

Concept Note

High Level Policy Dialogue on Universal Health Coverage in Zambia**1. Background**

The Zambian MOH has initiated the development of the health financing strategy, which is oriented towards Social Health Insurance as a key financing mechanism (SHI inscribed in the National Health Policy, Sixth National Development Plan, National Health Strategic Plan 2011-2016, and National Social Protection Policy). The preparation of the SHI scheme is on-going but limited by the absence of legal framework, low technical and political commitment, weak interaction and collective action between major institutions and stakeholders.

The SHI Bill has been ready since January 2014. The Parliamentary Committee on Health, Social Services and Community Development is strongly supportive of the proposal to introduce a SHI scheme in Zambia (in other words, a SHI Bill would pass in Parliament, if submitted). In Mid-2014, the Cabinet Office adopted a new approach, which is to create an overarching single Social Security Authority to manage Pension benefits, Worker Compensation benefits, Funeral benefits, Maternity benefits, Social Health Insurance and Social Assistance benefits. The Cabinet Office therefore requested the Ministry of Justice to come with a single Social Security Bill, where SHI is one of the pillar. Since then, the SHI agenda has not moved since there is insufficient support for the combined bill. Important development partners in this area are the WHO, the World Bank and ILO.

At the same time, a debate has started in Zambia about the financing of the HIV/AIDS response in Zambia, which is currently heavily (86%) donor dependent. With the support of the Southern African Development Community (SADC) in cooperation with the German HIV/AIDS Programme, a workshop for Zambian Parliamentarians was held in Lusaka in July 2015. Among the proposed interventions are two that are particularly relevant to the more general health financing debate: (1) Establish an HIV/AIDS trust fund, and (2) ring-fence SHI funds for HIV/AIDS. It is of paramount importance to integrate the Health sector and the HIV/AIDS response to comprehensively strengthen the Zambian health system, if UHC including an effective HIV/AIDS response is to be delivered.

Zambia has to develop its own path towards UHC; best-practice from other countries can provide ideas for Zambia but no blueprint because UHC does not only require fixing technical challenges, but also addressing adaptive challenges in the public policy domain. To move towards UHC, a common understanding of the challenge is required. Different values and priorities need to be balanced, for example economic performance incentives and growth on one side, and solidarity, poverty reduction and protection of the most vulnerable on the other side. Change has to happen in more places simultaneously, than a single actor can control. Therefore, support from high level champions from all stakeholder groups interested in and affected by UHC reforms is required. UHC will only come about in a co-creative process based on their cooperation.

Bearing this in mind, the Zambian Government, **led by the Ministry of Health**, now convenes a High Level Policy Dialogue on Universal Health Coverage to move the UHC agenda forward.

2. Objectives and Target Group

The **overall objective** of the High-Level Policy Dialogue in Zambia is:

To create a **high-level and multi-sectorial coalition** and synergies to move towards **UHC** with a strong focus on the development of the Health Financing Strategy and to move the **SHI** agenda forward.

Detailed objectives:

- Participants generate a deep and common understanding and intent of the challenges of the UHC reform processes in Zambia
- Participants engage in high level dialogues and build consensus on the required efforts to transform policies to effective actions
- Participants develop stronger commitment and design collective interventions to address identified challenges
- Participants deepen their understanding of leadership concepts, tools and skills to effectively and actively participate to the UHC / health sector reform.

The target group of this workshop is relevant stakeholders and high level leaders (i.e. Permanent Secretaries and Directors in Ministries, as well as Managing Directors, Chief Executive Officers and similar positions in parastatals, publicly owned enterprises, representative organizations, civil society organizations) as well as other eminent persons in the area of P4H/UHC in Zambia. This includes:

- Ministry of Health, including representation from NAC
- Ministry of Finances,
- Ministry of Labour,
- Cabinet office,
- Parliamentary Committee on Social Affairs / Health
- Health Providers (Representatives from public facilities and the Mines),
- University of Zambia
- the Insurance Association of Zambia,
- Development Partners committed to the HFS development
- Christian Health Association of Zambia
- Federation of Zambian Employers
- CSOs (to be identified)

3. Concept

The HLPD is based on the insight that unless leaders have a personal connection to UHC as well as to other leaders in the field, their capacity to deliver on something as big as UHC will be very limited. Exploring and strengthening these connections by discovering the stories that connect them is therefore an important part of the concept. When leaders decide intentionally to work collectively, they achieve much more results much faster.

Secondly, what enables leaders to come up with solutions they may not have thought about previously is total immersion into the UHC challenge at a fast pace. Conditions are to be created where leaders see UHC challenges in a new light and develop new ideas. Part of this an emphasis on experience-based learning that goes beyond intellectual understanding. Therefore different media will be used, resource people will be invited, participants brought into the dialogue rooms and leaders be taken out of the rooms. This enables them to access the three levels of intelligence: open heart, open mind and open will. This is what it takes to access deeper levels of knowing and experiencing, new awareness and new ways of seeing an issue. With this, a shift of leadership can occur.

The approach has been successfully used to tackle global, regional and national challenges. It has worked in public, corporate and civil society settings. Examples are the Global Wellbeing and Gross National Happiness Lab, the Climate Leadership Lab, the Global Alliance on Value-Based Banks, an African agriculture transformation initiative working with the Ethiopian government and civil society to name but a few.

4. Implementation Plan

	Day 1 -	Day 2	Day 3
am	Co-initiating <ul style="list-style-type: none"> - Discovering personal connections to UHC - Discovering relations between leaders in the UHC reform process 	Sensing II <ul style="list-style-type: none"> - Continuation of Sensing phase - Seeing the opportunities and challenges of UHC in Zambia from different vantage points 	Getting ready for action <ul style="list-style-type: none"> - Agreeing on what needs to be done to realize the goal of UHC - Outlining the steps that the individuals and the group will take - Defining the ways of working to ensure results
pm	Sensing <ul style="list-style-type: none"> - Review of the state of the health and social health protection systems in Zambia - Zambian and international expert inputs and citizen testimonies 	Sense-Making <ul style="list-style-type: none"> - Establishing a shared understanding and meaning in the evidence - Making sense of it from a human and leadership perspective - Dialogue on the leadership needed to meet challenge and shift the balance - Creating a joint vision of how the leaders present can be the leadership needed 	

5. Dates, Venue and Logistics

Dates: 16 February: Evening reception
17-19 February: Policy Dialogue (end: 19 Feb, 12:30)
Venue: Chaminuka Luxury Lodge <http://www.chaminuka.com/>
Logistics: A logistics briefing will be mailed to participants in advance.

6. Support

The High-Level Policy Dialogue will be financially supported by GIZ, ILO and the European Commission (EC). Further support is provided by the **World Bank, the WHO and CHAI**. The support is coordinated through the P4H Network for Social Health Protection (<http://p4h-network.net/>).