

## Unlocking the potential of health financing in Zambia: A focus on innovative solutions

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### Background

According to the World Health Organization [WHO] (2013), health financing is the process of mobilising, allocating, and utilising financial resources to ensure universal health coverage (UHC) and improve health outcomes. Health financing is a crucial component of health system strengthening, as it affects the availability, quality, and equity of health services and the financial risk protection of the population. Despite all these benefits, health financing is a major challenge for many low- and middle-income countries, including Zambia, where health spending is low, inefficient, and predominantly dependent on external sources (Chitah et al., 2018).

Zambia is a landlocked country in Southern Africa with a population of 19,610,769 people (Census, 2022). It is classified as a lower-middle-income country by the World Bank, with a gross domestic product (GDP) per capita of \$1,527 in 2020 (World Bank, 2021). Zambia faces a high burden of communicable and non-communicable diseases, as well as maternal and child mortality. According to the World Bank (2021), life expectancy at birth in Zambia was 61 years compared to 60 years average for sub-Saharan Africa (SSA) in 2021, and the under-five mortality rate was 58 per 1,000 live births compared to 73 per 1,000 live births average for SSA in 2021.

Zambia has made some progress in improving its health system and expanding access to health services, especially for the poor and vulnerable groups (Masiye et al., 2016). However, it still relies on external funding, high out-of-pocket (OOP) payments, and low coverage of health insurance (Chansa et al., 2020). Mwase et al. (2018) argue that these challenges limit the availability, quality, and equity of health services and pose a threat to the achievement of universal health coverage and the Sustainable Development Goals (SDGs).

To address these challenges, Zambia has adopted and implemented various innovative health financing mechanisms. This paper aims to unpack the health financing mechanisms in Zambia.

### Methodology

The paper utilised a comprehensive desk review. The methodology was structured to encompass an examination of various data sources to understand Zambia's current state and reforms in health financing.



The review focused on data pertinent to the WHO financing reform principles including pooling of revenues, revenue raising and purchasing services (Kutzin et al., 2016). The selection criteria for documents included relevance to the Zambian health financing context, the inclusion of strategic health sector strategies, policy documents, health survey reports, and research sources. Both published and grey literature were considered to ensure a broad representation of the available evidence. The data collected from various sources underwent thematic analysis to identify recurring themes, patterns, and trends related to Zambia's health financing landscape.



### Key messages

- Health financing is vital for ensuring universal health coverage (UHC) and improving health outcomes
- Despite challenges, Zambia has made progress in expanding access to health services, especially for vulnerable groups
- The decentralisation of financial management has led to improved prioritisation of healthcare services
- The implementation of the e-tax systems has effectively increased revenue collection
- Overcoming obstacles like resource shortages and disparities in healthcare access is critical for the success of health financing mechanisms in Zambia

## Findings

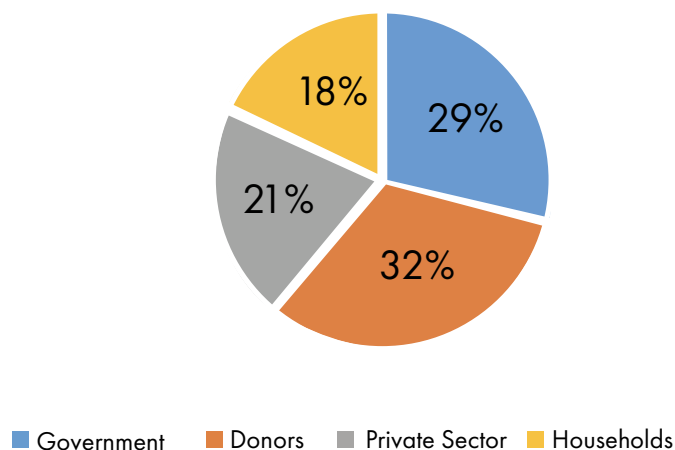
### Effectiveness of health financing reforms in Zambia

Zambia has implemented several innovative health financing reforms to improve its health system sustainability and performance, which align with WHO principles. These include revenue raising, pooling revenue and purchasing services (Navarro & Lievens, 2012). These reforms have focused on increasing domestic revenue generation through mechanisms like prepayment schemes and pooling these funds to finance priority health programmes (Masiye et al., 2019). The government has played a central role in driving these reforms, with support from international donors. The private sector and households also remain significant contributors to health expenditure (Bergman et al., 2021). Figure 1 provides a summary of financial contributions

in Zambian healthcare as a percentage of total health expenditure (THE) in 2018.

The health financing reforms implemented in Zambia have been largely successful in moving towards UHC (Rudasingwa et al., 2022). The country's health financing strategy 2017-2027 has been a key component in this transformation, aiming to create innovative, predictable and sustainable mechanisms to finance healthcare (Chitah et al., 2018). However, it's important to note that, while the reforms have made strides in the right direction, further action is needed to address existing barriers that prevent the poor from benefiting fully from health spending on curative services and at higher levels of care (Rudasingwa et al., 2022).

Key actors in healthcare financial provision



Source: World Bank, 2019

### Revenue raising

Zambia is actively pursuing innovative health financing mechanisms to move towards UHC as part of its transformative socio-economic development agenda (MoH, 2017). In alignment with the WHO's health financing guidelines, Zambia's revenue-raising strategies are designed to ensure innovative, predictable and

sustainable financing for healthcare. These strategies include broadening the tax base and enhancing tax administration efficiency to increase domestic revenue (Simangolwa et al., 2023). The focus is on creating a stable flow of public funds, reducing reliance on out-of-pocket payments and improving general taxation and private employer contributions, which are significant sources of health financing in Zambia (IMF, 2015).



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### a). User fee removal policy (UFRP)

Through the UFRP, Zambia is one of the few countries in Africa that has abolished user fees in primary healthcare facilities, reducing the financial burden of out-of-pocket expenses for low-income people (Masiye et al., 2016). The policy abolished user fees for health services at public health facilities in rural and peri-urban areas, where the majority of the poor and vulnerable population live (Lagarde, 2012; Masiye et al., 2008). The UFRP was introduced in 2006 and expanded in 2012 and 2013 (Masiye et al., 2016).

The policy has effectively lowered financial barriers and the hardship of paying for medical care out of pocket while also increasing health services, particularly among impoverished and vulnerable populations. It has also helped to lessen health disparities and to improve a few health outcomes, like reducing maternal and child mortality (Masiye et al., 2016). Nonetheless, obstacles persist, including inadequate and belated payment of funds to medical facilities, heightened workloads and worker discontent, scarcity of necessary medications and supplies, and subpar quality and responsiveness of healthcare services (Carasso et al., 2012). Informal payments have been reported due to a lack of healthcare resources at health facilities. Institutions appeared to implement informal charges in response to low staffing and general resource shortages in health institutions (Masiye et al., 2019).

Implementing the UFRP in Zambia can serve as a model for other countries seeking to overcome supply-side bottlenecks and restraints that could compromise the quality and delivery of healthcare services. This approach involves recognising local needs and contexts while executing the programme in stages (Chama-Chiliba & Koch, 2016).

### b). Free maternity care policy (FMCP)

The policy provides free maternal health services, such as antenatal care, delivery, postnatal care, and emergency obstetric care, at public health facilities. The FMCP was introduced in 2007 and revised in 2013 (Chibuye et al., 2014).

The FMCP strategy has successfully lowered the incidence of catastrophic health spending for childbirth and the maternal mortality ratio while also increasing demand for and use of maternal health services, including skilled delivery, postnatal care, and antenatal care (Dwomoh et al., 2020). Nonetheless, certain obstacles persist, including the deficient calibre and security of maternity care services, the absence of dignified treatment for women, the insufficient facilities and apparatus, and the scarcity and unequal allocation of proficient healthcare personnel (Ansu-

Mensah et al., 2021). Providing free maternal health services at the point of use in Zambia, together with additional initiatives, including community mobilisation, health education, and referral networks, could serve as a model for other nations seeking to enhance the availability and calibre of maternal healthcare (Black et al., 2016).

### c). Free under-five care policy (FUFCP)

The policy provides free health services for children under the age of five years at public health facilities. The FUFCP was introduced in 2007 and revised in 2013.

According to Chitah et al. (2018), the FUFCP strategy has helped lower the under-five mortality rate, increased access to and use of health services for children under five years and decreased the prevalence of malnutrition and stunting. Nonetheless, several obstacles persist, including inadequate resources and oversight for healthcare institutions, low immunisation coverage and quality, lack of growth monitoring and integrated management of paediatric ailments, and a shortage of necessary medications and supplies (Mwase et al., 2018). In order to improve children's health and development, other nations can benefit from Zambia's experience of offering free medical care to children under five. The country's initiatives include nutrition education, vitamin supplementation, and deworming (Banda et al., 2020).

### d). Free HIV/AIDS care policy (FHACP)

The policy provides free HIV testing, counselling, treatment, and care at public health facilities. The FHACP was introduced in 2004 and revised in 2013 (Simooya et al., 2023).

The FHACP policy has been effective in lowering HIV prevalence and incidence as well as AIDS-related deaths and morbidity. It has also increased access to and utilisation of HIV testing, counselling, treatment, and care services (UNAIDS, 2020). The low retention and adherence to antiretroviral therapy, the high rate of defaulting and loss to follow-up, the stigma and discrimination against individuals living with HIV, and the inadequate integration of HIV services with other health services are some of the obstacles that still need to be overcome (AHF Zambia, 2020). In order to improve HIV/AIDS prevention and treatment, other nations could benefit from Zambia's experience in offering free HIV/AIDS care services at the point of use, bolstered by additional interventions, including peer education, community outreach, and social protection (Viljoen et al., 2021).

## Pooling revenue

In Zambia, pooling health financing resources is a critical step towards achieving equitable access to healthcare services. The strategic interventions for pooling revenue focus on reducing resource fragmentation and improving risk pooling. It involves consolidating domestic government resources, external resources, and household contributions through prepayment mechanisms such as the Social Health Insurance (SHI) scheme (MoH, 2017). The goal is to create a unified pool that allows for cross-subsidisation between different population segments, ensuring everyone can access necessary health services without financial hardship (Mathauer et al., 2020). By improving the redistributive capacity of health funds, Zambia aims to enhance equity in paying for and accessing health services, a cornerstone of UHC (Simangolwa et al., 2023).

### a). The community health fund (CHF)

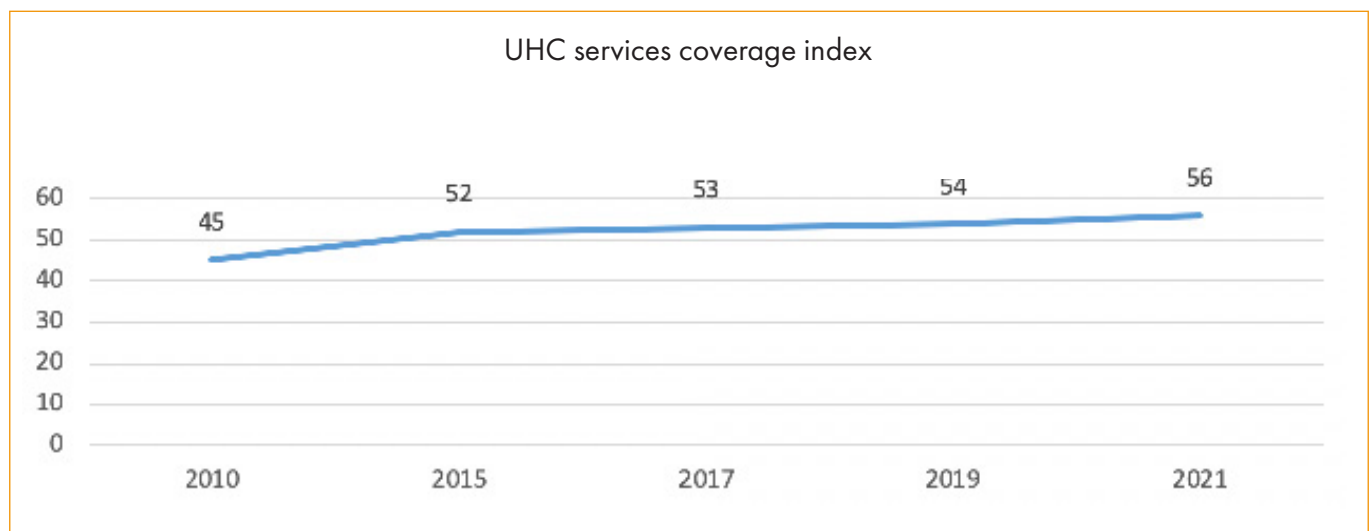
It is a voluntary prepayment scheme that allows households to contribute a fixed amount of money annually to a local health facility, in exchange for a package of health services for the household members (Mouteyica & Ngepah, 2023). The CHF also provides a subsidy from the government and/or donors to match the household contributions. The CHF was introduced in 2000 and piloted in 11 districts, covering about 2% of the population (Leiderer et al., 2011).

The CHF has shown to increase the utilisation of health services, especially preventive and maternal care, and reduce out-of-pocket payments and catastrophic health expenditures for enrolled households (Eze et al., 2023). However, some challenges remain, such as the low enrolment and retention rates, the limited benefit package and quality of care, the weak management and accountability of the funds, and the lack of integration with other health financing schemes (Kigume & Maluka, 2021).

### b). The social health insurance (SHI)

It is a mandatory prepayment scheme that requires formal sector employees and employers to contribute a percentage of their income to a national health insurance fund, in exchange for a comprehensive package of health services for the contributors and their dependents (OECD, 2021). The SHI also provides a subsidy from the government and/or donors to cover the informal sector and the poor. The SHI was introduced in 2018 and is expected to cover about 80% of the population by 2021. As of 2021, the UHC service coverage index in Zambia was at 56% (World Bank, 2021). The enrolment rate for SHI in Zambia in 2015 was 22% of the total population (World Bank, 2016). Figure 2 shows the distribution of universal health coverage for Zambia between 2010 and 2021.

**Figure 2: Distribution of universal health coverage service index**



Source: World Bank, 2021

Despite the enormous expectations from the scheme, some challenges remain, such as the low awareness and acceptance of the scheme, the administrative and operational difficulties, the potential adverse effects on the

existing health financing schemes, and the uncertainty about the sustainability and impact of the scheme (Jamal et al., 2022).

### c). Health equity funds (HEFs)

It provides financial assistance to the poor and vulnerable groups to access health services. For example, Zambia has implemented HEFs with the support of donors and NGOs to cover the costs of health services, such as surgery, hospitalisation, and transportation, for the indigent and exempted patients (Rudasingwa et al., 2022).

The funds have shown to increase the utilisation and affordability of health services, especially for emergency and referral care, and reduce poverty and indebtedness due to health expenditures (World Bank, 2014). However, some challenges remain, such as the limited population coverage and scope of the funds, difficulty identifying and targeting eligible patients, dependency on donor funding and NGO support, and lack of coordination with other health financing schemes (Rudasingwa et al., 2022).

### d). General government revenue

In Zambia, general government revenue plays a pivotal role in the health financing landscape as one of the innovative mechanisms to address health challenges and move towards UHC (Chitah et al., 2018). The government's commitment is reflected in the allocation of 7.16% of its general expenditure to health, surpassing the low- and middle-income country average of 5.13% in 2018 (World Bank, 2019). This substantial investment is channelled into the health sector as part of the Total Health Expenditure (THE), with general government expenditure on health accounting for 43.46% of the current health expenditure as of 2020 (World Bank, 2021). Public prepaid pools, funded by these government revenues, are essential for UHC as they enable risk-sharing across the population and ensure that access to healthcare does not depend on one's ability to pay at the point of service (Mathauer et al., 2019).

While there have been successes, such as increased domestic revenues for health and subsidised contributions to risk pools for low-income groups, challenges persist. These include the need for improved fiscal and equity analysis to ensure that increased funding translates into better service use and financial protection (De La Fuente et al., 2017). Moreover, the rapid implementation of health reforms and the creation of new districts have complicated the planning process, resource allocation, and fund flow to districts and health facilities (Chitah et al., 2018). Despite these hurdles, Zambia's use of general government revenue for health financing remains a critical component in its pursuit of equitable and accessible healthcare for all citizens (Martin, 2024).

### Purchasing services

Zambia's purchasing strategies are designed to ensure that health services are provided efficiently and equitably and are quality focused (Gómez-Dantés et al., 2023). The Ministry of Health, through its strategic planning and policy formulation, oversees the purchasing of health services. It includes contracting with various healthcare providers and ensuring that funds are used effectively to meet the population's health needs. Zambia is working towards a more accountable and results-driven healthcare system, by fostering competition among providers and linking payment to performance (Masiye et al., 2019). The focus on purchasing high-quality care is crucial for Zambia as it moves towards UHC, ensuring that all citizens have access to the necessary health services without financial hardship (Osei Afriyie et al., 2023).

### a). Basic health care package (BHCP)

The policy defines the minimum package of essential health services that should be provided free of charge to all Zambians at public health facilities (Luwabelwa et al., 2017). The BHCP covers primary healthcare services, such as maternal and child health, family planning, immunisation, nutrition, malaria, tuberculosis, HIV/AIDS, and common diseases (Wright, 2015). The BHCP was introduced in 1996 and revised in 2005 and 2011 (MoH, n.d).

The BHCP policy has effectively defined the breadth and requirements of fundamental healthcare that all Zambians should access at a reasonable cost. It has also aided in providing direction for resource allocation, performance monitoring, and health system assessment (Rudasingwa et al., 2022). Nonetheless, there are still certain obstacles to overcome, including the policy's unclear and inconsistent application at various levels and geographical areas, the lack of resources, both financial and human, to carry out the package, and the enduring disparities in the calibre and accessibility of healthcare (Chibuye et al., 2014).

### b). The performance-based financing (PBF)

It is a results-based payment scheme that links the funding of health facilities and health workers to the achievement of predefined and measurable indicators of health service delivery (Grittner, 2013). The PBF also involves the participation of the community and the beneficiaries in the verification and validation of the results. The PBF was introduced in 2010 and scaled up in 30 districts, covering about 40% of the population (Jacobs et al., 2020).

The PBF has shown to improve the structural and process quality of health facilities, the technical and non-technical quality of care, the coverage of priority health services,

and the satisfaction of health workers and users (Chama-Chiliba & Koch, 2016). However, some challenges remain, such as the complexity and cost of the scheme, the potential gaming and distortion of incentives, the limited evidence on the impact on health outcomes and equity, and the lack of integration with other health financing schemes (Shen et al., 2017).

feeding, deworming, micronutrient supplementation, and water, hygiene and sanitation education. The programme is based on a national policy adopted in 2006 and implemented by different ministries and agencies. The programme has improved children’s health, nutrition, and education outcomes but faces supply, diversity, and monitoring challenges (Chitah et al., 2018; Mwase et al., 2018).

### c). School health and nutrition (SHN)

It is a programme that aims to promote the health and learning of children through various activities, such as school



#### Discussion

The study explored the various health financing reforms implemented in Zambia in support of universal health coverage (UHC) (Sinjela et al., 2022). The findings indicate that introducing the SHI has been a pivotal step towards increasing healthcare access and providing financial protection against health-related expenses (Gómez-Dantés et al., 2023). The NHI scheme’s design, which pools resources and spreads the financial risk across the entire population, has shown promise in reducing out-of-pocket expenditures and improving equity in healthcare access (Eze et al., 2022).

Financial protection from catastrophic health expenditure is a critical aspect of the NHI, as it ensures that excessive medical costs do not burden households. The evidence suggests that households with insurance coverage experience a significant decrease in out-of-pocket expenditures, which aligns with the NHI’s objective of providing affordable healthcare services to all citizens.

Healthcare utilisation has notably increased among insured households, indicating that the NHI scheme effectively encourages individuals to seek medical care when needed. It is particularly important for preventive services and early treatment, leading to better health outcomes and reduced costs in the long run (Kaonga et al., 2019; Chama-Chiliba et al., 2022).

Furthermore, the study has highlighted the role of systemic governance and accountability mechanisms in successfully implementing health financing reforms (Gómez-Dantés et al., 2023). The government’s commitment to public finance management (PFM) has been instrumental in ensuring that resources are allocated efficiently and that fiscal responsibility is maintained. The zero tolerance policy on corruption has also contributed to enhancing the integrity of the healthcare system (Piatti-Fünfkirchen & Schneider, 2018).

At the sub-national level, the decentralisation of financial management has allowed districts to have autonomy in budget allocation and execution. It has also led to improved prioritisation of healthcare services based on local needs and fostered local ownership and accountability (Norad, 2011). The e-tax systems have effectively increased revenue collection, which is essential for sustaining the financing of healthcare services (Phiri & Ataguba, 2014).

The study also examined the impact of the performance-based financing (PBF) model on healthcare-seeking behaviour and treatment access. The results indicate that the PBF model has successfully increased the likelihood of children from poor households receiving necessary medical care, including medications (Masiye et al., 2019). It is a significant finding, as it demonstrates the potential of PBF to address health disparities and ensure that vulnerable populations have access to quality healthcare (Rudasingwa et al., 2022).



#### Recommendations

- Zambia is on track and should continue lowering the out-of-pocket health expenditure
- Zambia has many small schemes trying to achieve the same things. The Government of Zambia needs to integrate these small schemes into NHI scheme
- Zambia needs to increase the UHC service coverage index, which measures the access and quality of essential health services
- Zambia should reduce its dependence on external health financing, which may be unpredictable, volatile and conditional
- The Government of Zambia need to enhance its health system by incrementally increasing domestic health financing.

## References

- Banda, K., Chilengi-Sakala, S., Chunga, C. C., Solomon, H., Chalwe, V., Nkaama, J. M., Leonard, C., Bobo, M., Aongola, A., & Biemba, G. (2020). Towards universal coverage for nutrition services in children under five years—A descriptive analysis of the capacity of level one hospitals to provide nutrition services in five provinces of Zambia. *PLOS ONE*, 15(5), e0232663. <https://doi.org/10.1371/journal.pone.0232663>
- Bergman, R., Forsberg, B. C., & Sundewall, J. (2021). Results-Based Financing for Health: A Case Study of Knowledge and Perceptions Among Stakeholders in a Donor-Funded Program in Zambia. *Global Health: Science and Practice*, 9(4), 936–947. <https://doi.org/10.9745/GHSP-D-20-00463>
- Black, R., E., Laxminarayan, R., Temmerman, M., Walker, N. (2016). Reproductive, Maternal, Newborn, and Child Health
- Chama-Chiliba, C. M., Hangoma, P., Chansa, C., & Mulenga, M. C. (2022). Effects of performance based financing on facility autonomy and accountability: Evidence from Zambia. *Health Policy OPEN*, 3, 100061. <https://doi.org/10.1016/j.hopen.2021.100061>
- Chibuye, P. S., Bazant, E. S., Wallon, M., Rao, N., & Fruhauf, T. (2014). Experiences with and expectations of maternity waiting homes in Luapula Province, Zambia: A mixed-methods, cross-sectional study with women, community groups and stakeholders. *BMC Pregnancy and Childbirth*, 14(1), 1–13.
- Chitah, B. M., Chansa, C., Kaonga, O., & Workie, N. W. (2018). Myriad of Health Care Financing Reforms in Zambia: Have the Poor Benefited? *Health Systems & Reform*, 4(4), 313–323. <https://doi.org/10.1080/23288604.2018.1510286>
- Chitah, B. M., Jonsson, D., Chansa, C., Kaonga, O., & Musonda, P. (2018). Health financing in Zambia: A review of national health accounts and public expenditure tracking surveys. *International Journal of Health Planning and Management*, 33(4), 1018–1031.
- De La Fuente, A., Rosales, M., & Jellema, J. (2017). The Impact of Fiscal Policy on Inequality and Poverty in Zambia. World Bank, Washington, DC. <https://doi.org/10.1596/1813-9450-8246>
- Eze, P., Osaheni, L., Justina, U., & Acharya, Y. (2022). Catastrophic health expenditure in sub-Saharan Africa: Systematic review and meta-analysis. *Bulletin of the World Health Organization*, 100(05), 337–351J. <https://doi.org/10.2471/BLT.21.287673>
- Gómez-Dantés, O., Fuentes-Rivera, E., Escobar, J., & Serván-Mori, E. (2023). An assessment of the performance of the Mexican health system between 2000 and 2018. *Health Policy and Planning*, 38(6), 689–700. <https://doi.org/10.1093/heapol/czad028>
- Grittner, A. M. (2013). Results-based financing: Evidence from performance-based financing in the health sector. Deutsches Institut für Entwicklungspolitik.
- International Monetary Fund. (2015). Fiscal Policy and Long-Term Growth. Policy Papers, 15. <https://doi.org/10.5089/9781498344654.007>
- Jacobs, E., Bertone, M. P., Toonen, J., Akwataghibe, N., & Witter, S. (2020). Performance-Based Financing, Basic Packages of Health Services and User-Fee Exemption Mechanisms: An Analysis of Health-Financing Policy Integration in Three Fragile and Conflict-Affected Settings. *Applied Health Economics and Health Policy*, 18(6), 801–810. <https://doi.org/10.1007/s40258-020-00567-8>
- Jamal, M. H., Abdul Aziz, A. F., Aizuddin, A. N., & Aljunid, S. M. (2022). Successes and obstacles in implementing social health insurance in developing and middle-income countries: A scoping review of 5-year recent literatures. *Frontiers in Public Health*, 10, 918188. <https://doi.org/10.3389/fpubh.2022.918188>
- Kaonga, O., Banda, C., & Masiye, F. (2019). Hardship financing of out-of-pocket payments in the context of free healthcare in Zambia. *PLOS ONE*, 14(4), e0214750. <https://doi.org/10.1371/journal.pone.0214750>
- Kigume, R., & Maluka, S. (2021). The failure of community-based health insurance schemes in Tanzania: Opening the black box of the implementation process. *BMC Health Services Research*, 21(1), 646. <https://doi.org/10.1186/s12913-021-06643-6>
- Leiderer, S., Faust, J., Saasa, O. S., Elbers, C., Gunning, J. W., de Kemp, A., & Ndakala, C. (2011). The following papers and monographs contributed to this synthesis report.
- Martin, M. V. (2024). SECOND ECONOMIC GROWTH FORUM: PATHWAYS TO GROWTH FEBRUARY 2024.
- Masiye, F., Chansa, C., & Chansa, C. (2019). Health Financing in Zambia. World Bank, Washington, DC. <https://doi.org/10.1596/31786>
- Mathauer, I., Saksena, P., & Kutzin, J. (2019). Pooling arrangements in health financing systems: A proposed classification. *International Journal for Equity in Health*, 18(1), 198. <https://doi.org/10.1186/s12939-019-1088-x>

- Mathauer, I., Vinyals Torres, L., Kutzin, J., Jakab, M., & Hanson, K. (2020). Pooling financial resources for universal health coverage: Options for reform. *Bulletin of the World Health Organization*, 98(2), 132–139. <https://doi.org/10.2471/BLT.19.234153>
- Mouteyica, A.E.N., & Ngepah, N. (2023). Health outcome convergence in Africa: the roles of immunization and public health spending. *Health Econ Rev* 13, 30 (2023). <https://doi.org/10.1186/s13561-023-00436-9>
- Mwase, T., Chitah, B. M., Chansa, C., & Jonsson, D. (2018). Health financing in Zambia: Implications for universal health coverage. *International Journal of Health Policy and Management*, 7(9), 798–806.
- Navarro, L. G., S., & Lievens, T. (2012). HEALTH FINANCING Trends in Sub-Saharan Africa
- Norad. (2011). Joint evaluation of support to anti-corruption efforts: Zambia country report. (2011). Norwegian Agency for Development Cooperation.
- OECD. (2021). Health at a Glance 2021: OECD Indicators. OECD. <https://doi.org/10.1787/ae3016b9-en>
- Osei Afriyie, D., Masiye, F., Tediosi, F., & Fink, G. (2023). Purchasing for high-quality care using National Health Insurance: Evidence from Zambia. *Health Policy and Planning*, 38(6), 681–688. <https://doi.org/10.1093/heapol/czad022>
- Phiri, J., & Ataguba, J. E. (2014). Inequalities in public health care delivery in Zambia. *International Journal for Equity in Health*, 13(1), 24. <https://doi.org/10.1186/1475-9276-13-24>
- Piatti-Fünfkirchen, M., & Schneider, P. (2018). From Stumbling Block to Enabler: The Role of Public Financial Management in Health Service Delivery in Tanzania and Zambia. *Health Systems & Reform*, 4(4), 336–345. <https://doi.org/10.1080/23288604.2018.1513266>
- Rudasingwa, M., De Allegri, M., Mphuka, C., Chansa, C., Yeboah, E., Bonnet, E., Ridde, V., & Chitah, B. M. (2022). Universal health coverage and the poor: To what extent are health financing policies making a difference? Evidence from a benefit incidence analysis in Zambia. *BMC Public Health*, 22(1), 1546. <https://doi.org/10.1186/s12889-022-13923-1>
- Shen, G. C., Nguyen, H. T. H., Das, A., Sachingongu, N., Chansa, C., Qamruddin, J., & Friedman, J. (2017). Incentives to change: Effects of performance-based financing on health workers in Zambia. *Human Resources for Health*, 15(1), 20. <https://doi.org/10.1186/s12960-017-0179-2>
- Simangolwa, W. M. A., Regan, L., Drake, T., Baker, P., Choobe, N., Aoma, M. K., Banda, P., & Chi, Y.-L. (2023). Towards Universal Health Coverage.
- Simooya, C., Silumbwe, A., Halwindi, H., Zulu, J. M., & Nzala, S. (2023). Exploring communication and implementation challenges of the HIV/AIDS policy change to test-and-treat-all in selected public health facilities in Lusaka District, Zambia. *Implementation Science Communications*, 4(1), 51. <https://doi.org/10.1186/s43058-023-00430-6>
- Sinjela, K. M., Simangolwa, W. M. W., Hehman, L., Kamanga, M., Mwambazi, W. K., & Sundewall, J. (2022). Exploring for-profit healthcare providers' perceptions of inclusion in the Zambia National Health Insurance Scheme: A qualitative content analysis. *PLOS ONE*, 17(5), e0268940. <https://doi.org/10.1371/journal.pone.0268940>
- Viljoen, L., Mainga, T., Casper, R., Mubekapi-Musadaidzwa, C., Wademan, D. T., Bond, V. A., Pliakas, T., Bwalya, C., Stangl, A., Phiri, M., Yang, B., Shanaube, K., Bock, P., Fidler, S., Hayes, R., Ayles, H., Hargreaves, J. R., Hoddinott, G., Seeley, J., ... Shanaube, K. (2021). Community-based health workers implementing universal access to HIV testing and treatment: Lessons from South Africa and Zambia—HPTN 071 (PopART). *Health Policy and Planning*, 36(6), 881–890. <https://doi.org/10.1093/heapol/czab019>
- WHO. (2013). Health financing for universal coverage. [https://www.who.int/health-topics/health-financing#tab=tab\\_1](https://www.who.int/health-topics/health-financing#tab=tab_1)
- WHO. (2021). Global expenditure on health: Public spending on the rise? <https://www.who.int/data/gho/data/indicators>
- WHO. (2021). World Health Statistics. <https://www.who.int/data/gho/data/indicators>.
- World Bank. (2021). Indicator/SH.XPD.CHEX.GD.ZS? contextual aggregate & locations ZM & name desc=true. <https://data.worldbank.org/>
- Wright, J. (2015). Essential package of health services country snapshot: Zambia