

# A Critical Analysis of Challenges and Prospects of the National Health Insurance Scheme in Zambia: A Case Study of Lusaka District

Monde Mulele<sup>1</sup>, John Waseem<sup>2</sup>

<sup>1</sup>Student, The Copperbelt University

<sup>2</sup>Supervisor, The Copperbelt University

## Abstract:

Zambia's National Health Insurance (NHI) was established by the enactment of the NHI Act No. 2 of 2018 and supported by statutory instrument No. 63 of 2019 which led to the establishment of the National Health Insurance Scheme (NHIS) under the management of the National Health Insurance Management Authority (NHIMA). The goal of the NHIS was to guarantee the provision of universal health insurance coverage for all residents, regardless of their socioeconomic status. As one of the prospective financing solutions for protecting populations from high health care service prices, NHIS is receiving increased attention from the international community. This study set out to investigate the difficulties and opportunities that the plan faces from the standpoint of the service providers and subscribers in Lusaka, Zambia. The study used the descriptive research design since it seeks to analyze the prospects and challenges of the national health insurance scheme in Lusaka, Zambia. The study came to a conclusion that in Lusaka, Zambia, consumers who wish to utilize the NHIS plan face challenges related to health literacy and awareness, fraud, and corruption, as well as, subpar service quality. The survey also discovered that consumers in Lusaka have difficulties with enrolment and registration while attempting to use the NHIS program due to intermittent availability and constant breakdown of the NHIMA system. The study further came to conclude that some of the prospects for the NHIS plan in Lusaka is public knowledge and involvement, enhancing monitoring and evaluation of the private and public health facilities accredited with NHIMA and improving the internet connectivity of the NHIMA system to enhance service delivery.

**Keywords:** National Health Insurance Scheme, National Health Insurance Management Authority, Challenges, Prospects

## 1.1 Introduction

The most contentious social concerns in the world continue to center on the funding of health care. A lot of developing nations, in particular, are constantly looking into new funding options for their healthcare systems. This is a result of the continuous underfunding of their health systems. In some of these nations, user fees were initially implemented at the point of service delivery in order to raise income for the maintenance of their healthcare systems. The introduction of user fees improved the quality of healthcare services in some situations. However, data points to user fees as a significant obstacle to the use of healthcare services and to long-term treatment adherence among the poor and disadvantaged groups.

These issues sparked a new discussion about finding alternative methods of financing healthcare (Evans and Stoddart, 2017). It has been discovered that prepayment, risk pooling through National Health Insurance Scheme (NHIS) can mitigate some of the negative consequences of user fees

In 2018, Zambia became one of the few nations in Africa to enact the National Health Insurance Scheme (NHIS) Act. No 2 of 2018. Since gaining independence in 1964 the nation has offered its residents free health care services. The National Health Insurance Scheme (NHIS) was enacted by the Zambian government in 2018 with the goal of promoting equity in access to healthcare and universal coverage. The goal of the NHIS was to guarantee fair and equal access to a comprehensive set of necessary health care services for all Zambians without requiring payment at the time of service. This was backed up by the objective that ought to assess characteristics of service providers in Lusaka, Zambia. The provision of universal health insurance coverage for all residents, regardless of their socioeconomic status, was the NHIS's ultimate goal. Further, in order for formal sector employees to get access to medical care, they still need to register with the National Health Insurance Management Authority (NHIMA) through their employers who deduct one percent (1%) of their monthly basic salaries and the employers contribute and extra one percent (1%). The core poor, pensioners, individuals over sixty five (65) years, and those under eighteen (18) years are excluded from paying a premium. The current study examines the challenges involved in accessing the National Health Insurance Scheme in Lusaka, Zambia. Except for the premium payment, there are no other cost sharing or co-payments associated with the NHIS. Resnick et al (2018) claim that the NHIS's coverage package includes outpatient consultations, necessary medications, inpatient treatment and shared housing, maternity care (both normal and caesarean birth), eye, dental, and emergency care.

The complete cost of the expected direct consumables for anesthesia, additional investigations, and direct patient care is covered by the tariff. According to Gregory and Tembo (2017)'s analysis on the factors influencing NHIS enrolment, those from poorer households were less likely to enroll than those from wealthier households. On the other hand, nothing is known about how the NHIS affects healthcare practitioners' actions. An essential component of the delivery of healthcare is the role of healthcare providers. The tripartite stakeholders (the scheme, service providers, and subscribers) are necessary for the NHIS to operate effectively and sustainably. The plan is anticipated to provide prompt and timely payment of providers. The delivery of high-quality services to subscribers is the responsibility of the service providers, and subscribers are supposed to make it easier to pay premiums when necessary. Therefore the current study assess the prospects of the National Health Insurance Scheme in the Lusaka, Zambia. The National Health Insurance Regulations clearly state the duties of the scheme and the service providers as follows: "A claim for payment of health care services rendered under a scheme licensed under this Act shall be filed within sixty calendar days from the date of the patient's discharge or the rendering of the service. However, it also says that "A claim for payment of health care services supplied which is submitted to the scheme shall, unless there is any legal impediment, be paid by the scheme within four weeks after receipt of the claim from the health care facility. Health care facilities have been noted to obey other provisions of the National Health Insurance Regulations, although they consistently fail to pay for medical services within four weeks after receiving a claim from the facility. This brings the effectiveness of the plan into question. As a result, health care providers' claims occasionally run into problems (Horton et al., 2022). As a matter of fact the final objective seeks to explore the implications of the National Health Insurance Scheme for continuous affordable health care access for the people. The obvious and unaddressed question is whether the system is financially viable enough to meet the needs of customers if

it owes some providers. Therefore the study was set out to examine the challenges and prospects of the National Health Insurance Scheme in Zambia, case of Lusaka District, with regards to the National Health Insurance Management Authority (NHIMA), service providers and subscribers

## Literature Review

### 1.2 National Health Insurance Scheme

In an effort to promote universal health coverage (UHC) and provide access to high-quality healthcare, the Zambian government launched the National Health Insurance Scheme (NHIS) in 2019. Under the direction of the National Health Insurance Management Authority (NHIMA), the program is built on the ideas of solidarity and universality, using member payments to cross-subsidize care for the most in need. A one percent (1%) payment from the informal sector is based on declared income, and two percent (2%) is deducted from the salaries of employees in the formal sector (equally divided between the employer and the employee). Contributions are decided based on ability to pay. Before January 1, 2024, members might make advance payments under the NHIMA buy-back model. However, in order to get the full benefits package, newly registered members must first make four (4) consecutive contributions. In addition to pharmaceutical supplies and medications, maternity and newborn care, surgery, medical care, and some dental, physiotherapy, and eye care treatments are all included in the package (NHIMA, 2024).

#### 1.2.1 Conceptualisation of the challenges and prospects of the NHIS

The Social Liberalism Theory informs the Social Health Insurance Principle. According to He and Wu (2017), social liberalism is a political theory that emphasizes mutual cooperation through liberal institutions as opposed to the use of force or the fear of using it to resolve political disputes. Collaboration between institutions in the public and private sectors as well as the government is necessary for a successful SHI program. As a subset of liberalism, social liberalism argues that society must safeguard the rights to liberty and opportunity of all people. It also supports various limitations on economic competition, such as antitrust laws, price controls, and minimum wage regulations. According to social liberalism, the government is required to provide a minimal level of welfare that is funded by taxes and is designed to allow for the best possible use of the population's abilities for the "public good." Social liberalism emphasizes positive liberty, striving to increase the liberties of the poor and disadvantaged in society while rejecting both radical capitalism and the revolutionary components from the socialist school (Thrift and Sugarman, 2019). Like other liberals, Social Liberalism holds individual freedom as a primary goal, but it also thinks that economic weakness, as witnessed in many African countries, including Zambia, can be just as harmful to liberty as an authoritarian government. Social liberals are therefore typically the biggest upholders of civil liberties and human rights. To ensure that people's social rights as well as their civil liberties are respected, they combine this with support for a diverse economy and an enabling state that provides public services.

In this study, we examine the difficulties and roadblocks that can prevent the NHIS from being implemented effectively. It was crucial to have an understanding of the components that make up the notion of universal access in order to comprehend the restrictions associated with adopting and implementing universal health care (Grant, et al., 2019). A population's ability to get healthcare is measured by its universal access to care. This is frequently linked to universal coverage, which establishes the beneficiaries who have access to a particular set of healthcare benefits. All people should have access to the medical care they require when and when it is needed, as well as financial protection from direct medical service payments, according to the concept of universal health coverage. (WHO: 2019). In

conclusion, the three (3) pillars of universal health care are government, financing, and service provision. The fact that every citizen finally receives the same amount and standard of care, which results in a healthier workforce and longer life expectancy, is a key benefit of universal health care (Kim et al., 2021). Another benefit is that, administratively, the management of health care delivery is handled by a single central organization rather than a decentralized system. Governments must therefore strengthen the components of the health system that enable the provision of high-quality services in order to advance toward universal health coverage (Songiso et al., 2020).

### **1.2.2 Challenges associated with the National Health Insurance Scheme**

The study reviewed the challenges associated with the implementation of NHIS which included: Co-existence of NHIS with private health care insurance, The NHIS is being used in Zambia in conjunction with a separate, for-profit health insurance system. In other words, there is a parallel system, which poses problems for the equality of services in and of itself. Another challenge identified was administrative capacity of NHIMA, in order to handle the vast number of cases and claims, as well as make payments to private institutions for subsidized services, management of a universal health care system requires a significant amount of human capital and knowledge (Stanhope and Lancaster, 2019). In this study other challenges like development of a health management system, limited access and coverage due to a lack of infrastructure and delayed inclusion of informal sector were pondered.

### **1.2.3 Prospects of the National Health Insurance Scheme**

Notwithstanding its difficulties, Zambia's National Health Insurance Scheme (NHIS) has been useful in covering vulnerable groups, such as elderly people, mothers, children, and the poor. Zambia's program is being studied by several African countries since it is headed in the correct path. Nonetheless, more may be done to support vulnerable populations by the government, including funding primary healthcare and a skilled medical personnel, maintaining excellent governance for quality, and setting up a strong referral system. The NHIMA is working to cover the underprivileged and vulnerable while simultaneously implementing steps to improve claims administration and reimbursements. Zambia's public health system is arranged in a pyramidal fashion, with tertiary hospitals and Level 2 and primary care facilities at the base. In 2012, public primary care facilities removed user fees. The Ministry of Finance and National Planning (MOFNP) provides operational subsidies to public health institutions based on need.

## **1.3 Research Methodology**

### **1.3.1 Research Design**

According to Rahi (2017), a research design is the general strategy on how to respond to the research questions. According to Bryman, (2018), a research design is the structure that enables the development, gathering, and analysis of data. The study used the descriptive research design since it seeks to analyze the prospects and challenges of the national health insurance scheme in Lusaka, Zambia. The descriptive research design allows use of multiple research methods in a single study hence it was found suitable for this mixed-method research.

### **1.3.2 Target Population**

The NHIS subscribers who used the insurance scheme and the scheme's service providers will be the respondents chosen for this study. These respondents were chosen from eminent Lusaka-area health facilities and Government departments with the intention of questioning them to gather the quality data required for analysis

### 1.3.3 Sampling and Sampling Technique

A simple random sample methodology was used to choose the respondents for this study after the purposive sampling method was used to identify NHIS card-bearers. Any respondent with the number three (3) was chosen for an interview after the respondents were given the numbers (1-3).

### 1.3.4 Data Sources

According to Saunders and Lewis, (2017) primary data is the original data collected for the first time. Secondary data on the contrary, refers to readily available unprocessed information which was collected by someone else for a specific purpose but can be used again for a different purpose (Bryman, 2017). The researcher in this study used both primary and secondary sources in collecting data.

### 1.3.4 Data Collection Methods

According to Iovino and Tsitsianis (2020), questionnaires are frequently used in market research because of their low cost and low overhead. In total, 300 structured questionnaires were delivered to respondents. The researcher's primary data collection tool was a questionnaire featuring Likert scale questions. Fraser et al., (2021) argues that a self-administered questionnaire is the only way to get individuals to be honest about their thoughts, feelings, and values. A structured questionnaire was used with closed-ended questions to allow for comparison of responses. The structured questions was rated under a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). A tried-and-true approach of gathering data that enables a greater understanding of perspectives and research is interviewing (McGrath et al., 2018). Doshmangir et al., (2021) note that there are many distinct interview formats that can be used in research. In order to specifically obtain information about the prospects and difficulties of health insurance in the Lusaka District, open-ended questions were used in this study. The allotted time for the interviews was between 10 and 20 minutes. To prevent participant attrition, the interviewer kept to the allotted time.

### 1.3.5 Reliability and Validity

To ascertain whether survey items required to be expanded upon or removed, the researcher carried out a pilot study. Linked concept validity, content validity, and criteria validity were used to evaluate the survey items' validity. Content validity required choosing test items that accurately reflected the intended subject matter. By consistently seeing the same outcome and evaluating stability using the test-retest approach, reliability was demonstrated. The same subjects underwent the same procedures again, separated by a week. The dependability coefficient was determined using Cronbach's alpha, and a reliability value ( $r$ ) greater than 0.7 was deemed satisfactory. A high degree of data reliability and fit for the study's objectives was demonstrated by the use of instruments in this investigation with reliability coefficients more than 0.7 (Mohajan, 2017).

### 1.3.6 Data Analysis and Presentation

The data used in the study was coded before being imported into SPSS (version 23) for analysis. To examine the relationships of interest and evaluate the research hypothesis, both inferential statistics—specifically, regression analysis—and descriptive statistics—such as means, modes, medians, and standard deviations—were used. Regression analysis was performed using the coefficient of determination model to evaluate the degree of uncertainty in one variable that may be ascribed to its correlation with another. The coefficient of determination, which expresses how well the variables fit or resemble one another, is a number between 0.0 and 1.0. The data was presented in an aesthetically pleasing and self-explanatory way using tables and figures. The collected data was compared to previously published works that were pertinent to the study's objectives.



### 1.3.7 Ethical Considerations

The researcher followed research ethics in this work by using important guidelines. These included getting participants' informed consent, keeping information private, acting honorably, making sure data reporting was truthful, and permitting voluntary participation with the ability to opt out. The objectives of these ethical considerations were to preserve participant rights, respect research integrity, and preserve privacy.

## 1.4 Results

### 1.4.1 Descriptive statistics

While the study was intended to involve 300 respondents, data from 200 respondents was successfully collected. The gender distribution of the survey participants was found to be 45% (90) Male and 55% (110) female. This demonstrated the difference in gender among NHIS subscribers who utilized the insurance plan and the Lusaka service providers for the scheme. 38% of the respondents were between the ages of 31 and 40, 23% of respondents were between the ages of 41 and 50, 21% of respondents were over 50, while, 18% were under thirty years old. The majority (55%) of respondents possessed the highest degree of qualification possible—a diploma. 25% of respondents said they held a degree, 19% said they held a master's degree, and 1% said they held a doctorate.

### Key findings

#### 1.4.2 The characteristics of the service providers in Lusaka, Zambia

Statement	SD	D	N	A	SA	Mean	Standard Deviation
Provide a wide range of medical services, including emergency care, surgery, and specialized treatments.	3.1	9.2	9.2	41.5	36.9	4	1.061
Offer basic and routine healthcare services, often the first point of contact for patients	0	1.5	20	38.5	40	4.17	0.2002
Offer outpatient services, preventive care, and specialized treatments	3.1	9.2	9.2	41.5	36.9	4	1.061
Utilize modern healthcare technology for diagnosis, treatment, and record-keeping.	4.6	6.2	6.2	41.5	41.5	4.09	1.071
Adhere to quality standards set by accrediting bodies	4.6	7.7	20	35.4	32.3	3.83	1.112

#### Source: Research survey (2024)

The purpose of the study was to describe Lusaka, Zambia's healthcare service providers. According to the descriptive statistics, the respondents felt that healthcare practitioners provided a wide range of medical services, including as surgery, emergency care, and specialist therapies, and that they were the first point of contact for patients. The respondents further stated that modern healthcare technology was used by service providers for diagnosis, treatment, and record-keeping, and that they adhered to strict accreditation criteria. The results were corroborated by the interviews, which also demonstrated the important role that community health workers, private healthcare professionals, and government health institutions play in providing easily available healthcare. In order to assure accessibility for the target population, the study stressed the significance of having healthcare services easily accessible in a variety of locations, including clinics, hospitals, community health centers, and telehealth platforms (Kamanga, 2022).

**1.4.3 Challenges confronting clients in accessing the National Health Insurance scheme in the Lusaka, Zambia**

**Challenges confronting clients in accessing the National Health Insurance scheme**

Statement	SD	D	N	A	SA	Mean	Standard deviation
Limited access and coverage	4.6	7.7	20	35.4	32.3	3.83	1.112
Corruption and fraud	0	1.5	20	38.5	40	4	1.061
Health literacy and awareness	3.1	4.6	13.8	29.2	49.2	4.19	0.2002
Inadequate service quality	3.1	4.6	13.8	29.2	49.2	4.17	1.039
Registration and Enrollment Issues	4.6	6.2	6.2	41.5	41.5	4.09	1.071
Policy and implementation strategies	4.6	6.2	6.2	41.5	41.5	3.83	1.112

**Source: Research survey (2024)**

The purpose of the study was to determine the obstacles that Lusaka, Zambian consumers encountered when applying for the National Health Insurance program. The results showed that major obstacles to obtaining the program included insufficient availability and coverage, low health literacy and awareness, fraud and corruption, poor service quality, and sporadic NHIMA system failures. These conclusions were corroborated by the interviews, which also brought to light other problems such lack of access to healthcare facilities in rural areas, inadequate infrastructure for providing healthcare, poor treatment, a scarcity of medical professionals, and worries about poor management and corruption. These elements made it more difficult for customers to sign up for the National Health Insurance program and eroded confidence in its efficacy. The successful implementation of the program will depend on a number of factors, including increasing service quality, fighting corruption, updating healthcare infrastructure, resolving affordability issues, and improving health literacy (Swire-Thompson & Lazer, 2020; Kagujje et al., 2019; WHO, 2018).

**1.4.4 The prospects of the National Health Insurance scheme in the Lusaka, Zambia.**

**Prospects of the National Health Insurance scheme in the Lusaka, Zambia**

Statement	SD	D	N	A	SA	Mean	Standard deviation
Public participation and awareness	4.6	7.7	20	35.4	32.3	3.83	1.112
Adaptability to Changing Needs	0	1.5	20	38.5	40	4	1.061
Efficient Management and Administration	3.1	4.6	13.8	29.2	49.2	4.19	0.802
Financial Resources	3.1	4.6	13.8	29.2	49.2	4.17	1.039
Healthcare infrastructure	4.6	6.2	6.2	41.5	41.5	4.09	1.071

**Source: Research survey (2024)**

The study looked at Zambia's National Health Insurance (NHI) program in Lusaka's future. According to the results, participants thought the NHI program had promise for financial resources, healthcare infrastructure, effective administration and management, public engagement and awareness, and flexibility to changing demands. The NHI program's objectives, which include improving overall health outcomes, lowering financial obstacles to healthcare, boosting access equity, and shielding people and families from disproportionate medical costs, were highlighted in the interviews that provided evidence

for these results. The initiative was viewed as a way to lessen health disparities, stabilize the economy, and enhance health outcomes. The study underlined how crucial it is that the program include disadvantaged populations and be flexible enough to adapt to changing health needs and demographic trends. According to research findings, Zambia's NHI program has potential for resolving healthcare issues and producing favorable health results (Brunie et al., 2022; Mutola, Pemunta, & Ngo, 2021).

**1.4.5 The implications of the National Health Insurance Scheme in the context of the continuous affordable health care access for the people.**

**Implications of the National Health Insurance Scheme**

Statement	SD	D	N	A	SA	Mean	Standard deviation
Financial protection to individuals and families	4.6	10.8	6.2	36.9	41.5	4	1.159
Increase health care utilization	4.6	7.7	20	35.4	32.3	3.83	1.112
Improved health outcomes	4.6	12.3	10.8	41.5	30.8	3.82	1.144
Reduced economic burden	3.1	4.6	15.4	29.2	47.7	4.17	0.802
Challenges in implementation	4.6	7.7	20	35.4	32.3	3.83	1.112
Public awareness and participation	4.6	6.2	6.2	41.5	41.5	4.09	1.071

**Source: Research survey (2024)**

The National Health Insurance Scheme (NHIS) and its effects on continuous access to cheap healthcare were the focus of the study. Participants concurred that putting the plan into action is difficult and that Zambians use healthcare services more frequently. They also admitted that Zambia's health results had improved as a result of the NHIS. Positive outcomes of the NHIS included financial security for individuals and families as well as a decrease in financial stress. It was decided that public participation and awareness were essential for maintaining access to inexpensive healthcare. The interviews bolstered these conclusions by highlighting the fact that obtaining universal health coverage is a primary goal of national health insurance schemes. By offering a financial safety net, the NHIS protected people from excessive medical expenses and pushed more people to seek necessary and preventative care. By guaranteeing that all socioeconomic groups have equal access to healthcare services, the initiative aims to minimize health inequities. Improvements in healthcare infrastructure and service quality were brought about by the rise in demand for healthcare services that followed NHIS membership. Participants did, however, issue a warning: maintaining the NHIS's long-term survival will necessitate close supervision of its funding sources, tracking its usage patterns, and dealing with any possible fraud or inefficiencies. It was noted that extensive participation in the NHIS and public involvement depend on effective communication tactics.

**1.5 Conclusions**

The study set out to evaluate the qualities of service providers in Zambia's capital, Lusaka. The study came to the conclusion that healthcare practitioners, who are frequently the initial point of contact for patients, deliver basic and regular services. Furthermore, it was determined that the service providers offer a broad spectrum of medical services, such as outpatient care, preventative care, and specialty treatments, in addition to emergency care, surgery, and other medical services. The survey also found that service providers follow the high requirements established by certifying organizations. The study also



demonstrated how healthcare practitioners use contemporary technology for diagnosis, treatment, and documentation.

#### **1.5.1 The characteristics of the service providers in Lusaka, Zambia**

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#### **1.5.2 Challenges confronting clients in accessing the National Health Insurance scheme in the Lusaka, Zambia**

Examining the difficulties in obtaining National Health Insurance Scheme coverage in Lusaka, Zambia, was the study's second objective. The study came to the conclusion that consumers in Lusaka were faced with restricted coverage and access to the National Health Insurance program. The study also concluded that in Lusaka, Zambia, consumers who wish to utilize the National Health Insurance plan face challenges related to health literacy and awareness, fraud, and corruption. When using the National Health Insurance program in Lusaka, customers are confronted with subpar service quality. The survey also discovered that consumers in Lusaka have difficulties with enrolment and registration while attempting to use the National Health Insurance program.

#### **1.5.3 The prospects of the National Health Insurance scheme in the Lusaka, Zambia**

The objective of the research was to evaluate the future possibilities of Zambia's National Health Insurance Scheme in Lusaka. The study came to the conclusion that one of the prospects for the National Health Insurance plan in Lusaka is public knowledge and involvement. Furthermore, the results demonstrated that another advantage of the National Health Insurance program in Lusaka is its flexibility to adjust to changing demands. Furthermore, participants agreed that effective management and administration provide an additional opportunity for the National Health Insurance program in Lusaka. The study also demonstrated the importance of financial resources and healthcare facilities to the National Health Insurance program's chances in Lusaka.

#### **1.5.4 The implications of the National Health Insurance Scheme in the context of the continuous affordable health care access for the people**

The study's final objective was to investigate how the National Health Insurance Scheme may affect people's ongoing access to inexpensive healthcare. The study found that Zambians are using health services more frequently due to national health, but there are implementation issues as well. The participants also concurred that Zambia's health outcomes had improved as a result of the national health program. Furthermore, the study demonstrated that one of the effects of the National Health Insurance Scheme in relation to the people's ongoing access to inexpensive health care was financial safety for individuals and families. Finally, the results showed that the national health program had lessened the financial burden.

### **1.6 Recommendations**

Based on its findings and conclusions, the research recommends that

- The Zambian government ought to enhance funding methods, such combining general taxes, social security insurance premiums, and donor funds instead of placing reliance on social security premiums to manage the fund. Government should consider allocating fifteen percent (15%) of its annual budget to the health sector in-line with the Abuja declaration to which Zambia is a signatory. Further, funding strategies can be evaluated on a regular basis to assist guarantee sustainability as NHIS has substantially cushioned Government financing to the health sector. However, care has to be taken to ensure that NHIS does not replace primary health care which is a primary responsibility of Government.
- The use of telemedicine projects, mobile health clinics, and outreach to underserved people are effective ways for the national health insurance scheme to broaden coverage. Access can be enhanced by fortifying primary healthcare services.
- Create and implement quality standards, carry out frequent inspections, and give incentives to healthcare professionals that uphold the highest standards. Incorporating patient feedback tools is another way to evaluate the quality of care.
- The Zambian government ought to launch extensive public awareness efforts to inform the people about their rights, the advantages of health insurance, and the enrolling procedure. Initiatives for community involvement can foster trust.

#### 1.6.1 Recommendation for further research

The research evaluated the potential and difficulties facing Zambia's National Health Insurance Program in Lusaka. As a result, the study suggests looking at the NHIS's financial viability more thoroughly. Examine the financing sources and spending trends to determine the long-term sustainability of the plan.

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