

WHO applauds MoHSS and partners for the Namibia 2014-2015 Health Account Report

The World Health Organization (WHO) Namibia congratulated the Ministry of Health and Social Services (MoHSS) and other partners involved in the Namibia 2014-2015 Health Account Report at the report's launch on 5 October 2017.

The report presents the findings of Namibia's Health Accounts exercise for the 2014/15 fiscal



year, Namibia's fifth round of Health Accounts, and is the second round conducted using the System of Health Accounts (SHA) 2011 methodology.

The SHA tracks all health spending over a defined period of time regardless of the entity or institution that financed and managed that spending. It generates consistent and comprehensive data on health spending in a country, which in turn can contribute to evidence-based policy-making, predicting resource gaps and mobilizing resources. WHO Namibia highlighted that the findings are also crucial for the future of the Namibian Health Care system and as the country strives towards the achievement of Universal Health Coverage and the Sustainable Development Goals (SDGs).

With close to two-thirds of health spending in Namibia provided by the GRN and its 13% contribution to health of its total spending, which is close to the Abuja target of 15%, the GRN has demonstrated a strong commitment to health. The report highlights other achievements including the fact that approximately 9% of total health expenditure is household's out-of-pocket (OOP) expenditure which is relatively low in comparison to other countries in the sub-region.

OOP needs to be monitored and managed progressively since these payments can cause significant financial burden to the household, may have dangerous implications including resulting in people falling into poverty, and consistently prove to be an inefficient means of financing health care.

Going forward, the report recommends that the MoHSS evaluates whether its health spending is sufficient and equitable across the population. Furthermore, the report recommends that the GRN should aim to understand the extent to which there are unmet health needs or where its spending is not reaching those who need it the most – groups who are underutilizing health services because of financial and other barriers to access.