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FINAL REPORT: HEALTH SYSTEMS 20/20 NAMIBIA PROJECT

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1. LIST OF ACRONYMS

AIDS	Acquired immuno-deficiency syndrome
ER	Expected result
GRN	Government of the Republic of Namibia
HIFTAC	Health Insurance and Finance Technical Advisory Committee
HIV	Human immuno-deficiency virus
HS 20/20	USAID Health Systems 20/20 Project
IR	Intermediate Result
M&E	Monitoring and Evaluation
MoHSS	Namibia Ministry of Health and Social Services
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Management Plan
PPHRD	Planning and Human Resource Development Directorate
SSC	Social Security Commission
SSC-DFF	Social Security Commission Development Fund
USAID	United States Agency for International Development
UHCAN	Universal Health Coverage Advisory Committee of Namibia
USG	United States Government
WISN	Workload Indicators of Staffing Need

2. Introduction

This final report for the Health Systems 20/20 (HS20/20) Namibia project covers the project period from October 1, 2012 through December 31, 2013. HS20/20 Namibia was a 15-month Associate Award under the Health Systems 20/20 (HS20/20) Leader Award, led by Abt Associates. The HS20/20 Namibia Project worked with representatives of the Government of the Republic of Namibia (GRN) and other relevant local stakeholders to build improved health financing capacity and health governance to ensure long-term sustainability of health programs in Namibia to serve both the general and at-risk populations.

Building on the activities conducted under the HS20/20 Leader Award, the HS20/20 Namibia Project focused on the following objectives:

- Improving the capacity of the GRN to allocate and use health resources equitably and efficiently to maximize health impact;
- Increasing GRN awareness of sustainable approaches to financing health care in Namibia;
- Strengthening the capacity of the GRN to institutionalize budgeting and planning tools; and
- Strengthening the capacity of the Ministry of Health and Social Services (MoHSS) to make informed decisions and navigate changes associated with the its restructuring process.

Project activities contributed to the following results in Namibia:

- Expected Result 1 (ER 1). Improved financing for health care
- Expected Result 2 (ER 2). Effective health governance

Significant progress in each of these objectives was made during the course of this project, as described in the narrative sections below, by Expected Result area.

3. Expected Result 1: *Improved financing for health care in Namibia*

Intermediate Result 1.1: *Improved capacity of the GRN to equitably and efficiently allocate and use health resources to maximize health impact*

Activity 1.1.1: *Evaluate cost implications of proposed revisions to the establishment for health workers based on the national level WISN assessment at the national level for doctors, nurses, pharmacists and pharmacist assistants.*

Context

In 2013, the IntraHealth Namibia HIV Prevention, Care and Support Project completed an exercise to estimate the staffing requirements for the doctor, nurse, and pharmacy cadres in Namibia using the Workload Indicators of Staffing Need (WISN) methodology, and provided various options to the Ministry of Health and Social Services (MoHSS) for addressing the staffing deficits and surpluses. The MoHSS is using this information as it considers how to most effectively address an overall shortage of staff given the amount of time that will be required to train or recruit additional nurses, doctors and pharmacists. A critical input into the decision-making, beyond the staff numbers, was the cost of the different policy options that IntraHealth proposed. The HS20/20 Namibia Project was requested to assess the financial implications of different options.

Accomplishments

The HS20/20 Namibia Project evaluated the cost implications of proposed changes to the national staffing norms for health workers based on the results of the WISN assessment described above.

In March 2013, HS20/20 Namibia met with IntraHealth and the MoHSS in Windhoek to discuss the policy needs of the Ministry and ensure that the design of the costing study was responsive to their needs.

The HS20/20 Namibia Project drafted a proposed methodology for conducting the costing exercise, which was shared with IntraHealth and the MoHSS for review. The Project finalized the cost analysis and completed a Technical Brief, both of which were delivered to the MoHSS and USAID in November 2013.

Challenges

Delays in receiving the finalized data from IntraHealth as well as MoHSS delays in deciding on the policy options to be costed postponed the completion date from August 2013 to November 2013.

Activity 1.1.2: Evaluate the impact of implementing a revised health resource allocation methodology

Context

The Ministry of Health and Social Services developed a new resource allocation formula as a means of promoting more equitable access to health services in line with its Strategic Plan and with the National Constitution. The ministry recognized that the introduction of an approach to the allocation of resources based on regional variations (i.e., costs of services, disease burden, etc.) would be a way of aligning resources more closely with regional needs. In order to accomplish this task, credible financial, demographic and health services availability data would be needed. HS2020 Namibia was requested to conduct analyses of the impact of various costing scenarios using the revised allocation methodology.

Accomplishments

The HS20/20 Namibia Project developed a proposed scope to work with the Policy, Planning and Human Resource Development (PPHRD) Directorate on evaluating the impact of implementation of the resource allocation methodology through scenario modeling.

During Project Quarter 2 (January-March 2013), the HS20/20 Namibia Project team met with senior staff at PPHRD, who requested a change in project scope. These discussions eventually resulted in the removal of this activity from the contract based on the limited bandwidth within PPHRD to engage with this proposed activity.

Challenges

This activity was initially defined as a priority for PPHRD in close consultation with their senior staff. However, staffing limitations impeded their ability to support this activity.

Following discussions with PPHRD and USAID/Namibia, this activity was removed from the work plan and replaced with activities to support the Social Security Commission Development Fund (SSC-DF) sustainability analysis (see activity 1.2.2).

Intermediate Result 1.2: Increased GRN awareness of sustainable approaches to financing health care in Namibia.

Activity 1.2.1: Draft National Health Insurance Road Map Proposal document on behalf of the Social Security Commission

Context

Namibia is committed to achieving universal health coverage (UHC) for all segments of its population. However, there is a long way ahead to fully realize this commitment. The Public Service Employee Medical Aid Scheme covers government employees on a voluntary basis and is the largest medical aid scheme in the country, yet only 51 percent of the civil servants are currently enrolled. Private insurance companies provide health insurance policies for private sector employees, yet in total only about 18 percent of the Namibian population are currently insured. In addition, estimates

put the unemployment rate in Namibia at between 31 and 50% of the total population, which limits access to current medical aid schemes for a majority of the population. This calls for designing a system that provides coverage for the remaining uninsured portion of the Namibian population.

Prior to the HS20/20 Namibia Project, the HS 20/20 Project had worked with the Namibian Social Security Commission (SSC) to learn more about ways to improve access to health insurance programs by sharing lessons learned from Ghana, Nigeria and South Africa at a key stakeholder workshop in September 2011.

Accomplishments

National health insurance proposal: In November 2012, the HS20/20 Namibia Project team developed an initial draft proposal for reviewing National Health Insurance (NHI) options that was shared with the SSC. Based on feedback from the SSC, the HS20/20 Namibia Project revised the draft proposal and, in January 2013, sent a finalized version for the process of evaluating health financing and national health insurance options to the SSC. The SSC expressed satisfaction with the proposal and shared the document with the MoHSS. The HS20/20 Namibia Project also prepared a PowerPoint presentation based on the NHI proposal at the request of the SSC, for presentation (by the SSC) to key stakeholders.

The purpose of the proposal and the presentation was to initiate and support discussions between the SSC, MoHSS and the Ministry of Labor to determine which of these entities should have the mandate of exploring options for the introduction of national health insurance and the achievement of UHC in Namibia. In May 2013 the MOHSS Permanent Secretary officially endorsed the SSC to move forward as the lead agency to explore approaches to developing a national health insurance program for Namibia.

Stakeholder workshop: The HS20/20 Namibia Project provided support to the SSC in organizing and facilitating a stakeholder workshop on UHC and for the first meeting of the committee established to drive the process of defining Namibia's path to achieve UHC, which took place on 29 and 30 October 2013 respectively. The stakeholders also endorsed the decision reached between the MoHSS and the SSC of expanding the mandate of the SSC beyond the National Medical Benefits Fund (NMBF) to the achievement of UHC (rather than the initial, narrower scope of introducing National Health Insurance). As a result, the scope of the Committee was also expanded to overseeing the achievement of UHC. The Committee was changed from the Health Insurance and Financing Technical Advisory Committee (HIFTAC) to the Universal Health Coverage Advisory Committee of Namibia (UHCAN). The project also developed a concept note outlining the background on UHC and NHI in Namibia, the unique role of the UHCAN, and the key agenda items for the five UHCAN meetings expected to take place over the next 18 months.

During the first meeting of UHCAN, the terms of reference for the committee were reviewed in detail and various changes recommended by the committee members. HS20/20 Namibia Project revised the draft document to effect those changes. Furthermore, based on the discussions during the stakeholder workshop and the UHCAN meeting, the HS20/20 Namibia Project developed a draft

work plan; the final draft was submitted to the SSC in November 2013 and will be shared with the UHCAN members once the membership list had been finalized.

Advocacy brief: The HS20/20 Namibia Project team prepared and submitted an advocacy brief on national health insurance to the SSC, which provided background information to the various stakeholders and promoted the idea of introducing NHI in Namibia. This brief was also shared with the members of the HIFTAC during the meeting in October 2013.

Health economist: The HS20/20 Namibia project provided support to the SSC with the process of recruiting a health economist who will take the lead in managing the process of exploring the options for the achievement of UHC. This support included the finalization of the terms of reference, advertising of the position and short-listing of applicants.

Challenges

The suspension of the Social Security Fund's Executive Director in December 2012 caused a delay in obtaining approval of the NHI proposal. Furthermore, there was a significant delay in the SSC obtaining the official endorsement from the MoHSS to allow the SSC to formally take the lead in pursuing the achievement of UHC. The project was able to provide the planned support only after the SSC officially received this mandate in May 2013.

Activity 1.2.2: Plan and supervise a study tour to support SSC's efforts to strengthen the Development Fund's programs to move the unemployed and uninsured into the labor market.

Context

The SSC-DF is a relatively new Fund undergoing institutional development and therefore needing to benchmark the best practices of its forerunners in the field. USAID was approached with a request to assist the SSC-DF in certain areas of institutional development including the study of successful practices and experiences from institutions that run training and/or employment creation programs which are comparable to those operated by the SSC-DF as well as evaluating the financial sustainability of the SSC-DF itself.

Accomplishments

Study tour: The HS20/20 Namibia Project developed a study tour plan to support the SSC's efforts to strengthen the Development Fund's programs which aim to move the unemployed and uninsured into the labor market. In April 2013, the HS20/20 Namibia Project led a delegation from the SSC on a two-week study tour to Atlanta, Georgia, in the United States and to Brasilia and Rio de Janeiro in Brazil to explore initiatives implemented for the purpose of reducing unemployment. These visits served to inform the design and implementation of similar initiatives by the SSC's Development Fund.

The SSC delegation included the Acting Executive Director and the Manager of the Development Fund. The study tour delegation met with government agencies and education institutions in both

countries to understand best practices in job creation and workforce development. In addition, the study tour examined the financing mechanisms and the monitoring and evaluation strategies utilized by the State of Georgia (USA) and Government of Brazil.

SSC-DF Sustainability: The HS20/20 Namibia Project also examined the sustainability of the SSC Development Fund's financing model and proposed recommendations for improving sustainability over time. The business plan for the Development Fund projected a funding shortfall in Year 4 (2015/16); the HS20/20 Namibia Project team focused its analysis on the financial sustainability, in the context of the Development Fund's overall organizational sustainability, such as its capacity to fulfill its obligations in the selection of grantees and monitoring and evaluation of grants. HS 20/20 Namibia completed two products in the fourth quarter of the project for the SSC and USAID: Financial and Organizational Sustainability Assessment of the SSC Development Fund and Interactive Financial Model of the Namibian Social Security Commission's Development Fund's Net Present Value.

Challenges

Several scheduling delays, including the suspension of the SSC Executive Director and the withdrawal of one planned study tour participant, moved the original dates of the study tour from January/February 2013 to April 2013.

Intermediate Result 1.3: Strengthened capacity of the MoHSS to make informed decisions and navigate change associated with its restructuring efforts to ensure greater responsiveness to Namibia's evolving health care needs

Activity 1.3.1: Institutionalize health expenditure data utilization for policy planning purposes

Supporting the institutionalization of the NHA was identified as a need during the request for assistance phase of the project; however, PPHRD determined that the NHA policy workshop was not a priority for them in the project's contract year as NHA was not budgeted for during the 2013-2014 fiscal cycle of the MOHSS. Additionally, the project was informed that the data from the Household Expenditure Module of the Demographic and Health Survey would not be made available before the end of calendar year 2013, making potential analyses with these data impossible during the contract period. With agreement from PPHRD and USAID/Namibia AOR, this activity was not conducted.

4. Expected Result 2: Effective health governance

Intermediate Result 2.1: *Strengthened capacity of the MoHSS to make informed decisions and navigate changes associated with the restructuring process*

Activity 2.1.1: Support the ongoing work of the Health Information Systems Technical Working Group

The HS 20/20 Project team was advised in October 2012 that the mCHIP project would be taking the lead in supporting the MoHSS in the domains of strategic information. This included working with the Health Information Systems Technical Working Group (HIS TWG). USAID/Namibia requested that the HS 20/20 Project provide mCHIP with a summary of the work that had been done to date with the HIS TWG, including the results of a national HIS assessment conducted by the HS 20/20 Project in the Spring of 2012 using the Health Metrics Network Assessment Tools. Additionally, the HS 20/20 Namibia project team was asked to participate in an HIS TWG planning meeting with key stakeholders in February 2013, which took place in Swakopmund. Upon completion of this workshop, mCHIP took over sole management of this activity. In August 2013, USAID removed this activity from the HS 20/20 Namibia contract scope.

Activity 2.1.2: Conduct a feasibility study for the Katutura-Windhoek Teaching and Referral Hospital Complex

Context

The Katutura Intermediate Hospital and Windhoek Central Hospital are independent institutions with separate financial management, administrative, nursing and paramedical divisions. The two hospitals, however, have a number of shared functions including clinical services supervision by specialists and doctors, mortuary, incinerator, ambulance services and laundry. In December 2011, in the Final MoHSS Restructuring Report, it was proposed “that a hospital study be undertaken to provide evidence for further restructuring of Windhoek and Katutura hospitals.”

Due to the complexity of the feasibility study and the variety of stakeholders, the HS20/20 Namibia Project put together a team comprised of an organizational development specialist, a hospital administration and operations professional, a structural engineer, and health financing experts who worked with the MoHSS to ensure that the process was collaborative and engaged key stakeholders.

Accomplishments

Concept note: During the first quarter of the project, the HS20/20 Namibia Project collaborated with PPHRD to develop a Windhoek – Katutura Hospitals Feasibility Study concept note that outlined the study design methodology and approach. The HS 20/20 Namibia team met with members from PPHRD and made numerous revisions to the concept note based on MoHSS feedback. It was then submitted to the MoHSS Permanent Secretary’s office for review and approval in January 2013. The project team actively followed up with the Permanent Secretary’s office in e-mails, phone calls and

in-person visits to try to move the approval process forward but without great success. The project team kept the Mission apprised of the delays in approval and implementation of the study.

Feasibility assessment: The project team reached out to other USAID partners working at the two hospitals to share with them the proposed scope of work for HS 20/20 Namibia and to understand the work that they were doing at the hospitals. The outcome of these discussions was letters of commitment from the partners to participate in and collaborate on the proposed feasibility study and to share information from the work that the different partners were doing so that there would be synergy during the study. Letters of collaboration were obtained from MSH, IntraHealth and mCHIP/JSI in support of this work and submitted to USAID.

The HS20/20 Namibia Project received approval for the feasibility study on June 4, 2013 from the MoHSS Permanent Secretary with a request that results be provided by the beginning of August 2013. The scope of the feasibility assessment was narrowly focused to evaluating three scenarios: Scenario I - Maintaining the Status Quo; Scenario II - Realignment of Clinical Services without Merger; and Scenario III - A Full Asset Merger between Katutura Intermediate Hospital (KIH) and Windhoek Central Hospital (WCH). The HS20/20 Namibia Project quickly mobilized and the assessment team began field work on June 25, 2013, in collaboration with PPHRD and the MoHSS. The assessment was an extremely complex task involving research and analysis of governance, human resources, clinical services, infrastructure, academic requirements, costing, and access and equity issues. The recommendations provided to the MoHSS were completed within a six-week time frame; areas that required additional data collection and analysis in order to operationalize strategic recommendations were also documented in the report.

Based on an extensive review of available data, reports and prior studies, the input of key stakeholders from across the two hospitals, ministries overseeing them, and partners such as the University of Namibia (UNAM) School of Medicine, the assessment team recommended *Full Asset Merger* of the two hospitals under a new governance structure (Scenario III). The final report was submitted to USAID/Namibia on August 30, 2013.

Challenges

The delay in approval of this activity, from submission of the concept note in late November 2012 to formal approval in early June 2013, created significant time and logistical constraints to conducting the study. The HS20/20 Namibia Project feasibility study team was given a relatively short period to collect data, perform analysis, compile results, form initial proposals, triangulate proposals through interviews, conduct on-site visits, analyze available financial and service utilization data, and form complete recommendations. This required four weeks of intensive field work and interviews with over 65 key informants, and the involvement and close coordination of a team of experts in order to ensure the success of the project and meet the MoHSS timeline.

5. PROGRAM RESULTS

The HS20/20 Namibia Project indicator results based on the project's Performance Management Plan (PMP) are provided below. Following consultations with the USAID Namibia AOR and Strategic Information Advisor, the HS20/20 Namibia team agreed to terminate stalled activities and reprogram funding to on-going activities. These changes were noted in progress reports and approved by the project's AOR, Ms. Melissa Jones. As a result, only the indicators from the project PMP relevant to actual activities implemented are included in the final HS20/20 Namibia Project Results Table below.

Intermediate Results		Indicator Code	Performance Indicator	Source Used	Target	Achievement
IR 1.1	Improved financing for health care in Namibia	1C	Evidence that GoRN is utilizing data to inform decisions at various levels	MoHSS PPT presentation; NHA documents used by MoHSS in stakeholder workshop on UHC	Yes	Yes
	Strengthened capacity of the GRN to equitably and efficiently generate, allocate and use health resources to maximize health impact	1E	# of documents/briefs to inform the GRN's development of a costed HR strategy	Document	1	1
IR 1.2	Increased awareness among GRN of sustainable approaches to financing health care in Namibia	1G	A GRN-led process to evaluate NHI strategies to improve health financing and accessibility of services has been initiated	Project documents	Yes	Yes
		1H	# of documents/briefs produced to inform the GRN's evaluation of options for NHI as a strategy to improve health financing and accessibility of services	Project documents	1	1
		1I	# of presentations developed with key stakeholders on the evaluation of options for NHI as a strategy to improve health	Presentation; only one was requested	2	1

			financing and accessibility of services			
		1J	# of working groups receiving technical support and assistance	Project documents	1	1
		1K	# of SSC staff members with increased knowledge of the management and monitoring of the Development Fund's program resources	Pre and post training assessment; only two staff attended the tour	3	2
		1L	# of documents/briefs produced to inform GRN and USG on the sustainability of the development fund	Project documents	1	1
IR. 2.1	Strengthened capacity of the MoHSS to make informed decisions and navigate changes associated with the restructuring process	2D	# of Letters of Support in place for hospital feasibility study demonstrating GoRN and key implementing partners' acceptance of leadership/implementation responsibility and joint accountability	Letters of support	4	4
		2E	# of Consultative workshops on the design and planning of the hospital merger study completed	Two consultative meetings were held with PPHRD to design the scope of the merger study	2	2

6. Development Exchange Clearinghouse

The following documents were uploaded to the Development Exchange Clearinghouse in accordance with the terms of the cooperative agreement.

- Financial and Organizational Sustainability Assessment of the SSC Development Fund
- Interactive Financial Model of the Namibian Social Security Commission's Development Fund's Net Present Value Namibia National Health Insurance Proposal
- Advocacy Brief: Achieving Universal Health Coverage in Namibia: The National Health Insurance Approach
- Final Study Tour Report
- Workload Indicators of Staffing Need (WISN) Costing Brief
- Feasibility Assessment of Merging Windhoek Central and Katutura Intermediate Hospitals to Create a National Academic and Referral Hospital in Namibia
- Semi-Annual Performance Report (April 2013)
- Q3 Quarterly Progress Report (June 2013)
- Semi-Annual Performance Report (October 2013)
- Final Report