# Equity profile Namibia

This analysis is based on a methodology developed from 2010 and 2020[[1]](#footnote-1) [[2]](#footnote-2) [[3]](#footnote-3).It uses international data sources to identify global wellbeing references, identifies the levels replicable to all and estimates the deficit from those by country, time-period, sex and age group.

This new way of looking at a country’s performance on ecology, economy and wellbeing within the feasible and sustainable parameters, can stimulate further subnational analysis and more precise and useful elements to drive local, national and international policies towards equity.

**Methodology**

The only global health objective agreed by all countries is the constitution of the World Health Organization, which aims at the “*best feasible level of health for all*”. With international data - from 1960-2020- we identified such “best feasible level of health” and selected countries with good health (life expectancy above world average) with “globally feasible” economic (GDP and wealth pcy < world average) and ecologic conditions (bio capacity < world average and ecological and carbon footprint < sustainable threshold) sustainable in time, hence safeguarding intergenerational equity.

Using those *healthy, replicable and sustainable* (HRS) models[[4]](#footnote-4), we adjusted mortality rates by age and sex published by the UN Population Division every five years. We call the excess mortality above that from the HRS models, the *burden of health inequity*. The analysis also allows setting the “*dignity threshold*” (below which no country has achieved that best feasible health) and the “*upper threshold*” (above which wellbeing does not improve). Those thresholds frame the *equity curve* between both and the level of *redistribution required* for those under the dignity threshold (in need of net support) or from those above the upper threshold (ethically responsible for net contribution).

Taking into account the negative impact on third countries by excess income pc or excess carbon emissions pc, we estimated the *Sustainable and Equitable Wellbeing (SEW) Index[[5]](#footnote-5).* The methodology we hereby propose challenges XXth century concepts such as high income-development models, constant GDP growth, poverty, ODA and the human development index. The hereby suggested “*equity lenses*” provide a useful tool to identify *alternative wellbeing models*, subnational analysis and policies towards territorial and fiscal equity and individual and collective conscious responsibility based on the ethical principle of equity.

Figure 1 Global equity curve between dignity and excess thresholds allowing best feasible level of health for all



Our analysis reveals that the best levels of wellbeing (through proxy life expectancy) can be achieved within the equity curve, which accommodates all countries, and within them, all peoples above the dignity threshold and below the upper threshold. In 2020 the equity scope was from 4,000-18,000 GDP pc CV, below which no country could achieve best feasible levels of health (right to health) and above which wellbeing did not improve any further while no country was ecologically sustainable and the excess income prevented others from the right to health.

## Comparison with neighbour countries and other with similar natural and economic means

The first attempt to assess a situation is to compare with others in similar situations and identify the potential to improve. The following table compare the ecological, economic and wellbeing indicators (including the burden of health inequity) with the closes countries (geographically and with historical and cultural links) to Namibia:

Table 1 Comparative analysis with neighbouring countries

The above table shows how Namibia has a bio capacity lower than both neighbour countries, Angola and South Africa, and economic power (estimated though GDP CV) lower than both. It uses natural resources (measured by the ecological footprint) at a rate lower than both. The level of life expectancy at birth is between the two neighbour countries.

Table 2 Comparative analysis with countries of similar natural and economic means

The countries with closest levels of GDP CV pcy (proxy of average income, subject to subnational inequities) and bio capacity pcy, are Paraguay and Belize. Namibia has a life expectancy at birth lower than both mentioned countries.

Table 3 Comparative analysis with the international average and the HRS reference indicators

The table above shows the relation of the ecologic, economic and health main indicators of Namibia with the international average and with the Healthy-Replicable-Sustainable standards.

It reveals that the bio capacity of Namibia is 0% of the world average, hence being replicable at global level. The ecological footprint of Namibia is 0% of the international average and 0% of the recycling threshold, hence ecologically sustainable. As regards the balance with its own natural resources, the ecological footprint of Namibia is #DIV/0! of its average bio capacity pcy, therefore it is #DIV/0! at national level. The level of CO2 emissions pcy is 36% of the international level and 93% of the ethical threshold, therefore preventing global warming.

As regards the economic indicators, Namibias GDP CV pc is 46% of the international average (hence economically replicable) and 128% of the HRS reference. Its cumulative wealth pcy is 20% of the international average and 71% of the HRS reference.

In terms of health, the life expectancy in Namibia is 9.53 years below the international average (8.89 in women and 10.18 below in men) and 13.60 years below the HRS level (14.17 below in women and 13.02 below in men) with a proportional sex difference of 8.78%, higher than the world’s average.

## HRS indicators 1961-2020

### Ecologic indicators:

The following graphs represent the annual average levels of CO2 emissions pcy in Namibia compared with the international average and the recycling threshold above which the country contributes to global.

Figure 2 CO2 emissions pcy vs world average and ethical threshold 1960-2020

As the graphs above show, Namibia has levels of CO2 emissions is preventing global warming above 1.5 degrees during this century.

### Economic indicators:

The graphs below the annual average levels of economic flows measured by GDP constant value (CV) and Purchasing Power Parity (PPP) pcy.

Figure GDP CV pcy vs international average, dignity and excess thresholds 1961-2020

The above figure shows the trend of the GDP CV pc in Namibia in relation with the levels of the international average, the HRS reference (below which no country in 60 years has achieved the feasible best level of health for all –hence named “dignity threshold”-) and the upper limit (symmetrical level above which wellbeing does not increase further while it hampers others’ reach of the dignity level and is not compatible with respecting planetary boundaries –hence named “excess threshold”-). The overall GDP of Namibia is $11826856662, *0.0145%* of the world’s GDP (while being *0.0322%* of the world’s population), which translates in GDP pc $4998pcy, as mentioned above, 46% of the international average and 128% of the HRS reference.

 Figure 4 GDP PPP pcy vs equity thresholds 1986-2020

The graphs above show that the level of GDP CV and PPP pcy during the study period (1961-2020 for CV and 2000-2020 for PPP) in Namibia is replicable globally considering the level of global economic resources.

### Health indicators:

The graphs below represent the level of life expectancy at birth evolving over time from 1961 until 2020, and comparing the levels of Namibia with those of the international average and the HRS reference.

Figure 5 Life expectancy by sex and time periods vs. international average and HRS reference, 1961-2020

The graph above shows the relation of life expectancy in Namibia, between 1961-2020; with the international average and the HRS reference. Life expectancy suffered a dramatic drop from 1996 to 2006 due to HIV/AIDS and lack of access to treatments. Such gap is today 8.89 below the international average in women and 10.18 below in men, and 14.17 years below in women and 13.02 below in men than the HRS reference.

Figure 6 Healthy life expectancy vs international average and HRS standard, 1996-2020

The estimates of the World Health Organization, of the healthy life expectancy (HALE), accounting for disability as well, reflect that the trend of HALE in Namibia, in relation with the international and HRS average. At present, the estimated level of healthy life expectancy in Namibia is 88% of the international average and 84% of the HRS level.

Figure 7 Life expectancy gap by sex, vs international average 1961-2020

Figure 8 LE % lower in men than in women, vs international average 1961-2020

What the graphs above show is the trend in the difference between life expectancy between men and women in Namibia. It stands today at 5.78 years lower in men, which is higher than the world % difference (at present some 6%).

## Burden of health inequity

### Burden vs. HRS reference:

As mentioned in the methodology, we selected the country (Sri Lanka) which has maintained the ecological sustainability, economic replicability and the health above average as the reference to compare mortality rates by sex, age group and time period and estimated, through adjust mortality rates the excess mortality from those feasible standards.

Figure 9 nBHiE ref HRS by sex and time period 1961-2020

The above graph represents the excess mortality in Namibia, (with 128% GDP CV pc of the HRS reference), that is, the net burden of health inequity (nBHiE). Today it stands at 6431 in women and 6314 in men, a total of 12745, which is *0.0793%* of the world’s total (compared with Namibia ‘s *0.0322%* of the world’s population).

Figure NBHiE by age and sex, 2016-2020



The graph above shows the sex and age group distribution of the excess mortality in reference to the HRS standards. It reveals higher levels of excess mortality in under 5s, more in boys than in girls, and increases with age in adults older than 35 years with higher levels in 30-45 years old, remaining at significant excess mortality throughout all age groups.

Figure 11 rBHiE by sex and time period vs international average, 1961-2020

The share of all deaths that was in excess in Namibia when compared with the feasible mortality rates in the HRS reference, allows comparison in time and with other countries and the international reference as it is not influenced by the size and/or shape of the demographic pyramid.It is today of 66.35% in women and 61.24% in men, an average of 63.80%, 225% of the world’s average.

Figure 12 rBHiE by sex and age vs international average, 2016-2020

The above figure represents the age distribution of the share of excess mortality in reference to the HRS feasible-for-all levels and reveals it affects children under 5 (some 80% of deaths), women from 30 to 50 years (80 to 90% of deaths) and men from 25-45 (70-80%) with lower shares in older age groups.

### Burden vs. best SEW reference:

While the minimum aspiration of feasible health for all is the HRS reference, which uses 40% of the world’s average resources per person, the comparison with the best level of sustainable and equitable wellbeing (see below), Costa Rica, challenges to higher levels of wellbeing within the equity curve and void of negative impact from excess income or CO2 emissions.

Figure 13 nBHiE ref best SEW, by sex and time period 1961-2020

The above figure reveals how the comparison of mortality rates by sex, age group and time period between Namibia and the best SEW reference (with 42.02% of its GDP CV pc). The trend reflects socioeconomic and ecologic conditions over the last 60 years in Namibia and in the best SEW country (Costa Rica). It increased from 1961 and stands today at 7096 in women and 7299 in men, totalling 14246 excess deaths (*0.0635%* of the world’s total burden ref. best SEW vs. being *0.0322%* of the population).

Figure 14 nBHiE vs best SEW reference by age and sex, 2016-2020

The above figure represents the age distribution of the excess mortality in reference to the best SEW reference. It reflects excess mortality in children under 5, more in boys than in girls, and adults older than 30 years, higher in 70-85 year old women.

Figure 15 rBHiE by sex and time period vs international average, 1961-2020

The figure above shows the share of excess mortality ref. best SEW in relation to the total number of deaths, that is, the rBHiE. It evolved during the 1961-2020 period until today’s level of 71.23% (180% of the world’s level-close to 40%-), 73.22% in women and 70.80% in men.

Figure 16rBHiE ref best SEW by sex and age group vs international average, 1916-2020

The above figure represents the age distribution of the share of excess mortality in reference to the best SEW reference and reveals higher shares in children under 10 (around 80% of deaths) women of 20-50 years old (80-90%), men of 35 to 55 years old ((70-80%) and 60-70% of deaths in older age groups.

## Sustainable and Equitable Wellbeing (SEW) index

Figure LYL on others by excess emissions and excess income, 1961-2020

Figure Sustainable and equitable wellbeing index, 1961-2020

This last figure of our analysis of the equity profile in Namibia reveals the sustainable and equitable index, that is, the average life expectancy at birth after deducting the damage on other countries through excess income (in the present generations) and through excess CO2 emissions (in the coming generations). We estimated one week life lost per annual GDP pc 1000$ above the excess threshold and two life days lost per annual excess CO2 mTon above the ethical threshold[[6]](#footnote-6) [[7]](#footnote-7). With 0.00 impact through excess carbon emissions and 0.00 by excess income, it stands today at 62.92 life years, and ranks 134 in the world, -4 positions below the Human development Index (which does not limit CO2 emissions or excess GDP pc income).

In summary, the equity profile of Namibia, reveals levels of CO2 emissions pcy which are 93% of the ethical threshold, therefore preventing global warming. Namibia ’s GDP CV pc is 46% of the international average and 128% of the HRS reference. Life expectancy is 9.53 years below the international average (8.89 in women and 10.18 below in men) with a proportional sex difference of 8.78% higher in women, higher than the world’s average. The present annual excess mortality in Namibia, in relation to HRS reference (feasible for all), is of 12745 (6431 in women and 6314 in men), meaning 63.80% of all deaths (66.35% in women and 61.24% in men). When compared with the best level of sustainable and equitable wellbeing, the present annual excess mortality rises to 14246, 71.23% of all deaths. The Sustainable and Equitable Wellbeing index, that is, life expectancy at birth after deducting the damage on other countries through excess income (in the present generations) and through excess CO2 emissions (in the coming generations) stands today at 62.92 life years, and ranks 134 in the world.

1. https://www.sciencedirect.com/science/article/pii/S0033350617301610 [↑](#footnote-ref-1)
2. https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-62?rskey=fNaAhA&result=2 [↑](#footnote-ref-2)
3. http://www.peah.it/2021/04/9658/ [↑](#footnote-ref-3)
4. From 1960-2010 the countries which met all criteria constantly were Albania, Armenia, Belize, Colombia, Costa Rica, Cuba, Grenada, Saint Lucia, Saint Vincent, Georgia, Paraguay, Sri Lanka, Tonga and Vietnam, from 1960-2015 they were reduced to Armenia, Colombia, Costa Rica, Paraguay, Sri- Lanka and Tonga and from 1960-2020 only Sri Lanka remains. [↑](#footnote-ref-4)
5. The country with best SEW index, within the equity curve is Costa Rica. [↑](#footnote-ref-5)
6. <http://www.peah.it/2021/04/9658/> [↑](#footnote-ref-6)
7. <http://www.peah.it/2018/07/5498/> [↑](#footnote-ref-7)