**TIME IS UP! LAST DESPERATE CALL FOR COST STUDY**

The **Namibia Private Practitioners Forum (NPPF)** has fought since 2012 to expose flaws in NAMAF’s benchmark tariffs, which were according to the first cost study based on the discredited 2003 BHF tariff declared illegal by the South African Competition Commission and contain copyrighted (outdated) SAMA codes not to be used any longer.

Today, **your fees remain capped by funder-controlled ceilings** and have been **eroded to levels far below comparable professions**. Yet, you are subjected to *ultra vires* demands from **NAMAF—**endorsed by**NAMFISA—such as compulsory ICD-10 coding and NAPPI integration**. These requirements impose additional costs on **your practice**, **not** **to enhance** **patient care**, but to **advance the financial agenda of funds and their administrators**.

**1. The Reality: Your Work is Undervalued**

**Earning N$100,000: Comparison by Profession**

| **Profession** | **Rate** | **Hours Required** |
| --- | --- | --- |
| GP (NAMAF) | N$296 per 15 min | 84 hrs (336 consults) |
| GP (PSEMAS) | N$227 per 15 min | 110 hrs |
| Plumber | ±N$1,200/hour / call out | 83 hrs |
| Lawyer | ±N$1,500/hour -mid tier | 67 hrs |
| Engineer/Architect | ±N$1,500–1,577/hour | 63–67 hrs |

**Why are health professionals bound to Funder tariffs while other sectors charge market rates?**

**2. Funds and NAMFISA Cry “Hospital Cost Explosion” – The Facts Say Otherwise**

Despite claims of runaway provider costs, NAMFISA’s own data tells a different story:

* Member contributions grew **171% in 11 years (2012–2023)**, yet combined GP + Specialist costs grew only **1.5%** — with GP share falling and specialist share rising.
* Hospital costs: **+2.1%** | Medicines: **+2.8%** | “Other services”: **+9%** (unverified, but likely pathology, radiology, oncology).
* Yet GP and Specialist AHB reimbursements were **slashed from 225% to 150% of NAMAF tariff — a 33% cut**. Other professional fees remain capped and suppressed, enabling funds to post a staggering **N$229.7 million surplus in Q1 2025** — financed almost entirely **by patients and providers**.

This is not about fund sustainability. **It is systemic exploitation of the private health care sector!**

**3. Why Your Participation Matters**

* **NAMAF and Funds have no legal mandate to set tariffs**, yet for years they impose ceilings by means of an unscientific NAMAF Benchmark Tariff without cost evidence.
* **Without your data**, outdated tariffs and arbitrary cuts will define the sector for years.
* The **cost study is your only evidence-based tool** to restore fair tariffs.

**4. Ethical Imperative**

*“A just wage is the legitimate fruit of work. To refuse or withhold it can be a grave injustice.”*— Catechism of the Catholic Church §2434

Healthcare is not charity—it is a profession. **Underfunding it is morally indefensible.**

**5. What you need to do**

**SILENCE SUSTAINS THE SYSTEM. YOUR DATA CAN CHANGE IT.**

 **Contributions received so far mean nothing without a representative sample. If we don’t reach the minimum threshold, the cost study fails — and NAMAF’s flawed tariffs remain the law of the land.**

**PLEASE!!!!!** Submit your practice cost data either personally or through your accountant by **20 July 2025** to Healthman — we **still need 80 more submissions from GPs, Specialists, Speech Therapists, Occupational Therapists, and Psychologists**.

Your participation is CRUCIAL; it’s the only way to secure an evidence-based tariff that reflects the real cost of care.

**No data = No voice = Bleak future for private practice.**

Kind regards

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