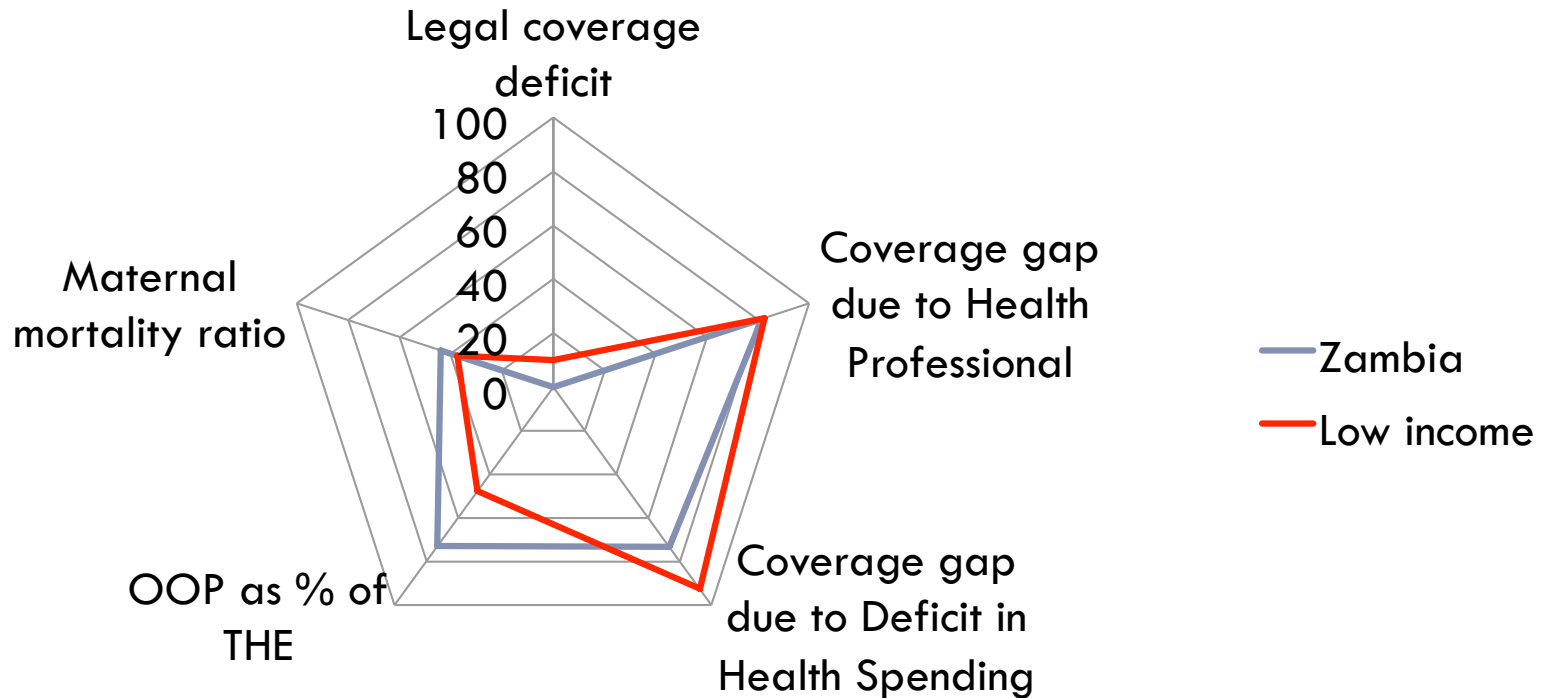


# **SOCIAL HEALTH PROTECTION COVERAGE FOR ALL IN ZAMBIA**

## **DESIGN OF SHP SCHEME AND PROGRESS TO DATE**

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# Coverage gap deficits



# ENVISAGED MODEL OF NATIONAL SOCIAL HEALTH INSURANCE COVERING ALL ZAMBIANS

## Mandatory Enrolment

Legal indicator

- Soundly established Legal Basis
- Integrated Social Protection policy
  - Targeting Universal Coverage in a phased approach
  - For all citizens and legal residents

## Benefits

OOP indicator

- Comprehensive Benefit package
  - Without co-payment at public facilities
  - Cashless at the point of service
  - No limitation in the cost and amount of care provided
- Provided by accredited and contracted Public and private providers

## Contributions into the NSHI Scheme

THE Spending indicator

- Employers and Employees
- Self employed
- Vulnerable covered by GRZ subsidies

## Single Payer Payment System

- NSHI will be the only legitimate insurer of NSHI benefits
- Contracted service providers paid on negotiated reference price list
- Partner agent models
- Close links / incentives to supply side (accreditation, payment..)

Health Staff deficit indicator

## National Administration of the Scheme

- Administered by independent agency through enactment of legislation
- Within the Social security framework

# Progress on legal measures

- SHI Draft Bill.
- On going drafting of the Social Protection Bill.
- SHI integrated into 6<sup>th</sup> National Strategic Plan for 2011-2015, the National Strategic Plan for 2011-2015, the National Health Policy, the National Social Protection Policy and the Medium Term Expenditure Framework (2015-2017).
- Provincial sensitization meetings (2 rounds).
- National and Provincial consultative meetings on the SHI Bill.
- Report by the Parliamentary committee on Health, Community Development and Social service on SHI

# Progressive effective universal coverage

- Procedures to cover the vulnerable population, including very poor households being developed
  - ▣ Building on existing the MCDMCH SCT programs
- Processes to cover the formal and informal non poor population being developed
  - ▣ Including innovative contribution collection mechanisms;
  - ▣ Discussions with COMACO for 100,000 subsistence farmers, Community Health Savings Schemes, Milling industry..)
  - ▣ Building partnerships with existing collecting agents
- Capacity Building, including ILO SHP Training course, on-going
- Communication
  - ▣ Draft of communication strategy, development of video

# Comprehensive benefits package

- Systems design
  - ▣ household coverage,
  - ▣ comprehensive benefits,
  - ▣ basic provider payment mechanisms.
  
- Actuarial study
  
- Design and financial study on comprehensive maternal protection (incl. health) package for MCDMCH

# Systems building and quality assurance

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- Concept note for key stakeholders
  - ▣ Accreditation,
  - ▣ performance based purchasing and
  - ▣ use of revenue at provider level.
  
- Development of workshops on those key themes

# IMMEDIATE NEXT STEPS

- Get the Social Protection Bill enacted.
- Intensify efforts on advocacy and awareness raising on Social health protection.
- Further strengthen capacity of MoH and key stakeholders.
- Get additional technical and financial support for the preparation and the early implementation stage
- CP coordination:
  - Locally (Social Protection Coordination, UNICEF and DIFD, ILO leading SHP NSPP chapter);
  - What about P4H – in particular with Supply Side – WB and EU/UNICEF