Commentary

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Rwanda Public Health Bulletin

The National Health Insurance Scheme (NHIS) and the Attainment of Universal Health Coverage in Zambia

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Received: January 29, 2023
Accepted: February 19, 2023
Published: March 31, 2023

Cite this article as: Mazimba et al. The National Health Insurance Scheme (NHIS) and the Attainment of Universal Health Coverage in Zambia. *Rw. Public Health Bul. 2023. 4 (1): 53-56.https://dx.doi.org/10.4314/rphb.v4i1.4*

INTRODUCTION

Zambia, together with over 133 other members of the World Health Organization (WHO), became a signatory to the historic Alma-Ata Declaration of 1978, which was a WHO blueprint that enabled Primary Health Care (PHC) to become the official health policy for all member countries at the International Conference on PHC which was held in Alma-Ata, USSR, on 6-12 September 1978 [1]. PHC is defined as the essential health care made accessible universally to all families and individuals in a community in ways that are acceptable to them. It involves their full participation and is done at a cost that the community and country can afford [2]. PHC addresses the main health problems faced in communities by providing a wide range of preventive, curative, promotive, and rehabilitative services to the members. As these services evolve from a particular country's economic and social values and the characteristics of its communities, they are thus bound to vary country by country and community by community. Despite the existence of these variations, they must include however at least; the promotion of proper nutrition, the supply of adequate safe and clean water, the improvement of basic sanitation, maternal and child healthcare which is to include family planning, antenatal services, immunization of children against the major infectious diseases they face, the prevention and control of locally endemic diseases, the education of citizens concerning prevailing health problems and also methods of disease control [3]. Globally, this PHC concept is regarded as being very important and the cornerstone of building strong health systems and a vital pillar in ensuring that every individual has access to essential healthcare services at as little a cost or no cost at all.

On this background, the principle of Universal Health Coverage (UHC) was built. The UHC concept means that every individual and community is able to receive the health services they need without suffering much financial hardship and challenges [4]. The UHC implies that patients receive a comprehensive package offering a full spectrum of essential and quality health services, which start from health promotion in order to encourage healthy lifestyles among citizens to health prevention which focuses on helping people not to get sick; then, the treatment, rehabilitation, and indeed palliative care services

Potential Conflicts of Interest: No potential conflicts of interest disclosed by all authors. **Academic Integrity:** All authors confirm their substantial academic contributions to development of this manuscript as defined by the International Committee of Medical Journal Editors. **Originality:** All authors confirm this manuscript as an original piece of work, andconfirm that has not been published elsewhere. **Review:** All authors allow this manuscript to be peer-reviewed by independent reviewers in a double-blind review process. © **Copyright:** The Author(s). This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY-NC-ND), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. **Publisher:** Rwanda Health Communication Centre, KG 302st., Kigali-Rwanda. Print ISSN: 2663 - 4651; Online ISSN: 2663 - 4653. **Website:** https://rbc.gov.rw/publichealthbulletin/

across the life course of citizens. In essence, the UHC concept rides on ensuring that PHC is first attained; citizens in the most rural places receive the highest attainable form of basic healthcare needs, and when the need to go for advanced healthcare services arises, they are able to access them without suffering catastrophic out-of-pocket healthcare expenditure. This UHC concept is derived from the 1948 Constitution of the WHO, which declares and establishes health as a fundamental human right and equally commits to ensuring the highest attainable level of health for all [4]. The achievement of UHC is a major health target for governments across the globe which was firmly set when members adopted the Sustainable Development Goals (SDGs) in 2015 [5]. To attain UHC, a nation must first make PHC services available to its citizens and then come up with ways its citizens can attain an advanced continuum of care without suffering catastrophic healthcare expenditure.

Inequality of access to health care remains a major threat to many poor and underprivileged individuals around the world; it is estimated that over 400 million people around the world do not have proper means to access quality healthcare services while another 150 million individuals are plunged into financial debt every year due to the amount of debt incurred from healthcare spending [6]. Providing affordable healthcare services to citizens worldwide remains a major priority for most governments.

Zambia, being a developing country with a high proportion of its citizens living in poverty, is one such nation that has struggled to make provision of PHC for all its citizens possible and subsequently attains UHC. However, challenges have ranged from inadequate funding to the Ministry of Health (MOH), lack of proper infrastructure across the country, and lack of human capital.

THE NATIONAL HEALTH INSURANCE SCHEME (NHIS)

The introduction of the National Health Insurance Scheme (NHIS) in 2018 was a product of many years of planning and preparation for the country to have a sound and reliable healthcare financing model for Zambian households to provide UHC accessible to all. The National Health Insurance Management Authority (NHIMA) is the statutory body established to manage the NHIS. The NHIMA holds a pool of funds meant to be used to improve the efficiency, delivery, and management of health resources to protect the Zambian people against catastrophic expenditures on health in times of need [7].

The NHIS, initially run under the Ministry of Health, is now under the Zambian Ministry of Labor and Social Security. The scheme is designed to provide a reliable financing method for Zambia's healthcare system, which for many years proved to be very costly for the government. The NHIS is a result of the government's efforts to achieve UHC [8,9]. This scheme was set to become the main provider of national health insurance in Zambia, compulsory for all citizens in the country in contrast to those provided for and run by private companies. The scheme is mandated by law to provide access to quality but affordable healthcare for all citizens.

Through the NHIS Act No. 2 of 2018 by the Zambian government [10], the financing plan is that all salaried employees have a one percent premium cut from their salaries on a graduated scale. These deductions of one percent of earnings for all those in formal employment are then matched by a further one percent contribution from the employer. Thus, a total of two percent (2%) of an employee’s contribution will subsequently be given to NHIMA as an individual’s premium. For the self-employed and others in the informal sector, only 1% of their declared income is deducted. However, all citizens above 65 years of age and all those below 18 years are exempted from paying the scheme contributions to NHIMA [10].

As of October 2019, a month after operationalization, enrollment for formal and informal sector populations stood at 950,000 members out of NHIMA’s target of 3.4 million members it had planned to have in its database [11]. By the end of 2021, a total of 1,200,000 were registered. This registration translated into the eligibility of an estimated seven million beneficiaries who were to be registered on the scheme, considering the registration of a legal spouse as a principal member and up to five children and the inclusion of dependents who are below the age of 18 entitled to benefits under one principal member’s account [11,12].

The formal sector accounts for the highest number of individuals covered (98%). However, the

coverage of individuals in the informal sector, which today makes up over 80% of the Zambian workforce, has proven to be more challenging and still remains very low (16%). However, the introduction of NHIMA resulted in a significant increase of Zambians with access to health insurance from 4% before the implementation of NHIS to an estimated 40% [12].

To grow the number of individuals covered under the NHIS and encourage those largely in the informal sector who have not been captured to come forth and register, NHIMA has set an ambitious target of widening the scope of services it offers so as to make it more competitive than other schemes offered by other insurance companies in Zambia. Under the NHIS, clients have access to out-patient department registration and consultation, pharmaceuticals and blood products services, surgical services, maternal, new-born and pediatric services, inpatient care services, vision care and spectacles, physiotherapy and rehabilitation services, dental and oral health services, cancer/oncology services, medical/orthopedic appliances, and prosthesis [13]. When analyzed broadly, this scope does fulfill the UHC implication that patients receive the full spectrum of essential, quality health services, starting from health promotion to encourage healthy lifestyles, prevention, treatment, rehabilitation, and indeed palliative care services across the life course of citizens. To bring this UHC concept as close as possible to the people, NHIMA aims to enroll over 10 million Zambians or approximately 3 million people, in the informal sector by the end of 2023 [12]. To achieve this goal, NHIMA continues to increase facilities accredited to it and has been carrying out massive advertisements and awareness programs to educate the general public on how NHIS functions and the services offered. As a result, NHIMA had a total of 275 accredited health facilities across the country, both private and government-owned, as of June 2022, which grew to 316 as of December 2022 [12].

According to the Living Conditions Monitoring Survey report by the Central Statistical Office of Zambia of 2015, 54.4% of the total Zambian population lives below the poverty line (USD1.09 a day), of which 40.8% are classified as living in extreme poverty [10]. These extremely high levels of inequality divide the country, especially between urban and rural areas [14]. To provide poor people with access to UHC, the NHIS-accredited facilities include clinics, mini-hospitals, district hospitals, and tertiary hospitals. Low-level health facilities such as clinics and rural health posts exempt patients with limited resources from paying any fees and act as the primary point of access to care. Patients that cannot be managed at these facilities are then referred to higher-level hospitals to benefit from the further affordable NHIS services

MAKING THE NHIS INCLUSIVE

To mitigate the challenge from levied amounts for those with financial difficulties, the NHIMA has embarked on the development of a policy through a project called “Accelerating the extension of the Zambia National Health Insurance scheme to the poor and vulnerable” in collaboration with International Labor Organization, the Ministries of Labor & Social Security in Zambia, the Ministry of Community Development and Social Welfare, the ministry of health, and that of Finance. Through this initiative, those deemed poor and vulnerable under the Zambian Social Cash Transfer (SCT) scheme program will be boarded onto the scheme with exemption [15]. This policy's successful introduction and implementation will eliminate the barriers for those with limited resources to access healthcare services through NHIS. The SCT scheme in Zambia started in 2003, targeting the most vulnerable in society to enable them to meet their basic needs in areas such as shelter, health, food, and education [16]. In Zambia, SCT beneficiaries receive 90 Kwacha, which is paid bimonthly, for a total of 180 Kwacha per payment. Persons with disabilities receive 300 Kwacha, twice as much as other vulnerable people [16].

Using the SCT scheme will make it possible for the most vulnerable citizens to be registered under the NHIS.

CONCLUSION

Zambia has taken multiple deliberate steps over the years to attain UHC in the country, including enhancing PHC, recruiting more staff, and developing an NHIS. The implementation of the NHIS in Zambia has significantly changed healthcare financing in Zambia by providing a predictable means of paying for healthcare. Despite the challenges the scheme might experience in its infancy, progressive strides are being made

to ensure Zambians have access to affordable healthcare as much as possible. Initiatives such as enrolling vulnerable people into the NHIS through the SCT scheme make it inclusive, leaving no one behind in attaining UHC in the country. The health authorities in Zambia should establish strategies and measures to keep developing, improving, and expanding the UHC through NHIS. Affordable healthcare is a human right, and none should be left behind, especially in developing countries like Zambia, with a resource-limited population.

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