Zambia: Leadership for UHC - High Level Policy Dialogue (17-19 Feb 2016)

Summaries of group discussions on
- strategising for UHC,
- intersectoral collaboration,
- social health insurance and
- stakeholders and potential sources of conflict:

- Strategising for UHC *(facilitators: Michael Adelhardt and Mubita Luwabelwa)*

This session discussed strategy as a key leadership instrument to jointly move from the current UHC status to a desired future state. Participants showed a high level of understanding of strategy development in the context of UHC: there was a common understanding about the complexity of UHC; that strategy for UHC is not a linear process as it requires technical as well as political solutions; needs to go beyond SHI, in particular since the service dimension of UHC is broader than a 'benefit package' and should look at the entire spectrum of promotive, preventive and curative services including social determinants of health; requires a multi-sectoral approach beyond MoH involving finance, labour and unions, transport, agriculture, etc. but also civil society, parliamentarians, NGOs and the private sector; needs to have a clear national vision of the future status of UHC and what should change to achieve health goals, financial protection and patient satisfaction with the system. It was also considered good timing to engage in a strategy process in Zambia given the context of the new SDG results framework.

Zambia has gone a long way of looking at international experience and trying to incorporate the learnings into the current strategic discussion. However, the very constructive discussion, which focused to a large extent on health financing and the pending SHI bill, still points out a number of issues that need to be addressed and require good leadership:

- **Solidarity**. What does redistribution mean in Zambia? Who pays how much to cover cost for those that cannot afford health services? (poor population in Zambia estimated at 60%)
- The **role of public and private sectors** requires further debate beyond health. The financing strategy should also provide clarity on how to create a level playing field for providers from both sectors, but also on top up options from private insurances.
- How to improve **access in rural areas**, how to improve the incentive system in particular for health workers?
- How to improve **quality of services**, introducing national standards and performance measures?
- Using the **health financing strategy** to broaden the resource base for health, increase sustainability and use of domestic resources, and how to make an investment case in health.
- Improving **efficiency and cost containment**; how to avoid the pitfalls of high administrative SHI costs (e.g. NHIF in Kenya has approx. 40% admin costs).
- How to steer away from voluntary contributions of the informal sector to a **mandatory system** for all?
- Communication: financing strategy can be an ideal **communication** tool for where you want to go and the getting a better understanding of the strategic thrusts, e.g. SHI scheme; it can also be an instrument for alignment of internal and external

partners and their support. It should also explain, how the proposed SHI fits together with the existing financing system.

- Intersectoral Collaboration *(Netsanet Workie)*

- Zambia has a rich experience in intersectoral collaboration in the health sector going back to the 90a and early 2000 as part of the health reform. Currently the NAC in Zambia also is a good example to draw lesson on the mechanics and functioning of multisectoral collaboration. So as Zambia strides forward with UHC, there is a lot to learn from and build on in Zambia to enhance effective engagement of sectors such as education, labor, chiefs, agriculture and finance.
- The process, which is underway, to develop the seventh national development plan offers a great opportunity to consolidate intersectoral collaboration. The seventh national development plan aims to have a horizontal approach to tie together sectors around comment developmental issues instead of the usual sectoral and vertical arrangements.
- With the ongoing devolution exercise, sectors will be clustered at the district and service delivery level. This will help intersectoral coordination and doing things more effectively.
- The Ethiopian experience with the health extension programme also offers a lesson on political will to enforce intersectoral collaboration. In a resource constraint environment, Ethiopia opted for a cost effective program to expand services in the rural area by launching a health extension program. The program is built based on the lessons from the agricultural extension program. From the start the political leader (the Prime Minister) involved other sectors such as education and finance to develop the program. In 3 years they trained and deployed 38,000 health extension workers back to the villages in rural Ethiopia, which made a huge difference in terms of service delivery. Yes, health is everybody's business, however high level political will is critical for effective collaboration.

- Social Health Insurance *(Franz von Roenne and Mpuma Kamanga)***:**

Political Economy

There seems to be enough capital to be gained from moving on, including keeping together Pension and Health Insurance Scheme. Since this combination provides enormous practical difficulties, it would be crucially important to understand very well the political interest in the combination, and also to describe well the political as well as the economic cost of this combination. Technically, it is very challenging to combine pensions and health insurance, as they function by very different principles and can easily trigger conflicting interests ('pensioners versus the sick', long-term financial safety versus immediate protection from catastrophic costs of ill health, etc.). This was an important discussion item in the master class sessions on SHI.

Keep health workers happy, otherwise there will be no services, no scheme.

There is an inclination to starting SHI with the poor, for several reasons: they are the immediate target group for public funding in health, including public funding from foreign aid; they have no other sources of funding and will therefore be easier to please than those who are already using health services with their on means. And the poor will not be choosy when getting access to services previously out of reach. All these are strong arguments for

politicians to focus on this group, whereas a sustainable social health protection scheme relies on be payers as much as net receivers. The former, though, will probably present political resistance to enrolment. Leaders will have to provide (political) incentives in order to enrol net payers in an SHI scheme.

Values
Issue of rights - and difficulties of applying a rights-based approach to health services. Questions that appeared were entitlements, eligibility - freedom of choice seems to be less of a question at the moment. Choice, however, is not only an ethical issue, but an important tool to achieve more equitable coverage. This is often overlooked but should be considered in the current reform process in Zambia to balance the system more towards demand, which is amply under-represented in a heavily supply-driven 'traditional' health service system.

Beliefs and Assumptions
There is a widespread belief, or at least an expectation, that SHI is an instrument to fill financial gaps in coverage. The leadership perspective is that this can only be achieved through efficiency gains, if the SHI scheme can actually generate such efficiency gains. The main issue, however, is that of redistribution towards more equitable coverage, so that those with less than a fair coverage will be better covered from the same overall budget. Consequently, there will be less financial coverage elsewhere in the system, as long as there is no additional funding of the scheme. Leaders will have to seek for win-win type redistribution but be prepared for conflicts with those groups with decreasing allocations.

There is an assumption that the needs are known by the system of service providers, and that it's a question of how to organise meeting these known needs.

There is need to communicate, to manage expectations - and a need for action.

- Stakeholders and potential sources of conflict *(Nicholas Tweneboa)*

Key stakeholder groups may have misgivings that serve as potential sources of conflict.

1. **Healthcare providers:** With the capitation payment method involved, it is anticipated that providers might perceive and protest that they are paid lower rates for their services.
2. **Donors:** Funders/donors might not be happy with the design that Zambia has and may withdraw their support.
3. **Formal sector:** Formal sector might complain that more or less they are paying for the informal sector.
4. **Pensioners:** Pensions payments are already delayed. So if you add SHI on to the pension scheme, there may be concern for the pensions.
5. **Relevant ministries:** There may be an issue about the SHI being under the Ministry of Health. Some ministries may question whether SHI does not belong somewhere else, e.g. Social Welfare.
6. **Civil society:** They may have doubts whether SHI is really going to bring improvement in service quality.
7. **General population:** Expectations from the SHI may be a bit too high among population.

Recommendations
Use your powers of communication to engage, engage and engage. There is the need to engage providers to get to the bottom of their fears. Some fears are founded, others are unfounded.

Are we asking donors to support health insurance in Zambia? In Ghana health insurance is financed through funds generated locally from multiple sources. Development partners by and large do not support the scheme financially but occasionally support it technically. They rather contribute to the broader MOH budget used for infrastructural development and salaries. They also support parallel programmes such as AIDS and these programmes continue.
You have gone through a number of engagements to get to the design that you have arrived at. Do start implementing whatever you have designed, learn lessons in practice and modify the scheme to address the challenges as you move on. You cannot wait to develop a perfect scheme. You must however make an effort to address critical stakeholder concerns before takeoff.