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REPORT

OF THE

COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

FOR THE

FIRST SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

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REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FIRST SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

1.0 MEMBERSHIP OF THE COMMITTEE

The Committee consisted of Dr Christopher Kalila, MP (Chairperson); Mrs Majorie Nakaponda, MP (Vice Chairperson); Mr Monty Chinkuli, MP; Dr Aaron Daniel Mwanza, MP; Mr Luhamba Mwene, MP; Mr Joseph Simumpuka Munsanje, MP; Mr Peter Phiri, MP; Mr Paul Chala, MP; Mr Menyani Zulu, MP; and Mr Leevan Chibombwe, MP.

The Honourable Madam Speaker
National Assembly
Parliament Buildings
LUSAKA

Madam,

Your Committee has the honor to present its Report for the First Session of the Thirteenth National Assembly.

2.0 FUNCTIONS OF THE COMMITTEE

The functions of the Committee are set out in Standing Orders No. 197 (e) and 198 of the National of Zambia Assembly Standing Orders, 2016.

3.0 MEETINGS OF THE COMMITTEE

The Committee held fourteen meetings to consider submissions on the topical issue during the period under review.

4.0 COMMITTEE'S PROGRAMME OF WORK

At the commencement of the First Session of the Thirteenth National Assembly, the Committee considered and adopted the following programme of work:

a) consideration of the Action-Taken Report on the Report of the Committee for the Fifth Session of the Twelfth National Assembly;
b) consideration of the topical issue "The Pharmaceutical Manufacturing Industry in Zambia: Challenges and Opportunities";
c) Local and foreign tour; and
d) consideration and adoption of the Committee's draft report.

5.0 PROCEDURE ADOPTED BY THE COMMITTEE

The Committee sought both written and oral submissions from the relevant Government ministries and institutions, non-governmental organisations and civil society organisations.

6.0 ARRANGEMENT OF THE REPORT

The Committee's Report is in two parts. Part I highlights the findings of the Committee on the topical issue, namely: The Pharmaceutical Manufacturing Industry in Zambia:

Challenges and Opportunities and Part II reviews the Action-Taken Report on the Report of the Committee for the Fifth Session of the Twelfth National Assembly.

PART I

7.0 CONSIDERATION OF THE TOPICAL ISSUE

7.1 THE PHARMACEUTICAL MANUFACTURING INDUSTRY IN ZAMBIA: CHALLENGES AND OPPORTUNITIES

7.1.1 BACKGROUND

The Government of the Republic of Zambia had identified the pharmaceutical sector as one of the drivers of industrial development and increased public health. Particularly, the National Industrial Policy, 2018 highlighted the pharmaceutical sector as a priority sector for industrialisation. This was in line with the Seventh National Development Plan (SNDP) under the pillar on Enhancing Human Development.

Notwithstanding this policy framework, the growth of the local pharmaceutical manufacturing sector had remained stagnant, with the country registering a total of ten pharmaceutical manufacturing companies. The low capacity of the local manufacturing companies to satisfy demand for pharmaceuticals had led to a continuous dependence on imported pharmaceutical products, mainly from India and South Africa.

The importation of pharmaceutical products had further, resulted in the Government accumulating debt owed to players in the pharmaceutical sector for the provision of various goods and services. The resultant effect of this debt was the shortage of medicines and medical supplies in most public health facilities. The shortage of medicines had impacted the patients negatively as they bore the cost of accessing medicines and medical supplies from private pharmacies.

It was against this background that the Committee resolved to undertake this study with intent to appreciate the factors impeding the growth of the local pharmaceutical manufacturing industry, in order to make appropriate recommendations to the Executive.

The specific objectives of the study were to:

a) appreciate the potential opportunities of promoting the local pharmaceutical manufacturing industry;
b) examine the adequacy of the policy and legal framework governing the local pharmaceutical manufacturing industry;
c) appreciate the role of non-state actors in complimenting the Government's efforts to promote the local pharmaceutical manufacturing industry;
d) establish the measures put in place by the Government, to enhance the local pharmaceutical manufacturing industry;
e) ascertain the challenges (if any) that the Government was facing with regard to the heightening of the local pharmaceutical manufacturing industry; and

f) make recommendations to the Executive on the way forward.

In order to gain insight into the topic, the Committee invited and interacted with various stakeholders who tendered both oral and written submissions. The list of stakeholders who interacted with the Committee is at Appendix II.

7.1.2 CONSOLIDATED SUMMARY OF SUBMISSIONS BY STAKEHOLDERS

7.1.2.1 Analysis of the Pharmaceutical Industry in Zambia

The Committee was informed that there were ten registered pharmaceutical manufacturing companies in Zambia, seven of which were undertaking full manufacturing while three were involved in the repackaging of finished pharmaceutical products. Of the seven companies undertaking full manufacturing, only four were active. These companies were mostly engaged in the manufacturing of generic small and large volume parenteral, oral solid dosage forms, liquid dosage forms, powders, external preparations and medical supplies. Data from the Zambia Medicines Regulatory Authority (ZAMRA) indicated that only 123 registered medicines were produced locally, out of over 8,154 medicines on their register as of June 2022.

Therefore, it was, estimated that the local production of medicine represented between 10 to 15 percent of the demand for pharmaceuticals in Zambia. Stakeholders submitted that this could be attributed to the low capacity of the pharmaceutical industry to satisfy demand for medicines (MeTA Zambia four year Country work plan: 2012).

The Committee further learnt that the low capacity of the local manufacturing companies to satisfy the demand of pharmaceutical products led to a continuous dependence on duty free finished imported pharmaceutical products, mainly from India and South Africa. In this regard, about 90 percent of essential medicines in Zambia were imported. The Committee was alarmed to learn that, according to the Ministry of Health procurement statistics, less than 10 percent of the total drug budget was locally spent.

According to the United Nations COMTRADE database on international trade, Zambia's import for pharmaceutical products was US$208,422,130 in 2019 and US$260,058,974 in 2020 as indicated in the table below:

Imported Pharmaceutical Products From 2015 to 2020

YEAR	IMPORT VALUE		
	ZMW	USD	NET WEIGHT (KG)
2015	2,058,341,148	223,748,437	9,895,672.98
2016	2,563,189,045	249,627,428	44,003,954.98
2017	1,648,264,910	173,420,050	7,730,546.84

2018	2,831,970,494	269,886,125	12,737,519.39
2019	2,648,185,848	208,422,130	31,501,728.92
2020	4,856,295,395	260,058,974	10,141,103.17

This costly undertaking resulted in the Government accumulating debt of about K3 billion as of 31st January 2020, owed to players in the pharmaceutical sector for the provision of various goods and services.

Stakeholders further informed the Committee that the increased demand for imported pharmaceutical products was attributed to the high disease burden mainly characterised by the high prevalence of communicable and non- communicable diseases, an increase in population and a growing middle class with increased purchasing power.

However, despite the significant dependence on imports, the Committee was informed that Zambia also exported pharmaceutical products to some of its neighboring countries. For instance, pharmaceutical exports reached US$140,000 in 2017 and this was expected to increase to US$240,000.00 by 2023 (Fitch Solutions, et al).

7.1.2.2 The Potential Opportunities for Promoting the Local Pharmaceutical Manufacturing Industry

Stakeholders highlighted some of the opportunities that could be exploited in promoting the local pharmaceutical manufacturing industry as set out below.

a) The high disease burden in Zambia, increase in population and the growing economy provided a local market opportunity for pharmaceutical manufacturers.

b) The local production of pharmaceutical products could fill the gap for imported medicines.

c) Access to the local and regional markets such as the Southern African Development Community (SADC), the Common Market for Eastern and Southern Africa (COMESA) and the African Continental Free Trade Area (AfCFTA) could be exploited in promoting the local pharmaceutical manufacturing industry for Zambia. For instance, Zambia was a member of the Southern African Development Community (SADC) with a membership of sixteen countries with approximately 257.7 million people. These countries faced serious public health challenges including a high burden of malaria, HIV infections and other communicable diseases. This situation created good opportunities for pharmaceutical business in Zambia. Additionally, the African Continental Free Trade Area (AfCFTA), where Zambia was a member, was the largest free trade area in the world, aimed at connecting 1.3 billion people across fifty-four of the fifty-five African Union nations that signed the African Continental Free Trade Agreement in 2018. With a combined gross domestic

product (GDP) valued at US$3.4 trillion, Zambia was expected to benefit through exports.

d) The potential opportunity in promoting the local pharmaceutical manufacturing industry was likely to encourage both state and non-state actors to pursue research on traditional medical cures and the development of a patent system for indigenous knowledge systems. The patented cures could then be commercialised and marketed through the countries trade associations besides the fragmented domestic market (Chongo and Chituta, 2021).

e) Research had shown that an estimated twenty-five percent of modern medicine and 18 percent of the top 150 prescription drugs were plant based. Therefore, investment in medicinal plantations for export as raw material for the manufacturing of pharmaceuticals presented a good opportunity for the country to contribute to the conventional pharmaceutical market, considering the vast arable land available.

f) Being domiciled in the same area as the regulatory authority such as the Zambia Medicines Regulatory Authority (ZAMRA) would mean that the medicines produced by the local pharmaceutical manufacturers could be assessed at the source, unlike with imported medicines (Devex, 2019). This was based on the premise that it was easier to monitor local manufacturers because they were regulated by the country's national regulator for medicines and allied substances.

7.1.2.3 The Adequacy of the Policy and Legal Framework Governing the local Pharmaceutical Manufacturing Industry

7.1.2.3.1 The Policy Framework

With regard to the Policy framework, the Committee was informed that the National Health Policy had provisions for promoting the local production of pharmaceutical products. However, some stakeholders lamented that the policy was inadequate and failed to provide for all the necessary pre-requisites for the establishment of the sustainable local pharmaceutical industry.

Additionally, the National Drug Policy also provided for the production and procurement of locally manufactured pharmaceutical products. During the implementation of the policy, the Committee was informed that significant achievements had been made such as the establishment of ZAMRA, the establishment of the National Drug Quality Laboratory, the conversion of Medical Stores Limited to the Zambia Medicines and Medical Supplies Agency (ZAMMSA) and the subsequent transferring of the procurement function of medicines from the Ministry of Health to ZAMMSA. However, there were stakeholders who submitted that the National Drug Policy was adopted by the Government in 1999 and was not able to respond to the current pharmaceutical landscape in the country as it had changed. In view of the foregoing, there was an urgent need for the revision of the National Drug Policy.

7.1.2.3.2 The Legal Framework

The Committee was informed that in 2013, the Government facilitated the repeal of the *Pharmaceutical Act, No. 14 of 2004* and replaced it with the *Medicines and Allied Substances Act, No 3 of 2013*. One of the issues that the Act aimed to address was the removal of unnecessary regulatory requirements so as to make the business environment in the local pharmaceutical industry conducive. In addition, the Act provided for the period for processing licenses, which had been set to a maximum of three months after which an applicant was deemed to have been issued with a license. This also applied to a person who wished to invest in the pharmaceutical industry. Stakeholders submitted that this piece of legislation was adequate in as far as promoting local pharmaceutical manufacturing.

Further, the *Business Regulatory Act, No. 3 of 2014* provided for an efficient, cost effective and accessible business licensing system. The Committee learnt that the Act required that all policies and legislation that had an impact on businesses should be approved by the Business Regulatory Review Agency to ensure that there were no regulatory hindrances to the potential investors in the country.

The *Zambia Development Agency Act, No. 11 of 2006* had the objective of, among other things, fostering economic growth and development by promoting trade and investment in Zambia through an efficient, effective and coordinated private sector led economic development strategy. The Committee was informed that the Act offered a wide range of incentives for potential investors in the country.

Statutory Instrument No.110 of 2020-the Customs and Exercise (Suspension) (Manufacturing Input) Regulations, 2020, provided for the suspension of customs duty on manufacturing raw materials not produced in the country. Nonetheless, there were stakeholders who lamented that the SI had limitations in the approval process of consignments which delayed shipments, resulting in the local manufacturers paying demurrages. Other stakeholders held the view that the tax relief was only on selected items, therefore, narrowing down the range for new products.

7.1.2.4 The Role of Non-State Actors in Complimenting Government's Efforts to Promote the Local Pharmaceutical Manufacturing Industry

The Committee was informed that the role of non-state actors who included private sector entities, non-governmental organisations, philanthropic foundations and academic institutions was important in as far as complementing the Government's effort in promoting the local pharmaceutical manufacturing industry was concerned. Stakeholders, therefore, highlighted some of the key roles of non-state actors as follows:

a) setting up companies that manufacture pharmaceutical products in Zambia as a way of growing the pharmaceutical manufacturing industry for the benefit of the country and the Southern African region as a whole;

b) non-state actors had coordinated voices when it came to advocacy. Their advocacy could result in the formulation of favourable and progressive policies and strategic frameworks in the pharmaceutical manufacturing industry.

Further, non- state actors had an important role of advocating for universal accessibility to medicines by all Zambians, in order to promote a healthy population;

c) conducting research in order to generate empirical evidence for strategic policy and programmatic decision making;

d) in complimenting the Government's efforts towards addressing specific industrialisation issues in the country, non-state actors could mobilise resources usually from cooperating partners and non-governmental organisations; and

e) non-state actors were instrumental in providing technical support to the Ministry of Health. The technical support ranged from capacity building to implementing projects that sought to strengthen the local manufacturing of essential generic medicines in Zambia.

7.1.2.5 Measures that the Government has put in Place to Enhance the Local Pharmaceutical Manufacturing Industry

The Committee was informed that in order to enhance the local pharmaceutical manufacturing industry in Zambia, the Government had implemented, among others, the measures set out below.

a) The Government developed the National Drug Policy and enacted the *Medicines and Allied Substances Act, No 3 of 2013* to support local manufacturing.

b) The Government established institutions such as ZAMRA, ZAMMSA, the Business Regulatory Review Agency and the Zambia Development Agency among others, to facilitate the implementation of policies and the enforcement of legal provisions in the pharmaceutical industry.

c) The Government had increased the budgetary allocation of drugs under the Ministry of Health from K1.2 billion in the 2021 budget to K2.7 billion in the 2022 budget.

d) The Committee was informed that local framework contracts were an agreement entered into between the Government and suppliers in which there was assurance and predictability of business between the Government and suppliers. There currently existed these framework contracts however; some stakeholders submitted that although the framework contracts existed, there was need to revisit their implementation in line with the National Drug Policy which prescribed preferential procurement towards local manufacturers. Stakeholders noted that 90 percent of pharmaceutical products were imported.

e) The Government had created the Medicines and Medical Supplies Fund, meant to ring -fence funds for the procurement of medicines and medical supplies which would trickle down to local pharmaceutical manufacturers. However, the Fund was

not being utilised for its intended purpose as 90 percent of pharmaceutical products were imported.

f) The Government had created the National Health Insurance Fund under *Section 41* of the *National Health Insurance Act, No.2 of 2018.* The purpose of the Fund was to, among other things, pay for the cost of insured health care services accessed by members of the National Health Insurance Scheme. The Fund created an opportunity for health facilities to procure locally manufactured medicines and medical supplies. However, some stakeholders were of the view that the Fund was not being utilised for its intended purpose as 90 percent of pharmaceutical products were imported.

g) The Government through the *Zambia Development Agency Act, No. 11 of 2006* had created Multi- Facility Economic Zones (MFEZ), to promote and facilitate domestic and export oriented businesses in Zambia for the country's industrial and economic transformation. In this regard, there were three pharmaceutical manufacturing companies operating within the MFEZ.

h) Statutory Instrument No.110 of 2020 - the Customs and Exercise (Suspension) (Manufacturing Input) Regulations, 2020 provided for the suspension of customs duty on manufacturing of raw materials not produced in the country.

i) The Government was in the process of developing the pharmaceutical investment strategy.

7.1.2.6 The Challenges Limiting the Heightening of the Local Pharmaceutical Manufacturing Industry

Stakeholders submitted that there were constraints limiting the growth of the local pharmaceutical manufacturing industry. They identified the challenges listed hereunder.

i. The National Health Policy and the National Drug Policy were inadequate to provide for all the necessary pre requisites for the local pharmaceutical industry.

ii. The costs associated with establishing pharmaceutical manufacturing companies were significantly high and, thus, could be prohibitive due to the large amounts of money required to set up requisite infrastructure and machinery.

iii. Zambia, like several other developing African Countries was unable to produce most medication required to supply to its population and, therefore, heavily depended on imports for medical supplies. This had resulted in the Government accumulating debt of about K3 billion as of 31st January 2020, owed to players in the pharmaceutical sector for the provision of various goods and services.

iv. Non-tax fees and other regulatory fees such as import permits also contributed to making it difficult for locally manufactured products to effectively compete with imported finished products.

v. The pharmaceutical manufacturing industry lacked the necessary skilled and trained personnel required for the manufacturing of medicine such as pharmacists, post graduate qualifications in pharmaceuticals, industrial pharmacy, pharmaceutical chemistry, biotechnology, quality control, pharmacology as well as pharmaceutical scientists.

vi. Zambia like most developing countries had limited capacity to invest in research and development (R and D) therefore, limiting innovation to produce lifesaving medication, as well as affecting the level of patented innovations. According to the Global Innovative Index by the World Intellectual Property Organisation (WIPO), Zambia was amongst the worst performers in innovation and ranked 122 out of 131 countries in terms of innovation.

vii. Leadership of the pharmaceutical sector at the Ministry of Health relegated the prioritisation of the pharmaceutical sector.

viii. Zambian consumers were inclined towards foreign produced pharmaceutical products rather than locally produced ones.

ix. The Government's delayed payments to players in the pharmaceutical sector for the provision of various goods and services affected their operations. In view of the foregoing, the Government had accumulated a debt of about K3 billion as of 31st January 2020.

x. Pharmaceutical companies fell short of World Health Organisation (WHO) prequalification and were struggling to meet the Good Manufacturing Practices (GMP) standards even though they possessed local pharmaceutical licenses.

xi. Smuggled, counterfeit and unlicensed medical supplies on the market undermined market pricing structures that impacted the competitiveness of local pharmaceutical manufacturers.

xii. The operations of unlicensed healthcare professionals posed a risk to the growth of the local pharmaceutical manufacturing industry through unethical conduct such as the prescription of unlicensed drugs and counterfeit drugs.

xiii. The industry faced long approval processes for market authorisation of the products to manufacture.

8.0 Local Tour

The Committee toured selected pharmaceutical manufacturing companies and public health institutions in Lusaka, Central and Copperbelt Provinces in order to appreciate the challenges that the players in the industry were facing, as well as the quality and availability of medicine and medical supplies in public health institutions. The following institutions were toured:

Lusaka Province

i. Zambia Medicine and Medical Supplies Agency (ZAMMSA);
ii. Yash Pharmaceuticals Limited; and
iii. Pharma Nova Zambia Limited.

Central Province

i. Kabwe General Hospital; and
ii. International Drug Company (IDC).

Copperbelt Province

i. Ndola Central Hospital;
ii. Arthur Davidson Children's Hospital;
iii. Tropical Diseases Research Centre; and the
iv. ZAMMSA hub.

Arising from the tour and subsequent stakeholder meetings, the findings of the Committee were as set out below.

a) Framework Contracts

During the Committee's long meetings on the topical issue at hand, the local pharmaceutical companies who appeared before it lamented that the implementation of framework contracts for the predictability of business between the Government and suppliers for locally manufactured pharmaceutical products was weak. However, through its interaction with ZAMMSA during its local tour, the Committee observed that the new board at ZAMMSA had since realised the merit of local pharmaceutical manufacturing and had signed framework contracts with some local pharmaceutical manufacturing companies. Particularly, five framework contracts for the supply and delivery of essential medicines and medical supplies had been transferred from the Ministry of Health as set out below.

i. Augusta Limited, for the supply of renal consumable products;
ii. Pharma Nova Zambia for the supply of various medicines;
iii. Healthgenics for the supply of various medicines;
iv. Milan Laboratories for the supply of Anti –Retroval and Malaria Drugs; and
v. Yash Pharmaceuticals Limited for the supply of various medicine and blood grouping reagents.

In particular, the Committee learnt that Yash Pharmaceuticals Limited supplied to ZAMMSA, sixteen products from its fifty-two list of products, registered under the Zambia Medicine Registration Authority (ZAMRA). Pharma Nova Zambia Limited on the other hand, supplied the Government with three products from its thirty-two list of products registered under ZAMRA. The stakeholders, therefore, submitted before the Committee that it was, important for the Ministry of Health, through ZAMMSA, to continue supporting the industry by providing exclusive and long-term framework contracts with workable payment policies, including advance payments, to allow the manufacturing companies to procure the much-needed raw materials for production.

However, the Committee was saddened to learn that the country was importing Intravenous Fluids (IVF/drips) despite having a fully-fledged local manufacturing company producing these fluids. The Committee was concerned that the International Drug Company (IDC) had not signed any framework contract with the Ministry of Health through ZAMMSA, from July 2021, despite the high demand for these fluids in public hospitals. For instance, Kabwe General Hospital bemoaned having challenges with the supply of IVF fluids particularly normal Saline, from ZAMMSA as it was out of stock.

The Committee was further concerned to learn that IDC had stock worth US$1,590,800 at its Kabwe warehouse and US$ 3,000,000 at its Lusaka warehouse. This stock had a shelf life of three years and if not bought, would go to waste and eventually result in the closure of business and ultimately the loss of jobs. The industry had closed from November, 2021 to March, 2022 because the warehouse was full of stock.

b) ZAMMSA Drug Fund

The Committee was informed that *the Zambia Medicine and Medical Supplies Agency Act No. 9 of 2019* had mandated ZAMMSA to set up and operationalise the ZAMMSA drug fund, whose aim was to finance the procurement of medicines and medical supplies. ZAMMSA had developed the draft ZAMMSA regulations, currently being reviewed by the Ministry of Finance and yet to be validated for implementation by the Ministry of Justice. The ZAMMSA fund regulations were to guide the administration of the drug fund. The Committee was further informed that the ZAMMSA fund regulations provided for the allocation of 20 percent of the drug fund every year, towards the procurement of medicines and medical supplies from indigenous Zambian citizen driven companies. However, the fund had not yet been operationalised.

c) ZAMMSA Venturing into Manufacturing

The Committee was informed that *the Zambia Medicine and Medical Supplies Agency Act, No. 9 of 2019* also allowed ZAMMSA to venture into manufacturing. In light of this, the Agency's 2022 to 2026 Strategic Plan considered partnerships in manufacturing. The first letter of intent was received from Cipla Quality Chemical Industries Limited in Uganda, who expressed interest to partner with ZAMSSA to set up a manufacturing plant. The Agency also had plans of venturing into labeling and packaging in an effort to grow the local manufacturing industry.

d) Taxes on Raw Materials and Packaging Materials for Pharmaceutical Products

The three local pharmaceutical companies visited, also bemoaned the fact that customs duty and Value Added Tax (VAT) were levied on imported raw materials and packaging materials for pharmaceutical products at rates that were higher than those applicable to finished imported pharmaceutical products. The import duty for raw materials for pharmaceutical products ranged from 1 percent to as much as 25 percent. This, therefore, resulted in an increase in the overall production cost for locally manufactured pharmaceutical products while imported finished pharmaceutical products were exempted from duty, thereby, reducing the competitiveness of locally produced products.

Other regulatory fees such as import permits also contributed to making it difficult for locally manufactured products to effectively compete with imported finished products.

e) Taxation on Machinery and Spare Parts

The Committee was informed that pharmaceutical production was technology intensive, requiring advanced technology in modern day manufacturing to guarantee quality medicine and medical supplies. This equipment required the replacement of serviceable parts for routine maintenance. Stakeholders, however, lamented that the machinery and spare parts were heavily taxed on importation. They, therefore, requested that the Government should consider providing a tax exemption on imports for this equipment, in order to encourage the importation of the specialised equipment.

f) VAT Refunds

The players in the industry lamented that the Zambia Revenue Authority did not pay companies their VAT refunds on time, thereby negatively affecting their growth, operations and service delivery. The stakeholders, therefore, urged the Government to prioritise the payment of VAT refunds for the pharmaceutical sector.

g) Delayed Payments to Suppliers

The Committee was informed that Government's delayed payments to players in the pharmaceutical industry for the provision of various goods and services affected their operations. For instance, IDC informed the Committee that the Company had closed operations for seven months from December 2019 to August 2020, as a result of the Government's failure to settle its debt to the company for over two years. The Committee during its long meetings with stakeholders was informed that the Government had accumulated a debt of about K3 billion as of 31st January 2020.The stakeholders, therefore, urged the Government to offset this huge date and ensure timely payment for pharmaceutical goods and services supplied in order to avoid delayed deliveries and suppliers overpricing goods in most instances, among other things.

h) Supply and Administration of Medicine and Medical Supplies

The three public health institutions visited lamented on the shortages of key essential medicines and medical supplies from ZAMMSA, stating that ZAMMSA's refill rate was very unstable. This necessitated the public health institutions to use their grants to supplement stock outs from ZAMMSA, which proved to be a huge cost as the grants for the three public health institutions were not adequate to cushion the shortages of key essential medicines and medical supplies from ZAMMSA as well as purchase the required medical supplies for their operations.

However, during its interaction with ZAMMSA, the Committee was informed that ZAMMSA was currently servicing about 3000 health facilities across the country. The supply chain at ZAMMSA had been characterised by the erratic supply of medicines due to the transitioning process of the procurement function from the Ministry of Health to ZAMMSA. Further, inadequate funding from the Government had exacerbated funding for the procurement/payment for the supply and delivery of medicines and medical supplies.

The Committee was disturbed to learn that according to the Agency's forecast and quantification for the year 2022, the required budget for the institution to perform its mandate with regards to the supply of drugs, was estimated at K19, billion, However, the Committee was informed that the funding for drugs in the 2022 National Budget was ZMW2.6 billion, representing 15 percent of the required budget. This, therefore, left a deficit of 85 percent, part of which would be covered by cooperating partners. So far, the national treasury had since released ZMW1.2 billion for the purchase of medicines and medical supplies to cover quarter one and two of 2022.

Furthermore, lack of stakeholder confidence in the procurement processes due to, an unstable exchange rate which in some instances, lead to suppliers over pricing their commodities, as well as delayed deliveries by suppliers resulting in long lead times were submitted as other challenges heightening the erratic supply of medicine and medical supplies at ZAMMSA.

In order to stabilise the supply chain, ZAMMSA had fourteen tenders running, for the supply of medicine and medical supplies valued at approximately K1.5 Billion. Out of the fourteen tenders, four tenders had been received and the rest scheduled to arrive between May and July of 2022. The Committee further learnt that the hallmark of the supply chain in public health facilities was the health centre kits. In view of the foregoing, the Agency had entered into a framework contract with Mission Pharma, an Indian based company, for the supply of 42,000 health centre kits. Furthermore, ZAMMSA invested in system improvements at its warehouse and regional hubs among other things, to ensure that drug shortages were a thing of the past.

i) Quality of Medicine and Medical Supplies Received

Stakeholders in the public health facilities visited informed the Committee that the medicine and medical supplies received were safe and the World Health Organisation and Zambia Medicine Regulatory Authority certified them fit for public consumption, save for the cotton wool received at Ndola Central Hospital, which was under quarantine. The Committee, however, observed that most of the medicine stocked in the pharmacies at the public health institutions were manufactured in countries such as India, Ukraine, South Korea and the United Kingdom, among other countries. The IVF fluids supplied, were manufactured in Uganda whereas IDC with better packaging, could supply the public hospitals.

j) Lack of Paediatric Formulations and Specialised Drugs

The Committee was also informed that lack of pediatric formulations suitable for children at Artur Davidson Children's Hospital compromised on drug patient safety issues, which could lead to inappropriate dosing, medication errors and sometimes fatality. The lack of specialised drugs for specialised clinics such as sickle cell or neurological disorders was another concern raised.

k) High Electricity Tariffs and Power Outages

Players in the industry lamented that high electricity tariffs and power outages affected their operations. The cost of doing business was, therefore, high, resulting in high product

pricing that in most instances resulted in demands for price reduction by retailers. The reduction in pricing created a loss on the manufacturer.

l) Infrastructure, Storage and Equipment

The Committee observed that the infrastructure at the three public health institutions was dilapidated and required a complete over haul and expansion. The sewer and water reticulation systems at Kabwe General Hospital and Arthur Davidson Children's Hospital was seventy and fifty years old, respectively. Further, all the hospitals had limited storage spaces, therefore, compromising on the stipulated storage conditions and security of drugs. For instance, the limited storage space at Arthur Davidson Children's Hospital resulted in the storing of medicine on pallets in the Hospital corridors. The laundry and kitchen at Arthur Davidson Children's Hospital also needed to be modernized.

With regard to medical equipment and machinery, the Committee observed that most of the equipment at the facilities were obsolete. Kabwe General Hospital was pronounced as a central hospital in April, 2018, but had not been gazzeted as such and its establishment and finances still remained as a general hospital. The hospital needed a CT scan machine and a renal analysis machine.

m) The Tropical Diseases Research Centre (TDRC)

The Committee was informed that the TDRC drew its mandate from the *Tropical Disease and Research Centre Act, No. 31 of 1981*. However, the Act was archaic and required repealing and replacing, in order to reflect current trends in research and development.

The Committee further learnt that TDRC had been conducting clinical trials on promising traditional medicine known to be used by local people as treatment such as the Sondashi Formula 2000 and more recently, the Wonder Mailacin for Covid-19. However, irregular funding from the Executive had resulted in the clinical trials coming to a halt. For instance, K8 million was required to carry out phase two clinical trials on the Sondashi Formula. Further, the irregular funding from the Executive had resulted in the institution accumulating a huge debt of K22.5 million owed to NAPSA and K14 million owed to ZRA. Furthermore, the Centre, currently housed on the sixth and seventh floor of Ndola Teaching Hospital was also planning to work on the extraction and purification of compounds from plants known to be used by local people as medicine.

9.0 Foreign Tour

The Committee undertook a foreign tour to the Republic of Tanzania. The objective of the tour was, for the Committee to learn best practices and share experiences on the challenges and opportunities faced in the local pharmaceutical manufacturing industry.

In line with the objective of the tour, the Committee;

a) paid a courtesy call on the Speaker of the National Assembly of Tanzania, in Dodoma;

b) interacted with the Parliamentary Committee on Social Welfare and Community Development and interacted with Members of the HIV/ Aids Committee;

c) had a working session with officers from the Medical Stores Department of Tanzania; and

d) toured Keko pharmaceuticals and Kairuki Pharm Industry in Dar es Salam.

Arising from the tour and subsequent stakeholder meetings, the findings of the Committee were as set out below.

a) Number of Local Pharmaceutical Manufacturing Industries

The Committee was informed that there were a total of forty - one local pharmaceutical manufacturing companies in Tanzania. Seventeen were into the manufacturing of human medicine and six into the manufacturing of veterinary medicine. Of the seventeen manufacturing human medicine, one was Government owned.

The Committee was further informed that the remaining twenty – four companies were into the manufacturing of medical devices. Furthermore, eleven other pharmaceutical manufacturing companies were being constructed, three of which would be Government owned.

b) Local Pharmaceutical Manufacturing Industries were Capital Intensive

The Committee learnt that the setting up of pharmaceutical industries in Tanzania was capital intensive. In view of the foregoing, the Public Private Partnership approach was being used. For Instance the Kairuki Pharm Industry was a US$ 22 million investment. Further, Keko pharmaceuticals was seventy percent Government owned and thirty percent privately owned.

c) Framework Contracts

The Committee observed that the local pharmaceutical industry had a guaranteed market for its finished products. For instance, the Government, through Medical Stores Department signed a long term framework contract of two years with Kairuki Pharm Industry. Furthermore, the Government had put in place a deliberate policy to ensure that local pharmaceutical products that met the local market demand were not imported into the country. For instance, Keko pharmaceuticals was able to manufacture ten different essential drugs and was able to satisfy the local market of these drugs. In view of the foregoing, the ten different types of drugs were not imported into the county. This also applied to the Intravenous Fluids (IVF/ drips) being manufactured by Kairuki Pharm Industry.

d) Taxes on Machinery, Raw Materials and Packaging Materials for Pharmaceutical Products

The Committee was informed that the Government had created an enabling environment for the local pharmaceutical industry to grow by exempting taxes on pharmaceutical machinery, active pharmaceutical ingredients and packaging materials.

e) Registration of Pharmaceutical Products

The Committee was informed that in order to promote the growth of the industry, the Government, through the Tanzania Medicines and Medical Devices Authority (TMDA) charged US$2500 for the registration of imported pharmaceutical products and US$ 500 for the registration of local pharmaceutical products. Further, the registration process for the pharmaceutical products took six months and only three for the registration of local pharmaceutical products.

f) Skilled and Trained Personnel in the Pharmaceutical Manufacturing Industry

The Committee observed that the local pharmaceutical industries visited, heavily invested in the required skilled and trained personnel in the industry. Labour was not imported from outside the country to carter for specialised areas in medicine manufacturing and strategic management, Tanzanian qualified human resource was being used.

g) Face Mask Production Plant

The Committee found it commendable that the Government of the Republic of Tanzania, through the Medical Stores Department, made a decision to invest into a face mask production plant at a cost of US$ 80 million. The Committee observed that this investment resulted into the Government saving on enormous amounts of money on the importation of face masks following the Covid- 19 pandemic. The equipment used required minimal expertise and had the capacity to produce 160 face masks per minute. The demand for facemasks had, therefore, been meet on the local market, public and private hospitals as a result of this investment and there had been a price reduction in the sale of facemasks on the local market from Tsh 1500 (K11) to Tsh 500 (K4).

h) The Southern African Development Community (SADC) Pooled Procurement Service (SPPS)

The Committee was informed that the SPPS was an important tool for facilitating trade in pharmaceuticals within SADC. The initiative was voluntary and currently had a membership of three countries namely, Tanzania, Comoros and Seychelles. These countries had access to affordable, quality, safe and efficacious essential medicines at affordable prices as illustrated below.

Country	Amount that would have been Spent on Pharmaceutical Products (US$)	Amount Spent	Saved Rate
Tanzania	3,980,184	2,587,120	35%
Comoros	549,810	247,414	55%
Seychelles	226,857	68,057	70%
Total	**4,756,850**	**2,902,591**	**55%**

Other countries that expressed interest in procuring medicines under SPPS included Botswana, Namibia, Malawi and Mozambique. The Committee was informed that it was, therefore, important for Zambia to join the SPPS in order to realise the benefits of procuring pharmaceutical products at affordable prices. Furthermore, the Committee

should also encourage local pharmaceutical companies in Zambia to join the SPPS in order to access a market within the SADC region.

10.0 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

After a detailed analysis of the written memoranda and careful consideration of oral submissions from the stakeholders, the Committee places emphasis on the fact that the growth of the local pharmaceutical manufacturing sector has remained stagnant, with four manufacturing companies undertaking full manufacturing. Further, the industry face long approval processes for market authorisation of the products to manufacture and there is no level playing field between imported pharmaceutical products and locally manufactured ones due to high taxes. The 2020 allocation to ZAMSSA is insignificant, with most of the allocated funds leaving the country for the procurement of imported pharmaceutical products. In view of the foregoing, the Committee makes the observations and recommendations set out below.

i. The Committee observes with concern that the National Drug Policy of 1999 is out-of-date and does not take into account modern trends in the local manufacturing industry. The Committee therefore, urges the Executive to review the Policy in order to enhance the provisions supporting local manufacturing as well as ensure that they are responsive to current and future local pharmaceutical manufacturing needs.

ii. The Committee observes that the development of the local pharmaceutical manufacturing sector is also undermined by high taxes which are unfavorable for the industry. For instance, customs duty is charged on pharmaceutical raw materials needed in the local manufacturing of medicines and medical supplies, including packaging materials, active dry substances (starch and sucrose) and excipients (inactive substances), whilst import duty is not charged on final imported pharmaceutical products.

    The Committee is, therefore, concerned that the pricing of the end product of locally manufactured pharmaceutical products is higher than imported products, forcing pharmaceutical companies to import and distribute pharmaceutical products rather than making them locally as this proves to be more cost effective. It is in this regard that the Committee urges the Government to provide incentives such as VAT waivers and exemptions on duty on inputs for drugs and packaging materials in order to encourage the local manufacturing of quality, safe and affordable essential medicines. This, however, should, be coupled with concerted efforts to build the capacity of ZAMRA to ensure quality assurance.

iii. The Committee further observes with concern that the local pharmaceutical industry lacks market guarantee for its finished products as evidenced by the huge amount of money the Government is spending on the importation of pharmaceutical products such as US$260 million in 2020. For instance, the Committee was saddened to learn that the country was importing Intravenous Fluids (IVF/ drips) despite having a fully-fledged local manufacturing company producing these fluids.

The Committee was concerned that the International Drug Company (IDC) has not signed any framework contract with the Ministry of Health through ZAMMSA, from July 2021, despite the high demand for these fluids in public hospitals. For instance, at the time of the Committees local tour, Kabwe General Hospital bemoaned having challenges with the supply of IVF fluids particularly normal Saline, from ZAMMSA as it was out of stock.

The Committee is further concerned to learn that IDC had stock of IVF fluids worth US$1,590,800 at its Kabwe warehouse and US$ 3,000,000 at its Lusaka warehouse. This stock has a shelf life of three years and if not bought, will go to waste and eventually result in the closure of business and ultimately the loss of jobs. The industry had closed from November, 2021 to March, 2022 because the warehouse was full of stock.

Therefore, in order to guarantee market for locally produced pharmaceutical products, the Committee urges the Government to ring fence funds specifically for the procurement of local pharmaceutical products and revisit the implementation of framework contracts in line with the National Drug Policy which prescribes preferential procurement towards local manufacturers; emulate the Republic of Tanzania by putting in place a deliberate policy to ensure that local pharmaceutical products that meet the local market demand are not imported into the country; and put in place a deliberate policy of ensuring that rural health centre kits compulsorily contain locally manufactured pharmaceutical products as a way of securing business for the industry.

iv. The Committee observes with concern that the Government is inhibiting the growth of players in the pharmaceutical sector, by delaying payments for the provision of various goods and services. The Government's arrears to local suppliers of about K3 billion as of 31st January 2020 has resulted in the pharmaceutical companies inability to expand as their operations have slowed down and even halted. During the Committees local tour to the International Drug Company in Central Province, the Committee was appalled to learn that the company had closed down for a period of seven months from December 2019 to august 2020, as a result of the Government's failure to settle its debt to the Company for over two years. It is in this regard, that the Committee strongly urges the Executive to offset the huge debt owed to suppliers. Going forward, the Executive is further urged to ring fence funds specifically for the procurement of various goods and services within the industry and ensure timely payments.

v. The Committee further observes that the pharmaceutical industry is capital-intensive requiring significant amounts of capital to set up. The Committee, therefore, urges the Executive to provide access to affordable financing within the sector such as promoting low interest bank loans for pharmaceutical related infrastructure development and developing a specific pharmaceutical sector empowerment fund. The Committee further urges the Executive to encourage public private partnerships and attract investment in the pharmaceutical sector by

reviewing the tax structure of raw materials for the industry to support the local manufacturing of medicines and allied substances; streamlining licensing and registration processes for locally produced medicines and allied substance; reviewing regulatory fees in order to increase investment flow in the pharmaceutical sector; and organising local and international expositions to showcase opportunities in Zambia's pharmaceutical sector.

vi. The Committee observes that the industry face long approval processes for market authorisation of the products to manufacture. For instance, local pharmaceutical manufacturing companies are charged K5000 for the registration of each of the products that they are manufacturing and it a takes three months for a locally manufactured product to be registered under ZAMRA. It is in this regard that the Committee urges the Executive to ensure that ZAMRA streamlines the licensing and registration processes for locally produced medicines and allied substance in order to promote the growth of the local pharmaceutical industry.

vii. The Committee further observes that the health sector heavily depends on imports for medical supplies. Currently, ninety percent of the drugs on the Zambian market are imported. The effect of this is that the country does not have control on the quality of products and it takes long for the pharmaceutical products to come into the country. The Committee is further concerned that the importation of pharmaceutical products has also put a strain on the health sector budget and has resulted in the Government accumulating debt of about K3 billion as of 31st January 2020, owed to players in the pharmaceutical sector for the provision of various goods and services. The Committee, therefore, urges the Executive to take urgent steps to venture into the local manufacturing of health supplies through joint ventures as provided for under the *Zambia Medicine and Medical Supplies Agency Act No. 9 of 2019,* the partnerships in order to reduce the expenditure on imports and meet the domestic pharmaceutical needs of the country. The Committee further urges the Industrial Development Corporation (IDC) to invest into joint ventures with existing pharmaceutical manufacturing companies.

viii. The Committee is concerned that the country lacks skilled and trained personnel in the pharmaceutical manufacturing industry to carter for specialised areas in medicine manufacturing and strategic management. This has resulted in local manufacturers in some instances, importing labour from countries such as India and China. Therefore, in order to develop skilled human resource for the pharmaceutical sector, the Committee urges the Executive to invest in human resource development by training more industrial pharmacists and other sub – specialised related professionals; encourage apprenticeship programmes in the pharmaceutical industry; strengthen continuous professional development in relevant fields of the pharmaceutical manufacturing industry; and facilitate access to scholarships in specialised training relevant to the pharmaceutical manufacturing industry.

ix. The Committee is concerned that there is currently inadequate capacity for research and development in the country**.** Investment into state-of-the-art laboratories,

research facilities and research personnel in Zambia's health sector has lagged and affected the level of patented innovations. In view of the foregoing, manufacturers are unable to introduce new products on the market and fail to improve on their existing formulations of medicines. It is in this regard that the Committee, urges the Executive to create a research and development platform for the pharmaceutical manufacturing sector by promoting coordination and collaboration between research institutions and pharmaceutical sector players; facilitating access to an innovation fund for the research and development of pharmaceutical products, increase funding and build the capacity and utilisation of institutions such as the Tropical Research Diseases Research Centre (TDRC) and the National Institute for Scientific Research (NISIR).

x. The Committee also observes that Zambians have an inclination towards foreign manufactured products compared to local ones due to perceptions that locally manufactured products are relatively inferior. Therefore, in order to enhance market access for locally manufactured pharmaceutical products, the Committee urges the Executive to formulate regulations that encourage the public procurement of locally manufactured medicines and allied substances. The Committee further urges the Executive to encourage local pharmaceutical manufacturers to subscribe to the Proudly Zambian Campaign.

xi. The Committee observes that smuggled, counterfeit and unlicensed medical supplies on the market undermine market pricing structures. The Committee is concerned that this, therefore, impacts the competitiveness of local pharmaceutical manufacturers, reduces tax revenue contribution from the sub-sector and risks the health of the general public. The Committee, therefore, urges the Executive through the Zambia Revenue Authority (ZRA) to intensify border security and enforcement activities to curb smuggling of products onto the domestic market. Beyond protecting local manufacturers, this will safeguard lives and domestic revenues.

xii. The Committee notes that *the Zambia Medicine and Medical Supplies Agency Act No. 9 of 2019* has mandated ZAMMSA to set up and operationalise the ZAMMSA drug fund, whose aim is to finance the procurement of medicines and medical supplies. However, the Fund has not yet been operationalised. The Committee therefore, urges the Government to expedite the operationalisation of the Fund in order to guarantee the needed financial resources for the quality delivery of health services.

xiii. The Committee is concerned with the revelation that the required budget for the Zambia Medicine and Medical Supplies Agency (ZAMSSA) to perform its mandate with regards to the supply of drugs, was estimated at K19, billion, However, the funding for drugs in the 2022 National Budget is ZMW 2.6 billion, representing 15 percent of the required budget. This, therefore, left a deficit of 85 percent. The inadequate funding to the Agency has, therefore, resulted in the perennial underfunding of essential drugs and medical supplies required to address the increased disease burden in the country. The Committee, therefore, strongly urges the Government to increase funding to the Ministry of Health, especially the drug

budget, as medicine and medical supplies are one of the pillars of a well functioning health system.

PART II

11.0 CONSIDERATION OF OUTSTANDING ISSUES FROM THE REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FFFTH SESSION OF THE TWELFTH NATIONAL ASSEMBLY

11.1 ZAMBIA'S PREPAREDNESS TO RESPOND TO EMERGING EPIDEMICS AND PANDEMICS

11.1.1 Review of the *Public Health Act of 1995*

The previous Committee had observed with concern that the *Public Health Act of 1995* was weak, particularly in the management and prevention of emerging and re-emerging infectious diseases and emergencies. This was especially so in relation to diseases such as the COVID-19 virus, Zika virus, and bioterrorism among other infectious diseases as they were not specifically covered by the Act.

Owing to increased threats, especially of emerging and re-emerging issues in public health, the Committee had urged the Executive to review the Act so as to ensure that it was responsive to current and future public health issues.

Executive's Response

It was reported in the Action-Taken Report that the Government through the Ministry of Health and working closely with stakeholders, had developed the Public Health (Amendment) Bill that would ensure that current and future public health issues were addressed. The Bill was currently being drafted by Ministry of Justice.

Committee's Observations and Recommendations

The Committee notes the response and resolves to keep the matter open until the Public Health (Amendment) Bill is introduced in Parliament. The Committee, therefore, awaits a progress report on the matter.

11.1.2 Increased Funding to the Health Sector in Line with the Abuja Declaration

The previous Committee had observed with concern that the current resource envelope in the health sector was far below the minimum required for the delivery of an optimum package of both health care and preparedness, and response for epidemics and pandemics. This had resulted in the untimely procurement of the necessary supplies and commodities required for mitigating pandemics such as the COVID- 19, as well as the continuation of essential health services.

The Committee had, therefore, urged the Government to increase funding to the health sector in line with international standards such as the Abuja Declaration of allocating at least 15 percent of the national budget to the health sector, in order to ensure adequate finances targeted towards financing the response to epidemics and pandemics.

Executive's Response
It was reported in the Action- Taken Report that the Government was unable to meet the Abuja Declaration as the non-discretionary budget stood at 85 percent, leaving a balance of 15 percent for discretionary spending. This would, therefore, imply that all discretionary spending would go to one sector. Nonetheless, measures were being taken to increase discretionary spending through debt restructuring, increasing revenue collection and reducing some categories of expenditure. The implementation of the Economic Recovery Plan (ERP) would also be expected to induce growth and increase revenue.

Committee's Observations and Recommendations
The Committee resolves to keep the matter open until the Abuja Declaration that requires allocation of at least 15 percent of the national budget to the health sector is attained and the Economic Recovery Plan (ERP) is implemented, to ensure adequate finances targeted towards financing the response to epidemics and pandemics is achieved.

11.1.3 Operalisation of the National Public Health Emergency Fund
The previous Committee was concerned that despite the *Zambia National Public Health Act, No. 19 of 2020* having been enacted as one of the strategies to mobilize more resources for emergency preparedness and response through the National Public Health Emergency Fund, the Fund had not yet been operationalised.

The Committee had, therefore, urged the Government to expedite the setting up of the Fund in order to guarantee the needed financial resources for emergency preparedness and response.

Executive's Response
It was reported in the Action- Taken Report that the Commencement Order was issued to bring the Zambia National Public Health Institute Act into operation. In addition, the Government through the Ministry of Health and working closely with stakeholders had commenced the process of developing regulations that would facilitate the administration and management of the Public Health Emergency Fund.

Committee's Observations and Recommendations
The Committee notes the response and resolves to await a progress report on the operalisation of the Zambia National Public Health Institute Act as well as the development of the regulations that will facilitate the administration and management of the Public Health Emergency Fund.

11.1.4 Recruitment of Health Personnel
The previous Committee had observed that an effective response to infectious disease outbreaks required adequate numbers of appropriately trained health personnel. The Committee was, however, concerned that the Ministry of Health had not been operating at full capacity in terms of human resource. The fact that the Ministry had only at 50 per cent of its total staff establishment with 62,645 out of 126,389 positions filled, was not only a sad state of affairs but had also exerted a strain on the available staff during the COVID-19

pandemic as most medical personnel had to be re-assigned from routine essential health services to attend to the pandemic.

It was in this regard that the Committee urged the Executive to provide Treasury Authority for the recruitment of more health staff, some of whom should be deployed specifically to surveillance and public health security functions.

Executive's Response
It was reported in the Action- Taken Report that while the lack of staff was prevalent across all Government institutions, Treasury Authority was granted and the Government through the Ministry of Health recruited a total number of 2,232 medical personnel in 2020 and 395 were yet to be recruited in 2021. The Committee was informed that the health sector was always ring fenced when employment restructuring became a reality.

Committee's Observations and Recommendations
The Committee notes the response but urges the Executive to ensure that the requisite staff required to enable the Ministry of Health operate at full capacity is recruited. A progress report is being awaited by the Committee.

11.1.5 Lack of Human Resource with the Requisite Epidemiologic Skills and Knowledge

The previous Committee was concerned that the country had inadequate human resources with the requisite epidemiologic skills and knowledge. The Committee, therefore, had urged the Executive to invest more in institutional capacity building and strengthening in order to develop a skilled workforce with core capacities for public health emergencies as a matter of urgency.

Executive's Response
It was reported in the Action- Taken Report that the Government through the Ministry of Health and working closely with stakeholders including the World Health Organisation (WHO); the United States Centers for Diseases Prevention and Control (CDC); the Africa CDC and the Public Health of England, had been conducting capacity building trainings, including mentorship and supervision, for all health workers in case management, surveillance and infection prevention and control. Further, one of the key components incorporated in the approved country's COVID-19 contingency plan was workforce development, which would be implemented when funding for the plan was available. The Executive further submitted that the Ministry would continue with the training and mentorship to create a bigger pool of skilled workers for the response and to enable the rotation of staff.

Committee's Observations and Recommendations
The Committee notes the response but resolves to await a progress report on the implementation of the COVID-19 contingency plan, which contains a key component of workforce development in the health sector.

11.1. 6 Lack of Infrastructure to Manage Highly Infectious Diseases such as the COVID-19 Virus

The previous Committee had observed that outbreaks of infectious diseases often required that highly infectious cases were isolated and managed in designated isolation facilities in order to prevent further spread. However, the Committee was concerned that the country lacked adequate infrastructure such as purpose-built isolation facilities to manage highly infectious diseases such as the COVID-19. The Committee, therefore, had urged the Executive to invest in public health infrastructure such as the construction of highly infectious disease isolation facilities in all the provinces in order to ensure that infectious cases were managed as close as possible to where they were identified.

Executive's Response

It was reported in the Action- Taken Report that the Government had already commenced the construction of the isolation centre in Mwembeshi. In addition, land had been allocated in Ndola on which an isolation centre would be built and would be used to serve Zambia's northern region. The Executive further submitted that the construction, of highly infectious disease isolation facilities in all the provinces would be done as soon as funds were made available for this purpose.

Committee's Observations and Recommendations

The Committee notes the response and requests an update on the construction of the isolation centre in Mwembeshi and the commencement of the construction of highly infectious disease isolation facilities in other provinces.

11.1.7 Lack of a Formidable Public Health Laboratory System

The previous Committee had observed with concern that Zambia lacked a formidable public health laboratory system and that currently, public health laboratory functions were carried out by clinical laboratories, a situation which outstretched the capacities of the latter in cases of outbreaks. This had been clearly evident during the COVID-19 pandemic.

It was in this regard that the Committee had strongly urged the Executive to strengthen the recently established National Public Health Reference Laboratory and to build regional capacity for other laboratories across the country to carry out public health laboratory functions.

Executive's Response

It was reported in the Action- Taken Report that the Government established the highly specialised Zambia National Public Health Reference Laboratory (ZNPHRL) in September 2020, as a key first step towards the goal of developing dedicated capacity for public health laboratory functions across the country. The objective was to establish a network of laboratories across sectors in the spirit of 'One Health' encompassing capacities in human health, animal health, nutrition, agriculture, environment and other relevant sectors. Laboratories would be incorporated in the network based on comparative advantage, and would include selected clinical laboratories, research laboratories (public and private/NGO owned), academic/teaching laboratories, as well as laboratories managed by various

regulatory agencies with a public health impact. Additionally, satellite regional reference laboratories would also be purposefully built.

To augment the current ZNPHRL facility located within the Levy Mwanawasa Medical University grounds, the ZNPHI through the Government had acquired funding from the World Bank for the construction of a state-of-the-art high containment biosafety level 3 (BSL-3) laboratory facility in Lusaka Province. The facility would also include an animal health laboratory, a biobank and other auxiliaries. Land for this national investment had been secured and preparations were underway for the construction which was expected to commence by the year 2022.

Committee's Observations and Recommendations

The Committee notes the response and resolves to await a progress report on the construction of the state-of-the-art high containment biosafety level 3 (BSL-3) laboratory facility in Lusaka Province.

11.1.8 The Establishment of a Viable Single Surveillance Platform for Reporting Public Health Events

The previous Committee was concerned that there was no single platform for surveillance from different line ministries, making it difficult to have a unified and effective early warning system for the efficient management of resources.

The Committee had, therefore, urged the Government to harmonise and establish a viable single surveillance platform for reporting public health events. This was particularly important for the ministries responsible for health; water development; sanitation and environmental protection; fisheries and livestock; agriculture; local government and transport and communications.

Executive's Response

The Executive through the Action- Taken Report explained that in the absence of a one platform for data collection, collation and analysis, the Government through the Ministry of Health was using a 'One Health' approach to action surveillance of diseases affecting humans, animals, plant and the environment. The Government through the Ministry of Health had also developed an integrated platform for the Antimicrobial Resistance Surveillance. Activities such as outbreak investigation for zoonotic infections were done using a 'One Health' approach.

Committee's Observations and Recommendations

The Committee reiterates its previous recommendation for the Government to harmonise and establish a viable single surveillance platform for reporting public health events particularly for the ministries responsible for health; water development; sanitation and environmental protection; fisheries and livestock; agriculture; local government and transport and communications. A progress report is, therefore, being awaited by the Committee.

11.1.9 Lack of a Comprehensive and Integrated Disaster Risk Reduction and Management Plan

The previous Committee was concerned that the Government did not have a comprehensive and integrated disaster risk reduction and management plan in place. Such a plan would be critical for providing a framework for enhanced preparedness and response to epidemics and pandemics by all stakeholders. The Committee had therefore, recommended for the urgent development of a comprehensive and integrated disaster risk reduction and management plan.

Executive's Response

It was reported in the Action- Taken Report that the Disaster Management and Mitigation Unit (DMMU) was working on an Emergency Response Plan (ERP), which would classify thresholds and classify disasters to limit the current spontaneous response to any disaster. The ERP would also identify which response team would respond to which level of disaster. The draft ERP, was still being worked on by the officers at DMMU.

Committee's Observations and Recommendations

In noting the response, the Committee requests a progress report on the implementation of the Emergency Response Plan.

11.1.10 Empowerment of the National Biosafety Authority

The previous Committee was concerned that the country highly depended on external research and had not adequately invested in local research programmes targeting the early detection, mitigation and management of infectious disease outbreaks. In view of this, the Committee had strongly urged the Executive to empower the National Biosafety Authority to enable it conduct research and find local solutions that supported the epidemic profile in Zambia.

Executive's Response

It was reported in the Action- Taken Report that the National Biosafety and Biotechnology Policy of 2003 was under review to include aspects of research. The policy aimed to enhance research in biosafety and biotechnology.

Committee's Observations and Recommendations

The Committee notes the response and requests an update on the review of the National Biosafety and Biotechnology Policy of 2003.

11.1.11 Inadequate Transport

The previous Committee was concerned that inadequate transport had remained a major setback in carrying out surveillance and contact tracing activities, particularly at district level. The Committee had observed that inadequate transportation had also resulted in delays in the transportation of samples from district to central hospitals.

The Committee had therefore, urged the Government to prioritise the procurement of appropriate vehicles to ease the challenges of transport services required for the general operations of the health facilities.

Executive's Response
It was reported in the Action- Taken Report that in August 2019, the Government approved the Government Fleet Management Policy which aimed to improve the operational mobility and efficiency of public workers, in service delivery in a cost-effective manner. The policy and the policy guidelines provided a coherent framework and guided the monitoring, control, and evaluation in the management of Government transport.

In order to ensure the optimal utilisation of Government transport, a transport pooling system was being established at national, ministerial/institutional, provincial and district as well at local authority levels which would be overseen by the Ministry of Works and Supply. This system would assure availability and adequacy as well as facilitate equitable distribution of Government transport to all ministries, provinces and spending agencies.

The Executive further explained that the current Government fleet was old and most of it outlived its expected lifespan. It was, therefore imperative that the delivery of public service especially in rural districts was supported with fit vehicles for purposes of transport capabilities adequate to traverse the challenging terrain around the country.

With this plan, the Ministry of Works and Supply made a recommendation to the Ministry of Finance for the procurement of new vehicles to effectively implement the Government transport pooling system to enhance operational mobility and efficiency in the delivery of services to the public in a cost-effective manner.

Committee's Observations and Recommendations
The Committee requests a progress report on the establishment of the transport pooling system.

11.2 CONSIDERATION OF OUTSTANDING ISSUES FROM THE ACTION- TAKEN REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FOURTH SESSION OF THE TWELFTH NATIONAL ASSEMBLY.

The Committee considered the responses by the Government to the issues raised in its previous Report and made further recommendations on various issues as set out below.

11.2.1 TOPIC ONE: THE GROWING DEMAND FOR SPECIALISED MEDICAL TREATMENT ABROAD BY PATIENTS: CHALLENGES AND OPPORTUNITIES FOR HEALTH

11.2.1.1 The Adequacy of the Policy and Legal Framework Governing Specialised Medical Treatment Abroad

The previous Committee had resolved to keep the matter open until the National Health Policy of 2012 was reviewed and the *National Health Services (Repeal) Act, No 17 of 2005* was repealed and replaced in order to guide the management and administration of specialised treatment abroad.

Executive's Response
It was reported in the Action- Taken Report that consultations with stakeholders were still on going on the review and preparation of both the revised National Health Policy and the National Health Services Bill. It was expected that the revised National Health Policy and the National Health Services Bill once adopted by Cabinet and enacted by Parliament would provide the necessary policy and legal framework to guide the management and administration of specialised treatment abroad.

Committee's Observations and Recommendations
The Committee resolves to keep the matter open until the National Health Policy of 2012 is reviewed and the *National Health Services (Repeal) Act, No 17 of 2005* is repealed and replaced in order to guide the management and administration of specialised treatment abroad. A progress report is, therefore, being awaited by the Committee.

11.2.1.2 Reasons why Zambians Sought Specialised Treatment Abroad

The previous Committee had resolved to await a progress report on the following:

a) the commissioning of the cardiac hospital;
b) the construction of King Salman Bin Abdulla Aziz Women and Children Specialist Hospital;
c) the establishment of renal dialysis centres in North-Western and Central Provinces; and
d) the operationalisation of a renal transplant at the University Teaching Hospital (UTH) and radiotherapy centres in Ndola and Livingstone.

Executive's Response
It was reported in the Action- Taken Report that the Cardiac Hospital or National Heart Hospital was completed and handed over in 2020 and the hospital was yet to be commissioned. Further, the construction of King Salman Abdulaziz Women and Children hospital was progressing well and was at 15 percent complete and on schedule. The hospital was expected to be handed over after completion in 2023.

Committee's Observations and Recommendations
The Committee reiterates its previous recommendation and awaits a progress report on the following:

a) the commissioning the of cardiac hospital;
b) the construction of King Salman Bin Abdulla Aziz Women and Children Specialist Hospital;
c) the establishment of renal dialysis centres in North-Western and Central Provinces; and
d) the operationalisation of a renal transplant at UTH and radiotherapy centres in Ndola and Livingstone.

11.2.1.3 The Criteria for the Selection of Patients Seeking Specialised Medical Treatment Abroad

The previous Committee had observed with concern that the Committee's recommendation has not been adequately addressed. The Committee had therefore, restated its previous recommendation that the selection criteria as well as the guidelines should be widely publicised to avoid mistrust and suspicion by the general public that the facility was for a privileged few. The Committee had therefore, awaited a progress report on the matter.

Executive's Response

It was reported in the Action- Taken Report that the Ministry of Health would ensure that appropriate measures were put in place so that the criteria for selection for treatment abroad was easily accessible and widely publicized using available platforms in order to avoid mistrust and suspicion by the general public that the facility was for a privileged few.

Committee's Observations and Recommendations

The Committee requests the Executive to state clearly the measures that the Ministry of Health has put in place to ensure that the criteria for selection for treatment abroad is easily accessible and widely publicised using available platforms in order to avoid mistrust and suspicion by the general public that the facility is for a privileged few.

11.2.1.4 The Mode of Financing Specialised Treatment Abroad

The previous Committee had requested the Executive to clarify how much money realised by the Fund under the National Health Insurance Scheme had been channelled to specialised treatments abroad.

Executive's Response

It was reported in the Action- Taken Report that the *National Health Insurance Act, No. 2 of 2018*, prohibited the provision of insured health services without accreditation to the Scheme. Furthermore, the Act under section 24 (1) provided for portability of benefits only through an accredited health care provider within the Republic.

The National Health Insurance Scheme was designed to procure insured health care services within the Republic from accredited health care providers on behalf of members of the scheme. Treatment abroad was explicitly excluded from the benefit package that outlined the insured health care services under the scheme. The National Health Insurance Fund had not made any payments towards specialised treatment abroad. As at the end of March 2021, the scheme had received a total of 140,621 and paid out ZMW107, 876,191.94 for health care services within the Republic. These were split as reimbursement claims valued at ZMW54, 494,553.37 and claims advance payment in the sum of ZMW 53,381,368.57.

Committee's Observations and Recommendations

The Committee observes that the mode of financing for specialised treatment abroad has largely been by the Government, with a few instances of private sector and donor participation as well as family and individual sponsorship. This had put a strain on the Treasury. The Committee therefore, urges the Executive to state clearly what measures

have been put in place to reduce the strain on the Treasury in funding specialised treatments abroad. The Committee further requests the Executive to state clearly how much money was channeled towards specialised treatments abroad in 2021.

11.2.2 TOPIC TWO: THE PUBLIC WELFARE ASSISTANCE SCHEME AND WOMEN EMPOWERMENT PROGRAMMES

11.2.2.1 The Efficacy of the Programme

The previous Committee had observed that whereas *the programme had been rolled out to some of the poorest women in selected districts, the factors below had rendered it ineffective.*

a) *Inconsistent Implementation*

The previous Committee had *urged the Executive* to give this concern the seriousness that it deserves and state clearly what concrete measures the Government had put in place to ensure that funds for the social cash transfer were released and disbursed to the beneficiaries in a timely manner.

Executive's Response

It was reported in the Action- Taken Report that the Government had put in place measures to ensure that funds for the Social Cash Transfer Programme were released and disbursed to the beneficiaries in a timely and regular manner. In additional to the funding from the Treasury, the Government had secured funding for the Social Cash Transfer Programme through the additional financing of the Girls Education, Women Empowerment and Livelihood (GEWEL) Project under the World Bank. This would guarantee regular disbursement of funds for the Social Cash Transfer Programme and provide the much-needed support to the most vulnerable households in 116 districts of Zambia. In addition, the Government had developed the Zambia Integrated Social Protection Information System in order to enhance the payment systems of the cash transfers and constantly engaging mobile network organisations to provide electronic transfer of funds to the beneficiaries to ensure that funds were disbursement in a timely and regular manner.

Committee's Observations and Recommendations

The Committee requests an update on the disbursement of funds for the Social Cash Transfer Programme through the additional financing of the Girls Education, Women Empowerment and Livelihood (GEWEL) Project under the World Bank. A progress report is being awaited by the Committee.

11.2.2.2 Inadequate Information for Potential and Actual Beneficiaries

The previous Committee had resolved to await a progress report on the development of a comprehensive communication strategy at *the Ministry of Community Development and Social Services* covering all the social protection programmes.

Executive's Response

It was reported in the Action- Taken Report that the process of developing a comprehensive Communication Strategy for social protection programmes was halted due

to lack of finances. However, the Government through the Ministry of Community Development and Social Services was still in discussion with cooperating partners for possible engagement of a consultant to assist with the process.

Committee's Observations and Recommendations
The Committee awaits a progress report on the development of a comprehensive communication strategy at *the Ministry of Community Development and Social Services* covering all the social protection programmes.

11.2.2.3 Duplicity of Functions
The previous Committee had requested an update on the development of the Social Protection Bill and its presentation to Parliament.

Executive's Response
It was reported in the Action- Taken Report that the Government was committed to addressing the gaps and lacunas in the existing legal framework related to social protection. Following Cabinet's decision, the implementation of legislation on social protection was being done in a phased manner by disintegrating the Social Protection Bill and undertaking separate reforms on social protection. The Government considered this approach appropriate considering the number of issues and concerns raised by various stakeholders on the Social Protection Bill.

As part of the reform process, the Specified Offices Pension Scheme Bill had been developed and awaited approval by the Office of the Secretary to Cabinet. In addition, the National Pension Scheme (Amendment) Bill had been developed and submitted to Ministry of Justice to facilitate approval processes. The draft Workers' Compensation (Amendment) Bill, 2019 which sought to modernise and harmonise the Workers Compensation Fund, improve benefits as well as extend coverage to informal sector and public service employees, had also been developed. The amendment Bill was approved by both the Internal Legislation Committee and the Cabinet Legislation Committee. Cabinet decision was deferred until after elections***.***

Committee's Observations and Recommendations
The Committee requests a progress report on the presentation of the Specified Offices Pension Scheme Bill, the National Pension Scheme (Amendment) Bill; and the Workers' Compensation (Amendment) Bill to Parliament.

11.3 CONSIDERATION OF OUTSTANDING ISSUES FROM THE ACTION TAKEN REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE THIRD SESSION OF THE TWELFTH NATIONAL ASSEMBLY.

The Committee considered the responses by the Executive to the issues raised in its previous Report and recommended as set out below.

11.3.1 TOPIC ONE: SERVICE DELIVERY IN PUBLIC HEALTH INSTITUTIONS IN ZAMBIA

11.3.1.1 Debt of K1.2 Billion Owed to Drug Suppliers

The previous Committee had resolved to keep the matter open until the outstanding debt owed to the suppliers was offset.

Executive's Response

It was reported in the Action- Taken Report that out of the approved 2021 Drug Budget of K1.4 billion, the Treasury had already released K1.2 billion. Further, the drugs budget was allocated with a K1.0 billion in the approved Excess Expenditure of 2021 bringing the total budget to K2.4 billion. In view of the foregoing, the Government remained committed to ensuring that the drug debt of K1.2 billion was offset.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the outstanding debt owed to the suppliers is offset. An update is, therefore, being awaited by the Committee.

11.3.1.2 Refurbishing of Old Health Facilities Countrywide and the Completion of the 650 Health Posts

The previous Committee had resolved to keep the matter open until the old health facilities countrywide were refurbished and expanded, and the remaining 160 health posts completed.

Executive's Response

It was reported in the Action- Taken Report that the current progress was as set out below:

a)	Copper belt Province	–	84 out of a total of 88
b)	Central Province	–	52 out of a total of 52
c)	Eastern Province	–	68 out of a total of 68
d)	Western Province	–	60 out of a total of 64
e)	Southern Province	–	60 out of a total of 99
f)	Lusaka Province	–	31 out of a total of 32
g)	Northern	–	97 out of a total of 109
h)	Luapula Province	–	41 out of a total of 64.
i)	North western	-	64 out of a total of 74
	TOTAL		**559**

Further, the expansion and refurbishment of health facilities countrywide would only be undertaken once funds were made available for this purpose.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the old health facilities countrywide were refurbished and expanded, and the remaining ninety one (91) health posts completed. A progress report, is therefore, being awaited by the Committee.

11.3.1.3 The Procurement of State-of-the-Art Equipment in all Public Health Facilities and the Entering of Service Contracts for Equipment by the User Institutions and not the Ministry of Health

The previous Committee had resolved to keep the matter open until medical equipment in Government hospitals and clinics that had reached end of life were replaced.

Executive's Response

It was reported in the Action- Taken Report that phase one of the supply of medical equipment was given a go ahead from the Ministry of Finance and National Planning and the supplier engaged had been notified. The supplier was yet to communicate to the Ministry on the way forward on how the procurement would be handled.

Committee's Observations and Recommendations

The Committee requests an update on the supply and replacement of medical equipment in Government hospitals and clinics that have reached end of life.

11.3.1.4 Development of a Human Resource Structure

The previous Committee had requested an update on the implementation of the revised organisational structure for the Ministry of Health.

Executive's Response

The Executive, through the Action- Taken Report, had explained that the actualisation of the revised Ministry of Health structure was being done in a phased approach based on the treasury allocation from Ministry of Finance and National Planning. The approved Ministry of Health structure had 126, 465 positions of which 61,657 positions were filled, representing 49.11 percent of the total establishment.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the organisational structure for the Ministry of Health is fully implemented. The Committee awaits a progress report on the matter.

11.3.1.5 Revision of the National Health Policy to define the Role of Non-state Actors in the Delivery of Health Services in the Country

The previous Committee had awaited a progress report on the revision of the National Health Policy in order to clearly define the role of non-state actors in the delivery of health services in the country.

Executive's Response

The Executive, through the Action-Taken Report had submitted that the process to review the National Health Policy was on-going. The necessary consultations were being undertaken with key stakeholders to ensure that implementation of the revised National Health Policy was well coordinated and various actions such as the role of the non-state actors were harmonised by all implementers in order to achieve the vision of the Government in the health sector.

Committee's Observations and Recommendations
The Committee resolves to keep the matter open until the National Health Policy was reviewed, clearly defining the role of non-state actors in the delivery of health services in the country. A progress report is being awaited by the Committee.

11.3.1.6 Use of the Service Availability and Readiness Assessment Methodology
The previous Committee had noted the response and sought a progress report on the development of the Master Facility List that would provide available information on medical equipment.

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Executive's Response
The Executive through the Action-Taken Report explained that using open source tools, a Web-based Master Facility List (MFL) had been developed and was currently undergoing user acceptance testing. The system had been developed to be robust with RESTFUL Application Programming Interface (API) to enable reliable interoperability with other applications. Piloting of the system would take place before the final implementation expected by the end of the year 2021. While the process of testing and validation was going on, the development of the interoperability framework would be finalised. The finalisation of the interoperability layer would also facilitate the linkage or integration of the MFL to the Human Resource Information System (HRIS) under the Public Service and the Regulatory Human Information System (RHRIS) used by the regulatory bodies. This would help the country to determine which health workforce was distributed around the country whether in the public or private sector, respectively.

Committee's Observations and Recommendations
The Committee requests a progress report on the implementation of the Master Facility List.

11.3.1.7 Offsetting the Outstanding Debt of K172, 797,981.01 for Goods and Services at the University Teaching Hospitals
The previous Committee had resolved to keep the matter open until the outstanding debt was settled by the Treasury.

Executive's Response
It was reported in the Action- Taken-Report that the amount in question had been catered for under the dismantling of arrears budget which had an allocation of K2.1 billion in the 2021 budget. It was also important to note that the treasury had earmarked to release K403 million under the dismantling of arrears budget line.

In addition, the Office of the Accountant General conducted a verification exercise which was done on a quarterly basis and upon payment. This exercise was meant to confirm that the goods were delivered and that the debt was genuine.

Committee's Observations and Recommendations
The Committee requests the Executive to be apparent in its response and to clarify whether the outstanding debt of K172, 797,981.01for goods and services at the University Teaching Hospital has been offset. An update is being awaited by the Committee.

11.3.2 TOPIC TWO: THE WELFARE OF OLDER PERSONS IN ZAMBIA

11.3.2.1 Construction of Old People's Homes in the Ten Provinces of the Country

The previous Committee had awaited a progress report on the construction of houses for older persons within the communities.

Executive Response
It was reported in the Action-Taken Report that the Ministries of Housing and Infrastructure Development and Community Development and Social Services through a signed Memorandum of Understanding had been collaborating over the intention to construct homes for the aged people in the ten provinces of the country. The Ministry of Housing and Infrastructure Development was responsible for mobilising finances and overseeing the construction of the facilities, while the Ministry of Community Development and Social Services responsibility was to take over and oversee the day to day running of the completed facilities.

Preliminary works such as designs of the facilities had been completed and land had been identified. However, the commencement of the construction of the first four provincial homes for the aged people in Copperbelt, Lusaka, Eastern and Northern Provinces had delayed due to the non-availability of funds for the programme as a result of fiscal constraint.

Committee's Observations and Recommendations
The Committee notes the response and awaits a progress report on the construction of houses for older persons within the communities.

11.3.2.2 Lack of Guidelines to Regulate the Establishment and Operation of Old People's Homes

The previous Committee had awaited a progress report on the finalisation of the guidelines on the establishment and operation of old people's homes.

Executive's Response
It was reported in the Action-Taken Report that consultations with stakeholders had been undertaken. In view of the foregoing, inputs from the consultations were being prepared, after which validation would follow.

Committee's Observations and Recommendations
The Committee awaits a progress report on the finalisation of the guidelines on the establishment and operation of old people's homes.

11.3.2.3 Domestication of Regional and International Treaties Aimed at Uplifting the Welfare of Older Persons

The previous Committee had resolved to keep the matter open until the African Charter on Human and People's Rights on the Rights of Older Persons was approved for ratification by Parliament. A progress report was, therefore, being awaited by the Committee.

Executive's Response

It was reported in the Action-Taken Report that a Cab-memo on the ratification of the African Charter on Human and Peoples' Rights on the Rights of Older Persons was done and was awaiting approval from the office of the Attorney- General.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the African Charter on Human and People's Rights on the Rights of Older Persons is approved for ratification by Parliament. A progress report is, therefore, being awaited by the Committee.

11.3.2.4 Re-building of Matero After Care Centre

The Committee awaited a progress report on the rehabilitation of Matero After- Care Centre.

Executive Response

It was reported in the Action-Taken Report that the office and the kitchen had been rehabilated and funds had been sourced for the construction of a new dormitory.

Committee's Observations and Recommendations

The Committee awaits a progress report on the construction of a new dormitory.

11.4 CONSIDERATION OF THE ACTION- TAKEN REPORT ON THE REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE SECOND SESSION OF THE TWELFTH NATIONAL ASSEMBLY

The Committee noted the responses by the Government to the issues raised in its previous Report and resolved to follow up the issues set out below.

11.4.1 ZAMBIA'S RESPONSE TOWARDS NON-COMMUNICABLE DISEASES

11.4.1.1 Establishment of Prosthesis Section in the Rehabilitation Department of Major Health Institutions

The previous Committee had awaited a progress report on the extension of the Government prosthetic units to all provincial hospitals as well as the operationalisation of the prosthetics and orthotics curriculum at Levy Mwanawasa Medical University.

Executive's Response

It was reported in the Action-Taken Report that the exercise to identify space for prosthetics and orthotics (P and O) services in the provinces had been completed.

However, the construction and operationalisation of the P and O satellite units at provincial hospitals that did not have P and O services had not been done due to limited fiscal space.

Further, the Health Professions Council of Zambia (HPCZ) had approved the curriculum. In addition, instead of a lead lecturer coming from Otto Bock South Africa, a local faculty had been constituted and the programme had commenced.

Committee's Observations and Recommendations
The Committee notes the response and requests a progress report on the extension of the Government prosthetic units to all provincial hospitals.

11.4.1.2 Strengthening and Enhancing NCD-Specific Activities

The previous Committee had noted the response and requested a progress report on the finalisation of the Multi-sectoral Strategic Action Plan required to enhancing multi-sectoral collaboration among all health and non-health sectors.

Executive's Response
It was reported in the Action-Taken Report that the Government through the Ministry of Health was committed to ensuring that the process for the finalisation of the document that required multi sectoral engagement was made. However, progress had been slowed due to the continued constraints caused by the COVID- 19 pandemic.

Committee's Observations and Recommendations
The Committee resolves to keep the matter open until the Multi-sectoral Strategic Action Plan required to enhance multi-sectoral collaboration among all health and non-health sectors is finalised. A progress report is, therefore, being awaited by the Committee.

11.4.1.3 Warnings Placed on Tobacco Packaging

The previous Committee had resolved to keep the matter open until the Tobacco and Nicotine Products Control Bill was presented to Parliament.

Executive's Response
The Executive, through the Action-Taken Report, explained that consultations on the provisions of the Tobacco Products and Nicotine Products Control Bill were almost complete and consensus had been built with some key stakeholders. Further, according to the *Business Regulatory Act, No.3 of 2014*, the Ministry of Health was required to submit a Regulatory Impact Assessment (RIA) to the Business Regulatory Review Agency (BRRA) for approval prior to obtaining approval in principle to introduce the Bill in Parliament from Cabinet. In this regard, a RIA was successfully undertaken and submitted to BRRA and approval had since been granted by BRRA. The Bill was expected to be submitted to Parliament upon completion of the consultations with key stakeholders on some provisions of the Bill and also upon completion of the Government legislative approval processes.

Committee's Observations and Recommendations
The Committee resolves to keep the matter open until the Tobacco and Nicotine Products Control Bill is presented to Parliament. A progress report is, therefore, being awaited by the Committee.

11.4.1.4 Promotion of Medical Tourism
The previous Committee had requested an update on the construction of the specialist hospitals on the Copperbelt and Southern Provinces. The Committee further requested the Executive to state clearly which provincial hospitals had been upgraded to respond to the growing disease burden and population expansion.

Executive's Response
The Executive, through the Action-Taken Report, explained that the construction of specialised hospitals on the Copperbelt and Southern Provinces had been rescheduled to a later date when resources would be made available for this purpose.

Additionally, the upgrading of provincial hospitals to respond to the growing disease burden and population expansion had also been rescheduled to a later date when resources will be made available for this purpose. However, the Government through the Ministry of Health had been putting up physical infrastructure across the country. Through the support of the Japanese Government, five urban clinics in Lusaka have been upgraded into first level hospitals and specialists had been deployed. This had eased pressure on the University Teaching Hospitals leading to better health outcomes for patients. With additional support from partners, this could be expanded to provincial hospitals.

Committee's Observations and Recommendations
The Committee awaits a progress report on the construction of the specialist hospitals on the Copperbelt and Southern Provinces and the upgrading of provincial hospitals to respond to the growing disease burden and population expansion.

11.4.1.5 Mental Patients' Drugs
The previous Committee had requested an update on the extension of psychiatric services to all the provinces in the country.

Executive's Response
The Executive responded through the Action-Taken Report that the Government through the Ministry of Health had extended the specialised mental services by placing psychiatrists at clinical officer level in all the provinces. However, there was still a shortage of psychiatrists as consultants to help with capacity building and the management of complicated cases of psychiatric conditions.

Committee's Observations and Recommendations

The Committee notes the response and urges the Government to increase training in Psychiatry to ensure that public hospitals are manned by Psychiatrists. A progress report is being awaited by the Committee.

11.4.2 PROGRESS AND UPDATE ON THE SOCIAL CASH TRANSFER PROGRAMME IN ZAMBIA

11.4.2.1 Social Protection Legislation

The previous Committee had requested an update on the status of the Social Protection Bill.

Executive's Response

It was reported in the Action-Taken Report that the Government phased the implementation of legislation on social protection by disintegrating the Social Protection Bill and undertaking separate reforms and amendments. The separate laws would consequently be harmonised in the second phase.

Committee's Observations and Recommendations

The Committee requests a progress report on the status of the Social Protection Bill.

11.4.2.2 Over Reliance on the Social Cash Transfer Programme to the Exclusion of other Social Protection Programmes

The previous Committee had awaited a progress report on the scaling up of the Single Window Initiative project to the rest of the country in order to ensure the implementation of various social protection programmes in a coordinated and integrated manner.

Executive Response

It was reported in the Action- Taken Report that the Ministry of Community Development and Social Services was currently scaling up the pilot of the Single Window Service Delivery to various districts nation-wide. As at 27th July 2021, the Single Window Initiative had been scaled up to a total of forty-two districts. This was a massive build up on the initial six champion districts which started the pilot process to establish the national blueprint for roll-out. The six champion districts included; Kafue, Mambwe, Mongu, Samfya, Lunga, and Mpulungu.

The Single Window was further scaled up to an additional seventeen districts which were replicating the tangible successes and lessons learnt by the champion districts. The eleven districts comprised of Katete, Sinda, Luangwa, Zimba, Senanga, Luampa, Mpongwe, Chingola, Mungwi, Chama, and Ikelenge. As more resources were mobilised through the support of cooperating partners, the Single Window Service delivery was further scaled up to fourteen districts which were targeted for the implementation of the COVID – 19 Emergency Cash Transfer (ECT) to further leverage on the successes documented during the joint-monitoring field visits.

The core focus areas for leveraging the single window to ECT districts were: stakeholder mapping and engagement; establishment of coordination systems, development of referral and feedback forms for enhanced case management, and community sensitisation and

awareness with specific messages on the Covid – 19 pandemic and available social protection services within communities, and where and how to access them.

During the fourth quarter of 2020, the Ministry targeted to scale-up the Single Window to an additional seventeen districts among those which were implementing Phase II of the Scaling Up Nutrition Programmes (SUN II). By June 4th 2021, the Ministry had managed to reach eleven out of the targeted seventeen districts, an ambitious undertaking which was only halted by the travelling restrictions due to the worsening of the Covid – 19 situation in the country.

Committee's Observations and Recommendations
The Committee notes the response and awaits a progress report on the matter.

11.5 CONSIDERATION OF OUTSTANDING ISSUES FROM THE ACTION TAKEN REPORT OF COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FIRST SESSION OF THE TWELTH NATIONAL ASSEMBLY

11.5.1 ZAMBIA'S PREPAREDNESS FOR THE IMPLEMENTATION OF THE SUSTAINABLE DEVELOPMENT GOAL ON HEALTH WITH SPECIAL FOCUS ON SEXUAL REPRODUCTIVE HEALTH RIGHTS

11.5.1.1 Domestication of Regional and International Conventions on Age of Consent

The Committee had requested a progress report on the domestication of regional and international conventions on the age of consent for sex, medical and surgical services as well as the age of consent for marriage.

Executive Response
It was reported in the Action-Taken Report that consultative meetings had been held with stakeholders on the age of consent for medical and surgical services at national and provincial levels in March and April 2021. The consultations focused on the age of consent for the following health services:

a) minor surgical/obstetric procedures;
b) major surgical/obstetric procedures;
c) diagnostic services;
d) therapeutic services;
e) emergency services;
f) access to health information;
g) participation in research;
h) contraceptive services;
i) voluntary male medical circumcision; and
j) HIV testing and Antiretroviral therapy.

The Ministry of Health had summarised the recommendations from stakeholders on the age of consent for various health services ranging between ten and eighteen years, which would be presented to the Ministry of Justice for further guidance.

Committee's Observations and Recommendations
The Committee awaits a progress report on the matter.

11.5.1.2 Centralised Medical Stores
The previous Committee had resolved to keep the matter open on the construction of the Kabompo and Mongu Medical Stores hubs.

Executive's Response
It was reported in the Action-Taken Report that the construction of the Medical Stores hub at Mongu was 95 percent complete and was expected to be handed over in the third quarter of 2021. Due to the limited fiscal space, the construction of the Medical Stores hub in Kabompo had not commenced.

Committee's Observations and Recommendations
The Committee resolves to keep the matter open until the hub in Kabompo and Mongu are completed and commissioned.

11.5.1.3 One Stop GBV Centres
The previous Committee had requested a progress report on the establishment of the fast track courts in Solwezi, Chinsali, Kasama and Mansa, as well as their roll out to other districts.

Executive Response
It was reported in the Action-Taken Report that the Phase II GRZ-Joint Programme was in the process of rolling out the construction of fast-track courts to four districts namely Solwezi, Chinsali, Kasama and Mansa. The Judiciary with partners in the establishment of fasttrack courts were due to undertake site visits to the outlined four districts in order to ensure that quantity surveyors assessed the proposed sites for the construction of the fast track courts as well as provided bills of quantities. The progress in undertaking the aforementioned activities had been delayed owing to the prevailing Covid-19 pandemic.

Committee's Observations and Recommendations
The Committee awaits a progress report on the matter.

11.5.2 FOREIGN TOUR TO THE PARLIAMENT OF RWANDA

11.5.2.1 Strengthening Health Information Management
The previous Committee had awaited a progress report on the scaling up of the Smart Care deployment.

Executive's Response

It was reported in the Action- Taken Report that the Government through the Ministry of Health had so far deployed SmartCare to 1200 health facilities around the country. Out of the 1200 health facilities, 292 were in "electronic first" (eFirst) which was a point-of-care use of the SmartCare. The Ministry of Health was working with the Department of National Registration, Passport and Citizenship (DNRCP) under Ministry of Home Affairs to integrate the new web-based version of the SmartCare called SmartCare + with and Internal Security the Integrated National Registration System (INRIS). The SmartCare+ was currently being piloted in thirty-one facilities. The scale-up of the SmartCare + was set to begin later in 2021. The integration between SmartCare and INRIS would enable children born in the labour wards to be directly registered in the national system (INRIS) and receive birth certificates, with a unique identification number, within days. This identification number would be used throughout their lives. Similarly, the integration of the two systems would facilitate the linkage of death registration data from the health facilities to DNRCP, making it possible for death certificates to be processed expeditiously.

Furthermore, SmartCare+ was being piloted in thirty-one sites or facilities where the Local Area Networks (LANS) were fully operational. Connection to the central server for these sites was via mobile service providers. However, a more sustainable plan to have all the sites connected to the Government Wide Area Network (GWAN) was underway with a total of four out of the thirty-one pilot sites already done namely: Women and Newborn Hospital, Kabwe Mine Hospital, Arthur Davison Children Hospital and Livingstone Central Hospital. In addition, access to the GWAN had also been extended to other hospitals like Lewanika General Hospital, Chipata Central Hospital and Levy Mwanawasa Teaching Hospital.

The Ministry of Health had also planned and budgeted for the extension of the GWAN to the remaining Smartcare+ pilot sites and other hospitals where Smart Zambia Institute had already completed the LAN installations like Kafue District Hospital, Chongwe District Hospital, Ndola Teaching Hospital and Choma Central Hospital.

In summary, the Government was looking at having a total of 39 facilities out of the target 300 smartcare+ sites to be connected to the GWAN by the end of 2021.

Committee's Observations and Recommendations

The Committee requests a progress report on the matter.

11.5.2.2 Performance Contracts for the Public Service

The previous Committee had resolved to await a progress report on the implementation of performance contracts for ministers and the development of performance contracts for town clerks and council secretaries.

Executive's Response

It was reported in the Action-Taken Report that the significant progress had been made in ensuring that the performance contracts for ministers were implemented as well as ensuring the development of performance contracts for town clerks and councils

secretaries. In the case of performance contracts for ministers, draft contracts had already been developed and were awaiting Cabinet approval. On the other hand, the development of performance contracts for town clerks and council secretaries had reached advanced stakeholder consultation stage. However, progress in the stakeholder consultations had been slowed by the onset of the COVID-19 pandemic though alternative means of engaging stakeholders using digital platforms had since been devised.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the performance contracts for ministers are implemented and those for Town Clerks and Council Secretaries developed. A progress report, is, therefore, being awaited by the Committee.

11.6 CONSIDERATION OF OUTSTANDING ISSUES FROM THE ACTION-TAKEN REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FIFTH SESSION OF THE ELEVENTH NATIONAL ASSEMBLY

11.6.1 Upgrading of Nutrition Positions in Line Ministries

The previous Committee had requested a progress report on the establishment and upgrading of nutrition positions in line ministries implementing nutrition specific and nutrition sensitive interventions was awaited by the Committee.

Executive's Response

It was reported in the Action- Taken Report that the Ministry of Agriculture recognised the importance of nutrition as a critical part of health and development and therefore, its endeavour to upgrade the nutrition positions in the Ministry. It was against this background that the Ministry of Agriculture engaged a consultant to review the structure of the nutrition section in 2019. The consultant submitted a report to the Ministry. However, the recommendations of the consultant could not be implemented due to the austerity measures that the Government was implementing, as was reported in the previous report. It was therefore, the plan of the Ministry to review the recommendations made by the consultant and re-submit the request to upgrade the positions to Cabinet Office once the fiscal space improved.

Committee's Observations and Recommendations

The Committee requests an update on the matter.

11.7 CONSIDERATION OF THE ACTION-TAKEN REPORT FOR THE COMMITTEE ON HELTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FOURTH SESSION OF THE ELEVENTH NATIONAL ASSEMBLY

11.7.1 Delivery and Installation of Generators as a Power Back Up System in Health Institutions

The previous Committee had resolved to keep the matter open until all the health facilities had solar power installed as an alternative source of power.

Executive's Response
It was reported in the Action-Taken Report that the Government had installed solar as an alternative source of power to eighteen health facilities as indicated below:

1. Central Province -five sites namely;
   a. Itezhitezi at Masemo Health Center
   b. Kasanda Health Center
   c. Chalata Health Center
   d. Old Mkushi at Luano Health Center
   e. Chibefwe in Mkushi

2. Luapula Province – three sites namely;
   a. Samfya
   b. Kabulatanchelenge
   c. Kashikishi

3. North Western Province – two sites namely;
   a. Mushindamo at St. Dorothy
   b. Kazomba in Solwezi

4. Northern Province – four sites namely;
   a. Nsama Urban Clinic
   b. Kaputa District Hospital
   c. Senga Hill District Hospital
   d. Kasama at Chisanga Urban Clinic

5. Copperbelt Province – four sites namely
   a. Muchinshi in Chingola
   b. New Masala in Ndola
   c. Masaiti Boma in Masaiti
   d. Shimukunami in Lufwanyama

Committee's Observations and Recommendations
The Committee resolves to keep the matter open until all the health facilities have solar power installed as an alternative source of power. A progress report is, therefore, being awaited by the Committee.

11.7.2 Breast and Cervical Cancer in Zambia
The previous Committee had resolved to await a progress report on the operationalisation of the two radiotherapy centres in Livingstone and Ndola and the expansion of the Cancer Diseases Hospital in Lusaka into a centre of excellence.

Executive's Response
It was reported in the Action- Taken Report that the sites for the construction of the radiotherapy centers had been secured and surveyed in Livingstone and Ndola. Appointment of the supervising and design consultants was done and the designs for the

Ndola, Livingstone and CDH extension were complete and approved by the funder BADEA and OFID. The tender documents for both civil works and equipment were ready and awaiting approval by the funder based on the performance of existing loans between Zambia and BADEA and OFID.

Committee's Observations and Recommendations

The Committee awaits a progress report on the matter.

12.0 CONCLUSION

Zambia, like several other developing African countries still experiences a high disease burden from both communicable and non-communicable diseases and is not able to produce most medications to supply to its population. In this regard, the country is largely dependent on medical imports. The pharmaceutical manufacturing industry is further clustered with a number of different challenges. Responding to these challenges, therefore, requires putting in place a more robust and responsive policy framework, including the incentives and tax regimes that are inimical to the success of the industry in Zambia.

The Committee wishes to thank the Offices of the Speaker and the Clerk, for the guidance and support services rendered to it throughout the Session. The Committee also wishes to pay tribute to all the stakeholders who appeared before it and tendered both oral and written submissions.

The Committee urges the Executive to consider and take appropriate action on the observations and recommendations contained in this Report, which are intended to improve service delivery in the health, community development and social services sectors in Zambia.

Dr C K Kalila, MP
CHAIRPERSON

June, 2022
LUSAKA

APPENDIX I – OFFICIALS OF THE NATIONAL ASSEMBLY

Mr F Nabulyato, Acting Principal Clerk of Committees (SC)

Mrs Chitalu K Mumba, Acting Deputy Principal Clerk of Committees (SC)

Mrs Angela M Banda, Senior Committee Clerk (SC)

Ms Christabel T Malowa, Committee Clerk

Ms Catherine Chibuye, Administrative Assistant

Mr Daniel Lupiya, Committee Assistant

APPENDIX II - THE WITNESSES

ZAMBIA MEDICINES REGULATORY AUTHORITY (ZAMRA)

Mr Makomani Siyanga, Acting Director General

Mr Lyoko Nyambe, Acting Director, Medicines Control

Ms Beatrice Kabaso, Principal Inspector, Licensing and Enforcement

ZAMBIA MEDICINES AND MEDICAL SUPPLIES AGENCY (ZAMMSA)

Mr Chipopa Kazuma, Acting Director General

Mr Ilitongo Saasa Sondashi, Director General, Logistics

UNIVERSITY OF ZAMBIA

Dr Sody Munsaka, Dean, School of Health Sciences

Dr Aubrey C Kalungya, Pharmacist/Assistant Dean, School of Health Sciences

Dr Chiliba Mwila, Pharmacist/Head of Department, Pharmacy

Dr Lungwani T Muungo, Pharmacist/Former Head of Department, Pharmacy

Dr Derick Munkombwe, Pharmacist/Senior Lecturer

POLICY MONITORING AND RESEARCH CENTRE (PRMC)

Mr Sydney Mwamba, Head, Research Analysis

Ms Alice Pearce, Senior Researcher

Ms Sharon Williams, Research Fellow

Mr Chiti Nkunde, Communications Specialist

PHARMACEUTICAL SOCIETY OF ZAMBIA

Ms Francesca C Kabonga, National Secretary

Mr Kennedy L Saini, President

Dr Jimmy N Hangomba, Vice President

Dr Lungwani T M Muungo, Life Member

Ms Caroline Yeta, Member

ZAMBIA MEDICAL ASSOCIATION

Dr Crispin Moyo, President

ZAMBIA PHARMACEUTICAL BUSINESS FORUM

Mr Sadik A Seedat, Chairperson

Mr Wazan Zulu, Vice Chairperson

M rAruldass Nithya, Member, Yash Life Sciences

Mr Altaf Patel, Treasurer, International Drug Company

Mr Alagappan Murugappan, Representative of Local Manufacturer

Mr John Musenga, Member, Yash Life Sciences

UNIVERSITY TEACHING HOSPITAL

Dr Charles Mutemba, Senior Medical Superintendent

Mr Emmanuel Chileshe, Chief Accountant

Mr Luke Atutuli, Head of Department, Pharmacy

Ms Beauty Katebe, Chief Human Resource Management Officer

DEVELOPMENT BANK OF ZAMBIA (DBZ)

Mr Kingsley Dube, Principal Portfolio Management Officer

Mr Maybin Muyavata, Acting Managing Director

Mrs Chanda Kambobe, Head Risk and Strategy

ZAMBIA REVENUE AUTHORITY (ZRA)

Mr Dingani Banda, Commissioner General

Ms Mirriam Sabi, Director, VAT Operations

Mr Ronald Chalwe, Acting Commissioner Taxes

AFRICA MEDICAL RESEARCH FOUNDATION (AMREF)

Ms Viviane Sakanga, Country Manager

Mr Liyoka Liyoka, Executive Director

Ms Shikanda Kawanga, Communications Officer

ZAMBIA DEVELOPMENT AGENCY (ZDA)

Mr Albert Halwamba, Acting Director General

Mr Stephen Chundama, Manager, Policy and Research

Ms Innocent Melu, Director, Policy and Planning

PHARMANOVA ZAMBIA LIMITED

Mr Alagappan Murugappan, General Manager

Mr Grifton Musole, Senior Quality Analyst

Mr Aodil Seedat, Chief Operations Officer

Ms Mwila M Bwalya, Sales and Marketing Executive

TRADITIONAL HEALTH PRACTITIONERs ASSOCIATION OF ZAMBIA

Dr Simon Nyoni, Secretary General

Dr Selina Tembo, National Chairlady

Dr FelesiyaTembo, Executive Committee Chairperson, Lusaka Province

Dr Aaron Daka, Member

Ms B Mwanza, Vice Chairlady

INDUSTRIAL DEVELOPMENT CORPORATION (IDC)

Mr Muchindu Kasongola, Chief Investments Officer

CHURCHES HEALTH ASSOCIATION OF ZAMBIA (CHAZ)

Ms Karen Sichinga, Executive Director

Prof. Dhaly Menda, Head of Department, Programmes

Mr Yoram Siame, Head of Department, Planning and Advocacy

Mr Marlon Banda, Head of Department, Pharmacy Services

Ms Musonda Chipili, Information Officer

YASH LIFE SCIENCE LIMITED

Mr Hemanso Patel, Director

Mr John Musenga, Quality Manager

Mr Aruldass Nithya, Operations Director

CITIZEN ECONOMIC EMPOWERMENT COMMISSION (CEEC)

Ms Mutepa Mzyele Fulai, Acting Director General

Ms Muma B Munansangu, Acting Director Business Development

Mr Walusungu Banda, Operations Manager

MINISTRY OF SMALL AND MEDIUM ENTERPRISE DEVELOPMENT

Ms Yvone Mpundu, Permanent Secretary

Mr Nelson Nyangu, Director, Business Development and Grants

Ms Bernadette Mwakacheya, Director Small and Medium Enterprise Department

Mr Chinyanta Chikula, Acting Director Business Development and Grants

Ms Pamela Chitulangomba, Chief Economist

MINISTRY OF COMMERCE, TRADE AND INDUSTRY

Mr Paul Lupanga, Director, Planning and Information Department

Mr Sunday Chikoti, Director, Industry Department

Mr Mike Chivumo, Acting Principal Planner

Mr Brian Moonga, Chief Planner

Mr Mwelwa Nkole, Senior Economist

Mr Moses Ngosa, Economist

MINISTRTY OF HEALTH

Dr George Magwende, Permanent Secretary (Administration)

Dr Christine Sichone, Director Health Policy

Dr Alex Makayse, Director Clinical Care and Diagnosis

Mr Mathhews Mwale, Assistant Director Pharmaceutical Services