

SEIZING THE MOMENT:

How Zambian Sexual and Reproductive Health Advocates are Accelerating Progress on Universal Health Coverage Financing

Country-level momentum around universal health coverage (UHC) is receiving increasing attention by health and rights advocates globally. While the sexual and reproductive health and rights (SRHR) community works to navigate the specifics of UHC and understand the implications for enabling women and girls' universal access to SRHR, country-level UHC policy processes continue to move forward, often without deliberate engagement with civil society organizations (CSOs)—including the engagement of SRHR CSOs—even though these policies have direct impact on women's and girls' rights and their access to critical services.



In late 2018, PAI and the Centre for Reproductive Health and Education (CRHE) joined efforts to respond to the Zambian government's fast-tracked health financing policy in support of UHC. At the heart of the engagement was the understanding that the design and implementation of this major policy reform would have ramifications for the affordability, availability, equity and quality of sexual and reproductive health (SRH) services and commodities, including family planning.

The Zambian government had announced a plan to launch the UHC scheme in January 2019, yet, both the financing policy process and opportunities for engagement were unclear to SRHR CSOs. Recognizing the short policy timeline, PAI worked with CRHE to provide technical analysis and support, convene a group of stakeholders and identify areas for CSO engagement with the Ministry of Health (MOH) in the remaining decision-making process and post-2019 implementation.

UNIVERSAL HEALTH COVERAGE

Universal health coverage (UHC) is a country-specific goal to ensure all people have access to needed, quality health services and financial protection from impoverishing out-of-pocket health expenditure.

This goal has become the center of health reforms and national policies in many countries, especially in sub-Saharan Africa, and many governments are moving quickly to design health policies and programming, including financing, to achieve it. As part of the process, governments will decide what services, commodities and providers these resources help fund, as well as how to reach key populations, providing an important window of opportunity to expand access to and increase sustainable financing for SRHR.

CONTEXT

The government of Zambia established UHC as a priority in its most recent National Health Strategic Plan (NHSP 2017-2021). As a step toward UHC financing, in September 2017, the government developed a 10-year national health financing strategy—a technical framework outlining the plan for financing the health system, which acts as a roadmap for key health financing policy reforms. The Health Financing Strategy introduced Zambia's plan for domestic resource mobilization, including the launch of a nationwide, mandatory health insurance scheme called the National Health Insurance Scheme (NHIS), which was passed into law in April 2018. A key part of this effort is establishing the National Health Insurance Authority (NHIA) and its board, which will manage the insurance scheme. With the details and implementation plan still being decided, Zambian CSOs who participate in relevant technical working groups had not been consulted.

Implementation of the health insurance scheme has since been delayed as the MOH and newly appointed NHIA Board continue to finalize the many remaining details. The government's ambitious plan includes reaching 100 percent nationwide coverage by 2021, though it is unclear if that has changed, given the delay.

UHC FINANCING POLICY ADVOCACY MEETING – OCTOBER 2018

PAI and CRHE designed a two-day workshop for 20 advocacy and service delivery CSOs, academics and medical association representatives. The objective of the workshop was to understand Zambia's UHC financing policy reforms, their implications for SRHR and to develop an advocacy strategy for constructive engagement with the MOH and NHIA.

An MOH official and a Zambian legal expert participated in the workshop, helping to frame Zambia's health financing and legal landscapes, including details of the policy development and implementation timelines as well as the mechanics of the NHIA governing body and fund. Their presentations outlined important policy process points and structures within which CSOs could engage. PAI provided technical analysis to help advocates contextualize the implications for SRHR access, equity and quality in relation to the health financing policy environment and national health insurance scheme.

With this foundation, CSOs prioritized three specific CSO engagement and advocacy opportunities within the NHIS decision-making process and timeline.

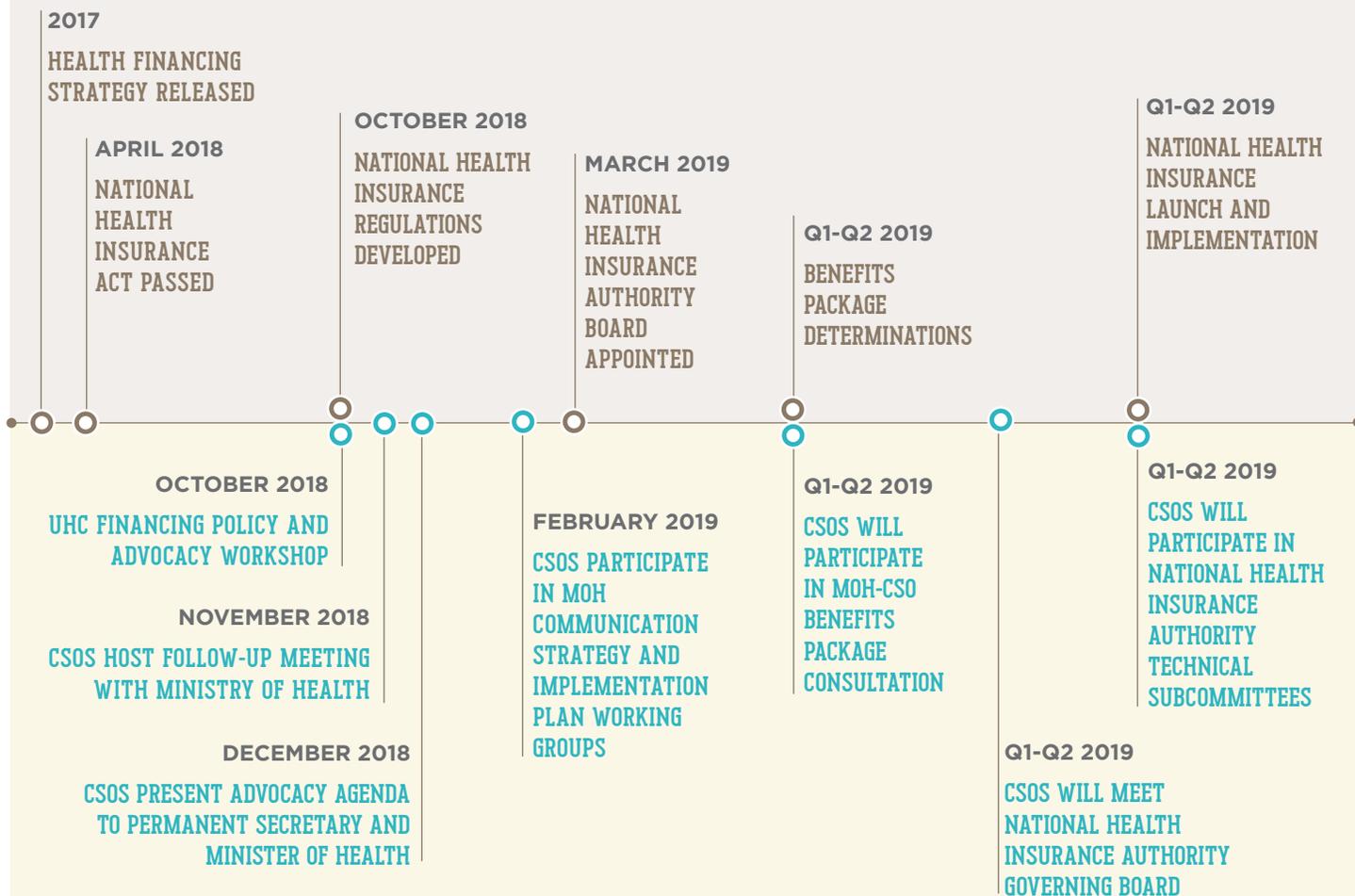
Key NHIS Learnings That Informed the Advocacy Strategy

- The NHIS will be a social health insurance model, based on employer and employee payroll deductions for the formal sector, contributions from the informal sector and government subsidy for those who are unable to pay.
- A newly created NHIA will be a parastatal entity and exist outside the MOH, governed by a board and responsible for managing the NHIS.
 - The NHIS legislation named 12 institutions that would make up the board—whose specific representatives would be appointed by the Minister of Health—with two additional open seats to be determined. It also stipulated the creation of technical subcommittees for governance and NHIS decision-making.
- The NHIA Board will decide benefits package determinations in concert with the MOH. Provider payments, facilities, services and commodities to be included will be chosen as part of the process.
- The government is developing an NHIS implementation and communications strategy, with specific concerns about reaching Zambia's large informal sector.

ADVOCACY ACTION AGENDA

- 1 Benefits Package Prioritization and CSO Consultation**
 - Ensure a joint consultation meeting between MOH, CSOs and other key stakeholders to review the national health insurance benefits package before it is finalized.
- 2 National Health Insurance Authority Representation**
 - Include a CSO representative as part of NHIA Board, if not yet appointed.
 - Include CSOs in technical subcommittees to be appointed by the NHIA Board, as stipulated in the National Health Insurance Act, to advise on relevant areas of expertise.
- 3 National Health Insurance Communications Strategy and Information Dissemination**
 - Help achieve communications objectives outlined by MOH and NHIA and assist with information dissemination on the NHIS rollout, targeting the informal sector.

POLICY TIMELINE



ADVOCACY TIMELINE

Successes

- The appointed NHIA Board has committed to meeting with CSOs to review the NHIS benefits package before NHIS implementation
- CRHE and other CSOs have been invited to partake in NHIS communications strategy development and participate in working groups to select activities where they can assist government implementation efforts
- CSO stakeholders will meet with the NHIA governing board once members are appointed and CSOs will participate in NHIA technical subcommittees

BUILDING MOMENTUM

After the workshop, CRHE and colleagues used the advocacy action agenda as a tool to meet with decision-makers. CRHE convened follow-up meetings with a broader set of health stakeholders, including donors, other CSOs and the Ministries of Health, Planning and Finance to present and advance the three advocacy objectives. These meetings created spaces for ongoing dialogue about the NHIS benefits package and communications strategy, and for advocating for representation in the NHIA. Consequently, the CSO collective was invited to meet with the Permanent Secretary of Administration in the MOH to chart next steps for engagement as well as the Minister of Health to express CSO support for the NHIS.

While some processes are ongoing due to NHIS timeline delays, CRHE and colleagues succeeded in advancing the advocacy agenda. Immediate successes include:

- The appointed NHIA Board has committed to meeting with CSOs to review the NHIS benefits package before NHIS implementation;
- CRHE and other CSOs have been invited to partake in NHIS communications strategy development and participate in working groups to select activities where they can assist government implementation efforts; and
- CSO stakeholders will meet with the NHIA governing board once members are appointed and CSOs will participate in NHIA technical subcommittees.

LESSONS LEARNED

Starting with the evidence is critical: Reviewing the core national health policies was instrumental in helping SRHR advocates understand Zambia's health financing policy within the context of UHC, as well as NHIS details. This provided a technical foundation for developing an advocacy strategy and identifying long-term accountability opportunities. The policy review also helped the CSO collective examine Zambia's previous health policy commitments and to develop SRHR priorities based on those prior commitments.

Integrating officials in deliberations illuminates the value of CSO partnership: Issuing a formal invitation to an official from the MOH demonstrated CSO commitment and fostered shared understanding. The discussion paved the way for future engagement opportunities and sensitized Ministry officials to constructive ways to partner with CSOs around NHIS efforts. This led the official to reflect on the importance of engaging CSOs sooner.

Leveraging the combined strengths of CRHE and PAI ensures a country-tailored solution: Meeting the needs of Zambian SRHR CSOs to engage in UHC financing policy processes required a dual approach. Combining local advocacy expertise and networks from CRHE with global seed funding and technical support from PAI proved a partnership model that leads with local ownership.

Engaging a broader network of health CSOs and stakeholders strengthens advocacy: Involving a broader constituency beyond organizations focused on SRH allowed for the inclusion of diverse perspectives. This reinforced the advocacy strategy and crystallized the three priorities in the action agenda. Medical association, academic colleagues and general health CSOs offered perspectives that shaped the ultimate success of the engagement with the MOH.

A brief meeting report served as an immediate action tool: Following the workshop, PAI and CRHE immediately developed a two-page meeting report as an advocacy tool to advance the agenda. The report proved to be instrumental in garnering formal meetings with the Minister of Health, Permanent Secretary and Department of Health Financing within the MOH.

RECOMMENDATIONS FOR CONTINUED SRHR-UHC POLICY ADVOCACY EFFORTS

Develop real-time analysis of UHC policy reforms: Country-specific case studies and landscape analyses of national and other health systems-related reforms are critical tools to support CSO advocacy efforts.

Support additional SRHR-UHC financing advocacy workshops and convenings: In-person convenings allow advocates and allies the opportunity to review the health financing policy landscape, create consensus and most importantly, provide the space to strategize and develop a strong advocacy agenda to advance SRHR within UHC-oriented policy reforms.

Document lessons learned and foster regional exchange: As the most rapidly evolving national UHC policy environments are taking place in sub-Saharan Africa, there are critical opportunities for these countries to learn from each other's experiences and leverage each other's knowledge to strengthen their own approaches.

Generate evidence for SRHR advocacy targeted at UHC policymaking: Building tailored evidence is needed for UHC policy decision-making that best supports advocates in their SRHR advocacy to governments. Specifically, that includes gathering evidence on out-of-pocket spending on SRH services to inform decision-making and strengthening implementation research approaches to monitor policy impact and to inform future policy reforms.

Provide long-term support for CSO accountability efforts: The way that health financing structures are designed matters—especially for their effects on women and girls. After the current financing policymaking process concludes and NHIS implementation begins in Zambia, there will be important accountability opportunities to trace how the financing scheme reaches women and girls in the informal sector; whether it increases access to and quality of SRH services—including family planning—and whether the government is on track to achieve UHC.