

THE SOLIDARITY MODEL: ZAMBIA PUBLIC HEALTH INSURANCE SCHEME

PERSPECTIVE

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The structure and financing system of health insurance is a key component of a nation's health system. The Solidarity Model of public health financing is a concept widely utilized by many countries to reduce costs and increase efficiency and effectiveness in a nation's health sector. Although various countries have different country-fitted health insurance scheme structures, the concept of a Solidarity Based Model of Health Insurance financing can be identified in many of them. By definition, the modern meaning of solidarity in health insurance refers to the equal treatment for all social groups (elderly, low-income, immigrants, disabled etc.) anchored on a contributory based system mandating that all working citizens must join the same contributory health financing fund [1]. Members of these schemes are usually nationals and residents who pay on average between 6-10% of their income to the scheme/fund which is widely accessible to the general population at various levels (different packages). The concept is meant to provide for sustainable health financing through the equitable and fair collection of contributions. The model is intended to expand coverage for vulnerable groups such as the chronically ill and elderly, and although there may be numerous arguments as to whether or not this must be supported is based on the moral fibre of the policy makers and general citizenry.

The goal of an efficient financial system through this model is typically providing adequate resources to promote access of people to healthcare services and personal care. Therefore, people who may be unable to pay for health care would not be denied access to health services or would not be driven to poverty due to high health costs [2]. Essentially, the use of the solidarity model of healthcare financing is an effort to attain universal health coverage for all citizens in a country, which is in support of Sustainable Development Goal (SDG) No. 3: Ensure healthy lives and promote wellbeing for all at all ages. One of the goals within this SDG is to achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all and another related goal is to sustainably increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small islands developing states.

The Solidarity Model of health care financing has recently been utilised by the Government of the Republic of Zambia as they provided for the formulation of the National Social Health Insurance Bill in an effort to improve health care financing which would lead to universal health care for all citizens. Research by the Ministry of Health shows that only 3.9% of Zambians have health insurance cover while the remaining 96% of the population depend on out of pocket payments when accessing health services. The introduction of National Health Insurance will ensure that 100% of the population is covered under the National Insurance Scheme. In an effort to ensure that the Bill is evidence based, Government commenced consultations with various key stakeholders as early as 2012. These engagements were coupled with general consultations, validated by the Zambia Household Health Expenditure and Utilization Survey [3]. Nation-wide consultative meetings and best practice comparative studies were spearheaded by a technical working group to ensure all stakeholders views and concerns about the enactment of the Bill are taken into

consideration. It is important to note that the ZHHEUS revealed that about 96% of the respondents (about 12,000 households) were of the view that the introduction of a Social Health Insurance would be generally beneficial to the general population through improved healthcare financing.

In accordance to the contents of the Health Insurance Bill, its objectives are to;

- *Provide for a universal access to quality insured health care services;*
- *Establish the National Health Insurance Management Authority and provide for its functions and powers which include but are not limited to, implementing, operating and managing the scheme and fund established by the Act*
- *Establish the National Health Insurance Fund and provide for contributions to and payments from the fund*
- *Provide for accreditation criteria and conditions in*

respect of insured healthcare services

- *Provide for complaints and appeals processes and*
- *Provide for the progressive establishment of provincial and district health offices of the authority*

Currently the proposals through a collective bargaining process are that a contribution of 2% of income will be made towards the insurance scheme. The employer will contribute 1% of income, while the employee will also contribute 1%. Eventually this insurance scheme will provide for universal health care for all which is in line with Government's intention through the implementation of the Seventh National Development Plan (2017- 2021) to not leave anyone behind. The Bill will also result in a productive population

to further support Government's overall national development agenda by ensuring the general working population is healthy enough to work towards the attainment of the Vision 2030 of becoming a prosperous middle-income country by the year 2030.

In conclusion, the morality of formulating and implementing the National Health Insurance Bill is a question of whether or not the general working population can embrace the pro- poor approach to which the solidarity model was utilised to formulate the Bill.

LIST OF REFERENCES

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