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**NPPF NEWSLETTER | JUNE 2025**

**APPEAL FOR ASSISTANCE WITH THE COST STUDY**

***Facing a Health System in Crisis: Why Your Participation Matters***

Dear Colleagues,

**This is an appeal for unity and resolve in a time of challenge.**

Namibia's private healthcare sector is facing an accelerating crisis. The past unchecked growth in practitioner registration, coupled with the systemic overreach of non-statutory actors like NAMAF (a juristic person), is eroding professional autonomy, undermining regulatory integrity, and threatening the sustainability of the entire private funding model.

**NAMAF: Overreach Without Legal Mandate**

While we acknowledge the recent communication from NAMAF requesting coding submissions from individuals and associations, we must be clear that the pattern of behaviour is long-standing and unlawful:

- NAMAF has unilaterally assumed clinical governance authority—powers which are not granted anywhere in the Medical Aid Funds Act. As a juristic person, it is limited to the functions in Section 12 of the Act—none of which permit it to establish and recommend fees, control coding, or regulate clinical practice.
- There has been no formal review of the NAMAF Benchmark Tariff since 2002.
- NAMAF in some coding structures continues to rely on outdated, foreign SAMA codes—copyrighted and never locally updated—despite regular revision being a fundamental requirement for credible clinical coding.
- NAMAF typically ignores inputs that don't agree with its narrative.

**The consequence?** Funders benefit, professionals are underpaid, and patients face rising costs and reduced access to care—all under the misleading guise of “consultation” with Associations or professional bodies that serves a mere alibi function.

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## HPCNA: Registration Explosion and Strategic Financial Objectives

The Health Professions Councils—and particularly the Medical and Dental Council (MDC)—are also implicated in a troubling pattern:

In 2019, an exam paper leak affecting foreign-trained medical students was discovered within the Medical and Dental Council (MDC). To date, no formal investigation has been completed, and no accountability established. It is of concern that individuals who had access to the examination materials at the time continue to be involved in examination processes under the HPCNA.

Medical registration numbers in the years preceding the leak were as follows (including Namibian based medical students and interns):

- 2014/2015 – 371
- 2015/2016 – 437
- 2017/2018 – 383
- 2018/2019 – 295

Following the scandal, the MDC registered contingent records a significant jump (number include Namibian based medical and dental students and interns) which the HPCNA legal department, the former Joint President's Committee and the newly appointed President of the Council declined to clarify when formally requested to do so so:

- 2019/2020 – 1,067
- 2020/2021 – 837
- 2021/2022 – 511
- 2022/2023 – 837
- 2023/2024 – 832

This indicates that over the last five years, **4,084 medical practitioners** were registered.

This surge in registrations appears to also align with the HPCNA's articulated strategic targets—destined to close the budget gap created by reduced government funding.

- The HPCNA's own reports show that MOHSS subsidies covered 70% of its costs in 2015, but only 51% in 2023 and 49% in 2024. The balance is covered by registration fees.
- The 2023 Annual Report confirms the Council surpassed its articulated “strategic objective for the 2021–2026 period”—registering a total of **28,694 practitioners by 2023/24**, well beyond the original target of 25,614 – achieved a mere three year earlier than planned.
- This poses another question: Does the increase in foreign practitioner fees primarily serves to meet financial targets, rather than to regulate the quality or influx of foreign-trained practitioners?

There appears to be a structurally perverse incentive within the current regulatory framework that encourages increased practitioner registrations—particularly of foreign nationals, who are subject to fees up to 400% higher—thus generating significantly higher revenue for the Council. This occurs

with little demonstrable regard for funding limitations, national workforce needs (as evidenced by high unemployment among nurses), quality assurance, or patient outcomes.

Such omissions are inconsistent with the statutory obligations of a professional regulatory body, which is entrusted with upholding standards of practice and protecting the public interest through sound governance.

According to available data:

- Medical aid membership has stagnated (NAMFISA study).
- The annual growth rate of practitioners entering private practice (including PSEMAS) rose from 3.5% to 22% within five years—a sixfold increase.
- The funding industry's predominant response has been to reduce member benefits and raise contributions, effectively penalizing both patients and practitioners for structural failures beyond their control.

The tipping point for the current system began in 2019. The compounded effects of regulatory dysfunction, unsustainable policy choices, and reactive measures—particularly by NAMAf and NAMFISA—have rendered the system increasingly fragile and trending toward collapse.

### **A Profession Under Siege Needs Evidence-Based Action**

We cannot reform what we do not measure. This is why NPPF commissioned an independent cost study—to build a locally and regionally credible, evidence-based alternative to the NAMAf tariff, informed by actual Namibian practice data.

So far, **41 practitioners** have submitted data. We need a minimum of **130** for a representative sample. That means we still need **89 participants**.

Without your support, the benchmark we need to reclaim our clinical and financial autonomy **cannot** be established.

### **We Urgently Need Your Support**

If you are one of the many practitioners who want to continue working in Namibia's private health sector under fair, sustainable conditions, we urge you:

- **Submit your practice data to the NPPF cost study.**

All data is treated confidentially and used only for aggregate benchmarking.

An advert will also run on Friday in *The Namibian* to broaden this call, but this appeal is directed to **you**, our professional colleagues. We cannot do this without your participation and support.

## **The Future: Legal and Structural Reform**

In order to remain on the map, we must now consider coordinated legal, regulatory, and public strategies to:

- Challenge NAMAFA's unlawful conduct;
- Demand accountability from HPCNA and its Councils;
- Rebuild a sustainable, practitioner-informed funding model;
- Prevent the unchecked entry of practitioners into a system that cannot sustainably absorb them.

The time for passive concern is over.

The time for evidence, collective action, and strategic reform **is now**.

Yours sincerely,



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*For The NPPF Executive*