International Labour Organization

Republic of Zambia

Assessment of the national legislation in view of a possible ratification of the Social Security Minimum Standards Convention, 1952 (No. 102)

Report to the Government

ILO Lusaka Country Office
Zambia

Republic of Zambia

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First published 2025.

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ISBN: 9789220428207 (print); 9789220428214 (web PDF)

DOI: https://doi.org/10.54394/BRPB4557

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Printed in Zambia

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Abbreviations and acronyms

CEACR	Committee of Experts in the Application of Conventions and Recommendations
Convention No. 102	Social Security (Minimum Standards) Convention, 1952 (No. 102)
CT	Computerized Tomography
ICESCR	International Covenant of Economic, Social and Cultural Rights
ILC	International Labour Conference
ILO	International Labour Organization
ISCO-08	International Standard Classification of Occupations
LFS	Labour Force Survey
MCDSS	Ministry of Community Development and Social Services
MLSS	Ministry of Labour and Social Security
NAPSA	National Pension Scheme Authority
NHIA	National Health Insurance Act
NHIF	National Health Insurance Fund
NHIMA	National Health Insurance Management Authority
NHIS	National Health Insurance Scheme
NPSA	National Pension Scheme Act
NSPP	National Social Protection Policy
SCT	Social Cash Transfer
SRM-TWG	Standards Review Mechanism Tripartite Working Group
TEVETA	Technical Education, Vocational and Entrepreneurship Training Authority
UDHR	Universal Declaration of Human Rights
UN	United Nations
WCA	Workers' Compensation Act
WCF	Workers' Compensation Fund
WCFCB	Workers' Compensation Fund Control Board
ZAPD	Zambia Agency for Persons with Disabilities
8NDP	Eighth National Development Plan

Acknowledgements

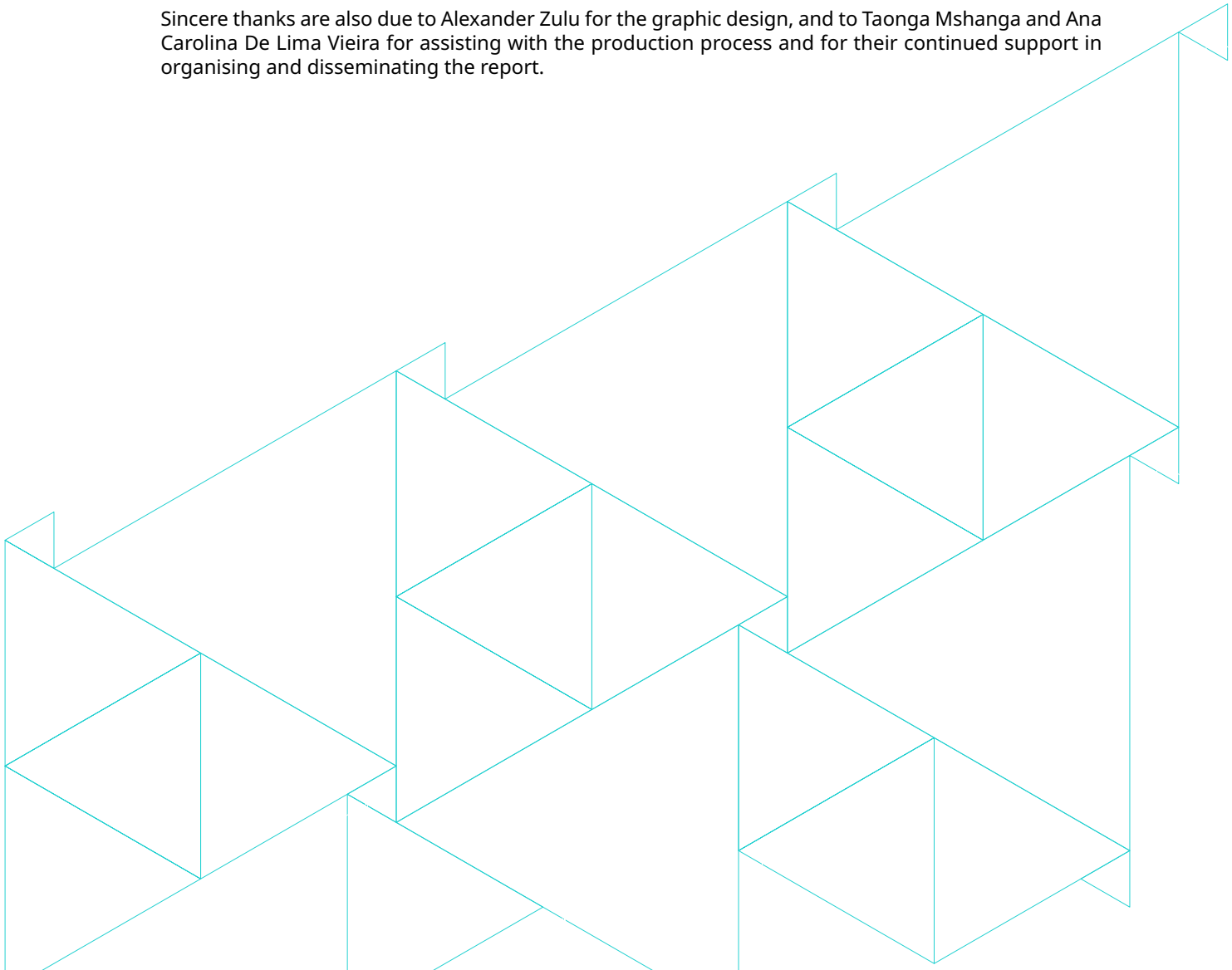
This comprehensive comparative assessment was conducted by the International Labour Organization (ILO) within the framework of the Development Cooperation Project "Accelerating the Achievement of Universal Social Protection to Leave No One Behind" financed by IrishAid.

The ILO extends its sincere appreciation to the Ministry of Labour and Social Security (MLSS) for their collaboration and support throughout this process. Special thanks are due, in particular, to Anthony Dumingu, Director of Social Security (MLSS), for his invaluable contributions and insightful comments.

The report was prepared by Luisa Carmona Llano, Legal Officer, Universal Social Protection Department (SOCPRO), under the supervision of Maya Stern-Plaza, Social Protection Legal and Standards Specialist, SOCPRO, at the request of the MLSS. This report would have not been possible without the overall coordination and support of (in alphabetical order) Jean-Louis Lambeau, former Project Manager - Social Protection (CO-Lusaka), Felix Mwenge, Technical Officer, Social Protection Knowledge Management (CO-Lusaka), and Jasmina Papa, Social Protection Specialist (DWT/CO-Pretoria).

The preliminary findings of the comparative assessment were presented, discussed, and validated by Zambian constituents during a workshop held in Livingstone from the 19th to the 21st of March 2025. This workshop benefited from the active participation of government representatives from the Ministry of Labour and Social Security, Ministry of Health, National Health Insurance Management Authority, National Pension Scheme Authority, and the Workers' Compensation Fund Control Board, as well as employers' and workers' organizations, and civil society. Special thanks are extended to the Zambia Federation of Employers, the United Federation of Employers in Zambia, the Federation of Free Trade Unions of Zambia, Zambia Congress of Trade Unions, Save the Children International, Friedrich Ebert Stiftung – Zambia, Civil Society for Poverty Reduction, and the Jesuits Centre for Theological Research for their insightful contributions.

Sincere thanks are also due to Alexander Zulu for the graphic design, and to Taonga Mshanga and Ana Carolina De Lima Vieira for assisting with the production process and for their continued support in organising and disseminating the report.



Executive summary

Context and background

This report is part of the International Labour Organization's efforts to systematically promote the ratification and effective implementation of up-to-date international social security standards for building and maintaining comprehensive, sustainable and rights-based social protection systems. It has been developed in the framework of the ILO's global campaign to promote the ratification of the Social Security (Minimum Standards) Convention, 1952 (No. 102), which emanates from the decision adopted by the International Labour Conference at its 109th Session in 2021.[1]

Within the context of the long-lasting collaboration between the Government of Zambia and the ILO, this report has been prepared at the request of the Ministry of Labour and Social Security, with a view to verifying whether Zambia would be in a position to ratify Convention No. 102, which is the ILO's flagship Convention in the field of social security.

Convention No. 102 establishes an internationally accepted definition of social security and is a key tool used by countries to design, implement and reform their social security systems to ensure that they are comprehensive, sustainable and provide adequate benefits. It defines the nine classic branches of social security —medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit and survivors' benefit— and sets minimum requirements for each branch. This key instrument also establishes common rules of collective organization, financing and management of social security, as well as principles of good governance of the system under the general responsibility of the State, the right to due process and the principle of equality of treatment of non-national residents.

Within this context, the report seeks to assess the extent to which Zambia's social security legislation and practice give effect to the parameters and principles contained in Convention No. 102 and offers guidance on how to ensure further conformity. In particular, the analysis examines the provisions applicable to the following five social security branches as set out by the Convention:

- Medical Care (Part II of Convention No. 102)
- Old-age Benefit (Part V of Convention No. 102)
- Employment Injury Benefit (Part VI of Convention No. 102)
- Invalidity Benefit (Part IX of Convention No. 102)
- Survivors' Benefit (Part X of Convention No. 102)

The report does not provide a detailed analysis of the following Parts of the Convention: Sickness benefits (Part III) and Maternity benefits (Part VIII), as in Zambia, these benefits are provided under employer liability arrangements, which are not aligned with the Convention, which requires that benefits be financed collectively through contributions, taxes or both (Article 71(1)). Likewise, the report does not assess Unemployment benefits (Part IV) and Family Benefits (Part VII), as the national legal framework does not yet provide for these benefits.

It is worth noting that once a Convention is ratified, the competence to review and formulate conclusions and recommendations on the application of that international standards lies exclusively with the Committee of Experts on the Application of Conventions and Recommendations (CEACR) and the International Labour Conference. Therefore, the observations included in this report are subject to the conclusions and recommendations that these bodies may draw within the framework of the legal evaluations that they are responsible for carrying out.

Key findings

This report contains a detailed legal assessment of existing social security provisions against the requirements of Convention No. 102 and is intended to serve as a reference in view of a possible future ratification of this Convention. It formulates a number of recommendations and, based on the available information and data, concludes that Zambia is indeed in a position to ratify this landmark social security standard.

1 ILC.109/Resolution III.

More specifically, this report concludes that Zambia could accept the following Parts of the Convention, subject to clarifications and/or minor parametric adjustments as the case may be, namely:

1. **Medical Care (Part II),** subject to confirmation that the NHIS's benefit package covers domiciliary visiting.

2. **Old-age benefit (Part V),** since the effective coverage of old-age benefits, estimated based on the number of insured persons registered with NAPSA in 2024, is approximately 46.9 per cent, slightly below the minimum required by the Convention (i.e., 50 per cent of employees), it would be necessary to strengthen the ongoing efforts to progressively extend the coverage of NAPSA's scheme. However, given that the Convention will only apply to rights acquired after ratification, the scheme's effective coverage does not seem to be an impediment to ratification. Furthermore, the Government may choose to avail itself of the temporary exception set out in Articles 3 and 27(d) of the Convention, which allows ratifying States to temporarily limit the scope of application of old-age benefits to 50 per cent of all employees in industrial workplaces employing 20 or more people. Should the Government wish to avail itself of any of the temporary exceptions permitted by the Convention, it will need to specify the relevant articles in a declaration appended to its ratification.

3. **Employment injury benefit (Part VI),** The effective coverage of employment injury benefits, calculated based on the number of employees registered with the WCFCB in 2023 (approximately 27.9 per cent of all employees) falls short of the minimum requirements of the Convention (i.e., at least 50 per cent of all employees). Therefore, the Government could consider accepting this branch by availing itself of the temporary exception provided for in Article 33(b) of the Convention.

   Concerning the level of cash benefits, although the national legislation prescribes replacement rates for temporary incapacity benefits, permanent invalidity benefits and survivors' benefits that are in line with the Convention, the current ceiling on insurable earnings (i.e., 14,400 Kwacha a year) is extremely low, and therefore, does not allow standard beneficiaries to receive adequate benefits. Furthermore, the national legislation provides periodical payments and limits the award of lump sum compensation to cases of slight disability (defined at the national level as a 10 per cent disability). Section 81(2) of the WCA allows converting employment injury benefits into lump-sum payments when the monthly pension does not exceed a prescribed amount and upon request of the worker. The Government may wish to consider that Convention No. 102 allows the commutation of periodical payments for a lump sum only where the incapacity is slight or where the competent authority is satisfied that the lump sum will be properly utilised. As such, in the event of ratification of Part VI of the Convention, the ILO supervisory bodies could request further information concerning the practical application of this provision as well as the extent to which there are measures in place for the competent authority to assess if the lump sum will be properly utilised by the beneficiary.

   In sum, based on the information the Government may provide in relation to the aforementioned points for clarification, it may be necessary to undertake various parametric changes to fully comply with the relevant part of the convention. Nevertheless, the Government might still consider ratifying this part to give effect to the recommendations and decisions of the SRM-TWG and ILO's Governing Body concerning outdated obligations, and notably those the Government of Zambia has as regards the Workmen's Compensation (Accidents) Convention, 1925 (No. 17) and the Workmen's Compensation (Occupational Diseases) Convention, 1925 (No. 18). Ratification could serve as a valuable guide for the Government in reforming its Employment Injury scheme to ensure alignment with up-to-date international social security standards as well as the recommendations resulting from the actuarial valuations undertaken with support of the ILO.[2] The Government will have one year after depositing the instrument of ratification before the Convention comes into force, followed by an additional year before reporting is required. This timeline provides ample opportunity for the Government to implement the necessary reforms and legal adjustments to align with Part VI, should it choose to do so.

4. **Invalidity benefit (Part IX),** considering that the effective coverage of benefits (approximately 46.9 per cent) is slightly below the minimum required by the Convention (i.e., 50 per cent of employees), the Government should continue its efforts to extend social security, for example by strengthening measures to counter evasion of contributions, to ensure the registration of

2 Report to the Government of the Republic of Zambia on the Assessment of the Workers Compensation Scheme: Legislation, Financing and Administration, November 2020.

employers and their employees with NAPSA and by simplifying administrative procedures. The Government may also choose to avail itself of the temporary exception set out in Articles 3 and 55(d) of the Convention at the time of ratification.

With respect to the other branch of the social security system, namely **Survivors' benefit (Part X)**, although the national legislation gives effect to some of the minimum requirements set forth in the Convention, full compliance would require either more substantial parametric adjustments or more substantial changes to the legislation. As such, the ratification of this part could be considered at a later date when national circumstances allow.

Ratification also requires compliance with the provisions of Part XII and Part XIII of Convention No. 102, which apply to all schemes and benefits covered by the Convention. In general, Zambia's social security legislation appears in line with the provisions found therein, notably concerning the principle of equality of treatment, the financing of benefits, the general responsibility of the State, and the principle of participatory management. However, certain clarifications would be required, as follows:

- **Concerning the suspension of benefits:** In general, the grounds for the suspension of medical care benefits prescribed by the National Health Insurance Act align with those permitted by the Convention. However, the provisions of the national legislation allowing the suspension of NHIS membership due to the non-payment of contributions by the employer and in cases where the insured loses their citizenship are not foreseen by the Convention. Similarly, suspending employment injury benefits granted by the WCFCB when the "compensation awarded becomes excessive to meet the circumstances of the case" (WCA, Section 20(1)(d)) and refusing the benefit in case of drunkenness (WCA, Section 51(2)(a) in conjunction with Section 2(a)) might go beyond the grounds permitted under Article 69 of Convention No. 102.
- **Right of complaint and appeal:** The national legislation examined concerning the benefits administered by NAPSA (i.e., old-age, invalidity and survivor's benefits), only provides for the right to complain and appeal in cases of dissatisfaction with decisions made by the medical board. Therefore, further information is needed to determine whether protected persons have a legally established mechanism to effectively voice their grievances in case of refusal of the benefit or complaint as to its quality or quantity, as required by Article 71(1) of the Convention.

The way forward

The ILO is confident that Zambia's social security legislation is, for the most part, already aligned with the Convention and that ratification would provide a solid and sustainable basis for the development and progressive extension of social security in the medium and longer term. Convention No. 102, together with the Social Protection Floors Recommendation (No. 202), 2012, can serve as a road map to overcome the gaps identified in this report and improve the system's adequacy, sustainability, and coherence in line with the principles and benchmarks set out by international social security standards.

In the continuity of its collaboration with the Government of Zambia, the ILO is readily available to provide the Government with the necessary technical assistance required to complete the ratification process, as well as that needed to ensure greater harmonization between the national legislation and practice with the requirements of Convention No. 102.

In addition, the ILO would keenly work with the Government and social partners to progressively develop a sound legal framework for the existing non-contributory social protection programmes in line with the principles enshrined in international human rights instruments and social security standards, notably Convention No. 102 and Recommendation No. 202.

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Introduction

The Republic of Zambia is committed to upholding the human rights and fundamental freedoms of every person, as recognized in the Preamble of its national Constitution, with due regard to the principles of human dignity, equity, social justice, equality and non-discrimination.[3] Zambia's commitment is further reinforced by the ratification of and accession to international human rights instruments, including the International Covenant of Economic, Social and Cultural Rights (ICESCR), and the International Covenant on Civil and Political Rights, and various International Labour Standards.

Although the Constitution of Zambia does not explicitly recognize the right to social security, Zambia, as a state party to the ICESCR since April 10, 1984, acknowledges the right of everyone to social security including social insurance, as provided for in Article 9 of the Covenant.

In accordance with its international commitments and aspirations, Zambia's legislative branch has developed the necessary legal framework to progressively ensure the realization of the human right to social security, recognized as such in the Universal Declaration of Human Rights (UDHR), the ICESCR, and regional human rights instruments, such as the African Charter on Human and Peoples' Rights and its recently adopted Protocol.

Indeed, the contributory component of the national social security system currently covers five of the nine traditional contingencies or social risks established by Convention No. 102, notably medical care, benefits in the event of employment injuries and recognized occupational diseases, and old-age, disability and survivors' benefits. Furthermore, over the last 20 years, the Government of Zambia has introduced and progressively expanded several non-contributory programmes, such as the Social Cash Transfer Scheme, the Public Welfare Assistance Scheme, the Home-Grown School Meals Program, the Bursary for Orphans and Vulnerable Children, and the Keeping Girls in School Initiative to provide some income security to vulnerable population groups. Although these non-contributory programmes are instrumental in ensuring some income security to vulnerable populations, they are not anchored in the national legislation, which is a prerequisite to ensure that benefits are rights-based and avoid discretionary practices, duplication and gaps.

It is also worth noting that Zambia has ratified four social security conventions of the International Labour Organisation (ILO). However, these instruments are first-generation standards adopted before the 1950s in accordance with the social, economic and historical realities of the time. In fact, only one of these conventions has been considered as an updated instrument by the Tripartite Working Group on the Standards Review Mechanism (SRM) (see Table 1).

▶ Table 1 ILO Social security standards ratified by Zambia

International instrument	Date of ratification	Status
Workmen's Compensation (Agriculture) Convention, 1921 (No. 12)	02 December 1964	Up-to-date instrument
Workmen's Compensation (Accidents) Convention, 1925 (No. 17)	02 December 1964	Outdated instrument
Workmen's Compensation (Occupational Diseases) Convention, 1925 (No. 18)	22 February 1965	Outdated instrument
Equality of Treatment (Accident Compensation) Convention, 1925 (No. 19)	02 December 1964	Instrument with interim status

Source: Author based on NORMLEX.

Regarding the outdated instruments, it is relevant to mention that at its 328th Session —held in October and November 2016—, the ILO Governing Body adopted the conclusions and recommendations made by the SRM Tripartite Working Group encouraging States parties, in particular of outdated conventions, to consider ratifying the most recent instruments in these areas.

In this regard, in the context of the examination of the application of Conventions Nos 17 and 18 by Zambia, the Committee of Experts on the Application of Conventions and Recommendations (CEACR) has stated:

3 Constitution of Zambia, Article 8, d).

> "The Committee has been informed that, based on the recommendations of the Standards Review Mechanism Tripartite Working Group (SRM tripartite working group), the Governing Body has decided that member States for which Convention No. 17 or Convention No. 18 are in force should be encouraged to ratify the more recent Employment Injury Benefits Convention, 1964 [Schedule I amended in 1980] (No. 121), or the Social Security (Minimum Standards) Convention, 1952 (No. 102), accepting its Part VI (see GB.328/LILS/2/1). Conventions Nos 121 and 102 reflect the more modern approach to employment injury benefits. The Committee therefore encourages the Government to follow up the Governing Body's decision at its 328th Session (October–November 2016) approving the recommendations of the SRM tripartite working group and to consider ratifying Convention No. 121 or Convention No. 102 (Part VI) as the most up-to-date instruments in this subject area. The Committee notes that the Government welcomes technical assistance from the Office in this regard and hopes that it will be carried out in the very near future."[4]

It can be further noted that Zambia is a state party to the Maternity Protection Convention (Revised), 1952 (No. 103) since October 23, 1979. Given that this instrument is also outdated, the CEACR has observed that

> "the Governing Body has decided that member States for which Convention No. 103 is in force should be encouraged to ratify the more recent Convention No. 183 (see GB.328/LILS/2/1). Convention No. 183 reflects the more modern approach to maternity protection. The Committee therefore encourages the Government to follow up the Governing Body's decision at its 328th Session (October–November 2016) approving the recommendations of the SRM tripartite working group and to consider ratifying Convention No. 183 as the most up-to-date instrument in this subject area".[5]

In this context, this report has been prepared in the framework of the ILO's global campaign to promote the ratification of the Social Security (Minimum Standards) Convention, 1952 (No. 102), which stems from the decision taken by the International Labour Conference at its 109th Session in 2021. The report is part of the ILO's efforts to systematically promote the ratification and effective implementation of updated ILO standards on social security and responds to a request made by the Ministry of Labour and Social Security to assess whether Zambia would be in a position to ratify this Convention.

Convention No. 102 is the flagship Convention of the ILO in the field of social security as it embodies an internationally accepted concept of social security. It is a key tool used by countries to guide reforms leading to the establishment and implementation of comprehensive social security systems at the national level, and it also serves as a reference at the regional and international levels. Convention No. 102 is a key reference insofar as it envisages social security as being provided through an integrated, comprehensive and coherent system that meets minimum requirements for the protection of the population against life risks or contingencies and that applies core principles of good governance. It defines the nine classical branches of social security, namely medical care, sickness, unemployment, old age, employment injury benefits, family benefits, maternity, invalidity and survivors' benefits. As such, Convention No. 102 provides a valuable framework that could be used as a road map and guide future social security reforms in Zambia. It can also support efforts to extend coverage, reduce fragmentation, and ensure the adequacy of benefits while securing the sustainability of the schemes. The ILO is well prepared to assist the Government in this process and to provide the assistance needed for ratification and implementation of Convention No. 102, should the Government and social partners be interested.

It is worth noting that the analysis undertaken therein is solely meant to give an indication of where Zambia's social security system and its various branches stand in relation to the benchmarks set out in the Convention, defined with reference to the national context and applied to it. It is not meant to provide an authoritative statement of compliance or non-compliance of the system with the Convention, the competence of which lies with the CEACR, the supervisory body in charge of monitoring the application of ILO standards by States following ratification.

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4 ILO. 2021b. Direct Request (CEACR) - adopted 2019, published 109th ILC session (2021). Zambia: Workmen's Compensation (Accidents) Convention, 1925 (No. 17) (Ratification: 1964) and Workmen's Compensation (Occupational Diseases) Convention, 1925 (No. 18) (Ratification: 1965).

5 ILO, Observation (CEACR) - adopted 2019, published 109th ILC session (2021). Maternity Protection Convention (Revised), 1952 (No. 103) - Zambia (Ratification: 1979).

The report is organized as follows:

- *Chapter I* outlines the main provisions and minimum requirements of ILO social security standards and describes Zambia's current legal framework. It also discusses the significance of ratifying Convention No. 102 in the context of Zambia's unique economic, social, and political landscape.
- *Chapter II* examines the compatibility of the national legislation applicable to the National Health Insurance Scheme, the National Pension Scheme, which provides old-age, invalidity and survivor's benefits, and the Workers' Compensation Fund with the minimum standards and principles set out in Convention No. 102 under each of its respective Parts. Given that coverage of self-employed persons and own account workers in the informal sector is still low, throughout the report, the minimum requirements of the Convention concerning this parameter will be assessed against option a) of Articles 9, 27, 33, 55 and 61, which prescribes that the coverage of benefits should comprise "prescribed classes of employees, constituting at least 50 per cent of all employees".
- *Chapter III* presents the prospects of ratification of Convention No. 102 by Zambia based on the compatibility analysis done in Chapter II. Conclusions are drawn as to the Parts of the Convention that have implications related to legislation, and areas that would necessitate parametric or substantial changes to ensure compliance. Recommendations are then formulated as to the Parts that could be accepted by the Government in the ratification and as to the way forward.

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Chapter I.
The legal framework: International human rights instruments, ILO social security standards and national social security system.

This chapter first sets out the international legal framework,[6] including the main human rights instruments spelling out the right to social security, and notably ILO Conventions and Recommendations, in the field of social security. It further provides an overview of the main provisions and minimum requirements established in the Social Security (Minimum Standards) Convention, 1952 (No. 102) and discusses the importance of ratifying this flagship Convention. Finally, to better understand Zambia's context, a general overview of the current social security legal framework is provided alongside preliminary remarks preparing the way for the legal assessment undertaken in Chapter II.

A. The International legal framework

Concern for social security at the international level first manifested itself with the creation of the ILO in 1919. Initially charged with the mandate to promote workers' social security rights, the ILO was later entrusted with a wider task in 1944, that of contributing to achieving the extension of social security to "all those in need". Some years later, social security was recognized by the world community, united in the General Assembly of the newly established United Nations (UN), as an international human right, part of those "basic rights and freedoms to which all humans are entitled". Since then, social security has been explicitly recognized as a human right and enshrined as such in international legal instruments and standards for its implementation which have been formulated in ILO Conventions and Recommendations.

The right to social security in international human rights instruments

From an international legal perspective, the recognition of the right to social security has been developed through universally negotiated and accepted instruments that establish social security as a basic social right to which every human being is entitled. In this way, the right to social security has been enshrined in several human rights instruments adopted by the UN and is expressly formulated as such in fundamental human rights instruments, namely the Universal Declaration of Human Rights (UDHR),[7] and the International Covenant on Economic, Social and Cultural Rights (ICESCR).[8]

Specifically, Article 22 of the UDHR lays down that:

> Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

And states in its Article 25, that:

> (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, invalidity, widowhood, old age or other lack of livelihood in circumstances beyond his control.
>
> (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

The ICESCR stipulates in its Article 9 that:

> [t]he States Parties to the present Covenant recognize the right of everyone to social security, including social insurance.

The right to social security is also enshrined in UN legal instruments setting out the rights of specific population groups (see Box 1).

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6 This Section is based on ILO (2021a). Building social protection systems. International standards and human rights instruments. International Labour Office - Geneva: ILO, 2021, 1 -22.

7 UN: Universal Declaration of Human Rights, General Assembly Resolution 217 A (III), 1948.

8 UN: International Covenant on Economic, Social and Cultural Rights, General Assembly Resolution 2200A (XXI), 1966.

Box 1 The right to social security of specific population groups

- the **Convention on the Elimination of All Forms of Racial Discrimination, (1969)**, which provides that States Parties shall guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the right to public health, medical care, social security and social services (Article 5 (iv)).
- the **Convention on the Elimination of All Forms of Discrimination Against Women (1979)**, which requires States parties to take all appropriate measures to eliminate discrimination against women in the enjoyment of the right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave (Article 11.1(e)). The Convention further provides that States Parties shall take appropriate measures to introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances (Article 11.2(b)).
- the **Convention on the Rights of the Child (1989)**, provides that States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law (Article 26 (1)). Article 26 (2) further provides that benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child (...).
- the **International Convention on the Protection of the Rights of All Migrant Workers and Their Families (1990)**, declares that with respect to social security, migrant workers and members of their families shall enjoy in the State of employment the same treatment granted to nationals in so far as they fulfil the requirements provided for by the applicable legislation of that State and the applicable bilateral and multilateral treaties (...) (Article 27 (1)).
- the **Convention on the Rights of Persons with Disabilities (2006)**, which Article 28(2) stipulates that States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures (paragraph b), and to ensure equal access by persons with disabilities to retirement benefits and programmes (paragraph e).

Social security for all: at the core of the ILO's mandate

The promotion of social security and the furtherance of this right is an important part of the ILO's mandate, since its foundation in 1919.[9] From then onwards, the ILO was established as the authority in this field. To this effect, the preamble of the ILO Constitution states that the Organization's mandate is to improve conditions of labour through, inter alia,

> *the prevention of unemployment, ... the protection of the worker against sickness, disease, and injury arising out of his employment, the protection of children, young persons and women, provision for old age and injury.*

The ILO's mandate was widened by the Declaration of Philadelphia, the first international legal instrument to stipulate the right to social security as a right belonging to all, and the first expression of the world community's commitment to the extension of social security to all. The Declaration of Philadelphia, made part of the ILO Constitution, lays down the:

> *solemn obligation of the International Labour Organization to further among the nations of the world programmes which will achieve", among others, "the extension of social security measures to provide a basic income to all in need of such protection and comprehensive medical care", as well as "provision for child welfare and maternity protection.*[10]

9 ILO, Constitution of the International Labour Organisation, 1 April 1919, Preamble and Article 1.

10 ILO, Declaration concerning the aims and purposes of the International Labour Organisation (Declaration of Philadelphia), adopted by the International Labour Conference at its 26th Session, held in Philadelphia, on 10 May 1944, Articles III (f) and (h).

Over 50 years later, in 2001, social security was reaffirmed by the ILC as a fundamental human right and its extension to all in need was restated as a fundamental part of the ILO's mandate, and a challenge that needed to be addressed seriously and urgently by all member States.[11] Consequently, the ILO launched in 2003 the Global Campaign on Social Security and Coverage for All. The ILO Declaration on Social Justice for a Fair Globalization, adopted by the International Labour Conference in 2008, again reaffirmed the tripartite commitment to extend social security to all in need of such protection in the framework of the Decent Work Agenda.

In 2009, the International Labour Conference recognized the crucial role of social protection policies in crisis response, and the Global Jobs Pact called for countries to "give consideration, as appropriate, to building adequate social protection for all, drawing on a basic social protection floor".

In June 2011, the ILC adopted a Resolution and Conclusions which set out the strategy of the International Labour Organization with regard to addressing the challenge of extending coverage and further developing social security systems.[12] Based on the premise that social security is a human right, and a social and economic necessity, the ILC noted that closing coverage gaps is of highest priority for equitable economic growth, social cohesion and Decent Work for all women and men, and called for the extension of social security coverage through a two-dimensional approach, with a view to building comprehensive social security systems. The Social Protection Floors Recommendation, 2012 (No. 202), adopted by the ILC in June 2012, completed the ILO's social security strategy.

According to the Recommendation, effective national strategies to extend social security, in line with national circumstances, should aim at achieving universal protection of the population by ensuring at least minimum levels of income security and access to essential healthcare (horizontal dimension), as well as progressively ensuring higher levels of protection guided by up-to-date ILO social security standards (vertical dimension). In line with national priorities, resources and circumstances, such two-dimensional strategies should aim at building and maintaining comprehensive and adequate social security systems.[13]

As the ILO century, the ILC adopted a landmark Centenary Declaration in June 2019 with the purpose of providing further guidance to the ILO and its constituents in respect of the challenges and opportunities for the future of work, ranging from technology to climate change, from demographic shifts to the need for new skills. Like the Declaration of Philadelphia, the new Declaration is an authoritative statement of the entire ILO membership which takes stock of the current challenges and context and reaffirms constituents attach to core values and principles. As such, it will serve to guide ILO's and its constituent's action in the future.

The Centenary Declaration stresses the need for the ILO to carry forward "with unrelenting vigour its constitutional mandate for social justice by further developing its human-centred approach to the future of work" (para. I (D)).

Pointing to the role of social protection in shaping a fair, inclusive and secure future of work, it calls on the ILO to direct its efforts in particular "to developing and enhancing social protection systems, which are adequate, sustainable and adapted to developments in the world of work" (para. II A (xv)) recognizing, as such, its function for achieving a just and sustainable future. It further calls upon all Members, to strengthen the capacities of all people to benefit from the opportunities of a changing world of work, inter alia, through "universal access to comprehensive and sustainable social protection" (para. III (A) (iii)).[14]

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11 ILO, Social security: A new consensus, Resolution and Conclusions concerning social security, International Labour Conference, 89th Session, Geneva, 2001.

12 ILO, Conclusions concerning the recurrent discussion on social protection (social security), International Labour Conference, 100th Session, Geneva, 2011, in Record of Proceedings (Geneva, 2011), No. 24: Report of the Committee for the Recurrent Discussion on Social Protection (Geneva), para. 31.

13 For a more detailed account see: ILO, The strategy of the International Labour Organization Social security for all: Building social protection floors and comprehensive social security systems, 2012b.

14 ILO, Centenary Declaration for the Future of Work, International Labour Conference, 108th Session, 2019.

Main ILO social security standards

In the pursuit of its mandate in the field of social security,[15] the ILO has, over the years, adopted a range of standards, namely Conventions and Recommendations, which give a concrete meaning to the human right to social security enshrined in the UDHR and in the ICESCR.

ILO standards are a unique set of legal instruments negotiated and adopted by the ILC, often referred to as the world labour parliament, in which governments, workers and employers of the ILO's 187 member States are represented. Therefore, these standards embodied internationally agreed minimum requirements, which serve as a framework for the design, implementation and reform of comprehensive social protection systems.

Since its first session in 1919, the ILC has adopted 31 Conventions and 23 Recommendations on social security. Historically and conceptually, social security standards are traditionally classified into three different generations of standards, according to the approach of social security that they embodied at the time of their adoption:

- The first-generation standards, inspired principally by the concept of compulsory social insurance for specific branches, which covered certain categories of workers.
- The second-generation standards aimed at unifying and coordinating the various social protection schemes within a single social security system covering all contingencies and extending social security coverage to all workers. This approach is reflected in Convention No. 102.
- The third-generation standards drawn up on the model of Convention No. 102 and raised the level of protection in terms of the population covered and the level of benefits. These standards also broadened the concept of social security to include additional forms of social benefits, support and services.

However, recognizing that some of the social security standards adopted by the ILC were intended to address major concerns at the time of their adoption, only certain of these instruments are still considered to be up to date (see Box 2).

Box 2 List of the main up-to-date ILO social security standards

Harmonization instruments

Conventions:

- Workmen's Compensation (Agriculture) Convention, 1921 (No. 12)
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Employment Injury Benefits Convention, 1964 (No. 121)
- Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128)
- Medical Care and Sickness Benefits Convention, 1969 (No. 130)
- Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168)
- Maternity Protection Convention, 2000 (No. 183)

15 Articles III (f) and (h) of the Declaration concerning the aims and purposes of the International Labour Organisation (Declaration of Philadelphia), stipulates the "solemn obligation of the International Labour Organization to further among the nations of the world programmes which will achieve", among others, "the extension of social security measures to provide a basic income to all in need of such protection and comprehensive medical care", as well as "provision for child welfare and maternity protection".

Recommendations

- Income Security Recommendation, 1944 (No. 67)
- Medical Care Recommendation, 1944 (No. 69)
- Employment Injury Benefits Recommendation, 1964 (No. 121)
- Invalidity, Old-Age and Survivors' Benefits Recommendation, 1967 (No. 131)
- Medical Care and Sickness Benefits Recommendation, 1969 (No. 134)
- Employment Promotion and Protection against Unemployment Recommendation, 1988 (No. 176)
- Maternity Protection Recommendation, 2000 (No. 191)
- Social Protection Floors Recommendation, 2012 (No. 202)

Coordination instruments

- Equality of Treatment (Social Security) Convention, 1962 (No. 118)
- Maintenance of Social Security Rights Convention, 1982 (No. 157).

By establishing qualitative and quantitative benchmarks which together determine the minimum standards of social security protection to be provided by social security schemes when life risks or contingencies occur, ILO's up-to-date social security standards provide an internationally agreed framework designed to ensure the provision of comprehensive and adequate protection. These parameters include:

- the definition of the contingency (what risk or life circumstance should be covered?);
- the personal scope of coverage (who should be protected?);
- the entitlement conditions (what should a person do to get the right to a benefit?);
- the type and level of benefits (what should be the benefit?);
- the benefit duration and waiting period (how long must the benefit be paid for?).

In addition, they set out common rules of collective organization, financing and management of social security, as well as principles for the good governance of national systems, including the general responsibility of the State for the provision of benefits and proper administration of social security systems; solidarity and collective financing; participatory management; predictability of benefits; adjustment of pensions in payment; and the right to complain and appeal.

Short overview of the minimum standards and core principles laid down in Convention No. 102

Convention No. 102 is the flagship of the up-to-date ILO social security Conventions. It is the only international Convention that defines the nine classical branches of social security and sets minimum standards for each branch. Therefore, it is now widely considered as the key reference for the establishment of comprehensive social security systems. The nine branches for which Convention No. 102 make provision are: medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit and survivors' benefit.

The minimum standards are set for each contingency with regard to:

- minimum percentage of the population protected in case of occurrence of one of the contingencies
- minimum level of benefits to be paid in case of occurrence of one of the contingencies
- conditions for and periods of entitlement to the prescribed benefits.

Table 2 displays the minimum legal requirements of Convention No. 102 in relation to the nine benefits to be provided under the different social security branches.

Table 2 Minimum legal requirements of Convention No. 102

Branch	Parameter	Minimum requirements*
Part II **Medical care**	Contingency	Any ill-health condition, whatever its cause; pregnancy, childbirth and their consequences
	Coverage	At least: ▶ 50 per cent of all employees, and wives and children; or ▶ categories of the economically active population (forming at least 20 per cent of all residents, and wives and children); or ▶ 50 per cent of all residents.
	Benefit	*In case of ill health:* general practitioner care, specialist care at hospitals, essential medications and supplies; hospitalisation if necessary. *In case of pregnancy, childbirth and their consequences:* prenatal, childbirth and postnatal care by medical practitioners and qualified midwives; hospitalisation if necessary.
	Benefit duration	As long as ill health, or pregnancy and childbirth and their consequences, persist. May be limited to 26 weeks in each case of sickness. Benefit should not be suspended while beneficiary receives sickness benefits or is treated for a disease recognized as requiring prolonged care.
	Qualifying period	Qualifying period may be prescribed as necessary to preclude abuse.
Part III **Sickness benefit**	Contingency	Incapacity to work resulting from illness that results in the suspension of income
	Coverage	At least: ▶ 50 per cent of all employees; or ▶ categoris of the economically active population (forming at least 20 per cent of all residents); or ▶ all residents with means under a prescribed threshold
	Benefit	*Periodic payments*: at least 45 per cent of reference wage.
	Benefit duration	As long as the person remains unable to engage in gainful employment due to illness; possible waiting period of max. three days before benefit is paid; benefit duration may be limited to 26 weeks in each case of sickness.
	Qualifying period	Qualifying period may be prescribed as necessary to prevent abuse.
Part IV **Unemployment benefit**	Contingency	Suspension of earnings due to inability to find suitable employment for capable and available person.
	Coverage	At least: ▶ 50 per cent of all employees; or ▶ all residents with means under prescribed threshold.
	Benefit	*Periodic payments*; at least 45 per cent of reference wage.
	Benefit duration	*For schemes covering employees*: At least 13 weeks of benefits within a period of 12 months. *For means-tested (noncontributory) schemes*: At least 26 weeks within a period of 12 months. Possible waiting period of max. seven days.
	Qualifying period	Qualifying period may be prescribed as necessary to prevent abuse.
Part V **Old-age benefit**	Contingency	Survival beyond a prescribed age (65 or higher according to working ability of elderly persons in country).
	Coverage	At least: ▶ 50 per cent of all employees; or ▶ categories of economically active population (forming at least 20 per cent of all residents); or ▶ all residents with means under prescribed threshold.
	Benefit	*Periodic payments:* at least 40 per cent of reference wage; to be adjusted following substantial changes in general level of earnings which result from substantial changes in the cost of living.
	Benefit duration	From the prescribed age to the death of beneficiary.

Branch	Parameter	Minimum requirements*
	Qualifying period	30 years of contributions or employment (for contributory schemes) or 20 years of residence (for non-contributory schemes); or, if all economically active persons (EAPs) are covered, a prescribed qualifying period and meet the required yearly average contributory density throughout the career. Entitlement to a reduced benefit after 15 years of contributions or employment; or, if all EAPs are covered, a prescribed qualifying period and meet half the required yearly average contributory density throughout the career
Part VI **Employment injury benefit**	Contingency	Ill health and/or incapacity for work due to work-related accident or disease, resulting in suspension of earnings; total loss of earning capacity or partial loss at a prescribed degree, likely to be permanent, or corresponding loss of faculty; loss of support for the family in case of death of breadwinner.
	Coverage	At least 50 per cent of all employees and their wives and children.
	Benefit	*Medical care and allied benefits:* General practitioner, specialist, dental and nursing care; hospitalisation; medication, rehabilitation, prosthetics, eyeglasses, etc., with a view to maintaining, restoring or improving health and ability to work and attend to personal needs. *Cash benefits: Periodic payments:* at least 50 per cent of reference wage in cases of incapacity to work or invalidity; at least 40 per cent of reference wage in cases of death of breadwinner. Long-term benefits to be adjusted following substantial changes in general level of earnings which result from substantial changes in the cost of living. Lump sum if incapacity is slight and competent authority is satisfied that the sum will be used properly.
	Benefit duration	As long as the person is in need of healthcare or remains incapacitated. No waiting period except for temporary incapacity to work for a maximum of three days.
	Qualifying period	No qualifying period allowed for benefits to injured persons. For dependants, benefit may be made conditional on spouse being presumed incapable of self-support and children remaining under a prescribed age.
Part VII **Family benefit**	Contingency	Responsibility for child maintenance.
	Coverage	At least: ▶ 50 per cent of all employees; or ▶ categories of economically active population (forming at least 20 per cent of all residents; or ▶ all residents with means under prescribed threshold.
	Benefit	Periodic payments or provision for food, clothing, housing, holidays or domestic help; or combination of both. *Total value of benefits calculated at a global level*: ▶ at least 3 per cent of reference wage multiplied by number of children of covered people; or ▶ at least 1.5 per cent of reference wage multiplied by number of children of all residents.
	Benefit duration	At least from birth to 15 years of age or school-leaving age.
	Qualifying period	▶ Three months' contributions or employment (for contributory or employment-based schemes). ▶ One year's residence (for non-contributory schemes).

Branch	Parameter	Minimum requirements*
Part VIII **Maternity benefit**	Contingency	Medical care and income security required by pregnancy, childbirth and their consequences; resulting lost wages.
	Coverage	At least: ▶ all women in prescribed classes of employees, which classes constitute at least 50 per cent of all employees and, for maternity medical benefit, also the wives of men in these classes; or ▶ all women in categories of the economically active population forming at least 20 per cent of all residents, including, regarding maternity medical benefit, the wives of men in these classes);
	Benefit	*Medical benefits:* At least: ▶ prenatal, confinement and postnatal care by qualified practitioners. ▶ hospitalisation if necessary. With a view to maintaining, restoring or improving the health of the woman protected and her ability to work and to attend to her personal needs. *Cash benefits:* Periodic payment: at least 45 per cent of the reference wage.
	Benefit duration	*Medical benefits*: Throughout the contingency *Cash benefits*: At least 12 weeks for cash benefits.
	Qualifying period	As considered necessary to preclude abuse.
Part IX **Invalidity benefit**	Contingency	Inability to engage in any gainful activity, likely to be permanent, or that persists beyond sickness benefit (total invalidity).
	Coverage	At least: ▶ 50 per cent of all employees; or ▶ categories of the economically active population (forming at least 20 per cent of all residents); or ▶ all residents with means under prescribed threshold.
	Benefit	*Periodic payment:* at least 40 per cent of reference wage. To be adjusted following substantial changes in general level of earnings which result from substantial changes in the cost of living.
	Benefit duration	As long as the person remains unable to engage in gainful employment or until old-age pension is paid.
	Qualifying period	15 years of contributions or employment (for contributory schemes) or 10 years of residence (for non-contributory schemes); *or if all EAP covered*: 3 years of contributions and meet the required yearly average contributory density throughout the career. Entitlement to a reduced benefit after 5 years of contributions or employment; *or if all EAP covered*: 3 years of contributions and meet half the required yearly average contributory density throughout the career
Part X **Survivors' benefit**	Contingency	Widow's or children's loss of support in the event of death of the breadwinner.
	Coverage	▶ Wives and children of breadwinners in categories of employees representing at least 50 per cent of all employees; or ▶ wives and children of members of categories of economically active population representing at least 20 per cent of all residents; or ▶ all resident widows and children with means under prescribed threshold.
	Benefit	*Periodic payment:* at least 40 per cent of reference wage; to be adjusted following substantial changes in general level of earnings which result from substantial changes in the cost of living.
	Benefit duration	Until children reach 15 years of age; or school leaving age. Widows' incapable of self-support the benefit should be served throughout the contingency. Benefit may be suspended in case of remarriage or when engaged in gainful activity.

Branch	Parameter	Minimum requirements*
	Qualifying period	15 years of contributions or employment (for contributory schemes) or 10 years of residence (for non-contributory schemes); *or if all EAP covered*: 3 years of contributions and meet the required yearly average contributory density throughout the career. Entitlement to a reduced benefit after five years of contributions or employment; *or if all EAP covered*: 3 years of contributions and meet half the required yearly average contributory density throughout the career. For widows, benefits may be conditional on being presumed incapable of self-support and, in the case of a childless widow, a minimum duration of the marriage may be required.

*The minimum standards reported correspond to the general requirements of Convention No. 102. However, the Convention contains flexibility clauses that allow member States whose economy and medical facilities are insufficiently developed to make use of temporary exceptions relating, for example, to the proportion of people covered, the type and duration of benefits. For further information, see Article 3 of Convention No. 102.

Source: Author based on Convention No. 102 and ILO 2024c, 253-271.

These minimum standards should be reached by the application of the following core social security principles anchored in Convention No. 102, which must be complied with irrespective of the type of scheme established. These are:

- **The general responsibility of the State for the due provision of the benefits and the proper administration of the scheme,** which requires that the social security system is based on a proper legal frame, and that the sustainability of the systems is ensured through i.e., regular actuarial valuations.
- **collective financing of social security schemes**, in a manner which avoids hardship for people of small mean, where the total of contributions paid by workers must not exceed 50 per cent of the total resources of the scheme.
- **participatory management of social security schemes.**
- **guarantee of defined benefits by the State.**
- **adjustment of pensions in payment.**
- **right of appeal in case of refusal of the benefit or complaint as to its quality or quantity.**

Convention No. 102 contains a number of clauses which allow member States a high degree of flexibility in reaching its objectives. This is done first by allowing ratifying States to accept as a minimum three out of the nine branches of social security, with at least one of those three branches covering a long-term contingency (i.e., old age, invalidity, loss of the family income provider or employment injury) or unemployment and with a view to extending coverage to other contingencies at a further stage (Article 2). In addition, the scope of personal coverage under Convention No. 102 provides alternatives that take into account differences in the employment structure and in the socioeconomic situation of member States, as well as between the different categories of residents within a State. Hence, for each branch accepted, the Convention requires member States to cover a certain minimum proportion of their workforce or residents. Furthermore, in the implementation of social security branches it allows member States whose economy and medical facilities are insufficiently developed to make use of temporary exceptions relating, for example, to the proportion of people covered (Article 3). The Convention also provides for flexibility as to the type of schemes member States may establish for implementation of the Convention and to reach its objectives. Such objectives can be reached through universal schemes, social insurance schemes with earnings-related or flat-rate components or both, or a combination of both.

Importance of ratifying Convention No. 102

In recent years, the ratification of Convention No. 102 has proven of particular importance for countries undergoing political change or comprehensive labour market reforms, or experiencing crises, by providing legal incentives to maintain some of the most crucial guarantees of the system.[16] In others, ratification has served as a catalyst for improvement of the social security system by guiding parametric adjustments, the extension of coverage and, in some cases, a systemic reform.

16 For a more detailed account of the role of the expansion of social protection coverage in crisis recovery, see ILO, World Social Protection Report 2024-2026: Universal Social Protection for Climate Action and a Just Transition, 2024 and World Social Protection Report 2020–22: Social protection at the crossroads – in pursuit of a better future, 2021.

Convention No. 102 has so far been ratified by 68 countries,[17] including Angola (2025), Benin (2019), Cabo Verde (2020), Comoros (2022), Côte d'Ivoire (2023), El Salvador (2022), Iraq (2023), Morocco (2019), Paraguay (2021), Sao Tome and Principe (2024), Sierra Leone (2022) and Suriname (2024). In addition, many other countries in the region are studying the possibility of ratifying this landmark international standard, including Mozambique, South Africa and Tanzania.

There are multiple reasons why the ratification of Convention No. 102 should be considered and placed high on Zambia's national agenda. They can be summarized as follows:

- **A concrete and detailed guiding framework for operationalizing and promoting the human right to social security, thus demonstrating the country's commitment to meet international and regional obligations.** Ratifying and applying ILO social security Conventions in law and practice reflects a commitment to realizing the human right to social security, as set out in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and other human rights instruments. Consequently, the ratification and implementation of Convention No. 102 represent a concrete step towards fulfilling the commitments made under international human rights instruments (CESCR 2008; OHCHR 2012). This is particularly important considering that Zambia has been a party to the ICESCR and the International Covenant on Civil and Political Rights since April 10, 1984.

- Zambia is a party to outdated social security conventions, including the Workmen's Compensation (Accidents) Convention, 1925 (No. 17) and the Workmen's Compensation (Occupational Diseases) Convention, 1925 (No. 18). **Therefore, the ratification of Convention No. 102 would give effect to the conclusions and recommendations formulated by the Tripartite Working Group on the Standards Review Mechanism (SRM)**, encouraging States Parties, particularly those with outdated conventions, to consider ratifying the most recent instruments in the relevant subject areas.

- **A path to decent work and poverty reduction and other global goals**. Once ratified and applied in law and practice, Convention No. 102 can contribute to fostering decent work conditions and reducing poverty by providing for guaranteed minimum levels of benefits. In particular, the ratification and implementation of these standards also contributes to attaining the 2030 Agenda for Sustainable Development, namely sustainable development goals target 1.3 on building social protection systems and measures for all, including floors, with a view to achieving universal social protection. It is also instrumental in achieving other SDGs related to the eradication of poverty, good health and wellbeing (namely through universal health coverage), gender equality, decent work and in reducing inequalities.

- **Tools for policy and legal action and a road map for strengthening national social protection systems.** Convention No. 102 envisages the progressive development of comprehensive and integrated national social protection systems that seek to ensure universal protection based on the principles of universality, social solidarity and collective financing. This normative framework can thus serve as a road map for the development and reform of social security by providing guidelines and targets for progressively building an integrated, wide-ranging and sustainable system that leaves no one behind. In the case of Zambia, the ratification of Convention No. 102 can be a stepping stone for strengthening the current system and progressively developing a sound legal framework for the existing non-contributory social protection programmes in line with the principles enshrined in international human rights instruments and social security standards.

- **Tools for the improvement of social security governance, administration and services and increased confidence in the system.** Convention No. 102 lays down core principles for the sound governance and proper administration of social security (e.g., governmental responsibility in securing the necessary financing for the benefits, at least at the levels stipulated by the Convention; periodical actuarial review of contributions and benefit schedule; and tripartite representation in administration). These principles provide a solid basis for the establishment or reform of social security legal frameworks and institutions, and increase these institutions' accountability, and thus the trust of people in the social security system.

- **The ratification and implementation of ILO social security conventions can contribute to the fulfilment of plans and policies established at the national level.** In particular, Zambia's

17 The list of ratifying countries can be accessed at: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:312247

Eighth National Development Plan (8NDP) adopted in 2022 to operationalize the State's strategic vision and development priorities for the period 2022 to 2026, which sets human and social development as one of the country's strategic development objectives and places social security as a key component in achieving the development outcome 4: reduced poverty, vulnerability and inequality. Notably, the ratification and implementation of Convention No. 102 will be in line with the Government's ambition to review and harmonise all social protection-related legislation and domesticate international and regional social protection agreements (Government of Zambia 2022, 56).

- **A guarantee that minimum levels of protection will be maintained in times of crisis and beyond.** By ratifying ILO social security Conventions, a country undertakes to implement minimum social security standards through a legal framework; this requires the maintenance at all times of the minimum standards they set out thus safeguarding the acquired standards of social protection and preventing this level from sliding backwards.
- **An international legal framework for fair and stable globalization and for ensuring a level playing field.** Experience shows that ILO social security Conventions, once ratified, can serve as a means of preventing the levelling down of national social security systems. The minimum requirements and benchmarks they set out contribute to the creation of an equitable global level playing field for social protection.
- From the perspective of the protected individuals, the ratification of Convention No. 102 would **demonstrate the Government's commitment to observe the norms and fundamental principles enshrined in this emblematic international standard**, including the general responsibility of the State, the solidarity and collective financing of benefits, participatory management, and good governance of social security institutions.

Global Ratification Campaign

The COVID-19 pandemic exposed the deep-seated inequalities and significant gaps in social protection coverage, comprehensiveness and adequacy across the world. It also reinforced the consensus on the key role of social protection in addressing poverty and inequalities and securing sustainable development. Social security systems underpinned by sound and coherent legal frameworks and grounded in internationally defined core principles have demonstrated their ability to offer comprehensive and adequate protection against health and income-related risks throughout the life cycle.

In this context, in the Resolution concerning the second recurrent discussion on social protection (social security), the International Labour Conference invited governments, employers and workers to progressively invest additional efforts to extend social protection coverage and realize universal social protection pursuant to the vision and principles expressed in ILO up-to-date social security standards, including the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Social Protection Floors Recommendation, 2012 (No. 202).[18] The Conclusions further underlined a set of measures that the ILO should actively and urgently take to implement universal social protection, including through standards-related action and in particular, by launching a Global campaign to promote the ratification and implementation of the Convention No. 102 and to systematically promote the ratification and effective implementation of other up-to-date ILO social security standards.

The Campaign aims to support countries in building rights-based and universal social protection systems, including floors, based on the core principles and minimum benchmarks provided by international social security standards. The Ratification Campaign has two main objectives:

- Promote the ratification and effective implementation of Convention No. 102 and other up-to-date ILO social security standards by way of carrying out comparative assessments between national social protection legislation and practice and the minimum benchmarks and key good governance and financing principles established by the Convention; and
- Raise awareness and build capacities of national stakeholders to design and implement sound national social protection policies and rights-based social protection systems that are sustainable, comprehensive and adequate for all, anchored in ILO social security standards.

In particular, the Campaign ambitions to bring the number of ratifications of Convention No. 102 to 70 by 2026[19] by partnering with interested ILO constituents with a view to highlight the merits of the ratification and implementation of this Convention to extend coverage and guarantee universal access to comprehensive, adequate and sustainable social protection for all through a holistic and

rights-based approach. While the focus is on Convention No. 102, the campaign also emphasises the importance of ratifying and implementing the other up-to-date international social security standards to build robust social protection systems.

B. National social security system

General overview

Zambia's social security system comprises a few contributory schemes, covering employees in the private sector and civil servants, as well as non-contributory programmes that aim to reduce poverty, vulnerability, and inequality.

The critical role of social security has been recognized in national policy instruments, such as the National Social Protection Policy (NSPP) adopted in 2014, which is currently under revision, the Eighth National Development Plan (8NDP) adopted in 2022 to operationalize the State's strategic vision and development priorities for the period 2022 to 2026, and the National Strategy on Extension of Social Security Coverage To Workers in the Informal Economy 2023 - 2027.

The 8NDP sets human and social development as one of the country's strategic development objectives and places social security as a key component in achieving the development outcome 4: reduced poverty, vulnerability and inequality (see Box 3).

Box 3 Role of social security in Zambia's Eighth National Development Plan

- **Strategy 1. Improve Social Protection Programme:** The Government will continue to harmonise and strengthen social protection delivery systems at district and community levels in order to improve efficiency in the delivery of social protection programmes and address the multiple causes of poverty and vulnerability. The Government will review and harmonise all social protection-related legislation and domesticate international and regional social protection agreements.

  Further, to assist in planning, policy formulation and eliminate duplication in social protection programmes, the Zambia Integrated Social Protection Information System will be fully utilised. The pensions system will also be reformed to inter alia, increase coverage, enhance its effectiveness as a social safety net and make it financially sustainable. A key measure will be the creation of an occupational pension specifically for public sector employees.

- **Strategy 2. Enhance Welfare and Livelihoods of Poor and Vulnerable People:** The Government will continue to implement programmes aimed at improving the welfare and livelihoods of people, especially the poor and vulnerable in society, including the aged and persons with disabilities. The number of beneficiaries and the level of support offered through interventions such as SCT, food security pack and the keeping girls in school programme will be scaled up. Further, the Government will link the SCT to other interventions and services through the "Cash Plus" Agenda. This will allow SCT beneficiaries to access additional support through programmes such as the food security pack, livelihood schemes and other public services including nutrition and early childhood support, primary and secondary education and skills development. The aim is to enable a more integrated approach to breaking the intergenerational cycle of poverty (...)

Source: Government of Zambia (2022).

18 ILO, Resolution concerning the second recurrent discussion on social protection (social security), International Labour Conference, 109th Session, 2021.

19 ILO, Matters arising out of the work of the 109th Session (2021) of the International Labour Conference: Follow-up to the resolution concerning the recurrent discussion on the strategic objective of social protection (social security), GB.343/INS/3/1, 2021.

Contributory schemes

National Healthcare

In 2018, the Zambian Government established the National Health Insurance Scheme as a mandatory scheme for all citizens and legal residents to provide sound and reliable healthcare financing. This initiative is part of a broader social health protection policy reform aimed at improving access to universal health coverage, ensuring the financial sustainability of the health system, and eliminating financial barriers to healthcare by removing out-of-pocket payments that limit access to health services, particularly for the poor. By 2022, the National Health Insurance Management Authority (NHIMA) had covered nearly all workers in the formal economy, who represent about 30 per cent of the employed population (ILO 2023b).

National Pension Scheme

The National Pension Scheme Authority (NAPSA) manages a social insurance programme introduced by Act of Parliament No. 40 of 1996 and operationalized on February 1, 2000, to provide income security through periodical benefits to workers who lose earnings due to retirement, disability, or the death of a family income provider. Currently, NAPSA operates two schemes with comprehensive benefit packages, as follows:

- Formal sector: Provides old-age, invalidity, and survivors pensions, as well as lump-sum benefits to insured persons who do not meet the minimum qualifying period prescribed for entitlement to periodical benefits, and a funeral grant. Affiliation is mandatory for employees in the private sector and civil servants who joined the service after February 1, 2000.
- Informal sector: Scheme introduced in 2019 through Statutory Instrument No. 72 of 2019 to extend social security coverage to self-employed persons and own account workers in the informal economy. In addition to old-age, invalidity, and survivors' pensions and lump-sum payments, as well as the funeral grant, this scheme includes cash maternity benefits, access to microcredits and a weather-index insurance benefit (NAPSA 2023b).

Workers Compensation Fund

The Workers' Compensation Act No. 10 of 1999 established the Workers Compensation Fund (WCF), which covers employees in the private sector and provides cash and in-kind benefits to injured workers in the case of temporary incapacity for work, disablement, morbid condition necessitating medical care, as well as benefits for the insured's dependents in case of death resulting from job-related accidents or recognized occupational diseases. In-kind benefits include rehabilitation, return-to-work programs, nursing care, periodic medical examinations, medical supplies, assistive devices, and medical mobility aids.

Employers are responsible for registering and paying premiums on behalf of their employees, whether permanent or casual.

Table 3 outlines the social security benefits currently available to employees and self-employed persons.

Table 3 Overview of Zambia's contributory benefits available to private-sector employees and self-employed persons

Branch/Part Convention No. 102	Employees (mandatory coverage)	Self-employed (voluntary coverage)
Medical care	☑	☑
Sickness benefits	⚠	n/a
Unemployment benefits	☒	☒
Old-age pensions	☑	☑
Employment injury benefits	☑	n/a
Family benefits	☒	☒
Maternity benefits	☑ (medical care) ⚠ (cash benefits)	☑ (medical care)* ⚠ (cash benefits)
Invalidity benefits	☑	☑
Survivor benefits	☑	☑

Notes:

* = The NHIL provides for compulsory coverage; however, in practice, affiliation is voluntary

⚠ = Employer-liability scheme

n/a = Not applicable

Source: Author based on national legislation.

Special schemes for civil servants and government officials

Local Authority Superannuation Fund

The Local Authorities Superannuation Fund (LASF) Act was established in 1954 to create a superannuation fund covering employees in local authorities, the Zambia Electricity Supply Corporation Limited (ZESCO), the National Housing Authority, and water utility companies. This scheme provides old-age benefits, survivor benefits, invalidity benefits, and injury benefits, and allows beneficiaries to commute their pension entitlements for a lump-sum payment. The LASF is closed to new entrants since February 1, 2000.

Public Service Pension Scheme

The Public Service Pension Scheme (PSPF) covers public sector workers, including civil servants who joined the service before 2000 and defence and security personnel. This scheme provides old-age pension, survivor benefits, medical/invalidity and injury benefits, and allows beneficiaries to commute their pension entitlements for a lump sum paid at retirement.

Non-contributory benefits

Over the years, the Government of Zambia has introduced and progressively expanded several non-contributory programmes to provide some income security to vulnerable population groups, including poor women and children. The importance of non-contributory benefits in facilitating equitable economic and social development and improving human capital outcomes was further reinforced with the adoption of the NSPP in 2014, which is currently under revision.

Consequently, since 2014, the Government has implemented new programmes to promote human capital investment among vulnerable households and improve food security and access to basic needs and services such as health and education.

Currently, the main social assistance programs managed by the Government are the Social Cash Transfer Scheme (SCT), the Public Welfare Assistance Scheme, the Home-Grown School Meals Program, the Bursary for Orphans and Vulnerable Children, and the Keeping Girls in School Initiative (See Table 4).

It is worth noting that the Eighth National Development Plan (8NDP) 2022-2026 reinforces the NSPP, and targets to increase social assistance coverage from 40 per cent to 70 per cent of the poor, and spending from 0.7 per cent to 1.7 per cent of GDP. However, unpredictable levels of funding, combined with technical constraints of delivery systems, have created discrepancies between planned and actual beneficiaries across the different non-contributory programmes (World Bank 2024).

Table 4 Overview of main non-contributory benefits and programmes

Programme	Personal and material scope	Year of implementation	Lead agency
Social Cash Transfer Scheme	▶ **Target population:** Vulnerable households, including those with elderly, disabled, and chronically ill members. ▶ **Effective coverage:** 974,160 households (aims to reach 1,027,000 households by the end of 2022) (MCDSS and UNICEF 2022). ▶ **Benefit:** 200 kwacha per month, transferred every two months; households with persons with disabilities receive double the amount.	2003	Ministry of Community Development and Social Services (MCDSS)
Public Welfare Assistance Scheme	▶ **Target population:** Extremely vulnerable persons, including orphans, persons with disabilities, chronically ill persons, households affected by HIV/AIDS, and vulnerable female-headed households. ▶ **Effective coverage:** No information available. ▶ **Benefit:** Educational assistance, healthcare support, social support, and repatriation of stranded persons	1964	MCDSS
Bursary for Orphans and Vulnerable Children	▶ **Target population:** Children in rural areas who are orphaned or vulnerable. ▶ **Effective coverage:** No information available. ▶ **Benefit:** Bursaries to cover the cost of school fees (both day and boarding schools)	1990s	Ministry of General Education
Home- Grown School Meals Program	▶ **Target population:** Children enrolled in pre-primary and primary schools. ▶ **Effective coverage:** 1.2 million school-aged children in 2019. ▶ **Benefit:** One hot meal per day.	2003	Ministry of General Education, World Food Programme
Keeping Girls in School initiative	▶ **Target population:** Vulnerable secondary school-going girls living in Social Cash Transfer households. ▶ **Effective coverage:** 28,000 beneficiaries (aims to reach 43,520 adolescent girls by 2024). ▶ **Benefit:** Bursaries to cover the cost of school fees (both day and boarding schools).	2016	Ministry of General Education

Source: Based on ILO (forthcoming) and World Bank (2024).

It is worth noting that there are other small-scale government-led interventions that aim to increase households' productivity but do not necessarily fall within the ILO definition of social security,[20] such as the Food Security Pack, which provides livelihood support packages (i.e., agricultural inputs and training opportunities) to vulnerable farmer households.

While the existing non-contributory social protection mechanisms play an important role in reducing poverty, vulnerability and social exclusion in Zambia, currently, these programmes do not have a legal framework,[21] which is a pre-requisite of a rights-based approach to social protection. As such, the comparative assessment undertaken in Chapter II of this report will not examine the non-contributory programmes vis-à-vis the minimum requirements and principles set out by Convention No. 102. Nonetheless, the information included under Table 2 Minimum legal requirements of Convention No. 102 and Annex 1 provide a detailed framework for the Government, in case it considers enshrining, even progressively, the non-contributory programmes in law so as to secure durable implementation, as well as the clarity, predictability and transparency required to generate greater public awareness, confidence and support for these programmes.

In this regard it is worth noting that the CEACR has emphasized that a clear legal framework allows for more effective supervision by the State, based on a long-term strategy, as it generally requires public monitoring of the financial sustainability of schemes and, in the case of non-contributory benefits, the allocation of the necessary resources from the state budget. A legislative basis therefore ensures the continuity of rights and entitlements over time, contributes to the predictability and sustainability of the social security system and the accountability of the institutions responsible for its governance, and acts as a safeguard against arbitrary governance. A clear and coherent legal framework also facilitates the progressive formulation of overarching aims and objectives for the social security system and the development of linkages between its various components (including contributory and non-contributory schemes, and benefits in cash and in kind) (ILO 2019, 173).

However, the CEACR has observed that in some countries the specific legal provisions necessary to establish predictable and enforceable rights to social protection benefits are often lacking, especially regarding non-contributory benefits, and has therefore called upon the countries concerned to strengthen or develop, as the case may be, their legal framework for the provision of basic social security guarantees and higher levels of social security through the formulation of legislation that clearly specifies the personal and material coverage of the various schemes, the type, level and duration of benefits, and the conditions of entitlement, as indicated above. The Committee also emphasizes the importance of the effective implementation of social security laws and regulations to ensure that rights are enjoyed in practice (ILO 2019, 176).

20 The notion of social security adopted by the ILO covers all measures providing benefits, whether in cash or in kind, to secure protection from, among other things: lack of work-related income (or insufficient income) caused by sickness, disability, maternity, employment injury, unemployment, old age or death of a family member; lack of (affordable) access to health-care; insufficient family support, particularly for children and adult dependants; and general poverty and social exclusion. Social security thus has two main (functional) dimensions, namely "income security" and "availability of medical care." For further information, see: ILO 2024c, 235.

21 The Government of Zambia has been developing a Social Protection Bill since 2016 to provide a legal basis for social assistance and other small-scale non-contributory interventions. For further information, see: *Zambia initiates national consultations on Social Protection Bill | International Labour Organization (ilo.org)*

> Social protection systems are most successful when grounded in legal instruments that establish obligations and create clear entitlements to benefits, and which ensure the permanence of the respective policies and programmes beyond political cycles.
>
> ILO 2019, para 613

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Chapter II.
Assessing the compatibility of the social security legislation of Zambia with Convention No. 102

This Section analyses Zambia's national legislation and practices vis-à-vis the legal and parametric requirements of the Social Security (Minimum Standards) Convention, 1952 (No. 102), relating to five of the nine social security branches set out by the Convention, as follows:

- Medical care (Part II of Convention No. 102)
- Old-age Benefit (Part V of Convention No. 102)
- Employment Injury Benefit (Part VI of Convention No. 102)
- Invalidity benefit (Part IX of Convention No. 102)
- Survivors' Benefit (Part X of Convention No. 102)

As such, although the national social security system is composed of several contributory schemes and non-contributory tax-financed programmes,[22] the assessment undertaken in this report focuses on the protection provided to employees under the existing contributory social security schemes administered by the National Health Insurance Management Authority (NHIMA), the National Pension Scheme Authority (NAPSA) and the Workers' Compensation Fund Control Board (WCFCB).

It should be noted that this report does not provide a detailed analysis of the following Parts of the Convention: Sickness benefits (Part III) and Maternity benefits (Part VIII), as in Zambia these benefits are provided under employer liability arrangements, which are not permitted by the Convention, which requires that benefits be financed collectively through contributions, taxes or both (Article 71(1)). Likewise, the report does not assess Unemployment benefits (Part IV) and Family Benefits (Part VII), as the national legal framework does not yet cover these benefits.

A State that wishes to ratify Convention No. 102 must accept obligations under the Convention with respect to at least three of its nine branches and one of those three branches shall cover a long-term contingency (i.e., old age, employment injury, invalidity, and death of the family income earner) or unemployment. It is worth nothing that, even in the absence of a formal ratification, the internationally agreed principles and parameters set out in this landmark international standard constitute a primary source guiding the development of effective rights-based social protection systems. These principles include:

- the general responsibility of the State for the due provision of benefits
- equality of treatment between nationals and non-nationals
- collective financing of benefits
- the sufficient level of benefits in terms of income replacement or to secure basic needs
- the provision of benefits for a sufficient period to serve their purpose
- the right to appeal in case of refusal of the benefit or complaint as to is quality or quantity.

It is important to note that Convention No. 102 has been conceived with flexibility in mind, and, therefore, it offers Member States the possibility of choosing between different alternatives to demonstrate compliance with the minimum requirements regarding the scope of application (coverage) and the level of cash benefits (adequacy) provided by the various components of social security systems.

Regarding coverage, the Convention offers several options —with corresponding minimum benchmarks— so that each country can assess the effective coverage of the benefits it provides. These options are based on the personal scope of the social security scheme analysed (e.g., contributory regimes covering employees or prescribed classes of the economically active population or social assistance schemes covering all persons with income below a prescribed threshold). For example, in the case of contributory systems, a country may choose to demonstrate compliance with the Convention's requirements by providing statistical information to determine if the effective coverage of benefits reaches at least 50 per cent of all employees (option a) or at least 20 per cent of all residents (option b).[23] Whereas non-contributory schemes and programmes covering vulnerable persons should at least cover all residents whose means during the contingency do not exceed the limits prescribed (paragraph c) of Articles 15, 27, 41, 55 and 61 of Convention No. 102.

22 Currently, there are several social assistance programs managed by the government of Zambia, such as the Social Cash Transfer Scheme, the Public Welfare Assistance Scheme, the Home-Grown School Meals Program, the Bursary for Orphans and Vulnerable Children, and the Keeping Girls in School Initiative. However, these programs are not anchored in the national legislation and, therefore, cannot be considered for ratification purposes.

23 See Paragraphs a) and b) of Articles 9, 15, 27, 41, 48, 55 and 61 of Convention No. 102.

In this report, compliance with the coverage requirements is assessed with regard to paragraph a) of Articles 9, 27, 33, 55 and 61 of Convention No. 102, which requires that where specific categories of employees are covered, at least 50 per cent of all employees are protected for the contingency in question.[24] Therefore, the assessment undertaken in this Chapter and the statistical data considered for determining compliance with the coverage requirements of the Convention focuses on the protection available to prescribed classes of employees. As such, based on the guidance provided in the Report Form for the Social Security (Minimum Standards) Convention, 1952 (No. 102),[25] throughout this Chapter, the calculation of the effective coverage compares the number of registered employees with NAPSA, NHIMA or the WCFCB, depending on the branch (numerator) to the total number of "formal sector" employees in the country (denominator).

Regarding the adequacy of benefits, Convention No. 102 offers three alternatives among which each country can choose to demonstrate that the level of cash benefit meets the minimum rates established by this international standard; these options correspond to the three main types of income security benefits, which are:

1. **Benefit calculated from previous earnings** (e.g., typically provided through social insurance schemes): This refers to benefits that represent a certain percentage of the previous earnings of the protected person. The adequacy of these benefits is assessed according to the earnings of a person representative of a skilled worker in the country, which can be identified based on the guidance provided by Article 65 of the Convention. Skilled workers and workers with lower earnings should receive a replacement rate at least at the levels set out by the Convention. A maximum limit can be imposed on the contribution or benefit rate, but it should not be lower than the earnings of a skilled worker as defined in the Convention.

2. **Flat-rate benefits provided by tax or mixed-financing schemes irrespective of the level of the beneficiary's previous earnings:** Convention No. 102 assesses the level of flat-rate benefits in relation to the level of earnings of a person representative of an unskilled worker in each country (Article 66). This method can also be applied to assess the level of the minimum benefits provided by social insurance schemes.

3. **Means-tested benefits** (e.g., benefits typically provided by social assistance schemes): The adequacy of benefits provided by means-tested schemes is assessed based on the provisions of Article 67 of the Convention, which requires that the level of the benefit must be at least sufficient to maintain the family of the beneficiary in health and decency. The benefit, together with the family's other means, should at least reach the level set for flat-rate benefits (Article 67). The Convention does not consider the use of means-tested schemes in the case of employment injury, maternity and medical care.

Considering the design features of Zambia's contributory social security system and the information available to the ILO, Annex 3 includes a summary table of the provisions of Articles 65(6) and 66(4) and (5), which provide further guidance on how to identify the reference wage of the standard beneficiary according to the different options offered by the Convention.

The Section is structured in accordance with the Report Form for the Social Security (Minimum Standards) Convention, 1952 (No. 102).

A. Medical care (Part II)

In 2018, Zambia adopted the National Health Insurance Act (hereinafter NHIA) with the aim of providing "universal access to quality health services". The NHIA established the National Health Insurance Management Authority (NHIMA), a semi-autonomous agency responsible for implementing, operating and managing the National Health Insurance Scheme, registering members, contribution collection, purchasing services from various health institutions and providing entitlements to beneficiaries.[26]

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24 However, each Member State can choose the option it wishes to use to demonstrate compliance with the quantitative requirements of the Convention. As such, should the Government of Zambia so desire, in addition to the coverage of employees, it could consider the protection available to other categories of the economically active population, such as the self-employed, to demonstrate compliance with the requirements set by paragraph b) of Articles 9, 27, 55 and 61 of Convention No. 102. Should this be the case, the effective coverage of benefits should reach at least 20 per cent of all residents.

25 Available on the ILO's NORMLEX database at: *http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:51:0::NO:51:P51_CONTENT_REPOSITORY_ID:2543094:NO*

26 NHIA, Sections 4 and 5.

The implementation of the National Health Insurance Scheme (hereinafter NHIS) commenced in 2019, following the enactment of the National Health Insurance (General) Regulations, 2019.

The NHIA defines four membership groups with the following defining characteristics:

1. Formal sector employees in the public sector: comprised of central and local government as well as parastatal and state-owned agency employees as primary insured members. This category is subject to compulsory coverage.

2. Formal sector employees in the private sector as primary insured persons. This category is subject to compulsory coverage.

3. Self-employed persons: comprised of both wage and own-account workers in the informal sector as well as undeclared workers in the formal sector as primary insured members. Although the NHIA provides that "A self-employed citizen and established resident shall register as a member of the Scheme", in practice, the enrolment of this category of persons is voluntary.

4. Pensioners: This group participates on a non-contributory basis. The national legislation also establishes that specific categories of persons may be exempted from payment of contributions under the Scheme, as follows: mentally or physically disabled person who is unable to work; elderly persons above the age of 65; persons classified as poor and vulnerable by the Ministry responsible for social welfare; and any other person as may be prescribed by the Minister.[27]

Each primary insured person is entitled to enrol a maximum of six dependants comprising a spouse and children (including non-biological) up to age 18.

The compatibility assessment between the national legislation and the requirements of Convention No. 102 undertaken in this Section focuses on the protection available to employees, seemingly corresponding to membership groups 1 and 2, that is, employees in the public and private sectors.

Contingency (Art. 8)

Article 8 of Convention No. 102 provides that the contingencies covered shall include any morbid condition, whatever its cause, and pregnancy and confinement and their consequences.

It is worth noting that neither the National Health Insurance Act No. 2 of 2018, nor the National Health Insurance (General) Regulations, 2019, include a definition of the contingency or social risk covered by the National Health Insurance Scheme (NHIS). However, Section 2 of the NHIA establishes the following definitions, which provide an indication of the types and scope of benefits covered by the NHIS:

- "insured healthcare service" means a healthcare service available under the Scheme;
- "patient" means a member who is receiving or has received treatment from an accredited healthcare provider;
- "treatment" means medical, surgical, obstetric or dental treatment or such other medical treatment as may be prescribed.

The National Health Insurance (General) Regulations, 2019, establishes under the Fourth Schedule the different services included in the benefit package, which are: 1. Medical Care; 2. Surgery; 3. Maternity (antenatal, delivery, caesarean section, and postnatal care) and Neonatal Care; 4. Eye Care Services; 5. Oral Health Services; 6. Pharmaceutical Drugs and Supplies; and 7. Physiotherapy. The medical care provided under the NHIS is detailed further below.

It can be noted that the NHIS's implementing regulations also specify the healthcare services excluded from the benefit package.[28] As per the current rules, the NHIS does not cover the treatment of occupational accidents and illnesses, which is covered by the Workers' Compensation Fund.

27 NHIA, Section 16.

28 For further information, consult the Fourth Schedule of the National Health Insurance (General) Regulations, 2019.

The medical care covered by the NHIS complies with Article 8 of Convention No. 102 as it covers medical treatments and services in case of a morbid condition (i.e., ill health not related to an employment injury) and maternity medical care in case of pregnancy, confinement and its consequences.

Coverage (Art. 9)

Article 9 of the Convention provides as follows:

The persons protected shall comprise:

a. prescribed classes of employees, constituting at least 50 per cent of all employees, and also their wives and children; or

b. prescribed classes of economically active population, constituting at least 20 per cent of all residents, and also their wives and children; or

c. prescribed classes of residents, constituting at least 50 per cent of all residents.

Thus, the Convention provides different options for assessing if the legal and effective coverage of benefits reaches the minimum quantitative parameters established therein, allowing each country to choose the option that better reflects their scheme design and the population they aimed to cover. Concretely, the Convention sets minimum thresholds for persons covered by schemes that protect employees (option a), which requires that at least 50 per cent of all employees be covered, for those that protect the economically active population (option b), according to which at least 20 per cent of all residents should be covered) and those that protect vulnerable groups of the population (option c), which applies to non-contributory schemes.

Based on the information available to the ILO, this report focuses on the protection available to employees; as such, for assessing compliance with the requirements of the Convention, recourse will be had to Article 9(a) of the Convention, which provides that the persons protected shall comprise prescribed classes of employees, constituting at least 50 per cent of all employees, and also their wives and children.

Legal coverage

The national legislation prescribes that "A citizen or established resident who is above 18 years shall be registered as a member of the Scheme in the prescribed manner and form.[29] The legislation also specifies the entities responsible for registering insured persons, as follows: employers shall register an employee with the NHIMA within thirty days of the commencement date of the contract of employment. The managers of the existing pension schemes shall ensure that pensioners and retirees are registered within the NHIS.[30] Self-employed persons shall register as a member of the Scheme in accordance with this Act.[31]

As such, the current membership of the NHIS is categorized into four distinct groups, namely: (i) formal sector employees in the public sector; (ii) formal sector employees in the private sector; (iii) self-employed persons; and (iv) pensioners and "older persons above the age of 65", which are covered under non-contributory basis. Concerning the self-employed, it is worth noting that while the national legislation prescribes that this category is subject to mandatory coverage, in practice, their registration within the NHIS is voluntary.

The compatibility assessment between the national legislation and the requirements of Convention No. 102 undertaken in this Section focuses on the protection available to employees, seemingly corresponding to membership groups (i) and (ii), that is, employees in the public and private sectors, who are mandatorily insured.

29 NHIA, Section 13 (4) in conjunction with the Section 3 (3) of the National Health Insurance (General) Regulations, 2019.

30 NHIA, Section 13 (4) in conjunction with the Section 3 (3) of the National Health Insurance (General) Regulations, 2019.

31 NHIA, Section 13 (5).

Section 2 of the NHIA specifies that the terms "employee" and "employer" have the meaning assigned to the word in the Employment Act. This Section further defines the terms "family member" as "a registered child, spouse and dependant of a member" and "dependant" as "a person, who resides with a member, and relies on the member's income for survival".

As per the Employment Code Act, 2019, "employee" means a person who, in return for wages, or commission, enters into a contract of employment and includes a casual employee and a person employed under a contract of apprenticeship made in accordance with the Apprenticeship Act, but does not include an independent contractor or a person engaged to perform piece work. This Act further defines the term employer as "a person who, in return for service enters into a contract of employment and includes an agent, representative, foreman or manager of the person, who is placed in authority over the person employed".[32]

Regarding the coverage of dependents, the national legislation provides that family members dependent on the insured's (i.e., a spouse and children) shall access the benefit package under the Scheme as prescribed.[33] It can be noted that, in practice, there is a limitation on the number of dependent children—five—that can be insured under the NHIS[34] (ILO 2023, NHIMA 2024a).

Effective coverage

Recourse in this analysis will be had to Article 9 (a) of the Convention, which prescribes that the coverage of medical care benefits should comprise "prescribed classes of employees, constituting at least 50 per cent of all employees, and also their wives and children". To determine whether the effective coverage of medical care reaches the minimum requirements established under Article 9(a) of Convention No. 102, it is necessary to furnish the statistical data in the form set out in Title I under Article 76 of the report form for this Convention.

Based on the available statistical information, the effective coverage of medical care, determined based on the number of public and private sector employees registered with the NHIS in 2024 is estimated at 57 per cent of all employees, as shown in Table 5.

Table 5 Calculation of the coverage of medical care (2024)

a. Number of employees protected[1]	975 893
i) In the private sector	409 096
ii) Government	1 384 989
iii) Total	2 389 734
b. Total number of employees[2]	57
c. Number of employees protected (A, iii)) as percentage of total number of employees (B)	

[1] Total number of employees registered with NHIMA in the last quarter of 2024.

Source: information provided by NHIMA during the tripartite validation workshop (March 2025)

[2] This number is composed of the total number of employees (1,528.5 in thousand) plus the total number of unemployed persons (266.3 in thousand) in the last quarter of 2022.

Source: ILOSTAT 2024 based on Zambia's LFS.

32 Employment Code Act, 2019, Section 3.

33 NHIA, Section 3 in conjunction with the Section 20 (1).

34 The national legislation examined does not specify a limit on the number of dependents. However, the basis for establishing the limit of five dependents is found in NHIMA's administrative process and membership policy (MLSS 2024. Personal communication, November 14).

Pursuant to Section 13 of the NHIA, membership to the NHIS is mandatory to all citizens and established residents. However, based on the information made available to the ILO, it appears that in practice, for the time being only employees in the public and private sectors, as well as pensioners, are currently mandatorily covered by the National Health Insurance Scheme. **We understand the Government has a strategy to progressively extend coverage, starting with these groups, and therefore expects coverage rates to increase in alignment with legal provisions. Should the Government ratify this part of the Convention, we recommend they also include information regarding their timeframes and action plan to ensure mandatory coverage in practice, aligning with the law's provisions.**

The NHIA establishes that all employees, as defined in the labour legislation, are subject to mandatory coverage and provides for the coverage of dependents, as primary insured members and their spouses and children have access to the same benefit package. As such, the scheme's legal coverage would align with Article 9(a) of the Convention. With due regard to the above, assessment could also be done at a later stage against Article 9(c) to better reflect the Government's intention to implement a universal social health insurance scheme.

Regarding the effective coverage, based on the information provided by NHIMA representatives during the tripartite validation workshop held in Livingstone in March 2025, it is estimated that approximately 57 per cent of employees and their spouses and children were covered by the NHIS in the last quarter of 2024, which is above the minimum required by Art. 9(a) of the Convention (i.e., 50 per cent of employees and their spouses and children).

Type of benefits (Art. 10)

Article 10(1) provides that the benefit shall —in the case of a morbid condition— include at least (i) general practitioner care, including domiciliary visiting; (ii) specialist care at hospitals for in-patients and out-patients, and such specialist care as may be available outside hospitals; (iii) the essential pharmaceutical supplies as prescribed by medical or other qualified practitioners; and (iv) hospitalisation where necessary. This Article further requires that, in case of pregnancy and confinement and their consequences, the medical care includes (i) pre-natal, confinement and post-natal care either by medical practitioners or by qualified midwives and (ii) hospitalisation where necessary.

The NHIS is a single scheme providing all participants a standard health service offering, referred to as the NHIMA Benefit Package. The National Health Insurance Act No. 2 of 2018 defines benefit package as "the benefits a member is entitled to under the Scheme". The Act further states "A member and a family member shall access the benefits package under the Scheme as prescribed".[35] Accordingly, the National Health Insurance (General) Regulations, 2019, defined the benefit package[36] as outlined below.

35 NHIA, Sections 7 and 20.

36 National Health Insurance (General) Regulations, 2019, Section 10 in conjunction with the Fourth Schedule https://www.nhima.co.zm/publications/si

Table 6 National Health Insurance Benefit Package

Type of benefit	Interventions and services included
1. Medical Care	1.1. Consultations, examinations 1.2. Diagnostic services (Radiology and laboratory) 1.3. Nursing Care 1.4. Hospitalisation 1.5. Intensive Care Unit
2. Surgery	2.1. General Surgery 2.2. Anaesthetics 2.3. Orthopaedics 2.4. Paediatric Surgery 2.5. Ear, Nose and Throat
3. Maternity and Neonatal Care	3.1. Antenatal Care 3.2. Delivery (Normal or Assisted) 3.3. Caesarean Section 3.4. Postnatal Care
4. Eye Care Services	4.1. Selected services
5. Oral Health Services	5.1. Selected services
6. Pharmaceutical Drugs and Supplies	6.1. Prescription generic drugs on the essential drugs list prescribed by an accredited heath care provider an approved or use under the Scheme. 6.2. Medical supplies 6.3. Blood products
7. Physiotherapy	7.1. Selected services

NHIMA's Operational Manual for the Public Level 1 Health Care Providers and Hospices[37] further informs the composition of the benefit package. Based on the information published by NHIMA, the benefit package includes inpatient department care services (ordinary, private and Intensive Care Unit), hospitalization, as well as the provision of required inpatient healthcare, essential medicines[38] and investigations; vision care services; cancer and oncology investigations (such as magnetic resonance imaging (MRI) and computerized tomography (CT) scans) and interventions; mental health services on an inpatient and outpatient basis; and medical/orthopaedic appliances and prostheses including crutches, artificial limbs, hearing aids, surgical pins, surgical plates and surgical screws.[39]

37 The 2022 operational manual is available at: https://www.nhima.co.zm/download/document/267aebe61f20221219400b3dcf.pdf

38 For further information, consult Zambia Essential Medicines List.

39 For further information, see: "NHIMA Benefit Package", Brochure, 2021; NHIMA 2024; and ILO, Actuarial analysis of the Zambia National Health Insurance Scheme and costing of the extension of coverage to Social Cash Transfer beneficiaries, 2023.

As per the current provisions, the benefit package shall be provided at national, provincial and district levels as prescribed.[40] Accordingly, NHIMA covers most of the services available at district, central and provincial hospitals, as well as teaching and specialized hospitals, and accredited public and private health facilities (ILO 2023).

It is also worth noting that the national legislation specifies that the NHIMA shall, where there is any material modification to the benefits package or coverage, provide a notice of that modification to the public, not later than 60 days before the date on which the modification is to come into operation.[41] Based on the information available, the latest Notice of Modifications to the National Health Insurance Scheme Benefits Package was published on November 1, 2024, and entered into force on January 1, 2025. Among others, this notification introduces the following changes in the benefit package:[42]

- Includes Mental health services for psychosis, depression and affective disorders
- Maternal health:
  - Includes antenatal visits to Public and Faith-based providers at a tariff of 100 Kwacha
  - Adjust upwards Caesarean Section tariff for Public and Faith-based providers by 50 per cent
- Includes orthopaedic implants in the Benefit Package for Public and Faith-based Health Care Providers and maintains the current tariff
- Prosthesis/aids:
  - Adjust tariff of hearing aids from the current 600 Kwacha to 1,200 Kwacha
  - Adjust tariff for prosthesis upwards by 10 per cent
  - Includes the benefit of orthopaedic implants in the Benefit Package for public and Faith-based Health Care Providers and maintains the current tariff
- Removes spectacles for astigmatism, presbyopia, myopia, and hypermetropia from the Benefit Package for Private Health Care Providers.

Furthermore, the national legislation provides specific exclusions from the benefit package. In particular, the Fourth schedule to the National Health Insurance (General) Regulations, 2019, establishes eight exclusions from the National Health Insurance Benefit Package, as follows:

- Treatment abroad,
- Cosmetic surgery and aesthetic treatments (except reconstructive surgery which is medically required),
- Weight loss procedures and treatment,
- Long-term in-patient nursing care (over 90 days),
- Medical treatment of motor vehicle accident injuries covered by other insurance/funds arrangements, such as motor vehicle insurance and a Motor Vehicle Accident Fund,
- Treatment of occupational accidents and illness covered by Workers' Compensation Fund,
- Treatment of injuries resulting from declared national disasters in collaboration with the National Disaster Management and Mitigation Unit,
- Fertility treatment according to set criteria.

Table 7 compares the types of medical care required by Article 10(1) of Convention No. 102 with the benefits covered by the NHIF as prescribed in the national legislation.

40 NHIA, Section 20(2).

41 NHIA, Section 25.

42 For further information, consult: NHIMA

Table 7 Types of medical care set out by Convention No. 102 and its coverage by NHIMA

Minimum benefits under Convention No. 102	Covered by NHIMA?
In case of morbid condition	
(i) general practitioner care, including domiciliary visiting	⚠
(ii) specialist care at hospitals for in-patients and out-patients, and such specialist care as may be available outside hospitals	☑
(iii) the essential pharmaceutical supplies as prescribed by medical or other qualified practitioners	☑
(iv) hospitalisation where necessary	☑
In case of pregnancy and confinement and their consequences	
(i) pre-natal, confinement and post-natal care either by medical practitioners or by qualified midwives;	☑

Source: Author based on Convention No. 102 and the national legislation.

Cost sharing of medical care

Article 10(2) of the Convention provides that where the beneficiary is required to share in the costs of medical care, the applicable rules should be designed so as to avoid hardship.

Neither the National Health Insurance Act, nor the National Health Insurance (General) Regulations, 2019, specify that copayments shall be paid to access the benefit package. Therefore, it is understood that persons registered within the NHIS who receive medical care at accredited healthcare providers are not required to pay copayments, user fees or deductibles for any of the intervention types covered by the scheme. [43]

In line with Article 10 of Convention No. 102, the national legislation provides a comprehensive benefit package in case of morbid condition, which includes medical care (consultations, examinations, diagnostic services (radiology and laboratory), nursing care, specialist care at hospitals, essential pharmaceuticals and supplies, surgery (general surgery, anaesthetics, orthopaedics, paediatric surgery, ear, nose and throat), physiotherapy, and hospitalisation and treatment in intensive care units, if necessary. In the case of maternity and its consequences, the NHIS covers prenatal confinement, including caesarean section, post-natal care and hospitalisation where necessary. **Given that the national legislation does not specify if domiciliary visiting is covered, the Government is invited to confirm under what circumstances the NHIS's benefit package could cover such services.**

The national legislation examined does not specify whether the scope of maternity medical care guaranteed by the Convention (i.e., prenatal, childbirth, post natal care and hospitalisation if necessary) is provided at no cost to the beneficiary. However, based on the information available to the ILO, this is the case as there are no copayments to access maternity medical care in public hospitals and NHIMA-accredited health care facilities.[44]

43 On April 30, 2024, NHIMA published a notice on modifications to the National Health Insurance Scheme Benefits Package that sought to introduce a 20 per cent copayment as of July 1, 2024, on eye care services and dental care services accessed at accredited private healthcare providers (NHIMA 2024b). However, it appears that this modification has not yet been implemented.

44 Information provided by representatives of NHIMA and the Ministry of Health during the tripartite validation workshop held in Livingstone in March 2025.

Objective of medical care

According to Article 10(3) of the Convention, the medical care provided shall be afforded with a view to maintaining, restoring or improving the health of the person protected and his ability to work and to attend to his personal needs.

As per the current legal framework, the objective of the NHIS is to provide universal access to quality insured healthcare services in accordance with the provisions of the NHIA.[45]

From the description of the benefit package established by the National Health Insurance (General) Regulations, 2019, as described above, it appears that the medical care provided by the NHIS aims to restore and improve the health of insured people in that it includes medical consultations, examinations and diagnostic services (e.g., radiological investigation such as X-Rays, CT scan, MRI, Ultrasound and Mammogram), physiotherapy and rehabilitation services offered as in-patient and out-patient.[46]

The national legislation provides for a comprehensive benefit package, which aims to maintain, restore and improve the health of the person protected and his ability to work and to attend to his personal needs, as stipulated in Article 10(3) of Convention No. 102.

Qualifying period (Art. 11)

Article 11 of Convention No. 102 specifies that the benefit shall, in a contingency covered, be secured at least to a person protected who has completed, or whose breadwinner has completed, such qualifying period as may be considered necessary to preclude abuse.

The national legislation examined does not specify a minimum qualifying period for entitlement to the benefit package covered by the NHIS. However, the information published by NHIMA suggests that, in practice, there is a qualifying period (referred to as "waiting period") of four consecutive months of contributions.[47] It appears, however, that no waiting period is required for members aged 65 and retirees' (NHIMA 2024a).

Based on the above, in practice, there is a minimum qualifying period of four consecutive months of contributions for entitlement to medical care. In this regard, the Government may wish to consider aligning the national legislation and practice so as to ensure that the entitlement conditions are clearly established in a statutory instrument, thereby ensuring consistency and predictability for beneficiaries and healthcare providers and reducing the risk of discretionary practices.

Article 11 of the Convention allows for the establishment of a qualifying period only in so far as it is necessary to preclude abuse.[48] As such, in case of a potential future ratification of this branch by Zambia, the Committee of Experts on the Application of Conventions and Recommendations may require further information on the provisions of the national legislation that prescribe said qualifying period and the reasons for introducing said requirement.

45 NHIA, Section 12 (2).

46 For further information, consult: National Health Insurance (General) Regulations, 2019, Fourth Schedule, and NHIMA 2021.

47 See: NHIMA, "Press release on the implementation of the National Health Insurance Scheme", 16 October 2019.

48 For reference, the questionnaire for Convention No. 102 indicated that for a branch providing medical benefits in case of sickness and sickness allowances, a qualifying period of one month of contributions or employment within a prescribed period preceding the first medical diagnosis of the sickness. See: ILO, "Report IV (1): Objectives and minimum standards of social security", ILC, 34th Session, 1951.

Duration of benefits (Art. 12)

Article 12 of Convention No. 102 stipulates that the medical care benefit must be provided throughout the contingency, except that, in case of a morbid condition, its duration may be limited to 26 weeks in each case. The benefit shall however not be suspended while a sickness benefit continues to be paid, and provision shall be made to enable the limit to be extended for prescribed diseases recognized as entailing prolonged care.

The national legislation examined does not prescribe a maximum for medical care, neither in case of morbid conditions nor in case of maternity, confinement and its consequences. Furthermore, based on the information provided by NHIMA and the Ministry of Health representatives during the tripartite validation workshop held in March 2025, in practice, medical care benefits are provided throughout the contingency, even in the case of morbid conditions requiring prolonged care.

It can be noted that, based on the information published by NHIMA, it appears that there is a limit of three outpatient visits per health event at Secondary and tertiary level Hospitals, except in case of chronic conditions (NHIMA 2021).

The national legislation examined does not specify the duration of medical care. Despite the national legislation being silent in this regard, the Government has confirmed that, in practice, protected persons are entitled to receive medical care throughout the contingency, both in the case of morbid condition and in case of pregnancy, confinement and its consequences. **Consequently, it can be concluded that this parameter is in line with Article 12 of Convention No. 102, which stipulates that the medical care benefit must be provided throughout the contingency, except that, in case of a morbid condition, its duration may be limited to 26 weeks in each case.**

B. Sickness benefit (Part III)

In accordance with Article 13 of Convention No. 102, Member States for which Part III of the Convention is in force shall secure to the persons protected the provision of sickness benefit. Said benefits shall be granted in case of incapacity for work resulting from a morbid condition and involving suspension of earnings, as defined by national laws or regulations.[49] In addition, the Convention specifies that "the cost of the benefits provided in compliance with this Convention and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or taxation or both".[50]

In Zambia, sickness benefits are provided under employer liability arrangements regulated by the labour legislation. As per Section 38 (2) of the Employment Code Act No. 3 of 2019, the duration of sick leave depends on the duration of the employment contract, as follows:

- employees on short-term contracts shall receive full pay for the equivalent of 26 working days of sick leave and, thereafter, half pay for the equivalent of the next 26 working days of sick leave;
- employees on long-term contracts shall receive full pay during the first three months of sick leave and, thereafter, half pay for the next three months of sick leave.

It is worth noting that employer-liability schemes cannot be considered for the purposes of the application of Convention No. 102 as they do not comply with some of the core principles it enshrines, including the principles of collective financing and participatory management of social security (Articles 71 and 72 of Convention No. 102). In practice, employer liability schemes can have adverse effects, as it may cause pressure for the employee not to take sick leave, discrimination at recruitment towards individuals with declared diseases, and small enterprises may struggle with the financial implications, creating an incentive to employ workers in forms of employment that are not subject to this statutory sick leave. Beneficiaries may in practice not receive any benefits to remedy the suspension in earnings.

49 Convention No. 102, Article 14.

50 Convention No. 102, Article 71, 1).

As such, the Government's efforts to reach universal coverage for healthcare could also be an opportunity to consider possible solutions to provide income security for sickness and maternity through a collectively financed mechanism, taking into account a combination of contributions and taxes (ILO 2023).

C. Old-age benefit (Part V)

In Zambia, three main social security schemes seek to ensure the income security of older persons:

- the National Pension Scheme administered by the National Pension Scheme Authority (NAPSA), which operates two schemes under social insurance principles offering slightly different benefit packages: one for formal sector employees in the private sector and civil servants who joined the service after February 1, 2000, and one for self-employed persons and own account workers in the informal economy.[51]
- the Local Authority Superannuation Fund, which covers employees in local authorities and has been closed for new entrants since 2000, and
- the Public Service Pension Scheme, which covers public sector workers, including civil servants who joined the service before 2000 and defence and security personnel.

The compatibility assessment between the national legislation and the requirements of Convention No. 102 undertaken in this Section focuses on the provisions regulating the old-age pension provided to formal-sector employees registered with NAPSA, as this is the largest pension scheme in terms of protected persons (i.e., active contributors).

Contingency (Art. 26)

Article 26 of Convention No. 102 provides that:

1. The contingency covered shall be survival beyond a prescribed age.
2. The prescribed age shall be not more than 65 years, or such higher age as may be fixed by the competent authority with due regard to the working ability of elderly persons in the country concerned.
3. National laws or regulations may provide that the benefit of a person otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced where the earnings of the beneficiary exceed a prescribed amount and, if non-contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

According to the National Pension Scheme Act (hereinafter NPSA), as amended, a member shall retire upon attaining pensionable age and shall be paid a pension if they have at least one hundred and eighty monthly contributions.[52] Section 2 of the National Pension Scheme (Amendment) Act, 2015 set the pensionable age at age 60.[53]

The national legislation also provides that the Minister may, by statutory instrument, make regulations for the better carrying out of provisions of this Act, which shall provide for, among others, arrangements to ensure the protection of accrued pension rights as provided for in the Constitution.[54]

Based on the information published by NAPSA, the pensionable age mentioned above, —age 60—, which corresponds to the normal retirement age, applies to insured persons who joined NAPSA after August 14, 2015. Insured persons who joined NAPSA before August 14, 2015, have accrued rights to claim their benefits at age 55 (normal retirement) (NAPSA 2023b).

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51 For further information on this scheme, see the National Pension Scheme (Informal Sector) (Membership and Benefits) Regulations, 2019 - Statutory Instrument No. 72 of 2019.

52 NPSA, Section 18(1) and (3) as amended by Section 4 of the National Pension Scheme (Amendment) Act, 2015.

53 Section 2 of the National Pension Scheme (Amendment) Act, 2015, amending Section 2 of the NPSA.

54 NPSA, Section 53(2)(g) as amended by Section 5 of the National Pension Scheme (Amendment) Act, 2015.

It may be concluded that Article 26 of Convention No. 102 is applied as the normal retirement age prescribed in the national legislation —60 years— is lower than the maximum pensionable age permitted by the Convention, i.e., 65 years of age.

Coverage (Art. 27)

Article 27 of Convention No. 102 provides that persons protected shall comprise:

a. prescribed classes of employees, constituting at least 50 per cent of all employees; or

b. prescribed classes of the economically active population, constituting at least 20 per cent of all residents; or

c. all residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

Considering that NAPSA operates two schemes under social insurance principles offering slightly different benefit packages: one for formal sector employees and one for self-employed persons and own account workers in the informal economy, the country has the option of choosing between demonstrating compliance with the requirements of the Convention by having recourse to Article 27(a), based on the protection offered by the formal-sector scheme or Article 27(b), based on the protection provided by said scheme and the informal-sector scheme.

Given that the scheme covering self-employed persons and own account workers in the informal sector was only introduced in 2019, and coverage is still low, recourse in this analysis will be had to Article 27(a) of the Convention, which prescribes that the coverage of old-age benefits should comprise "prescribed classes of employees, constituting at least 50 per cent of all employees".

Legal coverage

The NPSA specifies that every person who, before the commencement of the Act [1st February 2000], is under pensionable age and is a member of the existing fund[55] shall be a member of the Scheme. The law also provides that every person aged 16 to the pensionable age who, on the commencement of the Act, is not a member of the existing fund and is employed by a contributing employer, shall be registered as a member of the Scheme.[56]

Section 12 of the NPSA defines "contributing employer" as a person, association, institution or firm registered as a taxpayer with a contract of service with an employee, and the Government of the Republic of Zambia, local authority or parastatal or statutory body. Contributing employers are required to register with NAPSA in the prescribed manner within one month upon the commencement of this Act or the date when the person concerned becomes a contributing employee. Contributing employers shall register every person who is or who subsequently becomes an employee in his service, by notifying the Director- General of such particulars of the employee as may be prescribed.[57]

The national legislation also specifies that "The employees listed in the Second Schedule shall be exempt from the provisions of this Act and the Minister may, by statutory instrument, vary or add to the list of employees or categories of employees in the Second Schedule.[58]

55 Section 54 of the NPSA repealed the National Provident Fund Act, leading to the closure of Zambia's National Provident Fund. In accordance with Section 10 of the NPSA, NAPSA became the custodian and manager of the funds and assets of the defunct provident fund and assumed its liabilities.

56 NPSA, Section 11.

57 NPSA, Section 13(1), (4) and (11).

58 NPSA, Section 13(2), as amended by Section 2 of the National Pension Scheme (Amendment) Act, 2000.

According to the second schedule to the NPSA, as amended, the following persons are exempted from enrolment with NAPSA:

- Employed persons with monthly earnings below 15 Kwacha;
- Employees of a foreign government who are accorded diplomatic or equivalent status;
- Employees of international organization who are not citizens of Zambia;
- Members of the armed forces;[59]
- Public officers appointed before the NPSA comes into force [1st February 2020] and who were on pensionable employment under the Public Service Pensions Fund or the Local Authorities Superannuation Fund.

Effective coverage

Based on the available statistical information, the effective coverage of old-age benefits in Zambia, determined based on the number of employees contributing to NAPSA in 2024, is estimated at 46.9 per cent of all employees, as shown in Table 8.

Table 8 Calculation of the coverage of old-age benefits (2024)

A. Number of employees protected[1]	1 122 700
B. Total number of employees[2]	2 389 734
C. Number of employees protected as percentage of total number of employees	46.9

1 Total number of employees contributing to NAPSA on December 31, 2024.

Source: information provided by NAPSA during the tripartite validation workshop (March 2025)

2 This number is composed of the total number of employees (1,849,006) plus the total number of unemployed persons (540,728) in 2023.

Source: Zambia's LFS 2023.

The legal coverage of NAPSA's formal-sector scheme is in line with the requirements of Convention No. 102, as the law currently covers all employees in the private and public sectors and civil servants aged 16 to the pensionable —60 years—. However, the effective coverage of old-age benefits, calculated based on the number of employees who contributed to NAPSA in December 2024, is approximately 46.9 per cent of all employees, slightly below the minimum required by Article 27(a) of Convention No. 102 (i.e., at least 50 per cent of all employees). Nonetheless, considering the ongoing efforts to progressively extend the coverage of NAPSA's scheme and the fact that the Convention will only apply to rights acquired after ratification, the scheme's effective coverage does not seem to be an impediment to ratification.

Following the tripartite validation workshop held in Livingstone in March 2025, we understand the Government would rather avail itself of the temporary exception provided for in Articles 3 and 27(d) of the Convention, which temporarily allows, for so long as the competent authority considers necessary, limiting the scope of application to 50 per cent of all employees in industrial workplaces employing 20 or more people. This must be done at the time of ratification through a declaration appended to the instrument of ratification, which specifies the temporary exceptions the Government will use.

59 However, civilians engaged in the Zambia Air Force, Zambia Army, the Police Service and other related wings of Armed Forces are eligible members of NAPSA (NAPSA 2023).

Level of benefits (Art. 28)

Article 28 of the Convention states that the amount of the old age benefit must be calculated in conformity with the rules established in Article 65, 66 or 67 of Convention No. 102 and should be a periodical payment attaining, for a standard beneficiary indicated in the Schedule appended to Part XI, at least 40 per cent of the reference wage determined in accordance with these provisions.

Additionally, for social security systems providing benefits representing a portion of previous earnings, Article 65 of the Convention allows for the establishment of an upper limit on the amount of wages or earnings which may be considered when calculating the benefit. However, this ceiling should be set in such a way that a skilled manual male employee, determined in accordance with the provisions of the Convention, would still receive a benefit equal to at least 40 per cent of previous earnings.

For earnings-related benefits, the Convention offers Member States the flexibility of choosing a standard beneficiary (i.e., a skilled employee) according to four different methods laid down in Article 65(6). Based on the information available to the ILO, in this report, the standard beneficiary is identified according to Article 65, (6), (d) of the Convention, which establishes that a skilled manual male employee shall be a person whose earnings are equal to 125 per cent of the average earnings of all the persons protected. Considering that in 2024, the average monthly earnings of insured persons enrolled with NAPSA were 10,763 Kwacha,[60] the monthly earnings of a standard beneficiary for 2024 would amount to 13,453 Kwacha.

According to Section 19(1) of the NPSA, the Minister shall prescribe the monthly retirement pension by statutory instrument based on the actuarial valuation calculated to ascertain that the Scheme is financially viable. Consequently, Section 4 of the National Pension Scheme (Benefits and Eligibility) Regulations, 2000 (Statutory Instrument No. 71 of 2000) established the benefit formula for calculating the old-age pension payable at the normal retirement age. This formula can be represented as follows (NAPSA 2023b, 8):

Pension= Average Indexed Monthly Earnings x 0.001111 x M

Where **M** = Months of pensionable employment

The national legislation further provides that the average monthly earnings shall be determined for each member at the time they make a claim by dividing the aggregate of pensionable earnings by the number of months of pensionable employment and that the level of pensionable earnings shall be adjusted annually by an index based on the national average earnings as may be prescribed by the Minister, by statutory instrument.[61] As per the current rules, NAPSA shall determine the national average earnings annually, by applying statistics and data compiled by the Zambia Statistics Agency.[62]

Applying the benefit formula stipulated by the national legislation, an insured person who has contributed during the qualifying period established by the Convention (i.e., 30 years of contributions or employment) would receive an old-age pension corresponding to 40 per cent of their average indexed monthly earnings (i.e., 0.00111 * 360 months).

It is worth noting that the national legislation establishes a ceiling for the monthly earnings considered for contribution purposes.[63] The Second Schedule of the National Pension Scheme (Pensionable Earnings) (Amendment) Regulations, 2024, set the contribution ceiling applicable from January 1 to December 31, 2024 at 29,816 Kwacha a month.[64] It can be reminded that the monthly wage of the skilled manual male employee identified in this report corresponds to 13,453 Kwacha. Therefore, the ceiling on insurable earnings (29,816 Kwacha a month) is above the earnings of a standard beneficiary as calculated according to the provisions of the Convention.

60 MLSS 2024. Personal communication, November 14.

61 NPSA, Section 19(2) and 3.

62 NPSA, Section 19(5) as amended by Section 4 of the National Pension Scheme (Amendment) Act, 2023.

63 National Pension Scheme (Pensionable Earnings) Regulations, 2000, Sections 2 and 4 in conjunction with the Second Schedule.

64 Statutory Instrument No. 9 of 2024.

Minimum pension

Additionally, considering that the national legislation mandates a minimum pension, it is pertinent to evaluate its alignment with Article 66 of the Convention. Specifically, this involves assessing whether the minimum pension is at least equal to 40 per cent of the previous earnings of the ordinary adult male labourer, calculated in accordance with the Convention. In this report, regard will be had to Article 66(5) to determine the reference wage in terms of Article 66, i.e. that of "a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question".

According to the 2022 Labour Force Survey Report, the majority of ordinary adult male labourers in Zambia were classified under two categories of the International Standard Classification of Occupations (ISCO-08): "Service and sales workers" and "Elementary occupations." In 2022, 193,518 out of 1,228,182 employed males were in the service and sales workers category, and 326,385 were in elementary occupations. These categories represented 15.7 per cent and 26.5 per cent of male employees, respectively. Based on the information available to the ILO, in 2023, the average monthly salary for men in the service and sales workers category was 2,137 Kwacha (ILOStat 2024), which will serve as the benchmark for the subsequent analysis.

As per the current rules, the minimum monthly pension payable by NAPSA corresponds to 20 per cent of the national average earnings.[65] In 2023, the national average monthly earnings were 6,710 Kwacha,[66] hence the minimum monthly pension was 1,342 Kwacha, which corresponds to a replacement rate of 62.7 per cent of the reference wage for a standard beneficiary (i.e. a man of pensionable age with a wife also of pensionable age). Thus, the level of the minimum pension is above the minimum replacement rate required by Article 67, in conjunction with Article 66(5) of Convention No. 102 (i.e., 40 per cent).

The national legislation complies with the requirements of Article 28, read in conjunction with Article 65 and the Schedule to Part XI of the Convention, as it guarantees the payment of an old-age pension corresponding to 40 per cent of former earnings after 30 years of contributions, which is the minimum replacement rate prescribed by the Convention after completion of such contributory period.

Periodic adjustment of pensions in payment

Article 65 (10) of Convention No. 102 requires that the rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and survivorship, shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

Section 19(3) of the NPSA provides that NAPSA shall review the pension rates annually and adjust them in line with increases in the national average earnings. Section 7 of the National Pension Scheme (Benefits and Eligibility) Regulations, 2000 further specifies that any pension payable under said regulations shall be adjusted annually by an index derived as follows:

Pj = (Pd) Q

Where:

Pj = is the adjusted pension paid in January of the new year

Pd = is the pension paid in the last month of the old year

Q = is the pension adjustment quotient reflecting the change in the National Average Earnings in the second quarter from one year to the next in the two years preceding the year in which the adjustment is made

65 NPSA, Section 19(4).

66 National Pension Scheme (Pensionable Earnings (Amendment) Regulations, 2021, Second Schedule.

As per the current rules, NAPSA shall determine the national average earnings annually by applying statistics and data compiled by the Zambia Statistics Agency.[67] This reference value is established by the Minister of Labour and Social Security by statutory instrument.

Consequently, the National Pension Scheme (Pensionable Earnings) Regulations, 2000 specified that "The national average monthly earnings and the period to which that average applies is set out in the First Schedule.[68] Accordingly, these regulations are amended each year to update the reference values included therein (see Table 9).

Table 9 Evolution of national average monthly earnings (2016-2024)

Year	National Average Monthly Earnings	Annual increase (percentage)	Legal basis
2016	4 219.86		Statutory Instrument No. 101 of 2015
2017	4 473.04	5.82	Statutory Instrument No. 98 of 2016
2018	4 975	10.63	Statutory Instrument No. 80 of 2017
2019	5 369	7.62	Statutory Instrument No. 95 of 2018
2020	5 748	6.82	Statutory Instrument No. 1 of 2020
2021	5 797	0.85	Statutory Instrument No. 126 of 2020
2022	6 109	5.24	Statutory Instrument No. 90 of 2021
2023	6 710	9.38	Statutory Instrument No. 109 of 2022
2024	7 454	10.51	Statutory Instrument No. 9 of 2024
2025	8 541	13.59	Statutory Instrument No. 84 of 2024

Source: Author based on the national legislation.

The national legislation prescribes that the level of pensions in payment shall be adjusted annually in line with the evolution of national average earnings. As such, the national legislation complies with Article 65(10) of Convention No. 102, according to which pensions need to be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

Qualifying period (Art. 29)

Article 29 of Convention No. 102 requires that an old age benefit equal to 40 per cent of former earnings be paid to an insured person having completed a qualifying period of 30 years of contributions. The Convention also requires that where a benefit is conditional upon a minimum period of contributions, a reduced benefit must be guaranteed to insured persons having at least completed a qualifying period of 15 years of contributions.

67 NPSA, Section 19 (5) as amended by Section 4 of the National Pension Scheme (Amendment) Act, 2023.

68 National Pension Scheme (Pensionable Earnings) Regulations, 2000, Section 3.

As per the current rules, insured persons are entitled to receive an old-age pension upon reaching the pensionable age if they have paid contributions for at least 180 months (15 years).[69] Applying the benefit formula outlined above (see page 48), the accrual rate is 1.33 per cent for every 12 months of contributions.

Given the above, the national legislation guarantees an old-age pension equal to 40 per cent of the insured's former earnings after a qualifying period of 30 years of contributions. This is in line with Article 29(1) (a) of Convention No. 102, which lays down that an old-age benefit, at least at the level prescribed in the Convention (i.e., 40 per cent of former earnings), be paid to an insured person having completed a qualifying period of 30 years of contributions.

Regarding the reduced pension, since entitlement to an old age benefit is based on a contributory period of 180 months (15 years), it can be concluded that Article 29(2) of the Convention, which requires that, at a minimum, a reduced old-age pension should be paid after 15 years of contributions, is also met.

Duration of benefits (Art. 30)

Article 30 of Convention No. 102 specifies that the old-age benefit shall be granted throughout the contingency.

Section 20 of the NPSA establishes that insured persons shall be entitled to an old-age pension from the month following the month in which they satisfy the qualifying conditions prescribed (i.e., reaching the retirement age, fulfilling the contribution period and retiring from employment). This Section further specifies that payment of the old-age pension shall end in the month in which the retired member dies.

The national legislation complies with Article 30 of Convention No. 102, as the old-age pension granted by NAPSA is provided throughout the contingency (i.e., until the beneficiary's death).

D. Employment injury benefits (Part VI)

In Zambia, employment injury benefits are provided in accordance with the Workers Compensation Act No. 10 of 1999 (hereinafter WCA), as amended. This Act mandates the creation of a Workers' Compensation Fund (WCF) for the payment of compensation for work-related deaths, injuries and diseases arising out of and in the course of an employee's employment.

This section analyses the national legislation applicable to the WCF in relation to the requirements of Part VI of Convention No. 102 and identifies potential gaps in protection. The preliminary findings and conclusions of this section, together with the ILO normative framework, constitute a useful reference for the ongoing reform process[70] and future action to bring the national legislation further in line with this landmark social security standard.

69 NPSA, Section 18(3) as amended by Section 4 of the National Pension Scheme (Amendment) Act, 2015.

70 In the context of the periodic reports on the application of Conventions Nos 17 and 18, the Government of Zambia has informed the CEACR of ongoing reform efforts to the WCA. For further information see ILO 2021c and 2017.

Contingency (Art. 32)

Article 32 of Convention No. 102 provides that the contingencies covered shall include the following where due to accident or a prescribed disease resulting from employment:

a. a morbid condition;

b. incapacity for work resulting from such a condition and involving suspension of earnings, as defined by national laws or regulations;

c. total loss of earning capacity or partial loss thereof in excess of a prescribed degree, likely to be permanent, or corresponding loss of faculty; and

d. the loss of support suffered by the widow or child as the result of the death of the breadwinner; in the case of a widow, the right to benefit may be made conditional on her being presumed, in accordance with national laws or regulations, to be incapable of self-support.

The Workers Compensation Act No. 10 of 1999 (hereinafter referred to as the WCA) provides for compensation to be paid in the event a worker suffers an injury, which is defined as "a personal injury and includes the contraction of a disease".[71] This provision suggests that the WCA covers occupational diseases. However, in examining the application of the Workmen's Compensation (Occupational Diseases) Convention, 1925 (No. 18), ratified by Zambia in 1965, the Committee of Experts on the Application of Conventions and Recommendations (CEACR) has made the following direct request to the Government (see box 4).

Box 4 CEACR latest comments concerning the application of Convention No. 18 by Zambia

Article 2 of Convention No 18. Schedule of occupational diseases. With reference to its previous comments, the Committee notes that the Government indicates that the bill amending the Workers' Compensation Act No. 10 of 1999 is still undergoing legislative processes and that, among the regulations drafted, one will relate to the list of diseases, taking into account the ILO Lists of Diseases. The Committee further notes that the Government confirms that the Act currently covers two diseases, which are Pneumoconiosis and Tuberculosis suffered after exposure to silica. ***The Committee requests the Government to continue providing information on the amendment of the list of occupational diseases with a view to giving full compliance to this provision of the Convention.***

Source: ILO 2021c.

In this context, the Government may wish to consider that the ILO Governing Body approved a new list of Occupational diseases on March 25, 2010 (30th session). This new list replaces the preceding one in annex of Recommendation No. 194, which was adopted in 2002.

According to Section 2 of the WCA, compensation includes medical aid and any benefit of any nature to which a worker or that worker's dependants may be entitled under this Act.

It is worth noting that accidents occurring while travelling from home to the place of work and from the place of work to home, whether by a vehicle supplied by or on behalf of the employer or by any other means, shall be deemed to arise out of and in the course of employment, if the worker was, in the opinion of the Commissioner, travelling by a reasonably direct route and with reasonable dispatch.[72]

Table 10 provides further information concerning the contingencies that give rise to compensation under the WCA. The first four benefits correspond to articles 32 (a), (b), and (c) of Convention No. 102. The fifth benefit corresponds to Article 32 (d) of Convention No. 102, which refers to survivors benefits in case of death.

71 WCA, Section 2.

72 WCA, Section 51(4).

Table 10 Contingencies and benefits covered by the WCA

Benefit	Definition derived from the WCA
i) Medical aid	Comprises any or all the benefits prescribed in Section 101 (1) paragraphs (a) to (e) of the WCA.
ii) Temporary incapacity	A worker who has received periodical payments for total disablement or partial disablement for a period of 18 months from the date of the commencement of the disablement shall no longer be entitled to periodical payments and shall be deemed to have suffered permanent disability (WCA, Section 68(1)).
iii) Permanent disablement	Total disablement means the inability of that worker, as a result of an accident or disease in respect of which compensation is payable, to perform the work for which the worker was employed at the time of the accident or other suitable work (WCA, Section 2(1)).
iv) Partial disablement*	(a) the inability of that worker, as a result of an accident or disease in respect of which compensation is payable, to respect whole of the work at which that worker was employed at the time of the accident or incidence of the disease; (b) the inability to obtain other suitable work at the same rate of earnings as the worker was receiving at the time of the accident or incidence of the disease (WCA, Section 2(1)).
v) Compensation for dependants	If an accident or disease occurs to a worker arising out of and in the course of employment and results in the worker's death, that worker's dependants shall be entitled to compensation in accordance with the provisions of this Act.

*Per the current rules, compensation takes the form of periodical benefits when the degree of permanent disablement exceeds 10 per cent (WCA, Section 69(1)(b)). A degree of disablement of up to 10 per cent gives entitlement to a lump sum (WCA, Section 69(1)(c)).

Source: Author based on the national legislation.

According to Section 4(1) of the WCA, dependents include:

a. the spouse of a worker living with the worker at the time of the accident or disease concerned;
b. any child of a worker if born before or within ten months after the time of the accident or disease concerned;
c. any parent or step-parent of a worker if the Commissioner is satisfied that the worker was adopted and the adoption was prior to the accident or incidence of disease;
d. any brother, sister, half-brother or half-sister, or any grandparent or grandchild of a worker; or
e. any other relation to the worker, whether by consanguinity or affinity, who was wholly dependant for support and maintenance upon the worker at the time of the accident or incidence of the disease concerned.

Section 4(2) of WCA further specifies that a person who falls within the provision of paragraph (a) (b), (c) or (d) of Subsection (1) shall only be deemed to be dependant if that person was wholly or partly dependant for support and maintenance upon the worker at the time of the accident or incidence of the disease concerned. In accordance with Subsection (3), the insured's children shall be deemed dependent upon the worker for support and maintenance. Therefore, the surviving spouse's entitlement to the benefit is conditional upon their being incapable of self-support. As such, in this report, recourse will be made to the last sentence of Article 32 (d) of Convention No. 102.

Section 2 of the WCA defines the term “child” as “an unmarried son or daughter younger than age 18, and includes (a) an illegitimate child; (b) a posthumous child; (c) an adopted child; (d) the child of any person with whom the worker was, in the opinion of the Commissioner, living as man and wife at the time of the accident or disease if that child was wholly supported by the worker; and (e) a child in respect of whom a worker had assumed, under the law and customs of the community of which the worker is a member, responsibility for support of that child and who was supported by the worker at the time of the accident or disease”.

Given the above, the WCA provides for employment injury benefits in cash and in-kind (medical care) in the event of temporary incapacity for work (referred to as "periodical payments"), total and partial permanent disability, as well as survivors' benefits to compensate for the loss of support suffered by the spouse and children. Therefore, the national legislation complies with Article 32 of Convention No. 102.

Concerning the coverage of occupational diseases, the Government may wish to note the direct request previously made by the CEACR regarding Convention No. 18, in which requested the Government "to continue providing information on the amendment of the list of occupational diseases with a view to giving full compliance to this provision of the Convention".

Coverage (Art. 33)

Article 33 (a) of Convention No. 102 prescribes that the persons protected shall comprise prescribed classes of employees, constituting at least 50 per cent of all employees, and, for benefit in respect of death of the breadwinner, also their wives and children.

Legal coverage

The scope of application of the Workers' Compensation Act (WCA) is defined under several provisions of the Act. According to Section 110, every employer, except **(a) the State** and (b) any employer exempted by the Minister during the period of that exemption, shall be liable to assessment, i.e., payment of contributions to the Workers' Compensation Fund (WCF).

Section 2 of the WCA defines an employer as "a person regarded as, or deemed to be, an employer under Section 5, and includes a principal and the lawful representatives, successors or assigns of that person or principal. According to Section 5(1), **the Government** and any person or any body of persons, corporate or incorporate, having a contract of service or apprenticeship with a worker shall be regarded, for the purposes of this Act, as the employer of that worker, whether the contract was entered into before the commencement of this Act. Subsection (3) further specifies that, in the case of a worker whose occupation is conveying for gaining person or goods by means of any vehicle, vessel or aircraft the used of which the worker obtained from some other persons under a contract other than a purchase or hire-purchase agreement, the other person shall, for the purpose of this Act, be deemed to be the employer. In accordance with Subsection (4), in the case of a worker employed by a club or other association of persons, the members of the managing committee, or if there be no committee, the secretary or other responsible officer, of the club or association shall be deemed to be the employer.

Based on the above, there appears to be a legal inconsistency concerning the coverage of civil servants and public-sector employees. According to Section 10 of the WCA, the State is exempted from registering with the WCFCB. However, the definition of employer under Section 5(1) of the Act includes the Government. In practice, this has resulted in civil servants and public-sector employees not being covered by the WCFCB, leaving these categories of workers without the protection intended by the Act and limiting the effective coverage of the WCF, which, as will be presented below, is far below of NAPSA's and NHIMA.

The term "worker" is defined under Section 3(1)(a) as any person who has entered into, or works under, a contract of service or of apprenticeship or of learnership with an employer, whether the contract is expressed or implied, is oral or in writing, and whether the remuneration is calculated by time or by work done, or is in cash or in kind. It includes any person whose occupation is conveying for gain persons or goods by means of any vehicle, vessel or aircraft, the use of which that person

has obtained under any contract other than a purchase or a hire-purchase agreement, whether or not the remuneration of the person under such a contract is partly an agreed sum and partly a share in takings; however, it does not include any person whose remuneration is fixed solely by a share in takings.[73]

According to Section 3(3), the following person are excepted from the definition of "worker":

a. any person in-
   i. the Zambia Police force or the Public Service;
   ii. the public service of any government or authority specified by the Minister, by statutory notice;
b. any person employed casually by an employer and not in connection with the employer's trade or business;
c. any person to whom articles or materials are given out by any employer to be made up, cleaned, washed, ornamented, finished or repaired or adapted for sale on premises not under the control of the employer;
d. a member of the Defence Force; or
e. any person who is a member of a Service Commission established under the provisions of the Service Commissions Act.

It is worth noting that, the national legislation permits employers to opt out of from the obligation of paying contributions to the WCF for a period and subject to conditions as may be prescribed. In accordance with Section 111(2), an employer shall only be eligible for exemption under Subsection (1) if-

a. the employer proves to the satisfaction of the Minister that there has been established, and provision has been made for the maintenance of a fund for insurance against any liability which may arise under this Act in respect of the workers; and
b. the employer has deposited sufficient security with the board, to meet all claims for compensation which may be due or become due under this Act.

Although public-sector workers are excluded from the scope of application of the WCA, these workers are covered by the Public Servants Service Act No. 35 of 1996.

Effective coverage

Based on the available statistical information, the effective coverage of employment injury benefits in Zambia, determined based on the number of employees registered with the WCF in 2023, is estimated at 27.9 per cent of all employees, as shown in Table 11.

Table 11 Calculation of the coverage of employment injury benefits (2023)

A.	Number of employees protected[1]	516 040
B.	Total number of employees[2]	1 849 006
C.	Number of employees protected as percentage of total number of employees	27.9

[1] Total number of employees registered with the WCF in December 2023.

Source: MLSS 2024. Personal communication, November 14.

[2] This number is composed of the total number of employees (permanent employees, fixed-term employees and short-term and casual employees) in 2023.

Source: Zambia's LFS 2023.

73 WCA, Section 3(1)(b).

In principle, the legal coverage of the WCA aligns with the requirements of Convention No. 102, as the law mandates coverage for all workers under a contract of service or apprenticeship with an employer, except for members of the Police, the Public Service, the Defence Force, and casual workers hired outside the employer's trade or business.

However, the effective coverage of employment injury benefits, based on the number of employees registered with the WCFCB in 2023, is approximately 27.9 per cent of all employees, which falls short of the minimum requirements of the Convention (i.e., at least 50 per cent of all employees).

Nonetheless, the Government could consider availing itself of the temporary exception provided for in Article 33(b) of the Convention, which allows countries that make a declaration under Article 3, to limit the scope of application to 50 per cent of all employees in industrial workplaces employing 20 persons or more, and, for benefit in respect of death of the breadwinner, also their wives and children.[74] Should the Government consider using this temporary exception, it would be required to furnish the statistical information in the form set out in Title V under Article 76 of the report form for this Convention in the first report on the application of the Convention.

Medical care (Art. 34, 2))

Article 34 (2) of Convention No. 102 provides that the employment injury benefits shall include medical care and shall comprise:

a. general practitioner and specialist in-patient care and out-patient care, including domiciliary visiting;
b. dental care;
c. nursing care at home or in hospital or other medical institutions;
d. maintenance in hospitals, convalescent homes, sanatoria or other medical institutions;
e. dental, pharmaceutical and other medical or surgical supplies, including prosthetic appliances, kept in repair, and eyeglasses; and
f. the care furnished by members of such other professions as may at any time be legally recognized as allied to the medical profession, under the supervision of a medical or dental practitioner.

Section 100 (1) of the WCA stipulates that, in the event of an accident occurring to a worker in the course of employment which necessitates removal to a hospital or that workers' place of residence, the employer shall forthwith provide the necessary conveyance for that worker, which reasonable expenses shall be covered by the Commissioner or the exempted employer.[75]

Section 101 (1) further specifies that the Commissioner or an exempted employer shall defray any expenses reasonable and necessarily incurred by a worker as the result of an accident arising out of, and in the course of, employment in respect of the following matters.

a. dental, medical, surgical or hospital treatment;

b. nursing services;

c. the supply of medicines and surgical dressing;

74 Recognizing that some national economies and medical facilities are still developing, Convention No. 102 contains flexibility clauses that allow countries to demonstrate compliance with lower benchmarks for so long as the competent authority considers necessary. Ratifying States that wish to avail themselves of any of the temporary exceptions provided for in Articles: 9(d); 12(2); 15(d); 18(2); 21(c); 27(d); 33(b); 34(3); 41(d); 48(c); 55(d); and 61(d), shall specify the relevant temporary exceptions in a declaration append to its ratification. For further information, consult Convention No. 102, Article 3.

75 WCA, Section 100 (2).

d. traveling and subsistence in connection with the worker's journey to and from and treatment in a place either within or outside Zambia where the worker was directed by a medical practitioner to go for treatment; or for the obtaining of any artificial limb or apparatus referred to in paragraph (e);

e. the supply, maintenance, repair and renewal of artificial limbs and apparatus or aid necessitated by the accident and the repair or replacement of artificial limbs or apparatus or aid used by a worker in the course of employment and damage or destroyed as the result of an accident.

Per Section 101(5) of the WCA, hospital treatment includes the maintenance of a worker detained in the hospital.

The national legislation stipulates that medical expenses may be covered up to a prescribed amount.[76] Nonetheless, Section 101(3) provides that if the Commissioner is satisfied, based on a medical certificate, that the worker's injury is of a serious nature, the Commissioner may determine that an additional amount deemed just under the circumstances shall be paid.

In this regard, it can be noted that Section 103 specifies that the fees and charges for medical aid shall be in accordance with a scale prescribed by the Minister after consultations with associations or bodies representing medical practitioners or dentists authorized to practice in Zambia. This Subsection further provides that no claim for an amount exceeding the prescribed fee shall be made against any worker, the Commissioner or an exempted employer in respect of any medical aid. However, based on the information provided by the WCFCB during the tripartite validation workshop held in Livingston in March 2025, the scale prescribing the fees has not yet been established. Currently, the Fund covers the total cost of the medical services and treatment provided to insured persons.

Based on the information available, it appears that, in practice, upon the acceptance of a claim, the employer can obtain reimbursement of up to 100 per cent of the medical expenses incurred (MLSS 2023, 67).

Based on the above, the medical care benefits stipulated under Section 101 (1) of the WCA include dental, medical, surgical and hospital treatment; nursing services; and the provision of medicine, surgical dressing, and prosthetic devices. **The national legislation does not specify whether the WCFCB covers domiciliary visiting (Article 34(2)(a)), eyeglasses (Article 34(2)(e)), and the care furnished by members of such other professions as may at any time be legally recognised as allied to the medical profession (Article 34(2)(f)). However, the Government has confirmed that, in practice, said benefits are covered free of charge to all persons protected injured due to employment injury or occupational disease. Hence, the medical care provided by the scheme is aligned with the requirements of Article 34(2) of Convention No. 102.** In case of ratification, the Government may wish to consider aligning national laws referring to the scope of the medical package with current practice.

Rehabilitation (Art. 35, 1)

Article 35 (1) of Convention No. 102 provides that the institutions or Government departments administering the medical care shall co-operate, wherever appropriate, with the general vocational rehabilitation services, with a view to the re-establishment of handicapped persons in suitable work.

The Zambia Agency for Persons with Disabilities (ZAPD) was originally established by the Government of the Republic of Zambia through the Persons with Disabilities Act No. 33 of 1996, which was repealed in 2012. Operating under the Ministry of Community Development and Social Services (MCDSS), ZAPD is tasked with implementing the Persons with Disability Act No. 6 of 2012. The Agency's mandate includes planning, promoting, coordinating, and regulating services for persons with disabilities, encompassing the following responsibilities:

76 WCA, Section 101(2).

- Develop and implement measures to achieve equal opportunities for persons with disabilities by ensuring, to the maximum extent possible, that they obtain education and employment, participate fully in sporting, recreation and cultural activities and are afforded full access to community and social services;
- Facilitate and coordinate habilitation, rehabilitation, training and welfare services for Persons with Disabilities;
- Cooperate with State institutions and other organisations in the provision of preventive, educational, training, employment, rehabilitation, and other welfare services for Persons with Disabilities.[77]

To fulfil its mandate, ZAPD formulates a Strategic Plan every five years, aligning it with National Development Plans to guide its operations. According to the 2023-2026 Strategic Plan, the Agency aims to enhance coordination with other Ministries and Government Departments in delivering social transfers for persons with disabilities, including the Farmer Input Support Programme (FISP) and Food Security Pack (FSP) (ZAPD, n.d.).

The Persons with Disability Act No. 6 of 2012 establishes a comprehensive framework for coordination among relevant ministries to ensure the rights of persons with disabilities. Specifically, in the area of employment, Section 35(3)(d) mandates that the Minister, in consultation with the Ministry of Labour and Social Security (MLSS) and the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA), must issue regulations and take necessary measures to guarantee that persons with disabilities have effective access to technical and vocational training, guidance programs, placement services, and ongoing vocational training.

It is worth noting that Zambia is a State party to the Convention on the Rights of Persons with Disabilities and the ILO's Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), underscoring its commitment to the advancement of the rights of persons with disabilities. Within the context of its reporting obligations, the Government of Zambia has reported that the empowerment programmes of ZAPD's National Trust Fund for Persons with Disabilities provide microcredit to persons with disabilities in order to enable them to engage in livelihood activities.[78]

In this context, it is important to note that in its examination of the application of the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), ratified by Zambia in 1989, the CEACR has made the following direct request to Zambia:"

> *Articles 7 and 8. Vocational training and employment services for persons with disabilities.* The Committee notes the initiatives undertaken by the Government to improve access to education for persons with disabilities. The Government refers to the introduction of mandatory courses in special educations needs at the Teacher Training Colleges of Education, the development of a general revised curriculum for primary school learners with disabilities, the removal of examination fees for children with disabilities, the availability of bursaries for trainees with disabilities in vocational training, and the implementation of pilot inclusive vocational training centres that fall under the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA). ***Referring to its comments above regarding the very high levels of unemployment amongst persons with disabilities and the key role of effective vocational education and training in this regard, the Committee requests the Government to continue providing information on the development of vocational rehabilitation and employment services, including vocational guidance and training and employment placement services, made available to persons with disabilities, including in rural areas and remote communities, as well as information on the impact of these services.***[79]

77 Persons with Disability Act No 6 of 2012, Section 14(1).

78 For further information, see: ILO (2016). Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016) Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159) - Zambia (Ratification: 1989)

79 ILO. 2024. Direct Request (CEACR) - adopted 2023, published 112nd ILC session (2024) Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159) - Zambia (Ratification: 1989)

Considering the above, it appears that the national legislation provides a general framework aimed at ensuring cooperation between institutions or Government departments administering medical care and vocational rehabilitation services, with a view of reintegrating persons with disabilities into suitable employment. In case of ratification, the Government could refer to its reporting obligations under Convention No. 159 in relation to this provision.

Level of benefits (Art. 36)

Article 36(1) of Convention No. 102 provides that, in respect of incapacity for work, total loss of earning capacity likely to be permanent or corresponding loss of faculty, or the death of the breadwinner, the benefit shall be a periodical payment calculated in such a manner as to comply with the requirements of Article 65 and should attain for a standard beneficiary indicated in the Schedule appended to Part XI at least 50 per cent of their previous earnings in the case of incapacity for work, 50 per cent of such earnings in case of permanent total invalidity and 40 per cent of such earnings for loss of support suffered by survivors, according to the Schedule appended to Part XI.

In case of partial loss of working capacity, Article 36(2) of Convention No.102 states that the periodical payment should represent a suitable proportion of that specified for total loss of earning capacity or corresponding loss of faculty. Furthermore, subparagraph 3 allows for the periodical payment to be commuted into a lump sum where the degree of incapacity is slight or where the competent authority is satisfied that the lump sum will be properly utilised by the beneficiary.

According to Section 79(1) of the WCA, a worker's earnings shall be computed in a manner best calculated to give the monthly rate at which the employer remunerated the worker at the time of the accident or incidence of the disease concerned. Subsection 79(3)(1) further specifies that said earnings shall also include twelve and one half per centum of the workers' basic wages or basic salary but shall not include any of the following: (a) remuneration of intermittent overtime; (b) casual payments of a non-recurrent nature; (c) sums paid by an employer to a worker to cover any special expenses incurred by the worker on account of the nature of the work; (d) ex-gratia payments, whether made by the employer or other person; (e) sums paid under any provident fund; (f) payment by way of pension; (g) special cash payment, other than the normal leave pay made when the worker is going on leave; (h) housing allowance or the cost of any food or quarters supplied by the employer; or (i) cost of living allowance.

Per Section 79(4), if a workers' remuneration is (a) fixed at a rate calculated upon work performed or (b) subject to fluctuation by reason of the terms of the employment, the earnings shall be the average monthly remuneration from similar work upon the same terms of remuneration for a period not exceeding twelve months immediately preceding the accident or incident of the disease. Subsections 5 and 6, respectively, specify how the average earnings shall be calculated in cases where it is impracticable to compute a worker's earnings due to the shortness of the employment contract with a particular employer and in case of having multiple and simultaneous contracts.

Temporary incapacity for work

It appears that in Zambia, compensation in case of temporary incapacity for work is referred to as “periodical payment”. This interpretation derives from Section 68(1) of the WCA, which states: “A worker who has received periodical payments for total or partial disablement or total and partial for disablement for a period of 18 months from the date of the commencement of the disablement shall no longer be entitled to periodical payments payment and shall be deemed to have suffered permanent disability”.

Section 2(1) of the WCA defines this term as a periodical payment of compensation under sections 66 and 67. According to Section 66(1), compensation in the case of total disablement shall be made by periodical payments during the period of disablement and shall be calculated at fifty per cent of the assessed earnings of the worker. Subsection (2) further specifies that periodical payment shall be made once a month.

In principle, the level of the benefit payable under the WCA to persons who are temporarily incapacitated for work (i.e., 50 per cent of the employee's previous earnings) aligns with Article 36(1) in conjunction with Article 65 of Convention No. 102, which require, at a minimum, a 50 per cent replacement rate.

However, the current ceiling on insurable earnings, which affects the benefits paid by the scheme, is extremely low and does not allow, in practice, a standard beneficiary to receive at a minimum, the replacement rates (i.e., 50 per cent of previous earnings as set out in Convention No. 102) (see subsection: Ceiling on insurable earnings (all cash benefits under the WCA).

Partial and total permanent disability

Section 54(2) of the WCA stipulates that the compensation payable to a worker, whether in respect of one or more than one accident, shall not exceed the compensation payable in respect of 100 per cent disablement. To determine such compensation, the calculation shall be based upon the earnings most favourable to the worker at the time of the accident.

According to Section 69(1) of the WCA, compensation in the case of permanent disablement shall be according to the degree of disablement, and shall be calculated as follows:

a. where the degree of disablement is 100 per cent, a monthly pension calculated at 50 per cent of the assessed earnings of the worker;

b. where the degree of disablement is under 100 per cent but exceeds ten per cent, a monthly pension bearing the same proportion to the pension calculated in accordance with paragraph (a) as the degree of such disablement bears to one hundred per cent;

c. where the degree of disablement does not exceed ten per cent, a lump sum so calculated on such basis as the Minister may prescribe.

It is worth noting that in examining the application of the Workmen's Compensation (Accidents) Convention, 1925 (No. 17), ratified by Zambia in 1964, the CEACR has made the following direct request to the Government concerning the level of periodical payments provided in case of employment injuries (see Box 5).

Box 5 CEACR latest comments concerning the application of Convention No. 17 by Zambia

Application of the Convention in practice. In its previous comments, the Committee observed that the average monthly level of employment injury benefits in case of permanent disability, 54 Zambian kwacha (ZMW) was relatively low and requested the Government to provide information concerning the outcome of a study by the Actuary Department of the United Kingdom on the establishment of a minimum pension under the Workers' Compensation Fund. The Committee notes the Government's indication that the actuarial valuation carried out by the Actuary Department of the United Kingdom for the period 1 April 2011 to 31 March 2014 recommended a minimum pension of ZMW125. ***The Committee requests the Government to provide information on measures taken or envisaged to increase the level of compensation in case of permanent incapacity resulting from a work-related injury with a view to improving the application of the Convention in practice. The Committee also requests the Government to continue providing statistical information in this regard.***

Source: ILO 2021c.

The WCA provides for the payment of a disablement pension corresponding to 50 per cent of the employee's former earnings in case of a total loss of earning capacity (defined in the national legislation as a 100 per cent disablement) as a result of an employment injury. As such, the national legislation appears to align with the minimum replacement rate required by Article 36(1), in conjunction with Article 65 of Convention No. 102 (i.e., at least 50 per cent of former earnings).

The national legislation also provides for the payment of a proportional monthly pension in case of a permanent partial loss of earning capacity, which in Zambia would seemingly correspond to a permanent disablement below 100 per cent but exceeding 10 per cent. This benefit is calculated based on the total permanent disablement pension and the degree of disablement, which would, in principle comply with the requirements of Article 36(2) of the Convention, which requires that "in case of partial loss of earning capacity likely to be permanent, or corresponding loss of faculty, the benefit, where payable, shall be a periodical payment representing a suitable proportion of that specified for total loss of earning capacity or corresponding loss of faculty".

However, the current ceiling on insurable earnings, which affects the benefits paid by the scheme, is extremely low and does not allow, in practice, a standard beneficiary as defined by the Convention to receive the actual replacement rates prescribed by law (see subsection: Ceiling on insurable earnings (all cash benefits under the WCA).

Consequently, noting also the Direct Request previously made by the CEACR regarding the level of the periodical benefits provided by the WCF in case of permanent disablement, the Government may wish to provide further information concerning the introduction of a minimum pension and the measures taken or envisaged to increase the level of compensation in case of permanent incapacity resulting from a work-related injury.

Death of the breadwinner

Section 71 of the WCA provides that "where a worker dies as a result of an accident or disease, compensation shall be determined as follows:

a. if the worker leaves as a dependant a spouse and no dependant children, there shall be paid to the spouse a monthly pension equal to four fifths of the monthly pension the deceased worker had been receiving or would have received if the worker had been entitled to a monthly pension for permanent disablement;

b. if the worker leaves as dependants a spouse and one or more children, there shall be paid to-

    i. the spouse, the monthly pension mentioned in paragraph (a)

    ii. the children, in the manner provided Subsection (3) Section eight-nine a monthly allowance accordance with the fourth Schedule based on the monthly pension which the deceased worker had been receiving or would have received if the worker had been entitled to a monthly pension for permanent disablement (...)"

According to the Fourth Schedule, the monthly allowance for children should correspond to 15 per cent of the worker's pension for one child. The rate increases by 5 per cent for each additional child up to a maximum of 50 per cent for eight children.

Based on the above, if a worker dies due to an accident or disease, their eligible dependents shall receive a monthly pension corresponding to the permanent disablement pension the deceased received or would have been entitled to receive. As per the current provisions, a standard beneficiary for this contingency (i.e., a widow with two children) would receive 100 per cent of the worker pension, of which 80 per cent would be for the widow and 20 per cent for the children.

Therefore, in principle, the replacement rate of 100 per cent established according to the formula set out in the national legislation aligns with the Convention, which requires that benefits correspond to at least 40 per cent of former earnings. However, the current ceiling on insurable earnings, which affects the benefits paid by the scheme, is extremely low and does not allow, in practice, a standard beneficiary to receive the actual replacement rates prescribed by law (see subsection: Ceiling on insurable earnings (all cash benefits under the WCA).

Ceiling on insurable earnings (all cash benefits under the WCA)

For earnings-related benefits, the Convention offers Member States the flexibility of choosing a standard beneficiary (i.e., a skilled employee) according to four different methods laid down in Article 65(6). Based on the information available to the ILO, in this report, the standard beneficiary is identified according to Article 65, (6), (d) of the Convention, which establishes that a skilled manual male employee shall be a person whose earnings are equal to 125 per cent of the average earnings of all the persons protected. Considering that in 2024, the average monthly earnings of insured persons registered with the WCFCB were 7,454 Kwacha,[80] the monthly earnings of a standard beneficiary for 2024 would amount to 9,317 Kwacha.

The national legislation provides concrete guidance for calculating the level of compensation granted under the WCA, and the reference earnings that shall be taken into consideration for benefit purposes. Furthermore, Section 2 of the Workers' Compensation (Assessment of Earnings) Regulations - Statutory Instrument 25 of 2005, as amended by the Workers' Compensation (Assessment of Earnings) (Amendment) Regulations, 2021- Statutory Instrument 14 of 2021, establishes a ceiling for the earnings considered for contribution purposes (i.e., 14,400 Kwacha a year).

Therefore, the benefits provided by the WCFCB to insured persons in case of temporary incapacity for work, partial and total permanent disability and death due to an employment injury or occupational disease are calculated based on this ceiling.

It is worth noting that the current ceiling on insurable earnings (i.e., 14,400 Kwacha a year) would correspond to 800 Kwacha a month, which is extremely low. The monthly ceiling would correspond to 8.5 per cent of a standard beneficiary's earnings calculated according to the Convention's provisions (9,317 Kwacha a month) and approximately one-tenth of the national average earnings. As such, the monthly ceiling on the wages taken into account for the calculation of employment injury benefits would not allow the skilled manual male employee to receive the actual replacement rate established by the national legislation (i.e., 50 per cent of previous earnings in case of temporary incapacity for work, permanent total disability, and death resulting from an employment injury or recognised occupational disease). Therefore, to ensure compliance with the Convention, the ceiling should be revised. In this regard, the ILO has previously recommended that this reform option should be assessed in the next triennial actuarial valuation with a careful plan for data collection of wage distributions for different industries. For data collection, collaboration with the NAPSA and the Zambia Statistics Agency with proper resources allocated for data collection (ILO 2020, 74).

80 MLSS 2024. Personal communication, November 14.

The current ceiling on earnings for contribution purposes to the WCF (i.e., 14,400 Kwacha a year, which corresponds to 800 Kwacha a month) does not reflect the average level of earnings in Zambia. In fact, the earnings cap corresponds to 8.5 per cent of the average earnings of a standard beneficiary identified in this report for this branch (i.e., 9,317 Kwacha a month), which has resulted in inadequate benefits for protected persons.

Compliance with the requirements of Article 36 of the Convention would require that the current ceiling on earnings be significantly increased. In this regard, the ILO has previously recommended that the ceiling be increased to four times the national average earnings, as adopted by NAPSA (ILO 2020,74). Such an approach would also improve the scheme's financial sustainability and ensure that social security benefits will meet their objectives.

Periodic adjustment of pensions in payment

Article 65 (10) of Convention No. 102 requires that the rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and survivorship, shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

According to Section 86 of the WCA, the Board may, in consultation with the actuary, not more than once in each calendar year, review any amount payable under this part as pension or children's allowance and may increase in the cost of living according to the official cost of living index of the Republic of Zambia.

The national legislation provides for the review of pension amounts payable under the WCA at least once a year to account for changes in the cost of living. The principle in the Convention is that pensions need to be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

Should the Government decide to ratify Part VI, it will be requested to provide additional information on the pension increments made over a reference period (e.g., ten years) to determine if the existing adjustment mechanism effectively prevents the erosion of the purchasing power of benefits due to the evolution of the level of earnings when these result from changes in the cost of living, as required by Article 65(10) of the Convention.

Conversion of periodical payments into a lump-sum payment

The national legislation provides for two situations in which compensation for employment injuries can take the form of a lump sum, namely:

- When the degree of disability does not exceed 10 per cent (Section 69(1)(c) of the WCA), and
- in the cases permitted by Section 81 of the WCA.

Section 81 of the WCA provides:

> "(1) Where the monthly pension for permanent disablement does not exceed an amount as may be prescribed, the Commissioner may, upon the application of the worker, pay or order the payment of a lump sum instead of a portion or the whole of the pension.
>
> (2) Where the pension exceeds the prescribed amount, the Commissioner may, upon the application of the worker, instead of a portion of the pension, pay or order the payment of a lump sum not exceeding the maximum sum which would have been payable under subsection (1) had the pension not exceeded the prescribed amount:

> Provided that if the balance of the pension payable is less than that prescribed by the Minister by regulation per month, the Commissioner may pay or order the payment of a lump sum instead of the whole of the pension.
>
> (3) Any lump sum under this section shall be calculated on a basis prescribed by the Minister and payment shall be subject to the control of the Commissioner as provided in section 83.
>
> (4) Where the Commissioner pays or orders the payment of a lump sum instead of the whole of a pension, the Commissioner may also pay or order the payment of a lump sum of any children's allowances which the Commissioner has under the provisions of subsection (3) of section 83, determined shall be paid to the worker".

Article 36 (3) of Convention No. 102 allows for the conversion of a periodical payment into a lump sum only: (a) where the degree of incapacity is slight; or (b), where the competent authority is satisfied that the lump sum will be properly utilised.

The degree of incapacity is left to the member State to determine. With regards to what constitutes a slight degree of incapacity that could give rise to a lump sum meeting the requirements of the Convention, the ILO Employment Injury Recommendation, 1964 (No. 121) provides, on an indicative basis, that it should be less than 25 per cent. In its previous observations regarding the employment injury branch in other countries, the supervisory body of the ILO determined that a slight incapacity would be an incapacity for work below 30 per cent. As such, the degree of incapacity prescribed by Section 69(1)(c) of the WCA (i.e., a permanent disablement of up to 10 per cent) could be considered a slight degree of incapacity and would, therefore, align with paragraph a) of Article 36(3) of the Convention.

The prescribed degree of incapacity for commuting the periodical payment into a lump sum, i.e. 10 per cent, can be considered aligned with paragraph (a) of Article 36(3) of the Convention, which permits converting the periodical payment into a lump sum where the degree of incapacity is slight.

Regarding the provisions of the WCA that allows converting employment injury benefits into lump-sum payments when the monthly pension does not exceed a prescribed amount and upon request of the worker, the Government may wish to consider that Convention No. 102 allows the commutation of periodical payments for a lump sum only where the incapacity is slight or where the competent authority is satisfied that the lump sum will be properly utilised. As such, in case of a potential ratification of Part VI, the ILO supervisory mechanism could request further information concerning the practical application of Section 81 of the WCA as well as the extent to which there are measures in place for the competent authority to assess if the lump sum will be properly utilised by the beneficiary.

Qualifying period (Art. 37)

Convention No. 102 does not allow any qualifying period for employment injury benefits. Regarding the insured's dependents, the benefit may be made conditional on the spouse being presumed incapable of self-support and children remaining under a prescribed age.

The national legislation does not establish a qualifying period for entitlement to benefits. According to the information published by the MLSS, "there is no minimum number of contributions required for one to get benefits from WCFCB, what is key is the registration of the employer with WCFCB and declaration of earnings for assessment purposes" (MLSS 2023).

In line with Convention No. 102, the national legislation does not require a minimum qualifying period for entitlement to employment injury benefits. As per the WCA, survivor's pensions can be suspended when the widow(er) remarries or when an eligible child reaches the age of 18, marries, or dies, grounds permitted by the Convention.

Duration of benefits and waiting period (Art. 38)

Article 38 of Convention No. 102 specifies that the benefit must be granted throughout the contingency, except that, in respect of incapacity for work, the benefit need not be paid for the first three days in each case of suspension of earnings.

The duration of benefits provided in case of employment injury or occupational disease depends on the contingency, as follows:

- **Medical care:** The national legislation examined does not explicitly set a maximum duration of medical care benefits in case of employment injury and occupational diseases.
- **Temporary incapacity:** Section 59(1) of the WCA specifies that these payments cease when the worker can resume work at the same or a suitable position with the same or greater emoluments or when the injury or illness becomes static and no further medical aid is required within 18 months from the commencement of the disablement. Section 68(1) further specifies: "A worker who has received periodical payments for total disablement or partial disablement for a period of 18 months from the date of the commencement of the disablement shall no longer be entitled to periodical payments and shall be deemed to have suffered permanent disability". However, according to Subsection 2, in cases where there is proof that no permanent disablement exists in respect of a worker, the Commissioner may direct the continuance of periodical payments during the continuance of any such disablement for a further period not exceeding six months.
- **Partial disability:** According to Section 67(5) of the WCA, periodical payments for partial disablement shall not be made for more than 18 months. Section 68(1) further states that "A worker who has received periodical payments for total or partial disablement or for total and partial disablement a period of 18 months from the date of the commencement of the disablement shall no longer be entitled to periodical payments and shall be deemed to have suffered permanent disability".
- **Permanent disability:** Section 69(6) of the WCA establishes that the monthly pension means a pension payable monthly during the lifetime of the worker.
- **Survivors' benefits:** According to Section 73 of the WCA, the survivor pension payable to a child shall be demised or ceased in cases where the child no longer falls within the definition of child due to his or her age, marriage or death. It can be reminded that Section 2 defines the term "child" as an unmarried son or daughter under the age of 18 years, and includes (a) an illegitimate child; (b) a posthumous child; (c) an adopted child; (d) the child of any person with whom the worker was, in the opinion of the Commissioner, living as man and wife at the time of the accident or disease if that child was wholly supported by the worker; and (e) a child in respect of whom a worker had assumed, under the law and customs of the community of which the worker is a member, responsibility for support of that child and who was supported by the worker at the time of the accident or disease.

  The periodic benefit payable to the dependent spouse is paid throughout the dependent's life or until remarriage.[81]

In summary, the WCA provides that survivor's benefits can be suspended in case the surviving spouse remarries[82] and when an eligible child reaches age 18, marries or dies.[83]

81 WCA, Section 77(1).

82 WCA, Section 77(1).

83 WCA, Section 73.

Convention No. 102 requires that all benefits granted in case of employment injury be provided throughout the contingency, which is the case for cash benefits provided under the WCA. **The national legislation examined is silent regarding the duration of medical care provided to injured workers; however, during the validation workshop held in March 2025, the Government confirmed that injured workers are entitled to receive the medical care listed in Article 34(2) of the Convention throughout the contingency at no cost to the beneficiary (i.e., not implicit or explicit copayments or deductibles).**

E. Maternity benefit (Part VIII)

In accordance with Article 46 of Convention No. 102, Member States for which Part VIII of the Convention is in force shall secure to the persons protected the provision of maternity benefit. Said benefit shall include maternity medical care and cash benefits in case of pregnancy and confinement and their consequences, and the suspension of earnings, as defined by national laws or regulations, resulting therefrom.[84] In addition, the Convention specifies that "the cost of the benefits provided in compliance with this Convention and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or taxation or both".[85]

In Zambia, maternity medical care, including prenatal, confinement and postnatal care, is provided to insured persons registered within the NHIS. However, the social security legal framework does not include periodical cash maternity benefits. Instead, cash benefits are provided under employer liability arrangements regulated by the labour legislation.

According to the Employment Code Act No. 3 of 2019, a female employee who has been employed with the same employer for at least two years is, on production of a medical certificate, entitled to 14 weeks maternity leave, which shall be taken at least six weeks immediately preceding the expected date of delivery, or after the delivery. In such a case, the leave will correspond to full salary.[86] The Code further provides that, in the case of multiple births, the maternity leave period shall be extended for four weeks.

In this context, it is worth noting that, given that Zambia is a state party to the Maternity Protection Convention (Revised), 1952 (No. 103) since 1979, the CEACR has made several observations regarding the application of this Convention in the national legislation and practice. An extract of the latest comments made by the CEACR to Zambia is included below (see box 6).

84 Convention No. 102, Articles 47 to 49.

85 Convention No. 102, Article 71(1).

86 Employment Code Act No. 3 of 2019, Section 41(1) and (3).

Box 6 CEACR latest comments concerning the application of Convention No. 103 by Zambia

(...) Article 4(4) and (8). Reforms aimed at introducing maternity benefits in the framework of a new social security system. Maternity cash benefits. With reference to its previous comments, the Committee hoped that the Government would report some progress with a view to establishing a maternity protection branch as a component of the social security system. The Committee observes the new Employment Code Act, No. 3 of 2019 makes provision for maternity benefits in the framework of an employers' liability system, rather than providing maternity cash and medical benefits either by means of compulsory social insurance or by means of public funds, as required by Article 4(4) of the Convention, and precluding employers' liability as provided by Article 4(8) of the Convention. At the same time, the Committee notes the Government's indication that the National Social Health Insurance Act, No. 2 of 2018, provides for the establishment of a Maternity Protection Fund, which will be anchored in the already existing institutional framework provided by the National Pension Scheme Authority (NAPSA). **The fund will receive monthly contributions from both employers and employees at rates to be determined actuarially in due course. The Committee requests the Government to specify if the Maternity Protection Fund is intended to provide cash maternity benefits by means of compulsory social insurance with a view to move away from the current employers' liability system. The Committee further requests the Government to provide information regarding the state of implementation of the Maternity Protection Fund and of any other measure taken or envisaged to give effect to Article 4(4) and (8), of the Convention.**

The Committee has been informed that, based on the recommendations of the Standards Review Mechanism Tripartite Working Group (SRM tripartite working group), the Governing Body has decided that member States for which Convention No. 103 is in force should be encouraged to ratify the more recent Convention No. 183 (see GB.328/LILS/2/1). Convention No. 183 reflects the more modern approach to maternity protection. **The Committee therefore encourages the Government to follow up the Governing Body's decision at its 328th Session (October–November 2016) approving the recommendations of the SRM tripartite working group and to consider ratifying Convention No. 183 as the most up-to-date instrument in this subject area.**

(...)

Source: ILO 2021e

F. Invalidity benefit (Part IX)

Contingency (Art. 54)

Article 54 of the Convention provides that the contingency covered shall include inability to engage in any gainful activity, to an extent prescribed, which inability is likely to be permanent or persists after the exhaustion of sickness benefit.

The national legislation provides for the payment of invalidity benefits in case the insured person meets the prescribed qualifying period, is under the normal retirement age and has a permanent invalidity.[87] As per the current provisions, NAPSA shall pay pension benefits to a member who "(...) is certified by the medical board that he is incapable of gainful employment due to total or partial mental or physical incapacity which pension shall be determined by a formula by an actuarial study and prescribed by the Minister by statutory instrument.[88]

The NPSA further specifies that NAPSA shall appoint medical boards or appoint medical officers for the purpose of examining claimants or beneficiaries who have claims to any benefits under the Act.[89]

Secondary legislation provides further details concerning the definition of the contingency, the process for assessing and certifying disabilities, and the powers and proceedings of the medical board. More concretely, the National Pension Scheme (Medical Board) Regulations, 2016, defines permanent invalidity as a physical or mental inability suffered by a person, which renders that person incapable of engaging in gainful employment.[90] This regulation further defines "gainful employment " as means employment in respect of which an employee is remunerated by the employer and the remuneration qualifies the employee to contribute to the Scheme.

87 NPSA, Sections 9(c) and 23.

88 NPSA, Section 9 (c).

89 Section 27 of the NPSA.

90 Section 2 of the National Pension Scheme (Medical Board) Regulations, 2016.

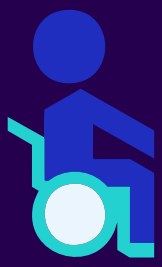
It can be noted that, as per the current rules, when determining an invalidity claim, the medical board shall take into account the following:

a. the medical status of the applicant;

b. whether the applicant has suffered a permanent invalidity;

c. the date of the onset of the permanent invalidity; and

d. the age of the applicant.



The national legislation provides invalidity benefits in case of permanent total disability, defined as a physical or mental inability suffered by a person that renders that person incapable of engaging in gainful employment. As such, the national legislation is in line with Article 54 of Convention No. 102, which requires that invalidity benefits are provided in case of an inability to engage in any gainful activity to a prescribed extent, likely to be permanent or persist after the exhaustion of sickness benefits.

It is also worth noting that the national legislation provides that pension benefits are also provided in case of partial mental or physical incapacity.

Coverage (Art. 55)

Article 55 of Convention No. 102 provides that the persons protected shall comprise:

a. prescribed classes of employees, constituting at least 50 per cent of all employees; or
b. prescribed classes of the economically active population, constituting at least 20 per cent of all residents; or
c. all residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

As previously mentioned, considering the design features of the schemes managed by NAPSA, the Government has the option of choosing between demonstrating compliance with the requirements of paragraph (a), based on the protection offered by the formal-sector scheme or (b), based on the protection provided by said scheme and the informal-sector scheme. In this report, recourse will be had to Article 55 (a) of the Convention, which prescribes that the coverage of invalidity benefits should comprise "prescribed classes of employees, constituting at least 50 per cent of all employees".

Legal coverage

The NPSA specifies that every person who, before the commencement of the Act [1st February 2000], is under pensionable age and is a member of the existing fund[91] shall be a member of the Scheme. The law also provides that every person aged 16 to the pensionable age who, on the commencement of the Act, is not a member of the existing fund and is employed by a contributing employer, shall be registered as a member of the Scheme.[92]

Section 12 of the NPSA defines "contributing employer" as a person, association, institution or firm registered as a taxpayer with a contract of service with an employee; and the Government of the Republic of Zambia, local authority or parastatal or statutory body. Contributing employers are required to register with NAPSA in the prescribed manner within one month upon the commencement of this Act or the date when the person concerned becomes a contributing employee.

The national legislation also specifies that "The employees listed in the Second Schedule shall be exempt from the provisions of this Act and the Minister may, by statutory instrument, vary or add to the list of employees or categories of employees in the Second Schedule.[93] According to the second schedule to the NPSA, as amended, the following persons are exempted from enrolment within NAPSA:

91 Section 54 of the NPSA repealed the National Provident Fund Act, leading to the closure of Zambia's National Provident Fund. In accordance with Section 10 of the NPSA, NAPSA became the custodian and manager of the funds and assets of the defunct provident fund and assumed its liabilities.

92 NPSA, Section 11.

93 NPSA, Section 13(2), as amended by Section 2 of the National Pension Scheme (Amendment) Act, 2000.

- Employed persons with monthly earnings below 15 Kwacha;
- Employees of a foreign government who are accorded diplomatic or equivalent status;
- Employees of international organization who are not citizens of Zambia;
- Members of the armed forces;[94]
- Public officers appointed before the NPSA comes into force [1st February 2020] and who were on pensionable employment under the Public Service Pensions Fund or the Local Authorities Superannuation Fund.

Effective coverage

Based on the available statistical information, the effective coverage of invalidity benefits in Zambia, determined based on the number of employees contributing to NAPSA in 2024, is estimated at 46.9 per cent of all employees, as shown in Table 12.

Table 12 Calculation of the coverage of invalidity benefits (2024)

A.	Number of employees protected[1]	1 122 700
B.	Total number of employees[2]	2 389 734
C.	Number of employees protected as percentage of total number of employees	46.9

[1] Total number of employees contributing to NAPSA on December 31, 2024.

Source: information provided by NAPSA during the tripartite validation workshop (March 2025)

[2] This number is composed of the total number of employees (1,849,006) plus the total number of unemployed persons (540,728) in 2023.

Source: Zambia's LFS 2023.

The legal coverage of NAPSA's formal-sector scheme is in line with the requirements of Convention No. 102, as the law currently covers all employees in the private and public sectors and civil servants aged 16 to the pensionable age. **However, the effective coverage of invalidity benefits, calculated based on the number of employees who contributed to NAPSA in December 2024, is approximately 46.9 per cent of all employees, slightly below the minimum required by Article 55(a) of Convention No. 102 (i.e., at least 50 per cent of all employees).**

Nonetheless, considering the ongoing efforts to progressively extend the coverage of NAPSA's scheme and the scheme's effective coverage does not seem to be an impediment to ratification.

The Government may also choose to avail itself from the temporary exception set out in Articles 3 and 55(d) at the time of ratification.

Level of benefits (Art. 56)

Article 56(1)(a) of Convention No. 102 provides that the invalidity benefit must be a periodical payment calculated according to articles 65, 66 or 67 and should be a periodical payment attaining, for a standard beneficiary indicated in the Schedule appended to Part XI, at least 40 per cent of the reference wage determined in accordance with these provisions. However, Article 57(3) stipulates that the requirements concerning the minimum replacement rate of benefits shall be deemed to be satisfied if a standard beneficiary is entitled to a benefit corresponding to at least to 30 per cent his or her previous earnings after having completed, in accordance with prescribed rules, five years of contribution, employment or residence.

94 However, civilians engaged in the Zambia Air Force, Zambia Army, the Police Service and other related wings of Armed Forces are eligible members of NAPSA (NAPSA 2023a).

Additionally, for social security systems providing benefits representing a portion of previous earnings, Article 65 of the Convention allows for the establishment of an upper limit on the amount of wages or earnings which may be considered when calculating the benefit. However, this ceiling should be set in such a way that a skilled manual male employee, determined in accordance with the provisions of the Convention, would still receive a benefit equal to at least 40 per cent of previous earnings.

A skilled manual male employee, determined according to Article 65, (6), (d) of the Convention, is a person whose earnings are equal to 125 per cent of the average earnings of all the persons protected. Considering that in 2024, the average monthly earnings of insured persons enrolled with NAPSA were 10,763 Kwacha,[95] the monthly earnings of a standard beneficiary for 2024 would amount to 13,453 Kwacha.

According to the Convention, a standard beneficiary should receive an invalidity benefit corresponding to at least 40 per cent of previous earnings after 15 years of contributions.

Section 9(c) of the NPSA provides that the invalidity pension shall be determined by a formula by an actuarial study and prescribed by the Minister by statutory instrument. Section 24 of the NPSA provides the overreaching framework for establishing the level of invalidity benefits, as follows:

1. The Minister shall, by statutory instrument, prescribe monthly rate of invalidity pension determined on the basis of the members average monthly earnings and the length of pensionable service.
2. The monthly rate of invalidity pension shall be supplemented by a prescribed percentage.
3. The minimum monthly invalidity pension shall be twenty per centum of the national average earnings.

Consequently, Section 9 of the National Pension Scheme (Benefits and Eligibility) Regulations, 2000 established the benefit formula for calculating the invalidity pension:

Invalidity Pension = C + MAX (G, Pm)

Where:

C = Compensation for years lost from work due to invalidity, corresponding to 0.005 * Average Indexed Monthly Earnings * Number of lost years due to the invalidity

G = Monthly pension

Pm = Minimum pension

MAX (G, Pm) = the greater of the normal retirement pension or the minimum pension.

Given the prescribed benefit formula, the level of the invalidity pension payable to an insured person who has contributed during the qualifying period established by Article 57(1) of the Convention (i.e., 15 years of contributions or employment) would vary depending on their age at the time the disability began, as this will affect the number of years lost from work due to the disability.

For example, if we consider an insured person aged 35 when the disability began—25 years younger than the normal retirement age—with 15 years of contributions (i.e., 180 months), they would be entitled to compensation for years lost from work due to invalidity amounting to 12.5 per cent of their average monthly earnings (25 years lost * 0.005) plus the normal retirement pension or the minimum pension, whichever is greater. The normal retirement pension would amount to 20 per cent (i.e., 0.00111 * 180 months of contributions). Therefore, such a person would be entitled to an invalidity pension corresponding to 32.5 per cent of their average monthly earnings (12.5 per cent plus 20 per cent), which might be slightly higher if such a person has average monthly earnings below the national average earnings, as in such a case instead of 20 per cent of his average earnings the pension would be calculated based on the minimum pension prescribed by law (i.e., 20 per cent of the national average earnings).[96]

95 MLSS 2024. Personal communication, November 14.

96 NPSA, Section 19(4).

If the disability began when the insured was aged 45 with 15 years of contributions, the compensation for years lost from work due to invalidity would amount to 7.5 per cent of their average monthly earnings (15 years lost * 0.005) plus 20 per cent (i.e., 0.00111 * 180 months of contributions). Hence the invalidity pension would correspond to 27.5 of average monthly earnings.

Based on the above, the replacement rate of the invalidity pension would fall below the minimum requirements of Article 57(1) of the Convention in conjunction with the Schedule appended to Part XI (i.e. at least 40 per cent of the reference wage). However, the national legislation also provides entitlement to an invalidity pension after 60 months of contributions (i.e., five years), 12 of which should have been made in the 36 months before the invalidity began. Therefore, it is possible to assess if the level of benefits attains the requirements of Article 57(3) of the Convention, which requires the provision of a periodical payment corresponding to at least 30 per cent of previous earnings after five years of contributions, as prescribed in the national legislation. As above, given the benefit formula, the replacement rate of the pension would depend on the insured's age at the onset of the invalidity and their previous contribution history. The Table below provides some examples of the replacement rates insured persons could receive depending on these two factors.

Table 13 Selected scenarios on the replacement rate of the invalidity pension for potential standard beneficiaries with five years of contributions

A. Age when the disability began	B. Years lost up to age 60	C. Compensation for years lost from work (percentages) (B * 0.005)	D. Minimum pension* (percentages)	E. Replacement rate of the invalidity pension (percentages) (C + D)
21	39	19.5	20	39.5
25	35	17.5	20	37.5
30	30	15	20	35
35	25	12.5	20	32.5
40	20	10	20	30
45	15	7.5	20	27.5
50	10	5	20	25
55	5	2.5	20	22.5

Note: *As per the national legislation, the minimum pension payable to persons who fulfil the contributory requirements for an invalidity pension corresponds to at least 20 per cent of the national average monthly earnings.

Source: Author's calculations based on the national legislation.

The national legislation establishes a ceiling for the monthly earnings considered for contribution purposes.[97] The Second Schedule of the National Pension Scheme (Pensionable Earnings) (Amendment) Regulations, 2024, set the contribution ceiling applicable from January 1 to December 31, 2024 at 29,816 Kwacha a month.[98] It can be reminded that the monthly wage of the skilled manual male employee identified in this report corresponds to 13,453 Kwacha.

Therefore, the ceiling on insurable earnings (29,816 Kwacha a month) is above the earnings of a standard beneficiary as calculated according to the provisions of the Convention.

97 National Pension Scheme (Pensionable Earnings) Regulations, 2000, Sections 2 and 4 in conjunction with the Second Schedule.

98 Statutory Instrument No. 9 of 2024.

Minimum pension

Since the national legislation mandates a minimum pension, it is pertinent to evaluate its alignment with Article 66 of Convention No. 102. Specifically, this involves assessing whether the minimum pension is at least equal to 40 per cent of the previous earnings of the ordinary adult male labourer, calculated in accordance with the Convention. In this report, regard will be had to Article 66(5) to determine the reference wage in terms of Article 66, i.e. that of "a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question".

According to the 2022 Labour Force Survey Report, the majority of ordinary adult male labourers in Zambia were classified under two categories of the International Standard Classification of Occupations (ISCO-08): "Service and sales workers" and "Elementary occupations." In 2023, 193,518 out of 1,228,182 employed males were in the service and sales workers category, and 326,385 were in elementary occupations. These categories represented 15.7 per cent and 26.5 per cent of male employees, respectively. Based on the information available to the ILO, in 2023, the average monthly salary for men in the service and sales workers category was 2,137 Kwacha (ILOStat 2024), which will serve as the benchmark for the subsequent analysis.

As per the current rules, the minimum monthly pension payable by NAPSA corresponds to 20 per cent of the national average earnings.[99] In 2023, the national average monthly earnings were 6,710 Kwacha,[100] hence the minimum monthly pension was 1,342 Kwacha, which corresponds to a replacement rate of 62.7 per cent of the reference wage for a standard beneficiary (i.e. a man of pensionable age with a wife also of pensionable age). Thus, the level of the minimum pension is above the minimum replacement rate required by Article 67, in conjunction with Article 66(5) of Convention No. 102 (i.e., 40 per cent).

According to the current regulations, the level of the disability pension is determined by the individual's contributory history and the number of years lost from work due to invalidity, i.e., the number of remaining years to reach the prescribed retirement age. Consequently, the benefit level for a standard beneficiary would depend on the insured's age at the onset of disability. Given that the national legislation guarantees entitlement to a periodical payment to insured persons who have paid at least five years of contributions, of which at least 12 months of contributions have been paid within the 36 months preceding the date the invalidity began, in this report recourse is had to Article 57(3) in conjunction with Article 65 and the Schedule to Part XI of Convention No.102, which requires a benefit equal to 30 per cent after 5 years of contributions or employment.

Based on the scenarios detailed above, given the current benefit formula, a standard beneficiary with five years of contributions would receive, at a minimum, a pension ranging from 22.5 to 39.5 per cent, depending on the number of years lost from work due to invalidity. **However, the level of the invalidity pension can be validated based on the minimum pension payable by NAPSA, which is set at 20 per cent of the national average earnings (i.e., 1,490 Kwacha in 2024) and would corresponds to 69.7 per cent of the reference wage of an ordinary adult male labourer in Zambia according to our calculation**. The Government would be advised to review this reference wage in case of a future ratification (i.e., 2,137 Kwacha a month).

Periodic adjustment of pensions in payment

Article 65(10) of Convention No. 102 requires that the rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and survivorship shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

99 NPSA, Section 19(4).

100 National Pension Scheme (Pensionable Earnings (Amendment) Regulations, 2021, Second Schedule.

As per the national legislation, NAPSA shall review the pension rates annually and adjust them in line with increases in the national average earnings.[101] Per the current rules, NAPSA shall determine the national average earnings annually by applying statistics and data compiled by the Zambia Statistics Agency.[102] This reference value is established by the Minister of Labour and Social Security by statutory instrument.

Consequently, the National Pension Scheme (Pensionable Earnings) Regulations, 2000 specified that "The national average monthly earnings and the period to which that average applies is set out in the First Schedule."[103] Accordingly, these regulations are amended each year to update the reference values included therein. For example, the National Pension Scheme (Pensionable Earnings (Amendment) Regulations, 2021[104] set the national average monthly earnings for 2022 at 6,109 Kwacha, which increased to 6,710 Kwacha in 2023 and 7,454 Kwacha in 2024.[105]

The national legislation prescribes that the level of pensions in payment shall be adjusted annually in line with the evolution of national average earnings. As such, the national legislation complies with Article 65(10) of Convention No. 102, according to which pensions need to be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

Qualifying period (Art. 57)

Article 57(1) of Convention No. 102 specifies that an invalidity benefit at least equal to 40 per cent of the insured's previous earnings shall be secured "to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period which may be 15 years of contribution or employment (...)". Article 57(2) of the Convention provides that "Where the benefit referred to in paragraph 1 is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least (...) to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period of five years of contribution or employment."

The national legislation outlines two options for an insured person with a permanent disability to qualify for invalidity benefits. The first option is to fulfil the qualifying period for entitlement to an old-age pension under Section 18 of the NPSA, which requires at least 180 months (15 years) of contributions. The second option is to have paid at least 60 monthly contributions, with at least 12 of those contributions made in the 36 months immediately preceding the date the invalidity began.[106] Accordingly, there are two possible ways to qualify for entitlement to invalidity benefits, each valid in its own right. Either the insured person has contributed for 180 months (15 years), or they have contributed for five years, with at least 12 months of contributions paid in the three years preceding the occurrence leading to entitlement. Insured persons who meet either one of these requirements will receive a disability pension calculated based on the benefit formula detailed above.

It can also be noted that, as per Section 23 of the NPSA, entitlement to an invalidity pension is also contingent upon the insured person being younger than the normal retirement age and being certified as having a permanent invalidity.

101 NPSA, Section 35.

102 NPSA, Section 19(5) as amended by Section 4 of the National Pension Scheme (Amendment) Act, 2023.

103 National Pension Scheme (Pensionable Earnings) Regulations, 2000, Section 3.

104 Statutory Instrument No. 90 of 2021.

105 For further information, consult the National Pension Scheme (Pensionable Earnings) (Amendment) Regulations, 2024.

106 NPSA, Section 23(b) in conjunction with Section 18, as amended by Section 4 of the National Pension Scheme. (Amendment) Act, 2015.

In Zambia, insured persons under NAPSA's formal-sector scheme are entitled to invalidity benefits upon completing 180 months of contributions (i.e., 15 years) or 60 months of contributions, of which at least 12 were paid in the 36 months before the contingency. As such, the national legislation complies with the Convention, which requires that, at a minimum, a reduced pension be paid after at least five years of contributions or employment and that an invalidity pension at least equal to 40 per cent of previous earnings be paid after a qualifying period of 15 years. However, given the national formula, it is not possible to determine whether a benefit equal to 40 per cent of previous earnings will be paid after a qualifying period of 15 years.

Duration of benefits (Art. 58)

Article 58 of Convention No. 102 specifies that the invalidity benefit "shall be granted throughout the contingency or until an old-age benefit becomes payable."

The national legislation provides that invalidity pensions shall be payable for the duration of a permanent invalidity commencing with the month following the date of invalidity and ending either (*a*) when the member reaches pensionable age, if at that time the member is entitled to a retirement pension at the same or a higher rate; or (*b*) when the member dies.[107]

It is also worth noting that, the national legislation permits the suspension of invalidity pensions in case the beneficiary fails to comply with directions of the Director-General to be medically examined by a medical Board and to supply all necessary documents or information as may be necessary for the purposes of determining his continued entitlement.[108]

Per the current rules, the invalidity pension payable by NAPSA is granted until the insured's death or entitlement to an old-age pension at least equal to the invalidity pension. Therefore, the national legislation is in line with Article 58 of Convention No. 102, which requires that invalidity benefits are provided as long as the person concerned remains unable to engage in gainful employment or until an old-age pension is paid.

G. Survivors' benefit (Part X)

Contingency (Art. 60)

Article 60 of Convention No. 102 provides that "the contingency covered shall include the loss of support suffered by the widow or child (defined in the Convention as a child of school leaving age or under 15 years of age, Article 1(e)) as the result of the death of the breadwinner; in the case of a widow, the right to benefit may be made conditional on her being presumed, in accordance with national laws or regulations, to be incapable of self-support."

In addition, it provides that the benefit may be suspended if the beneficiary "is engaged in any prescribed gainful activity" or, in case of contributory systems, it "may be reduced where the earnings of the beneficiary exceed a prescribed amount (...)".

Under Section 29 of the NPSA, a survivor's benefits shall be paid to a member of the family or a dependant if at any time of death, the member (*a*) was in receipt of a retirement pension or an invalidity pension; (*b*) would have been entitled to an invalidity pension for permanent invalidity at the time of death; or (*c*) had reached pensionable age and was entitled to a retirement benefit and had made a claim to such benefit.

107 NPSA, Section 25.

108 NPSA, Section 28(5).

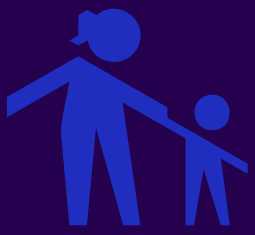
As per the national legislation, the following persons shall be regarded as family dependants for entitlement to survivor's benefits: a surviving spouse of the deceased member, a child of the deceased member, or such other persons as may be entitled to benefit under the Intestate Succession Act or Wills and Administration of Testate Estates Act or as nominated by the member.[109]

In principle, the national legislation does not condition the right to the benefit on the presumption that the widow(er) is incapable of self-support; however, it distinguishes between lifetime and temporary beneficiaries of the survivors' pension. This distinction implies a de facto requirement for surviving spouses to be incapable of self-support in order to maintain their eligibility. Specifically, Section 32 of the NPSA provides that survivor's pensions shall be paid to—

a. a surviving spouse who, at the date of death of the deceased member is 45 years old or above or is under the age of 45 and has the care for dependant children under the age of 15, for life or until his remarriage;

b. a surviving spouse who, at the date of death of the deceased member, is under the age of 45 and does not have the care of children under the age of 15 years, for a period of two years from the date of death of the member;

c. a child, until the age of 18 years or until the child completes full-time education but not later than the age of 25 or, if the child is an invalid, for life.



In Zambia, survivors' benefits are provided to compensate for the loss of support in case an insured person or pensioner dies. Per the current rules, periodical benefits are granted to family members or dependent of protected persons, that is, the deceased's surviving spouse and children until 18 years of age, 25 years of age if a full-time student, or for life if the child has a disability. As such, the national legislation aligns with Article 60 of the Convention, which requires at a minimum that children up to 15 years of age (or school-leaving age) and spouses incapable of self-support be entitled to a survivor's benefit.

Coverage (Art. 61)

Article 61 of Convention No. 102 provides that the persons protected shall comprise:

a. the wives and the children of breadwinners in prescribed classes of employees, which classes constitute at least 50 per cent of all employees; or

b. the wives and the children of breadwinners in prescribed classes of the economically active population, which classes constitute at least 20 per cent. of all residents; or

c. all resident widows and resident children who have lost their breadwinner and whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

As previously mentioned, considering the design features of the schemes managed by NAPSA, the Government has the option of choosing between demonstrating compliance with the requirements of paragraph (a), based on the protection offered by the formal-sector scheme or (b), based on the protection provided by said scheme and the informal-sector scheme. In this report, recourse will be had to Article 61 (a) of the Convention, which prescribes that the coverage of survivors' benefits should comprise "the wives and the children of breadwinners in prescribed classes of employees, which classes constitute at least 50 per cent of all employees".

The NPSA mandatorily covers every person aged 16 to the pensionable age who, on the commencement of the Act [1st February 2000], is not a member of the existing fund and is employed by a contributing employer.[110] Section 12 of the NPSA defines "contributing employer" a person, association, institution or firm registered as a taxpayer with a contract of service with an employee; and the Government of the Republic of Zambia, local authority or parastatal or statutory body. Contributing employers are required to register with NAPSA in the prescribed manner within one month upon the commencement of this Act or the date when the person concerned becomes a contributing employee.

109 NPSA, Section 30.

110 NPSA, Section 11.

The NPSA's scope of application also includes every person who before the commencement of the Act, is under pensionable age and is a member of the existing fund.[111]

Nonetheless, the national legislation excludes specific categories of workers from the scope of application of the NPSA, notably employed persons with monthly earnings below 15 Kwacha; employees of a foreign government who are accorded diplomatic or equivalent status; employees of international organization who are not citizens of Zambia; members of the armed forces; and public officers appointed before the NSPA comes into force [1st February 2020] and who were on pensionable employment under the Public Service Pensions Fund or the Local Authorities Superannuation Fund.[112]

Based on the available statistical information, the effective coverage of survivor's benefits in Zambia, determined based on the number of employees contributing to NAPSA in 2024, is estimated at 46.9 per cent of all employees, as shown in Table 14.

Table 14 Calculation of the coverage of survivors' benefits (2024)

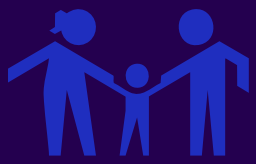
A. Number of employees protected[1]	1 122 700
B. Total number of employees[2]	2 389 734
C. Number of employees protected as percentage of total number of employees	46.9

[1] Total number of employees contributing to NAPSA on December 31, 2024.

Source: information provided by NAPSA during the tripartite validation workshop (March 2025)

[2] This number is composed of the total number of employees (1,849,006) plus the total number of unemployed persons (540,728) in 2023.

Source: Zambia's LFS 2023.



The legal coverage of NAPSA's formal-sector scheme is in line with the requirements of Convention No. 102, as the law currently covers all employees in the private and public sectors and civil servants aged 16 to the pensionable age.

Concerning the effective coverage of survivor's benefits, based on the number of employees who contributed to NAPSA in December 2024, it is estimated that approximately 46.9 per cent of all employees were covered. As such, the national legislation and practice align with the requirements of Article 61(a) of Convention No. 102, which establishes that the wives and the children of breadwinners in prescribed classes of employees, which classes constitute not less than 50 per cent of all employees, shall be covered.

Nonetheless, considering the ongoing efforts to progressively extend the coverage of NAPSA's scheme and the fact that the Convention will only apply to rights acquired after ratification, the scheme's effective coverage does not seem to be an impediment to ratification.

Furthermore, the Government could also avail itself of the temporary exception provided for in Articles 3 and 61(d), which allows, for so long as the competent authority considers necessary, limiting the scope of application to 50 per cent of all employees in industrial workplaces employing 20 or more people.

111 Section 54 of the NPSA repealed the National Provident Fund Act, leading to the closure of Zambia's National Provident Fund. In accordance with Section 10 of the NPSA, NAPSA became the custodian and manager of the funds and assets of the defunct provident fund and assumed its liabilities.

112 NPSA, Section 13(2), as amended by Section 2 of the National Pension Scheme (Amendment) Act, 2000.

Level of benefits (Art. 62)

Article 62 of the Convention states that the amount of the survivors' benefits must be calculated in conformity with the rules established in Article 65, 66 or 67 of Convention No. 102 and should be a periodical payment attaining, for a standard beneficiary indicated in the Schedule appended to Part XI, at least 40 per cent of the reference wage determined in accordance with these provisions.

Additionally, for social security systems providing benefits representing a portion of previous earnings, Article 65 of the Convention allows for the establishment of an upper limit on the amount of wages or earnings which may be considered when calculating the benefit. However, this ceiling should be set in such a way that a skilled manual male employee, determined in accordance with the provisions of the Convention, would still receive a benefit equal to at least 40 per cent of previous earnings.

A skilled manual male employee, determined according to Article 65, (6), (d) of the Convention, is a person whose earnings are equal to 125 per cent of the average earnings of all the persons protected. Considering that in 2024, the average monthly earnings of insured persons enrolled with NAPSA were 10,763 Kwacha,[113] the monthly earnings of a standard beneficiary for 2024 would amount to 13,453 Kwacha.

As per the NPSA, the pension payable to each family dependant shall be at a rate prescribed and payable to the deceased member or the pension that would have been payable to him under Section 18 or Section 21 of said Act.[114] Section 11(b) of the National Pension Scheme (Benefits and Eligibility) Regulations, 2000 specifies the rules for calculating the survivor's pension in cases where the deceased member was not receiving a pension at the time of death. According to Subsection 11(b)(ii), if the deceased was younger than the pensionable age, the monthly invalidity pension is calculated as though the member was disabled using the date of death as the date of onset of the invalidity.

Invalidity Pension = C + MAX (G, Pm)

Where:

C = Compensation for years lost from work due to invalidity, corresponding to 0.005 * Average Indexed Monthly Earnings * Number of lost years due to the invalidity

G = Monthly pension

Pm = Minimum pension

MAX (G, Pm) = the greater of the normal retirement pension or the minimum pension.

Assessment of the provisions relating to the calculation of the survivors' benefit has to be made in view of the requirements of the Convention, which sets a minimum replacement rate of 30 per cent of the former earnings of the deceased breadwinner for a standard beneficiary, i.e. a widow with two children, and which stipulates that such benefit must be guaranteed to the survivors of the deceased breadwinner after completion of a maximum contributory period of five years.[115] As detailed previously, given the benefit formula, the replacement rate of the pension would depend on the insured's age at the time of death and their previous contribution history. As shown in Table 10, the replacement rates for a standard beneficiary for this contingency (defined by the Convention as a widow with two dependent children) would range from 22.5 to 39.5 per cent, depending on the number of years the insured lost from work due to invalidity/death and his/her years of contributions (see pages 70 to 72).

Regarding the distribution of benefits among eligible survivors, national legislation stipulates that a spouse shall receive two shares of the pension, while each child shall receive one share.[116]

It is worth noting that the national legislation establishes a ceiling for the monthly earnings considered for contribution purposes.[117] The Second Schedule of the National Pension Scheme (Pensionable

113 MLSS 2024. Personal communication, November 14.

114 NPSA, Section 31.

115 Convention No. 102, Article 63(3)).

116 National Pension Scheme (Benefits and Eligibility) Regulations, 2000, Sections 3 and 4.

117 National Pension Scheme (Pensionable Earnings) Regulations, 2000, Sections 2 and 4 in conjunction with the Second Schedule.

Earnings) (Amendment) Regulations, 2024, set the contribution ceiling applicable from January 1 to December 31, 2024 at 29,816 Kwacha a month. It can be reminded that the monthly wage of the skilled manual male employee identified in this report corresponds to 13,453 Kwacha.

Therefore, the ceiling on insurable earnings (29,816 Kwacha a month) is above the earnings of a standard beneficiary as calculated according to the provisions of the Convention.

Minimum pension

Since the national legislation mandates a minimum pension, it is pertinent to evaluate its alignment with Article 66 of Convention No. 102. Specifically, this involves assessing whether the minimum pension is at least equal to 40 per cent of the previous earnings of the ordinary adult male labourer, calculated in accordance with the Convention. In this report, regard will be had to Article 66(5) in order to determine the reference wage in terms of Article 66, i.e. that of "a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question".

According to the 2022 Labour Force Survey Report, the majority of ordinary adult male labourers in Zambia were classified under two categories of the International Standard Classification of Occupations (ISCO-08): "Service and sales workers" and "Elementary occupations." In 2022, 193,518 out of 1,228,182 employed males were in the service and sales workers category, and 326,385 were in elementary occupations. These categories represented 15.7 per cent and 26.5 per cent of male employees, respectively. Based on the information available to the ILO, in 2023, the average monthly salary for men in the service and sales workers category was 2,137 Kwacha (ILOStat 2024), which will serve as the benchmark for the subsequent analysis.

As per the current rules, the minimum monthly pension payable by NAPSA corresponds to 20 per cent of the national average earnings.[118] In 2023, the national average monthly earnings were 6,710 Kwacha,[119] hence the minimum monthly pension was 1,342 Kwacha, which corresponds to a replacement rate of 62.7 per cent of the reference wage for a standard beneficiary for this contingency. Thus, the level of the minimum pension is above the minimum replacement rate required by Article 67, in conjunction with Article 66(5) of Convention No. 102 (i.e., 40 per cent).

According to the law, a survivor's pension is provided if the deceased was already a pensioner, qualified for an invalidity pension (i.e., had at least 60 months of contributions, including at least 12 months of contributions in the 36 months before death, and was certified as having a permanent invalidity), or had qualified and submitted a claim for an old-age pension (i.e., had reached age 60 and had at least 15 years of contributions).

Based on the scenarios detailed above, given the current benefit formula, the eligible survivors of a NAPSA member who fulfils the required conditions would receive, at a minimum, a pension ranging from 22.5 to 39.5 per cent, depending on the number of years lost from work due to invalidity. **However, the level of the survivor pension can be validated based on the minimum pension payable by NAPSA, which is set at 20 per cent of the national average earnings (i.e., 1,490 Kwacha in 2024) and corresponds to 69.7 per cent of the reference wage of an ordinary adult male labourer in Zambia (i.e., 2,137 Kwacha a month).**

Periodic adjustment of pensions in payment

Article 65(10) of Convention No. 102 requires that the rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and survivorship shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

118 NPSA, Section 19(4).

119 National Pension Scheme (Pensionable Earnings (Amendment) Regulations, 2021, Second Schedule.

As per the national legislation, NAPSA shall review the pension rates annually and adjust them in line with increases in the national average earnings.[120]

The national legislation prescribes that the level of pensions in payment shall be adjusted annually in line with the evolution of national average earnings. As such, the national legislation complies with Article 65(10) of Convention No. 102, according to which pensions need to be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

Qualifying period (Art. 63)

Convention No. 102 allows for a qualifying period of 15 years of contribution or employment for entitlement to survivors' benefits according to Article 63. Moreover, a reduced benefit shall be secured at least after a qualifying period of 5 years of contribution or employment.

The national legislation stipulates three possibilities for entitlement to survivor's benefits. According to Section 29 of the NPSA, survivor's benefits shall be paid to a member of the family or a dependant if at any time of death, the member-

a. was in receipt of a retirement pension or an invalidity pension;

b. would have been entitled to an invalidity pension for permanent invalidity at the time of death; or

c. had reached pensionable age and was entitled to a retirement benefit and had made a claim to such benefit.

Section 31 of the NPSA further specifies that the pension payable to each family dependant shall be at a rate prescribed and payable to the deceased member or the pension that would have been payable to him under Section 18 or Section 21 of said Act [emphasis added].

Therefore, a survivor's pension is provided to eligible dependents if the deceased was already a pensioner, qualified for an invalidity pension (i.e., had at least 60 months of contributions, including at least 12 months of contributions in the 36 months before death, and was certified as having a permanent invalidity), or had qualified and submitted a claim for an old-age pension (i.e., had reached age 60 and had at least 15 years of contributions).

Based on the information published by NAPSA, it appears that, in practice, the eligible dependents of an insured person who did not meet any of the three options outlined in Section 29 of the NPSA would only be entitled to a lump-sum payment (NAPSA 2023b).

120 NPSA, Section 19(4).

According to the law, a survivor's pension is provided if the deceased was already a pensioner, qualified for an invalidity pension (i.e., had at least 60 months of contributions, including at least 12 months of contributions in the 36 months before death), or had qualified and submitted a claim for an old-age pension (i.e., had reached age 60 and had at least 15 years of contributions).

The provisions of the national legislation mentioned above suggest that if the deceased was an active contributor at the time of death and did not fall in any of the three options outlined above, his or her eligible dependents would only be entitled to a lump sum payment. However, based on the information provided by Zambia's tripartite partners during the validation workshop held in Livingstone in March 2025, in practice, NAPSA also grants periodic payments if the deceased was an active insured person at the time of death, provided that he/she met the prescribed qualifying period. In this configuration, the national practice gives effect to the minimum requirements of the Convention, which requires that the national legislation and practice ensure that the eligible survivors (i.e., a spouse and children) of insured persons with 15 years of contributions are granted a periodical benefit corresponding to at least 40 per cent of the deceased's previous earnings and that a reduced pension be provided after a contributory period of five years.

Nonetheless, it is recommended that the relevant legislation be amended so that it aligns with the national practice especially in the context of a future ratification of this part as Article 76 requires members who have ratified to provide full information concerning the laws and regulations by which effect is given to the provision of the Convention.

Duration of benefits (Art. 64)

Article 64 of Convention No. 102 specifies that survivors' benefits should be provided throughout the contingency. As regards the loss of support suffered by children, the Convention considers the term "child" to mean a child under school-leaving age or under 15 years old (Article 1, (e) and Article 60). Survivors' benefits granted to spouses can be suspended where the spouse remarries or where they are engaged in any gainful activity (Articles 60 and 69).

According to Section 32 of the NPSA, survivor's pensions shall be paid to-

a. a surviving spouse who, at the date of death of the deceased member is forty-five years old or above or is under the age of forty-five and has the care for dependant children under the age of 15, for life or until his remarriage;

b. a surviving spouse who, at the date of death of the deceased member, is under the age of forty-five and does not have the care of children under the age of 15 years, for a period of two years from the date of death of the member;

c. a child, until the age of 18 years or until the child completes full-time education but not later than the age of twenty-five or, if the child is an invalid, for life.

According to the national legislation, the survivor's pension is granted for life to a surviving spouse aged 45 or older or of any age if they are caring for children younger than age 15. In these scenarios, the national legislation aligns with the provisions of Article 64 of Convention No. 102, which requires the benefit to be granted throughout the contingency.

It is worth noting that the national legislation also provides for a temporary pension payable for two years to a surviving spouse who, at the time of the insured's death, was younger than age 45 and without children younger than age 15. However, based on the information provided by NAPSA representatives during the tripartite validation workshop, in practice, benefits are provided for life or until remarriage, irrespective of the widow(er)'s age. Therefore, it is recommended that the Government aligns the national legislation and practice regarding the entitlement conditions that give rise to a widow(er)'s permanent and temporary pension to ensure consistency and predictability and reduce the risk of discretionary practices and to align with Article 76 of the Convention.

It can be noted that Article 60(1) of the Convention allows that, in the case of the widow, the right to the benefit may be made conditional on her being presumed, in accordance with national laws or regulations, to be incapable of self-support. In comparative practice, this presumption is typically associated with the widow's age or her disability status. In the event of a possible ratification of the Convention (Part X), the ILO supervisory bodies could question whether such a protected person (i.e. a spouse younger than 45 without children) would be considered capable of self-support, in line with the Convention. Regarding the duration of benefits granted to the children of the deceased member or pensioner, the survivor's pension is provided to children until 18 years of age, 25 years of age if a full-time student, or for life if the child has a disability. **As such, the national legislation aligns with the Convention, which provides that survivor benefits should be provided to children until school leaving age or at least until the age of 15**.

H. Equality of treatment of non-nationals (Part XII) and Common provisions (Part XIII)

Equality of treatment of non-nationals (Art. 68)

Article 68(1) of Convention No. 102 provides that non-national residents shall have the same rights as national residents with the exception that special rules concerning non-nationals and nationals born outside the territory of the Member may be prescribed in respect of benefits or portions of benefits which are payable wholly or mainly out of public funds (and in respect of transitional schemes). Article 68(2) further stipulates that in the case of contributory schemes which protect employees, the persons protected who are nationals of another Member who has accepted the obligations of the relevant Part of the Convention shall have the same rights as nationals of the Member concerned (subject to the existence of bilateral or multilateral agreements providing for reciprocity).

Benefits under the National Health Insurance Act (Medical care)

According to Section 13(1) of the NHIA, any citizen or established resident above the age of 18 must be registered as a member of the health insurance scheme in the prescribed manner and form. Section 2 of the NHIA stipulates that “established resident” is defined per the Immigration and Deportation Act, 2010. This Act defines an established resident as “a person who is not a citizen or a prohibited immigrant and who has been ordinarily and lawfully residing in Zambia”.

Section 14(1) of the NHIA specifies that a foreigner must have valid health insurance for the duration of their stay in Zambia. If a foreigner enters the Republic without valid health insurance, Section 14(2) requires them to register and pay for health insurance with a health insurer upon arrival, following the prescribed manner and form. In this regard, Section 4 of the NHI Regulations stipulates that a foreigner who enters the Republic without valid health insurance, must, upon arrival at the port of entry, apply for health insurance in Form II set out in the First Schedule on payment of a fee determined by the health insurer.

Since the NHIS mandatorily covers all citizens and established residents — persons who have been ordinarily and lawfully resident in Zambia—, it appears that the NHIS complies with the provisions of Article 68 of Convention No. 102, read in conjunction with Article 1 b), which provides that non-national residents shall have the same rights as national residents.

Benefits under the National Pension Scheme Act (old-age, invalidity and survivor's pensions)

According to Section 11(1) of the NPSA, every person who, before the commencement of this Act [February 1, 2000], is under pensionable age and is a member of the existing fund [Zambia National Provident Fund], shall be a member of the Scheme. Further, Subsection (2) states that every person who, on the commencement of this Act, is not a member of the existing fund under Subsection and is not less than 16 years but who is under pensionable age and is employed by a contributing employer, shall be registered as a member of the Scheme as provided for under Section 13 of the Act.

Section 12 of the NPSA defines a "contributing employer" as a person, association, institution, or firm registered as a taxpayer with a contract of service with an employee, including the Government of the Republic of Zambia, local authorities, or parastatal or statutory bodies. It is important to note that national legislation excludes specific categories of workers from the scope of application of the Act.[121] These are:

- Employed persons with monthly earnings below 15 Kwacha;
- Employees of a foreign government who are accorded diplomatic or equivalent status;
- Employees of international organization who are not citizens of Zambia;
- Members of the armed forces; and
- Public officers appointed before the NSPA comes into force and who were on pensionable employment under the Public Service Pensions Fund or the Local Authorities Superannuation Fund.

Given that the national legislation applies to every person employed by a contributing employer, it is understood that in Zambia, the obligation to be insured under the NPSA depends on employment status (i.e., being employed by a contributing employer) and not on citizenship. Therefore, non-national residents who are employed in the formal economy (except for employees of foreign governments or international organizations) are entitled to the same rights as national residents, including mandatory coverage under the NPSA and access to the benefits it establishes.

In light of the above, it appears that non-national residents employed in Zambia are mandatorily covered by NAPSA in the same manner as national residents. As such, the old-age, invalidity, and survivor's benefits governed by the NPSA are provided in accordance with the principle of equality of treatment.

121 NPSA, Section 13(2), as amended by Section 2 of the National Pension Scheme (Amendment) Act, 2000 in conjunction with the Second Schedule to the NPSA.

Benefits under the Workers' Compensation Act (employment injury benefits)

The WCA mandates that employers in both the public and private sectors, except the State, who have a contract of service or apprenticeship with a worker, make payments to the fund, known as assessments. Section 3(1)(a) of the WCA defines the term "worker" as any person who has entered into, or works under, a contract of service or apprenticeship or learnership with an employer, whether the contract is expressed or implied, is oral or in writing, and whether the remuneration is calculated by time or by work done, or is in cash or in kind.

It is worth noting that Section 144 of the WCA provides that "the President may, by statutory instrument, make rules to give effect to any convention with any foreign government providing for reciprocity in matters relating to compensation to workers for accidents or incidence of disease causing disablement or death, and without prejudice to the generality of this power, rules may contain provision-

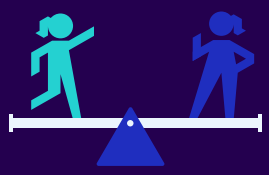
a. for determining in any case where a worker is entitled to compensation both under this Act and under the law of any country with which the convention is made, under the law of which party to the convention the worker or the worker's dependants shall be entitled to recover compensation;

b. for conferring on the Commissioner and the Tribunal powers for the admission of evidence taken in any such country and the procuring and taking of evidence for use in that country or otherwise for the purpose of facilitating proceedings for the recovery of compensation under the respective laws of any such country; and

c. whereby compensation awarded in any such country to persons resident or becoming resident in Zambia may be transferred to and administered by the Commissioner, and whereby compensation awarded under this Act to persons resident or becoming resident in that country may be transferred to and administered by, a competent authority in that country".

Based on the information available, since 2003, Zambia has a bilateral social security agreement with Malawi. Based on the information available, the bilateral social security agreement between Malawi and Zambia was concluded to resolve problems that Malawians who had worked in Zambia experienced in accessing their social security benefits. Some of the issues addressed in the Agreement include the creation of a Joint Permanent Commission of Cooperation; the need for the Workers Compensation Fund to identify a medical centre practitioner in Malawi to administer a medical examination, assessment for pneumoconiosis and silicosis for miners who worked in Zambia; and the need to establish a mechanism to facilitate the payment of social security benefits through the Malawi High Commission in Lusaka.

While this Agreement has been hailed for its contribution to maintaining the social security rights of Malawians who worked in Zambia (Chisupa, n, d), it is not a classic social security coordination agreement as it only regulates the position of Malawians who worked in Zambia and not the position of Zambians who work or have worked in Malawi (non-reciprocity) (LG Mpedi and M Nyenti 2017).



By not establishing any distinction between national and non-national residents, the WCA appears to comply with the principle of equality of treatment. Furthermore, it can be noted that paragraph 2 of Article 68 of the Convention stipulates that, in the case of contributory schemes which protect employees, the persons protected who are nationals of another Member who has accepted the obligations of the relevant Part of the Convention shall have the same rights as nationals of the Member concerned (subject to the existence of bilateral or multilateral agreements providing for reciprocity). However, this provision may be conditional on the existence of a bilateral or multilateral agreement that provides for reciprocity. Based on the information available to the ILO, at the time of writing this report, Zambia had not concluded any social security agreements providing for reciprocity.

Suspension of benefits (Art. 69)

Article 69 of Convention No. 102 provides that suspension of social security benefits is allowed:

a. as long as the person concerned is absent from the territory of the Member.
b. as long as the person concerned is maintained at public expense, or at the expense of a social security institution or service, subject to any portion of the benefit in excess of the value of such maintenance being granted to the dependants of the beneficiary.
c. as long as the person concerned is in receipt of another social security cash benefit, other than a family benefit, and during any period in respect of which he is indemnified for the contingency by a third party, subject to the part of the benefit which is suspended not exceeding the other benefit or the indemnity by a third party.
d. where the person concerned has made a fraudulent claim.
e. where the contingency has been caused by a criminal offence committed by the person concerned.
f. where the contingency has been caused by the wilful misconduct of the person concerned.
g. in appropriate cases, where the person concerned neglects to make use of the medical or rehabilitation services placed at his disposal or fails to comply with rules prescribed for verifying the occurrence or continuance of the contingency or for the conduct of beneficiaries.
h. in the case of unemployment benefit, where the person concerned has failed to make use of the employment services placed at his disposal.
i. in the case of unemployment benefit, where the person concerned has lost his employment as a direct result of a stoppage of work due to a trade dispute, or has left it voluntarily without just cause; and
j. in the case of survivors' benefit, as long as the widow is living with a man as his wife.

Benefits under the National Health Insurance Act (Medical care)

Section 22 of the NHIA outlines the grounds for the suspension of medical care. Specifically, NHIMA shall suspend a member who presents a false claim, makes material misrepresentation or fails to disclose factual information required for the purposes of the Act.[122] Paragraph (d) of Article 69 of the Convention allows the suspension of a benefit where the person concerned has made a fraudulent claim; as such, this ground aligns with the Convention.

Section 22(1) of the NHIA states that “the benefits of a member may be suspended where a contribution in respect of that member is not paid to the Scheme”, while Section 22(3) specifies that “the period of suspension shall be for a month during which the amount remains unpaid or such longer period." It should be noted that Article 69 of Convention No. 102 provides a limitative list of permitted grounds for suspending benefits. Therefore, any situation resulting in a suspension not included in Article 69, such as the non-payment of contributions on behalf of the insured person, would not be in accordance with the Convention. In this regard, in its examination of the application of the Convention by other countries, the CEACR has indicated that the State must take all necessary measures to ensure that benefits are granted in practice, even if the employer has not collected the contributions.[123] The Committee has further underlined to another country that the Convention, in its Article 69, limits the cases in which the benefit can be suspended to acts imputable to the persons protected or to their personal circumstances.[124]

Additionally, Section 21 of the NHIA specifies that membership in the NHIS shall cease upon the death of a member. This Section also provides for the continuation of benefits for eligible family members for four months following the member's death.[125] While the insured's death is not listed under the grounds permitted by Article 69 of the Convention, this ground would be permitted under Article 12 of the Convention, which requires that medical care benefits be provided throughout the contingency.

The secondary legislation also specifies that membership within the NHIS shall cease when the insured

122 NHIA, Section 22(2).

123 See, for example the observations made by the CEACR to Croatia (2002), Mexico (2007); and Spain (2001).

124 ILO, Direct Request (CEACR) - adopted 2019, published 109th ILC session (2021), Social Security (Minimum Standards) Convention, 1952 (No. 102) (Ratification: 1975), Türkiye.

125 NHIA, Section 21(1) and (2), in conjunction with Section 8 of the National Health Insurance (General) Regulations, 2019

person dies or ceases to be a citizen or established resident.[126] Article 69(a) of Convention No. 102 allows the suspension of social security benefits for as long as the person concerned is absent from the territory of the Member; however, the Convention does not permit the suspension of benefits in the case of losing citizenship.

In general, the grounds for the suspension of medical care benefits prescribed by the National Health Insurance Act align with those permitted by Article 69 of Convention No. 102. However, the provisions of the national legislation allowing the suspension of NHIS membership due to the non-payment of contributions by the employer and in cases where the insured loses their citizenship are not foreseen by the Convention. Moreover, Paragraph 25 of Recommendation No. 67 states that "a person shall not be disqualified for benefits by reason of the failure of his employer duly to collect the contributions payable in respect of him". In this regard, it can be further noted that the CEACR has stressed that workers should not be compelled to have recourse to the courts or the labour inspectorate to receive benefits even in case of failure of the employers to comply with the obligations.

Benefits under the National Pension Scheme Act (old-age, invalidity and survivor's pensions)

The National Pension Scheme Act (NPSA), as amended, and its secondary legislation outline the cases in which social security benefits can be suspended. Table 15 summarises the grounds for suspension permitted by the national legislation and compares them to those provided in Convention No. 102.

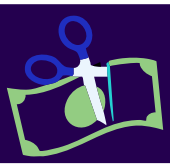
Table 15 Prescribed causes for suspending NAPSA's social security benefits vis-à-vis the causes permitted by Convention No. 102

Benefits	Causes prescribed	Legal basis	Permitted by the Convention?
All benefits (old-age, invalidity and survivors)	During any period when the beneficiary is absent from Zambia subject to any contrary provisions contained in any social security bilateral agreement or international convention ratified by Zambia;	NPSA, Section 53(c)(i)	Yes, Art. 69 (a)
	During any period when the beneficiary is legally imprisoned or under some other legal custody: Provided that specifications are prescribed for the circumstances and manner in which payment of the whole or any part of the benefit may instead of being so suspended may be paid during any such period to any person nominated by the beneficiary, or for the maintenance of any prescribed person who the Director-General is satisfied is a dependent of the beneficiary.	NPSA, Section 53(c)(i)	Yes, Art. 69 (b)
Old-age benefit	The retirement pension payment shall end in the month in which the retired member dies.	NPSA, Section 20	Yes, Art. 30

126 National Health Insurance (General) Regulations, 2019, section 8.

Benefits	Causes prescribed	Legal basis	Permitted by the Convention?
Invalidity benefits	The retirement pension payment shall end (a) when the member reaches pensionable age, if at that time the member is entitled to a retirement pension at the same or a higher rate; or (*b*) when the member dies.	NPSA, Section 20	Yes, Arts. 69 (c) and 58 Yes, Art. 58
	(3) The Director-General may, at any time after the award of an invalidity pension, refer a person who receives an invalidity pension to a medical board to determine the medical state of the permanent invalidity (...) (5) A beneficiary of an invalidity pension shall cease to receive his invalidity pension if he fails to comply with directions of the Director-General under Subsection (2), to be medically examined by a medical Board and to supply all necessary documents or information as may be necessary for the purposes of determining his continued entitlement.	NPSA, Section 28	Art. 69 (g) allows the suspension when the person concerned fails to comply with rules prescribed for verifying the occurrence or continuance of the contingency.
Survivor's benefits	If the beneficiary was aged 45 or older or was caring for a child younger than age 15 at the time of the insured's death, the survivor's pension should be paid for life or until remarriage.	NPSA, Section 32(a)	Yes, Art. 69 (j)
	Children are entitled to a survivor's pension until age 18 or until they complete full-time education, but not later than age 25. There is no suspension if the child has a permanent invalidity.	NPSA, Section 32(c)	Yes, Art. 64 in conjunction with Art. 1 (e)

Source: Author based on Convention No. 102 and the national legislation.



The provisions related to the suspension of old age, invalidity and survivor's pensions prescribed in the National Pension Scheme Act are in conformity with the grounds permitted by Convention No. 102.

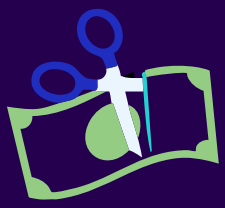
Benefits under the Workers' Compensation Act (employment injury benefits)

The national legislation encompasses several provisions regarding the suspension, termination, and refusal of employment injury benefits (see Table 16). For instance, Section 20 (1) of the WCA authorizes the Commissioner to review any granted compensation at any time, provided that written notice is given to the concerned individual and an opportunity to be heard is afforded. This Subsection further delineates the grounds for discontinuing, suspending, or reducing compensation. Moreover, Section 60 (1) of the Act mandates that the right to periodical payments, or their continuance, shall be automatically suspended during the period in which the circumstances leading to the suspension persist. Consequently, no payments shall be made by the Commissioner or an exempted employer during the suspension period. Finally, Section 51(1) stipulates the admissible grounds for the refusal of benefits.

Table 16 Authorized grounds for the suspension, termination, and refusal of employment injury benefits

Causes prescribed	Legal basis	Permitted by the Convention?
The worker has not attended examination or has not submitted a medical report when required to do so in accordance with the WCA	WCA, Section 20 (1) (a)	Yes, Art. 69 (g)
The disablement which gave rise to the award is continued or aggravated by the unreasonable refused or wilful neglect of the worker to attend medical or surgical treatment	WCA, Section 20 (1) (b)	Yes, Art. 69 (f)
The degree of disablement has diminished, or the worker is no longer permanently disabled	WCA, Section 20 (1) (c)	Yes, in the understanding that the degree of disability falls below the degree prescribed for entitlement to benefits
Any compensation awarded is or has become excessive to meet the circumstances of the case	WCA, Section 20 (1) (d)	Cause not foreseen in the Convention
The award was based on a mistake or misrepresentation of fact, or that a different award might have been made if evidence presently available, but which was not available when the Commissioner made the award has been produced	WCA, Section 20 (1) (e)	Yes, Art. 69(d)
No compensation in the case of disability or death shall be paid if the accident or disease is attributed to the serious and wilful misconduct of the worker	WCA, Section 51 (2) (a)	
"serious and wilful misconduct" means: (a) drunkenness; (b) a contravention of any law or instructions of the employer made for the purpose of ensuring the safety or health of workers or of preventing accidents or diseases to workers, if the contravention was committed deliberately or with a reckless disregard of the provisions of that law; or (c) any other act or the provision which the Commissioner or any court on appeal may, having regard to all circumstances of an accident or disease, declare to be serious and wilful misconduct	WCA, Section 2	Art. 69 (f) allows the suspension only in case of wilful misconduct* * In the context of examining the application of the Convention by other countries, the CEACR has clarified that cases, where misconduct was caused not by deliberate acts of the claimant but rather by his or her negligence or carelessness, do not amount to wilful misconduct (ILO 2003).
If a worker refuses or wilfully neglects to submit to medical examination or in any way wilfully obstructs or unnecessarily delays such examination	WCA, Section 60 (1) (a)	Yes, Art. 69 (g)
If a worker to the prejudice and without the consent of the employer, is absent in such a manner that any notice under this Act cannot be served upon the worker	WCA, Section 60 (1) (b)	Cause not foreseen in the Convention
The spouse entitlement to a survivor's pension shall cease upon remarriage	WCA, Section 77 (1)	Yes, Art. 69 (j)

Source: Author based on Convention No. 102 and the national legislation.



The grounds prescribed in the national legislation for the suspension, termination, and refusal of employment injury benefits are, for the most part, in line with those permitted by Article 69 of Convention No. 102.

Nonetheless, suspending benefits when "Any compensation awarded is or has become excessive to meet the circumstances of the case" (...) as prescribed in Section 20(1)(d) of the WCA is not a ground foreseen in the Convention. Likewise, the refusal of employment injury benefits in case of drunkenness (WCA, Section 51(2)(a) in conjunction with Section 2(a)) might go beyond what Convention No. 102 allows, which is restricted to cases where the contingency has been caused by the wilful misconduct of the person concerned (Article 69 (f)).

Right of complaint and appeal (Art. 70, 1))

Article 70 (1) of Convention No. 102 prescribes that every claimant shall have a right of appeal in case of refusal of the benefit or complain as to its quality or quantity.

The Committee of Experts on the Application of Conventions and Recommendations (CEACR) has commented on the right to appeal as follows:

> ...The concept of appeal further implies the settlement of the dispute by an authority that is independent of the administration that reviewed the initial complaint. Merely guaranteeing the right to seek review of the decision by the same administrative authority would not therefore be sufficient to constitute an appeal procedure under Convention No. 102. In addition, in the absence of special appeal procedures against the decisions of an administrative authority responsible to the Government which rules in the first and last resort, the Committee has previously observed that the safeguards provided for in the Convention could nonetheless be ensured by the application of the general rules governing the right of appeal to the ordinary courts in so far as these rules permit the review or annulment of any administrative ruling in the cases covered by Article 70 (ILO 2011c, para. 406).

Article 70(2) of Convention No. 102 further stipulates that when a Government department responsible to a legislature is entrusted with the administration of medical care, the right of appeal may be replaced by a right to have a complaint concerning the refusal of medical care or the quality of the care received investigated by the appropriate authority.

Benefits under the National Health Insurance Act (Medical care)

Section 41(1) and (2) of the NHIA mandates that the NHIS's Board establish a Health Complaints Committee, composed of individuals with experience in health, legal or financial matters. Section 41(3) further specifies that this Committee shall:

> *(a)* hear and resolve complaints that may be submitted to the Authority by members, accredited healthcare providers and members of the health profession;
>
> *(b)* hear and determine matters relating to accredited healthcare providers; and
>
> *(c)* perform any other functions relating to the management of the welfare of members as may be determined by the Board.

Additionally, Section 41(4) requires NHIMA to develop an awareness process to ensure that members and accredited healthcare providers are informed of their right to lodge complaints with the Committee where there is a failure to settle a complaint internally.

Per the current rules, individuals aggrieved by a Committee decision may appeal to NHIMA's Board within thirty days of receiving the decision.[127] The secondary legislation establishes the form that members or accredited healthcare provider must use to lodge a complaint with the Committee or Board.[128]

127 NHIA, Section 41(5).

128 National Health Insurance (General) Regulations, 2019, Section 21, in conjunction with form XIII under the First Schedule.

Section 50 of the NHIA further specifies that if a person is dissatisfied with the decision rendered by the Board, he or she may appeal to the High Court of Zambia.

It can be further noted that NHIMA's official website outlines the complaints handling procedure, according to which complaints can be submitted through different channels, including in person, at the relevant accredited facility or NHIMA's offices and via email (NHIMA n.d.).

The right to lay a complaint contained in the National Health Insurance Act appears to be in conformity with Article 70(2) of Convention No. 102, which provides that in the case of medical care, the right of appeal provided for in Article 70(1) of the Convention "may be replaced by the right to have a complaint against the refusal of medical care or the quality of the care received investigated by the appropriate authority".

Benefits under the National Pension Scheme Act (old-age, invalidity and survivor's pensions)

The National Pension Scheme Act does not seem to provide for the right to appeal in case of refusal of the benefit or complaint as to its quality or quantity.

The secondary legislation reviewed in this report only specifies the right of protected persons to appeal decisions made by a medical board. Specifically, Section 10(1) and (3) of the National Pension Scheme (Medical Board) Regulations, 2016, state that a person dissatisfied with a decision of a medical board may appeal to the Minister using Form V, as set out in the Schedule, within thirty days of receiving the decision. Section 10(2) further specifies that the Minister shall determine the claim within thirty days of receiving the appeal. According to Section 10(4) of the Regulations, a person dissatisfied with the Minister's decision may appeal to the High Court of Zambia within 30 days of receiving the decision.

Additionally, information published by the Ministry of Labour and Social Security (MLSS) indicates that protected persons can submit a complaint letter to the office of the Permanent Secretary. The matter will then be referred to the Department of Social Security, which will forward it to the relevant statutory bodies for resolution in accordance with the Ministry's service charter (MLSS 2023).

Furthermore, protected persons have the right to initiate a judicial appeal with the appropriate tribunal or court in case of refusal of the benefit or complaint as to its quality or quantity. In accordance with Zambia's Constitution, the High Court has appellate and supervisory jurisdiction, as prescribed, and jurisdiction to review decisions, as prescribed (Article 134, paragraphs b) and c)). Within the High Court, the Industrial Relations Division has jurisdiction on employment and labour-related disputes, including those relation to social security contributions and benefits. Further appeals can be brought to the Court of Appeals and the Supreme Court of Zambia, which is the final court of appeal (Constitution of Zambia, Art. 125(1)).

The National Pension Scheme Act and its secondary legislation only provide for the right to complain and appeal in cases of dissatisfaction with decisions made by a medical board. Consequently, it appears that the only recourse for resolving any other grievance related to the refusal of invalidity, old age and survivors' benefits or complaint as to the quality or quantity of these benefits, is to initiate legal proceedings. Under the current rules, such cases would fall under the jurisdiction of the High Court at first instance and can be further appealed to the Court of Appeals, whose decisions can be challenged with the Supreme Court of Zambia.

In light of the above, the national legislation appears to align with Article 71(1) of the Convention in that there are administrative (limited) and judicial mechanisms in place that seek to guarantee the right to complaint and appeal.

Benefits under the Workers' Compensation Act (employment injury benefits)

The Workers' Compensation Act No. 10 of 1999 provides a detailed framework for handling complaints and appeals, ensuring that both protected persons and employers have avenues for redress. Section 117 of the WCA establishes the Workers' Compensation Tribunal, a quasi-judicial body designed to offer swift resolution of disputes arising under the Act.

Under Section 22 of the WCA, any person aggrieved by a decision made by the Commissioner has the right to appeal to the Tribunal within 21 days of that decision. The Tribunal may extend this period if good cause is shown. Similarly, Section 113(5) provides that any employer aggrieved by the imposing of a penalty under Subsection (4) can appeal to the Tribunal within the same timeframe, with possible extensions granted in cases of good cause.

According to Section 118, the Tribunal is composed of a Chairperson and four other members appointed by the Minister. This Section further stipulates that the Chairperson must be a legal practitioner of a least ten years of experience. The other members include a medical practitioner in the service of the Government, a trade union representative, and two other persons.

Section 123 details the Tribunal's functions, which include hearing appeals, performing other assigned functions, and addressing all matters necessary or incidental to the performance to its duties. According to Section 127, the Tribunal has the authority to confirm, vary or reverse the decision appealed from. If the record does not furnish sufficient evidence or information for determining the appeal, the Tribunal can remit the matter to the Commissioner with instructions for further information. It can also order the parties to furnish additional proof or take any other action necessary for a speedy and inexpensive resolution.

It is worth noting that Section 133(1) (a) specifies that any person dissatisfied with the determination of the Tribunal as being erroneous in point of law or fact can appeal to the High Court within 30 days of the determination. The High Court may extend this as it may consider fit.[129] The High Court may confirm, vary or reverse the decision of the Tribunal, refer the matter back for further evidence, make orders regarding costs, or take any other action to ensure a just and swift resolution.

The Workers' Compensation Act grants insured persons and employers the right to appeal in case of dissatisfaction with a decision taken by the WCFCB. The national legislation further stipulates that the Appeals Committee, the body entrusted with handling the appeals, comprises representatives of employers, workers, and the Government, including individuals with legal and medical expertise. If protected persons are dissatisfied with a decision rendered by the Appeals Committee, they might seek recourse with an external independent authority —the Labour Court.

Considering the above, the provisions of the WCA appear to be in conformity with Article 70 of Convention No. 102, which provides that every claimant shall have a right of appeal in case of refusal of the benefit or complain as to its quality or quantity.

Financing (Art. 71, 1) and 2)

Article 71(1) of Convention No. 102 states that the cost of the benefits provided and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or taxation or both in a manner which avoids hardship to persons of small means and takes into account the economic situation of the Member and of the classes of persons protected.

Article 71(2) further stipulates that the total of the insurance contributions borne by the employees protected shall not exceed 50 per cent of the total of the financial resources allocated to the protection of employees.

129 WCA, Section 133 (2).

Benefits under the National Health Insurance Act and the National Pension Scheme Act

Section 41(1) and (2) of the NHIA mandates the establishment of the National Health Insurance Fund (NHIF), which shall be applied for the following purposes: (a) covering the cost of insured healthcare services accessed by members of the Scheme; (b) paying administrative and management expenses; and (c) funding programmes that promote access to insured healthcare services, as may be determined by the Minister in consultation with NHIMA.

According to Section 41(3) of the NHIA, the NHIF shall comprise (a) contributions paid into the Fund in accordance with the Act; (b) monies as may be appropriated by Parliament for the purpose of the Scheme; (c) monies received by the Fund through loans, grants or donations; (d) monies payable to the Fund under any other law; (e) interest generated from any investment of the Fund; and (f) any other such other monies as may vest or accrue to the Fund.

The legislation further stipulates that the employers must pay an employee's contribution to the Scheme, which includes both the employer's and the employee's contribution at a prescribed percentage. These contributions are to be paid at the end of each month.[130] The contribution rates, established by secondary legislation, are currently set at two per cent of the insured's basic salary, divided equally between the employer and the employee.[131]

Concerning the social security benefits administered by NAPSA, the NPSA enacted in 1996 mandated the establishment of the National Pension Scheme —a defined benefit scheme— that is the repository for all contributions authorized under the Act and the source for all payments authorized by the Act.[132] In accordance with Section 10(2) of the NPSA, the funds of the Scheme shall consist of the combined contributions from contributing employers and members determined by statutory instrument, in accordance with actuarial valuation and paid into the Scheme; income and capital appreciation derived from the holding of the Scheme's assets of any form; and other monies or assets that may accrue to the Scheme. This Section further specifies that the Scheme's resources include the fund and assets of the now closed Zambia National Provident Fund.

Section 14(1) and (4) of the NPSA stipulate that employers must transmit their contributions and those of their employees to NAPSA and that contribution rates shall be determined by actuarial valuation to ensure the financial sustainability of the Scheme. Consequently, Section 7 of the National Pension Scheme (Pensionable Earnings) Regulations, 2000 set the contributions to the Scheme at 10 per cent of pensionable earnings, which shall be shared equally between the employer and employee.

It is worth noting that the national legislation establishes a ceiling on the monthly earnings considered for the purpose of NAPSA's contributions and calculation of benefits.[133] This ceiling is adjusted annually in line with increases in the national average earnings. The Second Schedule of the National Pension Scheme (Pensionable Earnings) (Amendment) Regulations, 2024, set the contribution ceiling applicable from January 1 to December 31, 2024, at 29,816 Kwacha a month.[134]

Table 17 shows the current contribution rates payable to the NHIF and NAPSA, as well as the distribution of employee and employer contributions.

130 NHIA, Section 15(1) and (2).

131 National Health Insurance (General) Regulations, 2019, Section 9, in conjunction with the Third Schedule.

132 NPSA, Section 8(1).

133 National Pension Scheme (Pensionable Earnings) Regulations, 2000, Sections 2 and 4 in conjunction with the Second Schedule.

134 Statutory Instrument No. 9 of 2024.

Table 17 Social security contributions applicable to employees

Scheme	Contribution rates (in percentages)		
	Employee	Employer	Total
NHIMA (medical care)	1	1	2
NAPSA (old-age benefits, disability, and survivors' benefits)	5	5	10
Total	6	6	12

Employees' contributions as a percentage of total contributions	**50 per cent**

As shown in the table, under the current rules, employees pay a total contribution of six per cent of their monthly insurable earnings, which corresponds to 50 per cent of the total contributions allocated to finance medical care, old-age, invalidity and survivor's benefits.

The social security benefits provided by NHIMA and NAPSA are financed by contributions from workers and employers. As such, the national system aligns with Article 71 (1) of Convention No. 102, which provides that the cost of the benefits provided in compliance with this Convention and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or, taxation or both.

Regarding the contribution rates applicable to employees, employees currently pay a total contribution of 6 per cent of their monthly insurable earnings (1 per cent to NHIMA and 5 per cent to NAPSA), which corresponds to 50 per cent of the total contributions allocated to finance medical care, old-age, invalidity and survivor's benefits. As such, the national legislation and practice seem to align with the requirements of Article 71 (2) of the Convention, which requires that the total of the insurance contributions borne by the employees protected shall not exceed 50 per cent of the total of the financial resources allocated to the protection of employees and their wives and children. If the Government decides to ratify the Convention, it should provide information on all resources allocated for the employee's protection (i.e. beyond contributions), including, for example, government subsidies. This would allow for a precise determination of the financial burden on workers, as regards the accepted benefits other than family and employment injury benefits.

Benefits under the Workers' Compensation Act (employment injury benefits)

As previously mentioned, in Zambia, benefits for employment injuries and recognized occupational diseases are provided in accordance with the provisions of the Workers Compensation Act, as amended. Although historically, the term "Workers' compensation" has been used to refer to employer liability mechanisms where individual employers are liable for paying compensation directly to injured workers and their surviving family dependents, in Zambia, the responsibility for providing employment injury benefits does not rest solely and directly on employers. Instead, the WCA requires employers to contribute to a separate fund —the Workers Compensation Fund (WCF)— which is administered by the Workers' Compensation Fund Control Board, a public entity under the supervision of a Government department, i.e., the Ministry of Labour and Social Security. This report analyses the national legislation applicable to the WCF to determine the extent to which this scheme gives effect to the minimum requirements and principles set out by the Convention.

Section 97(1) of the WCA establishes the Workers Compensation Fund, which shall be applied by the Commissioner for the purposes of paying the benefits under the Act and covering the expenses of the due administration thereof.[135] The WCF consists of employers' contributions, fines for late contributions paid by the employers, penalties, and revenues from investments.[136]

Table 18 includes the current contribution rates applicable per business class as established by the Notice of Assessment Rate of the Ministry of Labour and Social Security (Gazette Notice No. 349 of 2020).

Table 18 Contribution rates under the Workers' Compensation Fund per business class

Business classification	Nature of business	Rate of assessment (in percentages)
101	Agriculture and forestry	4.62
201	Banking, finance and insurance	2.40
301	Building, construction	7.63
401	Charitable, religious, political and trade organisations	2.82
501	Chemical industries	7.22
601	Educational services	3.76
701	Entertainment, sports	3.53
801	Food, drinks, tobacco	5.93
901	Glass, brick, tile, asbestos	4.04
1001	Iron and steel industries	4.88
1101	Leather industries	5.63
1201	Local authorities	5.53
1301	Medical services	3.34
1401	Mining (coal and metals) schedules mines	14.47
1402	Mining, quarrying industries	14.47
1501	Personal services, hotels	3.72
1601	Printing, publishing and paper industries	5.69
1701	Professional services	4.22
1801	Textile industries	6.03
1901	Trade and commerce	3.37
2001	Transport, communication	8.90
2101	Wood and furniture industries	7.63

Source: Adapted from the Notice of Assessment Rates published in the Gazette Notice No. 349 of 2020.

135 WCA, Section 98(1).

136 WCA, Section 97(2).

It is also worth noting that the national legislation permits employers to opt out of from the obligation of paying contributions to the WCF for a period and subject to conditions as may be prescribed. According to Section 111(2) of the WCA, an employer shall only be eligible for exemption under Subsection (1) if-

a. the employer proves to the satisfaction of the Minister that there has been established, and provision has been made for the maintenance of a fund for insurance against any liability which may arise under this Act in respect of the workers; and

b. the employer has deposited sufficient security with the Board, to meet all claims for compensation which may be due or become due under this Act.

In this regard, Section 65 specifies that Compensation shall be paid by – (a) the exempted employer; or b) the Commissioner.

Based on the above, in Zambia, employment injury benefits are to be guaranteed by means of insurance, be it through the Workers' Compensation Fund, which is financed with employers' contribution set depending on the enterprise or business classification, or through a separate insurance mechanism, in case the employers fulfil the prescribed conditions to be exempted/opt-out from the obligation of paying contributions to contribute to the WCF.

Therefore, it appears that the national legislation and practice align with Article 71(1) of the Convention, which requires the cost of employment injury benefits and the cost of their administration to be borne collectively by way of insurance contributions, taxation or a combination of both.

General responsibility of the State and in particular the obligation to undertake actuarial valuations (Arts. 71, 3) and 72, 2))

Article 71(3) of Convention No. 102 states that the Member State shall accept general responsibility for the provision of the benefits and shall ensure, where appropriate, that the necessary actuarial studies and calculations assessing financial equilibrium are made periodically and, in any event, prior to any change in benefits, the rate of insurance contributions, or the taxes allocated to covering the contingencies in question.

Article 72(2) further provides that the Member State shall accept general responsibility for the proper administration of the institutions and services concerned in the application of the Convention.

Benefits under the National Health Insurance Act (Medical care)

The National Health Insurance Act No. 2 of 2018 includes several provisions concerning the general responsibility of the State for the due provision of benefits under the National Health Insurance Scheme (NHIS), as well as the scheme good governance.

The NHIA grants considerable authority to the 'Minister'.[137] According to the current regulations, the Minister is empowered to prescribe healthcare services not covered by the Scheme and, via statutory instrument, extend the categories of individuals covered by the NHIA (Section 3). Additionally, the Minister is responsible for appointing members of the NHIMA supervisory board (Section 6(1)) and the Chairperson (Section 6(3)). Furthermore, in consultation with NHIMA, the Minister prescribes the contribution rates for different benefit packages and the payment mechanisms available to members (Section 15(5)).

137 Neither the NHIA nor its implementing regulations specify which Ministry shall exercise the supervisory function. In practice, this responsibility was initially entrusted to the Ministry of Labour and Social Security and then to the Ministry of Health.

Section 5(s) of the NHIA requires NHIS to undertake periodic actuarial assessments to ensure the scheme's prudent administration and financial sustainability. It is worth noting that, in 2022, the ILO carried out an actuarial analysis of the NHIS as of 30 September 2022.[138] The report was produced at the request of NHIMA, under the overall coordination of the Ministry of Labour and Social Security (MLSS) and provides a costing analysis of extending the scheme to Social Cash Transfer beneficiaries.[139]

The national legislation also provides an overarching framework for ensuring the good governance of the NHIS, outlining the Authority's responsibilities in administering and managing the Fund for its specified purposes. More concretely, the law stipulates that NHIMA shall administer and manage the Fund for paying for the cost of insured healthcare services accessed by members of the Scheme, paying administrative and management expenses; and finance programmes for the promotion of access to insured healthcare services that the Minister may, in consultation with the Authority, determine.[140]

Concerning the investment framework, Section 42(2) stipulates that the Authority may invest any monies of the Fund that are not immediately required for the purposes of the Fund in the manner authorised by the Board. According to Subsection (3), the Authority shall establish prudent controls, including fiscal controls and accounting procedures, ensuring actuarial correctness, implementing reporting procedures, and managing the investment of the Fund's monies. Subsection (4) further specifies that the Authority shall cause to be kept proper books of accounts and other records relating to the accounts of the Fund.

Furthermore, Section 44(1) mandates that, as soon as practicable, but not later than 90 days after the end of the financial year, the Authority must submit a report to the Minister detailing the activities related to the Fund during that year. Per Subsection (2), this report shall include information on the Fund's financial affairs, accompanied by an audited statement of financial position, an audited statement of comprehensive income, and any other information the Minister may require. Subsection (3) further stipulates that the Fund shall be audited by the Auditor-General or an auditor appointed by the Board and approved by the Auditor-General. The Board may order any other audit in addition to the annual audit. Subsection (5) requires the Minister to prepare an annual statement of the Authority's income and expenditure to be presented to the National Assembly.

The provisions of the national legislation are in line with the requirements of articles 71(3) and 72(2) of the Convention in that the National Health Insurance Act imposes an obligation to undertake periodic actuarial assessments to ensure the financial sustainability of the NHIF, which is administered by a public institution —NHIMA.

Benefits under the National Pension Scheme Act (old-age, invalidity and survivor's pensions)

Section 40(1) of the National Pension Scheme Act requires the Authority to prudentially manage the Scheme so as to ensure that at all times it is in a state of actuarial soundness, financially sustainable, fair in its benefit distribution and is affordable.

As per the current rules, in accordance with prudential principles, the Board of Trustees, which is a tripartite body (see page 99 in this report), assumes overall responsibility for internal controls, risk management, the maintenance of adequate accounting records,[141] the safeguarding of the scheme assets, and the preparation and integrity of the annual financial statements.[142]

138 For further information, consult ILO, Actuarial analysis of the Zambia National Health Insurance Scheme and costing of the extension of coverage to Social Cash Transfer beneficiaries, 2023.

139 This cost assessment is in line with Section 16(c) of the National Health Insurance Act, which requires that the scheme is extended, on non-contributory basis, to the "poor and vulnerable".

140 NHIA, Section 42(1) in conjunction with Section 41(2).

141 NPSA, Section 3(1) in conjunction with section 13 of the First Schedule.

142 NPSA, Section 3(1) in conjunction with section 14 of the First Schedule.

It is worth noting that the national legislation provides detailed guidance concerning reporting obligations. For instance, Part II of the First Schedule of the NPSA requires NAPSA to submit to the Minister an audited statement of financial position (statement of net assets available for benefits), an audited statement of income and expenditure (statement of changes in net assets available for benefits); and such other information as the Minister may require.

Concerning the general responsibility of the State in ensuring the Scheme's financial sustainability, Section 44 of the NPSA mandates that the Scheme be valued by an actuary as required by NAPSA, at intervals not exceeding three years. The actuary is responsible for preparing a report on the state of the Scheme, identifying any surpluses or deficiencies, and recommending necessary actions. This report is then submitted to NAPSA, and a copy is provided to the Minister. In this regard, it is worth noting that the latest actuarial valuation was carried out as at 31 December 2020. This was a combined valuation of the Provident Fund and Pension Scheme, which was undertaken by the Government's Actuary Department of the United Kingdom (NAPSA 2023a).

According to Section 45, upon receiving the actuary's report, NAPSA shall consider the recommendations made by the actuary and, in doing so, may increase or decrease the rates of contribution payable in respect of members or require members to pay additional sums to cover any deficiencies directly attributable to their actions.

Per Section 45 (2), NAPSA shall report to the Minister its reasons for failing to carry out any recommendations made by the actuary. Section 45 (3) further stipulates that if the NAPSA fails to implement the actuary's recommendations within six months, the Minister is empowered to exercise the Authority's powers. Actions taken by the Minister in this regard are as effective as if they were carried out by the Authority itself.

The provisions regarding the general responsibility of the State for the due provision of old-age, invalidity, and survivors' benefits contained in the National Pension Scheme Act appear, therefore, to conform with the requirements of articles 71(3) and 72(2) of Convention No. 102, as actuarial valuations are carried out periodically to ensure the financial sustainability and viability of the scheme.

Benefits under the Workers' Compensation Act (employment injury benefits)

To ensure the financial sustainability of the Workers' Compensation Fund, the WCA embeds several key mechanisms.

Firstly, Section 25 mandates that the Board appoint an actuary with qualifications approved by the Board. The actuary is responsible for exercising the powers and duties outlined in the Act, including the obligation to value the WCF at intervals not exceeding three years (Section 26). During these valuations, the actuary is required to prepare a detailed report on the state of the Fund, identify any surpluses or deficiencies, and recommend necessary actions to maintain the Fund's health.

The most recent actuarial valuation of the WCF assessed the schemes' financial sustainability as of December 31, 2022. The next valuation, which will evaluate the fund's status as of December 31, 2025, is scheduled to begin in the first quarter of 2025 (WCFCB 2024, p. 84).

Additionally, Section 27 stipulates that the Board must take appropriate measures upon receipt of the actuary's report. These measures may include adjusting the rates of assessments payable in respect of employers (Subsection 27 (1) (a)) or requiring employers to pay additional sums as the actuary may determine to address any deficiencies directly attributable to an action of such employers (Subsection 27 (1) (b)).

It is worth noting that the national legislation further provides that if the Board fails to implement the actuary's recommendations within six months of receiving the report, the Minister may step in and exercise the Board's powers.[144]

144 NPSA, Sections 44 (3) and (4).

The Workers' Compensation Act mandates undertaking actuarial valuations periodically and imposes a legal obligation on the scheme's board to take the necessary measures upon receipt of the actuary's report. Hence, the national legislation and practice align with the requirements of articles 71(3) and 72 (2) of Convention No. 102, which provide that the State shall accept general responsibility for the proper administration of the institutions and services.

Administration and general responsibility and in particular the principle of participatory management (Art. 72, 1))

Article 72(1) of Convention No. 102 requires the administration to be entrusted to an institution regulated by the public authorities or to a government department responsible to a legislature. Where not, representatives of the persons protected shall participate in the management, or be associated therewith in a consultative capacity, under prescribed conditions; national laws or regulations may likewise decide as to the participation of representatives of employers and of the public authorities.

Benefits under the National Health Insurance Act (Medical care)

The National Health Insurance Act No. 2 of 2018 includes several provisions concerning the administration of the National Health Insurance Management Authority (NHIMA). Section 4(1) of the NHIA establishes NHIMA, which is a corporate body with perpetual succession and a common seal, capable of suing and being sued in its corporate name, with power, subject to this Act, to perform all acts and functions that a corporate body may legally undertake.

As per Section 6(1), NHIMA's governance is entrusted to a Board composed of part-time members appointed by the Minister. Members of the Board include one representative of the Attorney General, the Health Professions Council of Zambia, the Ministry responsible for social services, Ministry of Health, the Ministry of Finance, the Ministry of Labour and Social Security, associations for employees in the public sector, associations for employees in the private sector, associations for employers in the public sector, associations for employers in the private sector, associations for religious groupings in Zambia, Zambia Institute of Chartered Accountants, and two other persons, one of whom has experience in health insurance. The Minister appoints the Chairperson from among the Board members, while the Board members themselves elect the Vice-Chairperson.[145]

Section 7 of the NHIA outlines the Board's functions, including reviewing and approving NHIMA's policy and strategic plan, overseeing its implementation, and ensuring its successful operation. The Board also approves the annual plans and budget, monitors and evaluates the Authority's performance, and authorizes necessary property acquisition. Additionally, they approve NHIMA's business plans, ensuring that all activities align with the overarching goals and legal requirements.

By Section 10(1), the Board shall appoint a Director-General, whose terms and conditions are determined by the Emoluments Commission. The Director-General acts as the chief executive officer of the NHIA, overseeing its daily administration and ensuring that the Board's strategic directives are implemented effectively.

Based on the above, the national legislation and practice comply with the principle of participatory management enshrined in Article 71 of Convention No. 102, as the administration of the National Health Insurance Scheme is entrusted to a public entity —NHIMA — governed by a tripartite Board.

145 NPSA, Sections 44 (3) and (4).

Benefits under the National Pension Scheme Act (old-age, invalidity and survivor's pensions)

In Zambia, the administration of old-age, invalidity and survivor's benefits is entrusted to the National Pension Scheme Authority (NAPSA), a legal entity created by Section 3(1) of the NPSA.

NAPSA's primary functions are outlined under Section 4 of the NPSA and include implementing the policy related to the National Pension Scheme in accordance with the Act and controlling and administering the Scheme. Additionally, Section 5 specifies that NAPSA can issue directions as necessary regarding the operations of the Scheme and perform all acts required to give effect to the provisions of the Act. Subsection 5(2) further specifies that, in performing its functions, NAPSA operates independently and is not subject to the control or direction of any person or authority.

NAPSA is governed by a Board of Trustees, comprising ten members, who are appointed by the Minister of Labour and Social Security.[146] The Board of Trustees is tripartite as it is composed of two representatives from such associations of employees as the Minister shall designate, two representatives from such associations of employers as the Minister shall designate; a representative and an alternate member from the Ministry responsible for finance; a representative and an alternate member from the Ministry responsible for social security; a representative of the Bank of Zambia; a representative of the Bankers Association of Zambia; and a representative of the Pension Managers Association.[147] The Board provides oversight over the operations of the NAPSA in line with its statutory mandate and the Board Charter which is reviewed regularly (NAPSA 2023a).

The Minister also appoints the Director-General who serves as NAPSA's Chief Executive Officer and is responsible for the day-to-day management of the Scheme. The Minister appoints the Director-General for a renewable three-year term and is eligible for reappointment. The Director-General attends meetings of the Authority and may address these meetings but does not have voting rights.[148]

The Board has the power to delegate its authority to its committees and management to assist it in discharging its mandate. There are currently four standing Board Committees: the Audit, Risk and Compliance Committee, Finance and Investments Committee, Technical Committee and the Staff Affairs Committee (NAPSA 2023a).

The National Pension Scheme Act entrusts the administration of old-age, invalidity and survivor's benefits to NAPSA, a public institution supervised by the public authorities and governed by a tripartite Board of Trustees. As such, the national legislation and practice align with Article 72(1) of the Convention, which requires that representatives of the persons protected participate in the management or be associated therewith in a consultative capacity, in particular, when the administration is not entrusted to an institution regulated by the public authorities or to a government department responsible to a legislature.

Benefits under the Workers' Compensation Act (employment injury benefits)

The Workers' Compensation Fund Control Board (WCFCB) is a statutory body established under the Workers' Compensation Act No. 10 of 1999. Its primary role is to compensate workers or their dependants for occupational-related disabilities, diseases, and deaths and to manage a Fund from which compensation and operational expenses are paid. The Minister of Labour and Social Security oversees the WCFCB's administration, appointing the Board Chairperson, Members of the Board of Directors, the Commissioner, and Members of the Workers' Compensation Tribunal.

Section 10(1) of the WCA establishes the WCFCB as a corporate body with perpetual succession and a common seal capable of suing and being sued in its corporate name. Additionally, Section 10(2) mandates the establishment of the Board of Directors, which shall be composed of 11 members appointed by the Minister, including the Chairperson, three representatives from employer associations, three from worker associations, three government representatives, and one from a pensioners' association.

146 Following the dissolution of the previous Board of Trustees in October 2021, the Minister of Labour and Social Security appointed the new Board on 14 January 2022 (NAPSA 2023a).

147 NPSA, Section 3(1) in conjunction with section 1(1) of the First Schedule.

148 NPSA, Section 6.

The role of the Board of Directors is to provide, among other matters, leadership for the Fund, formulation of policies and provision of strategic direction to Management. Section 11 outlines the Board's duties, which include administering the Fund and advising the Minister on related matters. As per this section, the Board shall direct the Commissioner for the effective administration of the Act and report annually to the Minister on the Fund's and Act's administration. Additionally, the Board can promote, establish, and subsidize organizations or schemes aimed at preventing occupational accidents or diseases, promoting worker health and safety, and assisting injured workers in returning to work or reducing handicaps from injuries or diseases.

The national legislation further stipulates that the Minister shall appoint the workers' Compensation Commissioner in consultation with the Board, who shall hold office for three years but shall be eligible for reappointment. The Board may appoint such other persons as, in its opinion, are necessary for the administration of this Act.[149]

Among other things, the Commissioner shall receive accident notices and compensation claims, investigate accidents, determine the status of individuals as workers, employers, principals, or contractors, and pay compensation from the Fund. The Commissioner also decides on matters related to compensation rights, claim submissions and determinations, earnings compensation, disablement degrees, compensation amounts and payment methods, and compensation withholding. Additionally, the Commissioner determines the status and degree of dependence of dependants, the necessity and sufficiency of medical aid, and matters related to wage statements, assessment liabilities, assessment rates, and payment methods. The Commissioner reports annually to the Board on the Act's administration, collects and maintains statistics on accidents and diseases, investigates the inclusion or deletion of diseases from the schedule, and performs other necessary functions for the Act's administration.[150]

The provisions of the Workers' Compensation Act concerning the administration and general responsibility of the State appear to be in conformity with the requirements of Article 72 of Convention No. 102 which requires that representatives of the persons protected participate in the management or be associated therewith in a consultative capacity, in particular, when the administration is not entrusted to an institution regulated by the public authorities or to a government department responsible to a legislature. In particular, the WCA provides for the creation of the WCFCB, whereby sit representatives from employer associations, worker associations, pensioners' association and government representatives, and whose supervision is entrusted to the Ministry of Labour and Social Security.

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149 WCA, Section 16(1) and (2).

150 For a detailed account of the Commissioner functions, consult Section 17 of the WCA.

Chapter III.
Prospects of ratification of Convention No. 102: Conclusions and recommendations

Conclusions concerning the prospects of ratification

Based on the analysis carried out under Chapter II for each provision of Convention No. 102 against Zambia's social security legal framework, this part discusses the prospects of ratification of Convention No. 102 by Zambia by presenting the conclusions which can be extrapolated from the report. Based on the available information and data, it can be concluded that Zambia is indeed in a position to ratify this landmark Convention.

The ratification of Convention No. 102 requires the acceptance of at least three of the nine branches (or parts) of social security of the Convention, including at least one long-term benefit, namely old age (Part V), employment injury (Part VI), invalidity (Part IX) or survivors (Part X), or unemployment benefits (Part IV). A ratifying State should consider accepting other parts of the Convention at a later stage in accordance with its national circumstances.

Firstly, it is recommended that Zambia begin by ratifying the following Parts given that the definition of the contingency, the type and amount of benefits, the qualifying period, and the duration of benefits (to a wide extent) as lay down in the applicable legislation appear to be in compliance with the requirements of Convention No. 102, subject to clarifications and/or parametric modifications as detailed below:

1. **Medical Care (Part II)**, the national legislation and practice appear to meet the legal requirements established in the Convention in respect of the definition of the contingency, the coverage, the qualifying period, and the duration of the medical care benefits provided by the National Health Insurance Scheme. Regarding the material scope of medical benefits, compliance with the Convention is subject to confirmation that the NHIS's benefit package covers domiciliary visiting.

2. **Old-age benefit (Part V),** The national legislation meets the legal requirements established in the Convention concerning the definition of the contingency, the level of benefits, the qualifying period and the duration of benefits. Regarding the effective coverage of old-age benefits, based on the number of insured persons registered with NAPSA in 2024, it is estimated at approximately 46.9 per cent, slightly below the minimum required by the Convention (i.e., 50 per cent of employees). However, considering the ongoing efforts to progressively extend the coverage of NAPSA's scheme and the fact that the Convention will only apply to rights acquired after ratification, the scheme's effective coverage does not seem to be an impediment to ratification.

   Following the tripartite validation workshop held in Livingston in March 2025, we understand the Government would rather avail itself of the temporary exception provided for in Articles 3 and 27(d) of the Convention, which temporarily allows, for so long as the competent authority considers necessary, limiting the scope of application to 50 per cent of all employees in industrial workplaces employing 20 or more people. This has to be done at the moment of ratification through a declaration appended to the instrument of ratification that specifies the temporary exceptions the Government will use.

3. **Employment injury benefit (Part VI):** The national legislation and practice appear to meet the legal requirements established in the Convention concerning the definition of the contingency, the qualifying period, the types of medical care, and the duration of benefits provided under the Workers Compensation Act. However, the effective coverage of employment injury benefits, calculated based on the number of employees registered with the WCFCB in 2023 (approximately 27.9 per cent of all employees) falls short of the minimum requirements of the Convention (i.e., at least 50 per cent of all employees). Therefore, if the Government were to consider accepting this branch, it would be necessary to avail itself of the temporary exception provided for in Article 33(b) of the Convention.

   Concerning the level of cash benefits, although the national legislation prescribes replacement rates for temporary incapacity benefits, permanent invalidity benefits and survivors' benefits that are in line with the Convention, the current ceiling on insurable earnings (i.e., 14,400 Kwacha a year) is extremely low, and therefore, does not allow standard beneficiaries to receive, at a minimum, the replacement rates set out in the Convention. Furthermore, the national legislation provides periodical payments and limits the award of lump sum compensation to cases of slight disability (defined at the national level as a 10 per cent disability). However, Section 81(2) of the WCA allows converting employment injury benefits into lump-sum payments when the monthly pension does not exceed a prescribed amount and upon request of the worker, the Government may wish to consider that Convention No. 102 allows the commutation of periodical payments for a lump sum only where the incapacity is slight or where the competent authority is satisfied that the lump sum will be properly utilised. As such, in the event of ratification of Part VI of the Convention, the ILO

supervisory bodies could request further information concerning the practical application of this provision as well as the extent to which there are measures in place for the competent authority to assess if the lump sum will be properly utilised by the beneficiary.

In sum, based on the information the Government may provide in relation to the aforementioned points for clarification, it may be necessary to undertake various parametric changes to fully comply with the relevant part of the convention. Nevertheless, the Government might still consider ratifying this part to give effect to the recommendations and decisions of the SRM TWG and ILO's Governing Body concerning outdated obligations, and notably those the Government of Zambia has as regards the Workmen's Compensation (Accidents) Convention, 1925 (No. 17) and the Workmen's Compensation (Occupational Diseases) Convention, 1925 (No. 18). Ratification could serve as a valuable guide for the Government in reforming its employment injury scheme to ensure alignment with up-to-date international social security standards as well as the recommendations resulting from the actuarial valuations undertaken with support of the ILO.[151] The Government will have one year after depositing the instrument of ratification before the Convention comes into force, followed by an additional year before reporting is required. This timeline provides ample opportunity for the Government to implement the necessary reforms and legal adjustments to align with Part VI, should it choose to do so.

4. **Invalidity benefit (Part IX):** The national legislation meets the legal requirements established in the Convention concerning the definition of the contingency, the level of benefits, the qualifying period and the duration of benefits. However, since the effective coverage of benefits (approximately 46.9 per cent) is slightly below the minimum required by the Convention (i.e., 50 per cent of employees), the Government should continue its efforts to extend social security, for example by strengthening measures to counter evasion of contributions, to ensure the registration of employers and their employees with NAPSA and by simplifying administrative procedures. The Government may also choose to avail itself of the temporary exception set out in Articles 3 and 55(d) of the Convention at the time of ratification.

With respect to the other branch of the social security system, namely **Survivors' benefit (Part X)**, although the national legislation gives effect to some of the minimum requirements set forth in the Convention, including as regards the definition of the contingency and the level of benefits, full compliance would require either more substantial parametric adjustments or more substantial changes to the legislation, including reviewing the qualifying conditions for entitlement to a periodical survivor pension. Currently, periodical benefits are only provided if the deceased was already receiving an old-age or invalidity pension, qualified for an invalidity pension (i.e., had at least 60 months of contributions, including at least 12 months of contributions in the 36 months before death), or had qualified and submitted a claim for an old-age pension (i.e., had reached age 60 and had at least 15 years of contributions). As such, the national legislation does not give effect to the minimum requirements of the Convention, which requires that the national legislation and practice ensure that the eligible survivors (i.e., spouse and children) of insured persons with 15 years of contributions are granted a periodical benefit corresponding to at least 40 per cent of the deceased's previous earnings and that a reduced pension be provided after a contributory period of five years.

The ILO stands ready to provide the necessary technical assistance to the Government in costing the impact of these parametric adjustments and to support national efforts for ensuring conformity with the relevant requirements of Convention No. 102, in particular as regards the modification of parameters of the relevant legislative and regulatory texts.

The Common provisions found under Parts XII and XIII of Convention No. 102 are also binding for ratifying states. Zambia's social security legislation generally seems to be in line with these Parts, particularly regarding the principle of equality of treatment, the financing of benefits, the general responsibility of the state, and the principle of participatory management. However, some clarification and/or amendments would be required to ensure full compliance with their requirements, as follows:

151 Report to the Government of the Republic of Zambia on the Assessment of the Workers Compensation Scheme: Legislation, Financing and Administration, November 2020.

- **Concerning the suspension of benefits**: In general, the grounds for the suspension of medical care benefits prescribed by the National Health Insurance Act align with those permitted by the Convention. However, the provisions of the national legislation allowing the suspension of NHIS membership due to the non-payment of contributions by the employer and in cases where the insured loses their citizenship are not foreseen by the Convention. Similarly, suspending employment injury benefits granted by the WCFCB when the "compensation awarded becomes excessive to meet the circumstances of the case" (WCA, Section 20(1)(d)) and refusing the benefit in case of drunkenness (WCA, Section 51(2)(a) in conjunction with Section 2(a)) might go beyond the grounds permitted under Article 69 of Convention No. 102, which is restricted to cases where the contingency has been caused by the wilful misconduct of the person concerned (Article 69 (f)).
- **Right of complaint and appeal**: The national legislation applicable to the benefits administered by NAPSA (i.e., old-age, invalidity and survivors' benefits), only provides for the right to complain and appeal in cases of dissatisfaction with decisions made by the medical board. Therefore, further information is needed to determine whether protected persons have a legally established mechanism to effectively voice their grievances in case of refusal of the benefit or complaint as to its quality or quantity, as required by Article 71(1) of the Convention.

It is important to note that this report's preliminary findings and conclusions were thoroughly examined, discussed, and validated by Zambian constituents during a tripartite validation workshop held in Livingstone from March 17 to 21, 2025. As such, the conclusions mentioned above have were endorsed by government representatives, employers, worker's organizations, and civil society representatives.[152]

Finally, it is worth noting that once a Convention is ratified, the competence to review and formulate conclusions and recommendations on the application of that international standards lies exclusively with the Committee of Experts on the Application of Conventions and Recommendations (CEACR) and the International Labour Conference. Therefore, the observations included in this report are subject to the conclusions and recommendations that these bodies may draw within the framework of the legal evaluations that they are responsible for carrying out.

Recommendations regarding the ratification prospects

Based on the conclusions resulting from the comparative analysis between the national legislation and practice against each of the parameters contained in Convention No. 102, it is appropriate to propose the following recommendations for consideration by the Government of Zambia after consulting the representatives of employers and workers:

- The analysis of the national legislation and practice vis-à-vis the requirements of each part (branch) of the Convention, conducted in Chapter II of this report, concludes that Zambia can consider the ratification of this international standard, noting that for certain branches the Government should considering availing itself of the flexibility clauses permitted by Article 3 of the Convention.
- The Government is advised to adopt a gradual approach and begin by ratifying the parts for which the legislation fully complies with the Convention and the parts that widely comply, to the extent that the necessary adjustments could be initiated within one year following ratification. Notably, at the time of completing this report, Zambia is technically in a position to ratify Convention No.102 starting by accepting its obligations in respect of the following branches:

    1. **Medical care (Part II),** on the basis of the benefits provided under the National Health Insurance Act No. 2 of 2018
    2. **Old-age benefit (Part V),** on the basis of the benefits provided under the formal-sector scheme in accordance with the National Pension Scheme Act of 1996, as amended
    3. **Employment injury benefit (Part VI),** on the basis of the Workers Compensation Act, subject to the clarifications and minor adjustments as detailed above
    4. **Invalidity benefit (Part IX),** on the basis of the benefits provided under the formal-sector scheme in accordance with the National Pension Scheme Act of 1996, as amended.

152 The institutions represented in the tripartite validation workshop are listed under Annex 4.

Recommendations for strengthening and continue developing the national social protection system in line with ILO social security standards

Considering the important role that non-contributory mechanisms play in reducing poverty, vulnerability and social exclusion in Zambia, it is recommended that the Government, in consultation with social partners, progressively develop the legal framework required to operate the non-contributory component of the national social protection system. Instituting a sound and coherent legal framework that clearly specifies the personal and material coverage of the various schemes, the type, level and duration of benefits, and the conditions of entitlement, is key to ensure the continuity of rights and entitlements over time, contributes to the predictability and sustainability of the social security system and the accountability of the institutions responsible for its governance, and acts as a safeguard against arbitrary governance.

ILO Convention No. 102 and Recommendation No. 202 provide an internationally agreed framework and standards that can guide legal drafters in transposing the national priorities, policies and overarching objectives identified in the National Social Protection Strategy into a legal framework for the operationalization and effective implementation of non-contributory programmes. The application of the core principles enshrined in these two ILO's landmark social security standards aim at guaranteeing the system's good governance, financial sustainability, the respect of the rule of law, equality of treatment, non-discrimination, as well as the clarity, predictability, transparency required to generate greater public awareness, confidence and support for these programmes.

In addition, the following recommendations are intended to facilitate greater harmonization between national social security legislation and practice and the provisions of Convention No. 102, including those concerning the guiding principles of social security.

- **The Government may wish to consider aligning the national legislation and practice regarding the minimum qualifying period for entitlement to medical care under the NHIS**. Ensuring that the entitlement conditions are clearly established in a statutory instrument is an essential component of a rights-based approach to social security as it ensures consistency and predictability for beneficiaries and healthcare providers and reduces the risk of discretionary practices. It can be reminded that the Convention permits establishing a qualifying period only insofar as it is considered necessary to preclude abuse. In this regard, the preparatory works for the adoption of Convention No. 102 specify that "if qualifying periods (not to be confused with waiting periods) are to be allowed to prevent abuse in a medical care programme, it is recommended that they should be as short as possible" (ILO 1952).

- **The Government may wish to consider aligning the national legislation and practice regarding the entitlement conditions that give rise to a widow(er)'s permanent and temporary pension provided by NAPSA**. While the national legislation provides for a temporary pension payable for two years to a surviving spouse younger than age 45 and without dependent children, in practice, benefits are provided for life or until remarriage, irrespective of the widow(er)'s age. Given the discrepancy between the law and practice, it can be recalled that the fundamental principles established by international standards include the entitlement to benefits prescribed by national law and the adequacy and predictability of benefits. Therefore, aligning the national legislation with the national practice will ensure consistency, predictability and legal certainty for protected persons and the institutions responsible for administering the benefits, thereby reducing the risk of discretionary practices. It can be noted that Article 60(1) of the Convention allows that, in the case of the widow, the right to the benefit may be made conditional on her being presumed, in accordance with national laws or regulations, to be incapable of self-support. In comparative practice, this presumption is typically associated with the widow's age or disability status.

- **Concerning the coverage of occupational diseases by the Workers' Compensation Fund, the Government is reminded of the direct request previously made by the CEACR regarding Convention No. 18**, in which requested the Government "to continue providing information on the amendment of the list of occupational diseases with a view to giving full compliance to this provision of the Convention".[153]

- **The Government is invited to consider revising the current ceiling on insurable earnings under the Workers' Compensation Act and its secondary legislation, particularly in light of ongoing amendments**. Currently set at 14,400 Kwacha per year (i.e., 800 Kwacha per month), this ceiling is approximately one-tenth of the national average earnings, which has resulted in contributions

and benefits that are excessively low. In this regard, the ILO has previously recommended that the ceiling be increased to four times the national average earnings, as adopted by NAPSA (ILO 2020,74). Such an approach would also improve the scheme's financial sustainability and ensure that social security benefits will meet their objectives.

153 For further information see: Direct Request (CEACR) - adopted 2019, published 109th ILC session (2021), Türkiye: Workmen's Compensation (Occupational Diseases) Convention (Revised), 1934 (No. 42) (Ratification: 1946) and Social Security (Minimum Standards) Convention, 1952 (No. 102) (Ratification: 1975).

Annexes

▶ Annex 1 Convention No. 102 minimum benchmarks for the adequacy of non-contributory benefits

Articles 66 and 67 of Convention No. 102 provide guidance for State countries to determine whether non-contributory benefits attain the minimum levels prescribed by the Convention for a standard beneficiary. The reference wage of said standard beneficiary should be identified in accordance with Article 66(4) and (5), which provide:

"(...)4. For the purpose of this Article, the ordinary adult male labourer shall be--

a. a person deemed typical of unskilled labour in the manufacture of machinery other than electrical machinery; or

b. a person deemed typical of unskilled labour selected in accordance with the provisions of the following paragraph.

5. The person deemed typical of unskilled labour for the purpose of subparagraph (b) of the preceding paragraph shall be a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, as the case may be, in the division comprising the largest number of such persons or breadwinners; for this purpose, the international standard industrial classification of all economic activities, adopted by the Economic and Social Council of the United Nations at its Seventh Session on 27 August 1948, and reproduced in the Annex to this Convention, or such classification as at any time amended, shall be used."

Furthermore, Article 67 specifies that, in the case of a periodical payment to which this Article applies--

a. the rate of the benefit shall be determined according to a prescribed scale or a scale fixed by the competent public authority in conformity with prescribed rules;

b. such rate may be reduced only to the extent by which the other means of the family of the beneficiary exceed prescribed substantial amounts or substantial amounts fixed by the competent public authority in conformity with prescribed rules;

c. the total of the benefit and any other means, after deduction of the substantial amounts referred to in subparagraph (b), shall be sufficient to maintain the family of the beneficiary in health and decency, and shall be not less than the corresponding benefit calculated in accordance with the requirements of Article 66;

d. the provisions of subparagraph (c) shall be deemed to be satisfied if the total amount of benefits paid under the Part concerned exceeds by at least 30 per cent. the total amount of benefits which would be obtained by applying the provisions of Article 66 and the provisions of:

   i. Article 15 (b) for Part III;

   ii. Article 27 (b) for Part V;

   iii. Article 55 (b) for Part IX;

   iv. Article 61 (b) for Part X.

▶ Annex 2 List of relevant legislative provisions

This section lists the legislative texts considered in this report to determine the compatibility of Zambia's legislation with the minimum parameters and principles set out by Convention No. 102.

Laws

- National Pension Scheme Act 1996 - Statutory Instrument No. 40 of 1996
- National Pension Scheme (Amendment) Act, 2000 - Statutory Instrument No. 9 of 2000
- National Pension Scheme (Amendment) Act, 2015 - Statutory Instrument No. 7 of 2015
- National Pension Scheme (Amendment) Act, 2022 - Statutory Instrument No. 20 of 2022
- National Pension Scheme (Amendment) Act, 2023 - Statutory Instrument No. 1 of 2023
- National Health Insurance Act No. 2 of 2018
- Employment Code Act No. 3 of 2019
- Workers' Compensation Act of No. 10 of 1999, as amended

Ministerial Regulations and rules

- National Pension Scheme (Pensionable Earnings) Regulations, 2000 - Statutory Instrument No. 22 of 2000
- National Pension Scheme (Benefits and Eligibility) Regulations, 2000 - Statutory Instrument No. 71 of 2000
- National Pension Scheme (Exemption) (No. 2) Order, 2000 - Statutory Instrument No. 35 of 2000
- Workers' Compensation (Assessment of Earnings) Regulations, 2005 - Statutory Instrument No. 25 of 2005
- Workers' Compensation (Assessment of Earnings) (Amendment) Regulations, 2021- Statutory Instrument 14 of 2021
- National Pension Scheme (Exemption) (Variation) Order, 2014 - Statutory Instrument No. 1 of 2014
- National Pension Scheme (Medical Board) Regulations, 2016 - Statutory Instrument No. 95 of 2015
- National Health Insurance (General) Regulations, 2019 - Statutory Instrument No. 63 of 2019
- National Pension Scheme (Informal Sector) (Membership and Benefits) Regulations, 2019 - Statutory Instrument No. 72 of 2019
- National Pension Scheme (Pensionable Earnings) (Amendment) Regulations, 2021 - Statutory Instrument No. 90 of 2021
- National Pension Scheme (Pensionable Earnings) (Amendment) Regulations, 2024 - Statutory Instrument No. 9 of 2024

Notifications

- Notice of Assessment Rates under the Workers Compensation Act No 10 of 1999 - Gazette Notice No. 349 of 2020
- Notice of Modifications to the National Health Insurance Scheme Benefits Package - published on April 30, 2024
- Notice of Modifications to the National Health Insurance Scheme Benefits Package - published on November 1, 2024

▶ Annex 3 Reference earnings of the standard beneficiary

Convention No. 102 offers different alternatives for assessing the adequacy of cash benefits provided by different types of social security schemes, according to Articles 65, 66 or 67 of the Convention, as appropriate.

Article 65 of the Convention should be utilized to evaluate whether contributory benefits calculated based on the insured person's previous earnings meet the levels specified by this international standard. Conversely, the provisions of Article 66 should be applied to verify whether flat-rate benefits—those whose monthly value is derived by applying a prescribed percentage to a reference value, such as the minimum wage, or those set as a nominal value, such as the minimum pensions— comply with the levels stipulated by the Convention.

The following table summarises the provisions of Article 65(6) and 66 and provides guidance on how to identify the reference salary wage according to the different options offered by the Convention.

Table 19 Methodology for establishing the reference wage under Articles 65 and 66 of Convention No. 102

<table>
<tr><th>Articles in C.102</th><th>Explanation/ information needed</th><th>Reference wage (latest year)</th></tr>
<tr><td colspan="3">Article 65: Skilled manual employee
(Article used to estimate the reference wage of a standard beneficiary under earnings-related contributory schemes)</td></tr>
<tr><td>Option 3

c) a person whose earnings are such as to be equal to or greater than the earnings of 75 per cent. of all the persons protected</td><td>Based on the information provided by the MLSS, the 75th percentile of the average monthly earnings of employees contributing to NAPSA is reported below:

<table><tr><th></th><th>Average earnings</th><th>75th percentile</th></tr><tr><td>Dec 2022</td><td>9 367</td><td>14 050</td></tr><tr><td>Dec 2023</td><td>10 041</td><td>14 050</td></tr><tr><td>Oct 2024</td><td>10 763</td><td>16 144</td></tr></table></td><td>16,144 Kwacha (NAPSA)</td></tr>
<tr><td>Option 4

d) a person whose earnings are equal to 125 per cent of the average earnings of all the persons protected</td><td>Based on the information provided by the MLSS, the following tables include average monthly earnings of employees contributing to NAPSA and the WCFCB, and the 125 per cent of such earnings.

NAPSA:

<table><tr><th></th><th>Average earnings</th><th>125 per cent</th></tr><tr><td>Dec 2022</td><td>9 367</td><td>11 709</td></tr><tr><td>Dec 2023</td><td>10 041</td><td>12 551</td></tr><tr><td>Oct 2024</td><td>10 763</td><td>13 454</td></tr></table>
WCFCB:

<table><tr><th></th><th>Average earnings</th><th>125 per cent</th></tr><tr><td>Dec 2022</td><td>6 109</td><td>7 636</td></tr><tr><td>Dec 2023</td><td>6 710</td><td>8 387</td></tr><tr><td>Oct 2024</td><td>7 454</td><td>9 317</td></tr></table></td><td>13,454 Kwacha

(NAPSA)

9,317 Kwacha (WCFCB)</td></tr>
</table>

Article 66: Ordinary unskilled labourer (Article used to estimate the reference wage for schemes providing flat-rate benefits, in the case of Zambia, the minimum pension payable by NAPSA)		
Option 2) a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, in the division comprising the largest number of such persons or breadwinners (...)	Based on Zambia's Labour Force Survey Report, ILOStats data indicates that in the last quarter of 2023, the majority of ordinary adult male labourers in Zambia were classified under two categories of the International Standard Classification of Occupations (ISCO-08): "Service and sales workers" and "Elementary occupations." In 2023, there were 1,228,182 employed males, out of which: • 193,518 were in the service and sales workers category, • 326,385 were in elementary occupations. These categories represented 15.7 per cent and 26.5 per cent of male employees, respectively. Regarding the average earnings, according to ILOSTAT, in 2023, the average monthly salary of men in the service and sales workers category was 2,137 Kwacha, which will serve as the benchmark for the subsequent analysis. The average monthly salary of men in elementary occupations was 1,631 Kwacha.[155]	2,137 Kwacha

155 For further information, consult: ILOStat "Average monthly earnings of employees by sex and occupation"

Annex 4 Institutions represented in the tripartite validation workshop

The preliminary findings and conclusions of this report were presented, discussed, and validated by Zambian constituents during a validation workshop held in Livingstone from the 19th to the 21st of March 2025. The workshop benefited from the active participation of representatives from the following institutions and organizations:

Government and implementing agencies

- Ministry of Labour and Social Security
- Ministry of Health
- National Health Insurance Management Authority
- National Pension Scheme Authority
- Workers Compensation Fund Control Board

Employers' organizations

- Zambia Federation of Employers
- United Federation of Employers in Zambia

Workers' organizations

- Federation of Free Trade Unions of Zambia
- Zambia Congress of Trade Unions

Civil society organizations

- Save the Children International
- Friedrich Ebert Stiftung – Zambia
- Civil Society for Poverty Reduction
- Jesuits Centre for Theological Research

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International Labour Organization

ILO Country Office for Zambia,
Malawi and Mozambique
4536 Lubwa Road, Rhodespark,
PO Box 32181
Lusaka, Zambia
T: +260-211-252779
E: lusaka@ilo.org
www.ilo.org/lusaka
Facebook: ILO Country Office
for Zambia, Malawi and
Mozambique
Twitter: @ilolusaka