



Ministry of Health, Zambia



East, Central and Southern Africa Health Community

NATIONAL SYMPOSIUM ON UNIVERSAL HEALTH COVERAGE IN ZAMBIA



30th JUNE-1st JULY 2015

The Symposium on UHC in Zambia was made possible by the generous support from the Rockefeller Foundation through the East, Central and Southern Africa Health Community.

The Content of this report is the Responsibility of the authors and does not necessarily reflect the opinion of the Rockefeller Foundation.

This report was compiled by Dr Walter Denis Odoch,
Acting Manager Health Systems and Services Development Program
East Central and Southern Africa Health Community
P.O Box 1009 Arusha, Tanzania
Plot No. 157 Oloirien, Njiro Road
Tel: +255272549362/5/6
Fax: +255 27 2549392



Ministry of Health, Zambia



East, Central and Southern Africa Health Community

NATIONAL SYMPOSIUM ON UNIVERSAL HEALTH COVERAGE IN ZAMBIA

**30th JUNE-1st JULY 2015
Taj Pamodzi Hotel, Lusaka Zambia**

Contents

BACKGROUND TO THE NATIONAL SYMPOSIUM ON UHC IN ECSA MEMBER STATES	1
PLANNING PROCESS	4
SUMMARY OF THE PROCEEDINGS DURING THE SYMPOSIUM OPENNING CEREMONY	5
<i>Remarks by the Director General of ECSA Health Community</i>	5
<i>Remarks by the WHO Country Representative</i>	6
<i>Remarks by the Permanent Secretary, Ministry of Health</i>	7
<i>Remarks by the Hon Minister of Health</i>	7
PRESENTATIONS	9
<i>Overview of Universal Health Coverage in ECSA Health Community; Dr. Walter Odoch</i>	9
<i>UHC as a Policy Issue in Zambia Now and Beyond; Dr C. Simoonga, MOH</i>	10
<i>Current Landscape of Government Financing - Government resource allocation; Mr. Lazarus Mwelwa</i>	11
<i>Health Financing and Universal Health Coverage in Zambia; Mr. Mubita Luwabelwa</i>	12
<i>Research and Evidence – Universal Access to Healthcare; Mr Bona M Chitah</i>	13
<i>Service provision under the proposed national social health insurance scheme; Dr. Mpuma Kamanga</i>	14
<i>Panel Discussion; UHC concerns of various actors</i>	16
PLENARY DISCUSSION	18
PROPOSALS/WAY FORWARD/RECOMMENDATIONS FROM THE SYMPOSIUM	22
ANNEXES	24
<i>Symposium Program</i>	24
<i>Participant list</i>	26
<i>Link to power point presentations</i>	27

BACKGROUND TO THE NATIONAL SYMPOSIUM ON UHC IN ECSA MEMBER STATES

Health is generally recognized as a priority sector in national development within East, Central and Southern Africa (ECSA) Health Community Member States. However, the healthcare services needed to produce good health in the population remain diverse and call for well supported and coordinated health systems. The need for well performing health systems continues to dominate national and international policy agenda. One key characteristic of a well performing health system is its ability to provide personal and population healthcare that is accessible when needed, whether by the poor or non-poor population without any hardships. In this regard, the concern for Universal Health Coverage emanates from the ability by the population to access quality health services without suffering any impoverishment or incurring any catastrophic expenditure. The ECSA Health Community Member States are among the countries that have made commitments at various regional and international forums, and are party to the resolutions of the World Health Assembly; the ECSA Health Ministers Conference; the Pan African Congress on UHC; and the High Level Dialogue between Ministers of Finance and Health Towards and Beyond the MDGs; which urge countries to take the necessary steps to improve the coverage of health services to the population, with adequate financial protection.

In most of the ECSA member states, health systems continue to be characterized by inequities in access to services and the financing of healthcare. In the countries, disparities in access to health services exist, with the rich more likely to have better access than the poor and coverage of health services also tends to be better in urban areas than the rural, where the majority of the population is

based¹. In addition, when people use services, they often incur high, sometimes catastrophic costs in paying for their care particularly where this is paid out-of-pocket. In the majority of ECSA countries, out-of-pocket expenditure on health exceeds 15% of total health expenditure. Such levels of out-of-pocket spending may not only put household at the risk of catastrophic expenditure and impoverishment, but also limit their access to healthcare even though their needs may be greater.

The ECSA Health Community member states require additional efforts, resources and support in their bid to translate commitments into interventions as they move towards Universal Health Coverage. These efforts include among others, supporting national health actors to advocate for UHC as a vehicle to propel the various options countries have taken in the pursuit of a healthy and productive citizens and in line with the post-2015 global health agenda. Efforts, especially in increasing awareness about the central tenets of UHC at a national level would greatly facilitate health stewards, development partners and civil society organizations and other actors in resource mobilization for increased funding for a move towards Universal Health Coverage.

ECSA Health Community Health Ministers have recognized that for the commitments to result into solid actions for UHC attainment there is need for a sustained multi-stakeholder dialogue, making available the required information and a framework that can be used to monitor progress. This in turn will lead to prioritization of resources for UHC in the countries.

ECSA Health Community obtained financial support from Rockefeller Foundation to support Member States of ECSA Health Community to establish advocacy mechanisms for UHC; create learning and knowledge sharing platforms at regional level and; develop UHC monitoring framework for the ECSA

¹ Healthcare Financing Profiles for the East, Central and Southern Africa Health Community (ECSA-HC) countries, 1995-2009 (www.ecsahc.org/downloads under health systems documents)

region. The Secretariat has already facilitated the development of a regional monitoring and evaluation framework for UHC through a consultative process involving experts from the Ministries of Health and health development partners². Currently, the Secretariat is implementing high level advocacy meetings in the region aimed at advocating the scaling up of Universal Health Coverage interventions in the ECSA member states.

This report emanates from the high level national symposium held in Zambia, whose main objective is to contribute to existing global and regional efforts on UHC and energize the local discourse with a view of increasing resources and its efficient use in the health sector through establishing and/or facilitating country level advocacy efforts for UHC. The symposium was held at Taj Pamodzi Hotel in Lusaka from 30th June to 1st July 2015.

The specific objectives of the symposium were to:

- Create awareness among key stakeholders about UHC and related interventions currently existing in Zambia;
- Act as an advocacy forum, bringing together different stakeholders, sensitizing them on the past, current and future trends of existing attempts by the Government of Zambia in UHC;
- Serve as an avenue to identify multi-disciplinary advocacy strategies to propel the UHC agenda in the country.

The targeted Symposium outcome included:

- Improved awareness of UHC amongst stakeholders;
- Strategies proposed, for incorporating UHC in the country's development planning processes.

² East, Central and Southern Africa Health Community: Monitoring and Evaluation Framework for Universal Health Coverage (www.ecsahc.org/downloads under health systems documents)

PLANNING PROCESS

The Ministry of Health, Zambia supported by the ECSA Health Community Secretariat team mobilized a multi-sectoral team that brought together Ministers of Health, Members of Parliament from the Parliamentary Health Committee, Senior Officials from key line Ministries, Civil Society Organizations (CSOs), Academician from University of Zambia (UNZA), Heads of Hospitals, the Media, Cooperating Partners and other stakeholders.

The Symposium brought together the above stakeholders, to discuss and build consensus on options for instituting and scaling up universal health coverage interventions in Zambia. A highly participatory symposium attracted presenters from a variety of institutions including Ministries of Health, Finance, Community Development and Maternal and Child Health, UNZA, Senior Health Professionals and Consultants.

SUMMARY OF THE PROCEEDINGS DURING THE SYMPOSIUM OPENING CEREMONY

The symposium was officially opened by the Minister of Health Zambia. The ECSA Director General and WHO Country Representative (WR) also gave opening remarks.

Remarks by the Director General of ECSA Health Community

In his opening remarks, the Director General, Prof. Yoswa Dambisya, observed that Universal Health Coverage (UHC) principles are not new. The DG noted that UHC is a continuation of the primary health care (PHC) ideas that were agreed upon during the WHO assembly meeting held in Alma Ata in 1978. He noted that UHC makes it easier for health sector stewards to present health as central to sustained socio-economic development to various stakeholders. It facilitates the drumming up of necessary global support for health by putting the PHC principles in ways that generate political traction for health and makes it easier for other non-health sector players to appreciate their roles in health. The ECSA DG noted that MDGs were largely about the developing world, however sustainable development goals (SDGs) being proposed are broader and address issues of health and development from a systems perspective. He also added that through efforts of various players including the WHO, World Bank, CSOs, International NGOs, Governments and Regional Blocks including ECSA Health Community, UHC will be considered part of the post 2015 development agenda. He informed the meeting that Member States of the ECSA Health Community are all at different stages with regards to implementation of the different approaches they have undertaken towards Universal Health Coverage, which is a good thing for the Health Community. He concluded by saying UHC require resilient health systems and the need to strengthen health systems has been brought to the forefront in this region particularly following the Ebola outbreak in West Africa, whose effects should have been lower if health systems of the

affected countries were strong enough. He wished the meeting participants fruitful deliberations.

Remarks by the WHO Country Representative

The Zambia WHO Country representative, Dr Jacob Mufunda thanked the organizers of the symposium for inviting the WHO to participate. He reiterated that the issue of UHC is not new, however recently WHO has intensified call for member states to institute measures for UHC. He cited World Health Reports 2010, and 2013 that discusses issue of UHC focusing of the need for robust health financing and well managed health workforce. He noted that UHC can be defined in many ways but all relates to access to health services, that are of sufficient quality to be effective and financial protection during access of health services. The Zambia WR noted that UHC requires strong health systems and he indicated that WHO member states have pledged to focus on strengthening their health systems. On financial access, the WR noted that out-of-pocket spending at the point of care is a major contributor to health services inaccessibility to a majority of the population. He also stated that each country, irrespective of its level economic development can make progress towards UHC. However the approach chosen should take into consideration the country's contextual factors, including political and cultural issues. He cited examples of successful countries with regards to UHC as Sri Lanka (which achieved UHC 50 years ago), Brazil in 1988 and Thailand in 2001. Mexico has also recently achieved high coverage while China has health coverage of over 96%. Others in advance stages of achieving UHC are South Africa, Myanmar and Indonesia. He noted that the countries that have achieved UHC and those on the path to achieving UHC used different approaches in doing so. However, they all prioritized population coverage, realized the weakness of private financing of health care and, have not used out of pocket payment system. He noted that public financing and social health insurance are key to achieving UHC, adding that all countries need to increasingly use tax finance to cover both the informal and formal sector population.

Remarks by the Permanent Secretary, Ministry of Health

The Permanent Secretary MOH Dr Davy M. Chikamata welcomed the Minister of Health, to officially open the meeting. He noted that this symposium has wide representations and this is important given the critical roles of actors from various sectors in the achievement of UHC. He thanked ECSA Secretariat for the support, noting that the meeting will be discussing issues that are in line with MOH aspirations.

Remarks by the Hon Minister of Health

In his opening remarks, the Minister of Health, Hon. Joseph Kasonde thanked the team at the Ministry of Health who organized the symposium. He recognized and welcomed the various participants including Members of Parliament, the WHO Country Representative, Cooperating Partners, the Media and CSOs. He thanked ECSA for supporting the Ministry of Health to hold this symposium. The Minister also applauded ECSA's other efforts made in improving human resources for health capacity through its various constituent colleges, such as the College of Surgeons (COSECSA), College of Physicians of ECSA and College of Nurses (ECSACON). The Minister indicated that ECSA remains relevant to



Hon. Joseph Kasonde, Health Minister Zambia

both regional and international community where Zambia is part. The Minister noted that the Government of Zambia believes in health for all and through UHC, focus will be on more equitable and improved access to better quality health care for the people of Zambia.

The Minister of Health observed that a number of key health indicators have improved, however gaps still remain. He added that the Ministry of Health had already identified strategies of filling these gaps as elaborated in the National Health Policy and other strategic documents. He mentioned some of these

strategic approaches that are already being implemented or under development as:-

- Provision of free PHC services to the people of Zambia.
- Setting up a National Social Health Insurance Scheme (NSHI).
- Modernizing the health systems through building proper health institutions, training health workers and establishing robust referral system.

The Hon Minister of Health noted that MDGs remain an unfinished business. However, in addition to this unfinished business, there are other challenges such as the increasing prevalence of Non-communicable Diseases (NCDs) and the impoverishment of the population that is associated with the costs of accessing health services. The Minister noted that these would be addressed through the UHC approach. He further said that with the available body of evidence, the Ministry understands the nature of the problems and how to deal with them. The Minister noted that the achievement of UHC requires strong political leadership, comprehensive health financing, and continuous quality improvement. All these he noted are embedded in the culture of the people of Zambia and they were ready to embark on this path. He added that the Government and its partners through Ministry of Health will pay particular attention on implementation of initiatives for UHC.

PRESENTATIONS

Overview of Universal Health Coverage in ECSA Health Community; Dr. Walter Odoch

Dr Odoch's presentation highlighted the ECSA Health Community Structure, the Objective of the Meeting and the status of UHC in the ECSA Health Community.

He noted that the Health Ministers Conference is the highest governing organ of the ECSA Health Community and the Chairmanship is rotational amongst the Ministers of the Health of the ECSA member states. The Advisory Committee (AC) comprising the Permanent/Principal Secretaries in the Health Ministries is the governing board that reports to the Health Ministers Conference. The ECSA Health Community Secretariat based in Arusha Tanzania conducts the day-to-day activities of the Health Community. The Director General supported by three directorates of Programs, Finance, and Operations and Institutional Development heads the Secretariat.



Dr Walter Odoch, ECSA Secretariat

Dr Odoch noted that the purpose of these symposiums being held in the member states is to support the global and regional efforts on UHC and energize the local discourse, with a view of increasing resources and its efficient use in the health sector. The Secretariat is supporting establishing and/or facilitating country level advocacy efforts for UHC in the ECSA member states through these symposiums.

In his presentation, Dr Odoch using some of the proposed UHC tracer indicators demonstrated that inasmuch as the region has shown progress, more efforts are needed. For example, in the region, Out of Pocket Payment (OOP) at the time of accessing healthcare remains a major mechanism of financing healthcare. There

is ample evidence that the OOP mechanism is a constraint to achieving UHC. He added that from the principles of UHC, healthcare systems should be organized in such a way that there is fair contribution to the cost of its financing amongst the population and risks are shared. The financial contribution should be done through a prepayment mechanism rather than the OOP at the point of care. In this way, everybody will have equitable access to health services of acceptable quality when they are in need without suffering financial hardship. Countries in the region that have implemented pre-payment health financing approaches including National Health Insurance Schemes such as Tanzania have demonstrated reduction in OOP expenditure as a percentage of total health expenditure.

In terms of service access, he noted that on average in the region, only about 50% of deliveries are attended to by skilled birth attendants. He also highlighted that despite some reduction in a number of ECSA member states, maternal mortality ratio still remains unacceptably high. He ended by calling on the political leadership to support UHC initiatives and for the technical personnel to present health issues in a way that highlights its development dimensions.

UHC as a Policy Issue in Zambia Now and Beyond; Dr C. Simoonga, MOH

Dr Simoonga, the Director of Planning in the MOH Zambia started by presenting the socio-economic and demographic overview of Zambia. He noted that the projected population of Zambia is 15.02 million in 2015. He also noted that, the government allocation to health for 2015 is 9.9 % of total budget and the estimated Maternal Mortality Ratio stands at 398 per 100,000 Live Births.

Dr Simoonga told participants that Zambia has adopted a framework for improving health services delivery based on international framework but informed by the Zambian contextual factors. He noted that the MOH framework focuses on a systems approach and universal health coverage principles. He added that the Government through the Ministry of Health has started the process of reforming health system financing to improve access to quality

healthcare for every Zambian. Dr Simoonga said the health financing reform will address the issue of suboptimal funding to the health sector and barriers to accessing health services. As part of the reform, he said the Government is developing and will soon implement a National Social Health Insurance Scheme (NHIS), which will enable all people living in Zambia to access a comprehensive package of quality health services on a timely manner and without financial hardship.

On the NHIS, Dr Simoonga noted that a phased approach in population coverage has been envisaged, starting with the formal sector and vulnerable groups of population and gradually extending coverage to all citizens of Zambia. This approach he noted has been informed by elaborate studies on the feasibility and the Zambia socio-economic and political context.

Dr Simoonga noted some of the anticipated challenges for NHIS as meeting expectations of the insured population with availability and quality health services; covering the informal population; registration and contribution collection; enhancing awareness on social health protection amongst the population and employers and; mobilizing adequate financial resources to subsidize vulnerable groups. He said strategies to circumvent these changes are being identified.

Current Landscape of Government Financing - Government resource allocation; Mr. Lazarus Mwelwa

Mr. Mwelwa from the Ministry of Finance highlighted the process of government resources allocation to the ministries and other public spending agencies (MPSAs). He noted that government through the Ministry of Finance first determines its sources of revenue and the overall resource envelope. This is followed by the development of Broad Expenditure Allocations and determining Intersectoral Allocations. Mr. Mwelwa also highlighted factors that determine resources allocation to various agencies and sectors. He noted that some sectors such as agriculture and tourism, although are priority sectors for government;

the government's role is mainly to facilitate and regulate private sector players in their development. Therefore, the public resource requirements and allocation for such sectors are not as high as if government were providing services in these sectors by itself. These contrasts with social sectors such as health and education where the Government is the provider and thus the high resource allocation and expenditure. He emphasized that MPSAs should prioritize activities in their plan in line with the government's strategic interests. They should prioritize resources to programs and activities that achieve government objectives with the least cost and within the resources (both financial and human) available. In addition, where there are options for involving the private sector and/or NGOs and communities in the delivery of services, the MPSAs should facilitate those processes.

Health Financing and Universal Health Coverage in Zambia; Mr. Mubita Luwabelwa

The Deputy Director (Planning & Budgeting) at MOH, Mr. Mubita Luwabelwa



Mr. Mubita Luwabelwa, MOH Zambia

presented the trend in health financing in Zambia, and contrasted Zambia with some global and regional peers. He noted that, Zambia is amongst the countries in the region that has shown consistent growth in gross domestic product (GDP). However translation of this growth into quality of life and poverty reduction remains enigmatic.

Mr. Luwabelwa noted that despite the percentage of budgetary allocation not growing at the desired rate in view of the Abuja declaration commitment, in real terms the amount allocated to the health sector has been increasing. Between Financial Years 2010 and 2014, the Government health budgetary allocation grew by over 220%. He notes that, the ministry of health remains cognizant of

funding for other sectors that also play a role in health outcomes such as the water and sanitation, agriculture, and education and hence the non-explicit push for the Abuja declaration. Mr. Luwabelwa however noted that even with the applaudable government rise in budgetary allocation for health, it cannot cover for all the needed healthcare costs of the citizens. These include costs for certain secondary healthcare services and PHC services and others services that may not be available at the government facilities. Addressing these constraints to result in a move to UHC requires reforms in the Zambia Health Financing. One approach that is already in process in the introduction of NHIS. He added that although the NSHI may not be a ‘silver bullet’ for UHC in Zambia but it will act as a catalyst for the wider health financing reform.

Mr. Luwabelwa concluded by saying the question of “HOW we spend” is as important as “HOW much” we are spending and other sectors are critical for the achievement of population health.

Research and Evidence – Universal Access to Healthcare; Mr Bona M Chitah

Mr Bona M Chitah, from the University of Zambia highlighted some of the research gaps needed to inform initiatives for a move towards UHC. He noted that the issue of research is of particular importance for UHC. This is because, “UHC establishes what is to be achieved but says little on how to get there, and even though there may be a few features commonly associated to UHC and a few paths that do not seem to lead to UHC, it does not fully clarify what can be considered a UHC effort.” He noted a number of examples justifying these lacunas from Chile’s social security system to Sweden and Spain’s benefits without any formal enrolment approaches.

He noted that research using mixed methods will be required to inform the how best to organize a health system to operate for universal healthcare access. This will include informing the designing and functioning of health systems; determining affordable health financing models and strategies; determining health need (extent, priorities, interventions/services) and; how to prioritize

socio-economic sub-populations for healthcare coverage. In addition, Mr Chitah noted that measuring UHC is another area of challenge. The proposed existing frameworks fail to capture important societal cost barriers to access and categorize those who cannot afford care as spending little or nothing on care, and assuming them (erroneously) as financially protected. The suggested measurements also do not capture other strategies to cope with costs of illness such as reduced household consumption of other goods and services or increasing debt to finance health expenses. The frameworks also do not measure indirect costs such as income loss due to illness. These are still areas that need refinement and need to be informed by research.

Service provision under the proposed national social health insurance scheme; Dr. Mpuma Kamanga

The National Health Insurance Coordinator at the Ministry of Health Dr. Mpuma Kamanga gave a brief background on the development of National Health Insurance Scheme. Dr. Kamanga noted that currently only 3.9% of Zambians are health insured. He stated that the Vision of the Ministry is to establish a High Quality and Efficient National Social Health Insurance Scheme that covers the whole population (coverage will be in a phased manner according to a defined timeframe), allows both public and private healthcare providers to contribute to service provision based on quality and financial efficiency and provides comprehensive benefit package. Dr Kamanga also elaborated on the process so far (Bill in cabinet), the anticipated management of the scheme, enrollment of beneficiaries, payment mechanisms, the benefits package, the roles of different stakeholders, etc.

Dr. Kamanga indicated to participants that the proposal is to have 3 phases of population coverage in the NHIS enrollment. The first phase will be coverage for the very poor (i.e. 100% by Government of Republic of Zambia for those receiving Social Cash transfers), Civil servants and other Public Workers. The second

phase will involve the enrolment of private formal workers and lastly the enrollment of the non-poor informal population.

Panel Discussion; UHC concerns of various actors

The Deputy Director planning and budgeting in the ministry of health facilitated the panel discussion. The panelist included, Hon. Dr. Brian Chituwo, MP (also former Minister of Health, Zambia); Dr Jim McAuley, the CDC Country Director represented Health Troika group; Dr John Kachimba, the Medical



Hon. Dr Brian Chituwo, MP, giving remarks during a panel discussion as Dr John Kachimba of Levy Mwanawasa General Hospital takes note

Superintendent of Levy Mwanawasa General Hospital represented the health service providers and; Mrs. Grace Mushimbe, the National coordinator of Breast Feeding Association of Zambia represented the CSOs.

In his remarks, Hon Chituwo noted that three-quarters of the members of parliament (MPs) represent rural constituencies and they have noted that in all their constituencies, access to healthcare remains a very big problem. These, he noted includes physical access such as distance to a health facility, poor quality services due to untrained health workers and also psychological barriers. He sought to understand how the MOH is planning to tackle this issue given the urgency of the matter. He also noted that, perhaps the access problem is facilitated by the way technocrats allocate resources, allocating resources in a

way that does not facilitate improvement in service access by the rural population. He said that these budgetary malalignments could have been corrected through effective budget scrutiny by the parliament. However the budget usually comes to the parliament at the last stage, when figures are almost final and it makes it very difficult to make changes. This he noted will require reforms in the national budgetary process including for example establishing a parliamentary budgetary office. He noted that currently the chance of making changes in national budget by the time it gets to parliament is very slim.

Dr McAuley indicated that being from the USA, the issue of universal health coverage is very different in their context. However he noted that as a person, he supports the principles of UHC. Dr McAuley reiterated cooperating partners' (CPs) interests as security, economic and moral imperatives. He said the CPs support to Zambia for UHC somehow also has to be align with these strategic interests. Dr McAuley indicated that the government of Republic of Zambia is doing a lot in health service delivery, but government costs toward health services delivery is not well captured and articulated. This he noted makes it difficult for CPs to indicate to their governments that what they are putting is only supplementary. Dr McAuley noted that if the Government of the Republic of Zambia is able to present this information, it will help to show that it is actually committed to the provision of social services to its citizens, CPs are only supporting and the Government has not left social services provision partners. By doing this, Dr McAuley says will help the CPs officials to advocate for more resources from their governments to support Zambia because the information will clearly show that the current level of support is very low in comparison to what the Government of Zambia is undertaking.

Dr Kachimba of Levy Mawanwasa General Hospital noted the biggest challenge facing the health sector as weak leadership at all levels, but more particularly by the political leadership. He noted that achieving UHC requires strong leadership. He requested that parliament should double its oversight efforts in healthcare

delivery in Zambia. He also noted the need to strengthen referral system and for the NHIS to have decent benefit package

Mrs. Mushimbe representing the CSOs noted the dire health access problems face particularly by women. She says in many health facilities women give birth on the floor and generally the quality of health services still remain poor. Mrs. Mushimbe requested that the NHIS should take into account women and vulnerable people who will not be able to pay for the premium.

PLENARY DISCUSSION

A number of issues were raised during the plenary discussions either as questions, clarifications, comments or requests. Below are some of the key issues from the plenary discussion.

The Ministry of Health officials made clarifications on the Ministry's aspirations. It was stated that these are well elaborated in the National Health Policy and Development Plans. In terms of UHC, the ministry is spearheading the development of the



A participant makes a contribution during a plenary

NHIS. The Ministry has already drafted the Bill and the Bill is with the Ministry of Justice for review of legal issues in the Bill. The Ministry also said a number of studies have been conducted including the feasibility studies for the NHIS. However it was noted that these reports have not been shared publicly and the participants requested that reports be availed in the public domain. The

Members of Parliament raised concerns about the time with which the Bill is taking. They indicated that the Bill needed to be brought to parliament so that they can have ample time to scrutinize the NHIS Bill. The MPs wondered why the Ministries of Health and Justice are taking so long with the Bill.

On the leadership issue, the MPs noted that leadership is not only for MPs. The MPs contend that technical personnel need also to play their leadership roles. The MPs noted that it is the technical people who develop the various strategies and plans and advice the political leadership on how they are to be implemented. Therefore the technocrats should take significant blame for failure in government programs.

The MPs also noted the lack of support by the CSOs and technical officers in building their capacity to understand certain issues such as UHC. They said that if their capacity is not build on such issues, they might not be able to articulate clearly while on the floor of parliament and task the Cabinet to explain why things are not being done in a proper way.



Members of Parliament consult each other during the national symposium on Universal Health Coverage

The MPs indicated that the technical people do not always provide them with relevant information including information on projects/programs that are being implemented in their constituencies. This, they note compromises their capacity in conducting political monitoring and requesting accountability from implementers. The MPs noted that, for UHC to be attained they need support from Technocrats and CSOs in terms of capacity building and availing of information of UHC programs or other social services programs in their constituencies so that they can effectively monitor as well as provide more advocacy efforts.

On budgetary allocation, it was noted that the budgetary allocation is often not realized by the spending agencies including Ministry of Health. However, officials from the Ministry of Finance indicated that health and education are generally protected sectors and they always receive almost 100% of their budgetary allocation. However it was noted that inasmuch as the MOH receives almost all its allocation, there is usually delays in fund releases. Members of Parliament also questioned the quality of planning and budgeting in Ministries. They cited examples where delays are experienced in the disbursement of funds from the Treasury, but this does not seem to affect the operations of the Ministries. This created the perception that some sectors are over supplied with resources and could be experiencing absorptive capacity problems.

There was a debate about the relevance of Abuja Declaration. It was noted that focusing on medical services in the spirit of Abuja declaration may be counterproductive as certain sectors that deal with Social Determinants of Health may not get adequate funding. There was also discussion on the cost of funding the NHIS, revenue and expenditure projection. The MOH indicated that with support from ECSA Health Community, actuarial assessment was done and various scenarios projected as indicated in the report disseminated during the symposium. The MOH indicated that it selected the approach that best suited

the socioeconomic context of the country and this is what informed the NHIS Bill.

The participants deliberated upon the role of MPs in budgetary process. It was noted that the current process does not favour thorough scrutiny of the national Budget by MPs. The MPs also noted that while they sometimes feel duty-bound to lobby for a budgetary increase to the health sector, the Minister of Health feels compelled to maintain the status quo, as per Cabinet decisions, in the spirit of collective responsibility. In the absence of such support for budget reallocation from the Minister, the MP's lobbying does not bear much fruit, because it is assumed the Minister in-charge knows better what is appropriate for his/her Ministry.

PROPOSALS/WAY FORWARD/RECOMMENDATIONS FROM THE SYMPOSIUM

Following the deliberations, the following were recommended for the various actors: -

Ministry of Health

- Follow-up with Ministry of Justice and find out the status of the NHI Bill, with the aim to accelerate its presentation for debate in Parliament.
- In collaboration with CSOs and other partners organize sensitization and awareness activities for members of parliament to improve their capacity, so that they can effectively articulate issues of health and UHC on the floor of parliament.
- Provide health project and program information to members of parliament, particularly where a specific project is being implemented in their constituencies to improve political monitoring and accountability
- Disseminate the NHIS feasibility studies

Members of Parliaments

- The Members of parliament initiate/demand the process of reforming the national budget process, so that national budget is brought early to parliament for scrutiny when there is ample time for effective review of the budget and ensure it is in line with the demands of the citizens. In addition, lobby for creation of a budgetary office in parliament so that the MPs can start giving inputs to the budget early.
- Ensure that adequate resources are also allocated for services that are important for addressing the Social determinants of health.
- Advocate for Universal Health Coverage in Zambia

ECSA Health Community Secretariat

- The ECSA Health Community Secretariat should continue to support the MoH in the UHC and Health Insurance processes, including supporting the multi-sectoral committee on National Health Insurance.
- Support the Ministry of Health in the dissemination of feasibility and actuarial studies reports on National Health Insurance to a wider audience.
- Support capacity building for tracking of resources allocation and use in the health sector. This can be through training on and institutionalization of National Health Accounts so that it is easy for the Government and Cooperating Partners to understand their level of their investment in health as well as informing health financing policies.

Civil Society and the Media

- Disseminate relevant information on health and health services delivery to political leaders and the communities.
- Support the strengthening of leadership and accountability for UHC at all levels.
- Advocate for Universal Health Coverage

Cooperating Partners

- Support the Ministry of Health in the realization of UHC including advising on how the MOH can modify its strategies in a manner that make it also contribute to the CPs strategic interests of economic, security and moral imperatives.

ANNEXES

Symposium Program

PROGRAM FOR THE SYMPOSIUM ON UNIVERSAL HEALTH COVERAGE

30th June – 1st July 2015, ZAMBIA

THEME: National Symposium on Universal Health Coverage

“Where are we & where are we headed?”

VENUE: Taj Pamodzi Hotel, Lusaka, Zambia

Day 1,

Time	Activity	Session Chair
8:30 – 9:00	ARRIVAL / REGISTRATION	MOH/ECSA HC
9:00 – 9:30	Opening and Welcome remarks DG ECSA Health Community WHO country office Official Opening by Hon. Minister of Health	Dr. D. Chikamata PS- MOH
9:30– 11.00	Presentation 1 –Current UHC and Social Protection Situation Regional & National Overview – Overview of UHC in ECSA Region-ECSA Secretariat – UHC as a Policy Issue in Zambia Now and Beyond: Dr. C. Simoonga, Director – Policy & Planning - MOH	Director, Policy & Planning - MOH
11.00-11.15	HEALTH BREAK	All
11.15-13.00	Presentation 3 - Current Landscape of Government Financing and Health Financing Options – Government Financial Allocation Mr. Masiye – (Director of Budget - Ministry of Finance) – Health Financing Strategy and Social Health Insurance in Zambia: Mr. M. Luwabelwa, Deputy Director – Planning and Budgeting - MOH Discussion on Existing financing option gaps and	MOH

	response mechanisms	
13.00-14.00	HEALTH BREAK- LUNCH	
14:00 - 16.00	Presentation 2 - Research and Emerging gaps – Research and existing evidence (Academia): Dr. Felix Masiye - University of Zambia – Defining Zambia’s Proposed SHI Package; Dr. M. Kamanga - SHI Cordinator – Plenary Discussion	Health Troika
16:00-16:30	Day 1 Closure	All

Day 2:

Time	Activity	Session Chair
09:00-11:30	Panel Discussion - UHC concerns - Key issues basing on roles of different actors (Panel Discussion) – Resource allocation-Parliament Perspective (Chair/member of Estimates Committee of Parliament) – Mrs. Grace Mushibwe - National Coordinator, NGOCC – Dr. Jim McAuley - Lead Health Troika – Dr. John Kachimba, Medical Superintendent, Levy Mwanawasa General Hosital – Hon. Dr. Brian Chituwo, MP (Br. Gen - rtd) Discussion	Mr. Mubita Luwabelwa, MOH
11.30-11.45	HEALTH BREAK	All
11.45-12.30	– Presentation of key issues arising from the meeting-ECSA – Way forward-All	Permanent Secretary, MOH
12:30 -13.00	CLOSING CEREMONY	All

Closing by Deputy Minister of Health

END 13:00	HEALTH BREAK (LUNCH)	All
--------------	-----------------------------	-----

Participant list

S/No.	Name	Organization/Institution
1.	Hon. Joseph Kasonde, MP	MOH
2.	Hon. Chitalu Chilufya	MOH
3.	Hon. Patrick Mucheleka	PARLIAMENT
4.	Hon. Dr. Brian Chituwo, MP	NAZ
5.	Hon. Silvia Masebo, MP	PARLIAMENT
6.	Hon. M. Gertrude Imenda, MP	NAZ
7.	Dr. Davy M. Chikamata	MOH
5.	Harry Mhango	ACA
7.	Charles Muliya	TLFZ
8.	Mary Tembo	ACA
9.	Universe H. Mulenga	GNC
10.	Aaron Mujajati	ZMA
11.	John Kachimba	LMGH
12.	Mwape Egnart	ZAMRA
13.	Dr. Christopher Simoonga	MOH
14.	Reuben K. Mbewe	MOH
15.	Patricia Mwambaz	MOH
16.	Juliet Makwaana	MILLENIUM RADIO
17.	Chileshe Chaunga	PMRC
18.	Samal Ahmed	DAZZLING DENTAL CLINIC AND MEDICINE
19.	Dr. Mwanamfumu D.	ST. JOHNS HOSPITAL
20.	Mailless Shamanoh	MOH
21.	Wesley Mwambazi	MOH
22.	Lee Chileshe	MOH
23.	Mbaita Maka	CHAI
24.	Melody Kasomwe	HOT FM
25.	Grace Mushibwe	BREAST FEEDING ASSOCIATION OF ZAMBIA
26.	Namakao Ntini	PENSIONS AND INSURANCE AUTHORITY
27.	Annie Zulu	RADIO
28.	Caroline Phiri	IMMANUEL's PROJECT
29.	Charles T. Kaiza	MOH
30.	W. Chikopela	MYS
31.	Noah Silomba	NAMWIANGA RADIO
32.	Jamia Nkhoma	RADIO PHOENIX
33.	Paul Banda	MWAZWINI HBC
34.	Sadson Majui	MCDMCH
35.	Felix kashweka	THE POST
36.	Musonda Chipili	CHAZ
37.	Henry Kansembe	MOH
38.	Victor M. Chikaranga	MLSS
39.	Kelvin Phiri M.	ZWBC
40.	Maunga Kwenda	METROPOLITAN HEALTH

41.	Becker Mwewa	ZCXPD
42.	Vanessa Mwenya	YMCA
43.	Alice Chisanga	NEW AGE NEWS PAPER
44.	Nakapoko Nalungwe	MOH
45.	Namwinga Choobe	MOH
46.	Manelle Goursat	MOH
47.	Humphrey Fumpa	CSAWUZ
48.	Choolwe Jacobs	UNZA – PUBLIC HEALTH
47.	Dr. Mpuma Kamanga Lazarous	
50.	Chiyobe E. Davy	CIVIL SERVANTS AND ALLIER WORKERS UNION
51.	L. Mwelwa	MOF
52.	Jubiel M. Zulu	AMA RADIO
53.	Pamelaa Mulenga	CBC TV
54.	Raymond Kufekisa	METROPOLITAN HEALTH
55.	Yengwe Kakusa	MCDMCH
56.	Makani Alfred	HWUZ
57.	Charles Muluja	SIFZ
58.	Harry Mhango	ACA
59.	Chikatula Kasobe	MLSS
60.	Samal Ahmed	DDC
61.	Crecious phiri	CHAIMAMA HOSPITAL
62.	Mubita Luwabelwa	MOH
63.	Emily Chipaya	MOH
64.	Nancy wamundila	MOH
65.	Patrick Banda	MOH
66.	Olivia Lundako	YMCA
67.	Bertha Sikozi	MOH
68.	Kennedy Siputuma	MESVTEE
69.	Chiyobe E. Davy	CSAWUZ
70.	Vincent Mamola	
71.	William Kanweka	USAID
72.	Rita Lwiindi	WHO
73.	Yukari Yasutaka	JICA
74.	Esther Bouma	EUROPEAN UNION
75.	Masahiro Yamao	EMBASSY OF JAPAN
76.	Collins Chansa	WORLD BANK
77.	Jim Mc Auley	CDC - DIRECTOR
78.	Prof. Yoswa Dambisya	ECSA-HC
79.	Mr. Edward Kataika	ECSA-HC
80.	Dr. Walter Odoch	ECSA-HC
81.	Ms. Beatrice Muhochi	ECSA-HC

Link to power point presentations

<http://www.ecsahc.org/downloads/> (in the health systems documents)



Ministry of Health, Zambia



East, Central and Southern Africa Health Community

NATIONAL SYMPOSIUM ON UNIVERSAL HEALTH COVERAGE IN ZAMBIA

30th JUNE-1st JULY 2015

Taj Pamodzi Hotel, Lusaka Zambia