Awareness of National Health Insurance Benefits in Zambia

Evidence from a Global Fund Pilot Project

DISCUSSION PAPER

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Acknowledgements

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), under its Resilient and Sustainable Systems for Health (RSSH) initiative, provided grant support to the National Health Insurance Management Authority (NHIMA) for a pilot project on the extension of National Health Insurance Scheme (NHIS) Coverage to Poor and Vulnerable populations under the Social Cash Transfer Programme (SCTP) for the period 2024 - 2026. This assessment is part of the pilot project implementation aimed at documenting progress towards the project objectives.

The assessment was delivered under the coordination of NHIMA's Research, Planning and Strategy Department, led by Herryman Moono, Director – Research, Planning and Strategy. Technical support was provided by Mabvuto Sinkala, (Senior Risk Officer, Health Insurance Services), who led the technical analysis and drafting, Angel Kabwe (Senior Research and Actuarial Services Officer), Mwape Musonda (Senior Planning, Strategy and Partnerships Officer), and Hillary Musole (Senior Monitoring and Evaluation Officer). Executive management support was provided by the Director General, Dr. Michael Njapau.

A multi-disciplinary NHIMA project team, with additional technical support from the Ministry of Health, the Ministry of Community Development and Social Services was constituted to ensure the delivery of the project from member identification, verification, and registration to ensure accurate membership in the NHIS as is in the Social Cash Transfer register.

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Abstract

Objective: This paper assesses how beneficiaries of government-subsidized health insurance through Zambia's National Health Insurance Scheme (NHIS) learn about their entitlements and benefits. It also examines their knowledge of specific NHIS services and satisfaction levels with those NHIS services under the Global Fund pilot project for Social Cash Transfer households.

Data: This paper draws on data from a comprehensive awareness and satisfaction survey conducted by the National Health Insurance Management Authority (NHIMA) in August 2025. While the survey initially encompassed 706 households across the Kitwe and Ndola districts, the subsequent analysis presented here is focused exclusively on the 515 households that demonstrated a prerequisite basic knowledge of NHIS benefits and access procedures.

Findings: First, we find that most sponsored members learned about their NHIS entitlements through community outreach and strategic partnerships, with healthcare providers playing a central role. NHIMA-led in-person communication proved essential for reaching marginalized households, emphasizing the importance of multi-stakeholder collaboration. Second, we find that direct use of NHIS services substantially enhances beneficiaries' understanding of their entitlements. While knowledge of drugs and pharmaceuticals was high, awareness of specialized services such as oncology, mental health, and rehabilitation remained low, highlighting the need for targeted benefits sensitization. Third, user satisfaction was high through financial protection, access processes, and facility availability. Out-of-pocket spending among active users declined by 90%, demonstrating NHIS's strong financial protection potential when awareness barriers are reduced, reinforcing the need for comprehensive sensitization alongside enrollment expansion.

Recommendations: For successful project implementation, key recommendations are made, among them (a) intensifying community-based sensitization efforts focused specifically on member benefits and access procedures, (b) improving operational readiness at accredited facilities, including member service assistance, drug availability and network expansion, and (c) developing simplified, user-friendly benefit communication materials to enhance awareness of the full NHIS package, especially low-awareness specialized services.

Keywords: health insurance, benefit awareness, universal health coverage, social protection, NHIMA, Global Fund

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I. Introduction

The National Health Insurance Scheme (NHIS) was established by the National Health Insurance Act No. 2 of 2018 and SI No. 63 of 2019 as a compulsory scheme for all Zambian citizens and legal residents to provide sound and reliable health care financing for the health sector. This was part of broader health policy reforms to improve access to healthcare for all Zambians and improve the financial sustainability of the health system as well as eliminate financial barriers to accessing healthcare by removing out-of-pocket payments, which were limiting access to health services, particularly for the poor. The National Health Insurance Management Authority (NHIMA) was established as a body corporate under section 4 of the National Health Insurance Act No. 2 of 2018. NHIMA is Zambia's public health insurance provider, with the mandate of spearheading universal healthcare coverage through the implementation of the National Health Insurance Scheme (NHIS). Its mandate includes providing access to insured quality health care services through strategic purchasing arrangements with accredited public and private health facilities.

NHIMA – Global Fund Pilot Project registration team capturing biometrics of a project beneficiary in Ndola district, Copperbelt Province

The NHIS is a means of harmonizing funding into the health system by having premiums collected based on the ability to pay from all eligible citizens and legal residents[1], with exemptions and subsidies for the vulnerable, elderly (above 65 years), and the mentally and physically challenged. The collections feed into a single, unified National Health Insurance Fund (NHIF) that reduces fragmentation in fund management. In this respect, the NHIS changes the payment basis from inputs (salaries, drugs, consumables, and other operational costs) to service delivery outputs, thereby requiring providers to achieve previously agreed and contractually committed benefit package terms and conditions before funds are disbursed.

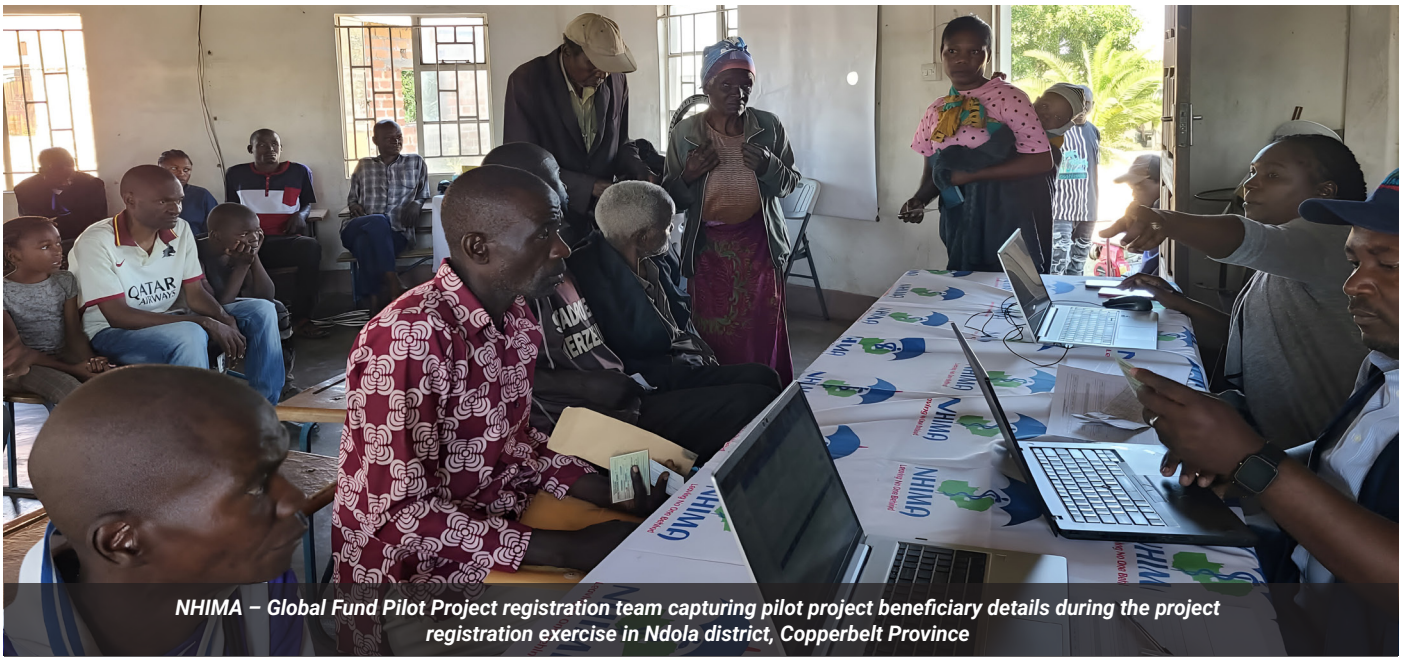
Former Minister of Health, Hon. Sylvia Masebo presenting NHIMA Membership Cards to enrolled Global Fund Pilot Project Beneficiaries in Ndola district, Copperbelt Province

1 Currently, the contributory rate is 2% of the basic salary for formal sector workers, split between employer and employee.

In addition, equity and access to care are improved under a unified national health insurance system where access is based on need and contributions are based on ability to pay. Under the NHIS, access to health care is enhanced by reducing out-of-pocket payments (legal or otherwise), which deter the poor from seeking appropriate healthcare, thereby progressively moving towards the attainment of Universal Health Coverage. Prepaid members access insured services in a cashless manner at the time of illness. In its form, the NHIS is not only a form of raising revenue for the healthcare system but is also a steppingstone that creates the enabling environment for broader health system reforms - building social solidarity and equitable health care access by ensuring largely prepaid revenues, pooling revenues into a single fund, and leveraging the large, pooled health fund to improve health system efficiency - particularly by shifting from paying for inputs to purchasing outputs and performance. This demand-side financing approach transfers power from the provider to the patient as the money follows the patient to their provider of choice. This improves provider responsiveness to patient needs since they must deliver quality care to be paid, thereby actualizing strategic purchasing and results-based financing.

In pursuit of achieving Universal Health Coverage, to leave no one behind, the government of Zambia, through NHIMA, is in the process of extending non-contributory participation to the poor and the vulnerable as mandated by the National Health Insurance Act. This process requires extensive collaboration with stakeholders, both local and international, in the generation of resources to subsidize the onboarding of the poor and vulnerable who have no contributory capacity to join the scheme and are left out of accessing insured health services. Given the contributory nature of the scheme, the poor and vulnerable who have no monetary capacity to contribute are at risk of being excluded from the scheme. This, therefore, calls for deliberate mechanisms to fund their membership in the scheme through targeted subsidies.

Minister of Health, Hon. Dr. Elijah Muchima with NHIMA Director General, Dr. Michael Njapau at the Global Fund Pilot Project registration exercise launch in Livingstone district, Southern Province



NHIMA – Global Fund Pilot Project registration team capturing pilot project beneficiary details during the project registration exercise in Ndola district, Copperbelt Province

II. Global Fund Pilot Project: Extension of NHIS Coverage to the Social Cash Transfer

Under the Global Fund's Resilient and Sustainable Systems for Health (RSSH) initiative, NHIMA was selected as a sub-recipient of the Global Fund Grant under the Ministry of Health to pilot the strategy on the extension of the National Health Insurance Scheme access to the poor and vulnerable populations under the Social Cash Transfer Programme (SCT). The focus of the pilot programme is to extend NHIS coverage to poor and vulnerable populations living with HIV and on care, those in high TB-prone areas, and persons with disabilities without contributory capacity to the NHIS.

The high levels of extreme poverty and vulnerability with multiple effects of HIV/AIDS and high unemployment have over the years justified the enhancement of social protection programmes for households with little or no self-help potential. The extremely poor and incapacitated households are the most disadvantaged and in need of mechanisms to protect and cushion them against further vulnerability and poverty. Access to health is one of the key interventions that the poor and vulnerable need.

The government-run Social Cash Transfer Programme provides a monthly grant to households that are deemed poor and vulnerable and meet the following inclusion criteria:

1. Households with an elderly person (65 years and above).
2. Household with a member or members with severe disability.
3. Households with a member or members who are chronically ill on palliative care.
4. Child-headed households (below the age of 19 years).
5. Female-headed households keeping at least 3 children under the age of 19.

The inclusion criteria above, therefore, capture households that are exposed to potentially high costs of accessing healthcare services. Furthermore, with high costs come negative coping mechanisms that expose them to HIV and compromised living conditions to Tuberculosis. The poor social and economic conditions faced by these households lead to low health-seeking behaviour due to financial barriers, thereby limiting the government's progress towards achieving Universal Health Coverage.

The pilot project is in line with the Global Fund's agenda to accelerate progress toward universal health coverage and pandemic preparedness by being a leading actor in tackling inequities in health, whether

arising from poverty or gender. By extending this support, the Global Fund is building and enhancing resilient and sustainable health systems through a more inclusive health system that engages with the Ministry of Community Development and Social Services, the Ministry of Health, and the National Health Insurance Management Authority to reach out to and care for the most vulnerable, whether isolated rural populations, women and girls, or key populations suffering discrimination and stigma. Furthermore, by pooling contributions into a single pool, this pilot project illuminates the importance of pooled funding in guaranteeing sustainable domestic resource mobilisation for health in resource constrained economies.

III. Global Fund Pilot Project Implementation: 2024 – 2025

Since 2024, NHIMA has been implementing the Global Fund-supported pilot project whose overall objective is to improve the poor and vulnerable population's health status by improving financial access to health care. Specifically, the project aims to:

1. Enhance access to healthcare services, thus improving health-seeking behaviour, resulting in overall improved population health.
2. Provide financial risk protection to poor and vulnerable individuals and households, including persons in care, persons with disabilities, and those in high TB-prone areas who are the most in need of healthcare services.
3. Reduce inequality in access to insured quality health services, and progressively move towards the achievement of Universal Health Coverage.

Hon. Minister of Labour and Social Security, Hon. Brenda Tambatamba flanked by NHIMA Director General, Dr. Michael Njapau during the Global Fund Pilot Project registration exercise launch in Kasempa district, Northwestern Province.

As of May 2024, the pilot project has registered more than 60,000 individuals from 20,204 households who have been enrolled across 12 districts of Zambia. Over ZMW10.60 million ($0.52 million) in health services have so far been accessed, many for the first time in their lives. Women, who represent 71% of all registered beneficiaries, and individuals living with HIV and on care and persons with disabilities, together accounting for 85% of enrollments, are now able to seek medical care when they need it, not just when they can afford it. In many cases, women who had never accessed formal insured healthcare are now receiving maternal and reproductive health services with ease from both the public and private healthcare providers without making any out-of-pocket payments.

IV. Rationale for the Awareness of Health Insurance Benefits Study

While significant progress has been made to expand registration of the poor and vulnerable to the NHIS, evidence from international contexts suggests that enrollment alone does not guarantee utilization. As Bredenkamp et al. (2017) demonstrated in the Philippines, "it cannot be taken for granted that households whose insurance coverage is subsidized by the national government necessarily know of their membership entitlement and the full range of health services that are included in the benefit package." This challenge is particularly relevant for automatically enrolled populations who, like Zambia's SCT beneficiaries, are identified through social protection registries at the Ministry of Community Development and Social Services (MCDSS) and then actively registered from their respective districts.

From the beginning of the project, NHIMA has implemented various measures to inform households of their entitlements, including community sensitization programs, radio campaigns, and collaboration with key ministries, including the Ministry of Health and the Ministry of Community Development and Social Services. Yet, initial indicators suggested potential gaps between administrative coverage and actual service utilization, mirroring patterns observed in other low-income settings where "the poor tend to utilize their health insurance benefits less than other groups" (Quimbo et al., 2008).

This paper assesses how Zambian beneficiaries enrolled in the Global Fund pilot project know about their NHIS entitlements and benefits. Drawing on a comprehensive survey conducted in August 2025, we address three key questions: First, we asked subsidized members how they learned about their NHIS entitlements and benefits. Second, among all respondents, we assessed knowledge of specific NHIS benefits and access procedures through a series of direct questions. Third, we evaluated active households' satisfaction about NHIS benefits, allowing for multiple responses that were subsequently analyzed using the Likert scale. The findings provide critical insights for refining Zambia's approach to pro-poor health insurance and offer lessons for similar initiatives globally.

Beneficiaries of the Global Fund Pilot Project with their NHIMA Membership Cards, Kasempa district, Northwestern Province.

NHIMA – Global Fund Pilot Project registration team capturing pilot project beneficiary details during the project registration exercise at Mapalo Health Centre, Ndola district, Copperbelt Province

V. Data and Methods

Data Sources

This analysis uses data derived from a structured awareness and satisfaction survey conducted by NHIMA with support from the Global Fund in August 2025. The survey employed a stratified sampling approach targeting 706 households in Kitwe and Ndola districts, representing the two key implementation areas of the pilot project. The two cohorts were 347 households that had accessed NHIS services since enrollment and 359 households that had not yet utilized services despite being registered. Of these, a combined 515 households demonstrated basic knowledge of NHIS benefits and access procedures (264 active households and 251 non-active households). Our analysis in this paper thus centered on the 515 households.

Data collection utilized tailored questionnaires administered through interviews, recognizing the low literacy levels among the target population. This approach enabled direct engagement with respondents, allowing for probing and clarification. The survey instrument was designed to assess multiple dimensions of awareness, including knowledge of entitlements, understanding of access procedures, identification of accredited facilities, and awareness of benefit packages.

Measurement of Awareness and Sources of Information

We constructed several measures of awareness based on survey responses. First, we asked subsidized members how they learned about their NHIS entitlement. Second, among all respondents, we assessed knowledge of specific NHIS benefits and access procedures through a series of direct questions. Third, we evaluated user household satisfaction about NHIS benefits, allowing for multiple responses that were subsequently analyzed using the Likert scale. The Likert Scale analysis was applied to systematically measure and rank perceptions across service dimensions, including financial protection, access processes, and facility availability. The analysis also captured out-of-pocket expenditure data before and after NHIS enrollment to quantify the financial protection impact.

Population Subgroups

The analysis comprises members with basic NHIS benefits knowledge from both user and non-user cohorts (515 households). Additional analysis examines patterns across demographic characteristics, including registration status, given that 72.8% of respondents were households with disabled members.

VI. Findings

How Do Subsidized NHIS Members Learn About Their Coverage?

The survey confirms that formal communication channels are the primary source of NHIS coverage awareness for pilot project beneficiaries, led by community outreach activities. NHIMA-led outreach accounts for the largest share of information sources among all members (38.2%), a proportion that rises sharply among persons with disabilities (53.3%), underscoring their heavier reliance on structured, program-led mobilization. Crucially, healthcare providers also play a significant role, accounting for 24.4 percent of all information sources. This establishes service providers as a key information pathway whose importance remains consistent across all member cohorts. This finding mirrors experiences from other countries such as Ghana, where, as noted by Rajkotia et al. (2014), frontline providers are often the first point of clarification on coverage and benefit entitlements. The same has been noted in Rwanda's community-based health insurance, where health facility staff play a critical role in explaining enrollment and benefits (Lu et al., 2012).

Table 1: Source of Information on NHIS benefits and entitlements among registered pilot households

Source	All Households (n=515)	Disabled (n=375)	HIV Treatment (n=90)	Other Chronic (n=90)
Community Outreach				
NHIMA	38.2%	53.3%	38.0%	34.3%
Other Agencies	2.5%	4.5%	1.5%	3.0%
Subtotal	**40.7%**	**57.8%**	**39.5%**	**37.3%**
Partnerships				
Healthcare Providers	24.4%	17.3%	19.5%	22.2%
Subtotal	**24.4%**	**17.3%**	**19.5%**	**22.2%**
Media Programs				
Radio	11.2%	6.0%	9.5%	8.4%
Television	4.5%	4.3%	5.0%	7.8%
Social media	2.8%	3.1%	3.7%	3.4%
Subtotal	**18.5%**	**13.4%**	**18.2%**	**19.6%**
Social Networks				
Friends	6.9%	4.4%	8.2%	13.8%
Family	4.0%	3.2%	7.0%	4.5%
Community Leaders	3.1%	2.1%	2.4%	2.1%
Subtotal	**14.0%**	**9.7%**	**17.6%**	**20.4%**
Others	2.4%	1.8%	5.2%	0.5%
Total	**100%**	**100%**	**100%**	**100%**

Source: NHIMA Pilot Project Member Awareness Satisfaction Survey, 2025; Authors' computations

Notably, the survey identified substantial member reliance on media-based communication as well as reliance on interpersonal networks after initial enrollment, particularly for information about benefit details and access procedures. However, unlike the Philippine context where social networks were the primary information source about benefits, as noted by Bredenkamp et al. (2017), in Zambia these networks serve to supplement rather than replace formal communication channels. This pattern more closely resembles findings from Vietnam's compulsory health insurance, where formal structures dominate initial awareness but informal networks support benefit navigation (Somanathan et al., 2014).

How Well Do People Know NHIS Benefits and Procedures?

Awareness on NHIS benefits was HIGH

- ⇒ *82% knew their benefits and procedure for accessing services*
- ⇒ *76% understood they could access care nationwide and register multiple dependents*
- ⇒ *70% could identify accredited facilities in their location.*

We identified a stark contrast in awareness levels between users and non-users of NHIS services. Among households that had accessed services, awareness was generally high: 82% knew their benefits and procedure for accessing services, 76% understood they could access care nationwide and register multiple dependents, and 70% could identify accredited facilities in their location.

In contrast, non-user households demonstrated significant knowledge gaps despite being formally enrolled. While 70% knew they were entitled to free care at accredited facilities, only 11% understood the procedures for accessing these services. This awareness-procedure gap represents the most critical barrier to utilization.

When asked to identify specific NHIS benefits, households demonstrated strong knowledge of key services: 95% of all members correctly identified pharmaceuticals and blood products. This high awareness is primarily driven by direct access experience, supplemented by information from the communication channels previously discussed. Importantly, this trend is robust and consistent across the three vulnerable subgroups (Disabled, HIV treatment, and Other Chronic), all of whom reported awareness levels above 92% for this essential benefit.

Table 2: Awareness of Specific NHIS Benefits, Among Pilot Project User Households

NHIS Benefits	All House-holds (n=515)	Disabled (n=375)	HIV Treat-ment (n=70)	Other Chronic (n=70)
	% Rank of known NHIS services by active households			
Pharmaceuticals and Blood Products	95.0%	94.5%	97.8%	92.8%
OPD Registration and Consultation	61.3%	59.8%	40.3%	28.8%
Vision Care and Spectacles	23.3%	18.5%	12.5%	20.0%
Physiotherapy and Rehabilitation	19.0%	17.5%	13.3%	19.0%
Inpatient Care Services	19.0%	17.0%	15.5%	17.8%
Dental and Oral Health Services	8.8%	13.8%	16.0%	15.8%
Surgical Services	7.3%	12.3%	11.3%	13.3%
Orthopedic Appliances & Prostheses	6.0%	8.5%	8.8%	7.8%
Maternal and Pediatric Services	5.8%	5.0%	8.0%	5.0%
Cancer/Oncology Services	3.0%	2.5%	1.8%	5.0%
Mental Health	1.8%	0.3%	0.6%	1.0%

Source: NHIMA Pilot Project Member Awareness Satisfaction Survey, 2025; Authors' computations

How satisfied are Members with NHIS Benefits?

The satisfaction results above show strong approval of NHIS services, with 93% satisfaction on reduced out-of-pocket expenses and 90% on ease of access, confirming successful financial protection and user-friendly processes. However, operational areas such as waiting times (19% dissatisfaction) and facility availability (17% dissatisfaction) reveal gaps in service efficiency and geographic coverage, suggesting a need for improved staffing, reduced queues, and expanded accredited providers to enhance care quality and project scalability.

Table 3: User Households Satisfaction Rating

Measure of Satisfaction	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Overall Satisfaction
Process of Accessing Health Services	52%	38%	6%	3%	1%	90%
Availability of NHIMA Accredited Healthcare Facilities	39%	37%	7%	8%	9%	76%
Waiting Times at NHIMA Accredited Health Facilities	37%	36%	8%	14%	5%	73%
Reduction in Out-of-Pocket Expenses and Protection	73%	20%	2%	2%	3%	93%
Availability of Medical Services at NHIMA Accredited Facilities	39%	44%	8%	6%	3%	83%

Source: NHIMA Pilot Project Member Awareness Satisfaction Survey, 2025; Authors' computations

Monthly Out-of-Pocket (OOP) Health Expenditure

Our analysis of out-of-pocket (OOP) health spending among pilot project households confirms a substantial decline in financial burden following their inclusion in the NHIS. Average monthly OOP expenditure fell by 90% from ZMW 406 to ZMW 40, while total monthly spending across all households surveyed decreased from ZMW 67,790 to ZMW 6,663. The maximum amount spent by any household also dropped sharply by 83%, from ZMW 3,000 to ZMW 500 per month. Collectively, these findings indicate that the pilot has been highly effective in strengthening financial protection by absorbing essential healthcare costs and safeguarding poor and vulnerable households from catastrophic expenditures.

Table 4: OOP Health Expenditure Among GF Households

Statistic	OOP Expenditure Before	OOP Expenditure After	Change
Range	3,000	500	83%
Maximum	3,000	500	83%
Sum	67,790	6,663	90%
Mean	406	40	90%
Standard Error	47	7	
Median	200	0	
Standard Deviation	604	95	
Kurtosis	9	6	
Skewness	3	2	
Range	3,000	500	83%
N	347	347	

Source: NHIMA Pilot Project Member Awareness Satisfaction Survey, 2025; Authors' computations

VII. Discussion and Recommendations

Discussion of Key Findings

The survey illuminated key findings. Firstly, sponsored members who are aware of their NHIS entitlement mostly learned of it from community outreach and strategic partnerships, notably health providers. The impact of NHIMA-led engagements reinforces the critical role of structured, in-person communication, especially among marginalized groups who may have limited access to digital or mass media channels. Further, the significant role played by healthcare providers and implementing partners in amplifying NHIS messages demonstrates that multi-stakeholder collaboration improves information flow and supports better service navigation.

Secondly, from our study, evidence has shown that practical experience drives specific benefit awareness: most members knew better NHIS services they have had access to. Although knowledge of high-frequency services such as medicines is strong, awareness drops sharply for specialized services, particularly mental health, oncology, and rehabilitative services. This gap can undermine effective service utilization and suggests the need for targeted benefit education campaigns tailored to specific population groups.

Thirdly, there are generally high satisfaction levels among user households across service dimensions, including financial protection, access processes, and facility availability. The reduction in out-of-pocket expenditures among active users demonstrates the scheme's potent financial protection potential when awareness barriers are overcome. This success reiterates the importance of investing in comprehensive awareness campaigns as a necessary complement to enrollment expansion.

Recommendations

Based on these findings, key suggestions for future policy development and program implementation include the following:

The study confirms that while awareness of NHIS benefits is high, a knowledge gap persists regarding practical understanding of how to access care. Therefore, NHIMA must strengthen its outreach by providing comprehensive, step-by-step education covering registration, facility navigation, renewal processes, and referral pathways. This can be achieved through structured community dialogues, mobile sensitization teams, demonstrations at SCT pay-points, and simplified audio-visual materials tailored for low-literacy communities.

There is a need to strengthen NHIMA-provider partnerships to enhance provider engagement and facility readiness to facilitate scheme knowledge and improved overall member experience. This can be done by leveraging healthcare providers as consistent information touchpoints while addressing operational bottlenecks such as drug stock-outs, waiting times, and coverage gaps to improve user experience and reinforce trust in the scheme.

Introduce accessible benefit guides, community demonstrations, and facility posters that clarify covered services, especially low-awareness benefits such as oncology, mental health, and rehabilitative services to reduce the awareness–utilization gap.

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