

# REPUBLIC OF ZAMBIA



## MINISTRY OF HEALTH

**Roadmap for the European Union - World Health  
Organization Universal Health Coverage Partnership  
Programme in Zambia**



**World Health  
Organization**



**2016 – 2018**

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## EXECUTIVE SUMMARY

Vision 2030 set by the Government of the Republic of Zambia prioritizes the health sector as a significant contributor to the wellbeing of the people of Zambia. The Government is committed to the provision of quality health services and continued investment in the health sector since a healthy population is critical to improved production and productivity. For the facilitation of efficient and effective management of health services, the government set up comprehensive organizational and management structures at national, provincial, district and community levels.

The WHO Zambia Country Office supports the Ministry of Health to strengthen its leadership and foster strong partnerships with different stakeholders to achieving better health outcomes.

The third phase of the "EU -WHO Universal Health Coverage (UHC) Partnership: Supporting policy dialogue on national health policies, strategies and plans and universal coverage" program (hereafter: "UHC Partnership") will support the Zambian Ministry of Health to implement the National Health Strategic Plan (NHSP) 2017 – 2021 contributing to achieving better health outcomes. The UHC Partnership supports the aid effectiveness principles of the International Health Partnership Plus (IHP+), aiming at the alignment of all partner health programs to the National Health Strategic Plan.

The Directorate Planning and Budgeting of the Ministry of Health, in close collaboration with the WHO Zambia office and the WHO Health Systems Adviser will implement the Roadmap activities.

## ABBREVIATIONS AND ACRONYMS

ACM	Annual Consultative Meeting
AFRO	World Health Organization Regional Office for Africa
CCS	Country Cooperation Strategy
CHAI	Clinton Health Access Initiative
CHAZ	Churches Health Association of Zambia
COMESA	Common Market for Eastern and Southern Africa
CP	Cooperating Partners
CSOs	Civil Society Organizations
CTG	Core Technical Group
DFC	Direct Financing Cooperation
DfID	Department for International Development
EU	European Union
GMCSPP	Governance and Management Capacity Strengthening Plan
GRZ	Government of the Republic of Zambia
HCF	Health Care Financing
HRH	Human Resources for Health
IHP	International Health Partnership
IMC	Inter-ministerial Committee
IST	Inter-Country Support Team
JAR	Joint Annual Review
JICA	Japan International Cooperation Agency
MCD	Ministry of Community Development
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoL	Ministry of Labor
MoU	Memorandum of Understanding
MTEF	Mid Term Expenditure Framework
NGOs	Non-Government Organizations
NHP	National Health Policy
NHSP	National Health Strategic Plan
PHC	Primary Health Care
RMNCH	Reproductive Maternal Newborn Child and Adolescent Health
SDGs	Sustainable Development Goals
SHI	Social Health Insurance
Sida	Swedish International Development Cooperation Agency
SWAp	Sector Wide Approach
TWG	Technical Working Group
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WCO	WHO Country Office
WHO	World Health Organization

## INTRODUCTION

The Government of the Republic of Zambia (GRZ) prioritizes the health sector as a significant contributor to the wellbeing of the people of Zambia and is committed to the provision of quality health services to its population. The government further commits to continued investment in the health sector since a healthy population is critical to improved production and productivity; in particular in view of the high burden of communicable diseases and the concurrent rising burden of non-communicable diseases. This commitment is enshrined in the Vision 2030 set by the Government of Zambia. Since 2010, progress has been recorded in most of the key areas of health service delivery, and health support systems. Despite these achievements, the health sector still faces challenges including high disease burden, inadequate human resources for health, weak medical logistics systems, inadequate and inequitable distribution of health infrastructure, equipment and transport, inefficient health information management systems, inadequate health financing; and weaknesses in health governance<sup>1</sup>.

In the bid to facilitate efficient and effective management of health services the government set up comprehensive organizational and management structures at national, provincial, district and community levels; and the different partners support the health sector technically and financially to ensure that these governance structures are functional. The Ministry of Health (MOH) maintains strong partnerships with the different health stakeholders that include communities, other government departments, Cooperating Partners (CPs), Civil Society Organizations (CSOs), and private practitioners<sup>2</sup>.

The World Health Organization (WHO) has supported the MoH in Zambia for the last 52 years through its core functions. These core functions, as enshrined in WHO's constitution and mandate, are to strengthen the six building blocks<sup>3</sup> of a health system, and support the achievement of effective health outcomes<sup>4</sup>.

The EU-WHO UHC Partnership came into existence in 2011/2012 with 7 target countries. A further 7 countries were added on in 2013. The Grand Duchy of Luxembourg began financial support to WHO in this area in 2013 with an additional 5 countries and joined the EU-WHO UHC Partnership to support policy dialogue on national health policies, strategies and plans with the aim to achieve Universal Health Coverage (UHC) in the 19 countries at the time<sup>5</sup>.

A third phase of the EU-WHO UHC Partnership began in January 2016 and is scheduled until end of 2018. The Republic of Zambia is one the countries joining the UHC Partnership in Phase III, in addition to Burundi, Guinea Bissau, Morocco, South Africa, Tajikistan, and Ukraine. An important objective of the UHC Partnership is the strengthening of the aid effectiveness

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<sup>1</sup> NHSP 2011-2016 MOH GRZ

<sup>2</sup> National Health Policy 2013

<sup>3</sup> [www.wpro.who.int/health\\_services/health\\_systems\\_framework/en/](http://www.wpro.who.int/health_services/health_systems_framework/en/) providing leadership in matters critical to health; engaging in partnerships where joint action is needed; shaping the research agenda, and stimulating the generation, dissemination and application of knowledge; setting norms and standards, and promoting and monitoring their implementation; articulating ethical and evidence-based policy options; providing technical support, catalyzing change and building sustainable institutional capacity; and monitoring the health situation and assessing health trends

<sup>4</sup> CCS Zambia 2008-2013

principles of the International Health Partnership (IHP+), (to which Zambia is a signatory). These principles are underlying the proposed roadmap, thereby contributing to the alignment of development assistance by national and international partners to the NHSP<sup>6</sup>.

Through a health stakeholder consultative process, WHO supported the development of this roadmap of core activities on good governance in collaboration with the leadership and direction of Policy and Planning Directorate, MoH. The different contributors are enlisted in Annex 2. The consultation process generated a proposed list expected results and related activities that was then prioritized by the MoH to form the core activities of this roadmap. These activities will guide the implementation and expenditures decisions over the two years period of the UHC Partnership with the MoH Zambia.

## CONTEXT

During the post millennium development goals (MDGs) discussions, it was acknowledged that weak and fragmented health systems were the key hindrance to achieving the health related MDGs. Weak health systems are characterized by fragmented approaches to policy formulation, planning and implementation contributing to duplication of services, parallel systems and reduced value for money in the health sector. The identified cross cutting weaknesses in health systems include shortage and mal-distribution of skilled human resources; inadequate public funding; poor alignment of financial resources with service delivery strategies; fragmented health financing systems; limited access to essential medicines; shortage of medical and diagnostic equipment; and poor health infrastructure<sup>7</sup>.

The Sustainable Development Goals (SDGs) build on the achievements of the MDGs. They recognize that ending poverty must go hand-in-hand with strategies enabling economic growth and addressing a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection. Whereas there has been reduction of the common killers associated with child and maternal mortality; and progress made on increasing access to clean water and sanitation, reducing malaria, tuberculosis, polio and the spread of HIV/AIDS; more efforts are still needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues. The SDG 3 on ensuring healthy lives and promoting the well-being for all at all ages is essential to sustainable development<sup>8</sup>.

In 1991, the Zambian Government introduced health sector reforms to achieve cost effectiveness and efficiency in the health sector through the establishment of Central Boards. When the MoH was centralized, there was concern of how the dual functions of policy formulation and policy implementation were to be handled. This led to the decision to decentralize the health care delivery system by delegation of the key functions of planning, budgeting, health service management, financial management, internal controls and control of

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<sup>5</sup> UHC Partnership 2016

<sup>6</sup> EU-WHO UHC Partnership-Phase III 2016

<sup>7</sup> EU-WHO UHC Partnership-Phase III 2016

<sup>8</sup> UN Sustainable Development Goals 2016

human resources from the MoH headquarters to the lower levels of the health care delivery system. The previously decentralized systems were a major contributor of the good will and excellent repute of Zambia's SWAp at the time since they were noted to be more accountable and transparent. The success in responding to the development challenges of governance, leadership and management has been due to the robustness of the systems that have been initiated and developed and adapted their over time<sup>9</sup>.

The current National Health Strategic Plan (NHSP) 2011 – 2016 embraces the mission to provide equitable access to cost effective, quality health services as close to the family as possible. Its overall goal is to improve the health status of the people in Zambia so as to contribute to socio-economic development by focusing on the key principles of Primary Health Care (PHC) including equity of access; affordability; cost effectiveness; accountability; partnerships; decentralization and leadership; and a clean, caring and competent health care environment.

As one of its thematic areas, leadership and governance aims at implementing an efficient and effective decentralized system of governance to ensure high standards of transparency and accountability at all levels. The strategies contributing to achieving this objective include: strengthening the legal and policy framework for health; implementing the National Decentralization Policy thereby strengthening district level planning and health service management capacities; strengthening sector collaboration mechanisms through reviewing and updating Memoranda of Understanding (MoU) with sector partners; incorporating the aid effectiveness principles (Seven Good Behaviors) of IHP+ into the MoU; strengthening Joint Annual Reviews (JAR); strengthening leadership, management and governance systems and structures, transparency, accountability and access to information at all levels, especially the community level<sup>10</sup>. This proposed roadmap aims at contributing to the implementation of these key strategies.

Zambia's health sector coordination structure is comprised of a number of committees, reviews, support systems, working groups and task forces, and the administrative structures required to manage these structures. The Annual Consultative Meeting (ACM) comprises ministerial representation, ambassadors and high commissioners; heads of bilateral and multilateral development agencies, UN agencies and civil society organizations. It represents the highest decision making level in the coordination framework.

The Sector Advisory Group (SAG) is the next level and its main role is to monitor and manage for results. The Policy Meetings represent the next level, aiming at monitoring progress half annually and making decisions on any changes in the approved work plan. The six Technical Working Group (TWGs), formed around the health systems building blocks<sup>11</sup>, monitor and

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<sup>9</sup> Governance and management capacity strengthening plan 2012 - 2016

<sup>10</sup> NHSP 2011-2016 MOH GRZ

<sup>11</sup> WHO building blocks include: Service Delivery/Communication; Human Resource; Procurement, Medical Products, Vaccines, Infrastructure, Equipment and Transport; Monitoring and Evaluation; Health Care Financing & Joint Financing Agreement; and Leadership and Governance

advise on the development and implementation of the annual work plan (AWP) and report to the policy meetings through the Secretariat, which is represented by the Development Cooperation Unit in the Policy and Planning Directorate with the support from WHO. It provides overall support to ensure that the structure operates according to the agreed terms of reference, and supports the different sub-structures within stakeholders such as coordinating the meetings of the CPs and CSO/NGOs<sup>12</sup>. This proposed roadmap aims at strengthening the role of TWGs to become more operational in supporting the Secretariat and to take up specific tasks identified by the Development Cooperation Unit.

In 2014, a mid-term review of the implementation performance of NHSP 2011-2016 was conducted and a number of recommendations were made to improve the performance of the Development Cooperation Unit.

The recommendations on leadership and governance included: the review of all health policies and strategies to ensure consistency with and coherence to the supply and demand of health services, the mid/final evaluation of the National Development Plan (NDP), the development of mapping tools and plans for joint monitoring and evaluation of performance indicators, the enhancement of harmonization and alignment of functions to achieve improved and equitable health outcomes, government leadership in organizing and sustaining effective health sector fora, alignment of all health partnership programs with the NHSP 2017-2021, development and implementation of a needs driven inclusive and equitable health planning approach at all levels, strengthening of feedback mechanisms to and from the community<sup>13</sup>. The proposed core road map activities resonate with these recommendations.

## OBJECTIVES

The overall objective of EU-WHO support on Universal Health Coverage in Zambia will be to strengthen governance in the health sector over the period 2016 – 2018.

### **SPECIFIC OBJECTIVES (SO):**

The specific objectives of the UHC Partnership will be:

**SO1:** To support the development and implementation of robust national health policies, strategies, and the National Health Strategic Plan (NHSP) 2017 – 2021, aiming at increasing coverage with essential health services, financial risk protection, and health equity;

**SO2:** To support technical and institutional capacity, evidence and knowledge for health systems and services, and the related policy dialogue; and

**SO3:** To ensure international and national stakeholders are increasingly aligned around NHSP 2017 – 2021 so as to improve the effectiveness and efficiency of development cooperation.

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<sup>12</sup> SWAp Health Coordination Structures-MOH Zambia 2013

<sup>13</sup> MTR Report of NHSP 2011 - 2016

## EXPECTED RESULTS (ER)

The Expected Results (ER) related to SO1 and SO2 of the Roadmap include:

- ER1.** The MoH will have updated its NHPSP 2017-2021 based on an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection, and health equity;
- ER 2.** The MoH will have conducted Joint Annual Reviews for the health sector for 2017 and 2018 and will have improved routine reporting, monitoring, and evaluation systems;
- ER 3.** The MoH will have implemented modified health financing strategies and systems to move more rapidly towards universal health coverage, with a particular focus on the poor and vulnerable;
- ER 4.** The MoH will have put in place and evidenced health financing reforms for universal health coverage.
- ER 5.** The MoH has included Integrated Disease Surveillance and Response (IDSR) systems in Zambia's National Health Plan 2017-2021 to strengthen the capacity of the country to prevent, detect and control outbreaks and to implement the International Health Regulations (IHR) as the legal, regulatory and institutional framework for planning and monitoring disease surveillance and response activities .

ER related to SO 3:

- ER 6.** The MoH together with WHO will ensure and monitor the adherence to the agreed aid effectiveness principles (IHP+) and alignment by all stakeholders.

## STAKEHOLDER CONSULTATIONS

In order to develop a list of possible activities for the roadmap, a number of health sector stakeholders were consulted (annex 2); their inputs are summarized in the following sections.

**SO1: To support the development and implementation of robust national health policies, strategies, and the National Health Strategic Plan (NHSP) 2017 – 2021, aiming at increasing coverage with essential health services, financial risk protection, and health equity.**

- 1) There is a need for additional technical support for the development and implementation of policies and sector strategies through situation analyses, implementation plans, formulating results, setting priorities and strategic directions, budgeting, costing, and M&E frameworks.
- 2) Support to the development of the National Health Strategic Plan (NHSP) 2017-2021 is currently ongoing by providing and orienting the MoH on the JANS tool and costing the NHSP.
- 3) Planning for primary health care need to be strengthened in order to create ownership by communities of their health services and integrated into the NHSP. All level of health

services need to be improved and modernized.

- 4) WHO should continue supporting the MoH in adapting the global policies to the country health plans and strategies (i.e. ensuring that the Sustainable Development Goals are incorporated into the development of the NHSP 2017 -2021 and the sector service delivery strategies).
- 5) A number of district data bases report parallel to the official MoH national reporting system, depending on the source of additional donor funds in the given district. One harmonized reporting system should be ensured and the health information system should be unified. There have been instances of duplication of efforts in implementation of some activities, notably in program assessments and/or evaluations in the districts.

**SO2: To support technical and institutional capacity, evidence and knowledge for health systems and services, and the related policy dialogue.**

- 1) The coordination, communication, information sharing between the Directorates at the MoH needs to be strengthened. (e.g. the online reporting system from districts is routed to the M&E section of the Planning and Budgeting Directorate, with no link to the Disease Control, Surveillance, and Research Directorate).
- 2) The last round of National Health Accounts has been conducted in 2012. The institutional capacity to conduct NHA according to the System of Health Account (SHA) 2011 methodology has to be built in order to produce accounts independently and routinely.
- 3) WHO fulfils its mandate of providing technical support to the MoH; however there is a need to directly provide technical support to non-government health providers (e.g. palliative care providers who are largely non-governmental).
- 4) The medical procurement process is slow and supply chain is inadequate due to the requirement to adhere to the government procurement rules and regulations; this affects the implementation of planned activities.
- 5) The details of implementation modalities of the Social Health Insurance (SHI) need to be specified (e.g. establishment of the health insurance agency, benefit package, contributions, provider payment system).
- 6) The delay in putting in place the law that governs the health sector has created a vacuum in the overall legal framework. The National Health Services Act of 1995 was repealed.
- 7) The pending Parliamentary approval of the Social Protection Bill, which has a section on Social Health Insurance, has contributed to the delay in implementation of the Social Health Insurance scheme.
- 8) All partners should be encouraged to participate in the policy dialogue, to harness their different comparative advantages in their corresponding areas of specialization and work (e.g. some partners may not have direct funding to the health sector but may be very well positioned to do community based mobilization for health campaigns).

**SO3: To ensure that international and national stakeholders are aligned around the NHSP 2017 – 2021 so as to improve the effectiveness and efficiency of development cooperation.**

- 1) WHO and other UN Agencies need to participate more actively in the CPs discussions in order to achieve optimal coordination between the CPs and the Government; gaps and changes arising from development partners need to be considerably better addressed and timely reported.
- 2) The fragmented health sector funding mechanisms need to be addressed; it is limiting the effective and efficient implementation of planned activities. Better alignment of funding is required. Estimates of over 60% of donor funds are directly received by NGOs some of which do not implement activities according to the MoH priorities and thus contributing to inefficiency in use of resources.
- 3) Results achieved from the activities implemented by some partners do not match with the MoH plans, and funds were not optimally spent. Close monitoring will be required to improve accountability by all development partners to the MoH.
- 4) The frequency of meetings and follow up on technical issues varies between the different TWGs. HRH, M&E, HCF and Service delivery are the most active ones. There are a number of sub-committees on Reproductive Health and HIV/AIDS that need to be streamlined for improved efficiency. WHO needs to guide the proceedings of the TWG meetings.
- 5) WHO needs to further improve and strengthen its technical assistance role and establishes closer cooperation with the MoH, thus ensuring that set guidelines and standards in the health system are followed.
- 6) The previous MoU between the Government and the CPs lacked clarity on the operations of TWGs. The new MoU should be clearer in streamlining terms of reference for the TWGs.
- 7) The SWAp provides a forum for engaging with CSOs. However, CSOs need to be organized as a unified entity to better engage with national health authorities in policy dialogue and implementation.
- 8) WHO needs to support restructuring of the SWAp mechanism by providing more targeted technical assistance to the Development Cooperation Unit for coordinating activities between the Troika and the GRZ.
- 9) Donor reports are sometimes submitted late and do not meet the expected quality standards resulting in repeated discussions and re-submissions. Un-communicated changes in reporting formats also contribute to reporting challenges.
- 10) The technical assistance that WHO Zambia gives to the MoH is disease-specific. With the arrival of the SDGs, the technical support needs to be systems oriented to contribute to strengthening the health system.
- 11) When annual health budget/action plans indicating the covered and uncovered budget lines are shared with the CPs, they are not in position to fill in the gaps in the budget lines at the time the government budgets are appropriated due to different planning and budgeting cycles. The CPs and the Government planning and budgeting cycles need to be synchronized.
- 12) When there are un-utilized funds at the end of a funding cycle, there should be mechanisms for evaluating the circumstances of under-spending and rolling these funds over to the plans of the subsequent implementation period; as opposed to being reimbursed back to the funding agency.

- 13) Some funding procedures are not seen to be effective in achieving the aim of getting services to the population such as donor requirements for detailed planning and accountability systems at district level for funds to be availed without ensuring the presence of equivalent technical capacity to meet those demands.

## THE EU-WHO SUPPORT ON UHC

The Directorate Planning and Budgeting, in collaboration with the WHO Zambia Health Systems Adviser, as the Secretariat to the Cooperating Partners (CPs) and the Ministry of Health (MoH) will implement the core Roadmap activities to strengthen governance in the health sector.

As part of the prerequisite activities prior to commencement of the Roadmap implementation, it is anticipated that an inception mission will take place in Lusaka, comprising of the staff from WHO Headquarters, WHO Africa Regional Office (AFRO), WHO Inter-Country Support Team (IST) Office for Eastern and Southern Africa, and WHO Zambia Country Office. The mission will discuss the proposed support under the Roadmap to strengthening health sector governance with senior government officials from the Ministry of Health and the Cooperating Partners.

## PROPOSED EXPECTED RESULTS, ACTIVITIES, AND INDICATORS

### Expected Results (ER) related to SO1:

**ER 1:** The MoH will have developed its NHSP 2017-2021 based on an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection, and health equity;

Activity: Support the MoH to employ the Joint Assessment of National Health Strategies (JANS) tool and guidelines in order to enhance the quality and relevance of the NHSP.

Indicator: The NHSP 2017-2021 developed according to the JANS approach.

Activity: Support the MoH to cost the National Health Strategic Plan (NHSP) 2017 – 2021.

Indicator: A costed National Health Strategic Plan 2017 – 2021.

**ER 2:** The Ministry of Health will have conducted Joint Annual Reviews (JARs) for the health sector for 2017 and 2018, and improved routine reporting, monitoring, and evaluation systems;

Activity: Support the MoH to conduct the Joint Annual Reviews (JARs) in 2017 and 2018.

Indicator: Joint Annual Reviews (JARs) reports for 2017 and 2018 prepared.

### Expected Results (ER) related to SO2:

**ER 3:** The MoH will have implemented modified health financing system and strategy to move more rapidly towards universal health coverage, with a particular focus on the poor and vulnerable;

Activity: Support the MoH to build capacity in Health Financing and health policy analysis for Universal Health Coverage.

Indicator: A team of four from the MoH participated in WHO Course on Health Financing for Universal Health Coverage.

Activity: Conduct a policy dialogue on health financing for Universal Health Coverage.

Indicator: Workshop on developing health financing strategy for Universal Health Coverage conducted.

**ER 4:** The MoH will have conducted and evidenced health financing reforms for Universal Health Coverage (UHC);

Activity: Institutionalization and development of National Health Accounts (NHA).

Indicator: The National Health Accounts methodological report according to System of Health Accounts 2011 finalized.

Activity: Support the MoH to design and cost a Basic Benefit Package for Social Health Insurance.

Indicator: A finalized Basic Benefit Package for Social Health Insurance.

Activity: Assess the capacity of health facilities to provide services under the Basic Benefit Package for Social Health Insurance.

Indicator: The assessment report of the capacity of health facilities finalized.

Activity: Support the MoH to design Provider Payment Mechanisms for the implementation of Social Health Insurance (SHI).

Indicator: A comprehensive health care provider payment mechanism designed.

Activity: Support the MoH to develop a private health sector development strategy.

Indicator: A finalized private health sector development strategy.

**ER 5:** The MoH has included Integrated Disease Surveillance and Response (IDSR) systems in Zambia's National Health Plan 2017-2021 to strengthen the capacity of the country to prevent, detect, and control outbreaks, and to implement the International Health Regulations (IHR) as the legal, regulatory, and institutional framework for planning and monitoring disease surveillance and response activities.

Activity: Support the development of policies, legislation, and regulations according to the IHR.

Indicator: National policies, legislation, and regulations revised.

Activity: Support the development of government instruments sufficient to implement IHR.

Indicator: An IHR Inter-ministerial Technical Working Group constituted.

### **Expected Results (ER) related to SO3:**

**ER 6:** The Ministry of Health, together with WHO, will ensure and monitor the adherence to the agreed aid effectiveness principles (IHP+) and alignment by all stakeholders.

Activity: Assist the MoH to achieve optimal coordination with Cooperating Partners by supporting an Inter-ministerial Task Force.

Indicator: A mechanism for improving the planning process and coordination with the CPs in place.

Activity: To act as a convener and host of the Troika Secretariat on behalf of the Cooperating Partners.

Indicator: Minutes of meetings and protocols documented and disseminated to the CPs and the MoH.

Activity: The Cooperating Partners are convened monthly to review the on-going activities and share the information on planned activities at national and sub-national levels.

Indicator: A map of technical and financial assistance updated and validated by MoH.

Activity: Support the MoH to coordinate and facilitate Technical Working Groups meetings, assign specific activities and tasks and generate evidence.

Indicator: Minutes of the TWGs meetings and documentation of the results and follow up actions.

Activity: Support the MoH to develop the Compact that will guide health sector stakeholders in the implementation of the NHSP 2017 – 2021.

Indicator: The National Compact for IHP UHC 2030 developed.

## BUDGET

Table 2 below shows the budget breakdown of costed core roadmap activities 2016, 2017 and 2018. The detailed breakdown is as shown in annex 1.

**Table 2:** Summary of annual budgets

<b>SUMMARY OF ANNUAL BUDGETS OF THE EU-WHO SUPPORT PROGRAMME FOR UNIVERSAL HEALTH COVERAGE TO THE MINISTRY OF HEALTH (IN US DOLLARS)</b>				
N	Activities	2016	2017	2018
<b>1</b>	<b>Development and implementation of the National Health Strategic Plan (NHSP) 2017 - 2021</b>			
1.1	Support MoH to employ the JANS tools and guidelines	0	0	0
1.2	Costing of the NHSP 2017 – 2021	0	8,800	0
1.3	Support MoH to conduct JARs in 2017 & 2018	0	38,013	38,013
<b>2</b>	<b>Building technical and institutional capacity, evidence and knowledge for health systems and services and the related policy dialogue.</b>			
2.1	Support the MoH to build capacity in Health Financing and health policy analysis for Universal Health Coverage	0	23,240	0
2.2	Conduct a policy dialogue on health financing for Universal Health Coverage	0	35,156	0
2.3	Institutionalization and development of National Health Accounts	0	49,980	23,450
2.4	Support the MoH to finalize a design and cost the Basic Benefit Package for Social Health Insurance	0	9,900	0
2.5	Assess the capacity of health facilities to provide services under the Basic Benefit Package for Social Health Insurance	0	0	0
2.6	Support the MoH to design provider payment mechanisms for the implementation of Social Health Insurance	0	0	32,056
2.7	Support the Development Cooperation Unit in developing a private health sector strategy	0	2,200	28,250
2.8	Support the development of policies, legislation, and regulations according to the IHR	0	16,200	1,500
2.9	Support the development of government instruments sufficient to implement IHR	0	0	0
<b>3</b>	<b>Alignment of international and national stakeholders around the NHSP 2017 – 2021 and improving the effectiveness and efficiency of development cooperation.</b>			
3.1	Support activities of an Inter-ministerial Task Force of the MoH	0	0	0
3.2	Convene the meetings and host the Troika Secretariat	0	4,800	4,800
3.3	Map & annually update technical & financial assistance	0	1,000	1,000
3.4	Coordinate and facilitate Technical Working Groups meetings	0	21,600	21,600

3.5	Develop the Compact that will guide health sector stakeholders in the implementation of the NHSP 2017 – 2021	0	1,100	13,700
	<b>Sub-total for activities</b>			
<b>4</b>	<b>Direct Operational Costs</b>	4,500	4,500	4,500
	<b>Total</b>	<b>4,500</b>	<b>217,489</b>	<b>169,469</b>

## BUDGET NARRATIVE

### 1. Development and implementation of the National Health Strategic Plan (NHSP) 2017 – 2021.

- **US\$8,800** has been budgeted for costing the NHSP 2017 – 2021; that will be paid as professional fees for a national consultant to do the costing. The terms of reference for the consultancy shall be prepared by the WHO in collaboration with MoH and will thus have no direct cost implication.
- The MoH will be supported to conduct the Joint Annual Reviews (JARs) of the NHSP in 2017 and 2018. **US\$38,013** and **US\$38,013** are budgeted for 2017 and 2018 respectively. The breakdown is as shown in annex 1. The other participating health partners will be expected to meet their own costs of participation.

### 2. Building technical and institutional capacity, evidence and knowledge for health systems and services and the related policy dialogue.

- The EU-WHO UHC Partnership Programme will engage in building capacity of the MoH in health financing and health policy analysis. A team of four MoH staff will participate in an Advanced WHO course on health financing for UHC for low- and middle-income countries in Geneva for which **US\$23,240** is budgeted. This one-week-long advanced training program is based on the Barcelona Course on Health Financing, with materials developed to reflect the context of low and middle income countries globally.
- To support the MoH in developing a comprehensive health financing strategy **US\$ 35,156** has been allocated towards a policy dialogue on health financing for Universal Health Coverage.
- **US\$73,430** has been allocated for the institutionalization and development of National Health Accounts according to SHA 2011 methodology. An international expert will be contracted to build the capacity of members of the Core Technical Group in NHA development, analyse existing data and propose additional data collection in line with the current surveys to fill potential gaps, calculate and interpret NHA tables in light of the current Zambian health policy debates, compile the final results, and to advise on the use of M&E for health system reforms.
- **US\$9,900** has been budgeted for finalizing a draft benefit package for social health

insurance. Professional fees will be paid to a national consultant to have this done. The terms of reference for the consultancy shall be prepared by the WHO in collaboration with MoH and thus, will have no direct cost implications.

- **US\$32,056** has been budgeted to support the design of provider payment mechanisms for Social Health Insurance including a four-day workshop on provider payment systems and supported by WHO Health Systems Governance and Financing Department and WHO Health Systems Strengthening office in Barcelona. The terms of reference for the consultancy shall be prepared by WHO in collaboration with the MoH and will thus have no direct cost implication.
  - Assessing the capacity of health facilities to provide the benefit package for SHI is a prerequisite activity prior to the commencement of the implementation of SHI. However, a Services Regulatory Assessment is currently ongoing and it will provide the necessary information to inform the SHI commencement process. No funding will be required to obtain this information.
  - The Development Cooperation Unit is planning to develop a private health sector development strategy. A total of **US\$30,450** has been budgeted for these activities as detailed in annex 1. Among the key activities is a regional study visit to explore the private health sector inclusion best practices. A national consultant will be contracted to support the MoH in mapping private sector providers and develop the strategy.
  - **US\$18,100** has been budgeted to support the development and revision of policies, legislation, and regulations according to the International Health Regulations, and the development of government instruments sufficient to implement IHRs.
3. **Alignment of international and national stakeholders around the NHSP 2017 – 2021 and improving the effectiveness and efficiency of development cooperation.**
- The WHO has been selected to host and convene the Troika Secretariat of the existing country coordinating mechanism. A total of **US\$9,600** for 2017 – 2018 has been allocated in the current budget to develop Terms of Reference and to effectively conduct the Troika meetings.
  - In the bid to equitable distribution of health services across the country, MoH will be supported to finalize mapping of technical and financial assistance in the health sector across that has been initiated by several coordinating partners.
  - A total of **US\$43,200** for two 2017 – 2018 has been budgeted for revising Terms of Reference and to provide assistance to the MoH to coordinate and facilitate all six technical working groups.

- **US\$14,800** in total has been budgeted to support the development of the country compact that will guide health stakeholders in the implementation of the NHSP 2017 – 2021. This will be paid as professional fees for a national consultant that will draft the compact. The terms of reference for the consultancy shall be prepared by WHO in collaboration with MoH and will thus have no direct cost implication.

#### 4. Direct Operational Costs

- **US\$4,500** per year has been budgeted for direct operational costs; a total of **US\$13,500** for the 3 years. Direct operational costs will include cost of equipment such as furniture, information technology equipment, stationary and light equipment, electricity, fuel, water, costs for telecommunications including phone and internet and rent of premises.

## GANTT CHART

The timeframe for the implementation of key roadmap activities of the partnership is summarized in the Gantt chart below.

Activities	2016	2017												2018												
	Q4	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
<b>Development and implementation of the NHSP 2017 - 2021</b>																										
Orientation of the MoH Policy & Planning Dep. on the JANS approach																										
Revision of the NHSP working draft and additional inputs																										
Support the MoH to prepare for the Joint Annual Review (JAR)																										
Support the MoH to organize the JARs retreat																										
Contracting a ST national consultant to cost the NHSP																										
ST national consultant costing the NSHP 2017 - 2021																										
<b>Building technical and institutional capacity, evidence, knowledge &amp; the policy dialogue</b>																										
MoH nomination for the 5th EU WHO for UHC meeting																										
Orientation of the MoH on the 5th EU WHO for UHC meeting																										
Participation in the 5th EU WHO for UHC meeting																										
Selection of the team for an advanced WHO course on HF & the submission to HQs																										
Preparation of the MoH team for the HF course - WHO eLearning portal																										
Participation of the MoH team in the Health Financing for UHC course																										
<b>Institutionalization and development of National Health Accounts</b>																										
Developing a concept note for institutionalization and development of NHA																										
Preliminary discussion with MoH and other institutions																										
Notification of the NHA Inter-ministerial Committee and Core Technical Group																										
Contracting an NHA international expert with the support from WHO HSG																										
Capacity building of CTG on SHA, monitoring data collection, validation, final method.																										
Dissemination of the final results																										
<b>Conduct a high level policy dialogue on health financing for UHC</b>																										
Conduct preliminary and preparatory meetings with WB, USAID, MoH and WHO																										
Preparation of the agenda, invitations, material, etc. & logistics																										
Policy dialogue workshop on health financing strategy for UHC																										
<b>Finalization of the Basic Benefit Package for Social Health Insurance</b>																										
Preparing ToR for a ST national consultant																										
Contracting a ST national consultant to finalize the design of the BBP for SHI																										
BBP for SHI finalized in close cooperation and coordination with MoH																										
<b>Designing Provider Payment Mechanisms for Social Health Insurance</b>																										
Preparing a concept note / ToR for designing PPM																										
TBD after consultations with the Ministry																										
<b>Support the Development Cooperation Unit to develop a Private Health Sector Strategy</b>																										
Preparing a ToR for a regional study visit on private sector inclusion best practices																										
Organization of the regional study visit																										
Regional study visit for key MoH policy officers																										
Preparing a ToR for a ST national consultant																										
ST national consultant contracted to finalize mapping of PPs & draft private sector strategy																										
Mapping of private sector providers																										
Conducting a workshop on private sector development strategy																										
<b>Support the development of policies, legislation, and regulations according to IHR</b>																										
Preparing a concept note/ ToR for the revision of legislation and regulations																										
An international consultant revising IHR L&R and facilitating IHR workshop																										
An IHR Inter-ministerial Technical Working Group established																										
<b>Support the MoH to map donor support in preparation for the annual review meetings</b>																										
Support the MoH to conduct consultative meetings for alignment of the final results																										
<b>Act as a convener and host of the Troika Secretariat</b>																										
WHO elected to host and convene the Troika Secretariat																										
Conducting the first meeting with Troika members and developing ToR for the Secretariat																										
Convening quarterly meetings, taking and disseminating minutes, following up on actions																										
<b>Support the MoH to steer Technical Working Groups (TWGs)</b>																										
Assist the MoH to revise Technical Working Groups ToRs																										
Support the MoH to conduct TWGs meetings on a regular basis (once every two months)																										
<b>Development of the Compact</b>																										
Prepare a concept note / ToR for the development of the Compact																										
A short term national consultant contracted for the development of the Compact																										
Conduct two consultative meetings with key stakeholders to finalize the Compact																										

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## ANNEXES

### Annex 1: Detailed budget breakdown for 2016, 2017 and 2018

Roadmap activities	2016 Budget in US\$			2017 Budget in US\$			2018 Budget in US\$		
	Unit cost	Units	Cost	Unit cost	Units	Cost	Unit cost	Units	Cost
<b>Activities related to SO1</b>									
<b>1. Development and implementation of the National Health Strategic Plan (NHSP) 2017 - 2021</b>									
1.1. Conduct a meeting with MoH on the JANS approach and revise the NHSP zero draft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00			0.00			0.00
<b>1.2. Costing the NHSP 2017 – 2021</b>									
1.2.1. Preparing a ToR for a short term national consultant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.2.2. A short term national consultant contracted for costing the NHSP	0.00	0.00	0.00	220.00	40.00	8,800.00	0.00	0.00	0.00
			0.00			8,800.00			0.00
<b>1.3. Support the MoH to conduct Joint Annual Reviews (JARs) in 2017 and 2018</b>									
1.3.1. Out of pocket allowance for a 4-day JARs retreat for MoH Senior Planners	0.00	0.00	0.00	80.00	8.00	640.00	80.00	8.00	640.00
1.3.2. Out of pocket allowance for a 4-day JARs retreat for MoH Planning Officers	0.00	0.00	0.00	80.00	8.00	640.00	80.00	8.00	640.00
1.3.3. Out of pocket allowance for five drivers	0.00	0.00	0.00	80.00	5.00	400.00	80.00	5.00	400.00
1.3.4. Fuel cost for the transportation of MoH staff	0.00	0.00	0.00	3,666.67	5.00	18,333.33	3,666.67	5.00	18,333.33
1.3.5. Venue for the retreat including food and other expenses	0.00	0.00	0.00	2,400.00	4.00	9,600.00	2,400.00	4.00	9,600.00
1.3.6. Accommodation cost for MoH staff for 5 days	0.00	0.00	0.00	400.00	21.00	8,400.00	400.00	21.00	8,400.00
			0.00			38,013.33			38,013.33
<b>Activities related to SO2</b>									
<b>2. Building technical and institutional capacity, evidence and knowledge for health systems and services and the related policy dialogue</b>									
<b>2.1. MoH team participation in WHO Course on Health Financing for Universal Health Coverage</b>									
2.1.1. Travel cost of R/T tickets for 4 participants	0.00	0.00	0.00	2,500.00	4.00	10,000.00	0.00	0.00	0.00
2.1.2. Per diem for four MoH officials for seven days and two travel days	0.00	0.00	0.00	3150.00	4.00	12,600.00	0.00	0.00	0.00
2.1.3. Ground transportation from and to the airport	0.00	0.00	0.00	160.00	4.00	640.00	0.00	0.00	0.00
			0.00			23,240.00			0.00
<b>2.2. Conduct a high level policy dialogue on health financing for Universal Health Coverage</b>									
2.2.1. Venue for a 4-day policy dialogue for 35 participants	0.00	0.00	0.00	2625.00	4	10,500.00	0.00	0.00	0.00
2.2.2. Travel cost of R/T tickets for a team of 4 WHO experts	0.00	0.00	0.00	2500.00	4	10,000.00	0.00	0.00	0.00
2.2.2.1. Per diem for 4 experts for 4 days, 2 days of preparatory work in Lusaka and days of travel	0.00	0.00	0.00	1664.00	4	6,656.00	0.00	0.00	0.00
2.2.3. Travel cost of R/T tickets for 8 MoH staff from the provinces	0.00	0.00	0.00	250.00	8	2,000.00	0.00	0.00	0.00
2.2.4. Accommodation cost for 5 nights for 8 MoH staff from the provinces	0.00	0.00	0.00	650.00	8	5,200.00	0.00	0.00	0.00
2.2.5. Out of pocket allowance for 8 MoH staff from the provinces	0.00	0.00	0.00	100.00	8	800.00	0.00	0.00	0.00
			0.00			35,156.00			0.00
<b>2.3. Institutionalization and development of National Health Accounts</b>									
2.3.1. Developing a concept note / ToR for NHA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.3.2. Establishment of the NHA Inter-ministerial Committee and Core Technical Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.3.3. An NHA international expert contracted for capacity building, monitoring data collection and	0.00	0.00	0.00	500.00	60.00	30,000.00	500.00	25.00	12,500.00
2.3.3.1. Per diem for an international consultant	0.00	0.00	0.00	208.00	60.00	12,480.00	208.00	25.00	5,200.00
2.3.3.2. Travel cost of four R/T tickets to Lusaka	0.00	0.00	0.00	2,500.00	3.00	7,500.00	2,500.00	1.00	2,500.00
2.3.5. Venue for dissemination of the final results, a 1-day workshop for 50 participants	0.00	0.00	0.00	0.00	0.00	0.00	3,250.00	1.00	3,250.00
			0.00			49,980.00			23,450.00
<b>2.4. Finalization of the Basic Benefit Package for Social Health Insurance</b>									
2.4.1. Preparing a concept note / ToR for finalizing the design and cost of BBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.4.2. A national consultant contracted to finalize and cost BBP for SHI	0.00	0.00	0.00	220.00	45.00	9,900.00	0.00	0.00	0.00
			0.00			9,900.00			0.00
<b>2.5. Assess the capacity of health facilities to provide services under the Basic Benefit Package</b>									
2.5.1. Assist the MoH to compile and analyze health facilities data	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00			0.00			0.00
<b>2.6. Designing Provider Payment Mechanisms for Social Health Insurance</b>									
2.6.1. Preparing a concept note / ToR for the development of PPM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.6.2. Venue for a 4-day workshop for 40 participants on provider payment mechanisms for UHC	0.00	0.00	0.00	0.00	0.00	0.00	2,600.00	4.00	10,400.00
2.6.3. Travel cost of four R/T tickets for a team of 4 WHO experts	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	4.00	10,000.00
2.6.3.1. Per diem for 4 international experts for 8 days	0.00	0.00	0.00	0.00	0.00	0.00	1,664.00	4.00	6,656.00
2.6.4. Travel cost of R/T tickets for 5 MoH officials from the provinces	0.00	0.00	0.00	0.00	0.00	0.00	250.00	5.00	1,250.00
2.6.4.1. Accommodation cost for 5 MoH officials from the provinces for 5 days	0.00	0.00	0.00	0.00	0.00	0.00	650.00	5.00	3,250.00
2.6.4.2. Out of pocket allowance	0.00	0.00	0.00	0.00	0.00	0.00	100.00	5.00	500.00
			0.00			0.00			32,056.00
<b>2.7. Support the Development Cooperation Unit to develop a Private Health Sector Strategy</b>									
2.7.1. Preparing a concept note / ToR for a regional study visit on private sector inclusion best	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.7.2. Travel cost of R/T tickets for six MoH staff	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00	6.00	6,000.00
2.7.3. Per diem for six MoH staff for 5 days	0.00	0.00	0.00	0.00	0.00	0.00	1,250.00	6.00	7,500.00
2.7.4. A national consultant contracted to finalize mapping of private providers & draft the private	0.00	0.00	0.00	220.00	10.00	2,200.00	220.00	30.00	6,600.00
2.7.5. Venue for a 2-day workshop for key stakeholders on private sector development strategy	0.00	0.00	0.00	0.00	0.00	0.00	1,950.00	2.00	3,900.00
2.7.6. Travel cost of R/T tickets for 5 MoH officials from the provinces	0.00	0.00	0.00	0.00	0.00	0.00	250.00	5.00	1,250.00
2.7.6.1. Accommodation cost for 5 MoH officials from the provinces for 4 days	0.00	0.00	0.00	0.00	0.00	0.00	520.00	5.00	2,600.00
2.7.6.2. Out of pocket allowance	0.00	0.00	0.00	0.00	0.00	0.00	80.00	5.00	400.00
			0.00			2,200.00			28,250.00

<b>2.8. Support the development of policies, legislation, and regulations according to IHR</b>									
2.8.1. Preparing a concept note/ ToR for the revision of legislation and regulations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.8.2. Per diem for an international consultant contracted to conduct a revision of legislation and regulations	0.00	0.00	0.00	500.00	20.00	10,000.00	0.00	0.00	0.00
2.8.3. Travel cost of one R/T ticket to Lusaka	0.00	0.00	0.00	2,000.00	1.00	2,000.00	0.00	0.00	0.00
2.8.4. Conduct a 1-day workshop for 30 participants to review proposed changes and policy implications	0.00	0.00	0.00	0.00	0.00	0.00	1,500.00	1.00	1,500.00
			0.00			12,000.00			1,500.00
<b>2.9. Support the development of Government instruments sufficient to implement IHR</b>									
2.9.1. An IHR Inter-ministerial Technical Working Group constituted as a result of the workshop	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00			0.00			0.00
<b>Activities related to SO3</b>									
<b>3. Alignment of international and national stakeholders around the NHSP 2017 - 2021 and improving the effectiveness and efficiency of development cooperation</b>									
<b>3.1. Support an Inter-ministerial Task Force</b>									
3.1.1. Preparing a concept note / ToR for the Inter-ministerial Task Force	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.1.2. Assist the Task Force to develop intra- and inter-ministerial coordinating mechanisms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00			0.00			0.00
<b>3.2. Act as a convener and host of the Troika Secretariat</b>									
3.2.1. Hosting meetings of the Troika Secretariat on a quarterly basis	0.00	0.00	0.00	1,200.00	4.00	4,800.00	1,200.00	4.00	4,800.00
			0.00			4,800.00			4,800.00
<b>3.3. Cooperating Partners (CPs) monthly meetings</b>									
3.3.1. Coordinate CPs to upgrade mapping of activities and allocation of resources	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.3.2. Venue for a 1-day consultative meeting for aligning the final results	0.00	0.00	0.00	1,600.00	1.00	1,600.00	1,600.00	1.00	1,600.00
			0.00			1,600.00			1,600.00
<b>3.4. Support MoH to conduct and steer the work of Technical Working Groups (TWGs)</b>									
3.4.1. Revise Terms of Reference for six Technical Working Groups	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.4.2. Support MoH to conduct TWGs meetings on a regular basis (once every two months)	0.00	0.00	0.00	600.00	36.00	21,600.00	600.00	36.00	21,600.00
			0.00			21,600.00			21,600.00
<b>3.5. Development of the Compact</b>									
3.5.1. Preparing a concept note / ToR for the development of the Compact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.5.2. A short term national consultant contracted for the development of the Compact	0.00	0.00	0.00	220.00	5.00	1,100.00	220.00	35.00	7,700.00
3.5.3. Conduct two consultative meetings with stakeholders	0.00	0.00	0.00	0.00	1.00	0.00	3,000.00	2.00	6,000.00
			0.00			1,100.00			13,700.00
<b>SUB-TOTAL FOR ACTIVITIES</b>			0.00			208,389.33			164,969.33
<b>Direct Operational Costs</b>			4,500.00			4,500.00			4,500.00
<b>TOTAL</b>			4,500.00			212,889.33			169,469.33
386,858.67									

**Annex 2: Contributors to the development of the Roadmap**

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