



National Health Insurance Management Authority

STRATEGIC PLAN

(2023 - 2026)

Social Health Protection Financing for Universal Health Coverage







Theme:
*Social Health Protection Financing for Universal
Health Coverage*

January 2023



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FOREWORD



The National Health Insurance Management Authority's (NHIMA) Revised Strategic Plan (2023–2026) sets a path for enhanced Social Health Protection by establishing a new commitment by the Zambian Government towards the achievement of Universal Health Coverage (UHC), through the provision of financial risk protection and access to affordable and quality essential healthcare services for all Zambians. The Strategic Plan has been crafted with great attention paid towards the achievement of Universal Social Security and Social Protection in line with the Government's growth agenda anchored in the 8th National Development Plan and the Sustainable Development Goals.

The theme for this Strategic Plan is **“Social Health Protection Financing for Universal Health Coverage”**. This theme reflects the Board and government's recognition that Social Protection is a strong tool for protecting and promoting the welfare and livelihoods of Zambians, and that Social Health Protection is an integral ingredient to Universal Social Protection. In line with the government's decentralisation agenda, the Strategic Plan prioritises the extension and decentralisation of access to insured health services to all regions of the country, 'leaving no one behind' in the implementation of the National Health Insurance Scheme. This plan, therefore, is a translation of the government's reform agenda of enhancing the performance and effectiveness of the National Health Insurance Scheme to ensure that it benefits all Zambians.

On behalf of the Board, I would like to appreciate all our stakeholders who include the Government of the Republic of Zambia, the European Union, Chandler Institute of Governance (CIG), cooperating partners, Management, and the consultants, Bridges Limited, for their efforts in developing this Strategic Plan.

I wish to reaffirm the Board's confidence and appreciation in the Management and staff of NHIMA in contributing to enhanced Financial Risk Protection and Social Health Protection for the attainment of Universal Health Coverage through the implementation of this Strategic Plan.

Dr. Richard Mwiinga
BOARD CHAIRPERSON



ACKNOWLEDGEMENTS



The Revised NHIMA Strategic Plan (2023-2026) presents the Authority's strategic direction for contributing to the attainment of adequate, sustainable, equitable, and predictable healthcare financing in Zambia as part of the country's Social Health Protection aspirations anchored on the Universal Health Coverage objective and the 8th National Development Plan. This Strategic Plan revises and enhances the vision, mission, and value statements in the NHIMA 2021 Strategic Plan. The new vision positions NHIMA as a provider of world-class insurance for healthcare services for all. Our core values have also been redefined in the acronym 'iSECURE' for Integrity, Solidarity, Excellence, Client Focus, Universality, Reliability and Equity.

The development of this plan is the combined efforts and support of several people and organisations. On behalf of the Management of NHIMA, I would like to express sincere gratitude and appreciation to all our stakeholders who include the Government of the Republic of Zambia through the Ministry of Labour and Social Security, the NHIMA Board of Directors and the Select Committee of the Board on the revision of the plan, the Chandler Institute of Governance (CIG), Management and the consultants, Bridges Limited, for their efforts in developing this Strategic Plan.

We would also like to express our thanks to all those who participated in the various consultative meetings, including the independent expert reviews of the EU Expertise on Social Protection, Labour and Employment under the European Union Delegation to Zambia and COMESA.

As we execute this Plan, we will constantly engage our stakeholders to ensure regular feedback, duty of care, transparency, integrity, and accountability. With this new strategic thinking and direction, I am confident that NHIMA is well positioned to be the vehicle for achieving Universal Health Coverage – Leaving No One Behind.

Mr. Tontela Siwale
Ag. DIRECTOR GENERAL



ABBREVIATIONS AND ACRONYMS

AI	Artificial Intelligence
BI	Business Intelligence
BSC	Balanced Scorecard
CapEx	Capital Expenditure
COMESA	Common Market for Eastern and Southern Africa
COVID-19	Corona Virus Disease 2019
CSAT	Customer Satisfaction
DG	Director General
DLS	Directorate Legal Services
EU	European Union
ExCom	Executive Committee
GDP	Gross Domestic Product
GRZ	Government of the Republic of Zambia
HCF	Health Care Financing
HCP	Health Care Provider
HIMS	Health Information Management Systems
HIS	Health Insurance Services
HRA	Human Resource and Administration
HSP	Health Service Provider
ICT	Information and Communication Technology
iSECURE	Integrity, Solidarity, Excellence, Customer Focus, Universality, Reliability and Equity
ILO	International Labour Organisation
INRIS	Integrated National Registration Information System
ISSA	International Social Security Association
KPI	Key Performance Indicator
MLSS	Ministry of Labour and Social Security
MRM	Member Relationship Management
MoH	Ministry of Health
NHIF	National Health Insurance Fund
NHIMA	National Health Insurance Management Authority
NHIS	National Health Insurance Scheme
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
PMER	Performance Monitoring, Evaluation and Reporting
PRIME	Process Involvement Methodology
PSPF	Public Service Pensions Fund
RDP	Research, Development and Publishing
SADC	Southern Africa Development Community

SDG	Sustainable Development Goals
SDT	Service Delivery Target
SPV	Special Purpose Vehicle
SWOC	Strengths, Weaknesses, Opportunities and Challenges
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
WHO	World Health Organisation
8NDP	8th National Development Plan



EXECUTIVE SUMMARY

This Strategic Plan was developed by the National Health Insurance Management Authority (NHIMA) to outline a roadmap for the revised strategic direction the Authority will undertake in executing its mandate as provided for and stipulated in the National Health Insurance Act No. 2 of 2018. The Strategic Plan will be implemented over a four-year lifespan from 2023 to 2026. This timeframe, and the aspirations of this Strategic Plan, aligns with the Eighth National Development Plan (8NDP) which runs from 2022 to 2026.

Since its establishment in 2019, NHIMA has been operating effectively in managing the National Health Insurance Scheme (NHIS) on behalf of the Government of the Republic of Zambia (GRZ). Through this Scheme, NHIMA's goal has been and will continue to be to improve Zambians' access to affordable, high-quality insured healthcare services, as well as to secure the national health system's financial future. In its capacity as the Scheme's administrator, NHIMA is steadily making progress toward the country's overall goal of achieving Universal Health Coverage (UHC), and is extending its outreach efforts through this Strategic Plan. In a bid to fulfil the Authority's vision, mission, and values, this Strategic Plan outlines the strategic results under each strategic pillar that NHIMA seeks to achieve over the next four (4) years.

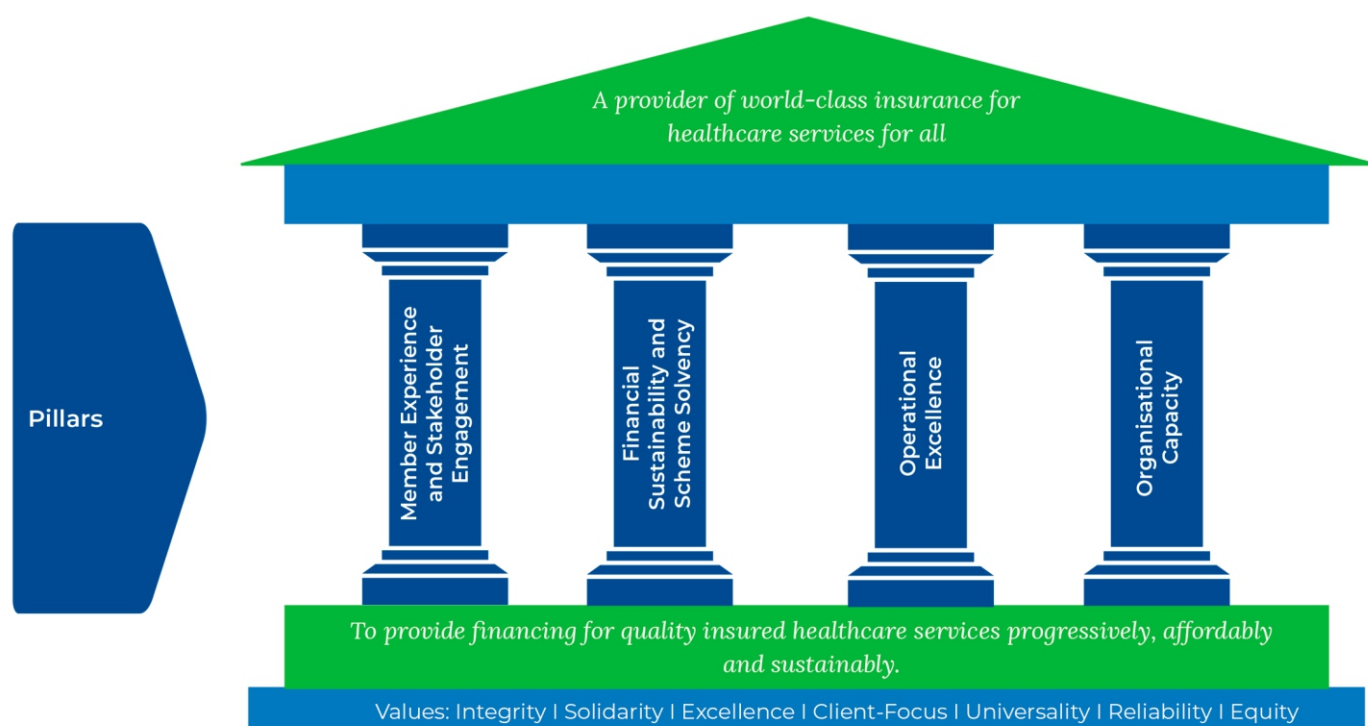
The Authority's Vision and Mission are as follows:



The table below gives more lights about our core values:

VALUE	DESCRIPTION
Integrity 	We will do the right thing, always, for the financing of good health and wellbeing of all our members.
Solidarity 	We believe that the country will stand in unity where citizens can be relied on to subsidise the poor and sick collectively, ensuring cross-subsidisation and equity in healthcare access. Citizens will contribute according to their ability to pay but use health services according to their needs.
Excellence 	We aim to deliver beyond normal standards, including the way we treat people, the services we provide, and the systems we put in place. We ask of ourselves and our processes, how can we become better, innovative, and more in all aspects.
Client-Focus 	We listen to our members and treat them with dignity and respect. We provide timely, responsive, and proactive service. We take time to understand members' needs and always strive to surpass their expectations.
Universality 	Leaving no one behind, all citizens and established residents are eligible for coverage under the NHIS, regardless of their age or their socioeconomic, health risk, income, or employment status.
Reliability 	We do what we promise to do. With steadfastness and diligence, we will uphold professional and ethical business practices.
Equity 	We exercise fairness in deciding on policies and regulations without bias and prejudice. We act fairly in developing systems, procedures, and resource distribution mechanisms to create equitable opportunities for all people.

This Strategic Plan is dependent on the four (4) Strategic Pillars depicted in the strategy house below in order to realise its vision and complete its mission.



NHIMA Strategy House



CHAPTER 1

INTRODUCTION AND STRATEGY DEVELOPMENT



CHAPTER 1 INTRODUCTION AND STRATEGY DEVELOPMENT

1.0 Introduction

The National Health Insurance Management Authority (NHIMA) is a statutory body established under the National Health Insurance Act No. 2 of 2018, charged with the responsibility of managing the National Health Insurance Scheme (NHIS) on behalf of the Government of the Republic of Zambia (GRZ). Since inception, NHIMA has operated successfully and now wishes to extend its growth. Through this Strategic Plan, the authority plans to promote the growth of the social health protection sector. This is in its quest to contribute toward the attainment of Universal Health Coverage (UHC) over the next four (4) years.

1.1 The Strategy Development Process

The Strategic Plan was developed under the auspices of the Balanced Scorecard (BSC) and the Process Involvement Methodology (PRIME). This involved the review of sector-related documentation, external stakeholder consultations as well as an internal and external assessment of the environment. Furthermore, input from internal stakeholders such as the Board, Management and Staff was incorporated.

The Strategic Plan outline can be summarised as follows:

- i. A review of NHIMA's Policy and Institutional Environment;
- ii. An assessment of the Authority's internal environment by reviewing its strengths, weaknesses, opportunities, and challenges (SWOC), as well as an examination of the external operating environment and capturing of stakeholder perceptions and insights;
- iii. A review and recasting of the Authority's Vision, Mission, Core Values, Strategic Results, Strategic Objectives, Strategic Initiatives, Key Performance Indicators (KPIs), and Service Delivery Targets (SDTs); and,
- iv. The Implementation, Governance and Monitoring framework of the Strategic Plan.

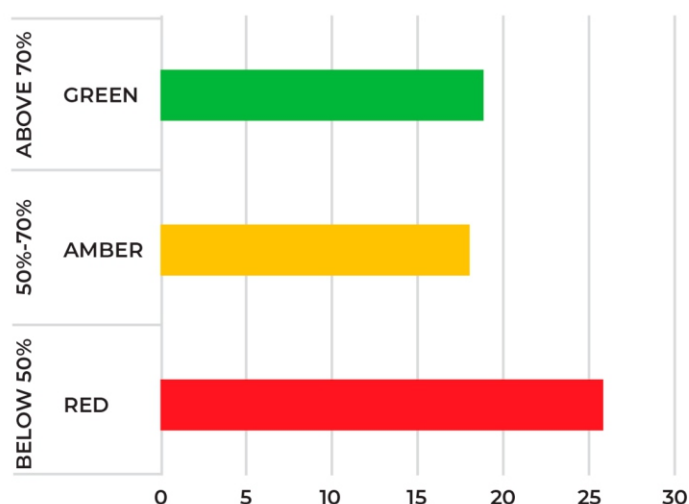
1.2 Rationale

The Authority resolved to revise the 2021-2025 Strategic Plan for three (3) main reasons. These include: the governance and policy shifts in the sector which resulted in NHIMA being moved to the Ministry of Labour and Social Security (MLSS) from the Ministry of Health (MoH); the need to obtain input from stakeholders after NHIMA's realignment from the Ministry of Health to the Ministry of Labour and Social Security; and, to align the Strategic Plan to the Eighth National Development Plan (8NDP).

1.3 Performance Summary of the NHIMA 2021-2025 Strategic Plan

Figure 1.1 lays out a summary of the first one-and-a-half-year of NHIMA's performance vis-à-vis the implementation of the 2021-2025 Strategic Plan. The Authority was only able to meet thirty (30) percent of its sixty-three (63) Key Performance Indicators (KPIs) in the one and a half years reviewed.

NHIMA 2021-2025 SBP Performance as at 31st July 2022



KEY: Not Met = 26; Partially Met = 18; Met = 19

Figure 1.1 NHIMA Year and Half Performance

1.4 Key Successes, Challenges and Lessons Learned

The following were identified as some of the key successes and achievements, challenges and lessons learned during NHIMA's first year and a half of implementing the 2021-2025 Strategic Plan:

Table 1.1 Key Successes, Challenges and Lessons Learned

Key Successes	Challenges and Lessons Learned
<ul style="list-style-type: none"> Accreditation of all 1st, 2nd and 3rd level hospitals. Registered revenue growth of 20 percent year-on-year. 	<ul style="list-style-type: none"> Suspected financial irregularities and wastage. Ineffective member engagement. Delayed inclusion of the informal sector into the Scheme. Low turnaround time for card management and collection of biometrics. Lack of a robust ICT Strategy. High staff attrition rate of sixteen (16) percent against a target of less than seven (7) percent.





CHAPTER 2

POLICY, LEGAL AND INSTITUTIONAL FRAMEWORK



CHAPTER 2

POLICY, LEGAL AND INSTITUTIONAL FRAMEWORK

2.0 Introduction

This chapter provides the background on the policy, legal and institutional framework in which NHIMA operates. It gives context from an international, regional, and local perspective. Key among the developments, from a local front, was the realignment of NHIMA from the Ministry of Health (MoH) to the Ministry of Labour and Social Security (MLSS).

2.1 Sector Policies

2.2.1 United Nations Development Programme Sustainable Development Goals

In implementing this Strategic Plan, NHIMA will align itself with the United Nations Development Programme Sustainable Development Goals (SDGs). For instance, Sustainable Development Goal three (SDG 3) focuses on “good health and well-being” by ensuring healthy lives and promoting well-being for all ages. In particular, target 3.8 of SDG 3 focuses on the achievement of Universal Health Coverage. This target aligns with the National Strategy on the Extension of Social Security Coverage to the Informal Economy by incorporating marginalised groups into the National Health Insurance Scheme and the Health Financing Strategy. According to the International Labour Organisation World Social Protection Report 2020-2022, about 53 percent of Zambians have access to Universal Health Coverage (UHC), indicating that large strides have been made towards the achievement of SDG 3. Over and above that, NHIMA will strive to achieve SDG 10 whose focal point is on reducing inequalities. From a social protection standpoint, NHIMA will aim to reduce disparities vis-à-vis access to healthcare through the effective management of the NHIS.

2.1.2 The Eighth National Development Plan (8NDP)

The Eighth National Development Plan (8NDP) is a national policy document that NHIMA will have to align itself with, especially that it coincides with the lifespan of this Strategic Plan. Under Development Outcome 2 of the 8NDP – Improved Health, Food and Nutrition, Government target to increase access to quality healthcare as one of its strategies. Government will also leverage the NHIS to facilitate wider healthcare delivery by bringing on board more private sector healthcare providers, an indication that NHIMA enjoys political will from the Government.

2.1.3 2022 Budget Address

On October 29, 2021, the Government of the Republic of Zambia (GRZ) through the Minister responsible for Finance delivered its inaugural National Budget speech address to parliament, wherein the Government resolutely proclaimed their plans to reform the National Health Insurance Scheme, which they desire to benefit all.

In pursuance of this proclamation, it then became necessary for NHIMA to be moved to the Ministry of Labour and Social Security, a move that was not without its sceptics. However, it was a necessary move as NHIMA is the custodian of the National Health Insurance Scheme which is within the sphere of social protection and social security

2.1.4 The 2017-2027 Health Care Financing Strategy

The 2017-2027 Health Care Financing (HCF) Strategy is another document essential to the success of this Strategic Plan. Of particular importance to NHIMA in the HCF strategy is Objective 4.1.1 under Strategy 5 which aims to “to provide viable options for increased resource mobilisation and strengthen revenue collection.” Under this strategy, the design and implementation of a social health scheme were cited as a means by which the low levels of healthcare funding could be addressed in the health sector. This strategy, therefore, reinforces the need for a social health protection scheme such as NHIMA as a vehicle contributing toward Universal Health Coverage (UHC)..

2.1.5 The 2022-2026 National Strategy on Extension of Social Security Coverage to the Informal Economy

One of the key measures of success for this Strategic Plan depends on how NHIMA effectively extends its coverage to the informal sector and other marginalised groups of society. The National Strategy on Extension of Social Security Coverage to the Informal Economy posits that despite its milestone achievements since its inception, the NHIS has marginalised the informal economy, mostly the poor and vulnerable groups of people who are neither working nor employed. As a result of this, the clarion call is for NHIMA to extend its coverage to these marginalised groups by providing predictable and sustainable social protection. One of the proposed policy measures by the Government through the 2022-2026 National Strategy on Extension of Social Security Coverage to the Informal Economy is to link social cash transfer beneficiaries to health insurance services.

2.2 Legal and Institutional Framework

2.2.1 Mandate

The National Health Insurance Management Authority (NHIMA) was established by an Act of Parliament, the National Health Insurance Act No. 2 of 2018. The Act provides for the establishment of a compulsory scheme, the National Health Insurance Scheme (NHIS), managed by NHIMA. The NHIS, which is part of the Health Care Financing Strategy, is aimed at providing for sound financing of the national health system and enhancing universal access to quality insured healthcare services for all Zambians. The main objective of the Authority is to ensure that all Zambians have access to quality and affordable healthcare services. Through the NHIS, NHIMA hopes to reduce the public's propensity to engaging in out-of-pocket payments which mostly inhibit people from marginalised groups from accessing quality healthcare. As a means of bridging this market failure gap, NHIMA is progressively contributing toward the attainment of Universal Health Coverage (UHC) through the establishment and management of the NHIS.

The following are the Authority's core functions as stipulated under Section 5 of the National Health Insurance Act No. 2 of 2018:

- a. To implement, operate and manage the NHIS and advise the Minister on health insurance and health insurance policy formulation;
- b. To manage the National Health Insurance Fund and undertake programmes for the sustainability of the National Health Insurance Scheme;
- c. To accredit healthcare providers and receive, process, and pay out claims for services rendered by accredited healthcare providers;
- d. To develop a comprehensive benefits package to be accessed by National Health

- Insurance Scheme Members and effectively monitor the provision of health services under the benefit package; and,
- e. To register and issue membership cards to members and facilitate access to health care for the poor and vulnerable and ensure the protection of the poor and vulnerable against deprivation of health services.

Successful implementation of this Strategic Plan hinges on how well NHIMA utilises the provisions of its mandate as stipulated in the Act.

2.2.2 The Board of Directors

The NHIMA Board derives its mandate from the National Health Insurance Act No. 2 of 2018 of the Laws of Zambia, which provides for the establishment of a compulsory National Health Insurance Scheme (NHIS) under the management of NHIMA. The Board of NHIMA is appointed by the Minister responsible for Labour and Social Security and comprises of nominees representing the following prescribed institutions and two other persons with expertise in health insurance:

(a) representative of;

- i. Attorney General
- ii. Health Professions Council of Zambia
- iii. Ministry responsible for social services
- iv. Ministry responsible for Health
- v. Ministry responsible for Finance
- vi. Ministry responsible for Labour
- vii. Association for employees in the public sector
- viii. Association for employees in the private sector
- ix. Association of employers in the Private Sector
- x. Association of employers in the Public Sector
- xi. Association for religious groupings in Zambia
- xii. Zambia Institute of Chartered Accountants

(b) two other persons, one of whom has experience in health insurance.

The Chairperson of the NHIMA Board is appointed by the Minister responsible for Labour and Social Security from among the members. The Vice Chairperson on the other hand is elected by the fourteen-member Board from amongst themselves. NHIMA is headed by the Director General who is appointed by, and reports to, the Board of NHIMA. In providing strategic oversight, the NHIMA Board has developed and implemented a Board Charter which clearly sets out the respective roles, responsibilities and authorities of the Board of Directors and Management. The NHIMA Board has also developed a performance management system which enables the Board to track and monitor the performance of employees and the organisation.

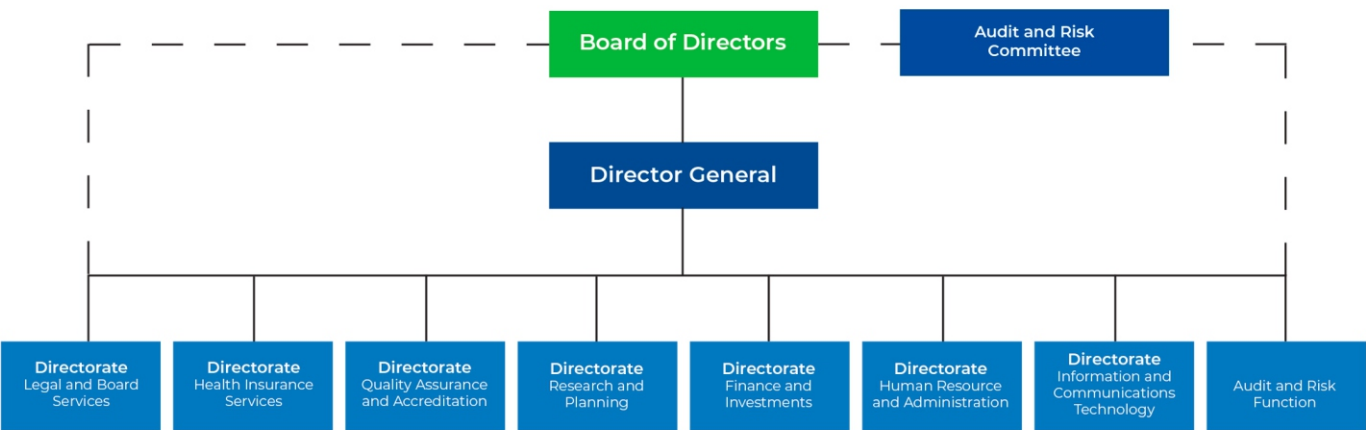
2.2.3 The Management Structure

NHIMA is led by the Director General (DG) who is appointed by, and reports to, the Board of Directors. The DG is responsible for the day-to-day administration of the Authority. Furthermore, the DG is responsible for implementing the Board's decisions and any other function assigned or delegated by the Board. The DG is supported by seven (7) Directorates as follows:

- i. Directorate Quality Assurance and Accreditation
- ii. Directorate Health Insurance Services
- iii. Directorate Finance and Investments
- iv. Directorate Human Resource and Administration
- v. Directorate Information and Communications Technology
- vi. Directorate Research and Planning
- vii. Directorate Legal and Board Services

The Audit and Risk function reports directly to the Board through the Audit and risk committee and administratively to the DG.

Figure 2.1. NHIMA High-Level Organisational Structure





CHAPTER 3

SITUATIONAL ANALYSIS



CHAPTER 3 SITUATIONAL ANALYSIS

3.0 Introduction

This chapter presents the situational analysis that was undertaken to pinpoint elements of the business environment and how they affect the Authority. It also highlights the global, regional and local trends in the social health protection sector. The chapter then delves into showing the internal and external factors that may have an impact on the Authority's operations.

3.1 Global, Regional And Local Trends In The Social Health Protection Sector

3.1.1 Global Trends

From a global standpoint, health is considered to be a fundamental human right and the achievement of this right has been anchored on Universal Health Coverage (UHC), a key component of the United Nations Agenda 2030 for Sustainable Development. The 2021 Global Monitoring Report provided that UHC was improving with the UHC Service Coverage Index (SCI) rising from a population-weighted average of 45 in 2000 to 67 in 2019.

The ILO 2020 World Social Protection Report 2020 - 2022, however, emphasized that only 46.9 percent of the world's population was really covered by at least one social protection benefit in 2022, leaving the other 53.1 percent unprotected. Increased financial barriers to healthcare access are predicted as a result of the global recession's effects on poverty levels and income levels. These findings support the necessity for universally beneficial social health protection plans, especially in order to reduce the negative effects of out-of-pocket expenses on poor people.

3.1.2 Regional Trends

The 2017-2019 World Social Protection Report postulates that the rural population in Africa is the most deprived of coverage and access to healthcare services. Figures shows that about 80 percent of those living in rural areas are being excluded from the right to health protection. One of the main reasons attributed to the existing exclusion is the high level of out-of-pocket expenditure, which accounts for over 50 per cent of total health expenditure . Another reason is the low domestic general government expenditure on health, particularly in countries in Sub-Saharan Africa whose average domestic government expenditure accounts for only 1.8 percent of their Gross Domestic Product (GDP).

A recommendation to support health protection financing through a combination of resources was made in the African Regional Social Protection Strategy 2021 – 2025. These resources range from employers' and workers' contributions to partially subsidized systems and universal health coverage. This would allow for the reduction of co-payments through the use of prepayment mechanisms .

3.1.3 Local Trends

Locally, progressive efforts have been made toward the provision of affordable healthcare for all. There has been increased investment in infrastructure and human resource in the health sector.

However, the flow of resources in the healthcare system as captured through the National Health Accounts show fragmentation in overall healthcare financing with inadequate domestic health spending and a significant reliance on donor funding. Government Health Expenditure (GHE) as a share of total government spending has consistently fallen short of the 15 percent Abuja target, with the 2022 Health Budget representing only 8 percent of the national budget.

In addition, the level of total Current Health Expenditure per capita in Zambia (US\$59) mobilisation is below the estimated minimum level of per capita health spending required to progress towards achieving UHC (US\$86 per capita). Furthermore, as guided by the World Health Organisation (WHO), guaranteeing UHC with appropriate financial risk protection is a challenge if Government Health Expenditure is below 5 percent of a country's GDP. The 2022 Government Health Expenditure on health is estimated at only 3 percent of GDP, falling short of the UHC target expenditure. Evidently, the health sector requires additional resources if the goal of Universal Health Coverage is to be achieved, and there is need for enhanced domestic resource mobilisation, reinforcing the importance of NHIMA in the healthcare financing landscape of the country for sustainable healthcare financing.

In pursuance of this proclamation, it then became necessary for NHIMA to be moved to the Ministry of Labour and Social Security, a move that was not without its sceptics. However, it was a necessary move as NHIMA is the custodian of the National Health Insurance Scheme which is in the sphere of social protection and social security.



3.2 PESTEL Analysis

Table 3.1 below gives a detailed representation of the factors likely to affect NHIMA both positively and negatively from a Political, Economic, Social, Technological, Environmental and Legal perspective.

Table 3.1 PESTEL Analysis

Dimension	Issues and/or developments that are likely to impact negatively or positively on NHIMA's capacity to achieve its objectives			Effects the changes present in terms of opportunities and threats to the sector	
	Globally	Regionally	Locally	Opportunities	Threats (challenges)
Political Environment	<ul style="list-style-type: none"> Global movement towards UHC Global supply chain disruptions, increased protectionism, and trade barriers due to conflicts such as the Ukraine-Russia War China's zero COVID-19 policy disrupting global supply chains 	<ul style="list-style-type: none"> Corruption and financial mismanagement allegations Governments' enforcement of mandatory COVID-19 vaccinations 	<ul style="list-style-type: none"> Realignment from Ministry of Health (MoH) to Ministry of Labour and Social Security (MLSS) Stable political environment Government commitment towards fighting corruption Government support, and political will to support UHC 	<ul style="list-style-type: none"> Conducive and stable business environment Strong international reputation and good will Rapport with trade unions for scheme acceptance Increased investment and donor support Increase in health sector budget allocation by the Government Utilisation of policy documents such as the 8NDP, the Decentralisation Policy, Vision 2030 and SDGs 	<ul style="list-style-type: none"> Bureaucracy and government interference Increased costs of operational inputs
Economic Environment	<ul style="list-style-type: none"> Global growth deceleration High interest rates Increased commodity prices i.e., energy prices due to the Russia-Ukraine war 	<ul style="list-style-type: none"> Regional economic integration gaining momentum, SADC, COMESA and EAC Increase in Foreign Direct Investment (FDI) Growth projected to decelerate from 4.2 percent to 3.7 percent Low per capita incomes below pre-pandemic levels Debt stress 	<ul style="list-style-type: none"> Growth projected to expand to 3.5 percent Relatively stable exchange rates Receding to single digit inflation rates of circa 9.8 percent Q3, 22 Increased energy prices Unemployment rates at 13 percent Q4, 21 	<ul style="list-style-type: none"> Approval of the IMF bailout package Improved relationship with existing and prospective cooperating partners and other stakeholders for strengthening the level of education in the health sector Infrastructure attraction for private health expansion Growth in the informal sector Increased GDP per capita resulting from education and health personnel recruitments Increased borrowing 	<ul style="list-style-type: none"> Economic shocks from an adverse economic environment Adverse effects of COVID-19 and other pandemics on business activities Huge government debt stock, internal and external Country's dependence on copper mining Medical inflation erodes benefit package Overwhelming rising claims

Dimension	Issues and/or developments that are likely to impact negatively or positively on NHIMAs capacity to achieve its objectives			Effects the changes present in terms of opportunities and threats to the sector	
	Globally	Regionally	Locally	Opportunities	Threats (challenges)
Social	<ul style="list-style-type: none"> • The global population estimated at 8 billion • Increased aging population resulting into health problems • Globalisation leads to cultural influences that have an impact on work ethics and productivity • Global warming resulting in natural calamities • Breakthroughs in medical research 	<ul style="list-style-type: none"> • Low COVID-19 vaccine rates • Social unrest • Strong e-commerce growth • SADC Protocol: promote cross border cooperation, and regional trade • Exchange of skills, expertise, and strengths • Harmonising standards of medical tariffs for public and private players • Adoption of remote working post-pandemic • Increased income inequalities 	<ul style="list-style-type: none"> • Emerging NHIS reforms • Large informal economy • Improvement in the quality of healthcare due to the recruitment of over 11,000 health workers by Government • Estimated population growth at 19.5 million • Low COVID-19 vaccine rates at 32 percent • Depressed consumer spending • Positive attitudes towards investing and becoming savvy savers 	<ul style="list-style-type: none"> • Increased demand for quality health care and wellness among the young population • Growth of health/medical industry • Increased number of health professionals • Receptive health prevention and promotion messages • Smaller proportion of senior citizens reducing pressure on the scheme • Enhanced Scheme awareness and utilisation • Increased local and international stakeholders' interest on the extension of the Scheme coverage 	<ul style="list-style-type: none"> • Poor Scheme public perception • Prevalence of poor working conditions for health practitioners • Perennial disease outbreaks such as Cholera • Low levels of financial literacy and education • High mortality and morbidity rate prevalent among the aged and infants • High maternal mortality rate due to inadequate and poorly distributed health facilities • High numbers of vulnerable and indigents feeding off the scheme • Poor working attitudes and low performance culture in public hospitals

Dimension	Issues and/or developments that are likely to impact negatively or positively on NHIMA's capacity to achieve its objectives			Effects the changes present in terms of opportunities and threats to the sector	
	Globally	Regionally	Locally	Opportunities	Threats (challenges)
Technological Issues	<ul style="list-style-type: none"> • Rapid changes in medical technology • Adoption of cloud networks • Accelerated digital transformation • Technological advancement (AI, 5G) • Increasing global internet usage at 5 billion people • Big data and interoperability 	<ul style="list-style-type: none"> • Growth in digital infrastructure • Acceleration of technological innovation and adoption • Increased internet access at 43 percent • Projected increase (50 percent) in mobile subscription 	<ul style="list-style-type: none"> • Established national ICT infrastructure • Low internet penetration 28.5 percent Q1,22 • Wide usage of USSD code • Digital infrastructure growth is still low at 47 percent • High mobile network penetration • E-medicine • INRIS Project 	<ul style="list-style-type: none"> • Development and usage of e-learning facilities • Establish an ICT Centre of Excellence, E-commerce advancement • E-Government • E-Medicine • Access to informal sector for cost-effective collections, and • Easier dissemination and implementation of communication plan • Improved research and data management • Improved efficiency and agility 	<ul style="list-style-type: none"> • Rapid technological advancement • Lack of/non-availability of e-medicine • Lack of facilities to track services by health care providers • Obsolete medical equipment in some government hospitals and clinics • Cybercrimes against NHIMA data
Environment	<ul style="list-style-type: none"> • COP26 commitments • Upsurge in incidences of extreme weather events • Global carbon emissions rose to 6 percent in 2021 • Global focus on environmentally friendly and sustainable technologies, businesses, and processes 	<ul style="list-style-type: none"> • High vulnerability to climate change impacts • Lowest carbon emissions below 3 percent • Policy focus and shifts towards COP26 commitments 	<ul style="list-style-type: none"> • Government commitment toward environmental sustainability • Increased incidences of droughts • Low adaptive capacity of climate change 	<ul style="list-style-type: none"> • Usage of environmentally friendly equipment and materials in medical institutions • Increased usage and support for renewable energy 	<ul style="list-style-type: none"> • Lack of stringent air and water pollution regulations in the health sector • Inadequate laws regulating environment pollution • Endangered species • Deforestation

Dimension	Issues and/or developments that are likely to impact negatively or positively on NHIMA's capacity to achieve its objectives			Effects the changes present in terms of opportunities and threats to the sector	
	Globally	Regionally	Locally	Opportunities	Threats (challenges)
Legal	<ul style="list-style-type: none"> Increased lawsuits International harmonisation initiatives in health/medical industry 	<ul style="list-style-type: none"> Need for harmonisation of legislation at regional level to minimise regulatory arbitrage 	<ul style="list-style-type: none"> Government's focus on pro-business legal reforms in the health sector Clarify areas of ambiguity (e.g., dependence on third-party) – opportunity for review of NHI Act/ regulations Employment code Act No. 3 of 2019 	<ul style="list-style-type: none"> Regional and international harmonisation initiatives in health/medical industries Strengthening of laws governing consumer protection 	<ul style="list-style-type: none"> High prevalence of litigations arising from repudiated claims Inadequate regulatory framework for private health care providers Unregulated tariffs for goods and services offered by health care providers Loopholes in procurement processes Caps in the legal framework

3.3 SWOC Analysis

Table 3.2 below gives a representation of NHIMA's Strengths, Weaknesses, Opportunities, and Challenges based on the Balanced Scorecard (BSC) perspectives. The BSC perspectives comprise the customer perspective, financial perspective, internal processes perspective and organisational capacity perspective.

Table 3.2 SWOC Analysis

SWOC	Customer/ Stakeholder Perspective	Internal Business Processes Perspective	Learning and Growth Perspective	Financial Perspective
Strength (Helpful to achieving objectives) Attributes of the organisation	<ul style="list-style-type: none"> • Clear and shared Vision and Mission • Socially beneficial product (brand recognition) • Progressive growth in membership 	<ul style="list-style-type: none"> • Enabling legal framework • Robust internal policies and procedures 	<ul style="list-style-type: none"> • Highly competent and capable staff • Wide network of accredited healthcare service providers 	<ul style="list-style-type: none"> • Financially solvent fund
Weakness Attributes of the organisation (Harmful to achieving Objectives)	<ul style="list-style-type: none"> • Slow issuance of membership cards • Lack of stakeholder engagement strategy 	<ul style="list-style-type: none"> • Inadequate ICT infrastructure • Inadequate, inefficient, and ineffective Scheme systems • Highly centralised Scheme operations • Weak member data integrity • Inefficient member complaint management system (call centres) • Lack of a robust risk management framework • Inadequate policy environment 	<ul style="list-style-type: none"> • Limited staffing • Limited capacity by HCPs to deliver NHI services • Limited physical infrastructure • Inadequate dedicated team for business development 	<ul style="list-style-type: none"> • Low contribution collections • Low compliance • Inadequate revenue collection system functionality (e.g., USSD) • Lack of strategic partnerships (e.g., educational institutions/ MOE, farmers associations etc.)
Opportunity (Helpful to achieving Objectives) (Attributes of the environment)	<ul style="list-style-type: none"> • Realignment to Ministry of Labour and Social Security (MLSS) • Large informal economy • Enhanced Scheme awareness and utilisation • Increased local and international stakeholders' interest on the extension of the Scheme coverage 	<ul style="list-style-type: none"> • Emerging NHIS reforms • Established national ICT infrastructure • High mobile network penetration • INRIS (Integrated National Information System) 	<ul style="list-style-type: none"> • Implementation of the decentralisation policy 	<ul style="list-style-type: none"> • Increased investment and donor support
Challenges (Attributes of the environment) (Harmful to achieving Objectives)	<ul style="list-style-type: none"> • Poor Scheme public perception 	<ul style="list-style-type: none"> • Inefficiencies of the public healthcare system • Cybercrime 	<ul style="list-style-type: none"> • Gaps in the legal framework 	<ul style="list-style-type: none"> • Overwhelming rising claims • Funding challenges to public health care providers

3.4 Stakeholder Analysis and Emerging Strategic Issues

Prior to the development of this Strategic Plan, a stakeholder engagement exercise was conducted to elicit perceptions and valuable insights from both new and existing stakeholders. Several strategic issues emerged from the exercise. Table 4.3 below shows the strategic issues condensed into strategic themes:

Table 4.3 Emerging Themes and Strategic Issues

Cluster of Issues	Emerging Themes
<ul style="list-style-type: none"> Membership management (registering members and their beneficiaries). It should be improved through better communication and decreased bureaucracy. Beneficiary registration apart from the principal member. Provider management especially when rolling out to private health care providers. Difficulties in accessing NHIMA facilities by beneficiaries. Inability to provide VIP cover meaning all those covered are forced to still queue up in congested hospitals. Poor client engagement. Extension of services to the poor and vulnerable. Need to effectively capture the informal sector. Lack of a Communication Strategy. Not being able to visit all member institutions. 	Member Experience and Effective Communication
<ul style="list-style-type: none"> Investment growth. Diversifying revenue sources and pooling of funds. 	Financial Sustainability
<ul style="list-style-type: none"> Education programs for members to appreciate and access services. Centralised NHIMA offices in Lusaka. Community sensitisation has been limited to some extent. The scheme itself remains complex and people view it as a political tool. 	Visibility and Awareness
<ul style="list-style-type: none"> Accreditation of HCPs (avoid duplication with HPCZ and ZAMRA). Manual processes for accessing services. Inadequate claim audit especially in high uptake areas such as optics. Reimbursement delays and low reimbursement levels for public facilities. Claims management which affects financial planning in NHIF as well as the financial sustainability of HCPs. Payment gateways with banks (payments cannot be made using certain banks). Use of ICT to manage beneficiary registration. Slow issuance of cards. Improving the current ICT technology and HIM to allow for the extension of UHC. 	Systems and Business Processes
<ul style="list-style-type: none"> NHIMA needs to open offices in all districts. Provide appropriate corporate governance training for Board of Directors. Positions and appointments should be on merit especially at the strategic level. Need to recruit more qualified health staff and build high IT capabilities. Certain departments are still understaffed. 	People and Governance

3.5 Stakeholder Mapping

Generally, stakeholders have varying levels of interest and influence with respect to the affairs of a particular organisation. Thus, they must be managed appropriately. In lieu of this, NHIMA embarked on an exercise to reclassify its stakeholders using the Mendelow's stakeholder matrix model as shown in Figure 3.1 below.



Figure 3.1 NHIMA Stakeholder Matrix

This stakeholder matrix will help NHIMA effectively strategize on how to engage its stakeholders, depending on which quadrant they fall under. Additionally, it will inform how NHIMA develops its Stakeholder Engagement Strategy with an effective communication plan.





CHAPTER 4

STRATEGIC DIRECTION



CHAPTER 4 STRATEGIC DIRECTION

4.0 Introduction

This chapter presents the strategic direction NHIMA will follow over the next four (4) years. It provides a detailed breakdown of the strategic results, strategic objectives, strategic initiatives, key performance indicators (KPIs), metrics and service delivery targets (SDTs) that are to be achieved between 2023 and 2026. This Strategic Plan is aligned with the 8NDP whose theme is “Socio-Economic Transformation for Improved Livelihoods.” It will also run in tandem with key sector and policy documents such as the 2017-2027 Health Care Financing Strategy and the 2022-2026 National Strategy on Extension of Social Security Coverage to the Informal Economy.

4.1 Vision

A provider of world-class insurance for healthcare services for all.

4.2 Mission

To provide social security and protection for our members by financing their equitable access to quality health care services in a progressive, affordable and sustainable manner.

4.3 Core Values

The following are our core values encapsulated in the acronym ‘iSECURE’.



4.4 Strategic Pillars

4.4.1 Strategic Pillar One – Member Experience and Stakeholder Engagement

NHIMA would like to see its members' satisfaction with the quality of healthcare services rise over the next four (4) years. The Authority will also prioritise how it interacts with its diverse range of stakeholders. To do this, NHIMA will work diligently to enhance the members' experience, continue its quest to develop a diversified differentiated benefit package, and concentrate on enhancing stakeholder perception. The satisfaction of its members will play a pivotal role in ensuring that the Authority is on the right trajectory to attaining its vision.

4.4.2 Strategic Pillar Two – Financial Sustainability and Scheme Solvency

In order for the National Health Insurance Scheme (NHIS) to remain viable, NHIMA ought to enhance the sustainability and solvency of the National Health Insurance Fund (NHIF). This largely hinges on how well NHIMA succeeds in registering the optimal number of members and beneficiaries onto the scheme; how it increases collections and broadens its revenue base as well as establishes a robust & diversified investments portfolio. Prudent financial resource utilization will also play a pivotal role in helping the Authority attain and maintain NHIF solvency. In addition, NHIMA will establish strong local and international partnerships for financing the extension of Scheme coverage to the poor and vulnerable. Furthermore, the Authority will embark on legal reforms that will enhance its revenues to sustainably achieve Universal Health Coverage.

4.4.3 Strategic Pillar Three – Operational Excellence

Responsive, reliable, and efficient operating systems and processes lie at the core of how successfully NHIMA implements this Strategic Plan and its day-to-day business affairs inter alia. One of the key drivers to achieving this depends on how briskly NHIMA moves toward automating its key business processes such as registration, claims, accreditation, and collections. On accreditation, NHIMA will move to a more robust Needs Assessment Model of accreditation, where the accreditation of healthcare providers will reflect the needs of the population, thus moving from passive to strategic purchasing of healthcare services. Furthermore, the development of a robust ICT Strategy with a strong focus on data integrity and security; the gradual devolution of operations and improvements in the adequacy of logistics will act as catalysts in enhancing the internal processes of the Authority. Last but not least will be strengthening the risk culture and establishing an effective control environment to enhance the organisation's governance and internal controls.

4.4.4 Strategic Pillar Four – Organisational Capacity

The Authority is also working to develop its organisational capability, which is a crucial strategic component. The achievement of optimal organisation and staff efficiencies, enhancements in the calibre of employee performance and motivation, and improved Board Governance are three priority areas that have been recognized as tools to get this done. In order to ensure that staff members acquire skills that are pertinent to the institution's core operations and the social health protection industry as a whole, professional development initiatives built on carefully designed training needs assessment (TNA) programs will be essential.

4.5 Strategic Direction Flow

The flow chart below addresses the strategic results or significant outcomes, to be achieved under each of the four pillars. These results can be called significant areas of impact or long-term outcomes. Strategic objectives can be considered short-term outcomes or project goals.

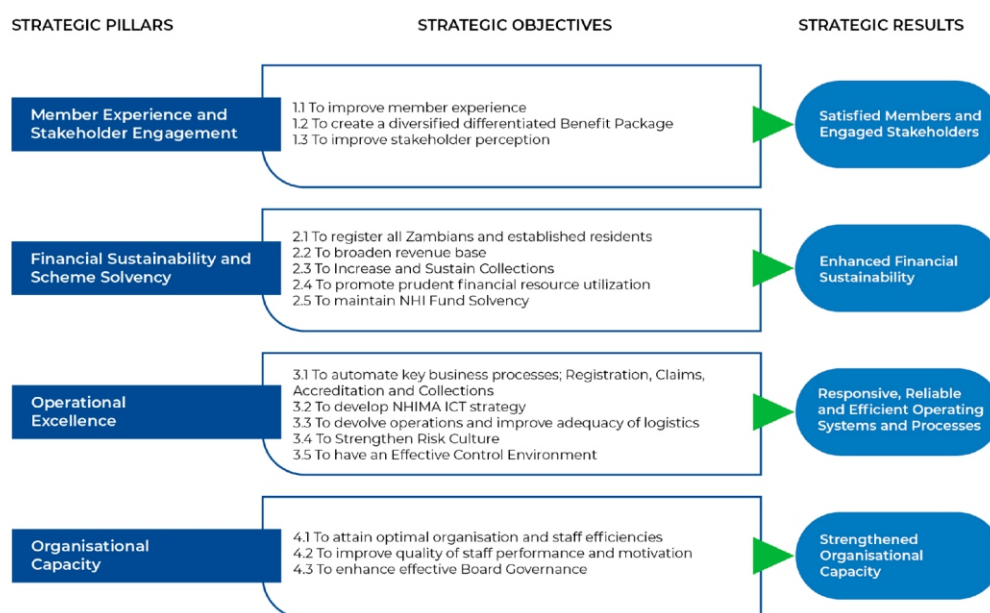


Figure 4.1 Strategic Direction Flow

4.6 Strategy Mapping and the Balance Scorecard

NHIMA's strategy map delineates the Authority's path towards its desired strategic results over the next four (4) years. It is based on the Balanced Scorecard (BSC) which views an organisation from four (4) perspectives (financial, customer, internal processes, and organisational capacity (learning and growth)). The strategy map demonstrates a cause-and-effect relationship between the organisation's strategic objectives both vertically and horizontally as shown below.



NHIMA Strategy Map

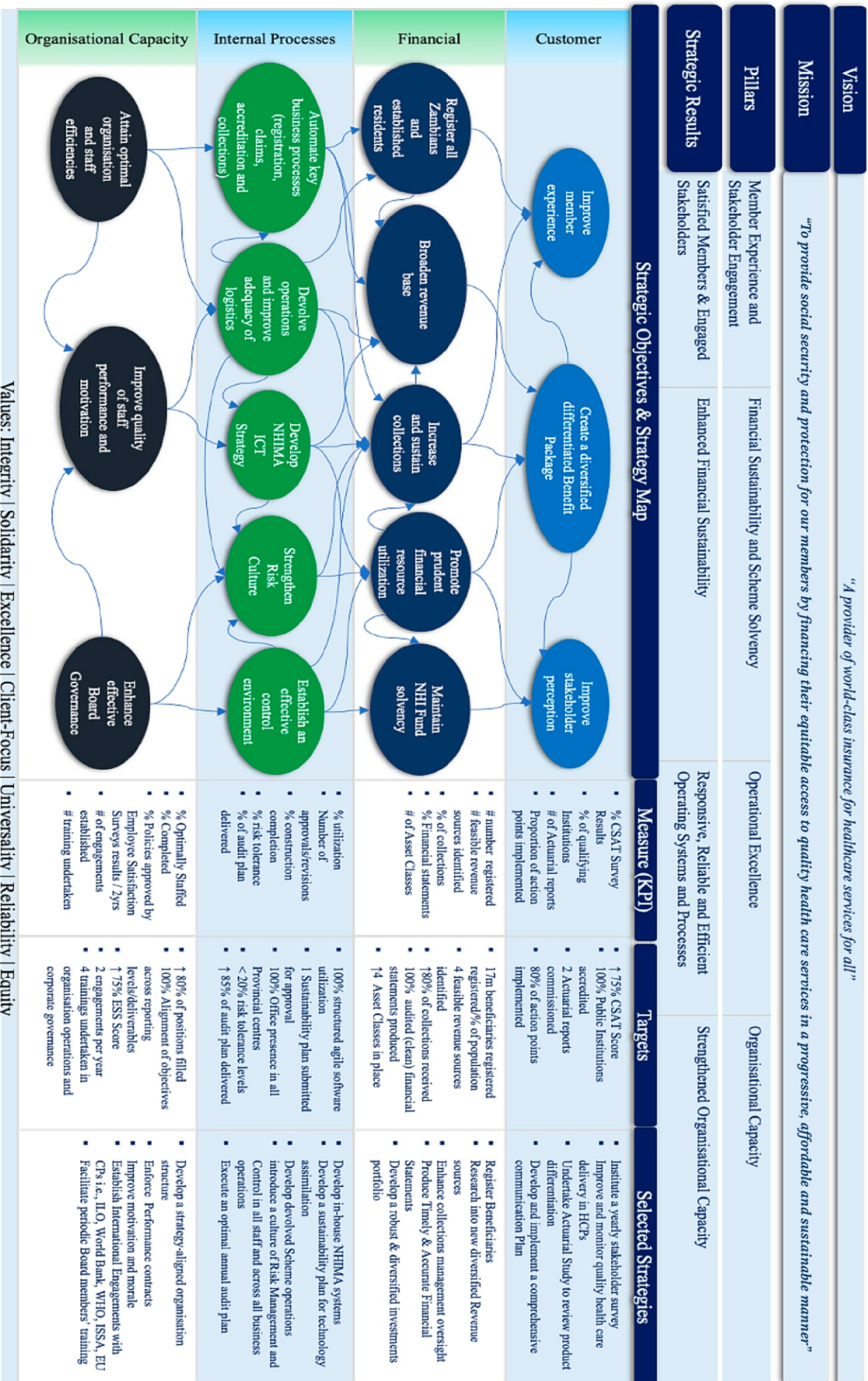


Figure 4.2 NHIMA Strategy Map and Scorecard

4.7 Strategic Results, Objectives and Strategies

The Strategy map revealed the cause-and-effect interlink between the strategic objectives under each of the BSC perspectives. It also presented a scorecard demonstrating how NHIMA endeavours to achieve its objectives through specific strategic initiatives with corresponding KPIs and targets. The Authority has set a total of 16 strategic objectives that it aims to achieve over the lifespan of the Strategic Plan. Below is a comprehensive outline of the strategies to achieve each objective, strategic result, and pillar.

Pillar 1 – Member Experience and Stakeholder Engagement

Strategic Result	Strategic Objectives	Strategies
1.1 Satisfied Members and Engaged Stakeholders	1.1.1 To improve member experience	<ul style="list-style-type: none"> Member onboarding/induction Institute a yearly stakeholder survey Institute a yearly member survey Roll out a brand campaign Operate an effective & responsive complaints procedure Train Health Care Providers on processes & member entitlements Monitor quality healthcare delivery in HCPs
	1.1.2 To create a diversified differentiated Benefit Package	<ul style="list-style-type: none"> Undertake Actuarial Study to review product differentiation opportunities Implement and monitor recommendations from Research and Actuarial Reports Review current benefit package to align to epidemiological profile Use existing platforms for wellness Conceive a Customer Wellness Plan Review the package to be responsive to demographics of our members Develop a Nutrition Wellness Policy
	1.1.3 To improve stakeholder perception	<ul style="list-style-type: none"> Develop and implement a comprehensive Communication Strategy Develop and implement a comprehensive communication Plan Craft a Detailed Stakeholder Corporate Social Responsibility Plan Board imaging Transparency on procurements

Pillar 2 – Financial Sustainability and Scheme Solvency

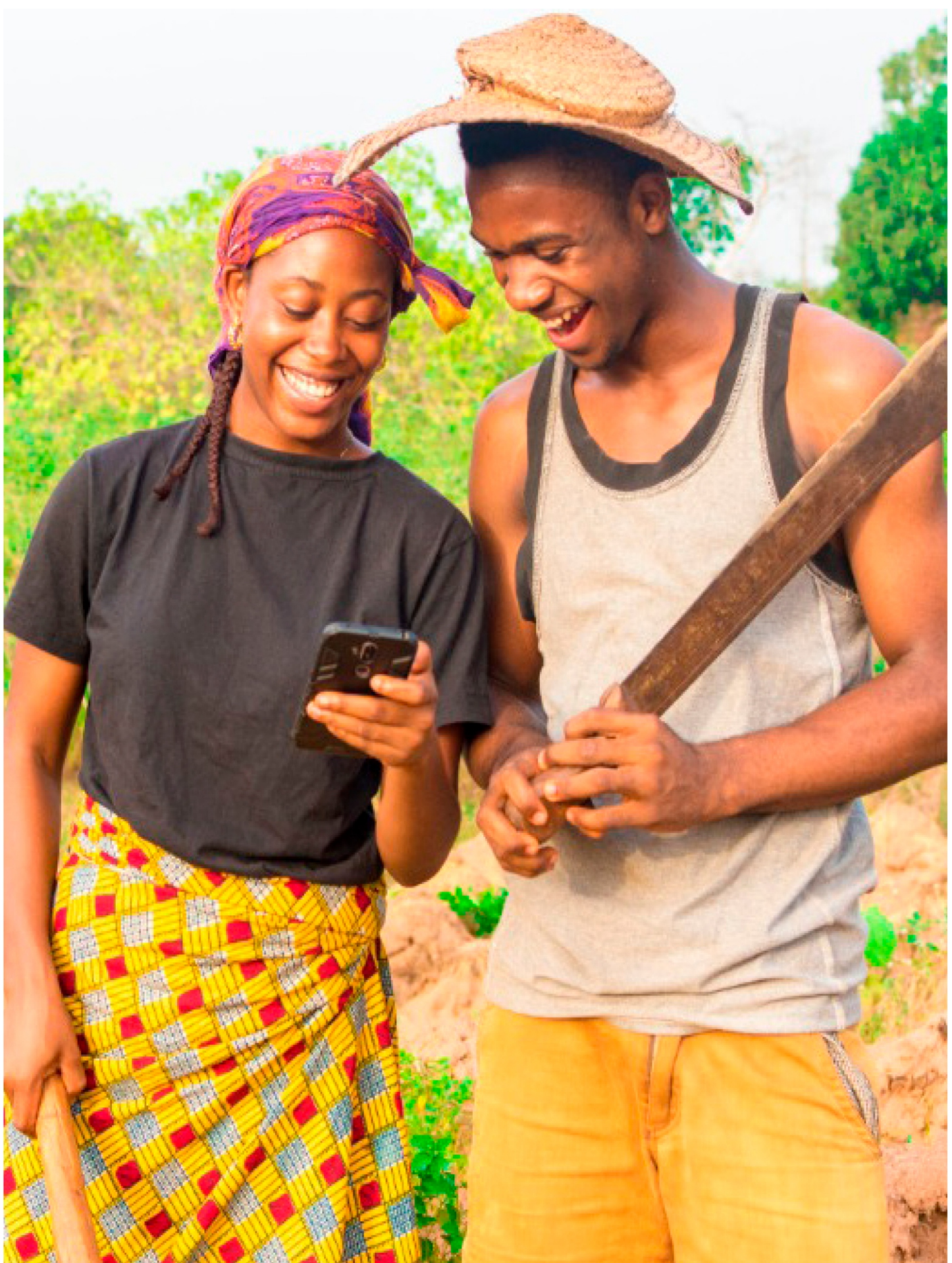
Strategic Result	Strategic Objectives	Strategies
2.1 Enhanced Financial Sustainability	2.1.1 To register all Zambians and established residents	<ul style="list-style-type: none"> Register Principal Members from Sector Populations Register Beneficiaries Maintain Formal Sector Member Register
	2.1.2 To broaden revenue base	<ul style="list-style-type: none"> Research into new diversified Revenue sources Increase collaborations with cooperating partners
	2.1.3 To Increase and Sustain Collections	<ul style="list-style-type: none"> Operationalise Penalty Regime Enhance collections management oversight Timely settlement of Member Contributions
	2.1.4 To promote prudent financial resource utilization	<ul style="list-style-type: none"> Produce Timely and Accurate Financial Statements Establish strict budgetary Expenditure Framework Tighten Fiscal Controls and Accounting Procedures
	2.1.5 To maintain NHI Fund Solvency	<ul style="list-style-type: none"> Develop a robust and diversified investments portfolio Ring fence Investment Portfolio Attain defined solvency margin

Pillar 3 – Operational Excellence

Strategic Result	Strategic Objectives	Strategies
3.1 Responsive, Reliable and Efficient Operating Systems and Processes	3.1.1 To automate key business processes; Registration, Claims, Accreditation and Collections	<ul style="list-style-type: none"> Develop inhouse NHIMA systems Integration with other external systems Enhance claim process (automate) Automate Accreditation Enhance collection (smart pay) Implement business intelligence software for analytics
	3.1.2 To develop NHIMA ICT strategy	<ul style="list-style-type: none"> Develop sustainability plan for technology assimilation
	3.1.3 To devolve operations and improve adequacy of logistics	<ul style="list-style-type: none"> Develop devolved Scheme operations
	3.1.4 To Strengthen Risk Culture	<ul style="list-style-type: none"> Introduce a culture of Risk Management and Control in all staff and across all business operations
	3.1.5 To have an Effective Control Environment	<ul style="list-style-type: none"> Execute an optimal annual audit plan

Pillar 4 – Organisational Capacity

Strategic Result	Strategic Objectives	Strategies
4.1 Strengthened Organisational Capacity	4.1.1 To attain optimal organisation and staff efficiencies	<ul style="list-style-type: none"> Develop a strategy-aligned organisation structure Review and implement fit-for-purpose HR policies and procedures A needs-based training plan Develop and implement a Succession Plan
	4.1.2 To improve quality of staff performance and motivation	<ul style="list-style-type: none"> Enforce performance contracts Improve motivation and morale
	4.1.3 To enhance effective Board Governance	<ul style="list-style-type: none"> Facilitate periodic Board members' training Periodic Senior Staff training in Corporate Governance Facilitate Board and committee evaluations Conduct Board study tours Board members to annually declare conflict of interest Establish international engagements with CPs such as ILO, world bank, WHO, ISSA, EU



CHAPTER 5

IMPLEMENTATION



CHAPTER 5 IMPLEMENTATION

5.0 Introduction

This chapter provides the justification for the governance structure that has been positioned to steer the Authority's Strategic Plan. It also lays out the framework for monitoring and evaluating the performance of the Strategic Plan.

5.1 Governance Framework

The NHIMA Board is charged with the responsibility of providing strategic oversight. This is in an effort to ensure that the Authority tends to and delivers on its mandate. To be effective, the Board will be accountable for providing strategic direction and delegating execution to NHIMA Management (the NHIMA Executive Committee (ExCom)). The Board is also responsible for the overall Monitoring and Evaluation (M&E) of the Strategic Plan's performance. This will be carried out through the review and evaluation of quarterly and annual strategic reports presented by the ExCom. The Board will then assess the reports and establish whether the Strategic Plan is being executed as intended or needs to be revised as and when required. Below is the composition of the NHIMA Executive Management Committee:

- i. Director General
- ii. Directorate Quality Assurance and Accreditation
- iii. Directorate Health Insurance Services
- iv. Directorate Finance and Investments
- v. Directorate Human Resource and Administration
- vi. Directorate ICT
- vii. Directorate Research and Planning
- viii. Directorate Legal and Board Services
- ix. Manager Audit and Risk

The Director General (DG) has the primary responsibility for ensuring the Strategic Plan is implemented. The DG will update the Board on progress with implementation. The Directorate of Research and Planning's M&E division is responsible for making certain that the strategies outlined in this document are consistently adhered to. It will also monitor, manage, and track progress in accordance with the implementation matrix. The M&E division will lead the charge for the corporate and departmental implementation of the strategic plan. They will be in charge of organising the creation and execution of yearly departmental plans and making sure they are in line with the strategic plan.

5.2 Game-Changing Initiatives

Over the course of implementation of this Strategic Plan, NHIMA has selected six (6) important game-changing initiatives it hopes to put into action. These game-changing initiatives will play a vital role in determining and assuring the Strategic Plan's success. An overview of the game-changing initiatives aligned to the strategic pillars is provided in the Figure 5.1:

		Game-Changing Initiative	Description
Strategic Pillars	Member Experience and Stakeholder Engagement	Investment in Member Relationship Management (MRM) and Service Provider Management	MRM will help NHIMA manage and improve its interactions and experience of its members, typically using data analysis from system-generated information.
	Financial Sustainability and Scheme Solvency	Establishment of Special Purpose Vehicle (SPV) for Investment	The investment special purpose vehicle will enable NHIMA to achieve its target of becoming more sustainable by creating a gateway for more revenue streams.
		Establishment of an Actuarial Unit placed in appropriate directorate	The establishment of an Actuarial Unit will help strengthen the risk culture of the Authority.
	Operational Excellence	Digital Transformation - Towards automation, Big Data, BI, AI and HIMS	Embarking on a digital transformation journey is forward and innovative thinking. The Authority will infuse technology in most of its business processes, improve the integrity of its data and strengthen its Health Information Management Systems overall.
	Organisational Capacity	NHIMA Centre of Excellence for RDP	With the increased demand for research, development and publications in the health and social protection sectors, NHIMA plans to leverage this opportunity by developing its own Centre of Excellence to act as a knowledge hub.
		Campaigns to lobby for changes in the regulatory framework	To effectively deliver on its mandate in a very delicate and dynamic sector, the Authority will embark on a series of campaigns aimed at addressing several lacunae in the regulatory framework.

Figure 5.1 Game-Changing Initiatives

As an addendum to this Strategic Plan, Management has developed strategies to capture the identified game-changing initiatives' influence on member experience; sustainability and solvency of the scheme; internal systems and processes; and the human capital element in order to successfully deliver on the above-mentioned game-changing initiatives. An accompanying capital expenditure (CapEx) budget has also been developed to effectively execute these game-changing projects.

5.3 Performance Monitoring, Evaluation and Reporting (PMER)

Performance indicators are included in the Strategic Plan implementation matrix for the purpose of tracking performance. The strategy's execution will be data-driven and regularly tracked using KPIs that have been defined. It is envisaged that all reports to the Board, as well as performance monitoring reports from Management, will be delivered in accordance with the goals of the Strategic Plan. During the regularly scheduled reviews, the corresponding Departments will also deliver their periodic and yearly performance reports.

Figure 5.2 below gives a representation of NHIMA's Performance Reporting Flowchart.

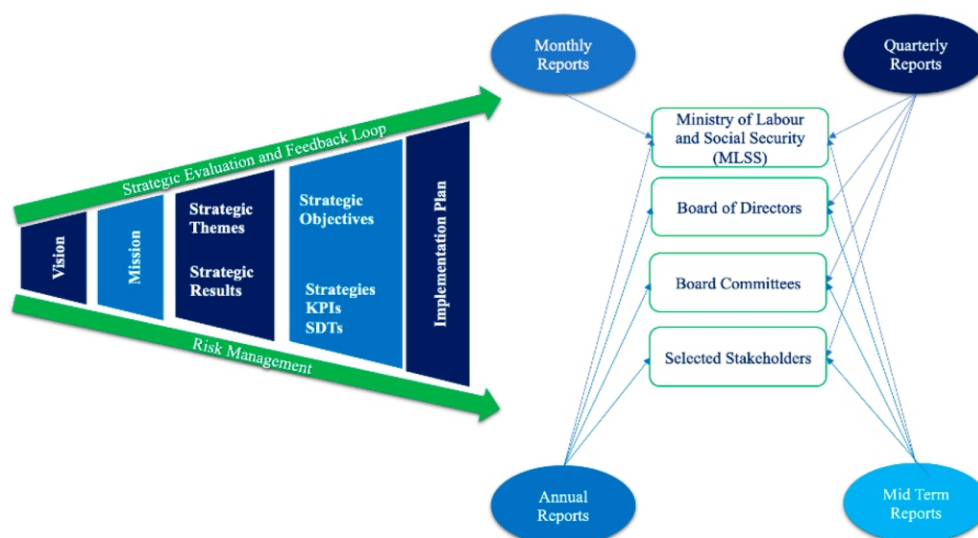


Figure 5.2 Performance Reporting Flowchart

Under the leadership of the Director General, the Directorate of Research and Planning (R&P) will execute PMER Strategy of the Strategic Plan and will ensure timely data collection, routine data quality audits (DQA) and will conduct regular data review meetings as basis for adaptive management. During data review meetings that will take place at different levels, difficulties and problem areas will be identified, Quality Improvement (QI) activities targeted at mitigating identified gaps will be developed, thereby ensuring that the relevant targets are achieved.

Performance Measurement and Reporting Plan

NHIMA's approach to performance measurement will be participatory and evidence-based, allowing for periodic adjustments to the Strategic Plan. The approach draws on the institution's aspirations to use evidence from data to improve the quality-of-service delivery and inform decision-making.

Cascading the Plan to all cadres of Staff

The Plan and its targets will be cascaded downwards to the lowest positions. This will help each member of staff to understand and plan for their respective roles and how they fit and contribute to the mandate of NHIMA.

Departmental and Individual Annual Work Plans

Detailed annual work plans with clear performance indicators and assigned responsibilities for their achievement will be developed. The list of KPIs that will inform management decision-making will be updated routinely and the frequency of reporting on these indicators will be determined. This will form the foundation of the Monitoring and Evaluation (M&E) system.

Monitoring and Evaluation Framework

The 2023-2025 Strategic Plan's performance monitoring and evaluation will be guided by the Monitoring and Evaluation framework. This framework will serve as a decision-making tool by classifying the effects of the organisation's success—or lack thereof—and disseminating

data on that progress and its outcomes. The monitoring and reporting will be based on the balance scorecard system. The system reports, financial management reports, surveys, special evaluations, and research will be the pertinent information sources for reporting.

5.4 Enterprise Risk Management

A key component of effective governance is the constant process of risk management. To improve the odds of the Strategic Plan's success, Enterprise Risk Management for NHIMA comprises detecting, rating, and creating risk response activities. There are specified mitigation measures for the High and Medium Risks as shown in Figure 5.3.



Figure 5.3 Risk Mitigation Matrix

An evaluation of the potential risks that might impede the successful implementation of the strategic plan was undertaken. Possible remedies have been advanced. Nevertheless, throughout the tenure of the implementation of this strategic plan, NHIMA will continue to monitor and manage risks across all the directorates. This will enable the Authority to track the evolution of the identified risks, detect and address new ones. Table 5.1 below lists some of the risks, their potential impact, mitigation measures and who the responsibility is assigned to:

Table 5.1 Risk Assessment and Mitigation

No.	Risk	Impact	Mitigation	Owner
1	Delays in implementing approved strategy	Amber	Prioritise early engagement	DG
2	Delays in approving the fit-for-purpose structure	Red	Early engagement for the business case for the structure revision - Q4 2022	HRA
3	Delays in regulatory approvals	Red	Effective implementation of the ICT Strategy	DLS
4	Failure to automate key business process	Red	Flag to Department of National Registration, Passport and Citizenship (DNRPC)	DICT
5	Failure to strengthen member data integrity	Red	Extend the Person Identification Number (PID) to the beneficiaries	HIS

Key: Red = High; Amber = Medium; Green = Low



CHAPTER 6

ANNEXES

6.1 Strategic Plan Implementation Matrix

Table 6.1 Pillar 1: Member Experience and Stakeholder Engagement

Strategic Pillar	Strategic Results	Strategic Objectives	Strategies	Measure / KPI	Metric	Service Delivery Target							Owner	Directorate
						Target	Baseline (Dec 2021)	2022	2023	2024	2025	2026		
Member Experience and Stakeholder Engagement	Satisfied Members and Engaged Stakeholders	11 To improve member experience	11.1 Member onboarding/induction	Issuance of membership manual	% covered	90%	0	0	50%	75%	85%	90%	HIS	HIS
			11.2 Institute a yearly stakeholder survey	CSAT Survey Results	% CSAT Score	75%	0	55%	60%	65%	70%	75%	R&P	R&P
			11.3 Institute a yearly member survey	CSAT Survey Results	% CSAT Score	85%	0	55%	65%	70%	75%	85%	R&P	R&P
			11.4 Roll out a brand campaign	Branding and Marketing Initiatives	Brand Awareness Perception Index	75%	0	0	50%	60%	70%	75%	PR	PR
			11.5 Operate an effective & responsive complaints procedure	Number of complaints resolved within 4 days	Complaints turn around time	4 days	0	15 days	10 days	7 days	4 days	4 days	QA	QA / Accreditation
				% of complaints resolved within the reporting period	% Complaints Resolved	90%	90%	90%	90%	90%	90%	90%	QA	QA / Accreditation
			11.6 Train Health Care Providers on processes & member entitlements	Facility onboarding Training	% Accredited HCPs trained	90%	90%	90%	90%	90%	90%	90%	QA	QA / Accreditation
				Public institutions accredited	% of qualifying institutions	100%	100%	100%	100%	100%	100%	100%	QA	QA / Accreditation
				Private institutions accredited	% of total	50%	10%	28%	33%	39%	45%	50%	QA	QA / Accreditation
			11.7 Improve and monitor the quality health care delivery in HCPs	Clinical Audits undertaken	% of scheduled inspections	100%	0	0	20%	40%	60%	100%	QA	QA / Accreditation
		12 To create a differentiated Benefit Package aligned to stakeholder needs	12.1 Undertake Actuarial Study to review product differentiation opportunities	Actuarial reports commissioned	Number of Actuarial reports	2	0	0	1	0	1	2	R&P	R&P
			12.2 Implement and monitor recommendations from Research and Actuarial Reports	Actualised Actuarial Recommendations	% of Actuarial/Research Recommendations actualized	80%	0	0	40%	0	60%	80%	R&P	R&P
			12.3 Review current benefit package to align to epidemiological profile	Number of reviews conducted	Number reviews	5 reviews	1	2	1	1	1	5	QA	QA / Accreditation
			12.4 Use existing platforms for wellness	Number of platforms established	Number platforms	4/4 wellness activities	0	4	7	9	11	13	PR	PR
				% platform usage	% usage	6%	50%							
			12.5 Conceive a Customer Wellness Plan	Approved and implemented Wellness Plan	% of Wellness Action Points implemented	80%	0	0	50%	60%	70%	80%	PR	PR
			12.6 Review the package to be responsive to demographics of our members	Number of reviews conducted	Number reviews	3 policies	0	0	1 student	1 travel-ers	1 VIP	3	QA	QA / Accreditation
			12.7 Develop a Nutrition Wellness Policy	Nutrition Wellness Policy submitted for approval/revision	Number approvals/revisions	1 policy/1 review	0 revision	0 review	1	0 revision	1 review	1	PR	PR
		13 Improve stakeholder perception	13.1 Develop and implement a comprehensive Communication Strategy	Approved Communication Strategy	Approved Communication Strategy	1 strategy	0	0	1		1 review	1	PR	PR
			13.2 Develop and implement a comprehensive communication Plan	Approved implemented Communication Plan	Proportion of Action points implemented	80%	0	0	70%	75%	80%	80%	PR	PR
			13.3 Craft a Detailed Stakeholder Corporate Social Responsibility Plan	Approved Implemented Authority Social Responsibility Policy	Proportion of Action points implemented	80%	0	0	50%	60%	70%	80%	PR	PR
				Publicity of the Board and their activities (e website, social media and traditional media.	Number of publications	4 publications per year	0	0	4 per year	4 per year	4 per year	4 per year	DLBS	DLBS
			13.4 Board Imaging	Regional townhall and AHCP tour	Number of meetings/tours	2 per year = Total 11	0	5 tours	2	2	2	11	DLBS	DLBS
			13.5 Transparency on procurements	All procurements undertaken by NHIMA are in line with the Public Procurement Act, CCP	Proportion of procurements that are inline with procurement act and eCP	100%	0	100%	100%	100%	100%	100%	Head Procurement	Head Procurement

Table 6.3 Pillar 3: Operational Excellence

Strategic Pillar	Strategic Results	Strategic Objectives	Strategies	Measure / KPI	Metric	Service Delivery Target						Owner	Directorate		
						Target	Baseline (Dec 2021)	2022	2023	2024	2025	2026			
Operational Excellence	Responsive, Reliable and Efficient Operating Systems and Processes	3.1 To automate key business processes; Registration, Claims, Accreditation and Collections.	3.1.1 Develop inhouse NHIMA systems	Structured training plan submitted for approval	Number of approvals/revisions	1			1		1		DICT	ICT	
				Structured agile software development methodology in place	Number of Strategic Partners Identified and engaged	>3	0	1	1	1	1	1	DICT	ICT	
				Integration into national ID system	% integration	100%	>50%	>70%	>80%	>90%	>100%	>100%	DICT	ICT	
				Integration into hospital systems	% integration	100%	>50%	>70%	>80%	>90%	>100%	>100%	DICT	ICT	
				Adjudication and enhancement for intergration, interoperability and billing	% integration	100%	>50%	>70%	>80%	>90%	>100%	>100%	DICT	ICT	
			3.1.2 Integration with other external systems	Integration into national ID system	% integration	100%	>50%	>70%	>80%	>90%	>100%	>100%	DICT	ICT	
			3.1.3 Enhance claim process (automate)	Accreditation portal in place	% utilization	100%	>50%	>70%	>80%	>90%	>100%	>100%	DICT	ICT	
			3.1.4 Automate Accreditation	All targeted banks integrated	% integration	100%	>50%	>70%	>80%	>90%	>100%	>100%	DICT	ICT	
			3.1.5 Enhance collection (smart pay)	Data warehouse and visiolisation engine implemented	% utilization	100%	>50%	>70%	>80%	>90%	>100%	>100%	DICT	ICT	
			3.1.6 Implement business intelligence software for analytics	Sustainability plan submitted for approval	Number of approvals/revisions	1	1	1	1	1		1	DICT	ICT	
		3.2 To develop NHIMA ICT strategy	3.2.1 Develop sustainability plan for technology assimilation	Road map for assimilation developed	% Implementation	1	0	1	1				DICT	ICT	
				Stakeholders engaged	Number of stakeholders	>4	0	1	1	1	1	1	1	DICT	ICT
				Implementation of the sustainability plan	% Implementation	100%	>50%	>70%	>80%	>90%	>100%	>100%	DICT	ICT	
				Scheme decentralisation Plan submitted for approval/revision	Number of approvals/revisions	100%	0	100%					HRA	HRA	
				Implementation of decentralisation Plan in all 10 provincial centres	% Implementation	100%	0		100%	100%	100%	100%	HRA	HRA	
		3.3 Decentralise operations and improve adequacy of logistics	3.3.1 Develop decentralised Scheme operations	Decoupled Risk function from Internal Audit	% Implementation	Functions decoupled	None		1				Risk	Risk	
				Implementation of risk management Framework including risk appetite.	% Implementation	Approved & operational framework	None		1				Risk	Risk	
				Risk rating maintained within appetite levels	Appetite levels within 20% torelate levels	<20%	None	<20%	<20%	<20%	<20%	<20%	Risk	Risk	
				Whistleblower reporting mechanism submitted for approval/revision	Number of approvals/revisions		None		1			1	Risk	Risk	
				Monitoring Evaluation Assessment (MEA) Integrity Index	% of MEA Integrity	>70%	48%	>55%	>65%	>70%	>70%	>70%	Risk	Risk	
3.4 To Strengthen Risk Culture	3.4.1 Introduce a culture of Risk Management and Control in all staff and across all business operations	3.4.1 Introduce a culture of Risk Management and Control in all staff and across all business operations	Achievement of Annual Internal Audit Plan	% of audit plan delivered	>85%	87%	>85%	>85%	>85%	>85%	>85%	Audit	Audit		
			Quality Assessment (Quality Assurance and Improvement Programme - QAIP) compliance	"100% QAIP pass (assessed through Internal annual review and External Quality Assessment every 5 years)"	100%	0%				100%		Audit	Audit		
			Implementation of audit findings recommended (Management Action Plans - MAPS)	% of MAPS implemented	>70%	64%	>70%	>70%	>70%	>70%	>70%	Audit	Audit		
3.5 To have an Effective Control Environment	3.5.1 Execute an optimal annual audit plan	3.5.1 Execute an optimal annual audit plan													

Table 6.2 Pillar 2: Financial Sustainability and Scheme Solvency

Strategic Pillar	Strategic Results	Strategic Objectives	Strategies	Measure / KPI	Metric	Service Delivery Target							Owner	Directorate	
						Target	Baseline (Dec 2021)	2022	2023	2024	2025	2026			
Financial Sustainability and Scheme Solvency	Enhanced Financial Sustainability	2.1 To register all Zambians and established residents.	2.1.1 Register Principal Members from Sector Populations	Registered Informal Sector Principal Members	Number Registered	24m	200k	480k	480k	480k	480k	480k	DHS	HIS	
					% of active members (as a proportion of Informal sector register)	80% active	50%	>60%	>70%	>80%	>80%	>80%	DHS	HIS	
				Registered Indigent & Disabled Principal Members	Number Registered	1m	0	200k	200k	200k	200k	200k	DHS	HIS	
				Registered above 65 yrs	Number Registered	100%		>70%	>80%	>90%	100%	100%			
				Registered Students	Number Registered	100%		>70%	>80%	>90%	100%	100%	DHS	HIS	
			2.1.2 Register Beneficiaries	Registered Beneficiaries	Number Registered	77m	730k	>34m	>34m	>34m	>34m	>34m	DHS	HIS	
		2.1.3 Maintain Formal Sector Member Register	90% of formal member register active	% of active members (as a proportion of formal sector register)	90% active	58%	>70%	>80%	>90%	>90%	>90%	DHS	HIS		
		2.2 To broaden revenue base	2.2.1 Research into new diversified Revenue sources	Number of feasible revenue sources identified	# of feasible sources	4	0	1	1	1	1	0	R & P	R & P	
			2.2.2 Increase collaborations with cooperating partners	Number of cooperating Partners engaged	MOUs signed	3	0	0	1	1	1	0	R & P	R & P	
		2.3 To increase and Sustain Collections	2.3.1 Operationalise Penalty Regime	Penalty Regime submitted for approval	Number of approvals/revisions	100%	0	0	100%	100%	100%	100%	100%	DHS/DF	DHS/DF
				Auto Reminder functionality on eNHIMA setup and operational	% utilisation	100%	0	0	100%	100%	100%	100%	100%	DHS/DF	DHS/DF
				Auto Penalty functionality on eNHIMA setup and operational	% utilisation	100%	0	0	100%	100%	100%	100%	100%	DHS/DF	DHS/DF
				Collections enhanced	% of collections received against receivable	> 80%	50%	70%	>80%	>80%	>80%	>80%	DHS/DF	DHS/DF	
				Increased and Consistent Collections	% Growth in Collections	20% Year on Year	20%	>20%	>20%	>20%	>20%	>20%	DHS/DF	DHS/DF	
		2.4 To promote prudent financial resource utilization	2.4.1 Produce Timely & Accurate Financial Statements	Year End Statutory Unqualified Financial Statements	< 3 months after year end	100%	0%	100%	100%	100%	100%	100%	100%	DF	DF
				Monthly Management Accounts	Monthly	100%	0%	100%	100%	100%	100%	100%	100%		
				Quarterly Management Accounts	Quarterly	100%	0%	100%	100%	100%	100%	100%	100%		
				Timely approval of budget	Time to approval	30 days before YE	> 30 days after YE	<30 days before YE	<30 days before YE	<30 days before YE	<30 days before YE	<30 days before YE	DF	DF	
				Budgetary Variance	% of variance	<10% of budget	<10% of budget	<10% of budget	<10% of budget	<10% of budget	<10% of budget	<10% of budget	DF	DF	
		2.5 To maintain NH Fund Solvency	2.4.3 Tighten Fiscal Controls & Accounting Procedures	Reduced Waste	% Saving	> 20%	>20%	>20%	>20%	>20%	>20%	>20%	>20%	DF	DF
				Optimal investment returns	% Return/Vehicle	Inflation+5%	Inflation +7%	Inflation+5%	Inflation+5%	Inflation+5%	Inflation+5%	Inflation+5%	DI	DI	
				Diversified Asset Portfolio	# of Asset Classes	> 4	3	> 4	> 4	> 4	> 4	> 4			
				Gazette Investment Guidelines	Date of Gazette Notice	Dec-23	None		1				DI	DI	
				Excess of Scheme assets over its total Liabilities	Solvency Margin	>120%	300%	>120%	>120%	>120%	>120%	>120%	DI	DI	
			2.5.3 Attain defined solvency margin	Actual valuation of the fund	Fund Actural Assessments	Once every year	0	1	1	1	1	1	D/I/ R & P	D/I/ R & P	
			1.3.5 Transparency on procurements	Claims cover (liquid assets covering number of months worth of claims)	Claims cover	> 12 months	12 months	> 12 months	> 12 months	> 12 months	> 12 months	> 12 months	DI	DI	

Table 6.4 Pillar 4: Organisational Capacity

Strategic Pillar	Strategic Results	Strategic Objectives	Strategies	Measure / KPI	Metric	Service Delivery Target							Owner	Directorate	
						Target	Baseline (Dec 2021)	2022	2023	2024	2025	2026			
Operational Excellence	Strengthened Organisational Capacity	4.1 To attain optimal organisation and staff efficiencies	4.1.1 Develop a strategy-aligned organisation structure	New Organogram in the Strategic Plan submitted for approval	Number approvals/revisions	Q2, 2023	1	1	1				HRA	HRA	
				Optimally Staffed Organisation structure	Optimally Staffed Organisation structure	% of positions in-organogram filed	80%	86%	89%	90%	65%	75%		HRA	HRA
				Board approval of policies	% of HR Policies approved by the Board Implemented	Q4, 2023	100%	100%	100%	100%	100%	100%	HRA	HRA	
				4.1.2 Review and Implement fit-for-purpose HR policies and procedures	Number approvals/revisions	4	0	0	1	1	1	1	HRA	HRA	
				Annual Training Plan submitted for approval revision	% performance	90%	0	0	50%	60%	70%	90%	HRA	HRA	
			4.1.3 A needs based training program	% of Improved performance	% performance	70%	0	0	45%	55%	65%	70%	HRA	HRA	
				% of Training Initiatives Implemented	% trainings	100%	0	0	30%	60%	80%	100%	HRA	HRA	
				Alignment of objectives across reporting levels/deliverables	% Completed										
				Capacity building programs in Performance Management conducted	Number of trainings	5 - 1 per year	1	1	1	1	1	1	HRA	HRA	
				Training Specialist for creating contents standardised for facilities (TVA)	Number of training specialists engaged	1 specialist	0	0	1	1	1	0	HRA	HRA	
		4.2 To improve quality of staff performance and motivation	4.2.1 Enforce Performance contracts	Availability of all critical work tools for members of staff e.g (i) Computers (ii) Utility Motor Vehicles (iii) Furniture	% resource availability	100%	95%	95%	100%	100%	100%	100%	HRA	HRA	
				Employee performance reviews (ratings)	# Performance Reviews per staff / yr.	4	4	4	4	4	4	4	HRA	HRA	
				Employee Satisfaction Surveys / 2yrs	% ESS Score	60%	76%		60%		60%		HRA	HRA	
				Staff Attrition	% of Attrition	5% of regular staff turnover	0	0	5%	5%	5%	5%	HRA	HRA	
				DG Staff Meeting engagements	Number of meetings per year	4	4	2	4	4	4	4	HRA	HRA	
			4.2.2 Improve Motivation	Rewards and Recognition Policy	# of policies	1	0	0	1				HRA	HRA	
				Trained Board members in operations of the organisation and corporate governance	Number of trainings	2 per year	1	1	2	2	2	2	DLS	DLS	
				4.3.1 Facilitate periodic Board members' training	Number of trainings	3 per year	0	0	3	3	3	3	DLS	DLS	
				4.3.2 Periodic Senior Staff training in Corporate Governance	Number of trainings	1 for Board and 1 for each Committee	0	0	1	1	1	1	DLS	DLS	
		4.3 To Enhance Board Governance 3.5 To have an Effective Control Environment	4.3.3 Facilitate Board and committee evaluations	Board evaluation sessions	Number of evaluations										
			4.3.4 Conduct Board study tours	Study tours	Number of Tours	Internal study tour two (2) per year	0	1	2	2	2	2	DLS	DLS	
			4.3.5 Board members to annually declare conflict of interest	Completed Declaration form	Recorded and filed	100%	0	0	100%	100%	100%	100%	DLS	DLS	
			4.3.6 Establish international engagements with CPs such as ILO, world bank, WHO, ISSA, EU	Number of engagements established	Number of engagements	2 per year	0	1	2	2	2	2	DLS	DLS	

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STRATEGIC PLAN **(2023 - 2026)**





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