

Report of Visit to Zambia 19-23 Oct 2015

Introduction

The Health Financing Strategy (HFS) process has been on the P4H radar for more than two years, with periodic follow-ups by the P4H CD. The main supporting partners have been CHAI and WHO, working together with UNZA, who is managing the HFS process on behalf of the MoH. The HFS progress has been very slow, partly due to UNZA's handling of the analytic work (delays in carrying out a household health expenditure and utilization survey [ZHHEUS], and updating of national health accounts [NHA]). Another reason could be that some attention has been diverted to the planned establishment of a national social health insurance (SHI), which has been supported by SIDA – among other – through funding of a Technical Adviser from June 2013 to June 2015. . A bill is expected to be tabled in parliament in Feb 2016.

A country (P4H) network has so far not been in place. However, the enrollment in last year's P4H Leadership for UHC LDP pilot program (LDP); the recent agreement between ILO and GIZ to finance a P4H country focal point (CFP) Marielle Goursat, as technical adviser to the MoH regarding SHI but also the development of a HFS; and growing interest of other development partners (DPs) to support HF in Zambia are new entry points for (P4H) networking in Zambia.

The CD was given the opportunity to join a WB mission from 19-23 Oct in Lusaka and connect with various national and development partners to discuss the potential role of the P4H Network in moving the HF for UHC agenda forward.

CD Objectives of visit

- Assessment/update of current HF related processes (HFS, SHI bill, etc) particularly in view of coordination and collaboration among stakeholders;
- Providing information about P4H, opportunities for networking and joint support;
- Coaching and positioning of new P4H Country Focal Point in Zambian HFS processes;
- Clarification on role of P4H Network in Zambian HFS and SHI process
- Follow-up on LDP

Proceedings

The CD had the opportunity to interact with various stakeholders through

- Individual meetings with CHAI, WHO, WBG, USAID, and briefly with EU/EC and GIZ
- Attending a HF stakeholder meeting (TWGHCF) chaired by the MoH
- Briefing sessions with the P4H CFP
- Participation in WBG mission debriefing with PS Health

Findings, observations

HFS development

Slow progress in HFS development with various reasons: questionable performance of University of Zambia (UNZA) especially with delays in analytical work (Zambia Household Expenditure and Utilization Survey, ZHHEUS and NHA); leadership and management issue not following up consistently (last MoH chaired TWGHCF meeting was in Oct 2014); initially moderate interest of DPs in HF, while this has positively changed over the past year.

There was general consensus among cooperating partners (CP) to **revive and expedite the HFS process**, the initial step would be for UNZA, with support from WHO, to come up with

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roadmap. It is important to note, however, that the MoH clearly voiced interest to now actively engage in the development of the HFS.

HFS content and process

There seem to be **different ideas** among CPs concerning the content and process of HFS. The observed spectrum ranges from a '*we're almost done with the analysis, the rest is straight forward*', up to a more differentiated perspective outlining some of the political economy issues, e.g. the funding of ARVs versus funding the essential drug list, etc. More clarity and a common understanding of the nature of HFS could be helpful. More generally speaking, the WHO WR suggested a broader consultative process to bring all stakeholders up to speed, while WHO would be interested in facilitating this.

The **HFS and SHI discussions** do not seem well linked nor in sync. Both processes are running with different dynamics and speed [*So far: HFS process not moving, while SHI bill is expected to be tabled in Feb 2016; however dynamics may change quickly if for instance the HFS process took off while the SP bill process gets stuck due to MoJ capacity issues and the upcoming election year*]. It has been pointed out that while SHI can be a strategic element of the HFS, the latter is more than just SHI, it is about how the entire health system is being financed and how various elements interact. The HFS process provides an opportunity to bring them together conceptually, but also in terms of coherence and alignment of DP support currently focusing more on project type supply side support.

Coordination and collaboration, role of P4H Network

Individual meetings with DPs and the HF stakeholder group provided several opportunities to discuss the Network's role and potential added value regarding coordination and collaboration during the HFS process. An encouraging development is that more agencies are increasingly showing interest in supporting HF/HFS in Zambia: WB, WHO, CHAI, USAID, SIDA, DFID, EC, GF, etc. While WHO and CHAI have been supporting this from the start, others are in the process of developing their support portfolio. A common challenge: low level of awareness what others are doing, and how their planned interventions would relate to the bigger picture. The partners would appreciate more and more open info exchange as well as regular meetings.

During the HFS meeting and the debriefing meeting with the PS Health, P4H has been mentioned as the platform for facilitating coordination, collaboration and networking for coherent and more effective support. There was **agreement of using the P4H Network**, in particular the P4H CFP to facilitate connection of involved partners across sectors and levels, communication and info exchanges, and the development of a joint action plan.

Leadership for UHC program

Representatives from the Zambian team confirmed that they found the LDP very useful. The possibility of a follow-up meeting more closely tied to HFS development and implementation was floated. It was agreed that the P4H CFP (MG) and CD (MA) will follow-up to determine the needs and possible options.

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CD perspective

- Good window of opportunity to build up P4H Network support in Zambia (slow HFS progress, more DPs engaging, separate SHI and HFS processes, process limited to technical level of MoH)
- HFS process would benefit from a broader stakeholder involvement, multi-sectoral approach and higher level engagement
- HFS process needs to be better structured and managed; a joint workplan would be a first step.
- P4H CFP is well positioned to facilitate the HFS process along the P4H principles and added value; as well as to better link the health and social protection agendas, in particular the SHI and HFS processes
- P4H CFP can also help with integration of global financing mechanisms and initiatives (GF, in future possible also the GFF and HS Strengthening Initiative) in the HFS and systems strengthening work.

Agreements and next steps *(MoH/CP HF meeting on 22 Oct 2015)*

- Revive and speed up HFS process; UNZA/WHO to come up with roadmap
- **P4H accepted as supporting network for HFS process** (by MoH + DPs)
- P4H Country Focal Point (informal mandate, clarification of role) to facilitate process: stock taking of DP support and facilitating exchange among stakeholders

Steps:

- P4H Country Focal Point to carry out DP mapping, facilitate development of road map and joint support plan (objective to get HFS process moving again);
- 12 Nov DP meeting to provide further directions and clarity on roadmap, contributions, roles and responsibilities of stakeholders
- Follow-up on LDP with Mubita Lubelwa