



A Policy Analysis of Comparative Medicine in Namibia: Regional Integration and Obstetric-Gynaecological Priorities,

Ndapewa Hamunyela¹

¹ Department of Epidemiology, Namibia Agriculture Research Institute (NARI)

Published: 01 February 2017 | **Received:** 04 November 2016 | **Accepted:** 12 January 2017

Correspondence: nhamunyela@hotmail.com

DOI: [10.5281/zenodo.18530589](https://doi.org/10.5281/zenodo.18530589)

Author notes

Ndapewa Hamunyela is affiliated with Department of Epidemiology, Namibia Agriculture Research Institute (NARI) and focuses on Medicine research in Africa.

Abstract

Comparative medicine studies analyse how different health systems address similar challenges. In Namibia, such analyses are relevant for national and regional health policy, particularly within the Southern African Development Community (SADC). Understanding the relationship between regional integration agendas and domestic obstetric-gynaecological (OB-GYN) priorities is a key policy concern. This policy analysis critically examines Namibia's engagement with comparative medicine studies. It assesses how regional integration frameworks influence the setting of national OB-GYN health priorities and identifies synergies and tensions between regional health directives and local implementation. The study employs a qualitative policy analysis framework. It involves a documentary review of regional SADC health protocols and Namibian national health policies, strategic plans, and programme reports. A thematic analysis was conducted to identify prevailing policy discourses and implementation gaps. Analysis revealed a theme of formal policy alignment with regional frameworks, but significant divergence in implementation capacity. While most Namibian policy documents adopted SADC reproductive health goals, domestic funding and programme activity remained disproportionately focused on a narrower set of vertical disease programmes, often at the expense of integrated maternal health services. Namibia's OB-GYN policy landscape demonstrates formal compliance with regional integration agendas but is characterised by a significant implementation gap. This gap risks undermining the potential benefits of comparative medicine for improving comprehensive women's healthcare. Policy makers should strengthen mechanisms for translating regional commitments into funded national action plans. Capacity building for health systems research within Namibia is needed to better inform priority-setting. Future OB-GYN strategies must ensure integrated service delivery models are resourced alongside disease-specific programmes. comparative medicine, health policy, Namibia, obstetric care, gynaecology, regional integration, SADC This analysis provides evidence of the disconnect between regional policy adoption and national implementation in Namibian OB-GYN care. It contributes to policy discourse by highlighting the need for actionable strategies to realise the potential of comparative medicine and regional cooperation in strengthening women's health services.

Keywords: *Comparative health systems, Southern African Development Community, Policy transfer, Maternal health, Health systems integration, Evidence-based policy, Namibia*

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

REQUEST FULL PAPER

 **Email:** info@parj.africa

Request your copy of the full paper today!

SUBMIT YOUR RESEARCH

Are you a researcher in Africa? We welcome your submissions!

Join our community of African scholars and share your groundbreaking work.

 **Submit at:** app.parj.africa



Scan to visit app.parj.africa

Open Access Scholarship from PARJ

Empowering African Research | Advancing Global Knowledge