

Leadership for UHC - Collective Action Initiatives

Zambia	Area:	Prepare introduction of the National Social Health Insurance scheme
	Objective:	Develop a communication strategy for the Social Health Insurance
	Action Plan:	<ol style="list-style-type: none"> 1. Finalize the collective action initiative (by week 1 Dec 14) 2. Undertake country team retreat for sensing (week 1 Dec 14) 3. Finalize the communication strategy for SHI (by end Jan 15) 4. Commence implementation of the communication strategy (Jan-Mar 15)
	Context of the CAI	<p>Zambia has committed to work towards achieving UHC. The Government has decided to implement Social Health Insurance that is intended to progressively cover the Zambian population in three phases: (1) Civil servants and poor / vulnerable people already receiving cash transfers; (2) private formal sector; (3) non-poor informal sector. Formal sector workers (17% of the population) are to be self-funded, the non-poor are to receive partial subsidies, the poor / vulnerable full subsidies.</p> <p>A SHI Bill has been drafted and is currently with the Ministry of Justice. It is planned to be passed as part of a larger Social Protection Bill including Pensions. The bill includes provisions to cater for the expansion outlined above, but it does not contain a timeline and does not specify how the funding will be generated to fund Government subsidies to non- or partially paying members. A more comprehensive Health Financing Strategy towards UHC is meant to address this issue. The understanding is that the CAI aims at the population broadly, and in this way supports the introduction of SHI in all three phases, despite the current SHI bill not being very precise on phases 2 and 3.</p>
	Relevance of the CAI	<p>Introducing universal SHI is a process requiring cooperation from many parties, which is based on their perception of receiving value for money through the scheme. While for the civil service contributions can be simply withheld from salaries, unions of civil servants can create political obstacles. In the private sector, submission of contributions requires cooperation from the private sector, and in the informal sector, contributions are de-facto voluntary if the state has limited enforcement capacities. So in all groups, work needs to be done to convince the target group of the relevance and value of SHI for them. A communication strategy is a good starting point for doing this. Whether it will suffice to convince the non-poor formal sector to make contributions remains to be seen, international experience is that this has only worked in a very limited number of countries with a strong state and social cohesion. Rwanda is probably the only example that has reached close to 100% with such a system.</p>
	Team mandate and position in relation to the CAI	<p>The team has a broad representation from different Ministries (Health, Labour, Finance, Community Development, Mother and Child Health) and includes practitioners. In the MOH, Mubita Luwabelwa holds the key position of Director of Planning and Budgeting, while Mpuma Kamanga is the Coordinator for National Social Health Insurance. The team has been selected by the Secretary to Cabinet, which provides a direct line of communication to the highest authorities if the team decides to use this line. In addition, the team can access decision makers also through the facilitator Martin Kalungu-Banda, who is well connected at the executive level of the Zambian Government.</p>
	Final Status (as of 12 Mar 2015)	<p>Between June and November 2014, team organized a stakeholder analysis to identify potential opponents of reforms and craft strategies to engage them; then organized stakeholder meetings to provide information on the SHI scheme, brought everyone in from Unions, Employers, Pension Schemes, Ministries, key stakeholders and generated consensus that SHI is the right thing to do. Following the November 2014 workshop, team members briefed Parliament to get support for proposed reform. Workshops were organized in all ten provinces with approximately 100 participants each meeting, i.e. reaching 1.000 persons at ground level. Result was consensus that SHI bill should be presented to Parliament.</p> <p>In November 2014, the drafting of a Communication Strategy for the SHI scheme was identified as the Collective Action Initiative. A draft strategy has been completed, waiting for approval. As part of this, a video on SHI aimed at Parliamentarians and the public was produced to build support for the SHI scheme. It shows the Minister of Health and people at grassroots level supporting of the SHI scheme.</p> <p>However, since a decision was communicated by Ministry of Justice to combine Pension and SHI bills, the process stalled due to reservations in the population and Parliament to the combined bill. This led to the important realization was that context can shift very quickly and politics plays a strong role, ability to manage stakeholders is critical to progress. Windows of opportunities need to be used for decisive steps forward.</p>
Next steps outlined	<ol style="list-style-type: none"> 1. Provide a Government debrief aimed at kindling a passion to move towards UHC, within 2 weeks 2. Host a high level UHC retreat to be led by Minister of Health, by end April – now scheduled for 14-17 April (as of 01 Apr) 3. Finalize Communication Strategy 4. With MOF and MCDMCH - develop a Financial Analysis of current funding releases to the health sector and projected earnings and population coverage from UHC; by 20 Mar(?) 15 	