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**Republic of Namibia**

**Ministry of Health and Social Services**

**Draft Roadmap for**

**Development of the Universal Health Coverage Policy Framework**

**September 2021**

# **1.0 Introduction**

Universal Health Coverage (UHC) means that all people and communities receive the quality of health services they need without facing financial hardship. This is pivotal to the mission of the Ministry of Health and Social Services (MoHSS), which is to provide integrated, affordable, accessible, equitable, quality health and social services that are responsive to the needs of the population. As a Member State of the World Health Organisation (WHO) and having subscribed to the Sustainable Development Goal (SDG) 3: Ensure Healthy Lives and Promote Wellbeing for All at All Ages, Namibia has embraced the global effort to work towards achieving Universal Health Coverage (UHC). To support the realization of UHC in Namibia, in 2018/19 the MOHSS developed a draft UHC policy framework aligned to Namibia’s 5th National Development Plan which aims to provide access to quality health care for its population, to increase Health Adjusted Life Expectancy and to reduce mortality for mothers and children. However, this draft policy is yet to be finalized and approved, impeding the implementation of strategies to accelerate progress towards UHC.

**2.0 Background**

Namibia’s gross domestic product (GDP) in 2016 was US$ 13 429 million, ranking 126th out of 211 countries. Poverty rates have declined significantly since independence but still stand at 27% in rural areas. The overall unemployment rate sits at around 29% and youth unemployment is as high as 43.4%[[1]](#endnote-1). Although Namibia is ranked as a middle-income country, it has one of the most unequal distributions of income per capita in the world. Namibia is mostly rural and only about four out of ten people live in urban areas although this number has been rising steadily due to rapid rural-urban migration[[2]](#endnote-2). The size of Namibia, combined with a low population density, makes it challenging for the health sector to provide universal access to quality health services across the country with about 21% of Namibians living more than 10 km away from a health provider.

The health system is generally characterized by high inequalities among population groups, based mainly on employment status and income. The health financing revenues are pooled in three different schemes to finance care for different population groups, categorized broadly into three groups: public servants who are enrolled in the Public Service Medical Aid Scheme (PSEMAS); employees who are enrolled in private medical aid schemes; and the rest of the public that access health care services offered by the public health system. Thirty-eight per cent of Total Health Expenditure is pooled through PSEMAS and private medical aid funds covering 12% and 8% of the population respectively. This results in per beneficiary spending of N$16,161 for private medical aid funds and N$8,530 for PSEMAS compared to a per capita spending of N$3,702 that the government manages to provide health services to the remaining 80% of the population that are uninsured[[3]](#endnote-3).

The significant level of spending by medical aid funds and PSEMAS in relation to the populations covered by these funds result in inequities in healthcare in the country. Furthermore, the substantial subsidies that the government pays towards PSEMAS are not only unsustainable for the fund itself, but also work against the principles of solidarity as more public funds are spent on civil servants who generally earn more than the average income of the country, while the member contributions are also not linked to an ability to pay[[4]](#endnote-4)

The high burden of communicable diseases such as HIV/AIDS and TB, high maternal mortality ratio and child malnutrition point to the structural barriers that impede translation of health spend into improved health outcomes. These include among others: lack of adequate skilled health workers particularly in the public sector, stock out of crucial health commodities and supplies, difficulties obtaining timely and accurate data to inform decision making, challenges of effective performance management, and sub-optimal funding for preventive and primary health care services. As with other countries, the Covid 19 pandemic has negatively affected delivery of essential health services, greatly testing the ability of the health system to respond to the pandemic.

**3.0 Rationale**

The Government of Namibia has consistently provided a significant proportion of its annual budget appropriation to the health sector. In 2017/18 the Total Health Expenditure (THE) as a percentage of GDP, a measure of spending on health care relative to the country’s economic development, was 8 percent. The government contributed 62 percent towards THE, while the private sector contributed 31 percent. The remaining 7 percent was contributed by donors[[5]](#endnote-5). Overall, the government health spending as a percentage of general government expenditures stood at 15 percent in 2017/18, which implies that Namibia has fully met its commitments in terms of the Abuja declaration.

However, it is important to note that while Namibia scores well above other WHO/AFRO upper-middle-income countries in government expenditure on health, it fares poorly in terms of key health indicators. This points to a health system characterized by high inequity in delivery of care and inefficiencies in the health system. Access to quality medical care is not assured for a significant segment of the population.

It is therefore necessary to interrogate the existing policy and legal frameworks in the health sector and in particular the inequities and to bring reforms where appropriate. To this end, in 2018/19, a draft UHC Policy framework was developed to examine the existing health sector framework and propose policy interventions that will clear the path for access to quality health care for all as a fundamental right. This path is informed by background studies that have been undertaken, including the National Disease Burden, Review of Health Financing in Namibia, National Health Accounts as well as policy and strategy documents such as the Vision 2030, National Development Plans and the Health Sector Strategic Plan.

**4.0 Purpose**

This roadmap is intended to guide the Government of Namibia and its stakeholders in the process to finalise the UHC policy framework. It describes the necessary steps to support the planning, review, and completion of the framework, and therefore its implementation. These include:

- set up of the governance structure to steer the development of the UHC Policy framework

- multi-stakeholder engagement to generate consensus on the UHC agenda and finalize the

UHC policy framework and strategies

- development of action plans to implement the policy framework and strategies

- monitoring and accountability for results

**Composite timelines**

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| **Action** | **Sept** | | **October** | | | | **Nov** | | | | **Dec** | | **Jan** | | | | **Feb** | | | | |
| Set up of UHC governance structure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Multi-stakeholder engagement and finalisation of UHC policy framework |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Development of policy action plans |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Development of monitoring and accountability frameworks |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |

# **5.0 Roadmap to finalise the UHC policy framework**

In 2018/19 the MOHSS developed a draft UHC policy framework that sets out the main strategies for achieving UHC in Namibia. Based on the guiding principles of availability, accessibility, equity, affordability, and quality in the provisions of essential health services the policy outlines two key objectives: a) to improve the performance of the health system; and b) to reduce financial barriers to accessing needed essential package of health services.

However, the policy was not finalized and since its development, there have been changes in the internal and global environment, including the onset of the Covid 19 pandemic which has negatively affected continuity of essential services and resulted in the shrinking of the global economy with implications for spend on health. The health system in Namibia continues to struggle with the shock caused by the pandemic and the burden of other leading communicable and non-communicable diseases. Many of the health system challenges persist with sub-optimal delivery of health outcomes.

Within this context, the review and finalization of the draft UHC policy framework and subsequent development of action plans to implement the strategies therein will be critical for Namibia’s progress towards UHC. The review and planning process will be particularly important given constrained resource envelopes and therefore the need for prioritization. Choices must be made amongst options to identify the most important strategies and actions needed to strengthen the health system for UHC and tackle wider determinants of health beyond the health sector.

# **5.1 Set up of governance structures to steer development of the UHC policy framework**

Informed by five core functions of governance namely: formulating policy; generating information for decision making; putting in place levers and tools to implement policy; multi-sectoral collaboration; and ensuring accountability[[6]](#endnote-6), a UHC governance structure will be set up (Annexure 1). This structure will provide a mechanism to promote multi-stakeholder engagement and national dialogue on UHC as part of the pathway to UHC. The different components of the structure will work together to: finalise the development of the UHC policy framework; and once finalised, participate in monitoring progress in implementation of the Policy and Strategies.

The structure will consist of:

1. A *Cabinet Committee* to review, scrutinize, and approve the proposed Universal Health Coverage Policy Framework as endorsed by the UHC Technical Advisory Committee.
2. *Universal Health Coverage Technical Advisory Committee* a multi-sectoral technical group, providing technical oversight and guidance in the formulation of the UHC Policy Framework and reporting to the Cabinet Committee.
3. *Thematic Technical Working Groups* constituted along the seven strategic pillars of the health system to formulate the polices and strategies specific to each health system block, considering the views and advice of experts and stakeholders in the relevant theme.
4. *UHC Technical Unit*: Housed under the Division of Health Financing and Budget, the main purpose of this unit is to provide administrative and technical support to the Thematic Technical Working Groups and the UHC Technical Advisory Committee for the development and implementation of the UHC Policy framework.

**Timelines**

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| **Priority Actions** | **Sep** | | **Oct** | | | | **Nov** | | | | **Dec** | | | |
| Draft Governance structure and TORs reviewed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UHC Governance structure presented to PMDRC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Awareness raising on UHC governance structure with key ministries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UHC Governance structure discussed at cabinet level |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Formal invitations sent to committee members |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thematic technical working group meetings held |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UHC Technical Advisory Committee meetings held |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cabinet Committee meetings held |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* 1. **Multi-stakeholder engagement to generate consensus on the UHC agenda and finalize the draft UHC policy framework**

Given that UHC is not only a health sector issue, it is important that there is a common understanding of Namibia’s vision for UHC and how it will be achieved. This includes how to tackle the broader weakness in the health system and how to address the wider social determinants of health that are impeding the attainment of UHC. This calls for an all-inclusive national dialogue engaging a wide range of stakeholders within the health sector first and foremost and then beyond to ensure consensus is reached on the way forward. This will be essential for the successful implementation of the country’s action plan for UHC. In this regard, the MoHSS intends to set up a national multi-stakeholder dialogue platform whose formation aims to:

* Unite all health actors and initiatives firmly behind a common understanding of the UHC concept.
* Ensure participatory equity and accountability in the UHC dialogue.
* Build cross-sectoral mechanisms for coordinated actions and investments for UHC.
* Conduct situational assessment to identify critical barriers that currently prohibit Namibia from performing well in terms of the achievement of its UHC goals and identify the root causes of the inequities that prevail in Namibia’s health system.
* Reach consensus among key stakeholders within the health sector on the objectives and priorities for UHC.
* Develop a unified pathway for Namibia to move towards UHC.

Given the long-term effort and diversity of actors who would contribute to the UHC movement, the MoHSS has adopted a phased approach while steering the policy dialogue. The detailed approach is set out in the concept note on stakeholder engagement[[7]](#endnote-7).

**Timelines**

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| **Priority actions** | **Sept** | **October** | **Nov** | **Dec** | **January** | **Feb** |
| **Phase 1: Buy-in and development of UHC vision** | | | | | | |
| Conduct rapid mapping to identify key stakeholders relevant to UHC |  |  |  |  |  |  |
| Engage with key line ministries to ensure buy-in |  |  |  |  |  |  |
| Facilitate workshops with key stakeholder groups (national & regional MoHSS teams, TWGs, inter-ministerial, and broader health sector) to develop shared vision, catalogue barrier/challenges and identify priority objectives |  |  |  |  |  |  |
| Develop policy briefs on UHC framework to effectively communicate UHC vision and strategies |  |  |  |  |  |  |
| **Phase 2: Finalisation of policy framework** | | | | | | |
| Develop advocacy briefs to effectively communicate key challenges, priorities and UHC vision to key stakeholders |  |  |  |  |  |  |
| Facilitate stakeholder engagement for inputs into UHC policy framework |  |  |  |  |  |  |
| Introduce the UHC policy framework to Cabinet for approval Develop UHC policy framework |  |  |  |  |  |  |

* 1. **Translating the Policy framework into action- the development of action plans to implement the strategies**

Informed by the UHC policy framework, the health system performance review and background studies, MOHSS and stakeholders will agree priority interventions to translate the strategies into desired results. Prioritization of activities may be done based on sustainability; feasibility; budget implications; equity; and effectiveness.

Framework on HSS towards UHC and the SDGs[[8]](#endnote-8)

Diagram

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The key action plans will aim to support attainment of UHC by investing in priority areas within the health system and beyond in order to increase the proportion of people that can access quality health care services they need without facing financial hardship. This includes investments in the areas of health workforce, infrastructure, medical products and technologies, health financing and effective service delivery. In addition, actions will be required in other sectors such as the establishment of the required legal framework, addressing food insecurity, improving access to safe water and promoting universal primary and secondary education, particularly for girls.

**Timelines**

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| **Priority actions** | **Jan 2022** | | | | **Feb 2022** | | | | **March 2022** | | | |
| Identification of priority interventions for strategies laid out in the UHC policy |  |  |  |  |  |  |  |  |  |  |  |  |
| Costing of priority interventions with cost implications |  |  |  |  |  |  |  |  |  |  |  |  |
| As required, drafting of legislation to support implementation of the UHC policy |  |  |  |  |  |  |  |  |  |  |  |  |

* 1. **Monitoring and Accountability for results**

Within the broader framework of the M&E framework of Namibia’s National Health Strategy 2017-2022 and alignment to the SDG monitoring framework, a set of indicators will be developed based on the country context and priorities to achieve UHC. The choice of indicators will be determined by the ability of the indicator to measure progress and performance reliably and meaningfully; availability of data; and feasibility of collection. This process will seek to draw in citizen voice and collective stakeholder action in monitoring progress through fora such as the National Health Assembly.

Monitoring progress towards UHC[[9]](#endnote-9)

Diagram

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**Timelines**

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| **Priority actions** | **Jan 2022** | | | | **Feb 2022** | | | |
| Define areas to monitor |  |  |  |  |  |  |  |  |
| Agree targets for the indicators to measure progress |  |  |  |  |  |  |  |  |

**Annexure 1**

Proposed governance structure

Cabinet Committee

UHC Technical Advisory Committee

(Chaired by ED: MHSS)

Essential Health Services Technical Working Group

Governance

Technical Working Group

Medicines, Products and Clinical Supplies Technical Working Group

Health Infrastructure Technical Working Group

Health Information Technical Working Group

Health Financing Working Group

Human Resource Technical Working Group

UHC TECHNICAL UNIT

**Support function Reporting line**

**References**

1. Namibia World Bank Public Expenditure Review 2019 Report No 139144 (sharpen referencing) [↑](#endnote-ref-1)
2. Namibia World Bank Public Expenditure Review 2019 Report No 139144 (sharpen referencing) [↑](#endnote-ref-2)
3. Namibia Resource Tracking for Health and HIV/AIDS: 2017/18 [↑](#endnote-ref-3)
4. Namibia Resource Tracking for Health and HIV/AIDS: 2017/18 [↑](#endnote-ref-4)
5. Namibia Resource Tracking for Health and HIV 2017/18. [↑](#endnote-ref-5)
6. WHO Health Systems Governance for UHC Action Plan [↑](#endnote-ref-6)
7. Facilitating multi-stakeholder engagement for Namibia to progress towards Universal Health Coverage- Draft concept note August 2020. [↑](#endnote-ref-7)
8. Namibia UHC Policy 2018 [↑](#endnote-ref-8)
9. Strengthening Health systems for UHC and the SDGs in Africa framework of actions-WHO [↑](#endnote-ref-9)