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Global Accelerator on Jobs and Social Protection for Just Transitions

Country Brief: Advancing social health protection coverage in Zambia through coordination and integrated funding

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Summary

Zambia's National Health Insurance Management Authority (NHIMA) and the Global Fund to Fight Aids, Tuberculosis and Malaria ("Global Fund") launched a three-year pilot programme in 2024 aimed at extending coverage under the National Health Insurance Scheme (NHIS) to 20,000 poor and vulnerable households receiving social assistance. The recipients are beneficiaries of the Social Cash Transfer programme across seven districts, for whom the pilot programme subsidizes NHIS contributions, including the following subcategories: treatment for HIV/AIDS or tuberculosis; severe disabilities; and chronic illness in areas with high prevalence of tuberculosis or HIV/AIDS (NHIMA 2023; 2025a).

Among the pilot programme's core measures are intersectoral identification of beneficiaries, enrolment and subsidization of contributions, community sensitization and training for social protection workers (NHIMA 2023). By the end of May 2025, 20,204 household principal members (71 per cent of whom were women) and an additional 36,861 beneficiaries had been enrolled. Since the start of the programme there has been a sustained increase in the utilization of health services and over 8.4 million Zambian kwacha (US$0.36 million) had been disbursed to meet the cost of health benefits provided as at the end of July 2025 (Moono 2025).

The initiative illustrates how integrated financing can lead to the extension of coverage through multisectoral collaboration, offering protection against financial risks and supporting progress towards universal health coverage and universal social protection (Global Fund 2023; NHIMA 2023).

Relevance for the GA

The NHIMA–Global Fund pilot programme demonstrates how collaboration between the health and social protection sectors can help to close social protection coverage and benefits adequacy gaps among the most vulnerable population groups (Mchenga 2024; Osei Afriyie et al. 2025). By building on the existing social assistance programme and formally linking it to NHIS enrolment, Zambia is strengthening policy coherence and enabling

comprehensive protection that provides both income security and access to healthcare for vulnerable groups.This has required multisectoral collaboration among government agencies, including the Ministry of Health, the Ministry of Community Development and Social Services, the Ministry of Labour and Social Security and the Zambia Agency for Persons with Disabilities. The support provided to NHIMA by international partners – including the Global Fund Secretariat, the Global Fund Programme Management Unit, the Global Fund Country Coordinating Mechanism for Zambia, the World Health Organization (WHO) and the ILO – underscores the significance of multilateral cooperation in advancing nationally owned strategies (NHIMA 2023).

Zambia's experience serves as a compelling example of how to embed social health protection within a comprehensive framework of equity and rights-based social policy (see box 1)

Box 1. Key lessons learned from the NHIMA–Global Fund pilot programme in Zambia

Integrated policy approach:

- The intrinsic nexus between poverty and diseases such as HIV/AIDS and tuberculosis, as well as disabilities, and chronic diseases specifically in TB prone areas, has been widely documented (ILO 2021a; UNPRPD, ILO and UNICEF 2021; WHO and ILO 2024). Recognizing the multidimensional nature of poverty, vulnerability and social exclusion, the pilot programme seeks to provide access to healthcare services for population groups experiencing economic and social deprivation and exposed to ill health. To that end, it follows an **integrated approach combining income security and access to healthcare** so as to both reduce and prevent poverty while also reducing health inequalities (WHO 2025; WHO and ILO, forthcoming).
- **Multisectoral coordination** between the Ministry of Health, the Ministry of Community Development and Social Services, the Ministry of Labour and Social Security and the Zambia Agency for Persons with Disabilities has been key in developing and implementing this integrated policy approach.

Integrated financing:

- This pilot programme demonstrates how **integrating complementary financing sources can enhance the adequacy and comprehensiveness of protection**. By subsidizing contributions to the National Health Insurance Scheme (NHIS), resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund") are helping to extend NHIS coverage to further beneficiaries and their households, granting them access to a unified, comprehensive package of health benefits beyond health services related to HIV/AIDS and tuberculosis. Integrated financing helps to tackle the fragmentation of benefit packages and the fragmentation of their delivery.
- Since the database of Zambia's Social Cash Transfer programme was used to identify beneficiaries for the pilot programme, integrated funding also leads to efficiency gains in identification and enrolment.

Multilateral cooperation:

- Multilateral cooperation – primarily through the partnership between the National Health Insurance Management Authority (NHIMA) and the Global Fund – is a cornerstone of the pilot programme's success. In particular, the Global Fund's high level of engagement with the Ministry of Health was a major enabling factor. Moreover, the technical assistance provided by the ILO and the World Bank was key in designing some of the programme's financial parameters. In particular, an actuarial analysis conducted jointly by the ILO and NHIMA determined the amount of contributions that would need to be paid for each vulnerable household in order to cover the monthly NHIMA benefits package.
- Effective coordination among NHIMA, national ministries and Community Welfare Assistance Committees resulted in the full enrolment of 20,204 poor and vulnerable households in the pilot programme despite delayed disbursement of funds and logistical difficulties (NHIMA 2025a).

Context

Extending social protection coverage to workers in the informal economy and their dependents is one of the principal social development challenges faced by countries with high informality (ILO 2021b). Extension efforts should focus not only on reaching more population groups, but also on enhancing the adequacy and comprehensiveness of social protection benefits while ensuring proper financing. To that end, collaboration among key national and international social protection stakeholders and partners is paramount.

In Zambia, 63.5 per cent of employed persons were working in the informal economy in 2022, predominantly in wholesale and retail trade, transport and storage, and accommodation and food service activities (40.7 per cent of employed persons), followed by agriculture, forestry and fishing (29.2 per cent) (Zambia, MLSS and Zambia Statistics Agency 2023). Significantly, just under a third of the Zambian population are covered by at least one social protection benefit (excluding health) (ILO 2024).

Against this backdrop, the Government is committed to alleviating poverty and reducing vulnerability through a sound strategic and policy framework, namely the National Long-Term Vision 2030 and the Eighth National Development Plan (Zambia, MFNP 2022). The country recently adopted a revised national social protection policy (Zambia, MCDSS 2025), providing a renewed approach to income security and access to affordable, quality healthcare over the life cycle. In support of this vision, the National Health Insurance Scheme (NHIS) was established in 2019 under the National Health Insurance Act No. 2 of 2018 as a compulsory scheme for all Zambian citizens and legal residents. It was designed to promote equitable access to health services through pooled financing (Zambia, National Assembly 2018; Government of Zambia 2019).

The NHIS has predominantly relied on a compulsory 2 per cent contribution from the formal sector, shared equally between employers and employees, and a 1 per cent rate on declared earnings from informal sector workers (Syacika 2024). However, persistently high poverty levels have resulted in a strong dependence on formal sector contributions, thus restricting the expansion of coverage through contributory mechanisms alone (NHIMA 2023).

Section 16 of the National Health Insurance Act of 2018 mandates the extension of coverage to poor and vulnerable populations without contributory capacity, thereby laying the legal foundations for non-contributory inclusion (NHIMA 2023; Zambia, National Assembly 2018).

Low contribution collection rates have posed sustainability challenges for the NHIS (NHIMA 2023). In order to encourage enrolment among informal economy workers, the "buy-back" option was introduced as an interim measure in 2020, allowing such workers to pay four months' worth of contributions upfront in order to gain immediate access to healthcare services. However, this resulted in adverse selection and high service utilisation without sustained financial contribution. The option was revoked in January 2024 and a four-month waiting period reinstated, to help restore financial stability (Syacika 2024).

Seeking to close existing gaps in social health protection coverage under the NHIS, in 2024 Zambia launched a three-year pilot programme in partnership with the Global Fund. The initiative aimed to achieve the registration of 20,000 poor and vulnerable households annually from 2024 to 2026 by subsidizing their contributions to NHIS, with a special focus on persons from such households living with disabilities or with HIV or tuberculosis (NHIMA 2023). This subsidy was intended to enhance access to quality healthcare services and promote better health-seeking behaviours, helping to advance the gradual implementation of universal health coverage.

Description of the NHIMA–Global Fund pilot programme

The NHIMA–Global Fund pilot programme seeks to help extend social health protection coverage for poor and vulnerable households by subsidizing their contributions to the NHIS. In line with the Global Fund's mandate, the programme's target group comprises beneficiaries of the Social Cash Transfer (SCT) programme, with a focus on areas with a high prevalence of tuberculosis and households that include individuals living with HIV, tuberculosis, severe disability and/or a chronic condition (NHIMA 2025a).

The design of the pilot programme was informed by an ILO actuarial analysis performed in 2023, which determined that the contribution level should be set at 50 kwacha (or US$2.15) per household per month. The Global Fund committed itself to providing US$1.5 million annually from 2024 to 2026 to subsidize NHIS contributions for 20,000 SCT-beneficiary households, benefiting an estimated

140,000 individuals[1], or 0.7 per cent of the Zambian population (NHIMA 2023

Governance arrangements

The National Health Insurance Management Authority was designated as a subrecipient of the Global Fund grant to lead the implementation of this pilot programme as part of the Global Fund's Resilient and Sustainable Systems for Health (RSSH) interventions. At the same time, the NHIMA Research and Planning Department, collaborating with the Directorate of Planning and Budgeting at the Ministry of Health, is responsible for developing robust monitoring systems to ensure that the programme is aligned with national social health protection goals (NHIMA 2023).

The pilot programme's implementation called for close coordination across multiple stakeholders. NHIMA has been leading the operational aspects of implementation, including enrolment and the administration of benefits. The Ministry of Health ensures policy coherence and service availability. Meanwhile, the Ministry of Community Development and Social Services supports the identification of beneficiaries through its SCT database, and the Zambia Agency for Persons with Disabilities facilitates verification for households registered under the disability category (NHIMA 2025a). It is worth noting that the Global Fund's support for this pilot programme was aimed at enhancing health system inclusiveness. By engaging with the national ministries, the programme is able to reach rural populations, women and disabled persons – groups often facing stigma and systemic exclusion (NHIMA 2025a). This collaborative governance structure reflects strong multilateral cooperation and sectoral integration aligned with national development priorities.

Operationalization

A comprehensive strategy was developed to effectively extend coverage to the targeted households, including community sensitization, registration and facilitation of healthcare access (NHIMA 2023; Moono 2025). This also includes conducting awareness-raising campaigns at the provincial, district and community levels to inform potential beneficiaries about the pilot programme and its benefits (NHIMA 2025a). Community health workers and Community Welfare Assistance Committees were trained to provide front-line support for onboarding the poor and vulnerable (NHIMA 2023). NHIMA has developed a real-time dashboard using the Microsoft Power BI data visualization tool, linked to its registration and claims database, which enables: tracking of membership and service utilization; analysis of beneficiary use patterns; and assessment of the adequacy of the contribution level based on claims behaviour (NHIMA 2025a).

The mandatory waiting period of four months under the NHIS was waived for beneficiaries of the pilot programme, allowing all members to have access to services immediately after registration. Once enrolled, beneficiaries are entitled to NHIMA's comprehensive benefits package, which comprises advanced diagnostics, chronic diseases treatment and rehabilitative care.

In addition to improving access to healthcare services, the pilot programme has helped to enhance service delivery and adequacy of benefits under the NHIS by (a) expanding the NHIS network of providers through the accreditation of all zonal and rural health centres; (b) increasing funding for primary care facilities; and (c) building capacity for the processing of NHIS claims and financial management (Global Fund 2023; Moono 2025).

[1] The figure of 140,000 individuals is an estimated total representing the potential number of people covered by the pilot programme. It was derived by multiplying the target of 20,000 beneficiary households by the maximum number of eligible individuals covered under NHIS household membership, which is up to seven individuals (a principal member, their spouse and up to five dependents below the age of 18 years).

Impact and challenges

As at 31 July 2025, the pilot programme had succeeded in enrolling the heads of 20,204 households (and an additional 36,861 beneficiaries) under the NHIS. Out of these, 44 per cent were households headed by persons with disabilities, followed by 41 per cent with a principal member who is HIV-positive and on antiretroviral therapy, while the remaining were households headed by persons with a chronic illness (NHIMA 2025b). Early evidence suggests an improvement in access to healthcare. According to a claims analysis, service utilization increased steadily since the start of the programme, with an average loss ratio of 80 per cent, and projections indicating it may exceed 100 per cent at full scale (NHIMA 2025b; Moono 2025). Between May 2024 and July 2025, a total of 8.4 million kwacha (US$0.36 million) was claimed, with approximately 75 per cent of that sum attributed to outpatient consultations, diagnostics and essential medicine (NHIMA 2025b). The increase in claims demonstrates the vital role of outpatient services in care planning and continued treatment. Private pharmacy drugs account for the second-highest cost category, particularly drugs for the management of HIV/AIDS (426,016 kwacha, or US$18,450), which reflects the high medical costs faced by persons living with HIV (NHIMA 2025b).

The pilot programme has also encountered various operational challenges. One of these is the limited enrolment of persons living with HIV compared with the targeted programmes, as HIV status is not among the eligibility criteria for the SCT programme[2] (NHIMA 2025a; Moono 2025). Other challenges have to do with linking health and social protection data systems. SmartCare, the national electronic registry for patients receiving antiretroviral therapy (used to identify districts with a high tuberculosis burden, given the high correlation between HIV and tuberculosis cases), does not consistently apply National Registration Card numbers (NHIMA 2025a). This inconsistency has complicated efforts to match records with the SCT database. Moreover, registration efforts were further hampered by the limited availability of transport for field operations and the centralized printing of NHIMA cards in Lusaka (NHIMA 2025a).

What's next?

Having reached the target and fully registered 20,204 households, the goal for the pilot programme is to continue with district-level sensitization campaigns to enhance awareness of NHIS entitlements, rights and the procedure for accessing services. So far, such awareness-raising campaigns have been conducted in four districts (Chongwe, Kafue, Ndola and Kitwe) (NHIMA 2025a).

Utilization of NHIS services under the pilot programme will continue to be closely monitored through real-time data and implementation research. A beneficiary satisfaction review has already been conducted in the Ndola and Kitwe districts, capturing users' perspectives. The preliminary findings from that review indicate that the programme has advanced financial protection greatly, with 93 per cent of responding households expressing satisfaction over their reduced out-of-pocket expenditure on healthcare, which had decreased by 90 per cent since their enrolment in the NHIS (NHIMA 2025a). Moreover, an actuarial review of the household contribution rate (currently set at 50 kwacha, or US$2.15) is being carried out by the ILO to assess its sustainability in the light of observed claims trends. In 2026, it is planned to conduct an impact assessment in order to evaluate the overall effectiveness of the pilot programme (NHIMA 2025a). Led by the WHO and the Global Fund, this will be the first detailed assessment of the pilot programme in addition to the operational reports and claims analyses conducted by NHIMA.

[2] The SCT programme identifies beneficiaries on the basis of socio-economic and demographic vulnerability, including disability, advanced age or labour constraints, rather than specific health conditions. Consequently, being HIV-positive is not an explicit eligibility criterion. Under the Global Fund-supported NHIS pilot programme, which prioritizes households affected by HIV, tuberculosis and disability, enrolment was limited to individuals who were both HIV-positive and already eligible for SCT cash transfers.

What are the main takeaways for the Global Accelerator?

The Global Fund-supported NHIS pilot programme in Zambia offers insights for Global Accelerator pathfinder countries in terms of how to extend comprehensive health coverage to vulnerable populations by exploring new sources of financing and working across sectors.

The NHIMA–Global Fund partnership serves as a practical example of how external funding – in this case coming from the Global Fund – can subsidize social health protection contributions, allowing targeted households to participate in the national social insurance scheme and thereby avoiding fragmentation in delivery. Cross-subsidization from the NHIS main pool in case of a higher loss ratio serves as a guarantee for the risk pool composed of SCT beneficiaries enrolled through the pilot programme. Moving forward, it will be highly relevant to explore how such external funding support can serve as a catalyst for governments to also mobilize domestic funding to help extend coverage for the poor and vulnerable. The prioritization of domestic funding is a key element in the sustainability of such schemes.

By ensuring that SCT beneficiaries (who receive some income support) are also enrolled in the NHIS and receive a full subsidy towards their contributions, the pilot programme recognizes the multiple needs of poor and vulnerable people, and the importance of facilitating their access to healthcare through the NHIS instead of them relying only on SCT cash transfers to finance their healthcare expenditures. The pilot programme thus seeks to reduce health inequalities by influencing the social determinants of health (notably through income security and healthcare access). It also shows that comprehensive action on health improvement and poverty reduction can only be achieved through intersectoral collaboration. Finally, the initiative highlights the importance of locally grounded implementation partnerships for the identification of beneficiaries and awareness-raising.

Zambia's experience corroborates the feasibility of leveraging national health insurance mechanisms to build more inclusive and equitable social protection and health systems that both tackle and prevent ill-health and poverty. As countries strive to build comprehensive national social protection systems and achieve the Sustainable Development Goals, this innovative example should be widely shared and replicated, always taking the national context into account.

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