Ministry of Health and Social Services

Roadmap for Private Sector and Civil Society Engagement

June 2022

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

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Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, $209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Recommended Citation: The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. June 2022. *Roadmap For Private Sector Engagement.* Rockville, MD: Abt Associates.

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ACRONYMS

CSO	civil society organization
GRN	Government of the Republic of Namibia
MOHSS	Ministry of Health and Social Services
NAMAF	Namibian Association of Medical Aid Funds
PEPFAR	United States President's Emergency Plan for AIDS Relief
PPP	public-private partnership
PSEMAS	Public Service Employee Medical Aid Scheme
Q	quarter
UHC	universal health coverage

1. INTRODUCTION

The Namibian government has a long history of working with the private sector to deliver essential health services. These private sector actors range from providers of care to suppliers of services to the government. Recognizing that public facilities do not have the capacity to serve the whole population, the government has given private providers space to thrive and deliver health services complementary to those provided by government-owned facilities. Furthermore, the government has partnered with different private sector organizations, including private for-profit and private not-for-profit (civil society) organizations, to ensure that such services are provided.

However, the engagement between the Ministry of Health and Social Services (MOHSS) and private sector actors within the health sector is mostly through ad hoc interactions during national campaigns, planning processes and service delivery. Thus, there is a need for more-coordinated and more-strategic engagement to effectively leverage the private sector's capacity and strategically position the private sector's role in advancing universal health coverage (UHC).

1.1 RATIONALE FOR PRIVATE SECTOR ENGAGEMENT

The persistent health inequalities in Namibia can be resolved only through collaboration between the public and private health sectors. More-effective integration of the public and private health sectors can support strategic public-private purchasing mechanisms, total market approaches, and other strategies that strengthen linkages between the state and non-state actors as the country makes progress toward UHC. As the MOHSS seeks to better leverage private sector resources to improve health outcomes, strengthening and formalizing channels for consistent communication and cooperation is vital as it will facilitate a more enabling environment, empowering the public sector to better steward resources across the overall health system, effectively manage and implement partnership arrangements.

In 2021, the MOHSS embarked on a process to develop a comprehensive framework for advancing the country's vision for UHC. Acknowledging the private sector as a critical part of the country's health sector means that one aspect of the UHC process is to re-look at approaches and practices of engaging the private sector. Ultimately the MOHSS identified three main processes to actively engage the private sector, which are:

- Inclusion of the private sector in the national multi-stakeholder dialogue and decision-making platforms for UHC aimed at leading engagement, input, and advocacy for reforms
- Development of a social contracting policy aimed at providing a framework for the MOHSS to contract civil society organization (CSOs) to provide essential health services with funding from the national budget
- Implementation of public-private partnerships (PPPs) to leverage the resources of the private sector to improve equity and access to services, expand the range of publicly available services, and enhance the quality of health services for improved national health outcomes.

The MOHSS developed separate roadmaps and technical platforms to drive the separate but interlinked processes and ensure that key guiding documents are final by the end of 2022. This third roadmap combines the road maps for the two parallel processes highlighted above and shows the interlinkages in approach, rationale, and intended impact of engaging the various actors in the private sector.

2. OVERVIEW OF NAMIBIA'S PRIVATE HEALTH SECTOR

The MOHSS identified "private for-profit" and "private not-for-profit" as the two main groups of private sector actors to be engaged in the process for advancing UHC. The for-profit sector includes privately owned health providers; insurers; and associations of organizations and other entities with a profit motive who provide health care-related services within the country, such as pharmaceuticals and research. Not-for-profit organizations referred to as CSOs are providers, voluntary organizations, faith-based organizations, community-based organizations, charities, and associations with a social welfare agenda.[1] These types of organizations provide various services at different levels within the Namibian health system. Currently, the country has 257 private health facilities registered with the MOHSS, including 157 non-governmental not-for-profits (includes 27 faith-based facilities) and 100 private for-profits.[2]

2.1 PRIVATE HEALTH FACILITIES AND PROVIDERS

Private for-profit

Private for-profit providers include 18 hospitals, 20 health centers, and 219 clinics.[3] In addition, several health care practitioners operate consulting rooms, which are not classified as clinics, health centers, or hospitals. Such health practitioners need to be registered with the Namibian Association of Medical Aid Funds (NAMAF) for them or their patients to claim expenses from the private medical insurance funds. In 2018 2,075 health care practitioners were registered with the NAMAF.[4] The private sector actors also include private health insurance companies and the Public Service Employee Medical Aid Scheme (PSEMAS). The country has 10 private health insurance companies, of which five are open funds where membership is open to everyone, and five are closed with membership open to employees of specific sectors/companies only. While contributions to both types of funds are voluntary, PSEMAS is restricted to public service employees. Medical insurance funds are regulated by the Medical Aid Funds Act 23 of 1995 and overseen by the Namibia Financial Institutions Supervisory Authority. In addition, all private medical insurance funds are registered with the NAMAF, a juristic body established by the Medical Aid Funds Act to control, promote, encourage, and coordinate the establishment, development, and functioning of medical aid funds in Namibia. The NAMAF brings together health care providers and medical aid funds once a year to determine NAMAF tariffs, which are the guideline amounts that medical aid funds use to defray members' health care costs.

Private not-for-profit

CSOs are among the most common providers of facility and community care in Namibia, with over half of the country's 600 registered CSOs working in health based on 2015 estimates.[5] CSOs are registered in line with the National Welfare Act, No. 79 of 1965, as amended, and with the MOHSS Welfare Department. CSOs in the health sector are mainly funded by development partners and by private

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1 O'Hanlon, Barbara, Frank Feeley, Ingrid de Beer, Sara Sulzbach, Heather Vincent. September 2010. Namibia Private Sector Assessment. Bethesda, MD: Strengthening Health Outcomes through the Private Sector, Abt Associates.

2 Source: MOHSS, https://mfl.mhss.gov.na/location-manager/locations, accessed May 18, 2022.

3 Source: MOHSS, https://mfl.mhss.gov.na/location-manager/locations, accessed May 18, 2022.

4 Namibian Association of Medical Aid Funds 2018. Annual Report. https://www.namaf.org.na/docs/ANNUAL%20REPORT%20FINAL.pdf, accessed May 19, 2022.

5 Source: Social Contracting Policy Concept Note, MOHSS, 2022.

philanthropies, corporate donations, and grants. The Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR) contribute substantial funding to CSOs, especially towards programs targeted to key populations. CSOs also receive funding from other organizations and donors, such as the European Union, the United Nations and other bi-lateral donors. Most of the CSOs, except for faith-based providers, focus on prevention and promotion activities, targeting services that are under-provided at the facility level, with a strong focus on community outreach. While faith-based organizations may also provide services at community level, they generally focus on the provision of services at faith-based health facilities at different levels of care.

2.2 ACCESS TO SERVICES THROUGH PRIVATE SECTOR

Private for-profit

The provision of health services in Namibia is split between two main providers— the government (75-80 percent), and the private sector (20 percent). Most patients accessing services in the private sector are the 20 percent who are insured through the various private medical aid funds and PSEMAS. While the total population accessing services in the private sector is small, the private sector plays a significant role in specific geographic areas and to fill gaps in public sector services. The private sector also accounts for significant human resources for health, employing one-third of all physicians, two-thirds of pharmacists, and about 20 percent of nurses.[6] However, private for-profit service provision is concentrated around the capital in Windhoek and the Khomas region, where there are very few secondary public facilities. In addition, the private sector also provides services that are otherwise missing or cannot be efficiently provided within public facilities. For example, private for-profit entities have partnered with the MOHSS in providing dialysis to public sector patients. A report on private sector capacity in 2019 indicated that more than 15 clinics were providing voluntary medical male circumcision with funding and support from PEPFAR-supported CSOs.[7] The report also highlighted opportunities for expanding access to pre-exposure prophylaxis within the Windhoek area through private providers, including pharmacies.

Private not-for-profit

In addition to the for-profit private providers, private-not-for-profit including faith-based organizations and CSOs provide services at facilities and communities, though predominantly in rural areas. CSOs provide mostly non-facility-based preventive and health promotional packages of essential services complementing governments' efforts in HIV/AIDS, TB, malaria, and maternal and child health. Smaller, community-based CSOs also provide rehabilitative services for special-interest patient groups, such as people with disabilities.

CSOs are among the fastest responders to people's needs in places and among populations that government health agencies do not easily reach. They have been particularly critical in the HIV/AIDS response, where stigma and discrimination from government health providers resulted in CSOs taking a leading role in providing key services through structures that are more accessible to these population groups. That role includes providing peer outreach and acting as a bridge to broader health care for people experiencing barriers to access. CSOs have driven a significant part of the national HIV response from its earliest days, with community-based organizations leading advocacy efforts to expand access to treatment and care for all in need, regardless of location or socioeconomic status. In addition, CSOs

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[6] Namibian Association of Medical Aid Funds. 2018 Annual Report. https://www.namaf.org.na/docs/ANNUAL%20REPORT%20FINAL.pdf, accessed May 19, 2022.

[7] MacDonald, Vicki, Sean Callahan, Rachel Basirika, Ramakrishnan Ganesan. 2019. Feasibility of Private Sector Delivery of Pre-Exposure Prophylaxis in Windhoek, Namibia. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.

have been noted as a vital part of the provision of services that are generally inaccessible for key populations at public health facilities, such as HIV services for key populations, including sex workers, transgender, men who have sex with men, men who purchase sex, minority populations, adolescent girls and young women, and mobile communities.

3. PLATFORMS FOR PRIVATE SECTOR ENGAGEMENT

3.1 CURRENT APPROACHES IN ENGAGEMENT OF PRIVATE SECTOR IN HEALTH

In recent years, the engagement of the private sector in health has been biased mainly toward CSOs such as NGOs and faith-based providers, while the engagement of private for-profit entities has been limited. CSOs are more closely integrated into the public health care system with strong linkages to the MOHSS at various levels of health care delivery, particularly for HIV services. CSOs are active at the national level, where many participate in decision-making consultations through technical working groups and other routine decision-making platforms. Such technical working groups include the Global Fund Country Coordinating Mechanism, which brings together the MOHSS and different interest groups in the HIV/AIDS, TB, and malaria responses. At the subnational level, many CSOs offer services in various regions through strong linkages with regional offices, districts, and facilities that enable the flow of resources and information between the state and these non-state actors. CSOs have been mostly funded by development partners who have also been active advocates for their engagement and integration with the MOHSS decision-making and service delivery platforms.

Within CSOs, faith-based providers such as the Anglican, Roman Catholic, and Lutheran churches are the exception in funding as they receive funds from multiple external sources and from the government of Namibia as well. These have also benefited from Government of the Republic of Namibia (GRN) domestic funding through bilateral frameworks that enable them to receive direct salary and operational grants through the national budget. However, there is no evidence of robust engagement and participation of the faith-based providers in the budgetary and financial allocation decisions of the MOHSS.

The MOHSS has not heavily engaged private for-profit stakeholders in decision-making processes. With the exception of the private providers who work in both public and private facilities on the dual-practice arrangements, these private sector stakeholders generally have minimal linkages with public facilities and provide few services within them. The diversity of private for-profit actors in their funding, structure, and levels of operation in comparison to CSOs makes it more complicated to engage them. The MOHSS has contracted private sector entities to deliver services where there is limited capacity in the public sector, particularly for services such as dialysis, cardiology, and voluntary medical male circumcision and non-clinical services such as catering and laundry services. However, such contractual arrangements are on an ad hoc basis and not guided by a strong framework that can be used to expand these arrangements to other services. Regulators and other governing bodies for the private for-profit actors sometimes participate in decision-making platforms of the MOHSS, representing their members; however, such participation is minimal.

3.2 ROADMAP AND PROCESS FOR PRIVATE SECTOR ENGAGEMENT

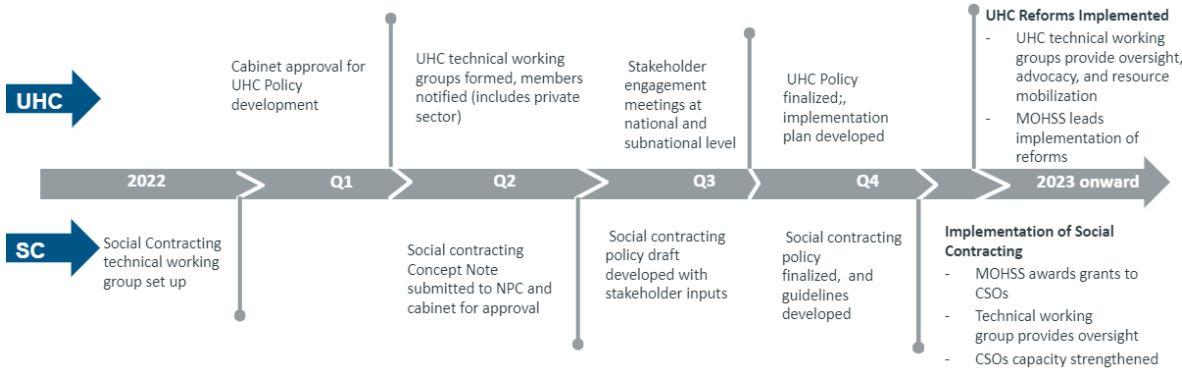
The private sector network in Namibia is quite robust and diverse, and there are opportunities for the private sector (both for and not-for profit) to play a crucial role in advancing UHC in terms of financing, governance, research, and service delivery, as demonstrated above. Tapping into this sector through innovative and collaborative approaches can be a critical opportunity to accelerate the country's progress to achieve UHC by leveraging new resources while efficiently using available resources. As part

of this process, the MOHSS is pursuing three interlinked opportunities to actively engage the private sector in decision-making and service delivery for UHC. This is being done through:

- Inclusion of the private sector in the national multi-stakeholder dialogue platform for UHC aimed at leading engagement, input, and advocacy for reforms
- Development of a social contracting policy aimed at providing a framework for the MOHSS to contract CSOs to provide essential health services with funding from the national budget
- Public-private partnerships to leverage the investments, resources, skills and expertise of the for-profit private sector to strengthen the country's health outcomes, improve equity and access to healthcare and to ensure the provision of quality essential health services.

The timeline graph (Figure 1) below shows the combined roadmaps for private sector engagement through the two processes described above. The two guiding documents are expected to be in use for a minimum of 10 years, with mid-term review after five years of implementation. The MOHSS will also develop detailed implementation guides for each of the stakeholder engagement processes. For example, the multi-stakeholder dialogue platforms are developing terms of reference that identify targeted stakeholders and define points of engagement and outputs expected from such meetings. These terms of reference will ensure the roadmap is implemented beyond the first year of developing guiding documents.

Figure 1. Combined roadmap for private sector engagement: Calendar year 2022 and beyond



The detailed approaches and roadmaps for these processes are outlined below. While the processes are parallel, they are interconnected through national MOHSS leadership and dual participation of critical stakeholders.

3.2.1 NATIONAL MULTI-STAKEHOLDER DIALOGUE PLATFORM FOR UHC

The GRN is committed to progressing toward UHC and has established governance structures, led by the MOHSS, to oversee and coordinate this process. The MOHSS acknowledges that UHC can be achieved only if the high levels of inequality in the health sector are addressed. This requires the cooperation of the private sector and a common understanding of how to address broader weaknesses in the overall health system. The MOHSS is achieving this cooperation and shared understanding by facilitating an ongoing all-inclusive national dialogue around UHC priorities. To this end, the MOHSS is engaging with a wide range of stakeholders within the health sector and beyond to reach consensus on the way forward, which will be essential for the successful implementation of the country's action plan for UHC. These platforms for discussion and engagement should be leveraged beyond the government's focus on strategies for progress towards UHC through the public sector, but should also be used to collectively identify the strengths and weaknesses of the respective sectors and allow for identification and realization of opportunities to build on the strengths identified. For example, private sector engagement in the development of the essential health services package may identify opportunities for the private sector (for and not-for profit) to become more

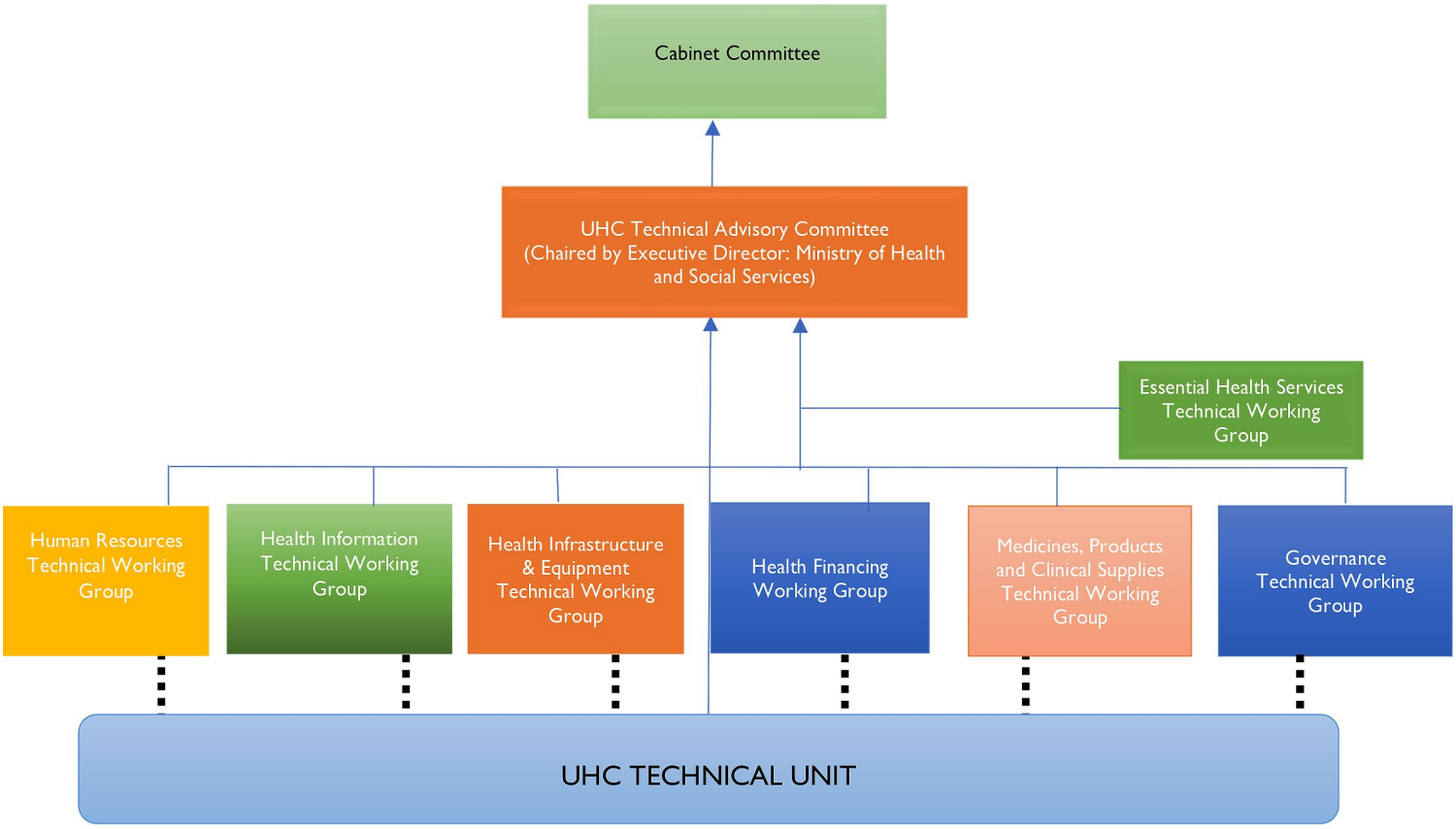
involved in delivery of specific services given their skills, expertise, equipment and infrastructure. Similarly, opportunities may be identified whereby the private pharmaceutical procurement and distribution networks can be leveraged to improve availability of certain medicines within the public sector or to reduce the costs of medicines in the private sector.

The MOHSS has set up a national multi-stakeholder dialogue platform whose task is as follows:

- Unite stakeholders 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 barriers to the achievement of UHC goals.
- Reach consensus among key stakeholders on the priorities and UHC objectives.
- Develop a unified pathway for Namibia to move toward UHC.

The MOHSS has set up various technical working groups to achieve the above goals, as shown in Figure 2 below. Each working group is chaired by a senior person within the MOHSS, with a co-chair to be selected by the members representing non-state actors such as CSOs and representatives of various private sector actors. Private sector stakeholders shown in Table 1 below are placed in the different technical groups based on their interests, mandates, and areas of expertise.

Figure 2. UHC governance structures and stakeholder engagement platforms



Source: UHC Roadmap, MOHSS, 2021.

Given the long-term effort and diversity of actors who would contribute to the UHC movement, the MOHSS has adopted a phased approach to steering the policy dialogue. The first phase will ensure that all internal staff of the MOHSS have a common understanding of the UHC concept, its dimensions, the links with staff's daily work, and the requirements in terms of synergistic coordination with other sectors. Once internal staff are well aligned on the UHC concept and have identified their contribution to it, the MOHSS will open the dialogue to non-state actors whose contribution is critical for Namibia's collective journey to UHC. The MOHSS will bring together representatives of unions, academics and researchers, development partners, UN agencies, CSOs, faith-based organizations, community and traditional authorities, the private health sector and insurance (including the NAMAF), employers' federation (commerce and industry), and youth and women's organizations. The MOHSS will share its strategic orientations and priorities with critical stakeholders for feedback and improvement through comprehensive dialogue. The detailed list of stakeholders is shown in Table 1 below.

Table 1. Private sector organizations included in UHC governance structures

Private sector organization	Mandate	Value-addition in UHC governance structure
NAMAF	Control, promote, encourage, and coordinate the establishment, development, and functioning of medical aid funds in Namibia.	• Provide insight into how private medical aid funds can be leveraged for sustainable financing for UHC. Represent the interests of the private medical aid funds.
Namibia Financial Institutions Supervisory Authority	Regulate and supervise financial institutions in the financial services industry in the public interest, including health insurance and medical aid funds.	• Ensure compliance of health financing reforms with national legislation and regulations governing financial institutions, such as medical aid funds.
PSEMAS	Assist its members with the cost of medical care and promote their health through its wellness and chronic disease management program.	• Key stakeholder in health reforms given the substantial resources managed by PSEMAS and its population coverage.
Medical Aid Fund Administration Forum	Forum for the administrators of medical aid funds in Namibia.	• Provide access to critical private sector utilization data and information on systems used for the administration of private medical aid funds. • Represent the interests of the private medical aid fund administrators.
Namibia Insurance Brokers Association	Represent the broker industry including medical insurance funds.	• Determine how private insurance mechanisms may be leveraged for progress towards UHC.
Namibia Medical Society	Represent the medical fraternity and bridge the gap between the state and private health sectors.	• Provide input and guidance in the development of the essential health services package • Provide input and guidance on broader health system reforms required for improved public-private sector collaboration • Provide technical expertise to topic-specific TWGs

Private sector organization	Mandate	Value-addition in UHC governance structure
Medical Association of Namibia	Represent the medical fraternity and bridge the gap between the state and private health sectors.	• Provide input and guidance in the development of the essential health services package • Provide input and guidance on broader health system reforms required for improved public-private sector collaboration • Provide technical expertise to topic-specific TWGs
Health Professions Council of Namibia	Promote the health and well-being of Namibia's population, determining and upholding standards of education and training.	• Provide input and guidance in the development of the essential health services package • Provide input and guidance on broader health system reforms required for improved public-private sector collaboration • Provide technical expertise to topic-specific TWGs
Namibia Association of Private Hospitals	Serve as umbrella organization for the whole private health sector in Namibia to ensure the ongoing development of the private health care industry	• Provide input and guidance in the development of the essential health services package • Provide input and guidance on broader health system reforms required for improved public-private sector collaboration • Provide technical expertise to topic-specific TWGs (e.g., infrastructure)
Pharmaceutical Society of Namibia	Professional body for pharmacists and pharmacy, promoting pharmacy to ensure pharmacists are recognized and trusted within the Namibian health care system, and making sure the voice of the pharmacy profession is heard in the development and maintenance of health care policy.	• Provide input and guidance on broader health system reforms required for improved public-private sector collaboration • Provide technical expertise to topic-specific TWGs (e.g., pharmaceuticals and supply-chain)
Namibia Private Practitioners Forum	This is a forum of private practitioners formed to make current policies in private medical practice more transparent.	• Provide input and guidance on broader health system reforms required for improved public-private sector collaboration • Provide technical expertise to topic-specific TWGs
Namibia Employers Federation	Representative body of employers in Namibia.	• Ensure implications on employers of health and health financing reforms for UHC are considered in decision-making processes
Law Society of Namibia	Self-regulating body promoting justice, protecting the independence of the judiciary, and upholding the rule of law.	• Ensure that reforms are in line with Namibian legislation
Namibia Informal Sector Organization	Promotion of rights of informal traders.	• Determine how access to health services can be improved for informal traders

Private sector organization	Mandate	Value-addition in UHC governance structure
		• Consider how regular contributions to pre-payment schemes for health can be derived from the informal sector
National Union of Namibian Workers	Trade union federation in Namibia, representing between 60,000 and 70,000 workers	• Ensure implications on employees of health and health financing reforms for UHC are considered in decision-making processes
Trade Union Congress of Namibia	Trade union federation representing an estimated 61,000 workers.	• Ensure implications on employees of health and health financing reforms for UHC are considered in decision-making processes
Namibia University of Science and Technology	Faculty of health and applied sciences provide professional programs aimed at the production of cadres and specialists concerned with the improvement of public health.	• Contribute to research activities required health reforms and progress towards UHC • Ensure academic training capacity and programs can be aligned with skills/health workforce needs
University of Namibia	School of public health trains public health practitioners for professional managerial positions in health care systems, hospitals, health insurance, and other organizations working on policy and program development in population health, prevention, and health care systems	• Contribute to research activities required health reforms and progress towards UHC • Ensure academic training capacity and programs can be aligned with skills/health workforce needs
Council of Churches in Namibia	The Council of Churches in Namibia describes itself as an ecumenical body that exists to support and enable member churches to respond in faith to the spiritual and socioeconomic needs of all God's people, commissioned to be a prophetic voice to the poor and other vulnerable people in society.	• Provide insight into how the private not-for profit sector can be leveraged to improve access to health services at community-level, especially to poor and vulnerable populations
Namibia Statistics Agency	Produce and disseminate relevant, quality, timely statistics and spatial data that are fit for purpose in accordance with international standards and best practice.	• Contribute to research activities required health reforms and progress towards UHC • Support efforts to collect and collate evidence required for informed decision-making
USAID	Support the MOHSS in their national response to the HIV/AIDS epidemic, and partner with nongovernmental organizations, faith-based organizations, and government health clinics across Namibia to expand access to quality health services.	• Ensure donor funding is aligned with and supportive of national health reforms • Technical advisor in areas of health systems strengthening, procurement, private sector engagement and service delivery
Local Health Systems Strengthening/Abt Associates	Help Namibia build a strong, sustainable health system to support access to UHC.	• Technical advisor in the areas of health financing, development of the essential health services package and overall UHC processes
EpiC project – Open Development	Strengthen Human Resources for Health in Namibia as a key pillar for achievement of UHC	• Technical advisor on human resources for health

Private sector organization	Mandate	Value-addition in UHC governance structure
Global Health Supply Chain/Procurement and Supply Management	Aims to improve coordination and collaboration among the MOHSS, PEPFAR, Global Fund, and other partners in supply chain technical assistance.	• Technical advisor on pharmaceuticals, procurement and supply-chain management
World Health Organization	Support member states in their efforts to build robust, resilient, and responsive health systems and services that can sustain equitable delivery of integrated packages of essential services of good quality, and that enable vital access for all individuals, communities and populations.	• Technical advisor on healthcare service delivery and health systems strengthening
Global Fund Program Management Unit	Manage Global Fund grants in Namibia, with Global Fund being the second biggest donor for health in the country.	• Ensure donor funding is aligned with and supportive of national health reforms

Source: UHC Stakeholder Mapping, updated 2022.

The MOHSS developed an overarching roadmap toward developing a UHC policy and operational plan to launch the process. The policy will establish broad principles, goals, and objectives across the various health system components, and should culminate in formalizing the UHC structures as routine engagement and implementation platforms for private sector engagement. The ministry plans to have a policy and operational plan finalized by the end of 2022 and thereafter begin implementation. However, the need for broader and extensive engagement of stakeholders has resulted in delays in finalizing the policy and the timelines may be revised into 2023. The broad roadmap and timelines for the UHC policy development and key steps are below.

Table 2. Timelines for development of UHC policy in 2022

Action	2022							
	March	April	May	June	July	August	Sept	Oct
Development of UHC governance structure								
Multi-stakeholder engagement and development of consensus on UHC								
Development of policy, costed strategies, and UHC implementation plan								
Development of monitoring and accountability frameworks to be incorporated in the costed UHC implementation plan								

Source: UHC Stakeholder Engagement Plan.

3.2.2 ROADMAP FOR ENGAGEMENT OF CSOS THROUGH SOCIAL CONTRACTING

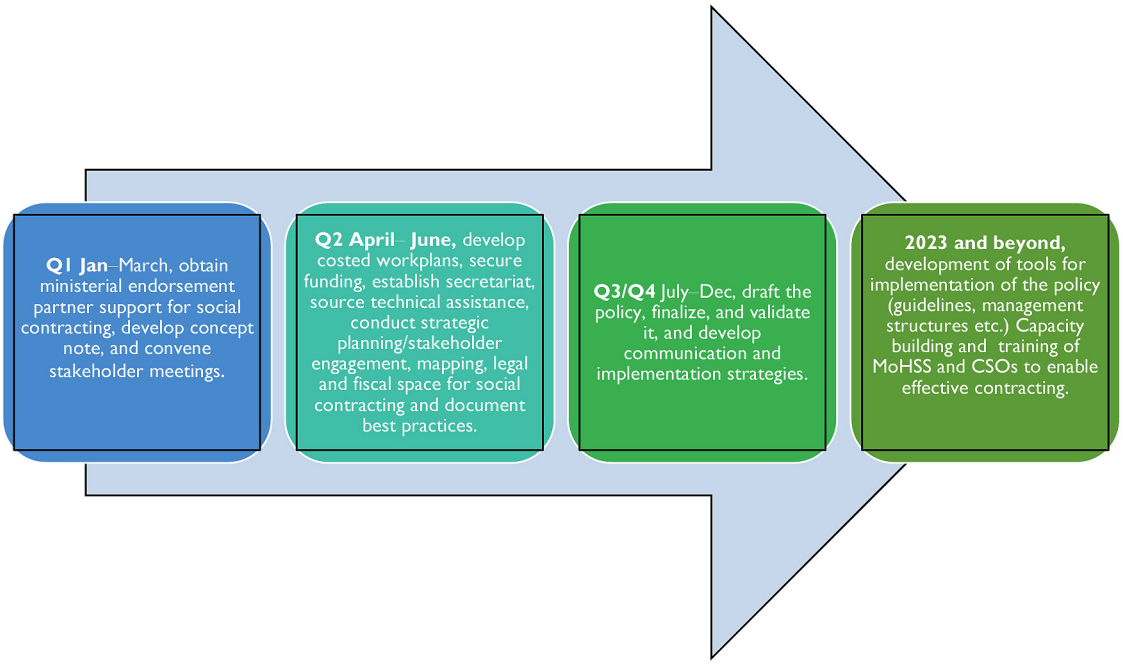
The MOHSS recognizes the significant progress made in addressing infectious diseases and the role that CSOs have played in realizing these achievements. CSOs are a critical partner in providing essential services, especially in marginalized communities. One of the most effective and efficient methods of bringing services closer to the clients to provide comprehensive preventive care and patient management is to have a direct presence within communities. CSOs have traditionally filled this space with the support of donor funds due

to their comparative advantage and their importance as development agents within communities. However, this role is under threat as CSOs may face declining funding in the medium to long-term due to donors transitioning out of Namibia after its attainment of upper-middle-income status. The ministry recognizes the risk to sustaining the progress made in the fight against infectious diseases like HIV and TB if CSOs exit the space. In response to this potential risk, social contracting will preserve the role played by CSOs through domestic funding, ensuring they remain viable and with adequate capacity to complement government health service delivery. Social contracting is recognized as a suitable platform through which the GRN via the MOHSS can engage with and provide funding to CSOs to achieve goals and targets, as outlined in the national strategic guidelines. The MOHSS has recently embarked on developing a social contracting policy, which is being coordinated through the Social Contracting Technical Working Group established for this purpose. The social contracting policy aims to achieve the following objectives:

- Provide sustainable and non-disruptive funding to non-state actors to ensure continuity of services for all populations through a responsive network of linked state and non-state service providers.
- Expand provision of targeted essential health services to ensure access for all, including vulnerable people, key populations, and hard-to-reach communities.
- Strengthen linkages with communities through direct support to CSOs with a strong grassroots presence and reach of services.
- Strengthen meaningful engagement and coordination between the GRN and CSOs, and promote dialogue on essential services for enhanced responsive programming consistent with community health and needs.
- Increase efficiency in using GRN funding by ensuring services are provided cost-effectively.

The policy is being developed through an inclusive participatory process. Various consultative meetings and stakeholder engagements are held to solicit the input of the stakeholders. A coordinating committee has been established to drive the process of consultation. Regular consultations with key stakeholders such as ministries, offices, and agencies; CSOs; and development partners form the backbone to facilitate feedback and collective decision-making. A roadmap was developed in early 2022 and is currently being implemented, with the completion of the policy targeted for quarter (Q)3/Q4 of 2022. Thereafter, policy implementation will start, guided by detailed templates/supporting instruments. The implementation of the policy will require extensive training and capacity strengthening of both the MOHSS and CSOs to ensure the successful implementation of social contracting arrangements. Training and capacity strengthening of the MOHSS will focus on the identification of needs, drafting scopes, proposal evaluation, contract awards and negotiation, and the oversight of contracts and performance. The capacity of CSOs will be strengthened in the areas of conceptualization, proposal writing, effective and accountable management of resources, and reporting. The training and capacity strengthening will be a priority at the start of the implementation phase but will also continue throughout implementation to ensure continuous improvements and effective management of contracts and relationships. Figure 3 shows the expected timelines to complete the policy and implementation plan for 2022.

Figure 3. Timelines for development of the social contracting policy in 2022



Source: MOHSS social contracting concept note, June 2022.

The completion of the policy on social contracting and its implementation are essential to building capacity within CSOs to support the MOHSS in providing specific components of the essential health services package, which is currently being revised as part of the UHC policy development process The approach harnesses skills and competencies in the sector and enables CSOs to obtain funding from the government, a critical process for sustainability. The policy will guide the engagement of CSOs for 10 years.

3.2.3 LEVERAGING THE PRIVATE SECTOR THROUGH PPPS

While the private sector provides services to a comparatively small proportion of the population, it does manage a substantial portion of health resources, in terms of financing, infrastructure and human resources. As such, there is significant potential for accelerated progress towards UHC and improvements in the country's health outcomes by leveraging these private sector resources through effective public-private sector collaborations. The MOHSS considers PPPs a viable mechanism to unlock this potential and deliver improved services and realize better value for money. Namibia's PPP Act of 2017 aims to realize the following objectives:

- Promote private sector participation in the provision of public services through PPP projects.
- Enable private sector investment in the provision of public infrastructure assets or services.
- Create frameworks and ensure oversight and governance on projects selected for development through the PPP mode.
- Enable the creation of adequate institutional capacity for processing and regulating PPP projects.
- Ensure fairness, transparency, equity, and competition in the process of awarding PPP projects.
- Provide principles, framework, and guiding procedures to assist public entities during the initiation, preparation, procurement, management, and implementation of PPP projects.

While the Ministry of Finance is primarily responsible for the implementation of the Act, the MOHSS has developed its own Health PPP Strategy and Implementation Guidelines in order to supplement the limited public resources with those of the private sector. Coordinating public and private service delivery to ensure all health needs are effectively met and enlisting the private sector in the provision of public health services to complement the services provided in the public has become a priority in light of the acute shortage of qualified public health workers, limited capacity for domestic training, uncompetitive conditions in the public service sector, the physical aging of health facilities, fast-changing technology, re-emergence of diseases, non-robust sources of revenue, and population increase.

While PPPs for health have already been implemented in the past and some continue to be implemented, there is a need to ensure that these are implemented and managed in a more organized and standardized manner. This requires continuous and improved engagement and collaboration between the MOHSS and private for-profit stakeholders to identify, evaluate and implement feasible opportunities. Enhanced capacity within the MOHSS to effectively manage and oversee such PPPs is critical. The following steps are suggested to allow the MOHSS to effectively leverage private sector resources through PPPs for progress towards UHC and improving Namibia's health outcomes:

1. **Consult with private sector representatives to identify and evaluate PPP opportunities** for the resources in the private sector to be effectively leveraged to support the MOHSS in providing health services to the vast majority of the country's population. Examples include the distribution of publicly procured pharmaceuticals through private pharmacies at a nominal fee, provision of selected primary healthcare services through private providers, and others. Options should be assessed, possible partners identified and mechanisms for such PPPs should be explored.
2. **Strengthen the MOHSS' capacity in PPP management.** For PPPs to be successful, it is essential for the capacity of the MOHSS to be strengthened. This would require the following:

    a. Formalize responsibilities for PPP management either through the establishment of a dedicated PPP unit within the MOHSS or by ensuring an existing directorate is formally made accountable with staff who are dedicated to the management of PPPs and other contracting arrangements.

    b. Provide training and mentoring of MOHSS PPP unit staff to ensure that they have the necessary skills to fulfill their responsibilities.

    c. Develop standardized protocols, procedures, and tools to guide the bidding, selection, negotiation, contracting, management and monitoring of PPPs and other contracting arrangements with private sector and civil society.

    d. Strengthening negotiation capacity to ensure that the MOHSS can leverage its purchasing power for economies of scale to ensure that prices and fees are agreed for optimal cost-effectiveness.

    e. Ensure effective monitoring of the implementation of PPPs and contracting arrangements for compliance with contractual terms and conditions, delivery of quality and value-for-money services.
3. **Pilot and implement additional PPPs in the provision of health services.** To test the feasibility of certain PPP arrangements it may be necessary to implement smaller-scale pilot projects first. After the concepts have proven to effective and feasible, they can be rolled out at large scale.

4. **Increase scope of private sector services.** Health services identified as essential in achieving the country's targets in health outcomes, as per the soon-to-be finalized essential health services package, should be included in the benefit packages of the private medical aid funds and PSEMAS to ensure that those services are comprehensively accessible to all population groups. These should include services prioritized by the government, such as PrEP and other preventive and promotive services.

3.2.4 ENGAGEMENT OF THE PRIVATE SECTOR BEYOND THESE STRUCTURES

The MOHSS will continue to explore additional approaches and platforms to engage the private sector at both the national and subnational levels. These include:

- Inclusion of the private sector in stakeholder consultations to develop national health strategies. In 2022, the MOHSS will develop the Health in All Policies strategy and the National Health Policy, among other guiding documents. Developing the strategic documents will include broad stakeholder consultations at national and regional levels. The MOHSS will ensure that different actors from the private sector are included at all consultation stages.
- Routine planning and implementation platforms, including disease/program-specific technical working groups.
- Pro-active engagement of the private sector by the MOHSS through public-private partnerships arrangements, building on mutually beneficial opportunities to strengthen the national health sector and improve the health outcomes of the country.

Across all these platforms, the MOHSS will ensure participation from the private sector is meaningful and contributes to a diversity of views and buy-in during implementation.

4. CONCLUSION

The achievement of UHC is a national priority for the government of the Republic of Namibia. Ensuring no one is left behind requires all stakeholders' persistent and coordinated engagement, including the private sectors. Current efforts in the engagement of the private sector are already bearing fruit, and implementation of this roadmap will bring more stakeholders onto the table. As the processes continue, the MOHSS will also continue to update the roadmap and ensure it is relevant and adequate.