National Health Insurance in Zimbabwe

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Overview of the presentation

- ILO minimum Standards of Social Security
- Branches of Social Security Covered by NSSA
- Importance of Health Care
- Financing Health Care
- Country Experiences
- State of Health Care in Zimbabwe
- NHIS- Lessons for Zimbabwe from other countries
- Health-care Funding Suggestions- NHIS in Zimbabwe
ILO Minimum standards of Social Security (9 branches): Convention 102 of 1952

- Access to medical care
- Sickness
- Unemployment
- Old age benefit
- Employment injury
- Family benefit
- Maternity benefit
- Invalidity benefit
- Survivor’s benefit
Branches covered by NSSA

Zimbabwe still needs to introduce the remaining 5 branches for social security to be fully realised. Health care is amongst the remaining five contingencies yet to be covered.
Importance of Health Care

- Social Security including health care provision is a fundamental human right.

- Universal Declaration of Human Rights (1948) Article 25-everyone has the right to a standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care ......

- African Charter on Human and Peoples Rights Article 16- Every individual shall have the right to enjoy the best attainable state of physical and mental health.
Importance of Health Care Cnt’d

- SDG number 3 focuses on good health and well-being.
- SADC code on social security Article 7- Focuses on health.
  - 7.1 Member States should: Ensure that adequate health care is available to everyone.
  - 7.2 Provide curative, preventative and promotive medical care and should ensure equity in access to health services.
  - 7.3 Member States are encouraged to develop and maintain viable public health insurance schemes.

- Social Security Protection Floor (2012)- Talks of social security guarantees that ensure universal access to essential health care (ILO).
Zimbabwean Constitution - Chapter 1 subsection 29- Obliges the state to take measures to ensure: the provision of basic, accessible and adequate health services throughout Zimbabwe, that no person is refused emergency medical treatment at any health institution and the prevention of the spread of disease.

Chapter 4 subsection 76-Guarantees the reduction of the risk of one failing to earn a living because of poor health. Every citizen and permanent resident has the right to have access to basic health-care services, including reproductive health-care services. We all have a role to protect this right.
Financing of Health Care

- **Health Care Financing Alternatives**
  - Direct payment for services by patients - out-of-pocket
  - Commercial (private-for-profit) health insurance
  - Gvt financing through taxes
  - Social Health Insurance

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Countries Experiences

Kenya

- National Health Insurance Fund (NHIF), established in July 1966
- Mandatory for all employed persons above 18 years, earning above Kshs. 1000 per month (USD10.00). Self-employed contribute on a voluntary basis.

Coverage

- The NHIF co-exists with Private Medical Aid schemes. Private Medical Aid Schemes cover the difference in medical costs not catered for under the NHIF.
- Mandatory for those in formal employment and voluntary for those in the informal sector.
- Covers the contributor, declared spouse and declared children below 18 or up to 25 years if in full time education. Mentally or physically handicapped are covered for life.
Tanzania

- The National Health Insurance Fund (NHIF)
- Established by the Act of Parliament No. 8 of 1999.

Coverage

- Mandatory for formal sector employees and voluntary for all informal sector workers. NHIF beneficiaries include contributing member, spouse and up to four other dependants.

Financing model

- Formal sector employees contribute 3 percent of their salary and the employer pays 3% to make it 6%. The amount that one contributes to the Scheme largely depends on the ability to pay.
Ghana

- National Health Insurance Scheme, established under the National Health Insurance Act of 2003

- **Coverage**
  - Spouse and four biological children below the age of 18 years. More dependants attract additional contributions.

- **Financing model**
  - A 2.5% health insurance levy added to VAT,
  - Formal sector contributions, 18.5% per month to Social Security and National Insurance Trust (SSNIT) - Mandatory.
  - Employer and employee contribute 13% and 5.5% respectively. SSNIT gives 5% out of the 18.5% to the National Health Insurance Authority for the members Health Insurance.
  - The government also allocates funds to the NHIS from national budget.
  - The scheme also receives donor funding.
  - Coverage of informal sector on voluntary basis
South Africa

- Currently working on introducing a National Health Insurance Scheme

**SCHEME FEATURES**

- **Universal access:** All South Africans will have access to needed health services.

- **Mandatory prepayment of health care**

- **Comprehensive Services:** Will cover a comprehensive set of health services that will provide a continuum of care from community outreach, health promotion and prevention to other levels of care.

- **Financial risk protection:** Will ensure that individuals and households are not deterred from accessing and utilising needed health services.

- **Single fund:** Will integrate all sources of funding into a unified health financing pool that caters for the needs of the population.
State of Health Care in Zimbabwe...Cont

- Time for Zimbabwe and Africa to find own solutions to emerging health challenges.
- Few countries are investing the recommended 15% of national budget towards health (His Excellency, Cde R. G Mugabe officially opening the 67th Edition of the WHO Regional Committee for Africa here in the Vic Falls recently)
- Donor funding fast disappearing from the scene
- Yawning health funding gap left.
- Calls for all stakeholders to put heads together for practical solutions to this funding gap, in order to save lives (Human right)
- NHIS proffered as one such practical solution
NHIS - Lessons for Zimbabwe from other countries

- Voluntary coverage of the informal sector (majority of countries studied)
- Mandatory coverage of the formally employed (All countries studied)
- Co-existence with private and existing Medical Aid Societies. Members of Medical Aid Societies can also be members of the National Health Insurance Scheme, providing a two tier system which ensures complementarity between social health insurance and private health insurance.

- National Health Insurance Scheme providing basic cover and private health insurance covering higher level benefits (Chap 4 of Zim Constitution, access to basic health-care, every citizen’s right)
Suggestions for Heath-care Financing - NHIS in Zimbabwe

- Member contributions based scheme or general taxation financing or a combination of both are options as found in other countries. Depends on what the country can afford.

- General taxation financing depends on economic performance and national budget adequacy.

- Mandatory coverage of the formally employed, with coverage of the informal sector on a voluntary basis is a realistic option.
Update, NHIS in Zimbabwe

- Scheme principles were approved by Cabinet in 2016
- Currently at stakeholder consultations and engagement stage
- It should be everyone’s business to protect this human right from a moral point of view, however, the Government has the ultimate responsibility
Thank You
Questions are guaranteed in life; Answers aren’t.