/or to order the necessary investigations to exclude alternative diagnoses and resultantly failed to diagnose, treat and/or prescribe the correct medication for the patient. **Charge 2** The allegations are that between 15 June 2014 and 16 June 2014, and at or near Engela State Hospital, and whilst a patient, was under his care or charge, he failed, when regard is had to his profession, to conduct a physical examination and/or to order the necessary investigations to exclude alternative diagnoses and resultantly failed to diagnose, treat and/or prescribe the correct medication for the patient.	Dr. Murairwa was found guilty on Charge 1. **Penalties:** Payment of fine in the amount of N$60 000. 00.
	14-18 October 5-6 November, 11-12 November 2024	Dr Amir Shaker- First Defendant Dr Leirvy Gonzalez – Second Defendant	**FOR FIRST DEFENDANT** **Charge 1** The allegations are that between 27 September 2017 and 29 September 2017 and at or near Walvis Bay State Hospital, and whilst a pregnant patient was under his care or charge, he failed, when regard is had to his profession, to immediately diagnose, treat and/or prescribe the correct medication and/or treatment to the patient. **Charge 2** The allegations are that between 27 September 2017 and 29 September 2017 at or near Walvis Bay hospital, and whilst a pregnant patient, was under his care or charge, he failed, when the regard is had to his profession, to immediately refer the patient to another facility for treatment.	The professional conduct inquiry proceedings are not finalised.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
			FOR SECOND DEFENDANT **Charge 1** The allegations are that between 27 September 2017 and 29 September 2017 and at or near Walvis Bay State Hospital, and whilst a pregnant patient was under his care or charge, he failed, when regard is had to his profession, to immediately diagnose, treat and/or prescribe the correct medication and/or treatment to the patient. **Charge 2** The allegations are that between 27 September 2017 and 29 September 2017 and at/or near Walvis Bay State Hospital and whilst a pregnant patient was under his care, he failed, when regard is had to his profession, to immediately refer the patient to another facility for treatment.	
	10-14 March, 24-26 June 2025	Dr. Abigail Rutendo, Chingogwana-Ndudzo – First Defendant Dr. John Haipinge Onephillips – Second Defendant Dr. Gustavo Wondo Shembo – Third Defendant	**For First Defendant** **Charge 1** The allegations are that on or about 10 April 2014, and at or near the Namdeb Private Hospital, and whilst the patient was under her care or charge, she failed, when regard is had to her profession, to correctly diagnose the patient with corneal ulcer instead she diagnosed the patient with cataract, and such misdiagnosis resulted in a perforated cornea. **Charge 2** The allegations are that on or about 10 April 2014 and at or near the Namdeb Private Hospital, and whilst a patient was under her care or charge, when regard is had to her profession, she prescribed treatment to the patient, which prescription included Maxitrol eye drops, the use of which has a known effect of precipitating corneal melting in the presence of a corneal ulcer.	The professional conduct inquiry has not been finalised.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
			For Second Defendant **Charge 1** The allegations are that between 24 April 2014 and 28 April 2014 and at or near the Intermediate Hospital Oshakati and whilst a patient was under his care and charge, when regard is had to his profession, and the patient having presented with clear clinical history of corneal ulcer, he failed to consider corneal ulcer as a diagnosis, instead, he diagnosed the patient with endophthalmitis, which led to the removal of the patient's right eye and subsequent irreversible blindness. **Charge 2** The allegations are that between 24 April 2014 and 28 April 2014 and at or near the Intermediate Hospital Oshakati and whilst a patient was under his care and charge, he failed, omitted or neglected to keep full, accurate and complete records of all actions that he took on the patient pertaining to convincing clinical findings to support the diagnosis of endophthalmitis, less invasive or definitive surgical options which were considered or discussed with the patient and notes on whether the presence of endophthalmitis was confirmed at surgery.	
			For Third Defendant **Charge 1** The allegations are that on or about 28 April 2014 and at or near the Intermediate Hospital Oshakati and whilst a patient was under his care and charge, when regard is had to his profession, and the patient having presented with clear clinical history of corneal ulcer he eviscerated the patient's right eye under local anaesthesia with a diagnosis of endophthalmitis and failed to consider corneal ulcer as a diagnosis. **Charge 2** The allegations are that on or about 28 April 2014 and at or near the Intermediate Hospital Oshakati, and whilst a patient was under his care and charge he failed, omitted or neglected to keep full, accurate and complete records of all actions that he took on the patient pertaining to convincing clinical findings to support the diagnosis of endophthalmitis, less invasive or definitive surgical options which were considered or discussed with the patient and notes on whether the presence of endophthalmitis was confirmed at surgery.	

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
NCNA	10-12 February - 6, 7, 24 March 2025	R/N Lena Getruida Vries (Swartbooi)	**Charge 1** The allegations were that on or about 10 December 2021 at around 17h00, at or near Gibeon Clinic she failed and or refused to assess the health condition of, treat, and diagnose the patient when she was presented to Gibeon Clinic while she was on stand-by duty when her professional ethics dictate, which patient later died. **Charge 2** The allegations were that on or about 10 December 2021 at around 17h00, at or near Gibeon Clinic she refused and/or neglected to execute the lawful duties for which she is employed by failing to attend to the patient when the patient was presented to the Clinic while she was on standby-by duty, in that she indicated that she was only attending to emergencies, which patient later died. **Charge 3** The allegations were that on or about 10 December 2021 at around 17h00, and at or near Gibeon Clinic she neglected to do what she could to prevent the deterioration in the health status of the patient on presented to Gibeon Clinic whilst she was in a position to do so, and while she was on stand-by duty, which patient later died.	R/N Swartbooi was found guilty on all three charges. **Penalties:** · Payment of a fine of N$ 60, 000. 00. · Suspended from practising as a Registered Nurse for a period of one year which suspension is further suspended for a period of three years on condition that she is not found guilty of similar offences over such three-year period of suspension.
	13-15,17 May, 15-17 July 2024	R/N Sikwaya Mazenga	**Charge 1** The allegations were that on or about 29 September 2017 and at around at Rundu State Hospital and whilst a patient was directly and/or indirectly under her care in the ante natal ward, she omitted and/ or neglected to maintain the health status of the patient by failing to monitor the vital signs of the patient who was a high-risk patient diagnosed with PIH and induced with Cytotec pv and as directed by Dr. Muzvarirwi Mathias when her professional ethics dictates. **Charge 2** The allegations were that on or about 29 September 2017 and at Rundu State Hospital and whilst a patient was directly and/or indirectly under her care in the ante natal ward, she omitted and/or neglected to administer and/or cause the administration of Cytotec tablet (Misoprostol) to the patient as directed by Dr. Muzvarirwi Mathias when her professional ethics dictated. **Charge 3** The allegations were that on or about 29 September 2017 and at around at Rundu State Hospital and whilst a patient was directly and/or indirectly under her care in the antenatal ward, she omitted and/ or neglected to keep clear and accurate records of all action which she performed in connection with the patient when her profession dictates.	Defendant was found guilty on Charges 1 and 3 **Penalties:** · Payment of the amount of N$ 40 000.00, payable in two equal instalments within a period of four months. · Suspended from practising as a Registered Nurse for a period of one year which suspension is further suspended for a period of two years on condition that she is not found guilty of similar offences over such three-year period of suspension.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
	27-28 May, 1-2 August 2024	R/N Maria Shigwedha	**Charge 1** The allegations were that on or about 22 April 2016 at Intermediate Hospital – Katutura and at Ward 8 A, she failed and/or omitted to give the prescribed oral Augmentin 250mg to the patient there and then under her care, which medication was given by the mother of the patient intravenously, and as a result the patient reacted to the said medication and later died. **Charge 2** The allegations were that on or about 22 of April 2016 at Intermediate Hospital – Katutura and at Ward 8 A she failed to give the prescribed oral Augmentin 250mg to the patient there and then under her care, instead she handed the medication to the mother of the patient with an instruction to give the said medication to the patient, the mother of the patient acted on her instructions and gave the medication intravenously and as a result the patient reacted to the said medication and later died. **Charge 3** The allegations were that on or about the 22nd of April 2016 at Intermediate Hospital – Katutura and at Ward 8 A, she failed or neglected to keep clear and accurate records of all actions which she performed in connection with the patient there and then under her care and thereby made herself guilty of misconduct.	The Defendant was found guilty on all three charges. **Penalties:** · Payment of the amount of N$ 90 000.00. · Suspended from practising her profession as a registered nurse for a period of two years.
PCNA	5-6 August 2024	Mr. Franzel Marais	**Charge 1** The allegations were that on or about 9 December 2021, and at or near Karibib Pharmacy, Karibib, he failed to observe the provisions of Section 31(a) of the Medicines and Related Substances Control Act 13 of 2003 in that he failed to inform a client who visited Karibib Pharmacy with a prescription dated 7 December 2021, of the benefits of substituting Seretide 50/100 with an interchangeable multi source medicine, namely Seroflo 25/50. **Charge 2** The allegations were that on or about 9 December 2021, and at or near Karibib Pharmacy, Karibib, he failed to provide information on medicines, namely Seroflo 25/100, Avamys nasal spray and Texa tablets to a client, when the scope of his profession dictates so.	She was found guilty on charge 1. **Penalties:** · Payment of a fine of N$ 15 000-00, payable within a period of six months. · Defendant to issue a written apology to the client of which a copy must be provided to the Council within one month of ratification of the decision of the Council.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
SWPCNA	29 – 31 July, 14 October and 28-29 November 2024	Dr. Jurgen Hoffmann	**Charge 1** The allegations were that he issued a dietary plan to a patient/person and having failed to refer such patient/person to a health professional under any law as required in terms of Regulation 2 (2) (g) (ii) of the Regulations relating to the scope of practice of Clinical Psychologists and Educational Psychologist GG 4218, and as his professional ethics dictates. **Alternative Charge to Charge 1** The allegations were that he issued a dietary plan to a patient/person under his care thereby having given an impression to such patient/person that he is qualified and/or registered to issue such a plan whilst issuance of such is beyond his scope of profession. **Charge 2** The allegations were that he issued a dietary plan to a patient/person under his care which plan is purported to have been issued pursuant to a psychological and/or therapeutic intervention contrary to what his profession dictates and contrary to the provisions of Regulation 2 (2) (b) of the Regulations relating to the scope of practice of Clinical Psychologists and Educational Psychologist GG 4218.	The Council is yet to consider the findings and penalties of the Professional Conduct Committee.

4.3.1 Appeals Committees

The Appeals Committee is mandated to deal with the appeals against decisions taken by a Professional Conduct Committee or a Council or failure to make decisions by a Council.

4.3.2 Appeals Hearings

The following appeal hearings took place:

Table 66: Appeals

COUNCIL	DATE OF HEARING	APPELLANT	PARTICULARS OF APPEAL	OUTCOME
MDCNA	22- 23 May, 29 August 2024 and 28 March 2025	Andries Cloete	The appellant appealed against the findings and the decision of the Council to close the case due to lack of evidence of unprofessional conduct.	The appeal succeeded with costs against the Council. The matter was referred to the Disciplinary Committee for an inquiry.
	15 November 2024	Serafine Haipinge	The appellant appealed against the findings and the decision of the Council to close the case due to lack of evidence of unprofessional conduct.	The appeal was dismissed.
	24 March 2025	Dr. Tshali Ithete	The appellant appealed against the decision of the Council after he was found guilty of employing a *locum tenes* and assisted that person to provide medical services whilst not registered with the Council. The appellant was fined an amount of N$ 70 000.00.	The appeal was dismissed.
NCNA	29 April 2024	R/N Vistorina Angula	The appellant appealed against the decision of the Council after she was found guilty of unprofessional conduct and fined an amount of N$ 60 000.00, suspended from practicing her profession, which suspension was suspended for a period of three years on condition that she is not found guilty of similar offences.	The ruling of the appeal of 14 August 2024 was vague, and the Council filed an appeal to the High Court to nullify the ruling. The High Court ruling is pending.
SWPC	6 & 28 May 2024	Dr. Petro Kimberg	The appellant appealed against the decision of the Council to charge her for unprofessional conduct; that there was a delay in prosecution, duplication of charges and that she is entitled to remain silent when requested to provide information for purposes of investigation of a complaint.	The appeal succeeded in respect of the duplication of changes and was dismissed on the delay in prosecution and failure to provide information.

4.4 High Court matters

Table 67: High Court cases lodged against the Councils

APPLICANT / PLAINTIFF	RESPONDENT / DEFENDANT	CLAIM	PROGRESS
NCNA	Appeal Committee & R/N Vistorina Angula	The NCNA appealed against the decision of the Appeal Committee due to its vagueness and lack of reasoning.	The ruling is pending.
Drs. Patrick Bwalya & Fifi Kabunda	MDCNA	Dr. Bwalya and Dr. Kabunda filed an application against the decision of the Appeal Committee to dismiss their appeal on the interlocutory matters they raised at the professional conduct inquiry inter alia that there was a delay in prosecuting the matter.	The matter is pending in the High Court.
Dr. Petro Kimberg	SWPCNA	Dr. Kimberg has filed an appeal to the Hight Court for review of the decision of the Appeal Committee for partly dismissing her appeal.	The matter is pending in the High Court.

5. LEGISLATIVE SUPPORT DIVISION

The Councils are empowered in terms of their respective Acts to recommend to the Minster of Health and Social Services to make Regulations to guide the practice of the professions. The division undertakes the initial drafting of Regulations. The process adopted in drafting Regulations involves the initial drafting of the proposed Regulations, which are then forwarded to the professionals through their associations / societies / unions and professional committees for input and comments. The draft is then forwarded to the Minster for approval before it is handed to the MJ for scrutiny and further handling.

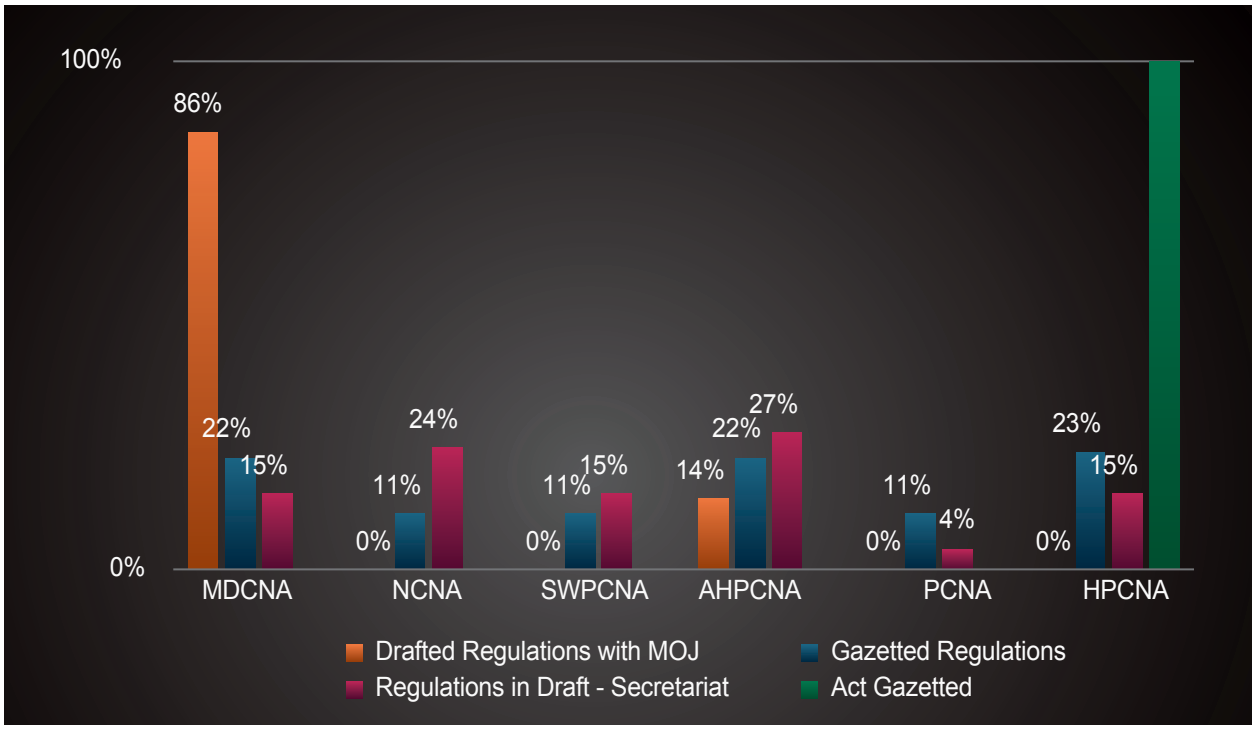
During this period the Health Professions Act 16 of 2024 was published on 30 December 2024 and came into force on 20 March 2025.

5.1 Regulations and Rules

Table 68: Sets of regulations and rules per Council drafted and gazetted

COUNCIL	DRAFT REGULATIONS WITH THE MINISTRY OF JUSTICE	GAZETTED REGULATIONS	REGULATION IN DRAFT PROCESS – SECRETARIAT	ACT GAZETTED
MDCNA	6	2	6	
NCNA	0	1	10	
SWPCNA	0	1	6	
AHPCNA	1	2	11	
PCNA	0	1	2	
HPCNA	0	2	6	1
TOTAL	7	9	41	1

Graph 12: Graphic presentation of draft regulations with the Ministry of Justice, Gazetted Regulations and Regulations in drafting process with Secretariat



- The MDCNA has the highest number of Regulations for scrutiny with the Legal Drafters of the MJ, as a number of minimum requirements for registration required amendments.
- A high number of Regulations were drafted during this period in comparison to the previous year. This is attributed to the preparation of the coming into force of the Health Professions Act No 16 of 2024.

6. CHALLENGES

6.1 Investigation Process

- The availability of hospital/medical records and complete hospital records remains a concern as some of the investigations are halted or closed due to unavailability of the records. This has been the experience, in many instances, with the State hospitals/health facilities.
- The number of cases that are pending under professional conduct inquiries, especially for the medical profession, continue to increase despite a reasonable number of inquiries conducted during this period. This is attributed to the additional cases in which preliminary investigations are completed, and the HPCNA wishes to conduct inquiries.
- The budgetary constraints continue to hamper the finalisation of professional conduct inquiries.

7. CONCLUSION

7.1 During this period, there was a general increase in the number of complaints of unprofessional conduct. The complaints relating to Medical and Dental professions topped those of other professions. This may be attributed to the increased number of Medical and Dental practitioners over the past few years or general conduct of the professionals that may warrant complaints from time to time.

7.2 Investigations of unprofessional conduct is evidence based and requires information from any person or entity linked to the complaint. Over the previous years and especially during this period, there has been a significant improvement in the provision of information from healthcare practitioners and hospitals or health facilities. This has resulted in a rapid finalisation of investigations of recent complaints.

7.3 The promulgation of the Health Professions Act No. 16 of 2004 is anticipated to have a positive impact on the long process of investigation, as the Act provides for an option to a healthcare practitioner under investigation to plead guilty at any point after being notified of the complaint. This, in a way, will reduce the number of cases pending professional conduct inquiry.

7.4 The MoHSS and the Ministry of Justice and Labour Relations, Legal Drafters, played a significant role in ensuring that the Health Professions Act No. 16 of 2024 came into being.

SECTION **FOUR**

FINANCE, ADMINISTRATION, HUMAN RESOURCES, INFORMATION TECHNOLOGY AND RECORD MANAGEMENT DEPARTMENT

1. DIVISION: FINANCE

1.1 INTRODUCTION

The Finance division focuses on the following strategic objectives:

- **Strategic financial planning and forecasting.**
- **Efficient capital allocation and cost management.**

a) BUDGET OVERVIEW

Budget enforcement by the MDCNA, the AHPCNA, the PCNA, the NCNA and the SWPCNA (Hereinafter "the Councils") was rigorously monitored through detailed variance analysis. Comprehensive reports were generated and disseminated to both management and Council members to facilitate thorough review, collaborative evaluation, and timely corrective actions where necessary. This process remained vital in promoting adherence to internal budgetary controls, enhancing transparency and accountability, and supporting informed and responsible decision-making across all levels.

b) REVENUE

The HPCNA generate income from the fees payable by healthcare practitioners. Mainly, annual maintenance, application, inspection, and evaluation fees. The other additional income is the annual grant from the government, bank interest and property rental fees.

The total revenue of HPCNA improved by 25 % from N$51,462,919.00 in the preceding year to N$64,218,262.00 for the financial year under review.

The main source of income for the HPCNA was the government grant of N$25 000 000.00, which constituted 39% of the total revenue. This grant was received from the MoHSS as appropriated by the Namibian Parliament for defraying expenses incurred by HPCNA in connection with their powers and the discharge of their duties and functions.

During the reporting period, the HPCNA generated a combined income of N$39,218,262.93 mainly from annual maintenance, application, inspection, and evaluation fees.

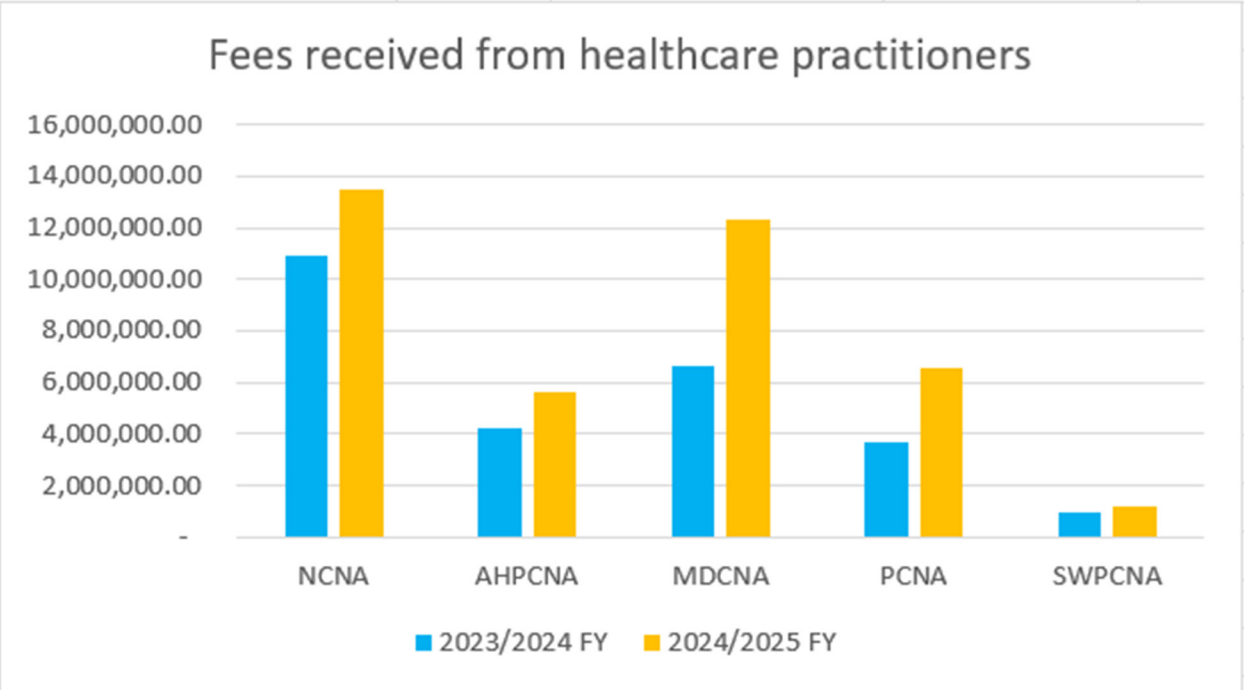
The HPCNA also generated an integrated income of N$504,900.00 from the operating lease of three (3) properties. This represents a 12% increase from N$452,000.00 generated in the 2023 / 2024 financial year. Newly acquired office, 42 Schönlein Street, Erf 4170 received tenants from 1st February 2025. This contributed to the increase in income from operating leases.

The revenue for the financial year under review is shown in Table 69 and Graph 13 below:

Table 69: Revenue for the 2023/2024 financial year compared to the 2024/2025 financial year

COUNCIL	2023 / 2024 FY	2024 / 2025 FY	%
NCNA	N$10 910 596	N$13 478 274	24% increase
AHPCNA	N$4 255 725	N$5 661 324	33% increase
MDCNA	N$6 638 053	N$12 344 693	86% increase
PCNA	N$3 719 251	N$6 519 513	75% increase
SWPCNA	N$939 292	N$1 214 455	29.% increase
GOVERNMENT GRANT	N$25 000 000	N$25 000 000	0% Increase
TOTAL	**N$51 462 917**	**N$64 218 259**	**25% increase**

Graph 13: Graphic presentation of revenue



Overall, revenue increased by 25% due to the rise in the number of registered healthcare practitioners.

c) INVESTMENTS

The HPCNA maintained the practice of investing surplus funds in the Call and Unit Trust Investment Accounts. These accounts generated a joined interest of **N$3 625 111.67,** representing a 49% increase from the **N$2 435 545.54** generated in the 2023 / 2024 financial year.

d) INVOLUNTARY REMOVAL OF NAMES FROM THE REGISTERS OR ROLL DUE TO NON-PAYMENT OF ANNUAL MAINTENANCE FEES

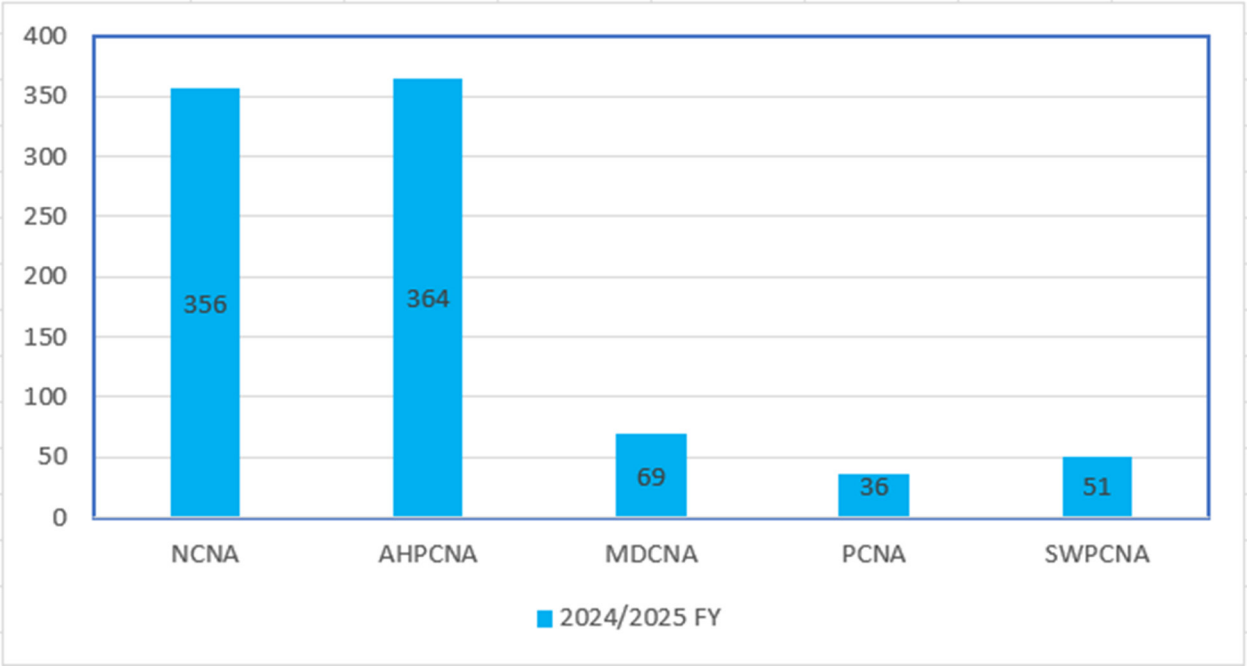
As prescribed by the law, the HPCNA may remove from the registers or roll the names of healthcare practitioners who fail to pay their annual maintenance fees within the prescribed time. The number

of healthcare practitioners whose names have been removed from the registers or roll per Council is presented in Table 70 and Graph 14 below.

Table 70: Number of healthcare practitioners whose names were removed from registers or rolls

COUNCIL	NUMBER	FEES OWED IN N$
NCNA	1007	589,724.65
AHPCNA	798	406,680.29
MDCNA	151	676,060.58
PCNA	74	168,922.80
SWPCNA	75	102,277.79
TOTAL	**2105**	**1,943,666.11**

Graph 14: Number of healthcare practitioners removed from registers or rolls



Graph 14 indicates that 7% of total registrants of the NCNA, 20% of the AHPCNA, 5% of the MDCNA, 5% of the PCNA, and 10% of the SWPCNA had their names removed from the registers or roll due to non-payment of annual maintenance fees.

The Councils have consistently adopted vigorous debt collection measures to ensure that money owed to them by the healthcare practitioners for annual maintenance and other services is recovered. In this respect, various methods such as sending text messages to practitioners, letters to employers of practitioners, and messages on the website were used to remind practitioners to pay funds owed to the Councils. These initiatives have proved to be effective in collecting the outstanding fees from healthcare practitioners, and those who paid their dues had their names restored to the registers or roll as discussed below.

e) RESTORATION OF NAMES OF HEALTHCARE PRACTITIONERS TO REGISTERS OR ROLL

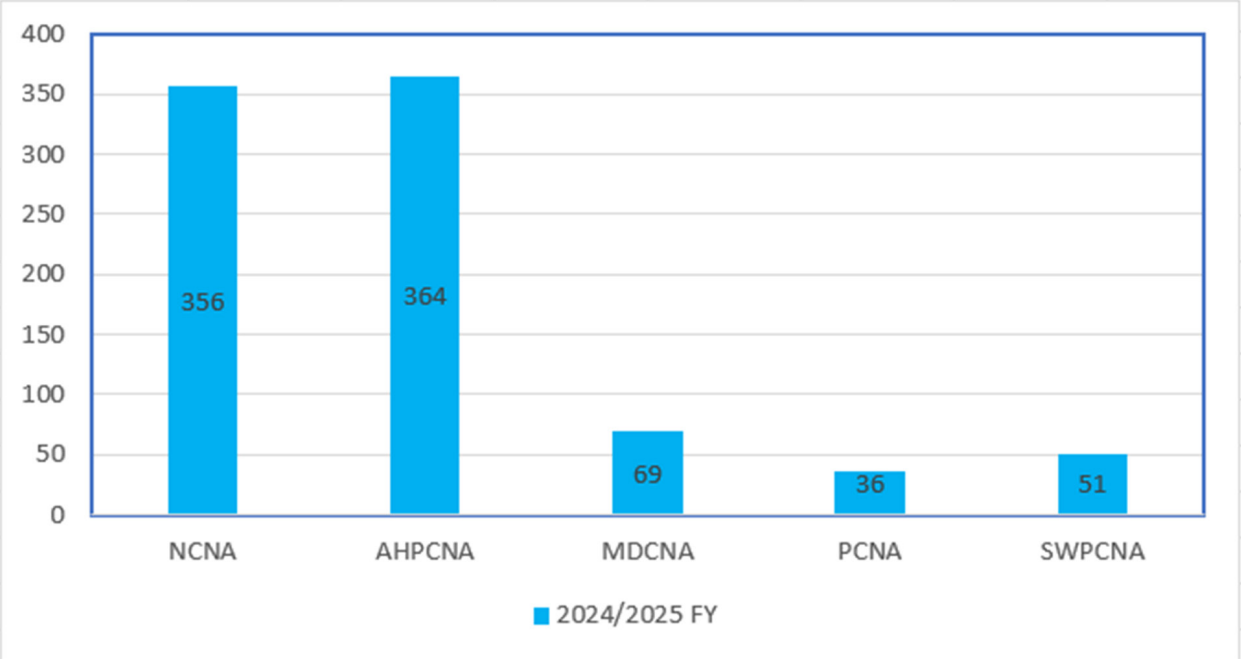
In terms of the Acts, a person whose name has been removed from the register or roll, as the case may be, may apply to the relevant HPCNA to have his or her name restored to such register or roll after payment of the required fees.

Table 71 and Graph 15 present the number of healthcare practitioners whose names were restored to the registers or rolls.

Table 71: Number of healthcare practitioners whose names were restored to the registers or rolls

COUNCIL	NUMBER	FEES PAID IN N$
NCNA	356	371,820.00
AHPCNA	364	358,885.00
MDCNA	69	142,590.00
PCNA	36	42,300.00
SWPCNA	51	62,370.00
TOTAL	**876**	**977,965.00**

Graph 15: Number of healthcare practitioners whose names were restored to the registers or rolls



A total of eight hundred and seventy-six (876) healthcare practitioners had their names restored to registers or rolls, representing 42% of the total number of registrants removed from the registers or rolls during the financial year. The restoration of names to registers or rolls generated additional revenue for the HPCNA, amounting to N$977 965.00.

f) AUDITED FINANCIAL STATEMENTS

The HPCNA accounting records were externally audited by Saunderson & Co, and in their opinion, the annual financial statements present fairly, in all material respects, the financial position of the HPCNA, their financial performance and cash flows as of 31st March 2025. The HPCNA obtained unqualified audit opinions. The audited financial statements are presented separately as annexures to this report.

g) CONCLUSION

The core role of the division is to provide effective, accountable, and prudent financial support to the HPCNA. The division has consistently executed this task.

2. DIVISION: HUMAN RESOURCES (HR)

2.1 INTRODUCTION

The department is responsible for providing support services to the HPCNA. Some of the key focused areas during the reporting period were to ensure the availability of manpower to deliver services, improve staff relations, revise the HR policies, increase the asset base, and strengthen IT infrastructure.

2.2 STAFF ESTABLISHMENT

As per the HR Policy, the staff establishment should always be brought in line with changing circumstances. For this reason, it should be revised from time to time by the Recruitment, Promotion and Remuneration Review Committee and propose changes to the Registrar.

During the reporting period, the Recruitment, Promotion and Remuneration Review Committee revisited the staff establishment and realigned it to effectively respond to the current nature of service demand. As a result, forty-nine (49) posts existed, out of which forty-two (42) were filled, translating into an 86% occupancy rate. This has enabled correct staff placement and saved on HR costs.

2.3 STAFF ATTRITION, RECRUITMENT, AND PROMOTION

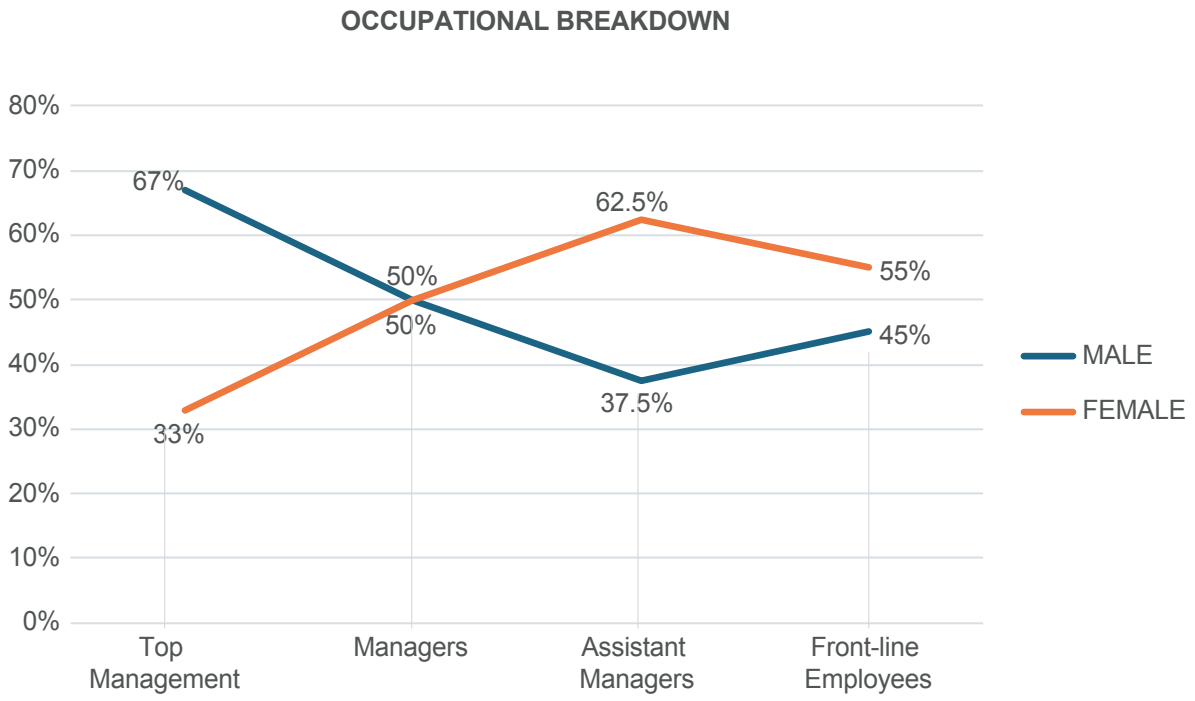
During the reporting period, three (3) employees resigned from the Councils. In addition to the departure, the longest-serving staff member became due for retirement after twenty-nine (29) years of uninterrupted service to the HPCNA. However, due to the delays in finding a suitable replacement, her service was retained for a period of six (6) months to ensure continuity of services and to expand the search for a suitable replacement.

Regarding promotion, one (1) female employee was promoted to the position of Administrative Officer in the Division of ETQA and CPD.

Table 72: Employees per gender and occupational level

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top Management	4 (67%)	2 (33%)	6
Managers	4 (50%)	4 (50%)	8
Assistant Managers	3 (37.5%)	5 (62.5%)	8
Front-line Employees	9 (45%)	11 (55%)	20
TOTAL	**20 (48%)**	**22 (52) %**	**42**

Graph 16: Graphical presentation of employees per gender and occupational level.



As per the illustration of Table 72 and Graph 16, the HPCNA workforce is dominated by female employees at 22 (52%) out of 42 employees, while 20 (48%) are males.

There is a fair representation of female employees in all job categories, including the top management. The male-female demographics in the managerial category show that 50% are female employees, which is an increase of 10% from the 40% reported in the previous financial year.

A strong female dominance is equally evident at the assistant managerial level and the frontline staff category, with 55% and 52% respectively.

The staff demographic demonstrates fair and equitable female participation in decision-making and general activities. This speaks of a norm to ensure a balanced gender diversity, inclusivity at all employment levels and adherence to the Affirmative Action Act.

2.4 EMPLOYEES' AGE PROFILE

In line with the HR Policy, employees who turn 65 years old must retire from the service on the first day of the following month after reaching retirement age. However, the policy provides for the retention of services of a retired employee for a maximum of twelve (12) months based on skill scarcity, experience, and provided that the employee is in good health.

The age demographics of employees are presented in Table 73 and Graph 17.

Table 73: Employees per age groups

AGE GROUP	NUMBER	PERCENTAGE
18 – 30	5	12 %
31 – 40	13	31 %
41 – 50	12	29 %
51- 60	10	24 %
61 - and above	2	5 %
TOTAL	**42**	**100%**

Graph 17: Employees' age profile

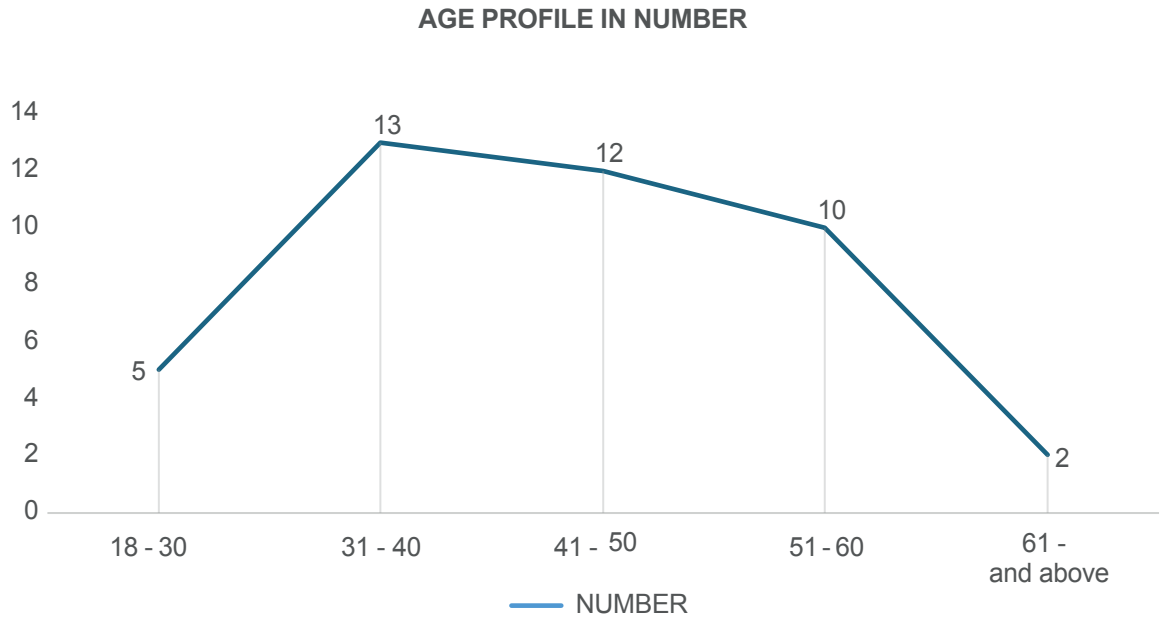


Table 73 and Graph 17 illustrate age inclusivity with the youths and the middle-aged constituting the majority of the workforce at 31% and 29% respectively.

With age diversity, the Councils are reaping benefits in innovation, decision-making, and service delivery due to a wider range of perspectives, skills, and experiences. This is also good for leadership grooming and succession planning.

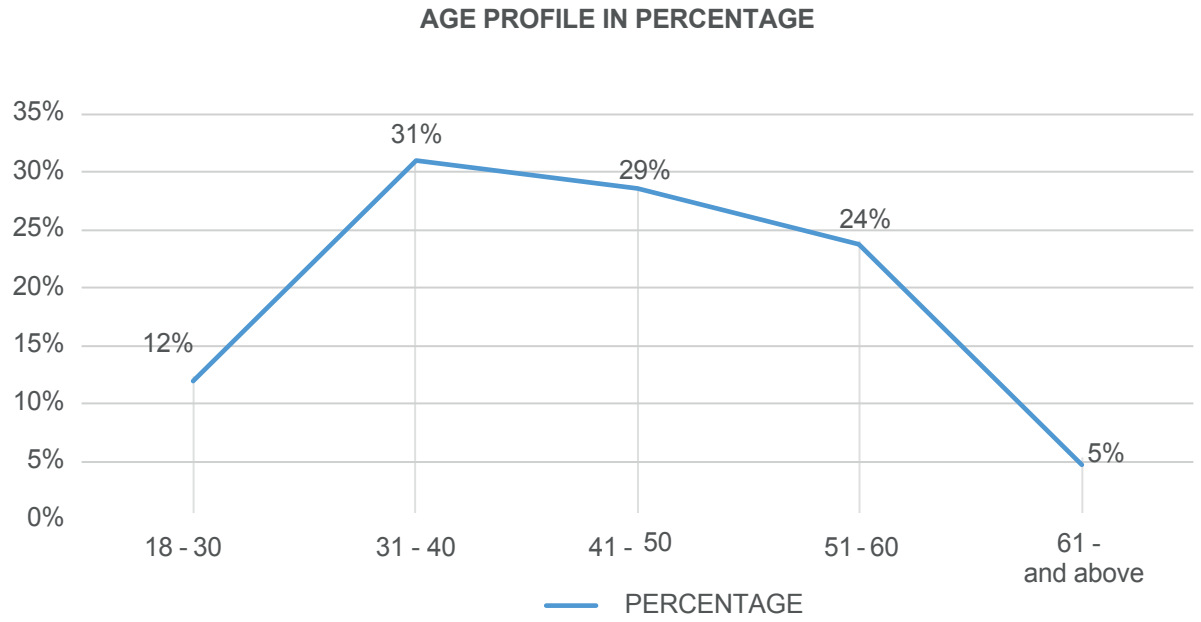
2.5 STAFF RETENTION

The staff retention profile presented in Table 75 and Graph 19 below shows a milestone of retaining an employee for an uninterrupted service of 29 years. In addition, 47% of the employees have been with the HPCNA for ten (10) years or more.

Table 74: Number of employees per year of service

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGES
0 to 5 years	11	26%
6 to 10 years	11	26%
11 to 15 years	10	24%
16 to 20 years	9	21%
21 or more years	1	2%
TOTAL	**42**	**100%**

Graph 19: Number of employees per year of service



The employee retention demonstrated above was achieved through persistent efforts to maintain and improve a positive working environment, employee well-being, market-related pay, recognition at work, and inclusivity.

2.6 LONG SERVICE AWARDS

Six (6) long-serving employees have been acknowledged and rewarded for their commitment, dedication and loyalty to the Councils. The recognised uninterrupted service milestones are 5, 10, 15, 20, 25 years and longer, or upon retirement.

Table 75: Number of employees awarded per category

CATEGORY	NUMBER OF EMPLOYEES AWARDED
10 Year Awards	2
15 Year Awards	3
20 Year Awards	1
Total Awards	**6**

2.7 TRAINING AND DEVELOPMENT

During the period under review, two (2) IT personnel were trained by an external consultant at a cost of N$48,743.81 on *VMware* installation, configuration, and virtual *vSphere 8.0* management. This was done as an effort to enhance internal capacity and to gradually perform most in-house IT services, such as maintenance and management of VMware and the server's hardware infrastructure, which had been outsourced due to a lack of internal capacity.

Employees have also been encouraged to take up further studies and in-service training for personal growth and performance improvement.

2.8 BASIC CONDITIONS OF SERVICE

The HPCNA have been improving the remuneration of employees either by benchmarking with the public service or inflationary changes. Due to an increase in inflation, which reached 3.5% as of December 2024, with notable cost increases in basic commodities such as food, fuel, transport, medical aid services and mortgages, basic salaries of employees in the management category were increased by 2% and while those below management received a 3% increase.

This improvement was covered by the savings realised from work re-arrangements such as internal transfers, merging of the responsibilities, and freeing redundant posts.

3. DIVISION: ADMINISTRATION

The Division, Administration manages the physical infrastructure, fleet, supplies, assets, communication, and risks.

3.1. PHYSICAL FACILITIES MANAGEMENT

The HPCNA own five (5) fixed properties along Schönlein Street, Windhoek West, at Ervens 4168, 4169, 4170, 4173, and 4210. The Division ensured that the physical infrastructure remained durable through minor and major renovations that were necessary.

The value of the fixed properties was assessed by an independent property evaluator to ensure they were adequately insured. Apart from the newly acquired property, the value of the five properties had appreciated to N$49,063,300.00. This is 0.95% less than the 2.28% growth reported in the previous reporting period. However, the total increase in property value, including newly acquired erf 4172, is N$57,758,900.00, translating to 19.29%.

Ervens 4168, 4173, and 4210 are occupied by the Secretariat, while Ervens 4169, 4170 and 4171 are being leased out to supplement the income streams of the Councils. Erf 4169 is being leased out at N$20,000.00 (Twenty Thousand Namibia Dollars only) per month. Erf 4170 is being leased out at N$26,000.00 (twenty-six thousand Namibian dollars) per month, and Erf 4171 is being leased out at N$22,050.00 (twenty-two thousand and fifty Namibian dollars) per month.

3.2. FLEET MANAGEMENT

During the period under review, the HPCNA had a fleet of two vehicles, namely, a Toyota Fortuner and a Toyota Corolla, which were well maintained, licensed, and serviced. The Toyota Fortuner was mostly utilised for official trips in and out of Windhoek, and the Toyota Corolla for the delivery of mail and office supplies. No accident was recorded.

3.3. GENERAL SUPPORT SERVICES

This section is responsible for logistic services provided to all other departments including the procurement of stock and office supplies, repairs, and maintenance, as well as the management of mail and services accounts.

3.4. CONTRACT MANAGEMENT

In line with the Public Procurement Act, 15 of 2015, some services are outsourced to external service providers for efficiency and cost-effectiveness. Regular meetings were held with external service providers on matters relating to the implementation of contracts.

Table 76: Services provided by external service providers.

Contracts

SERVICE PROVIDERS	DESCRIPTION OF SERVICE PROVIDED	CONTRACT DURATION
Cube IT CC	Database System Administration	Yearly
Document Warehouse	Archives management	Yearly
Amsthila Investment CC	Cleaning Services	3 years
Rent-A-Drum	Waste removal	Yearly
Acunam Technology Group	Information Technology	Yearly
Acorn Financial Services CC	Payroll services	3 years
Saunderson & Co Auditors	Auditing services	3 years
Asylum Design and Development CC	E-register and Website hosting and maintenance	3 Years
Konica Minolta	Photocopy machine	3 years
Chief Nangolo Security Services CC	Security Services	3 years
First National Bank of Namibia Insurance brokers	Insurance for all Councils' assets.	Yearly

3.5. NEW SERVICE AGREEMENT

During the period under review, the cleaning service agreement between the HPCNA and Roha Investment CC expired on the 30th of November 2024. A new contract was concluded with Amtshila Investment CC for thirty-six (36) months.

4. DIVISION: INFORMATION TECHNOLOGY (IT)

The IT division provides adequate modern information technology solutions to support the HPCNA operations.

4.1. DATABASE MANAGEMENT SYSTEM

The IT division strengthened the entire Database Management System through improvements and the addition of new features. These activities were part of the monitoring and evaluation of the performance of the Database Management System that was successfully upgraded during the 2023/2024 financial year.

4.2. VMWARE AND HYPER-V INSTALLATIONS

A new Server was acquired and virtualised. Virtualisation is the process of dividing a physical server into multiple unique and isolated virtual servers by means of a software application. Each virtual server can run its own operating systems independently. The new server boosted the IT operation with improvement of the key performance areas such as security of critical data, applications hosting and deliveries, effective resource sharing and collaboration, upgraded infrastructure security, improved network performance, minimal operation disruption and strengthened disaster recovery.

A new VMware was also acquired, enabling the HPCNA to run multiple applications and systems on one server, which reduced costs instead of having each server for its application or system. VMware also allowed maintenance of all applications and systems at the same time since they are accommodated in one server. This transformation strengthens the IT infrastructure without investing in multiple hardware platforms for servers.

4.3. MANAGEMENT OF WEBSITE AND E-REGISTER

Asylum Design and Development, a website developer, enhanced, hosted, and maintained the HPCNA website and E-registers.

The website and E-registers enabled easy access to information by the general public and healthcare practitioners. Through this platform, the HPCNA was able to share information on legislation, events and publications with stakeholders and solicited feedback on the same platform. The website was enhanced with *WordPress*, making it more flexible to be integrated with modern advanced systems in the industry.

The E-register for the Pharmacy profession was improved to display particulars of all registered Pharmacies in addition to the existing information of all registered Pharmacy practitioners. By this improvement, public members can verify the registration status of the Pharmacy practices before engaging them for services.

The E-registers generated valuable data needed by institutions and individuals for research studies, planning and decision-making.

4.4. NETWORK UPGRADE

The network infrastructure was upgraded, replacing the wireless point-to-point connection with a fibre link. Fibre provides faster data and stable connectivity as opposed to the wireless access points and reduces inconvenience in data transmission.

A comprehensive audit was conducted in the telecommunication environment within the HPCNA. The Auditing exercise discovered a need to upgrade the current telecommunication infrastructure by implementing *Voice Over Internet Protocol Phones* to replace the outdated Telecom underground copper cable that has been causing operational inconveniences. The existing network infrastructure has become redundant in the telecommunications industry.

4.5. COMPUTER HARDWARE UPGRADES

Any computer hardware that was functioning beyond its lifespan was replaced. All new hardware met the predetermined specifications that can accommodate the existing and projected future IT requirements.

4.6 CONCLUSION

The department was successful in ensuring efficient and timely support to other offices within the HPCNA.

Notes

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