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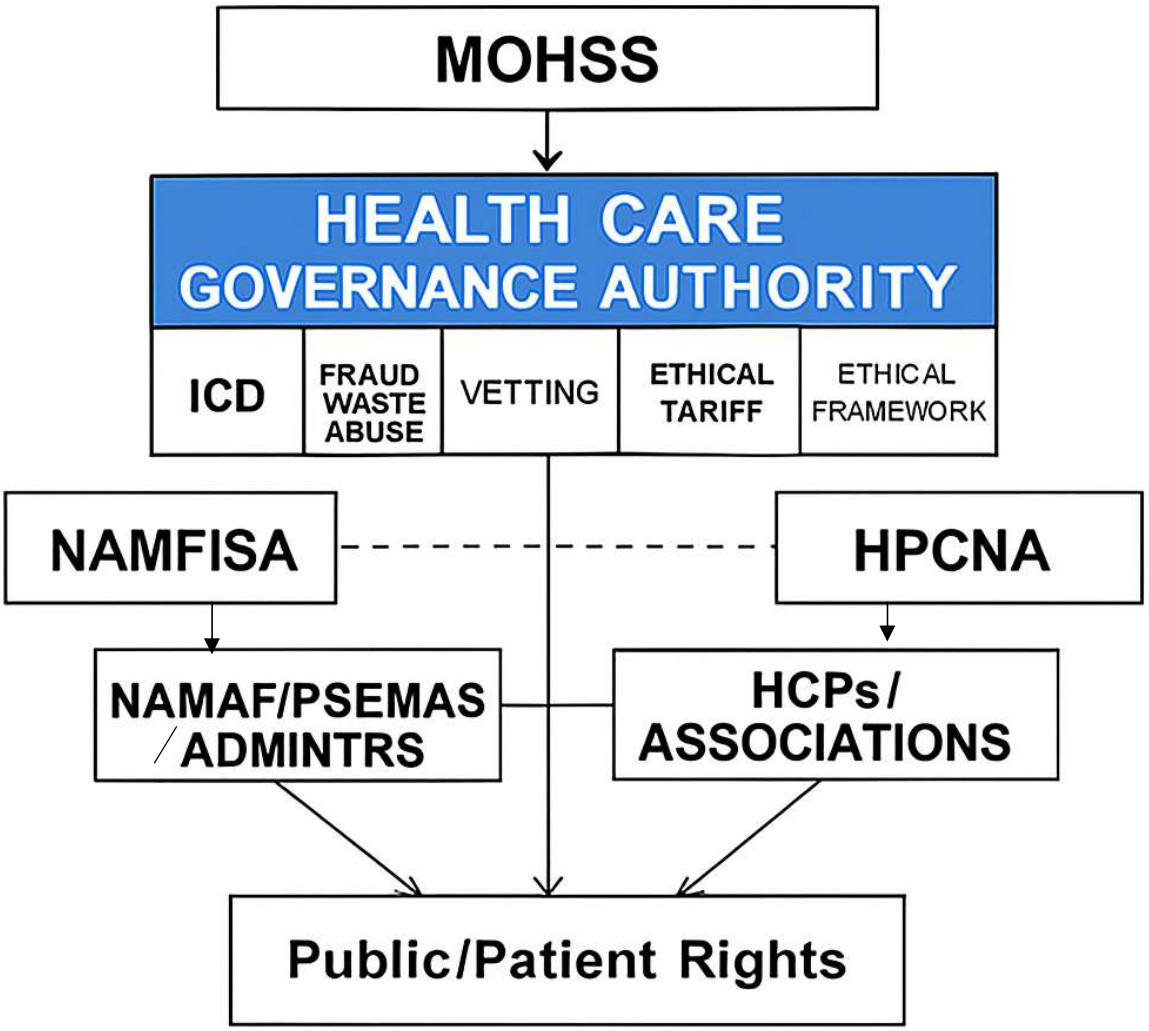
Draft Proposal for the Establishment of a Medical Control Board (Healthcare Governance Authority) – (update 28/09/2025)

Diagram 1: Medical Control Board/Healthcare Governance Authority



1. Background

Namibia stands at the threshold of a healthcare transformation—one that places patients first, ensures fair remuneration for providers, and restores trust in both public and private schemes.

Private healthcare in Namibia has long been shaped by fragmented oversight, with responsibilities split across multiple institutions:

- HPCNA regulates professional registration and discipline.
- NAMAF represents medical aid funds and develops tariff structures.
- Funds/Administrators manage claims and reimbursements, often without statutory oversight.
- NAMFISA safeguards financial soundness of insurers.
- PSEMAS, the state employee medical aid scheme, is administered by the Ministry of Finance (MoF).

The absence of a unified governance authority has created overlaps, gaps, and disputes. Patients and providers are caught between competing mandates, while trust in the system erodes. PSEMAS, despite being the largest scheme, has suffered from years of poor management. NAMAF has already proposed assisting with its reform. This presents a unique opportunity to incorporate PSEMAS and administrators into a broader governance framework alongside the private sector.

This proposal also draws on Namibia's eHealth Strategy, which outlines a layered governance system—namely the National eHealth Steering Committee chaired by the MoHSS Executive Director, supported by a technical implementation unit, working groups, and regional committees. That model emphasizes multi-sector collaboration (public, private, and civil society), a critical feature recommended by WHO to build public trust in contexts with high corruption risks and weak internal controls.

The proposed Medical Control Board / Health Care Governance Authority (MCB/HGA) would complement and reinforce this structure by serving as the statutory authority that anchors these technical initiatives in law, integrates them into healthcare financing and accreditation, and ensures accountability.

2. Problem Statement

The current model suffers from systemic weaknesses:

- Regulatory duplication and overreach (NAMAF acting quasi-regulatory beyond statutory scope).
- Unilateral tariff disputes, eroding trust between providers, funds, and patients.
- Inconsistent ICD coding, leading to confusion, claim disputes, and poor data integrity.

- Weak fraud, waste, and abuse controls, resulting in potential financial leakage.
- Unregulated administrators, operating without accountability or accreditation.
- PSEMAS mismanagement, undermining state resources and confidence.

The result is unsustainable healthcare financing, rising patient costs, and loss of confidence in both private and state-administered schemes.

In a context where public trust has been eroded by governance failures, WHO recommends multi-sector collaboration and statutory clarity to rebuild confidence. The MCB/HGA offers precisely that.

3. Proposal

The establishment of a MCB/HGA under the auspices of the Ministry of Health and Social Services (MOHSS). This body would:

- Serve as the single, independent governance authority mandated to manage and regulate the private healthcare system.
- Incorporate PSEMAS into the same governance framework to ensure accountability, eliminate waste, and harmonize tariffs.
- Subject administrators to transparent oversight and accreditation, addressing their current lack of regulation.
- Place patients and public rights at the centre of the system.
- Act as the vehicle for implementing key priorities of the Namibian eHealth Strategy, ensuring that digital integration, interoperability, and accountability mechanisms are aligned with statutory reform rather than duplicative.

4. Core Functions of the Medical Control Board

a) Regulatory and Technical Oversight

- Implement ICD coding standards and support rapid transition to ICD-11.
- Establish a transparent ethical tariff balancing provider remuneration, fund sustainability, and affordability.
- Develop an ethical framework for billing, claims, and conduct.
- Ensure alignment with eHealth standards [Health Level Seven (HL7), Fast Healthcare Interoperability Resources (FHIR), unified provider register, real-time claims adjudication].

b) Fraud, Waste, and Abuse Prevention

- Monitor claims to detect over-servicing, overcharging, and collusion.
- Create sanction and dispute resolution mechanisms accessible to patients, providers, and funds.
- Establish digital monitoring and reporting platforms consistent with the eHealth Strategy.

c) Vetting and Accreditation

- Vet providers in collaboration with HPCNA.
- Accredit administrators to ensure professional conduct and accountability.
- Set transparent participation criteria across financing structures.
- Expand training and technical capacity [Southern African Development Community Accreditation Service (SADCAS), Namibia Medicines Regulatory Council (NMRC) and World Health Organisation (WHO) support].

d) Inclusion of PSEMAS

- Reform PSEMAS under the same governance standards as private funds.
- Align tariffs and coding with broader system reforms.
- Pilot digital claims audits and joint data systems for phased integration.
- Protect PSEMAS beneficiaries under ethical and transparent management.

5. Stakeholder Integration

The MCB/HGA will function as a central forum ensuring checks and balances:

- HCPs/Associations: Represent professional and clinical perspectives.
- NAMAF/PSEMAS/Administrators: Represent financing and management; administrators explicitly brought under accreditation and accountability.
- HPCNA: Maintain professional registration and discipline.
- NAMFISA: Oversee financial soundness of funds and administrators.
- Public/Patients: Recognized explicitly as rights-holders with representation.
- eHealth Steering Committee: Serves as the technical and implementation partner, while the MCB/HGA provides the statutory authority and accountability framework.

6. Expected Outcomes

- **Sustainability:** Unified governance ensures long-term viability of private healthcare and PSEMAS.
- **Transparency:** Clear pricing, coding, and ethics standards reduce disputes.
- **Fairness:** Balanced recognition of provider, fund, administrator, and patient interests.
- **Efficiency:** Elimination of duplication, overreach, and waste.
- **Patient-Centred Care:** Public rights embedded as the foundation of governance.
- **Legal Certainty:** A statutory authority reduces litigation risk and clarifies roles.
- **Digital Alignment:** Seamless integration with Namibia's eHealth Strategy, ensuring reforms build on—not compete with—existing national strategies.

7. Conclusion

The establishment of a MCB/HGA is a turning point for Namibian healthcare. By incorporating PSEMAS and administrators under the same MOHSS-led governance structure as NAMAF and providers, the sector can replace fragmentation with cooperation. This reform will restore trust, protect patients, and ensure sustainability of healthcare financing.

Critically, by aligning with the Namibian eHealth Strategy, the MCB/HGA will provide the statutory backbone for digital health reforms—enabling interoperability, transparent tariff setting, fraud prevention, and citizen participation. This ensures the MCB/HGA is not a new or competing institution, but the vehicle through which Namibia's existing and future health policy strategies can be realised.

With the data collection for the cost study to establish an ethical tariff now in the final stage, this moment is an opportunity to open structured dialogue with lawmakers. The groundwork for consensus is ready—what is needed is decisive leadership to move toward a fair, ethical, digitally-enabled, and sustainable healthcare system for all Namibians.

Finally, the MCB/HGA provides the blueprint and infrastructure for eventual Universal Health Coverage (UHC) implementation. While UHC remains a national policy goal, the MCB/HGA demonstrates in parallel how a unified governance model can ensure fair tariffs, digital integration, fraud prevention, and accountability across both private and public schemes. This parallel system offers Government a pilot framework that can be scaled or adapted into the UHC architecture when politically and economically viable.

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