****

**Republic of Namibia**

**Ministry of Health and Social Services**

**Terms of Reference for the**

**Governance Structure for the**

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

**September 2021**

1. **Introduction**

The Constitution of the Republic states that the *State shall actively promote and maintain the welfare of the people by adopting, inter alia, policies aimed at the consistent planning to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and to improve public health.* Hence, the Ministry continuously seeks to develop and implement policies and strategies that aim to steer the health system towards overall improvement and enhancement of quality of life of the people as articulated in Vision 2030.

Recognising the importance of the global developmental agenda and as a member of the UN, Namibia subscribes to the principles and strategies adopted from time to time by the UN and its specialized agencies. This is in line with the United Nations' Universal Declaration of Human Rights which states that *"everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services."*

Furthermore, the global community has adopted the Sustainable Development Goals, including Goal 3 (SDG 3), which seeks *to Ensure Healthy Lives and Promote Well-being for All At All Ages.* One of the targets under SDG 3 is to achieve Universal Health Coverage, which is recognizing as a pre-requisite for achieving the health outcomes.

Namibia has also aligned its health agenda to SDG 3 and its targets, including achieving UHC. Similar approaches are articulated in the National Development Plan and Ministerial (MoHSS) Strategic Plan. It is now imperative that concerted effort is made to achieve Universal Health Coverage as a vehicle to propel the health system to improved service delivery and ensure health and wellbeing for all. The Ministry of Health and Social Services is putting in place a multi-sectoral governance structure to accelerate the finalisation of its draft UHC policy framework. This will pave the way for implementation of strategies to support the realisation of UHC in Namibia.

1. **Rationale**

Namibia has set an ambitious goal of improving the *Health Adjusted Life Expectancy (HALE)* from 58 to 67.5 years by 2022. This implies setting ambitious targets in diseases areas that are known to be the major causes of death and morbidity in Namibia, including HIV/AIDS, Maternal and Neonatal Health, TB, Malaria, and NCDs.

The country has also aligned itself to another target under SDG 3, namely to reduce maternal mortality; end preventable newborn and child deaths; end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases; and combat hepatitis, waterborne and other CDs; ensure universal access to sexual and reproductive healthcare services; reduce mortality from NCDs and promote mental health; strengthen prevention and treatment of substance abuse; reduce deaths and injuries from road traffic accidents; substantially reduce deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

The specific targets under these disease areas are stipulated in the Ministerial Strategic Plan and the programme specific strategic action plans. Achieving these targets will not be possible unless there is a radical transformation in health service delivery from the current approach of health service delivery. The health system is not designed to effectively continue with the positive gains made under the communicable diseases programmes and at the same time to respond to upsurges in noncommunicable diseases and need for improved health security including the ongoing Covid 19 pandemic. Achieving these targets will require a major health sector transformation where elements that define and operationalize the health system will need to be reviewed and re-engineered.

1. **Universal Health Coverage**

Universal Health Coverage (UHC) is defined as *all people and all communities receiving the quality healthcare services they need, while ensuring that they are protected from financial hardship*. UHC includes health protection, promotion, prevention, treatment, rehabilitation and palliation. It is, therefore, a key element of the health system and essential to achieve all the desired health outcomes.

The global community is united in the view that Universal Health Coverage must be achieved if we are to ensure healthy lives and well-being for all at all ages. The Fifty-eighth World Health Assembly adopted a Resolution, WHA58.33 urging member states to adopt measures to enhance *Sustainable Health Financing, Universal Coverage* and *Social Health Insurance*. The Resolution urges Member States to plan the transition to universal coverage of their citizens so as to contribute to meeting the needs of the population for health care and improving its quality, to reducing poverty, to attaining internationally agreed development goals and to achieving health for all.

1. **Framework for Health System Strengthening**

The Ministry has adopted a Framework for Health System Strengthening towards Universal Health Coverage, which outlines the desired impact and outcomes and lists the required building blocks and outputs of the health system. Achieving Universal Health Coverage is one of the outcomes in the framework and this practically means that every citizen must have access to quality essential health services they need without suffering financial hardship. In order to achieve the desired outcomes and improve the performance of the health system, service delivery will have to be improved by reforming the building blocks of the health system. These building blocks include Governance & Leadership; Health Financing; Health Workforce; Pharmaceuticals, Medical Products & Clinical Supplies; Health Information; and Health Infrastructure.

* 1. **Essential Health Service Package**

Universal Health Coverage refers to the provisions of an essential health service package, which is a set of services required to sustain health of all at all ages. The core services needed may be structured around specific population age groups who have specific health needs (i.e. *Pregnancy and Newborn; Childhood Adolescence; Adulthood; Elder*). The service may further be classified functionally into areas such as *Health Promotion; Communicable Disease Prevention and Control; Noncommunicable Disease Prevention; Medical and Rehabilitative Initiatives*. The ultimate aim is to ensure that the essential health service package for UHC is characterized and will form the basis for defining six health system block.

* 1. **Governance and Leadership**

Governance and Leadership is a building block that cuts across all the health system functions and must be appropriately designed to address and deal with the expected complexity of re-engineering the operations of the sector and not become an obstacle, but rather an enabler for universal health coverage. Key areas that must be reviewed include policies, laws, and regulations that enable resource mobilisation; resource utilisation; procurement of services and service delivery. Thus, the institutional framework must be proposed and designed, keeping in mind the aforesaid policy and legal framework to ensure effective implementation thereof, including the appropriate organisational structures and performance; linkages between the various clusters; and stakeholder engagements.

* 1. **Health Financing**

The health financing system is characterized by high inequalities, where 80% of the population is served with 62% of the total health expenditure and 20% of the population spent 38% of the total health expenditure. The health financing system does not adequately allow for the pooling and sharing of resources on an equitable basis. Hence, reforms must address these inequities and devise strategies on how best to mobilize, pool and manage resources; fund the essential health service package for all at all ages; and ensure that no one suffers financial hardship when accessing essential health services.

* 1. **Health Workforce**

The health workforce is also characterized by inequitable distribution, inadequate number of professionals and lack of skills in key service areas. This results in lack of service in some areas and lack of access to service for some segments of the population. The use of available human resource for health can be better optimized by promoting innovative ways of sharing skills under an UHC framework. As such, reforms must include strategies how to ensure universal availability, accessibility, acceptability, coverage and quality of the Health Workforcefor all.

* 1. **Medicines, Products & Clinical Supplies & Health Technology[[1]](#footnote-1)**

Medicines, products, clinical supplies and health technologies are critical inputs for quality service delivery. The supply chain of these commodities will have to be adequately designed to effectively assure timely and adequate supply; affordability; safety; effectiveness and quality. In addition, strategies that lead to the optimal utilisation of these commodities will lead improved resources utilisation and value for money. Noting that these are some of the challenges that public health sector has faced over a period of time, the reforms will have to take into account past experiences and devise innovative ways how the needs of the clients and patients will be satisfied under the UHC framework.

* 1. **Health Information**

It is important that the Universal Health Coverage should be underpinned by strong and robust health information system to enable adoption of policies and strategies based on evidence. Hence, reforms and strategies on health information must be contextualised to and be appropriate for universal health coverage, including amongst others mechanism to maintain the responsiveness of the health management information system; Demographic and Health Survey; Service Availability and Readiness Assessment; Disease surveillance; eHealth and others.

* 1. **Health Infrastructure[[2]](#footnote-2)**

The delivery of the essential health service package will largely depend on the extent to which service providers and facilities are equipped to offer the approved service package. Furthermore, equitable distribution of health infrastructure will also determine the extent to which coverage of the population is achieved. Therefore, before rolling out the essential healthcare service package, it would be necessary to (i) define infrastructure requirement for facilities at various levels of care, based on the essential service package; and (ii) to set out the distribution of facilities and infrastructure on the basis of population density and disease burden.

The above health system components are not at present accommodative of universal health coverage approach and should be reviewed and aligned to that effect. At the onset, policy declaration must be made on each of the subject matter and strategies be developed for implementation of the policy intentions.

1. **Objectives**

The purpose of these Terms of Reference (ToRs) is to establish and guide administrative, technical and stakeholder consultative structures that will steer the following:

1. formulation of the basic and primarily principles to be adopted under each of the health system areas/blocks, which should be consolidated into the National Policy Framework For Universal Health Coverage
2. development of strategies that will translate policy intentions into actionable interventions for progress towards Universal Health Coverage.
3. **Governance Structures for the Development of UHC - Policy Framework and Strategies**

Leadership and governance involve ensuring that a strategic policy framework exists and is combined with effective oversight, coalition building, regulation, attention to system-design and accountability. Five broad functions of governance have been proposed[[3]](#endnote-1):

1. Formulating policy and strategic plans

2. Generating intelligence: information and analysis for decision-making

3. Putting in place levers or tools for implementing policy- such as the design of regulation; standard-setting; enforcement and sanctions

4. Collaboration and coalition-building across sectors and with external partners

5.Ensuring accountability by putting in place mechanisms for independent oversight, monitoring, review and audit.

The proposed governance structure is based on the five functions listed above. The different components of the structure will work together to; a) finalise the development of the UHC policy framework and strategies; and b) within the existing structures of Government, participate in monitoring the implementation of the framework.

Cabinet Committee

UHC Technical Advisory Committee

(Chaired by ED: MHSS)

Essential Health Services Technical Working Group

Health Financing Working Group

Human Resource 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

UHC TECHNICAL UNIT

**Support function Reporting line**

**Terms of Reference**

* 1. **Cabinet Committee**

1. **Purpose**

The Cabinet Committee will review, scrutinize, and approve the proposed Universal Health Coverage Policy Framework as endorsed by the UHC Technical Advisory Committee.

1. **Composition**

The Cabinet Committee will be chaired by the Prime Minister while the Office of the Prime Minister shall provide the overall secretarial duties for the Cabinet Committee on UHC. The committee shall consist of Ministers from the following Ministries: Health & Social Services; Finance; Poverty Eradication & Social Welfare; Industrial Relations and Employment Creation; National Planning Commission; Office of the Prime Minister, and Ombudsman.

1. **Functions**

The functions of the Cabinet Committee are to:

* Provide policy and strategic direction to the UHC Technical Advisory Committee in the development of the UHC Policy Framework.
* Brief and report to the Presidency/Cabinet decisions on proposed formulation of the UHC Policy Framework prior to cabinet approval.
* Disseminate cabinet decisions on proposed policies and strategies to the respective Offices, Ministries and Agencies (OMAs).
* Present progress with UHC and seek consensus at Deliberative Cabinet and Parliament.
* Champion Namibia’s advancement of UHC.
* Undertake high level advocacy to support the UHC agenda in Namibia at local, regional and international level.

**iv)** **Frequency of meeting**

The committee will meet every two months.

**6.2 Universal Health Coverage Technical Advisory Committee**

1. **Purpose**

The Technical Advisory Committee provides technical oversight and guidance in the formulation of the UHC Policy Framework.

1. **Composition**

The group shall be chaired by the Executive Director of the MoHSS while the Directorate of Policy Planning and Human Resource Development shall provide the overall secretarial duties. To build collaboration between O/M/A’s, the committee shall consist of nominated senior representatives from the following Ministries and Agencies: Health & Social Services; Finance; Poverty Eradication & Social Welfare; Industrial Relations and Employment Creation; National Planning Commission; Office of the Prime Minister, and Ombudsman. In addition, it shall consist of administrative and technical staff including:

* Chairpersons of Thematic Technical Working Groups
* All Directorate Heads in MoHSS
* Designated members of the UHC Technical Unit
* Technical personnel from specialized technical bodies
* Nominated representatives from the following constituencies:
* Private sector
* Social Security Commission
* Health worker regulatory Councils
* Development Partners
* Civil Society/Non-governmental Organisations
* Academia
* Faith based organisations
* NAMAF
* NMBF

1. **Functions**

The functions of the UHC Technical Advisory Committee shall include the following:

* Provide policy and strategic direction in the development of the UHC Policy Framework and Strategies.
* Liaise with and report to the Cabinet Committee on the formulation of the UHC Policy Framework.
* Consider and recommend for approval policies prior to dissemination to public and political heads.
* Consider and recommend legislative reforms required to advance the UHC Policy Framework.
* Champion multi-sectoral engagement and collaboration for the advancement of UHC.
* Undertake high level advocacy to support the UHC agenda in Namibia.
* Provide guidance to the Thematic Technical Working Groups in the formulation of policy and strategic initiatives for each health system block.
* Review technical submissions from the Thematic Technical Working Groups.
* Prepare and submit cabinet agenda and information memoranda for deliberation and approval by cabinet.
* Support an integrated approach across the Thematic Working Groups to develop the UHC Policy Framework.
* Disseminate and monitor implementation of cabinet decisions on the UHC policy framework.
* Liaise with the National Health Assembly and other relevant national structures to solicit advise and inputs on the UHC Policy Framework.

**iv) Frequency of meeting**

Monthly

* 1. **Thematic Working Groups**

Thematic Working Groups are established and clustered around the health system blocks/ functions. This is based on the Framework for strengthening Health Systems towards UHC. They include: (i) Essential Health Service Package; (ii) Health Financing; (iii) Governance; (iv) Human Resources for Health; (v) Health Infrastructure; (vi) Pharmaceuticals, Products and Clinical Supplies; and (vii) Health Information Management Systems.

1. **Purpose**

The purpose of the Thematic Working Groups is to formulate the polices and strategies specific to each health system block, considering the views and advice of experts and stakeholders within the relevant theme.

1. **Composition**

The chairperson of each working group shall be designated by the Permanent Secretary MoHSS and shall be a representative of the thematic area, external to MoHSS to ensure a sector wide approach to the work of the group. The Director in MoHSS of each health system block, with support from a designated member of the UHC Technical Unit shall provide secretariat duties for the group. The Thematic Working Group shall consist of:

* Administrative and technical staff of the MOHSS assigned by the Permanent Secretary MoHSS to support the work of the Thematic Working Group
* Technical staff from specialist organizations and partners
* Co-opted and nominated staff from key stakeholders, including:

- Offices/Ministries/Agencies

- private sector

- civil society

- academia

1. **Functions**

WHO’s framework for strengthening health systems for UHC[[4]](#endnote-2) sets out investment areas for each health system block (Annexure 1)[[5]](#footnote-3).Guided but not limited by this, the Thematic Working Groups shall:

* Undertake a review of the draft UHC Policy to identify gaps within the policy and strategies.
* Review relevant background documents as part of the process to define the principles and strategies to be adopted for UHC.
* Deliberate and formulate principles and strategies to be adopted in the final UHC policy ensuring a consultative approach, including with the other thematic working groups.
* Develop the material required to inform the discussions of the UHC Technical Advisory Committee on each of the thematic areas.
* Upon finalisation of the framework, support the development of Action Plans for the implementation of policy intentions. This includes developing a minimum core set of indicators to support measurement of progress for each thematic area.
* Provide technical support to the UHC Technical Advisory Committee on issues specific to the thematic area as requested.

**(iv) Frequency of meetings**

Every two weeks

* 1. **Universal Health Coverage Technical Unit**

1. **Purpose**

Housed under the Division of Health Financing and Budget , the main purpose of this sub-division is to provide administrative and technical support for development and implementation of the UHC Policy framework.

1. **Composition**

The unit will comprise the following positions:

* 1 x Grade 5 Health Programme Officer
* 2 x Grade 6 Health Programme Officer
* 2 x Grade 7 Health Programme Officer
* 1x Grade 7 Monitoring and Evaluation Officer
* 1 x Grade 10 Senior Administrative Officer

1. **Functions**

The functions of the UHC technical unit include:

* Compile and undertake relevant analyses to support the work of the Thematic Working Groups.
* Maintain data bases of relevant information on UHC in Namibia.
* Develop technical policy briefs to inform discussions on development of the UHC policy framework including lessons from other settings relevant for Namibia.
* Provide high quality technical inputs to inform the discussions of the UHC Technical Advisory Committee.
* Support the dissemination of information to the public on progress on development of the UHC policy.
* Collaborate with the M&E division to monitor and document progress of UHC.
* Provide secretarial support to all the Thematic Working Groups.
* Provide administrative support during multi-stakeholder consultations to develop the UHC policy.
  1. **National Stakeholders’ Consultative Fora**

1. **Purpose**

The purpose of engaging with stakeholders at the National Health Assembly and other relevant platform is to consult, seek input and build consensus on the proposed UHC interventions.

1. **Composition**

The National Stakeholders’ Consultative Forum shall include all relevant segments of society, representing government; private sector; non-governmental organizations; labor organization; medical fraternity; and communities.

1. **Output**

It is anticipated that the work of the different committees in consultation with national stakeholder fora will culminate in:

1. A final UHC Policy Framework, articulating the basic and primary principles to be adopted for attaining UHC.
2. Strategies to inform the actionable interventions towards UHC.

**Annexure 1:**

**The health workforce**

The health workforce represents all persons employed primarily for health actions. The scope of actions ranges across five key areas, as shown below.

Icon

Description automatically generated

The health workforce investments need to be made across the following areas:

1. Technical workforce: Comprising all the persons with formal pre-service training in the health professions. These include the medical workforce, the nursing and midwifery workforce and the paramedical workforce.
2. Management workforce: Comprising all the persons who carry out management/ leadership functions. These are at the facility and outreach levels (such as facility management teams) and include managers at the national or sub-national levels such as district health management teams (DHMT) or MOH headquarters teams. Often management and technical workforce overlap.
3. Administrative and support workforce: Comprising all persons providing administrative support functions that are not usually particular to the health sector or require a health professions background. It may include accountants, logisticians, clerical and secretarial staff.
4. Ancillary, including community health workforce: Comprising all persons recruited for individual, family and community engagement and mobilization activities. Some of their functions relate to intersectoral and social determinants related work.

**Health Infrastructure**

The health infrastructure represents a range of supportive hardware and logistics subsystems that facilitate service delivery. The scope of actions ranges across five key areas as shown below.

A screenshot of a computer

Description automatically generated with low confidence

Investments in health infrastructure are expected along the following areas:

1. Physical infrastructure: Comprising all the physical buildings and other structures – medical and support – needed to facilitate delivery of services
2. Equipment and supplies: Comprising all the health and general equipment, machines and tools needed to make the physical infrastructure functional and to carry out health interventions
3. Transport: Comprising all the vehicular equipment and engineering support needed to support health services delivery and related interventions
4. Technology infrastructure: The infrastructure that drives the information, communication and technology needed to ensure effective functioning of the health system at all levels

**Medical products and health technologies**

Medical products represent a variety of physical inputs that are needed as integral parts of the treatment and care to clients. The scope of actions ranges across five key areas as shown below.

Icon

Description automatically generated

Medical products and health technologies investments cover the following areas:

* Medicines, vaccines and medical supplies
* Medical laboratory technologies
* Diagnostic and imaging technologies
* Blood, blood products and other medical products of human origin
* Traditional medicines and products

**Health Governance**

The health governance area represents a scope of actions across all domains (including beyond the health sector) providing policies, standards, regulations and guidance to guide the use of resources and the functioning of health systems. Key areas of engagement with governance are shown below.



The health governance elements need to be defined across the following investment areas:

* Community level governance actions – voice, engagement and participation mechanisms
* Health facility level governance actions – comprising the actions to improve governance at hospitals, and health centres
* Subnational level governance actions – comprising the actions to improve decision space, responsibilities and partnerships at the regional or district management levels,
* National level governance actions – comprising the actions to improve stewardship at the national level including MOH and (semi) autonomous health institutions

In addition, it is important to consider the multi-sectoral elements with a bearing on governance in the health sector.

**Health information, research and innovation**

The health information, research and innovation actions are expected to function across the key areas shown below.

Diagram

Description automatically generated

The health information, research and innovation investments are needed in the following areas:

* Routine data sources: Health Management Information Systems and routine surveys such as DHS, SARA and NHAs
* Disease surveillance
* eHealth and other innovative initiatives
* Biomedical and operations research

**Health Financing**

The financing scope of health and the actions needed for effective mobilization and application of resources to the health sector are defined across the proposed areas shown below.

Diagram

Description automatically generated

Actions to facilitate effective financing of health may require actions in the following areas:

* Policies, regulations, strategies and plans to guide financing actions
* Management and accountability systems
* Institutional design and operations
* Generating evidence for policy dialogue

**Health Services Delivery**

The service delivery represents all the actions needed to facilitate the efficient management of inputs for delivery of health services to users/clients. The scope of actions ranges across a number of key areas as shown below.

Diagram

Description automatically generated

The service delivery investments need to be made across the following investment areas:

1. Subnational (regional or district) service delivery system, comprising

* Community service delivery system
* Primary care facilities
* Secondary care facilities (1st level referral facilities)
* Sub national (regional or district) management system

1. National service delivery system, comprising

* Tertiary care facilities
* National management teams – MOH and its (semi) autonomous institution

**MOHSS members of the Thematic Working Groups[[6]](#footnote-4)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group #** | **Working Group** | **Lead Staff Member** | **Supported By** | **Other Members** |
| **1** | Package of Essential Health Services | Dr D Uirab  Windhoek Central Hospital | Ms. Naemi Shoopala  Directorate Primary Health Care | Ms. Anna-Marie Nitschke  Directorate Special Programs |
| **2** | Governance and Leadership | Ms P. Masabane  Deputy Executive Director | Mr J. Nghipundjwa  Directorate Policy and Planning | Mr A. Tibinyane  Directorate Atomic Energy and Radiation Protection Authority |
| **3** | Health Workforce | Dr. J. Shatilwe  Directorate Human Resources | Ms Anna Isaacs  Directorate Human Resources | xxxx  Directorate Human Resources |
| **4** | Health Information Systems | Ms Philomena Ochurus  Directorate HIR | Mr. Erwin Nakafingo  Directorate Health Information and Research | Mr Nicholus Mutenda  Directorate Special Programs |
| **5** | Medicines, Products and Clinical Supplies | Mr Lazarus Indongo  Pharmaceuticals and Central Medical Store | Ms. Seija Nakamhela  Directorate Tertiary Health Care and Clinical Support Services | Ms Naita Nghishekwa  Directorate Tertiary Health Care and Clinical Support Services |
| **6** | Infrastructure | Mr Allan Ogonje  DHTIM | Mr. Martin Mukulu  DHTIM | Mr Newman Hilukilwa  DHTIM |
| **7** | Health Financing | Mr T Mbeeli  Directorate Policy and Planning | Ms Selma Amakali  Directorate Special Programs | Mr Almecro Boois  Directorate Finance and Procurement  Ms Julia Malule  Directorate Policy and Planning |

References

1. medicines, vaccines and clinical supplies; medical laboratory technologies; diagnostic and imaging technologies; blood, blood products [↑](#footnote-ref-1)
2. physical infrastructure, equipment (general equipment, tools, machines, etc.); transport and ICT infrastructure [↑](#footnote-ref-2)
3. WHO Health Systems Governance for UHC Action Plan [↑](#endnote-ref-1)
4. Strengthening health systems for UHC and the SDGs in Africa [↑](#endnote-ref-2)
5. These areas are all interrelated and interlinked to produce a functional system and should not be addressed independently of each other. [↑](#footnote-ref-3)
6. Groups to draw in members external to MOHSS designated by the Permanent Secretary of MOHSS [↑](#footnote-ref-4)