

ADDENDUM A – STAKEHOLDER FEEDBACK

1. Introduction

Fit-for-purpose questionnaires were designed for the Management Committee and Secretariat, each of the sub-committees and forums and for general stakeholders. All questionnaires contained a section on Namaf’s mandate, mission, and vision and inquired about respondents’ views on strategic priorities for the future. Over and above the beforementioned, each stakeholder group received a set of questions in relation to its specific bond with Namaf, being it either as participants in Namaf’s core operations, as beneficiaries of Namaf’s value proposition, or as partners in Namaf’s mission fulfilment.

A total for 40 questionnaires were received for analysis and feedback. In the sections to follow summarised feedback will start on the outer circle of general stakeholders (Section 2), followed by the forums and sub-committees (Section 3) before zooming in on the MC and Secretariat (Section 4). As a caveat, it is important to take into account that, in the tables that follow, the intent is only to present a summary of what stakeholders said, and not to make a judgement over the correctness or truthfulness thereof.

2. General stakeholders

This group has been asked to respond to two sets of questions, namely, 1) on Namaf’s mandate, mission and vision, and 2) on Namaf’s relevance, value proposition, progress and impact, failures and strategic priorities. These two sets of questions are contained in Tables 3.2(a) and 3.2(b) respectively.

Table 2.2a: On NAMAF’s mandate, mission, and vision

	In your view, how well does NAMAF currently do in the fulfilment of these statements?	In your view, what will success in the maximum fulfilment of these statements look like in three years from now?
Mandate: To control, promote, encourage and co-ordinate the establishment, development and functioning of funds in Namibia.	Overall, respondents agree that NAMAF controls Medical Aid funds to the point where it has become authoritarian . Although they serve an administrative function, they present a hurdle to the optimal functioning of the private healthcare sector . There is a need to include direct representation from healthcare	Concerns over the sustainability, particularly with reference to affordability, of private medical aids were raised. NAMAF is seen as an opaque institution that has monopolised the funding industry. Success therefore will be consultation and collaboration with healthcare practitioners, democratised

	providers to promote and encourage the development of medical aid funds.	access to affordable medical aid funds and continuous active engagement with all stakeholders.
Mission: To enable the optimum functionality of the Namibian private healthcare industry to maximise value for beneficiaries of medical aid funds.	Respondents agreed that NAMAFA does not fare well in this regard. Respondents were primarily concerned with NAMAFA's protection of funds rather than medical aid providers and beneficiaries.	The current authoritarian approach taken by NAMAFA will cause more harm to the system over the long term. To avoid this, membership fees should be reduced to maximise value for beneficiaries. Furthermore, coding systems should be well-researched and created in collaboration with healthcare providers. The system should be geared for efficiency, sustainability, and innovation.
Vision: To be a recognised leader in the provision of a conducive environment for a sustainable healthcare funding industry.	NAMAFA is seen as an administrative body rather than a leader. It is noted that sustainable healthcare will not be achieved if benefit and pricing structures are created without consultation. In particular one respondent noted that psychology, although well-researched to be effective, is seen as an auxiliary benefit.	To become a respected household name in healthcare, NAMAFA should be seen as a guardian protecting the interests of patients. Currently, respondents feel as though NAMAFA is protecting the funding industry rather than all stakeholders. In order to be a leader, a holistic and collaborative approach is required.

Table 2.2b: General stakeholder specific feedback

Questions	Comments
Do you regard NAMAFA to be dispensable or indispensable for the optimal functionality of private healthcare in Namibia?	Although their regulatory function is regarded as indispensable (the lack of such a body would lead to inconsistent pricing and a dysfunctional system), as an organisation, NAMAFA is seen as dispensable as they threaten the optimal functioning of the healthcare system.
What is NAMAFA's value proposition for your institution/organisation and what benefits do you derive or expect to derive from it?	Respondents regard the value added by NAMAFA to be mainly administrative, i.e. the provision of codes and registration documents as well as price regulation. Currently, NAMAFA is considered to work to the benefit of themselves and medical aids rather than the system as a whole. Value can be added through continued stakeholder engagement and support as well as increased affordability.
What progress and impact have you noticed NAMAFA making since 2017?	Respondents agree that that NAMAFA has not made process or impact.
What disappointed you about NAMAFA's performance since 2017?	NAMAFA has failed to innovate and deliver an impactful service. They do not deliver in terms of accountability or integrity, nor do they take actions against medical aids who behave unethically. Healthcare professionals are not consulted or engaged with when determining coding systems or benefits and they are also not directly represented on NAMAFA.
From the perspective of your institution/organisation, what are the top three strategic challenges for private healthcare in	<ul style="list-style-type: none"> • Affordability and quality of healthcare: respondents question the sustainability of the current cost to benefit/quality ratio.

Namibia that NAMAFA should attend to over the next three years?	<ul style="list-style-type: none"> • Coding systems: these should be developed through consultation with relevant healthcare practitioners. These should also be communicated more clearly. • Accountability of NAMAFA, medical aids and beneficiaries. The entire institution should be more transparent.
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3. Forums

Over and above their views on Namaf’s fulfilment of its mandate, mission and vision, the Administrators and Hospital & Facilities forums have been asked about Namaf’s relevance, value proposition, progress and impact, failures and strategic priorities from the perspective of their respective mandates. These two sets of feedback are contained in tables that follow in 3.3.1 and 3.3.2.

3.3.1 Administrators Forum

Table 3.3.1(a): On NAMAFA’s mandate, mission and vision

	How well does NAMAFA currently do in the fulfilment of these statements?	What will success in the maximum fulfilment of these statements look like in three years from now?
Mandate: To control, promote, encourage and co-ordinate the establishment, development and functioning of funds in Namibia.	Progress has been made.	The establishment of well-defined structures providing clear and practical guidelines on how NAMAFA aims to achieve this objective.
Mission: To enable the optimum functionality of the Namibian private healthcare industry to maximise value for beneficiaries of medical aid funds.	NAMAFA could play a greater role in the unification of medical aid funds to ensure sustainable solutions to make healthcare more affordable .	Healthcare delivery cost would be controlled through central provider contracting.
Vision: To be a recognised leader in the provision of a conducive environment for a sustainable healthcare funding industry.	Good work surrounding the establishment of benchmark tariffs has been done.	The Namibia Consumer Price Index (NCPI) aligned with medical inflation.

Table 3.3.1b: Administrators Forum specific feedback

<p>Assuming that the Administrators Forum is established to assist in developing a common understanding of billing guidelines and rules that are applicable to the Namibian Benchmark Tariffs and to make recommendations on amendments to the rules and guidelines which would enhance interpretation and assist in updating and maintaining the billing and guidelines and rules in order to ensure consistent interpretations across the Namibian private healthcare industry, please respond to the questions below in as much detail as possible.</p>	
<p>Do you regard NAMAFA to be dispensable or indispensable for the optimal functionality of private healthcare in Namibia?</p>	<p>Indispensable as an entity but efficiency and welfare of members have to be addressed.</p>
<p>What is NAMAFA's value proposition for your medical aid fund and what benefits do you derive or expect to derive from it?</p>	<p>The expectation is for NAMAFA to address the affordability of medical treatment in the country and to adequately deal with the challenges that come with it.</p>
<p>What progress and impact have you noticed NAMAFA making since 2017?</p>	
<p>What disappointed you about NAMAFA's performance since 2017?</p>	<p>The lack of a sense of urgency when it comes to addressing matters affecting the industry.</p>
<p>From the perspective of your medical aid fund, what are the top three strategic challenges for private healthcare in Namibia that NAMAFA should attend to over the next three years?</p>	<ul style="list-style-type: none"> • Affordability • Welfare/wellness of members • Monitoring of healthcare systems to ensure quality

3.3.2 Hospital and Facilities Forum

Table 3.3.2a: On NAMAFA's mandate, mission and vision

	<p>How well does NAMAFA currently do in the fulfilment of these statements?</p>	<p>What will success in the maximum fulfilment of these statements look like in three years from now?</p>
<p>Mandate: To control, promote, encourage and co-ordinate the establishment, development and functioning of funds in Namibia.</p>	<p>In general, this group felt that NAMAFA was doing well in their commitment to fulfilling this statement.</p>	<p>Success, to this group, would be manifested in growth and the addition of valued expertise. There is a need for transparency in terms of communication between NAMAFA and its stakeholders as well as regulated specialist pricing.</p>
<p>Mission: To enable the optimum functionality of the Namibian private healthcare industry to maximise value for beneficiaries of medical aid funds.</p>	<p>Although it is generally agreed that NAMAFA functions well as a cost regulator, one respondent argued that NAMAFA does little to ensure medical aids do not recommend products that aren't of benefit to the client.</p>	<p>Respondents argue that effective communication and an investigation into products sold by medical aids will lead to success. There is also a suggestion to split NAMAFA into 2 departments, one to deal with clinical cases and another with clients and service providers.</p>

<p>Vision: To be a recognised leader in the provision of a conducive environment for a sustainable healthcare funding industry.</p>	<p>The group was split on this, with one respondent stating that there is no basis for comparison as there isn't competition to NAMAFA, another stated that NAMAFA is a leader in the field and another cited the 2016 court case as a basis for society's perception of the institution as a leader.</p>	<p>The group is split on this again, with one respondent claiming that NAMAFA will remain a leader, another stating, again, that there is no basis for comparison and the last stating success will come when NAMAFA becomes the key player in the regulation of healthcare related entities.</p>
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Table 3.3.2b: Hospital and Facilities Forum specific questions

<p>Assuming that the Hospital & Facilities Forum is established to assist in 1) developing a common understanding of billing guidelines and rules, 2) ensuring consistent industry-wide interpretation of non-chargeable items, 3) a common understanding of the principles underlying medical aid fund rules, and 4) the discussion of aberrant claiming and reimbursement behaviours, please respond to the questions in the table below in as much detail as possible:</p>	
<p>Do you regard NAMAFA to be dispensable or indispensable for the optimal functionality of private healthcare in Namibia?</p>	<p>This group is in agreement that NAMAFA is indispensable as a regulatory entity. Their ability to provide effective services and their transparency are commended.</p>
<p>What is NAMAFA's value proposition for your institution and what benefits do you derive or expect to derive from it?</p>	<p>This group states that NAMAFA provides beneficial, unbiased guidance and are open to change. The coding system and information relevant to its use adds significant value.</p>
<p>What progress and impact have you noticed NAMAFA making since 2017?</p>	<p>NAMAFA has improved on its coding system and has become stricter on the implementation of its regulations. One respondent noted that the addition of ICD 10 coding and the need for South African doctors to have practice numbers in order to work in Namibia have been welcome changes.</p>
<p>What disappointed you about NAMAFA's performance since 2017?</p>	<p>NAMAFA has to improve on efficiency and adequate training.</p>
<p>From the perspective of your institution, what are the top three strategic challenges for private healthcare in Namibia that NAMAFA should attend to over the next three years?</p>	<ul style="list-style-type: none"> • Improved staff training, specifically with regards to tariff codes and case management in order to avoid miscommunication • Transparency in terms of pricing and medical aid inclusions/exclusions • Medical aids should have clinical staff in their assessment departments

3.4 Sub-committees

3.4.1 Affordability Committee

Table 3.4.1a: On Namaf's mandate, mission and vision

	In your view, how well does NAMAF currently do in the fulfilment of these statements?	In your view, what will success in the maximum fulfilment of these statements look like in three years from now?
Mandate: To control, promote, encourage and co-ordinate the establishment, development and functioning of funds in Namibia.	Although it is largely agreed that NAMAF has made progress on this front, this group cites healthcare spend increasing 2-3 times the Namibian CPI inflation, slow buy-in from healthcare providers and weak regulatory oversight as barriers to success.	Success will be when the control of all clinical aspects of the industry has been maximised and the community's understanding of the funding industry has been improved. All stakeholders will have a clear understanding of NAMAF's role in the industry and communication between stakeholders will be improved. It was also noted that more support from government through legislative support will aid in achieving success.
Mission: To enable the optimum functionality of the Namibian private healthcare industry to maximise value for beneficiaries of medical aid funds.	The group agrees that NAMAF has a long way to go in this regard. The main point raised is the duplication of NAMAF and Namfisa roles, causing confusion as to whether NAMAF is a member representative organisation or a regulator .	Medical aid fund members will have access to NAMAF and clearly understand their role. NAMAF will play an active role in industry matters and respond aggressively to relevant draft legislation. The question on NAMAF's role as either a regulator or a member organisation will be clarified.
Vision: To be a recognised leader in the provision of a conducive environment for a sustainable healthcare funding industry.	The group is split on this point, with some stating that NAMAF is a recognised leader with credibility and others stating that NAMAF is not creating an environment conducive of a sustainable healthcare industry.	Currently, staff performance is cited as a hindrance towards achieving success in this regard. The inclination of healthcare providers to solely what benefits them is also a hurdle. It is suggested that NAMAF bring the government medical aid (PSMAS) onboard to increase value and reduce costs .

Table 3.4.1b: Affordability Committee specific considerations

The questions in the table below, are derived from the Term of Reference for the Affordability Committee (vs 2 as approved on 15 May 2019). According to this ToR, Section 3.1 and 3.2 together specify your purpose as to consider matters related to the affordability and accessibility of medical services and make recommendations to the MC in relation to it.	
Items and questions	Comments
<p>Section 4 – Powers: to investigate, advise, make recommendations, and obtain professional advice. Question: About what have you reported to the NAMAF MC in relation to these powers? To what extent have your advice and/or recommendations been implemented?</p>	<p>This group points out that the MC considers and approves most recommendations. The fact that two AC committee members are also on the MC ensures accountability. One respondent mentions their recommendations made: 1. issues of waste, abuse and fraud; 2. issues with new technology and procedures were presented to the Clinal Coding Committee and forwarded to the MC</p>
<p>Section 5 – Responsibilities: to consider presentations from stakeholders, recommend tariff adjustments, advise on benefit and risk management issues, research on new developments. Question: Since your inception as a committee, what have you learned through your stakeholder engagement and research activities about the affordability and accessibility of medical services that might have a bearing on NAMAF’s strategic priorities for the next three years?</p>	<p>The industry is complex due to 3 major stakeholders – medical aid funds, members and service providers – who all want the best for themselves. This can often impact affordability and accessibility of medical services, one of NAMAF’s biggest challenges. The reimbursement model of pharmacies is not sustainable and contributes to increased healthcare spend. The fee-for-service model is another model that should be re-examined. Not all relevant stakeholders/experts are considered when papers are prepared. NAMAF relies heavily on third parties in their decision making.</p>
<p>Section 20 – Performance review: to do self-evaluation and make improvements/enhancements where necessary Question: In your self-evaluation as a committee, what conclusions have you come to about the effective execution of your role and mandate that may have a bearing on <i>your</i> strategic role over the next three years?</p>	<p>Although formalised self-evaluation is deemed necessary, respondents state that they have either never done this, or it has not been done since inception.</p>
<p>Section 21 - Review of ToR: to review ToR annually and make recommendations about changes if applicable. Question: Is there anything in the ToR of this committee that may need to change in order to enhance your contribution to NAMAF’s fulfilment of its statutory mandate?</p>	<p>Respondents largely agree that the committee is on the right track in terms of the ToR but one notes that the ToR has not been presented to the committee since its last approval, which was when NAMAF changed its composition from 7 to 5 members.</p>

Table 3.4.1c: Future priorities

Top three strategic challenges for private healthcare in Namibia	Why should this be regarded as a priority for the strategy renewal process?	What would you like to see NAMAFA achieve as a result of prioritising this topic?
Affordability	Increased costs are unsustainable	Expedite engagement with healthcare providers for improved efficiency, reduce co-payments, regulate the healthcare providers , expedite the reduction of members' co-payments, do not institute brokers , introduce tangible alternatives to current reimbursement models , change in the pharmacy re-imbursement model and the current fee-for-service model
Fraud, waste and abuse	Increase affordability and reduce fraud	A dedicated fraud department to eradicate this issue and a change in the claim behaviour of service providers to eliminate non-compliance and allow for more positive collaboration
Clarification on NAMAFA's role	Improve credibility , clarify misunderstandings and misinterpretations between NAMAFA secretariat and member funds	Distinction between Namfisa and NAMAFA as regulatory powers and to give NAMAFA clear direction in terms of the envisaged role and strategic direction of the organisation

3.4.2 Clinical and Coding Committee

Table 3.4.2a: On NAMAFA's mandate, mission and vision

	In your view, how well does NAMAFA currently do in the fulfilment of these statements?	In your view, what will success in the maximum fulfilment of these statements look like in three years from now?
Mandate: To control, promote, encourage and co-ordinate the establishment, development and functioning of funds in Namibia.	The group agrees that they are doing well	NAMAFA will be seen as more than just a regulator of the medical aids, rather they are an organisation that binds all medical aids together . They will have a better standing in the industry and have a user-friendly, fair coding system tailored to the context.
Mission: To enable the optimum functionality of the Namibian private healthcare industry to maximise value for beneficiaries of medical aid funds.	The group agrees that they are doing well	Private healthcare workers will feel more included in the NAMAFA decision-making process as they are currently seen as a representative of the medical aid funds rather than the entire system.
Vision: To be a recognised leader in the provision of a conducive environment for a sustainable healthcare funding industry.	Although they are doing well, one respondent is worried about the sustainability of the industry	Good relationships between the medical aid funds and the healthcare workers to ensure a sustainable system .

Table 3.4.2b: Committee specific considerations

The questions in the table below, are derived from the Term of Reference for the Principal Officers Sub-Committee (vs 2 as approved on 15 May 2019). According to this ToR, Section 3.1 and 3.2 combined specify your purpose as to considers matters related to clinical guidelines, coding and relevant financial and clinical risk management strategies and make recommendations to the MC in relation to the aforementioned matters.	
Items	Comments
<p>Section 4 – Powers: to investigate, advise, make recommendations, and obtain professional advice. Question: About what have you reported to the NAMAFC MC in relation to these powers? To what extent have your advice and/or recommendations been implemented?</p>	<p>The committee is operating well and is engaged in developing and recommending clinical coding structures. The MC has adopted all or most of these recommendations.</p>
<p>Section 5 – Responsibilities: to research, consider and interrogate factors influencing the clinical risk exposure of MAFs, as well as matters relating to clinical coding and advice or make recommendation to the MC on potential strategies and/or responses. Question: Since the inception of your ToR, what have you learned through the execution of your specific set of responsibilities that might have a bearing on NAMAFC's strategic priorities for the next three years?</p>	<p>The importance of stakeholder engagement to achieve NAMAFC's objectives and including the industry in making recommendations have been noted. One respondent acquired a better understanding of the industry and coding processes. This respondent also came to understand the impact of repetitive coding on waste and abuse.</p>
<p>Section 20 – Performance review: to do self-evaluation and make improvements/enhancements where necessary. Question: In your self-evaluation as a committee, what conclusions have you come to about the effective execution of your role and mandate that may have a bearing on <i>your</i> strategic role over the next three years?</p>	<p>The committee has played an important role in the restructuring and safeguarding of members' funds to reduce fraud, but the coding system should be reviewed and adapted to suit the Namibian system.</p>
<p>Section 22 - Review of ToR: to review ToR annually and make recommendations about changes if applicable. Question: Is there anything in the ToR of this committee that may need to change in order to enhance your contribution to NAMAFC's fulfilment of its statutory mandate and strategy execution? If so, please specify and explain.</p>	<p>The group agrees that they are doing well.</p>

Table 3.4.2c: Future priorities

Top three strategic challenges for private healthcare in Namibia over the next three years	Why should this be regarded as a priority for the strategy renewal process?	What would you like to see NAMAF achieve as a result of prioritising this topic?
Coding	The current system is outdated and ambiguous – this leads to unsustainable fraud and waste	A simple, effective and clear Namibian coding system and better training on, and understanding of, the coding system. The establishment of benchmark tariffs is also critical. Implementation of the ICD 10 code.
Communication	The system can only work if all stakeholders participate and take ownership	Stakeholder participation and ownership
Financial sustainability	The system is at risk of collapse	Peace of mind to stakeholders that the best possible decisions are being made to keep the private healthcare system sustainable for the public.

3.4.3 Principal Officers Committee

Table 3.4.3a: NAMAF’s mandate, mission and vision

	In your view, how well does NAMAF currently do in the fulfilment of these statements?	In your view, what will success in the maximum fulfilment of these statements look like in three years from now?
Mandate: To control, promote, encourage and co-ordinate the establishment, development and functioning of funds in Namibia.	The group is split on this point, some say that the organisation is well positioned to fulfil this statement while others cite the increased healthcare spend, rules gazetted by the minister and lack of buy-in from healthcare providers as hurdles to NAMAF’s fulfilment of their mandate.	Innovation and increased access to private healthcare, better control of the clinical aspects of the industry and a better understanding of the funding industry by the community and all stakeholders. Clarity on the distinction between NAMAF and Namfisa is also required to function optimally. Improved engagement with healthcare professionals will contribute to the formation of a shared vision for private healthcare in Namibia.
Mission: To enable the optimum functionality of the Namibian private healthcare industry to maximise value for beneficiaries of medical aid funds.	The group agrees that NAMAF has a long way to go and has to engage with stakeholders, gain clarity on their identity as a regulator vs member representative organisation and put adequate control mechanisms in place.	The industry currently operates in silos and a more holistic approach is required. NAMAF should play a more active role in industry matters and respond to draft legislation. Innovative practices should be developed to safeguard the industry against over-regulation . NAMAF should be empowered to take action against non-adhering funds .

<p>Vision: To be a recognised leader in the provision of a conducive environment for a sustainable healthcare funding industry.</p>	<p>NAMAF is currently seen as a confrontation averse hindrance rather than a leader. Once they gain more control and power, they will be recognised as a leader.</p>	<p>More active engagement to regulate and enforce market conduct and financial sustainability and to enhance the operational environment for medical aid funds and services. NAMAF should become the undisputed representative of the medical aid fund industry.</p>
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Table 3.4.3b: PO Committee specific considerations

<p>The questions in the table below, are derived from the Term of Reference for the Principal Officers Sub-Committee (vs 1 as approved on 10 July 2019). According to this ToR, Section 3.1 specifies your purpose as to support the Management Committee towards fulfilling its mandate to promote, encourage and coordinate the establishment, developing and functioning of medical aid funds in Namibia.</p>	
Items	Comments
<p>Section 4 – Powers: to investigate, advise, make recommendations, and obtain professional advice. Question: About what have you reported to the NAMAF MC in relation to these powers? To what extent have your advice and/or recommendations been implemented?</p>	<p>More issues discussed in this forum are referred to AFCOM from where recommendations are made to the MC, adding to the perception of this forum as a feedback session. Although the MC gives no feedback to the PO committee, one respondent suggests implementing this might be good for relations and communication. One respondent made two recommendations, namely GP referral system and awareness of pathology costs, both of which have had no progress several months later. Another has reported fraud, abuse and waste by service providers but has seen little progress. This respondent’s recommendation of tariffs and coding has, however, been implemented.</p>
<p>Section 5 – Responsibilities: to formulate draft position papers in relation to regulation, misuse, abuse, overuse and fraud; to identify issues in need of regulation; to consider the implications of amendments to the MAF Act; to participate in the drafting/execution of risk management framework and standards. Question: Since the inception of your ToR, what have you learned through the execution of your specific set of responsibilities that might have a bearing on NAMAF’s strategic priorities for the next three years?</p>	<p>NAMAF requires a variety of skillsets to assist in the mandate of the organisation but currently only has one. Fund experts aren’t consulted in the preparation of position papers, even though their opinion will be of great added value. Service providers approach the PO committee to discuss issues, from there the PO is responsible for taking it further, making this forum critical in bringing pertinent issues to the attention of the MC via AFCOM. One respondent suggests that purpose of this forum be revisited to fulfil the ToR responsibilities.</p>
<p>Section 20 – Performance review: to do self-evaluation and make improvements/enhancements where necessary. Question: In your self-evaluation as a committee, what conclusions have you come to about the effective execution of your role and mandate that may have a bearing on <i>your</i> strategic role over the next three years?</p>	<p>The group is in agreement that, although necessary, they have not conducted self-evaluation since inception.</p>

<p>Section 22 - Review of ToR: to review ToR annually and make recommendations about changes if applicable.</p> <p>Question: Is there anything in the ToR of this committee that may need to change in order to enhance your contribution to NAMAf’s fulfilment of its statutory mandate and strategy execution? If so, please specify and explain.</p>	<p>The group cannot see the purpose of this forum and has suggested that it either be escalated to a sub-committee of the MC or absorbed into the affordability committee.</p>
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Table 3.4.3c: Future priorities

Top three strategic challenges for private healthcare in Namibia over the next three years	Why should this be regarded as a priority for the strategy renewal process?	What would you like to see NAMAf achieve as a result of prioritising this topic?
Affordability	<p>Medical aid is unaffordable to most and the sustainability of the industry is under threat. Unaffordability leads to a decline in medical aid membership and that compromise the quality of the system. Medical aid costs are ever-increasing and consumers have limited choice when it comes to choosing well-priced healthcare. Unaffordability also negatively impacts medical aid funds.</p>	<p>NAMAf should protect the private healthcare industry from collapse. They should engage with government to enhance the regulation of HCP’s conduct and control tariffs. These tariffs should be published by government as maximum accepted tariffs. Internationally accepted treatment protocols should be adopted for verifiable health outcomes. Furthermore, NAMAf should introduce tangible projects and measurable alternatives to current reimbursement models. Engagement with HCP should be expedited, as should the reduction of members’ co-payments to reduce healthcare spend. Government should also provide clear policy direction regarding the future of medical aids.</p>
Regulator vs Member Organisation	<p>This will clarify misunderstandings, misalignment and misinterpretations between the NAMAf secretariat and member funds and add to the organisation’s credibility and authority.</p>	<p>Clear direction on NAMAf and the envisaged role and strategic direction of the organisation. This will engender collaboration between stakeholders, allowing the organisation to face challenges in the private healthcare industry effectively.</p>
Clinical guidelines	<p>This will aid in the prevention of fraud, waste and abuse while assisting guide administrators in the management of claims. The implementation of ICD 10 coding will benefit funds detecting FWA and guide practitioners to having a more structured billing system.</p>	<p>The creation of a Namibian/NAMAf fraud, waste and abuse desk and the enforcement of billing rules and guidelines as well as government adoption of ICD10 coding.</p>

	The burden of fraud, waste and abuse is insurmountable and mostly undetected.	
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3.4.4 Statutory and Forensic Committee

Table 3.4.4a: On NAMAf's mandate, mission and vision

	In your view, how well does NAMAf currently do in the fulfilment of these statements?	In your view, what will success in the maximum fulfilment of these statements look like in three years from now?
Mandate: To control, promote, encourage and co-ordinate the establishment, development and functioning of funds in Namibia.	The emphasis should be on promotion of sustainable healthcare for members rather than the control of Funds . It is important to ensure that medical aid funds are adhering to good corporate governance to promote accessible, sustainable healthcare for members.	If the focus is on promotion rather than trying to control Funds , success will be shown in an increase in membership of medical aid funds.
Mission: To enable the optimum functionality of the Namibian private healthcare industry to maximise value for beneficiaries of medical aid funds.	This goes hand-in-hand with collaboration with Funds to achieve maximum value for members of Funds .	
Vision: To be a recognised leader in the provision of a conducive environment for a sustainable healthcare funding industry.		

Table 3.4.4b: Committee specific considerations

According to this ToR, Section 3.1 and 3.2 combined specify your purpose as to consider matters related to health policy; legal, statutory and forensic management; as well as clinical and financial risk within the healthcare funding industry; and to fulfil an oversight role in respect of relationships within the healthcare funding industry , most notably those between medical aid funds, their administrators and managed healthcare organisations; and to make recommendations to the MC in relation to the aforementioned matters.	
Items	Comments
Section 4 – Powers: to investigate, advise, make recommendations, and obtain professional advice. Question: About what have you reported to the NAMAf MC in relation to these powers? To what extent have your advice and/or recommendations been implemented?	This respondent provided definitions that aided in making the terms 'fraud', 'waste' and 'abuse' more understandable and acceptable in the healthcare industry.

<p>Section 5 – Responsibilities: to formulate draft policies with respect to regulating the industry, curbing misuse, abuse, overuse, fraud and related matters within the medical aid funding industry; propose draft regulations on coding structures, benchmark tariffs, fees by payable to NAMAFA, and practice code numbers; propose standards for governing relationships between MAFs; provide guidance on developments in legal, regulatory and statutory affairs; and provide guidance on risk management in terms of framework an standards.</p> <p>Question: Since the inception of your ToR, what have you learned through the execution of your specific set of responsibilities that might have a bearing on NAMAFA’s strategic priorities for the next three years?</p>	<p>This respondent has learnt that implementation of ICD10 coding is necessary to address the various gaps in healthcare funding.</p>
<p>Section 20 – Performance review: to do self-evaluation and make improvements/enhancements where necessary.</p> <p>Question: In your self-evaluation as a committee, what conclusions have you come to about the effective execution of your role and mandate that may have a bearing on <i>your</i> strategic role over the next three years?</p>	<p>This respondent’s exposure to the South African healthcare industry and their qualification as a Certified Fraud Examiner is seen as valuable in formulating workable strategies for the Namibian market.</p>
<p>Section 22 - Review of ToR: to review ToR annually and make recommendations about changes if applicable.</p> <p>Question: Is there anything in the ToR of this committee that may need to change in order to enhance your contribution to NAMAFA’s fulfilment of its statutory mandate and strategy execution?</p>	

3.4.5 HR Committee

The was no questionnaire issued for the HR Committee. Instead a meeting was held with the members to discuss the committee’s strategic role in the context of Namaf’s mandate, mission and vision. The conversation focused on the committee’s views on the current state of Namaf’s capabilities in the MC, the sub-committees and the secretariat.

The following perspectives were shared during the conversation:

- Since the advent of the current strategic period, success can be reported in terms of the attraction and retention of talent in the Namaf office, enabling the organisation to better fulfil its statutory and operational requirements. To this can be added progress with policy updates and the establishment of a stable remuneration structure. Despite these achievements, the committee is concerned about a small staff contingent with most people functioning alone in their respective departments.
- In the next phase the committee should concentrate on the development of **a competency framework**, the **development of own capabilities**, and a **policy and process for succession** planning. It is also to be noted that gaps remain in terms of **sufficient human resources**, **HRM policy development**, **technology skills**, and the **documentation of HR processes**. All of these should contribute towards making Namaf fit for purpose to meet evolving demands of the industry,

- The committee also highlighted the necessity of a **shift from an operational to a more strategic focus** by playing a more prominent role in support of other sub-committees. The committee is also aware of its role in the **transition between terms** as it needs to support the MC and sub-committees with **evaluation, continuity and renewal**.

3.4.6 Management Committee and Secretariat

The feedback required from the Management Committee and Secretariat have been more extensive than from any of the other stakeholder groups. Belonging to the very core of what Namaf is about, the expectation is that this group has both and immediate strategic interest and advanced operational insight in the work of the organisation. The MC and Secretariat have therefore been requested to offer feedback to similar aspects than other respondents, but then, in addition, also in terms of the previous SWOT Analysis and the existing Business Model Canvas and Strategy Map too. The tables that follow, reflect this additional scope in feedback.

Table 3.4.6a: On Namaf’s mandate, mission, and vision

Formulation	How well does NAMAf currently do in the fulfilment of these statements?	What will success in the maximum fulfilment of these statements look like in three years from now?
Mandate: According to the Medical Aid Funds Act 23 of 1995, Article 10(3), “the object of the Association shall be to control, promote, encourage and co-ordinate the establishment, development and functioning of funds in Namibia”.	Although NAMAf is doing better than a few years ago, the group largely agrees that the current framework does not support NAMAf in the execution of its mandate . Certain stakeholders in the industry seem to have increasing resistance towards NAMAf, which further hampers NAMAf’s efficacy. More clarity on NAMAf’s influence when it comes to the ‘control’ aspect of its mandate will aid the fulfilment of this statement.	Success will come when NAMAf plays a leading regulatory role , which will not be confused with the role of NAMFISA and aids in the creation of affordable and inclusive medical aid , the founding objective. NAMAf should be at the forefront of driving initiatives that promote collaboration, the expansion of the industry and control service providers in a way which reduces fraud, waste and abuse in the industry. NAMAf would’ve achieved success when medical aid funds are held accountable for their actions and adhere to statutory laws . The organisation should further control clinical aspects of the industry, promote the public’s understanding of the funding industry, and encourage stakeholder participation in further development. One respondent noted that legislative change is required for NAMAf to fulfil its regulatory role.
Mission: To enable the optimum functionality of the Namibian private healthcare industry to maximise value for beneficiaries of medical aid funds	The group largely agrees that NAMAf is not currently fulfilling this statement as it doesn’t align with the organisation’s objectives. Current regulations act as a hurdle in achieving success in this regard. Although role duplication between NAMAf and NAMFISA and poor pricing control are cited as hurdles, the introduction of ICD and Nappi coding structures is applauded. Further, one respondent notes a	NAMAf should be a trusted regulatory body in the industry , which plays an active role in industry matters and responds to draft legislation aggressively . Success will come with broader stakeholder engagement and involvement from the Minister of Finance. Medical aid members should understand the role of NAMAf and be protected from exploitation by the organisation. A few respondents note that NAMAf will be regarded as successful when there is reduced inflation on healthcare costs ,

	need for clinical guidelines/protocols and health technology assessment criteria the industry.	well-controlled pricing of healthcare providers, efficacy within the system and an amendment to the Act and regulations currently preventing NAMAFA from fulfilling its mandate.
Vision: To be a recognised leader in the provision of a conducive environment for a sustainable healthcare funding industry.	NAMAFA's perception as a leader in the industry is still a work in progress . The reimbursement model NAMAFA has created is cited as a basis for credibility amongst stakeholders. It is suggested that NAMAFA should clearly define what a "conducive" environment means . NAMAFA has consistently advocated on health reform policies and transforming Namibian healthcare through data, contributing to its perception as a leader.	NAMAFA would have achieved success when benchmark tariffs and a model for determining annual medical inflation is established . There is a need for more clinical governance guidelines to promote and control the conduct of the service providers and increased stakeholder engagement that will make the system more sustainable. NAMAFA should be the trusted organisation to develop and promote the sustainable environment within which the private healthcare industry can expand . Success will come when NAMAFA addresses the fragmented pitfalls of the Namibian healthcare funding industry and introduced National Healthcare Coverage with better outcomes .

Table 3.4.6b: On Namaf's Business Model Canvas

Partner network: <i>Key allies required for the realisation of the business model.</i>	Key activities: <i>Critical activities that drive the business model, e.g., problem-solving, production, networking.</i>	Offer: <i>The bundle of benefits provided to customers – products, services and other elements of benefit in order to solve a problem, satisfy a need, etc.</i>	Customer relationship management: <i>The bonds that NAMAFA establishes with its customers.</i>	Customer segments: <i>The groups of people that NAMAFA sells its products and service offering to.</i>
<p>How well does NAMAFA do in building and caring for its partner network and why?</p>	<p>Which key activities are done well and why?</p>	<p>How satisfied are you that NAMAFA provides the best value proposition possible to its key stakeholders and beneficiaries?</p>	<p>What do you regard as the current state of affairs of NAMAFA's existing customer relationship management?</p>	<p>How satisfied are current customers about NAMAFA's products and service offerings?</p>
<p>Although more respondents agree that NAMAFA is doing well (with room for improvement) in this regard, one notes that they are not doing more than the bare minimum required. One respondent cites the creation of forums and the approval of the stakeholder strategy as motivation for their positive view on this. Another states that NAMAFA understands and cares for its partners and the various role each plays in the health industry.</p>	<p>Problem solving and networking</p> <ul style="list-style-type: none"> - NAMAFA strives to find solutions to industry related risks but funds fail to appreciate the value of healthcare claims data trend analysis reports <p>Management of practice numbers</p> <ul style="list-style-type: none"> - Without it healthcare providers can't claim for the service provided to members from medical aid funds. - The registration process of the health professionals is of high standard <p>Benchmark tariffs</p> <ul style="list-style-type: none"> - Better accepted due to the scientific formula created - Previously benchmark tariffs were only increased based on NCPI 	<p>Although NAMAFA has limited resources, they are currently providing the best possible value proposition to its key stakeholders and therefore respondents are sufficiently satisfied. More can however be done to ensure member interest is protected and provided through the provision of good quality medical aid cover. NAMAFA should also increase training to funds and their members.</p> <p>What does NAMAFA learn from its key stakeholders and beneficiaries about the relevance and effectiveness of its value proposition?</p> <p>Key stakeholders seem confused as to where NAMAFA fits in. Some stakeholders see NAMAFA as restrictive when it comes to charging of tariffs while others want NAMAFA to do more in terms of complaint</p>	<p>Although relationships are tense at times as NAMAFA's role is not fully understood, the group largely agrees that NAMAFA's relationship management is good. Some HCPs are hostile towards NAMAFA. One respondent noted that there is no real engagement with trustees of various funds.</p> <p>What about NAMAFA's customer relationships needs to be improved over the next strategic term and why?</p> <p>Healthcare providers should be given a voice and made to understand that effective collaboration will benefit all stakeholders. NAMAFA should create more platforms where customers can receive consultation on their unique needs. Stakeholder engagement should be about building relationships, not reacting. Forums</p>	<p>Most customers have a negative perception of NAMAFA and view NAMAFA with disdain and distrust. This negative perception might slowly be changing as new systems, such as the automation of PCNS, are introduced. NAMAFA should be seen as a strategic partner and in order to do so, communication must be enhanced.</p> <p>What changes in customer segments might NAMAFA consider to explore in the next strategic term and why?</p> <p>Declining membership should be investigated. Channels of communication must be aligned with what customers appreciate. Stakeholders that make use</p>
<p>What in NAMAFA's partnering capabilities and processes need improvement and why?</p>				

<p>The partner network remains fragmented and a strategic engagement plan, proposed by partners, is required. More engagement with the Namibian Competition Commission and the Health Professions Council of Namibia is required. The demarcation of functions between NAMFISA and NAMAFA should be clarified and the partners should understand the role of NAMAFA. The MC should engage more with the boards of other entities to establish relationships. The identified key influential stakeholders have taken a backseat as they have not understood their valuable role. Instead of adjusting strategy, NAMAFA has diverted the energy elsewhere. Lastly, additional in-house expertise is need</p>	<p>and changes to coding schedules was done reactively and not addressed proactively which is now the case.</p> <p>Procedure codes (maintenance)</p> <p>Guidelines</p> <ul style="list-style-type: none"> - Proper processes have been put in place <p>Research and development / Data analysis and reporting</p> <ul style="list-style-type: none"> - In-house capacity of industry expert who is dedicated to conduct such research. <p>Which key activities need to be improved and why?</p> <p>Guidelines</p> <ul style="list-style-type: none"> - Without these FWA is harder to detect <p>Research and development Benchmark tariffs</p> <ul style="list-style-type: none"> - HCPs are central to consumption of healthcare services and their knowledge should be tapped into by NAMAFA and utilised to enhance current benchmark tariff system <p>Stakeholder engagement</p> <ul style="list-style-type: none"> - Funds must realise the importance of healthcare 	<p>adjudication. NAMAFA's value proposition is critical to the sustainability of the healthcare industry. Competing interests pursued by the various key industry players are hampering the effectiveness of NAMAFA's value proposition as each of the key stakeholders are looking for and exploiting any loopholes in the system for their individual benefit.</p> <p>What is there in NAMAFA's current value proposition that needs to be either amended or improved over the course of the next strategic term?</p> <p>NAMAFA needs greater visibility and stakeholder engagement. Funds might not completely understand claims analysis reports and NAMAFA therefore has to determine the extent to which MC and Funds act upon deficits revealed in them. Other, more effective forms of communication are required, and the coding system needs more refinement before being adopted nationally. The government medical aid has to be regulated. Lastly, NAMAFA should facilitate legislative amendments to bring about legal certainty which will curtail the illicit</p>	<p>should be sharpened to discuss issues affecting the industry. One respondent suggested quarterly industry meetings with the medical aid funds.</p>	<p>of services without contributing, i.e. PSEMAS and administrators, should be reconsidered. The media and member segment should be prioritised as the media is the key influencer of information and member education will hold the funds accountable on expectation from the industry. The trustee forum should be enhanced for information purposes and the relationship with HPCNA should be strengthened. Government should be engaged with more effectively. Medical aid fund trustees need to understand NAMAFA's role in the industry.</p>
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	<p>trend analysis reports as a risk mitigation tool</p> <ul style="list-style-type: none"> - Need for more networking - Stakeholder engagement not to be reactive approach but aligned to strategic objectives - The reporting line to the Ministry of Health needs to be promoted and cemented so that value in the medical aid fraternity is enjoyed the establishment of the universal health care to all Namibians is encouraged - Stakeholder engagement between MC and policy makers. <p>Communication to all stakeholders</p> <ul style="list-style-type: none"> - Handling of complaints from members and ensuring adequate cover for members due to the lack of legislative authority. <p>Training</p> <ul style="list-style-type: none"> - Training should improve to administrators who are the admin of the various funds 	<p>conduct by some industry stakeholders.</p>		
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	<p>Key resources: <i>All the assets, competencies, people, information, etc., needed for NAMAF to function.</i></p> <p>To what extent does NAMAF possess of the key resources for maximum functionality mission delivery?</p> <p>Some respondents state that NAMAF is doing well in this regard but the organisation has limited competencies, capacities and funds. NAMAF requires more clinically trained staff to understand HCPs and their challenges and more funds to drive its strategic objectives and projects. NAMAF is operating within a rigid structure, the strategic plan, and is often limited due to this. The organisation should be more flexible in this regard. It has been suggested that data analysis and coding is insourced. NAMAF possesses the right resources in terms of legal and communications maximum functionality for its mission delivery under current circumstances.</p> <p>Which key resources are in low supply and should be</p>		<p>Distribution channels: <i>Pathways for communication, selling and distribution.</i></p> <p>How well do the current pathways for communication, selling and distribution of products and services work for NAMAF?</p> <p>Most respondents agree that it is sufficient but not all pathways are currently being explored due to budgetary constraints. One-on-one engagement is yielding better results than the newsletter and adverts. It is unclear whether stakeholders understand NAMAF’s messaging or if they are deliberately ignoring the proposed (Uatavi is currently working with a consultant to interrogate this question). Communication with funds is non-existent, according to one respondent, except to the service providers because of annual engagements.</p> <p>What is there about NAMAF’s distribution channels that may need to change and why?</p> <p>Stakeholder budget and engagement should be improved upon. A good website must be developed. NAMAF should report to the Minister of Health, not the Minister of Finance. NAMAF</p>	
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	<p>obtained as a matter of priority?</p> <p>NAMAF needs a greater revenue stream to support their strategies and greater in-house capacity, especially in terms of clinical and coding skills as well as health economics and healthcare financing. One respondent suggested understudies to Dr van Zyl.</p>		<p>should educate stakeholders on its position in the industry. The coding system should be packaged.</p>	
<p>Cost structure: <i>All the expenses of the business – cost/value driven, fixed and variable, economies of scope and scale</i></p>		<p>Revenue streams: <i>The different sources of income for each type of customer, service or product</i></p>		
<p>How cost efficient is NAMAF at present and why?</p>		<p>How sufficient are NAMAF's current revenue streams?</p>		
<p>Most respondents agree that NAMAF is cost effective as it always stays within its approved budget. An increase in budget would aid in achieving the mandate.</p>		<p>Most respondents agree that is not sufficient to achieve the organisation's objectives given their growth trajectory.</p>		
<p>What does NAMAF have to do to further enhance cost efficiency?</p>		<p>How may revenue be further optimised in the next strategic cycle?</p>		
<p>Explore more means of creating income such as increasing affiliation fees and reviewing the structure of the affiliation fees. Cost should be aligned to strategic themes and in-house capacity should be built rather than outsourcing.</p>		<p>Detailed planning, building in-house capacity, onboarding PSEMAS, host health-related conference, commercialise some services</p>		

Table 3.4.6c: On Namaf' Strategy Map 2017-2020

	To what extent has each of this strategic initiative been successfully implemented?	To what extent should this initiative remain active? If yes, then why is this the case and what should happen with it next?
S1.2: Availability of an effective practice code numbering system (PCNS).	The group largely agrees that it has been successfully implemented	The group largely agrees that this should be an active system with continual improvement and revision . Constant revision will curb fraud and assist in data analysis. This implementation is also a main revenue stream of NAMAf and should remain intact.
S2.1: Develop a communication plan per stakeholder group.	Although this has been completed, most respondents note that it needs to be enhanced . The stakeholder engagement strategy was only introduced in 2020.	The group largely agrees that this initiative should remain active in order to meet stakeholders' needs and expectations , promote engagement and build relationships. One respondent also suggests the development of a website for effective communication and engagement.
S1.1: Availability of effective procedure codes.	The group agrees that this is a work in progress .	This should stay active as the coding structures need constant review due to changes in the medical industry. One respondent suggests rewording it to read "availability of a comprehensive coding system".
P2: Effective annual review process on procedure codes.	Some respondents regard the implementation of this as successful while others see it as a work in progress .	This should remain active as processes are constantly reviewed and updated. Service providers should be included in this process to make it more inclusive. One respondent suggests rewording it to read "availability of a comprehensive coding system".
P6: Effective internal office policies and procedures.	Only one respondent deems the implementation to be unsatisfactory .	This should remain active, as there are more internal office policies and procedures required as the NAMAf's and its mandate expands.
R1: Attract and retain required talent.	Although a slow process in the current economic climate, respondents agree that NAMAf has done well so far .	This initiative should remain active and NAMAf should include talent retention in the strategy . One respondent suggests that there is a need for IT related policies aligned to achievement of strategy to be developed.
R3: Provide adequate IT infrastructure.	Respondents agree that this is a work in progress	The current IT infrastructure is fragmented through multiple vendors and should be streamlined in a phased approach. One respondent suggests outsourcing this function.
S1.4: Development and publication of relevant regulations.	Respondents agree that this is a work in progress as it is finally being addressed after many years of discussion.	This initiative is of the utmost importance and should remain active as regulations should be open to constant adaptation . One respondent suggests engaging a legal expert to assist with the drafting of the regulations in consultations with the line Ministry.

F1: Expand and grow income streams.	Although current revenue stream are optimised and stable, more is to be done.	Revenue streams should be reflective of costs for delivering the services. The reduction in membership has had a corresponding effect on subscription fees from funds. This should therefore remain an active initiative as the current economic climate makes it more important than ever to expand and grow its income streams.
Having reflected on the current state of NAMAFA's strategy execution, based on the existing Strategy Map, list any new strategic initiatives that according to you should be highlighted for the next three years and answer the questions in the columns to the right of it.		
New strategic initiatives (based on the strategy map)	Explain why you regard this initiative as relevant enough to be prioritised.	What would expect to achieve as a result of prioritising this initiative?
Move away from free-for-service model and into a global fee model		Less fraud, waste and abuse
Legislative reform	Current Medical Aid Funds Act of 1995 is outdated	A clinical legislation benchmarked on the Medical Scheme Act of South Africa is ideal
Hold Funds accountable - for non-compliance to coding & billing rules, guidelines and structures. - to implement proper managed care staff, protocols and systems - to implement proper risk mitigation strategies	There is no proper control, adherence and systems in place with administrators with respect to the coding structures which is one of the causes of waste and abuse in the Industry. Funds expect NAMAFA to solve problems, but Funds have to take responsibility in implementing risk mitigating strategies to address and manage issues in the Industry.	A reduction in FWA and utilisation and better claims management and adjudication. This will ensure that members are protected and receive the right treatment at the right time and at the right place.
Implementation of basic benefit package for all members on all Funds.	Funds should compete on efficacy of administrative and client services. All members, irrespective of social and financial standing, should receive the same basic benefits	All members will have better access to affordable healthcare services which focuses on primary and preventative healthcare. This will save on tertiary medical care expenses.
Role clarification	It is important that NAMAFA is correctly positioned and understood in terms of its mandate and value addition to the health industry.	Improved relationship with the Ministry of Health and the Namibian Medical Aid Board

Onboarding PSEMAS	To build synergies in terms of fighting fraud waste and abuse	More well-regulated health industry
Legislation changes	This allows NAMAFA to regulate effectively and hold the industry accountable.	Clear mandate
Proper complaints handling	This allows NAMAFA to regulate effectively and hold the industry accountable. Even though NAMAFA is charged with dealing with such complaints, it does not have clear protocols how to go about this aspect	Clear guidelines
Develop process on code enquiries	This will allow NAMAFA to focus on strategic objectives	Assist in the reduction of fraud, waste and abuse by ensuring correct codes are used.
Legislative Amendments		Clearer mandate

Table 3.4.6d: Feedback on SWOT Analysis 2017

Which of these strengths have been successfully leveraged and how? Which new strengths developed and why?	Which of these opportunities have been developed? Which has been neglected and why?
<p>Successfully Leveraged:</p> <p>Industry database</p> <ul style="list-style-type: none"> - all Private Funds (with the exception of one) provide their data for analysis. - MVA Fund is in progress to aligning their systems to the requirements of NAMAFA - Government was able to appreciate NAMAFA's value proposition as they are hoping to tap into this wisdom to prudently manage <p>Benchmark tariffs/coding</p> <ul style="list-style-type: none"> - Guidelines used to design and pay for benefits; easier to see FWA - NAMAFA is the only entity developing and maintaining such a structure - aided the data analysis initiatives to highlight aberrant trends in claims submitted to the Funds - Model is accepted by the service providers <p>NAMAFA is a statutory body</p>	<p>Legislative vacuum</p> <ul style="list-style-type: none"> - Legal practitioner appointed as full-time staff and legislative aspect is being addressed. - Work in progress <p>Proactive influencing role</p> <ul style="list-style-type: none"> - The influencing role has been achieved with CEO being co-opted in Covid-19 committee and co-opted on the PSEMAS reform committee. <p>External training</p> <ul style="list-style-type: none"> - External training has not been effectively addressed but there are more pressing issues. - Exploited as the CEO is enrolled for an MSc in Health Economics and the Head of Risk and Benefits is pursuing a course in coding <p>Regional leadership</p> <ul style="list-style-type: none"> - The co-option of the CEO in a BHF platform to share the Namibian experience <p>ICD</p> <ul style="list-style-type: none"> - Commenced <p>Policy development and brand positioning</p> <ul style="list-style-type: none"> - Work in progress - Engaging government to work towards providing universal health coverage capable of providing high quality healthcare services to those in need and not to those that can afford it

<ul style="list-style-type: none"> - Not merely a conduct regulator which serves to mitigate the risk of Fraud Waste and Abuse - To be developed <p>Supportive management committee and leadership</p> <ul style="list-style-type: none"> - MC supported and endorsed most of the key activities and programmes proposed by the Secretariat <p>Stable funding sources</p> <ul style="list-style-type: none"> - Financing of the strategic initiatives went unhindered - To be further developed 	<ul style="list-style-type: none"> - Brand positioning – communications specialist was only appointed this year and this remains a work in progress <p>Research and development</p> <ul style="list-style-type: none"> - Still to be exploited due to resource constraints <p>Fraud management</p> <ul style="list-style-type: none"> - Should be tackled by all stakeholders - Approval and development of the waste, abuse and fraud charter as risk mitigating tool <p>Production of clinical guidelines</p> <p>Neglected:</p> <ul style="list-style-type: none"> - Development of alternative reimbursement models - Expand sources of funding - Membership growth
<p>Which of these weaknesses have been successfully addressed? Which new weaknesses emerged?</p>	<p>Which of these threats have been successfully mitigated? Which new threats have emerged?</p>
<p>Role clarification</p> <ul style="list-style-type: none"> - was converted into an opportunity given the efforts put into this - Successfully addressed <p>Lack of regulation</p> <ul style="list-style-type: none"> - enabling legislation is outdated, new regulations have been developed - It remains a work in progress <p>Stakeholder engagement strategy</p> <ul style="list-style-type: none"> - was approved by MC but implementation is hampered by funding <p>Benchmark tariffs/coding</p> <ul style="list-style-type: none"> - There are some industry key stakeholders who are not observing the billing guidelines Most of the healthcare providers are still looking for ways to exploit the gaps/weaknesses in these schedules to their advantage 	<p>NaCC</p> <ul style="list-style-type: none"> - Resolved in favour of the industry - More efficient management of practice numbers by more detailed registration process as well as changing the claiming process. - Problem: NAMAFA benchmark tariffs are not prescribed tariffs <p>Possible increased misuse of practice numbers by new entrants</p> <ul style="list-style-type: none"> - Addressed and robust strategies put in place to mitigate it should it happen <p>Threats to sustainability of medical aid funds in Namibia</p> <ul style="list-style-type: none"> - Reduced membership numbers - High medical costs and claims - FWA threatening to deplete funds - Pandemic added to the threat to sustainability <p>Sufficient funding for NAMAFA to meet expectations</p> <ul style="list-style-type: none"> - still a concern. - Needs to be executed in such a way that it does not render premiums to medical aid funds unaffordable to the low earning employees <p>HCP advocacy</p>

<p>Capability gaps internally</p>	<ul style="list-style-type: none"> - Much still to be done here <p>NAMAF/NAMFISA role clarification</p> <ul style="list-style-type: none"> - to be addressed by the MoHSS and the MoF - FIMBill clarified NAMAF/Namfisa roles <p>Universal Health Care</p> <ul style="list-style-type: none"> - still a reality but offers an opportunity to influence government to come up with something better - Work in progress <p>High Medical Inflation</p> <ul style="list-style-type: none"> - Not fully addressed - Mitigating strategies are in place but have not ruled it out as yet
<p>General comments: Please note any general perspectives that may be of further relevance for strategy renewal process.</p>	<p>The pending introduction of a National Health Cover for all Namibians will impact the future of medical aid funds. A new system will impact the costs of medical services, which has an impact on the industry. Although they initially wanted to revert back to the Minister of Health, NAMAF now has a good working relationship with the new appointed line minister (Minister of Finance) and this can be regarded as a strength as NAMAF has been incorporated into the task team appointed to advise government on how to reform PSEMAS. Despite this, one respondent still believes that NAMAF should report to the Minister of Health instead. After receiving the PSEMAS data to analyse the industry is starting to see the importance of NAMAF's role. With challenges of COVID-19 and FIMBILL being implemented NAMAF should take a leading role as a regulator for the medical aid funding industry.</p>

Table 3.4.6e: Additional feedback

Topic	Why should this be regarded as a priority for the strategy renewal process?	What would you like to see NAMAFA achieve as a result of prioritising this topic?
Understanding the needs of the members, clients, and stakeholders	NAMAFA should meet the needs of the clients through provision of better service and products	Improved relationships and service provision
Seeking input from Government	It is valuable to get GRN perspective about NAMAFA and to address certain issues at national level.	Improved rapport and consultations on mutual issues ; onboarding of the Minister of Health; inclusivity and good national outcomes in terms of UHC, ICD Codes, etc
Benchmarking with other countries	To understand how others run their healthcare sectors and to seek innovation	Innovative approaches and solutions
Fraud, waste and abuse	The system is unsustainable , corruption is rife, and the exposure to FWA has to be reduced	Implement FWA mechanisms to curb wastage, fraud and abuse and create a dedicated FWA desk within NAMAFA.
Promote the existence of NAMAFA	NAMAFA's role is not known in the industry	Create awareness surrounding the organisation and invest in National Health Priorities. Conduct National Health Conference in support with WHO, Ministry of Health etc.
Training on coding to trustees and services providers	It is important for trustees and service providers to understand coding to identify waste and abuse	Eliminate waste
NAMAFA as representative of Funds .	Unity brings power and progress	To be recognised as the protector and facilitator of private healthcare .