REPUBLIC OF NAMIBIA

UNIVERSAL HEALTH COVERAGE BILL, [2025]

BILL

To provide for the institutionalization and strengthening of Universal Health Coverage in Namibia; to ensure equitable access to quality essential health services for all persons without suffering financial hardship; to establish the National Health Equity Fund as the principal mechanism for promoting affordability, sustainability, and equity within the public health system; to provide for the introduction of a National Health Micro-Contribution as a supplementary revenue instrument; and to provide for matters incidental thereto.

(Introduced by the Minister of Health and Social Services)

BE IT ENACTED by the Parliament of the Republic of Namibia

ARRANGEMENT OF SECTIONS

PART I: PRELIMINARY PROVISIONS

1. Definitions

In this Act, unless the context indicates otherwise—

"development partners" means international organisations, donors, and institutions providing financial or technical support to the health sector;

"Executive Director" means the Executive Director of the Ministry of Health and Social Services;

"Essential Health Services Package" or "EHSP" means the costed package of essential health services determined under section 7;

"financial hardship" means health-related out-of-pocket payments that significantly reduce a household's ability to meet basic needs or cause financial distress, catastrophic expenditure, or impoverishment;

"Fund" means the National Health Equity Fund established under section 15;

"Minister" means the Minister responsible for health.

"Ministry" means the Ministry of Health and Social Services.

"National Health Micro Contribution" or "NHMC" means the mandatory pre-payment contribution established under section 19;

"patient safety incident" means an event or circumstance arising in the provision of health services that could have, or did, lead to unintended harm to a patient;

"pre-payment mechanisms" means financing instruments where contributions are made prior to the receipt of health services, including taxes, insurance premiums, and employer-based contributions;

"quality standards" means the norms, protocols, indicators, and minimum requirements for safe, effective, and people-centred health care, as prescribed under this Act;

“state health facility” has the meaning assigned to it under the National Health Act (Act No. 2 of 2015);

“strategic purchasing” means the allocation of funds to providers based on performance, quality, and population health needs;

“UHC” or “Universal Health Coverage” means that all people have access to the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, without suffering financial hardship**.**; and

“vulnerable persons” means individuals or groups at higher risk of poor health outcomes due to economic status, disability, age, geographic location, gender, or other social determinants of health, as prescribed by regulation.

“health equity” means the absence of unfair, avoidable, or remediable differences in access to, use of, and benefit from health services among different population groups, geographic areas, or socio-economic categories.

2. Objects of the Act

The objectives of this Act are to;

(a) give effect to Article 95(f) of the Constitution by ensuring that every person in Namibia enjoys the right to access quality, affordable, and essential health and social services without financial hardship;

(b) give legal effect to the National Policy on Universal Health Coverage, providing the statutory framework for its implementation, regulation, and oversight, including the Essential Health Services Package within the Republic of Namibia;

(c) strengthen the comprehensive, equitable, and sustainable framework for the financing, delivery, and governance of Universal Health Coverage in Namibia;

(d) provide for the establishment and operationalisation of the National Health Equity Fund and the National Health Micro-Contribution, as mechanisms for mobilising, pooling, and allocating resources in support of Universal Health Coverage;

(e) promote solidarity, inclusiveness, and fairness in health financing, with special attention to underserved, marginalized, rural, and vulnerable populations;

(f) ensure the sustainable, efficient, and accountable use of health sector resources through pooled funding, strategic purchasing, and transparent governance structures;

3. Application of Act

(1) This Act applies to all persons, public and private health facilities, health financing mechanisms, and public authorities responsible for the organisation, regulation, or delivery of health services within the Republic of Namibia, insofar as such services or mechanisms advance the vision for attainment of Universal Health Coverage.

(2) In the event of any conflict arising between the provisions of this Act and any other law, other than the Constitution, the provisions of the law or policy that are most favourable to ensuring equitable access to quality health services without financial hardship shall prevail.

PART II: INSTITUTIONAL AND SERVICE DELIVERY FRAMEWORK

4: Responsibility for Health and Stewardship of UHC

(1) The Minister responsible for health shall be responsible for the overall stewardship, coordination, and administration of this Act and for initiating, formulating, implementing, monitoring, evaluating, and reviewing policies and programs necessary to achieve Universal Health Coverage and the progressive realisation of the right to health for all persons in Namibia.

(2) In exercising the responsibilities under subsection (1), the Minister shall act in alignment with the principles of equity, efficiency, transparency, and accountability, and within the framework of the National Health Act (Act No. 2 of 2015) and other applicable laws.

(3) Without derogating from the general powers of the Minister under this Act and the Public Health Act, the Minister shall, within the limits of available resources:
(a) ensure the provision of efficient, cost-effective, equitable, and comprehensive quality health services across all levels of care;
(b) ensure the implementation and periodic review of the Universal Health Coverage Policy and the Essential Health Services Package (EHSP);
(c) provide for rehabilitative, palliative, preventive and curative services, consistent with the national health priorities and benefit package defined under this Act;
(d) promote, regulate, and support health research, innovation, and digital transformation to strengthen service delivery and financing efficiency;
(e) ensure the availability, equitable distribution, and continuous development of qualified human resources for health at national, regional, and community levels;
(f) establish mechanisms for cross-sectoral coordination with other ministries, agencies, and local authorities to address the social and environmental determinants of health; and
(g) oversee the mobilisation, allocation, and effective use of financial resources for health, including the National Health Equity Fund and the National Health Micro-Contribution.

(4) The Minister shall ensure that policies, regulations, and implementation frameworks under this Act are consistent with the National Health Act (Act No. 2 of 2015) and other relevant statutes and are harmonised with national strategies.

(5) The Minister shall submit to Cabinet and table in the National Assembly a Universal Health Coverage Implementation Report every two years, summarising progress in expanding access, improving quality, and advancing health equity across all population groups.

5. Principles of Universal Health Coverage

All actions under this Act shall be guided by the principles of:

(a) Equity and universality: Every person in Namibia shall have access to quality health and social services without discrimination, ensuring that no one is left behind, regardless of income, geography, gender, disability, or legal status.

(b) Solidarity and shared responsibility: The health of the population shall be financed through fair, sustainable and progressive mechanisms that reflect collective responsibility across individuals, employers, and the state.

(c) quality and people-centred care: Services shall be safe, effective, timely, and respectful of people's dignity, cultural values, and needs, ensuring continuity of care throughout the life course.

(d) transparency, accountability, and participation: Governance and financial management of Universal Health Coverage shall be transparent, inclusive, and subject to public oversight, with mechanisms for citizen feedback and grievance redress.

(e) sustainability and efficiency: The system shall be designed for long-term financial, institutional, and environmental sustainability, ensuring efficient use of resources and resilience to economic, health, and climate shocks.

(f) Innovation, Integration, and Learning: Implementation of UHC shall promote innovation, evidence-based decision-making, and multi-sectoral collaboration across government, civil society, and the private sector to advance the health and well-being of all Namibians.

(g) Community participation and decentralisation: Implementation of Universal Health Coverage shall strengthen community health systems, empower local health authorities, and promote decentralised planning, financing, and service delivery to ensure that decisions and resources are closer to the people and responsive to local health needs.

6. Access to Essential Health Services

(1) In accordance with the National Health Act, 2015 (Act No. 2 of 2015), every person in Namibia shall have access to state hospitals and state health services**,** subject to that Act and to such hospital rules and admission procedures as may be prescribed under the law.

(2) For the purposes of this Act, access to essential health services shall apply in—
(a) all public and state health facilities established under the National Health Act; and
(b) any private or faith-based health facility contracted or accredited by the Ministry under any relevant procurement mechanisms defined in this or other Acts

(3) Persons seeking care at public health facilities shall be entitled to—
(a) receive promotive, preventive, curative, rehabilitative, palliative, and other essential services as defined under this Act; and
(b) benefit from services included in the Essential Health Services Package, as prescribed and periodically reviewed by the Minister.

(4) No person shall be denied emergency medical care**,** stabilisation, or services required for the prevention and control of communicable diseases, including tuberculosis, HIV, and outbreak-prone conditions, irrespective of nationality or legal status, consistent with the National Health Act.

(5) No person shall be denied access to essential services on the grounds of inability to pay. Any user-fee requirements or exemptions at public facilities shall be regulated in accordance with—
(a) the National Health Act, 2015; and
(b) This Act and regulations issued under it concerning financial protection and subsidisation.

(6) Any restrictions on access, denial of admission, discharge, or classification of patients in state hospitals shall only be made—
(a) in accordance with sections 40 to 50 of the National Health Act, 2015; and
(b) subject to the appeal mechanisms provided for under that Act.

(7) The Ministry shall ensure that implementation of this Act is fully harmonised with the National Health Act, 2015, including—
(a) consistency between service entitlements and facility-level rules;
(b) alignment of the Essential Health Services Package with service obligations under the National Health Act;
(c) coherence in emergency care, patient rights, and public health obligations; and
(d) harmonisation of fee policies and exemption categories.

(8) Nothing in this Act shall limit the right of any person in Namibia to access state health services as established under the National Health Act, 2015. This Act governs **financial protection and entitlement to subsidised services**, but does not restrict clinical access rights already provided under existing law.

(9) This section shall be interpreted in harmony with—

(a) The National Health Act, 2015;

(b) The Hospitals and Health Facilities Act;

(c) applicable refugee and immigration laws; and

(d) Namibia's international obligations relating to the right to health and access to emergency care.

7. Essential Health Services Package

(1) The Minister shall, within the framework of this Act and in alignment with the National Health Act (Act No. 2 of 2015), determine, approve, and periodically revise an Essential Health Services Package (EHSP) which shall define the core set of health services guaranteed to all persons in Namibia.

(2) The Essential Health Services Package (EHSP) shall constitute one of the principal instruments for strengthening primary health care and advancing progress towards Universal Health Coverage, and shall;
(a) inform the prioritisation and allocation of financial and human resources within the health sector;
(b) guide the organisation and delivery of essential and high-impact health services across all levels of care; and
(c) serve as a reference framework for monitoring and evaluating service coverage, quality, and equity.

(3) In determining and revising the EHSP, the Minister shall;
(a) ensure that services included are evidence-based, cost-effective, and consistent with national health priorities and disease burden;
(b) take into account fiscal sustainability and available resources as appropriated by Parliament or mobilised under the National Health Equity Fund;
(c) consult with relevant stakeholders, including regional health authorities, professional councils, civil society, and development partners; and
(d) ensure alignment with international and regional commitments on Universal Health Coverage and the right to health.

(4) The Essential Health Services Package shall comprise a defined set of high-impact, cost-effective interventions drawn from the following service domains;
(a) promotive, preventive, curative, rehabilitative, and palliative health services;
(b) sexual reproductive health, maternal, newborn, and child health services;
(c) essential medicines, vaccines, diagnostics, and medical technologies; and
(d) interventions addressing priority communicable and non-communicable diseases, mental health, and public health emergencies,

as determined through a nationally approved prioritisation process based on burden of disease, cost-effectiveness, equity, and fiscal feasibility

(5) The Minister shall ensure that the EHSP is reviewed at intervals not exceeding five years, or earlier where required by changes in epidemiological trends, fiscal conditions, or national policy priorities.

(6) The EHSP and any subsequent revisions shall—
(a) be published in the Government Gazette; and
(b) take effect on the date specified therein.

(7) The Minister may, by regulation or policy directive, prescribe the methodology, process, and institutional arrangements for the prioritisation, review, and approval of the EHSP, including criteria for inclusion, exclusion, or modification of specific services or interventions.

8: Harmonisation of Benefit Packages Across Public and Private Health Financing Arrangements

(1) The Essential Health Services Package (EHSP) established under this Act shall constitute the **national minimum package of health services** to which all eligible persons are entitled.

(2) The Minister shall, in consultation with the Minister responsible for finance and the Namibia Financial Institutions Supervisory Authority (NAMFISA), issue regulations specifying the obligations of—
(a) medical aid funds registered under the Medical Aid Funds Act, 1995 (Act No. 23 of 1995);
(b) private health insurers;
(c) employer-based medical schemes; and
(d) any other health financing mechanisms operating in Namibia;
to ensure that their benefit packages include, as a minimum, the services defined in the EHSP.

(3) The benefit schedules of medical aid funds, as prescribed under section 30(1)(l) of the Medical Aid Funds Act, shall be aligned with the EHSP and may offer benefits in excess of the EHSP, but not below it.

(4) Medical aid funds shall not adopt rules, benefit limitations, exclusions, or waiting periods that result in the denial of or financial hardship in accessing services included in the EHSP.

(5) NAMFISA shall not approve any rules or amendments to rules of medical aid funds that are inconsistent with the EHSP or the principles of equity, fairness, and financial protection as established in this Act.

(6) The Minister shall issue transitional regulations to guide the phased implementation of EHSP compliance requirements across private funds within a period not exceeding 36 months from the commencement of this Act.

(7) Nothing in this Act prevents medical aid funds from offering supplementary or complementary services beyond the EHSP, provided that such benefits do not undermine access to or financing of the EHSP.

9: Quality of Health Services and Performance Monitoring

(1) The Minister, in exercising the responsibilities set out in this Act and the National Health Act (Act No. 2 of 2015)**,** shall ensure that all persons have access to safe, effective, and quality health services.

(2) the Ministry of Health and Social Services shall establish and maintain a national quality assurance and performance monitoring system as part of the Universal Health Coverage framework, which shall;

(a) set and enforce national standards and service delivery protocols applicable to all public health services, including those defined under the Essential Health Services Package;

(b) accredit and periodically assess all health facilities for compliance with minimum standards of safety, staffing, equipment, and patient care;

(c) Monitor the clinical, operational, and financial performance of health facilities supported through public financing, including those receiving funds from the National Health Equity Fund;

(d) establish a patient safety and incident reporting mechanism to promote continuous improvement of care; and

(e) ensure the development, implementation, and regular review of quality improvement plans at all levels of care.

(3) For private and non-state providers contracted or for purchasing under the National Health Equity Fund or the National Health Act, the Ministry shall;

(a) develop contractual performance indicators and service standards**,** consistent with national guidelines;

(b) require accreditation or certification by a recognised professional or regulatory authority prior to contracting;

(c) establish a performance monitoring framework including reporting obligations, inspections, and quality audits;

(d) link payments to verified performance outcomes, including service coverage, patient satisfaction, and adherence to standards; and

(e) suspend or terminate contracts for non-compliance, negligence, or breach of patient safety standards.

(4) The Minister may, in consultation with the Minister responsible for finance and the relevant professional councils, make regulations prescribing;

(a) quality assurance standards, accreditation requirements, and performance indicators for health facilities;

(b) procedures for quality audits and reporting;

(c) penalties or administrative sanctions for persistent non-compliance; and

(d) mechanisms for coordination with independent professional bodies in strengthening quality assurance systems.

10: Health Equity and Progressive Realisation

(1) The Ministry shall ensure that the implementation of this Act progressively advances equitable access to health services, financial protection, and health outcomes for all persons in Namibia, with particular focus on vulnerable and underserved populations.

(2) The Ministry shall, in collaboration with the National Statistics Agency, National Planning Commission, and relevant stakeholders, establish a process to;

(a) identify and track disparities in health service coverage, resource allocation, and health outcomes;
(b) define equity indicators and benchmarks aligned with national and regional development goals;
(c) assess the impact of health financing policies and benefit package revisions on poor and vulnerable groups; and
(d) inform policy adjustments, resource redistribution, and targeted interventions.

(3) The Ministry shall conduct a **Health Equity Assessment** at least once every three years, or earlier where warranted by major reforms or socio-economic shocks, to—
(a) evaluate progress in reducing inequities in access and financial protection;
(b) assess regional and gender disparities;
(c) review health spending incidence across income groups; and
(d) Recommend corrective measures to the Minister and the National Health Equity Fund Board.

(4) The findings of each Health Equity Assessment shall guide the prioritisation of:
(a) financing allocations under the National Health Equity Fund;
(b) ensure relevance, efficiency, and responsiveness to changing needs; and
(c) regional or community-based interventions addressing specific inequities.

(5) The Ministry shall integrate **equity impact assessments** in all major policy, planning, and budgetary decisions related to health, ensuring that such decisions;
(a) do not disproportionately disadvantage any population group; and
(b) include measurable equity targets and mitigation measures where disparities are identified.

PART III: STATEGIC PURCHASING AND PROVIDER PAYMENTS

11. Strategic Purchasing and Provider Contracting

(1) The Ministry of Health and Social Services shall remain a provider of health services as defined under the National Health Act, 2015 (Act No. 2 of 2015), and shall continue to deliver the full range of services included in the Essential Health Services Package, as well as any other services mandated under applicable Acts.

(2) Achieving Universal Health Coverage shall require strong, efficient, and quality services across both the public and private sectors. The Ministry shall therefore maintain its regulatory, stewardship, and oversight functions across the whole health system, in accordance with the National Health Act and other relevant legislation.

(3) For the purposes of this Act, the Ministry of Health and Social Services is the principal purchaser of services under the Universal Health Coverage framework. The Ministry may designate or establish an entity or unit within the Ministry to exercise purchasing functions on its behalf.

(4) The National Health Equity Fund Secretariat shall not directly purchase services, unless authorised by regulation, but shall support the Ministry in executing purchasing functions through:
(a) assessment of funding needs;
(b) verification of claims and utilisation;
(c) analysis of provider performance; and
(d) financial flows, disbursement, and reporting.

(5) The Minister may, by regulation, establish additional mechanisms for purchasing, contracting, or performance-based payment arrangements to strengthen efficiency, equity, and quality.

Contracting of Private and Non-State Providers

(6) The Ministry may contract private, faith-based, or non-governmental providers to deliver services within the Essential Health Services Package or other priority services for state patients, subject to—
(a) The National Health Act, 2015;
(b) the rules of the Special Fund established under the National Health Act;
(c) the Public Procurement Act, 2015 (Act No. 15 of 2015); and
(d) any regulations issued under this Act to promote equitable access to the Essential Health Services Package.

(7) Contracting arrangements shall prioritise—
(a) underserved population groups;
(b) rural and remote areas;
(c) specialised services not available in the public sector;
(d) improved continuity of care; and
(e) the expansion of quality, equitable access to the Essential Health Services Package.

Accreditation, Performance, and Provider Payments

(8) All contracted providers shall be subject to accreditation, quality assurance, performance monitoring, and reporting requirements, as prescribed by regulation.

(9) Payments to providers shall be based on **transparent, equitable, and efficiency-promoting purchasing mechanisms**, which may include capitation, case-based payments, fee-schedules, global budgets, or blended models, as prescribed by regulation.

(10) Provider payment mechanisms shall be aligned with—
(a) national health financing objectives;
(b) equity and financial protection principles under this Act; and
(c) quality and performance standards set by the Ministry.

(11) The Minister shall periodically review and initiate amendments to laws, regulations, and policies that do not support progress toward Universal Health Coverage, including provisions under the National Health Act, Medical Aid Funds Act, Public Procurement Act, and Social Security legislation, to ensure alignment with the principles and entitlements established under this Act.

(12) Nothing in this Act shall limit or derogate from the responsibilities of the Ministry under the National Health Act to regulate, supervise, and ensure the quality of health services provided across the public and private sectors.

PART IV: FINANCING AND FINANCIAL PROTECTION

12. Financing Mechanisms

1) Financing for Universal Health Coverage shall be equitable, progressive, and based on mandatory pre-payment and risk pooling mechanisms, with a primary aim of reducing payments at the point of care and protecting households from financial hardship.

(2) Financing for Universal Health Coverage shall encompass all resources available to finance health services in Namibia, including public expenditure, private contributions, social insurance, employer-based obligations, household payments, and cross-sectoral investments influencing the determinants of health.

(3) The public health system shall be financed through a combination of;

(a) general appropriations from the national budget as approved annually by Parliament under the Vote of the Ministry of Health and Social Services;

(b) allocations to and from the National Health Equity Fund established under this Act;

(c) earmarked revenues, levies, or taxes established for health-related purposes; and

(d) any other approved sources of domestic or external financing consistent with the State Finance Act, 1991 (Act 31 of 1991)

13. User Fees and Financial Protection

(1) User fees applicable to health services provided in public or state health facilities shall be determined in accordance with the National Health Act (Act No. 2 of 2015), and any regulations made thereunder.

(2) Without limiting subsection (1), every person receiving services in a state hospital or health facility shall be classified as a state patient or private patient, and such classification shall determine the applicable tariff of fees in accordance with the provisions of the Public Health Act.

(3) Under this Act, the Minister shall ensure that;

(a) any user fees charged in state facilities do not impose a financial burden or restrict access to essential services;

(b) exemption and waiver mechanisms under the National Health Act (Act No. 2 of 2015) are aligned with the objectives of Universal Health Coverage and the Essential Health Services Package;

(c) vulnerable and low-income groups are prioritised for free or subsidised access; and

(d) Mechanisms for reimbursement or financial support are in place for emergencies, consistent with section 50 of the National Health Act, where services are provided by private entities.

(4) The Minister may, by regulation made under this Act and in consultation with the Minister of Finance and Public Enterprises, introduce additional measures to ensure that;

(a) user-fee policies promote equity and financial protection;

(b) exemptions and reduced-fee categories are periodically reviewed; and

(c) The National Health Equity Fund may be utilised to offset costs for exempted patients where applicable.

(5) The Ministry shall review user fees, waivers, and exemptions every two years, in collaboration with relevant stakeholders.

(6) Nothing in this Act shall be construed to derogate from the powers of the Minister under the National Health Act (Act 2 of 2015) to prescribe tariffs, exempt categories of patients, or enter into agreements for the payment of fees on behalf of patients.

14. Establishment of the National Health Equity Fund

(1) There is hereby established a Fund to be known as the **National Health Equity Fund**, hereinafter referred to as "the Fund."

(2) The Fund shall provide complementary and additional funding towards Universal Health Coverage in Namibia, and its purpose shall be to—

(a) mobilize, pool, and strategically allocate additional domestic and external financial resources to support the progressive realization of UHC.

(b) reduce disparities in access to essential health services and promote equitable financing across all regions and population groups;

(c) provide additional resources to address and improve access to essential health services for vulnerable, low-income, and underserved populations**;**

(d) complement and align with general budget appropriations to the Ministry of Health and Social Services and other sectors contributing to health, while financing targeted interventions that are underfunded, unfunded, or require scale-up beyond the scope of existing budget allocations for health;

(e) enhance the efficiency, equity, and transparency of health financing; and

(f) promote strategic investments in primary health care, quality improvement, innovation, and system resilience with a focus on improving equity in access to health services.

(3) The Fund shall consist of;

(a) money appropriated by Parliament under the national budget specifically for the Fund

(b) transfers from pooled financing mechanisms specifically earmarked or ring-fenced for the Fund through this Act and any other supporting Acts and Statutes as may be relevant.

(c) earmarked levies or taxes on products or activities that negatively affect health, including but not limited to tobacco, alcohol, and sugar-sweetened beverages, as prescribed by regulations and relevant acts existing or promulgated and specifically appropriated to the fund through the State Finance Act, 1991 (Act 31 of 1991)

(d) micro-contributions, solidarity payments, or other employer or sectoral **levies** prescribed by regulation for the Fund.

(e) grants, donations, and contributions from domestic, regional and international partners, the private sector, or philanthropic organisations;

(f) penalties, fees, or other lawful receipts accruing to the Fund;

(g) equity-based contributions, including remittances by health insurance schemes or other regulated entities, as may be prescribed by regulation to promote solidarity and fairness in pooling resources, and to enhance cross-subsidisation within the Fund. ; and
(h) any other money lawfully received or approved by the Minister of Finance and Public Enterprises for the Fund

15. Governance, Administration and Accountability of the Fund

(1) The overall governance of the Fund vests in the **National Health Equity Fund Board**, which shall provide strategic direction, approve policies, and oversee the performance of the Fund in accordance with this Act.

(2) The Board shall operate within the framework of public accountability, transparency, and good financial management, and shall report to the Minister of Health and Social Services.

(3) The **Minister** shall, in consultation with the Board, issue policy directives and guidelines necessary for the proper administration and alignment of the Fund with national health priorities.

(4) The **Executive Director** of the Ministry of Health and Social Services shall administer the Fund and shall be responsible for the day-to-day management, coordination, and reporting of the Fund in accordance with directives issued under subsection (3).

(5) The Fund shall be subject to annual audit by the **Auditor-General**, and the accounts and performance reports of the Fund shall be laid before the National Assembly in accordance with the State Finance Act, 1991 (Act No. 31 of 1991).

16. National Health Equity Fund Board

(1) There is hereby established a **Health Equity Fund Board**, which shall serve as the governing and oversight body of the Fund.

(2) Appointment of the Board
(a) Members of the Board shall be appointed by the **Minister responsible for Health**, in consultation with the **Minister responsible for Finance and Public Enterprises**, and with the concurrence of the **Cabinet**, where required.
(b) Appointments shall be made from among persons who possess relevant knowledge, experience, and expertise in health service delivery, financing, public administration, economics, civil society, or the private sector.
(c) The term of office of members shall be **three years**, renewable once for a further term of three years.
(d) The Chairperson of the Board shall be appointed by the Minister of Health from among the members, provided that the chairperson shall be a person of high integrity and professional standing.

(e) The Executive Director of the Ministry of Health and Social Services and the Deputy Director for Health Financing shall serve as ex officio members of the Board.

(3) Composition of the Board

The Board shall consist of;

(a) 4 representatives from the Ministry of Health and Social Services,

1. The Executive Director, who shall serve as the Deputy Chairperson;

2. one representative from the Directorate of Tertiary Health Care, at the Director level;

3. one representative from the Directorate of Primary Health Care Services, at the Director level;

4, and one representative from the Division of Health Financing, at the Deputy Director level.;

(b) one representative from the Ministry of Finance and Public Enterprises at the Director level or above
(c) one representative from the Social Security Commission at the Director level or above;
(d) one representative from the Office of the Prime Minister at the Director level or above who will serve as the Chairperson;
(e) one representative from the Office of the President at the Director level or above;
(f) one representative from the National Planning Commission at the Director level or above;

(g) one representative from the Namibia Financial Institutions Supervisory Authority (NAMFISA) at the Director level or above;
(g) one representative from regional health directorates;
(h) One representative from civil society organisations engaged in health advocacy or service delivery;
(i) up to two representatives from the private sector, nominated through an open and transparent process by recognised employers or business associations, one of whom shall be a registered Chartered Accountant
(j) one representative from development partners/UN agencies, serving in an observer capacity.

(4) Functions of the Board

1. The Board shall;
(a) provide strategic direction, fiduciary oversight, and policy guidance for the management of the Fund;
(b) approve the Fund's annual work plan and budget, ensuring alignment with national health

priorities;
(c) monitor compliance with financial, procurement, and governance laws;
(d) ensure that the Fund's allocations and disbursements are equitable, transparent, and performance-based**;** and
(e) establish mechanisms for public disclosure and citizen feedback on the use of the Fund.

(5) Remuneration and Benefits
(a) Members of the Board shall not derive any salary, profit, or financial benefit from their membership, and shall serve on a part-time, non-executive basis.
(b) Members may, however, receive reasonable sitting allowances and reimbursement for transport or subsistence expenses from the Fund, as determined by the Minister of Finance in accordance with the Public Service Act and applicable Treasury Instructions.
(c) No member shall, directly or indirectly, receive any payment, contract, or benefit from the Fund, or participate in any decision that may confer personal or institutional advantage.
(d) Any contravention of this provision shall constitute misconduct, and the member shall be subject to removal in accordance with this Act.

(6) Conflict of Interest and Removal
(a) A member who has a direct or indirect interest in any matter before the Board shall declare such interest and recuse themselves from the meeting or decision concerned.
(b) The Minister may, after due process, remove a member who;
(i) is convicted of an offence involving dishonesty or financial impropriety;
(ii) is found to have contravened the provisions of this Act;
(iii) is absent from three consecutive meetings without reasonable cause; or
(iv) has otherwise acted in a manner inconsistent with the principles of transparency and integrity.

(7) Meetings of the Board

(a) the Board shall meet at least once every quarter at such time and place as the Chairperson may determine, for the purpose of reviewing the Fund's financial performance, approving disbursements, and deliberating on any other matters relating to the management and administration of the Fund;

(b) the Chairperson may, at any time, and shall upon written request by at least one-third of the members, convene a special meeting of the Board to consider urgent matters requiring immediate decision or action;

(c) written notice of any meeting of the Board shall be given to members at least seven (7) days prior to the date of the meeting, provided that in the case of a special meeting, shorter notice may be given where the urgency of the matter so requires;

(d) a meeting of the Board shall not be properly constituted unless at least half of the members plus one (50% + 1) are present;

(e) decisions of the Board shall be taken by consensus, failing which by a majority of members present and voting and in the event of an equality of votes, the Chairperson shall have a casting vote;

(f) the Secretariat of the Fund shall keep minutes and records of all proceedings and decisions of the Board, which shall be signed by the Chairperson and the Secretary after approval at the subsequent meeting;

(g) meetings of the Board may be held virtually or in hybrid format using secure electronic means, provided that all members are able to participate and communicate effectively; and

(h) the Board shall hold at least one annual strategic planning session to review performance, set priorities, and align the Fund's investment framework with national health financing and Universal Health Coverage objectives;

7. Sub-Committees of the Health Equity Fund Board

1: Establishment of Sub-Committees

(1) The Board may establish such Sub-Committees as are necessary to support the effective governance, administration, and strategic oversight of the National Health Equity Fund.

(2) Without limiting subsection (1), the Board shall establish the following standing Sub-Committees—

(a) the Finance and Investment Sub-Committee;

(b) the Quality and Service Performance Sub-Committee;

(c) the Equity, Access and Allocation Sub-Committee; and

(d) the Audit, Risk and Compliance Sub-Committee.

(3) Each Sub-Committee shall operate in accordance with terms of reference approved by the Board, which shall outline its mandate, membership, decision-making rules, and reporting obligations.

2. Finance and Investment Sub-Committee

Functions

(4) The Finance and Investment Sub-Committee shall—

(a) advise the Board on the annual investment framework for the Fund;

(b) review and recommend the Fund's budget, allocation proposals, and financing priorities;

(c) monitor financial performance, liquidity, and long-term sustainability;

(d) review investment proposals for alignment with Fund objectives; and

(e) oversee financial risk management.

(f) Fundraising and resource mobilisation from all sectors of the economy.

Membership

(5) The Sub-Committee shall consist of—

(a) one representative of the Ministry of Health and Social Services (Chairperson);

(b) one representative of the Ministry of Finance and Public Enterprises;

(c) one representative of the Social Security Commission;

(d) one representative of the National Planning Commission;

(e) one member of the Board with expertise in public financial management or health economics; and

(f) one private-sector representative with experience in finance, investment, or actuarial science.

3. Quality and Service Performance Sub-Committee

Functions

(6) The Quality and Service Performance Sub-Committee shall—

(a) review and recommend provider accreditation standards;

(b) monitor the quality of care delivered by public and contracted private providers;

(c) oversee implementation of performance-based payments;

(d) analyse quality indicators, patient-safety incidents, and service-delivery outcomes; and

(e) recommend corrective action or sanctions for underperforming providers.

Membership

(7) The Sub-Committee shall consist of—

(a) one representative from the Directorate: Quality Assurance or Clinical Services in MoHSS (Chairperson);

(b) one representative from a Health Professions Council (rotating as required);

(c) one medical practitioner from the Board;

(d) one nurse or midwife from the Board;

(e) one pharmacist from the Board;

(f) one representative of civil society or patient advocacy groups; and

(g) one private-sector provider representative.

4. Equity, Access and Allocation Sub-Committee

Functions

(8) The Equity, Access and Allocation Sub-Committee shall—

(a) review and recommend equity-based allocation formulas;

(b) ensure that investments target underserved regions and vulnerable groups;

(c) monitor access gaps, regional disparities, and social-determinant indicators;

(d) conduct and review periodic Health Equity Assessments; and

(e) recommend equity-enhancing interventions to the Board.

Membership

(9) The Sub-Committee shall consist of—

(a) one representative of the Ministry of Health and Social Services responsible for policy and planning (Chairperson);

(b) one representative from the National Planning Commission;

(c) one academic or technical expert in epidemiology, health equity or social policy;

(d) one representative from regional health directorates;

(e) one representative from civil society organisations serving marginalized populations;

(f) one representative from the disability or social protection sector; and

(g) one private-sector representative experienced in community health or outreach.

5. Audit, Risk and Compliance Sub-Committee

Functions

(10) The Audit, Risk and Compliance Sub-Committee shall—

(a) oversee internal controls, compliance with the PFMA, and fiduciary responsibilities;

(b) review internal and external audit findings, including reports of the Auditor-General;

(c) monitor procurement compliance and conflict-of-interest declarations;

(d) ensure that risk-management frameworks are implemented; and

(e) recommend sanctions or remedial actions for non-compliance.

Membership

(11) The Sub-Committee shall consist of—

(a) one representative of the Ministry of Finance and Public Enterprises (Chairperson);

(b) one representative of the Auditor-General (observer capacity if required by law);

(c) one legal advisor from MoHSS or the AG's Office;

(d) one representative from the Social Security Commission with compliance or audit expertise;

(e) one private-sector member with audit, governance or risk-management experience;

(f) one civil-society representative with expertise in accountability or public oversight.

6: Operations of Sub-Committees

(12) Each Sub-Committee shall elect a Deputy Chairperson from among its members.

(13) Sub-Committees shall meet at least four times per year, or more frequently as required.

(14) A Sub-Committee shall submit written reports and recommendations to the Board after each meeting.

(15) The Board shall remain fully accountable for all decisions taken on the advice of Sub-Committees.

(16) Members of Sub-Committees who are not public officials shall not receive remuneration, but may be reimbursed for reasonable expenses as prescribed by regulation.

(8). Finances of the Fund

(1) The Executive Director of the Ministry of Health and Social Services shall be the accounting officer of the National Health Equity Fund for the State Finance Act, 1991 (Act No. 31 of 1991) and shall be responsible for the administration of the Fund

(2) The Executive Director shall;
(a) open and maintain one or more banking accounts for the Fund at a banking institution registered under the Banking Institutions Act, 1998 or with the Post Office Savings Bank;
(b) ensure that all receipts, deposits, disbursements, and investments of the Fund are conducted in accordance with the Public Finance Management Act and Treasury Instructions; and
(c) with the concurrence of the Minister of Finance and Public Enterprises, invest any money of the Fund that is not immediately required for expenditure in accordance with government investment guidelines.

(3) The financial year of the Fund shall end on 31 March of each year.

(4) The Executive Director shall maintain proper accounting records in accordance with generally accepted accounting principles to;
(a) fairly represent the state of affairs and operations of the Fund; and
(b) explain the transactions and financial position of the Fund.

(5) Not later than three months after the end of each financial year, the Executive Director shall;
(a) prepare an annual report on the operations of the Fund, including audited financial statements;
(b) submit the report to the Health Equity Fund Board for review and endorsement; and
(c) forward the endorsed report and supporting accounts to the Auditor-General for audit.

(6) The Auditor-General shall audit the accounts of the Fund in accordance with the Audit Act, 2004 and submit a report to the Minister. The Minister shall table the audited report in the

National Assembly within fourteen days after its receipt if the Assembly is in session, or within fourteen days after the commencement of the next ordinary session.

(7) Any unspent balance of the Fund at the end of a financial year shall be **carried forward** to the next financial year.

(8) The Fund shall be exempt from the payment of any tax, levy, duty, or charge imposed by any law on its income or transactions.

(9) The Minister may, with the concurrence of the Minister responsible for finance, make regulations on the financial administration of the Fund, including procedures for banking, investment, and reporting.

(9). Use of the Fund

(1) The National Health Equity Fund shall, for the purpose of fulfilling its functions under this Act, have the power to procure goods, works, and services in accordance with the provisions of the Public Procurement Act, 2015 (Act No. 15 of 2015) and any regulations made thereunder.

(2) The Fund may, with the approval of the Board, enter into framework agreements, service-level contracts, or pooled procurement arrangements to ensure value for money, transparency, and equitable access to health commodities and services financed under this Act.

(3) The Fund shall be used to finance;
(a) the development and maintenance of health infrastructure and medical equipment in under-resourced regions;
(b) the procurement of essential medicines, vaccines, diagnostics, and health commodities**;**
(c) support initiatives aimed at improving the availability and equitable distribution of health workers in critical areas, through targeted incentive or capacity-strengthening mechanisms;
(d) digital health, innovation, and quality improvement initiatives**;** and
(e) any other approved interventions that advance equity, financial protection, and Universal Health Coverage as determined by the Minister of Health.

(4) Administrative and operational expenditures of the Fund shall not exceed a percentage limit prescribed by regulation and shall be subject to strict compliance with the State Finance Act, 1991 (Act 31 of 1991)

17. Strategic Investment and Equity-Based Allocation

(1) The Fund shall allocate and utilise resources in a manner that maximises health equity, service quality, and efficiency in line with national UHC priorities.

(2) The National Health Equity Fund Board shall, in consultation with the Minister of Health, develop and approve an Annual Investment Framework which shall;

(a) Identify priority investment areas based on national disease burden, population needs, and results of Health Equity and Quality Assessments;
(b) set measurable equity and quality targets to guide resource allocation; and
(c) ensure that no less than a prescribed proportion of the Fund's resources is allocated to underserved regions or vulnerable populations, and

(d) ensure that not more than 40% of the fund shall be spent on recurrent expenditure, with the remainder prioritising investments in capital expenditure.

(3) All funding proposals supported by the Fund shall include an Equity and Quality Impact Statement demonstrating how the proposed investment contributes to closing service gaps and improving care standards.

(4) Disbursements from the Fund may be linked to verified performance results, including improved coverage, service quality, milestones achieved and financial protection outcomes, as defined in regulations.

(5) The Board shall publish an Annual Investment and Impact Review Report detailing resource allocations, results achieved, and lessons learned for subsequent planning.

(6) The Minister may, on the advice of the Board and with the concurrence of the Minister responsible for Finance, prescribe by regulation;
(a) criteria and formulas for equity-based allocation of Fund resources;
(b) procedures for appraising and approving investments; and
(c) mechanisms for linking funding to verified performance and quality standards.

18. National Health Micro-Contribution

(1) A National Health Micro-Contribution is hereby established as a revenue mechanism for mobilising additional domestic resources for Universal Health Coverage.

(2) The National Health Micro-Contribution shall—
(a) consists of levies or taxes imposed on individuals, employers, businesses, or other entities;
(b) be collected by the Namibia Revenue Agency on behalf of the Ministry responsible for finance; and
(c) be paid into the National Health Equity Fund established under this Act.

(3) The introduction, design, and implementation of the National Health Micro-Contribution shall be subject to—
(a) a feasibility assessment;
(b) an actuarial analysis of revenue potential and distributional impact;
(c) an equity assessment to ensure no undue burden on low-income or vulnerable groups; and
(d) approval by Parliament based on the findings of such assessments.

(4) The Minister responsible for finance, in consultation with the Minister responsible for health, shall prescribe by regulation—

(a) the categories of persons and entities subject to the contribution;

(b) categories to be exempted, including low-income households and vulnerable groups;

(c) the rate or structure of the contribution;

(d) procedures for collection and remittance; and

(e) any other matter necessary for the effective administration of the contribution.

(5) The Minister may adjust the rates, structure, and scope of the National Health Micro-Contribution through regulation, following periodic review of affordability, equity, and fiscal impact, and such adjustments shall not require amendment of this Act.

(6) All proceeds from the National Health Micro-Contribution shall be accounted for within the National Health Equity Fund in accordance with the Public Finance Management Act, and shall be reported on in the annual financial and performance reports of the Fund.

PART V: MONITORING, REPORTING, AND OVERSIGHT

19: Monitoring, Evaluation and Reporting

(1) The Ministry shall establish and maintain a comprehensive Monitoring, Evaluation, and Accountability System for Universal Health Coverage to assess the availability, accessibility, quality, equity, financial protection, and efficiency of health services under this Act.

(2) For purposes of subsection (1), the Ministry shall;

(a) define national UHC indicators and targets, aligned with the Essential Health Services Package, equity priorities, and financing mechanisms established under this Act;

(b) monitor performance at national, regional, district, and community levels, including services delivered by public and contracted private providers;

(c) incorporate Health Equity Assessments and Quality of Care performance reviews at intervals specified under this Act; and

(d) ensure the integration of data systems, including the National Health Accounts.

(3) The Ministry shall ensure independent verification and evaluation, including;

(a) financial audits by the Auditor-General of Fund resources;

(b) quality audits and accreditation reviews of health facilities; and

(c) Independent evaluations are commissioned at least every five years to assess progress toward Universal Health Coverage.

(4) The Ministry shall establish citizen-engagement and accountability mechanisms, which shall include;

(a) a public grievance and redress mechanism accessible at all levels of care;

(b) community scorecards and facility-based feedback systems; and

(c) regular disclosure of performance results to the public through official platforms.

(5) The Ministry shall compile an Annual Universal Health Coverage Implementation Report, which shall consolidate;
(a) progress on access, quality, financial protection, and service coverage;
(b) findings from Quality Assurance and Health Equity Assessments;
(c) results and utilisation of resources under the National Health Equity Fund and the National Health Micro-Contribution; and
(d) Recommendations for corrective actions.

(6) The Minister shall table the report referred to in subsection (5) in the National Assembly within six months after the end of each financial year.

(7) The Ministry shall publish key UHC performance information at least quarterly, including;
(a) regional and facility performance data;
(b) equity and financial-protection indicators; and
(c) Fund investment allocations and results.

(8) The Minister may prescribe regulations governing;
(a) UHC indicator frameworks and reporting schedules;
(b) the roles of oversight bodies, including the Health Equity Fund Board;
(c) minimum standards for data quality, integrity, and transparency; and
(d) sanctions for non-compliance with reporting or data submission requirements.

20. Reporting and Data Submission Obligations

(1) In accordance with section 33 of the *Hospitals and Health Facilities Act, 1994*, and in furtherance of the objectives of this Act, the Minister shall require all public, private, faith-based, non-profit, for-profit, and state-owned health facilities to submit periodic returns and reports necessary for monitoring Universal Health Coverage.

(2) Every superintendent of a state hospital, person in charge of a state health facility, owner of a private hospital, and owner or operator of a private health facility licensed under the *Hospitals and Health Facilities Act, 1994*, shall—
(a) provide the Ministry with service-delivery, activity, financial, utilisation, and quality data as may be prescribed by the Minister under this Act;
(b) submit such data in the format, frequency, and manner specified in regulations made under this Act;
(c) maintain records necessary to enable reporting on service provision, tariffs, patient volumes, adverse events, and any other information required for UHC monitoring and evaluation.

(3) For purposes of national health planning, National Health Accounts, National AIDS Spending Assessments, and other statutory surveys, the Minister may require any licensed health facility, medical aid fund, insurer, employer, or health-related entity to submit information on—
(a) expenditure on health services and benefits;
(b) pricing structures and co-payment arrangements;

(c) service utilisation and patient encounters;
(d) epidemiological data for reportable conditions;
(e) quality indicators, adverse events, and patient safety standards;
(f) revenue generated from user fees or insurance claims;
(g) resources available for delivery of services included in the Essential Health Services Package.

(4) Submission of data under this section shall be a **mandatory requirement for:**
(a) registration or renewal of registration of a private hospital under section 23 of the *Hospitals and Health Facilities Act, 1994*;
(b) licensing or renewal of a private health facility under section 31 of the *Hospitals and Health Facilities Act, 1994*;
(c) continued participation in provider panels contracted under this Act or under any special fund.

(5) The Minister shall, by regulation, prescribe:
(a) minimum datasets for UHC monitoring and Essential Health Service Package reporting;
(b) formats and digital systems for reporting;
(c) protection of confidentiality and use of data;
(d) penalties for delayed, incomplete, false, or non-submission of required information.

(6) Any facility, provider, or entity that fails to comply with the reporting obligations under this Act commits an offence and may be subject to—
(a) administrative penalties;
(b) suspension or non-renewal of licence under the *Hospitals and Health Facilities Act, 1994*;
(c) suspension of contractual agreements under this Act;
(d) any other sanction prescribed in regulations.

(7) Data submitted under this Act shall be used for health system monitoring, planning, financial protection assessments, improving quality of care, updating the Essential Health Services Package, and ensuring accountability for resources pooled under the National Health Equity Fund.

21. Offences, Penalties and Enforcement Powers

(1) Any person or institution who;
(a) misuses funds from the Health Equity Fund;
(b) provides fraudulent claims;
(c) obstructs access to entitled services—
shall be guilty of an offence and liable on conviction to a fine not exceeding N$500,000 or imprisonment not exceeding five (5) years, or both.

PART VI: MISCELLANEOUS

22. Regulations

1) The Minister may, in consultation with the Minister responsible for finance and any other relevant authority, make regulations required to give full effect to this Act, including regulations relating to;

(a) The Essential Health Services Package, including criteria and processes for periodic review;

(c) quality standards, accreditation, and performance requirements for public and contracted private providers;

(d) provider contracting, reimbursement rates, and strategic purchasing arrangements;

(e) mobilisation, pooling, and accountability of health financing resources, including the governance of the National Health Equity Fund and the National Health Micro Contribution;

(f) user fees and financial-protection mechanisms, including exemptions and hardship protections;

(g) monitoring, evaluation, reporting, and public transparency requirements; and

(h) any other matter necessary for the effective implementation of this Act.

(2) Regulations made under this Act shall be published in the Gazette and laid before the National Assembly in accordance with applicable procedures.

(3) Before issuing regulations of substantial national importance, the Minister shall ensure appropriate stakeholder consultation.

23. Short Title and Commencement

This Act may be cited as the *Universal Health Coverage Act, 2025*, and shall come into operation on a date determined by the Minister by notice in the Gazette