



**REPUBLIC OF ZAMBIA**

**REPORT**

**OF THE**

**COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES ON  
THE REVIEW OF THE OPERATIONS OF THE ZAMBIA FLYING DOCTOR SERVICE AND  
THE SOCIAL CASH TRANSFER PROGRAMME**

**FOR THE**

**SECOND SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

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## FOREWORD

Honourable Madam Speaker, the Committee on Health, Community Development and Social Services has the honour to present its Report for the Second Session of the Thirteenth National Assembly on the two topical issues the Committee was interrogating namely: ***Review of the Operations of the Zambia Flying Doctor Service; and Review of the Social Cash Transfer Programme.*** The Committee undertook its functions as set out in Standing Orders No. 197 (e) and 198 of the National Assembly of Zambia Standing Orders, 2021.

In order to fully interrogate the topical issues, the Committee requested detailed memoranda from various stakeholders, who were later invited to speak to their written submissions and made clarifications on issues arising there from. The Committee held twelve meetings during the period under review to consider the topical issue. The list of stakeholders who made submissions to the Committee is at Appendix II.

The Committee's Report is organised in two parts: Part I presents the Committee's findings from its deliberations on the topical issues, including the findings from the local tours. Part I further presents the Committee's Observations and Recommendations on the Topical Issues. Part II contains the Committee's Observations and recommendations on its consideration of the Action-Taken Report on the Report of the Committee for the First Session of the Thirteenth National Assembly.

The Committee is grateful to all stakeholders who tendered both written and oral submissions. The Committee further wishes to thank you, Madam Speaker, for affording it an opportunity to carry out its work. The Committee also appreciates the services rendered by the Office of the Clerk of the National Assembly and his staff during its deliberations.



Dr Christopher Kalila  
**CHAIRPERSON**

June 2023  
**LUSAKA**

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**List of Acronyms**

ZFDS	Zambia Flying Doctor Service
FDS	Flying Doctor Service
SCTP	Social Cash Transfer Programme
SCT	Social Cash Transfer
NRC	National Registration Card
ZAMMSA	Zambia Medicines and Medical Supplies Agency
8NDP	Eighth National Development Plan
ZISPIS	Zambia Integrated Social Protection Information Management System

## **1.0 Membership of the Committee**

The Committee consisted of Dr Christopher Kalila, MP, (Chairperson); Mrs Marjorie Nakaponda, MP (Vice-Chairperson); Mr Miles B E Sampa, MP; Mr Leevan Chibombwe, MP; Dr Aaron Mwanza, MP; Mr Luhamba Mwene, MP; Mr Paul Chala, MP; Mr Heartson Mabeta, MP; Mr Monty Chinkuli, MP; and Mr Joseph S Munsanje, MP.

## **PART I**

### **Consideration of the Topical Issues**

## **2.0 Topic 1: Review of the Operations of the Zambia Flying Doctor Service**

### **2.1 Background**

The Zambia Flying Doctor Service (ZFDS) was founded in 1965 by Dr James Lawless. It is a grant-aided service delivery statutory board under the Ministry of Health, created under an Act of Parliament, the *Flying Doctor Service, Chapter 298 of the Laws of Zambia*.

The ZFDS played a very critical role in the country's remote areas by increasing access to aero-medical services in hard-to-reach areas, in order to reduce morbidity and mortality among the people of Zambia. For instance, the ZFDS in 2019, carried out medical outreach activities, medical evacuations, malaria, HIV counselling and testing, Antiretroviral Therapy (ART), Tuberculosis (TB), cervical cancer screening, among other services, in the communities in hard-to-reach areas of Central, Luapula, Northern and North Western Provinces. (ZFDS Annual Report for the year ending 31<sup>st</sup> December, 2018).

However, the ZFDS had continued to face challenges in its operations. For instance, conducting medical evacuations had been a challenge because of limited aircraft type. Further, securing basic and advanced equipment required to conduct its core business had also been a challenge.

It was against this background that the Committee resolved to undertake a study with intent to appreciate the factors impeding the operations of the ZFDS, in order to make appropriate recommendations to the Executive.

## **3.0 Objectives of the Study**

The objectives of the study were to:

- a) examine the adequacy of the policy and legal framework supporting the operations of the ZFDS;
- b) ascertain the measures that the Government had put in place to enhance the operation of the ZFDS;



- c) appreciate the role of non-state actors in complimenting the Government's efforts in enhancing the operations of the ZFDS;
- d) appreciate the challenges faced (if any) by the ZFDS; and
- e) make recommendations to the Executive on the way forward.

## **4.0 Summary of Submissions by Stakeholders**

Stakeholders who appeared before the Committee made the submissions summarised below.

### **4.1 Adequacy of Policy and Legal Framework Governing Zambia Flying Doctor Service**

#### **4.1.1 Policy Framework**

Stakeholders submitted that the National Health Policy which provided overall policy guidance to the health sector and set out measures directing the implementation of national health strategies was undergoing review. The purpose of revising the Policy was to develop a comprehensive and overarching national health policy that would provide for an appropriate and evidence-based policy framework to guide the health sector towards attainment of the national, regional and global health objectives. The revision of the policy would further align it with the intention of providing universal health coverage leaving no one behind irrespective of their geographical location.

#### **4.1.2 Legal Framework**

Stakeholders submitted that the ZFDS was established under section 3 of the *Flying Doctor Service Act, Chapter 298 of the Laws of Zambia*. The Act stipulated that there shall be a service known as the Flying Doctor Service, the objects of which were to combat disease among and to promote the health and material well-being of the inhabitants of the rural areas of Zambia.

However, stakeholders submitted that there was an urgent need to review the Act in order to put in place a law that would not only address challenges in health service delivery in remote and hard to reach parts of Zambia but also provide for the expanded role that the ZFDS was playing. The Act was outdated and required to be amended or repealed and replaced so that it could be responsive to the changing health sector landscape.

### **4.2 Sustainability and Financing Mechanisms of the Programme**

Stakeholders submitted that the ZFDS was a grant-aided statutory body under the Ministry of Health, that was funded by the Government of the Republic of Zambia with the annual grant being K31,000,000.00. Additionally, the ZFDS was running a medical centre in Ndola, which was NHIMA accredited and generated approximately 10 per cent of the total monthly operational expenditure.

Some stakeholders further submitted that the ZFDS did hire out its aircraft for charter. The initiative accorded the ZFDS with extra income to sustain its workforce and fleet. The addition of more aircrafts to the fleet would enable the service undertake more charter flights without diverting from its mandate. The Committee was further informed that ZFDS received a medical evacuation refund from the Ministry of Health each time it carried out an evacuation. However, some stakeholders submitted that the grant received and the revenue generated by the ZFDS was still insufficient for the development of operations that would ensure optimum running of the institution. Therefore, there was need for the institution to be recapitalised in order to improve operations.

#### **4.3 The Role of Non-State Actors in Complimenting the Government's Efforts in the Implementation of the Programme**

The Committee was informed that the ZFDS received funding from the Government, which funds were grossly insufficient due to the scope of work as the bigger part of Zambia was rural and required supplementary primary health care as well as specialist health services. Hence, the effort by the Government should be fully supported by strategic partners to bridge the gap in operational logistics, funding, and capital expenditure. To achieve this, the ZFDS had commenced the process of reviewing the strategic plan for the period 2022 to 2027, which plan would have a significant focus on non-state actor funding and support.

The Committee also learnt that there was a growing appreciation and recognition of the role of non-state actors played in complementing the Government's effort in the development of health systems and improved healthcare services in Zambia. With the challenges that ZFDS faced, non-state actors needed to reposition their role and help complement Government's effort in implementing programmes offered by ZFDS.

The Committee was informed that the main partners of the ZFDS were Jones White Incorporation (JSI), who were providing support on HIV/AIDS through their SAFE project. However, there was need for reinforced partnerships with churches, the private sector, non-governmental organisations and other international cooperating partners such as the United States Agency for International Development (USAID) and the World Health Organisation (WHO) in supporting and complementing the Government's efforts aimed at improving the operations of ZFDS.

#### **4.4 Challenges Faced in the Implementation of the Programme**

Stakeholders submitted that over the years, the ZFDS had not received any substantial capital inflows from the Government resulting in deterioration of its fleet of aeroplanes and the facilities to the level of obsolescence. Some of the specific challenges faced were as outlined below.

- i. The ZFDS had only two aircrafts which limited their mandate to serve Zambians.

- ii. The ZFDS had no pressurised aircraft and helicopter, which were very critical in emergencies and operations in remote and hard to reach areas.
- iii. The ZFDS had inadequate critical medical evacuation equipment such as the advanced life support equipment and thereby making it difficult to carry out some emergency medical evacuations for critically ill patients.
- iv. The high cost for the procurement of the base and stretcher systems as well as other components of the advanced life support equipment was a challenge as the cost was estimated at US\$450,000 per aircraft.
- v. Apart from the private ones, there were only twelve airstrips across the country where the ZFDS aircrafts could land. Despite a number of areas being hard to reach and having no airstrips, there was need for aero-medical services from ZFDS. In addition, the twelve airstrips being used by the ZFDS, needed to be upgraded to all weather aviation infrastructure for aero-medical service delivery.
- vi. Due to underfunding, the ZFDS could not attract adequate and skilled manpower in aircrews and health care personnel therefore, compromising the delivery of services.
- vii. The ZFDS was underfunded by the Government, in 2016, 2018, 2019 and 2020 by K1,349,256, K5,616,965, K7,567,392 and K5,615,450, respectively. The total amount of the underfunding was K19,649,063, which had greatly affected operations and resulted in the accumulation of statutory debts. The statutory debts had remained outstanding.
- viii. The running cost of aviation fuel, spares, oils and lubricants continued to be a challenge hence, the need for increased funding to the ZFDS.

## **5.0 Local Tour**

The Committee undertook tours to Copperbelt and North-western Provinces to ascertain the effectiveness of the Zambia Flying Doctor Service programme. During the tour, the Committee visited the ZFDS headquarters in Ndola, toured the hangar at the premises, visited Mwekera, Kalumbila and Mumena. The findings of the Committee were as set out below.

- i. The Committee learnt that as a way to improve the effectiveness and efficiency of the Service in the provision of health services to far and hard-to-reach rural parts of Zambia more critical staff was recruited bringing the total of the approved establishment to 81 per cent.
- ii. The Committee also learnt that as a way to improve the referral system and stakeholder communication, a contact centre was established, with a sole aim of effective coordination of referral requests from all health institutions in the country and execution of the same.
- iii. The Committee also learnt that stakeholder identification and mapping was done and standard operating procedures for staff were put in place to improve delivery.
- iv. The Committee also learnt that as a way to increase internal revenue, the Service had diversified and had revised its operational hours at its AeroMED centres in

Ndola. The Committee learnt that at the Kenneth Kaunda AeroMED centre the Committee found that the ZFDS was using a mobile hospital unit which was given to them by the Ministry of Health through the Copperbelt provincial office in order to utilise the medical equipment installed on it and to minimise the capital expenditure required for setting up such a facility.

The Committee also learnt that the Lawless AeroMED centre was being renovated and was in the process of expanding the centre as a way of generating internal revenue for the ZFDS to be able to carry out its complimentary role to the Ministry of Health to remote and hard to reach areas.

- v. During interactions with beneficiaries of the Zambia Flying Doctor Service, the Committee learnt that in some areas the Service would only be available once in a quarter. The situation did not sit well with the beneficiaries who solely depended on the ZFDS to access specialised medical attention as such the urgent need to increase funding to the ZFDS in order to frequently visit the said locations.
- vi. The Committee was also informed that the Service had increased routine and specialised medical outreaches as well as evacuations. The Service was in this regard, targeting an average of eight concurrent outreaches per month targeting 100,000 rural patients for 2023.

It was noted by the Committee that the Zambia Flying Doctor Service had in the past year seen a huge transformation and positive trajectory in its operations. There has been a notable achievement in increased quality aeromedical services by over 350 per cent from the 2020/2021 performance statistics as compared to 2022/2023 as follows:

#	Indicator	2020		2021		2022		2023 to date	
		target	achieved	target	achieved	target	achieved	target	achieved
1	Medical evacuations conducted	48	15	24	11	24	27	72	42
3	Rural Sites for Medical Outreaches	72	32	72	28	72	76	180	94
4	Number of patients seen	3,330	3,726	7,070	4,074	11,400	12,138	100,000	44,937

- vii. The Committee also learnt that the ZFDS was working with other stakeholders in promoting menstrual hygiene specifically in Mwekera by educating a girl child on how to make reusable pads.

## **6.0 Committee's Observations and Recommendations**

After having carefully reviewed the submissions from the beneficiaries of the ZFDS, the Committee wishes to point out that the ZFDS was doing a tremendous job in ensuring that it offered a complementary service delivery and emergency evacuation to people in hard-to-reach and remote parts of Zambia. The Committee also recognises the measures the ZFDS is putting in place to try and generate additional revenue so as to be able to discharge their mandate effectively. In this regard, the Committee is cognisant of the fact that the ZFDS is vital if Zambia is to attain universal health coverage.

The Committee also observes that if the ZFDS was fully supported it can play a vital role in realising the universal health coverage in Zambia. The Committee, therefore, makes the observations and recommendations set out below.

### **i. Legal Framework**

The Committee observes that the legal framework governing the operations of the ZFDS was outdated. In light of this, the Committee recommends that the Act be amended and the process of amending the *Flying Doctor Service Act, Chapter 298 of the Laws of Zambia* be expedited so that it can be responsive to the changing health sector landscape.

### **ii. Recapitalisation of the Zambia Flying Doctor Service**

The Committee observes with concern that the ZFDS has not been recapitalised for a long time resulting in compromised service delivery. Therefore, the Committee recommends that the Government should ensure that ZFDS is recapitalised to enable it procure the required helicopter, pressurised plane, aero medical equipment, employ the necessary staff and operate effectively.

### **iii. Liquidation of Outstanding Statutory Debt**

The Committee expresses concern that the Executive had not liquidated a total underfunding of K19,649,063, accumulated from underpayments in 2016, 2018, 2019 and 2020. The underfunding had negatively affected the operations of the Service and had resulted in accumulation of statutory debts of K13,508,674.12.

In light of the above, the Committee recommends that the Government should urgently secure funds to clear the balance of K19,649,063, to enable the ZFDS undertake its activities effectively and off set its statutory debts. Further, the Committee urges the Executive to be consistent in the disbursement of funds to ZFDS to enable the Service carry out its mandate efficiently.

### **iv. Limited Operational Airstrips**

The Committee observes with concern the limited number of operational and well maintained airstrips across the country. In this regard, the Committee recommends that a comprehensive maintenance and construction of the airstrips countrywide be facilitated by the Government to enable the ZFDS to effectively carry out its mandate and reduce on the operational costs.

**v. Internal Revenue Generation**

The Committee observes that while the ZFDS had put in place measures to try and enhance internal revenue generation, they can just raise so much for them to be able to expand their outreach coverage and discharge their mandate effectively. In this regard, the Committee recommends that the annual grant given to the ZFDS be increased to K36 million from the current K31 million.

**vi. Mobile Units**

The Committee observes that people in the remote and hard to reach areas were not getting the required medical attention regularly as they are supposed to due to limited funding and lack of adequate medical equipment. In this regard, the Committee recommends that the mobile units which are currently not being used, be released to the ZFDS so that they can be mounted in some of the remote and hard to reach areas for use by the Service during their outreach programmes.

**vii. Replication of the Menstrual Education in Rural Schools**

The Committee observes that it would be beneficial if the ZFDS could replicate the provision of free menstrual hygiene related services to young girls in remote and hard to reach areas, a gap which was identified by the Service through their outreach activities.

**7.0 Topic 2: Review of the Social Cash Transfer Programme**

**7.1 Background**

The Social Cash Transfer (SCT) Programme had been operating in Zambia since 2003 and was implemented by the Ministry of Community Development and Social Services. The main objective of the SCT Programme was to reduce extreme poverty and the intergenerational transfer of poverty among beneficiary households.

Zambia's development had been characterised by persistent high levels of poverty and vulnerability, which stood at 54.4 per cent and extreme poverty at 40.8 per cent of the population (2015 Living Conditions Monitoring Survey). In the early 2000's, the Government identified social protection as a critical tool for poverty reduction. Thus, the Government through the Ministry of Community Development and Social Services introduced the SCT Programme in 2003.

Over the years, the Programme had become an integral part of the country's anti-poverty policy objectives and a flagship programme in the social protection realm, with a presence in all the districts of the Country. However, beneficiaries of the programme have continued to bemoan challenges affecting the programme, such as targeting errors, payment delays and corruption.

In view of the foregoing, the Committee resolved to Review the Operations of the Social Cash Transfer Programme in order to assess its effectiveness.

## **8.0 Objectives**

The objectives of the study were to:

- i. ascertain the policy and legal framework governing the programme;
- ii. ascertain the sustainability and financing mechanisms of the programme;
- iii. appreciate the role of non-state actors in complementing the Government's efforts in the implementation of the programme;
- iv. appreciate the challenges faced in the implementation of the programme; and
- v. make appropriate recommendations to the Government.

## **9.0 Summary of Submissions by Stakeholders**

The submissions of the stakeholders were as summarised below.

### **9.1 The Policy and Legal Framework Governing the SCT Programme**

#### **9.1.1 Policy Framework**

The Committee was informed that there was a strong policy environment and commitment level to social protection in Zambia. The policies that governed the programme included the following:

##### **a) The Eighth National Development Plan**

The Eighth National Development Plan (8NDP) set out interventions under the Human and Social Development pillar as one of the strategic development areas. It focused on increasing access to, and enhancing social protection in order to contribute to reduction in poverty and inequality. The SCT Programme was identified as a key intervention in this strategic development area.

Stakeholders further submitted that the 8NDP outlined social protection and human development as one of the four key pillars of government's development strategy. Additionally, the 8NDP set forth concrete targets to scale up the SCT Programme at national level in line with national poverty statistics over its implementation period, for example, 1,021,695 beneficiary households had been targeted in 2022 and 1,493,352 by the end of 2026.

##### **b) National Social Protection Policy**

The National Social Protection Policy upheld the importance of social protection mechanisms aimed at promoting human development, social equity and human rights. The Policy provided guidance and justification for the need for social protection to poor and vulnerable households especially the extremely poor and incapacitated households who were mostly disadvantaged and in need of mechanisms to protect or cushion them. It recognised the need for those households to receive regular and continuous social assistance to survive and to meet their basic needs. The SCT Programme was one programme identified as a mechanism to help households.

### c. Standard Programme Implementation Guidelines

The Committee was informed that the Government had further developed guidelines for a systematic and coordinated framework in the implementation of the SCT Programme. This contributed to enhanced decision making and accountability as well as strengthening the provision of the programme.

#### 9.1.2 Legal Framework

Stakeholders submitted that there was no legal framework that governed the operations of the SCT Programme but that the programme was policy driven. On the expenditure front, the SCT Programme was implemented at National, Provincial and District level guided by the *Public Finance Management Act, No 1 of 2018*. The Committee was further informed that the Social Protection Bill that should have encompassed and handled issues pertaining to the Programme was not moved forward.

## 9.2 The Sustainability and Financing Mechanisms of the Programme

Stakeholders submitted that the SCT Programme was funded by the Government and cooperating partners through the World Bank under the Girls Education, Women Empowerment and Livelihood (**GEWEL**) project, the Scaling up Shock Responsive Social Protection project as well as the grants from the Multi-donor Trust Fund.

The budgetary allocation trend since 2014 was as shown in the table below.

Table1- National Budgetary Allocations

Year	National Budgetary Allocation (ZMW)	Comment
2014	199,200,000	
2015	180,590,000	Reduced
2016	302,000,000	Increased
2017	552,000,000	Increased
2018	721,180,000	Increased
2019	699,494,400	Reduced
2020	1,047,422,180	Increased
2021	2,344,175,162	Increased
2022	3,106,584,278	Increased
2023	3,720,888,131	Increased

Compiled by JCTR (National Budget Speeches 2014 -2022)

The allocations reduced in 2015 and 2019. In 2015, the Government scaled up the beneficiaries of the social cash transfer. Furthermore, in 2019, the debt unsustainability had started putting fiscal pressure on the social sector (health,



education, water and sanitation etc). This might have caused the reduction in allocation to the social cash transfer section.

The Committee was informed that the Government had been increasing the national budgetary allocation. This meant that more households were falling into the poverty category annually. In an ideal empowerment scheme, the households as well as allocations must be reducing. However, this did not seem to be the case for Zambia. Stakeholders hence, submitted that there was a need to balance the aim of increasing coverage to more of the poor, with the need to ensure the Programmes long-term fiscal sustainability.

Stakeholders further submitted that the general perception of the SCT Programme was that it was sustainable and affordable. This was because stakeholders were of the view that the Government had abundant resources. Moreover, it was seen as affordable based on the assumption that the Government and cooperating partners would continue to fund the programme in the foreseeable future. However, some stakeholders submitted that the SCT Programme must not be treated as a perpetual programme for specific households, as households had a duty to develop themselves. It was only when, in difficult circumstances where households could not meet the needs and conditions of living a dignified life that the Government became obligated to ensure that these households re-stabilised. The Committee was informed that looking at the trend analysis and the socio-economic status of Zambia, the social cash transfer system was not sustainable, if nothing was done to link it with other social protection programmes considering that the level of vulnerability and poverty were rising. Further, this was attributed to Zambia's resource generation base which was small and that, beneficiaries who had invested the social cash benefit into some household economic activity were less than those who consumed it or purchased only basic necessities of a household.

In 2022, Zambia spent 0.8 per cent of GDP and 2.4 per cent of the national budget on social assistance.

### **9.3 The Role of Non-State Actors in Complementing the Government's Efforts in the Implementation of the Programme**

Stakeholders submitted that non-state actors were complementing Government efforts through capacity building and development of the staff involved in the implementation of the Programme. The capacity building included financial management training to ensure adherence to government financial regulations as well as planning and budgeting.

In addition, non-state actors had been providing technical support through development of delivery systems such as the Zambia Integrated Social Protection Information Management System (ZISPIS), which anchored products like the grievance mechanism and other cash plus approaches. Further, non-state actors provided hardware such as computers and software development support through

systems thereby strengthening expertise through research and programme evaluations.

#### **9.4 Challenges Faced in the Implementation of the Programme**

Stakeholders submitted that since the introduction of the SCT Programme in 2003, it had positively evolved and developed. However, the Committee learnt that there were notable challenges in the implementation of the Programme.

**i. Policy and Legal Framework**

Stakeholders submitted that the policy and legal framework guiding the implementation of the SCT Programme was weak.

**ii. High Administrative Costs**

The Committee was informed that the cost of implementing SCT Programme in hard to reach areas was very high, as payment of these funds was made manually and attracted huge allowances among staff designated to administer the funds.

**iii. High levels of vulnerability**

Stakeholders submitted that more than 61 per cent of Zambia's 19.6 million people earn less than the international poverty line of \$2.15 per day (compared to 41 per cent across Sub-Saharan Africa) and three-quarters of the poor live in rural areas.

**iv. Inadequate Resources**

Stakeholders submitted that most beneficiaries of the SCT funds were not able to invest in income generating ventures due to insufficiency of funds to cater for both basic needs and investment. Further, the SCT allocation was not sufficient to cover for all eligible citizens.

**v. Failure to Disburse Programme Funds**

Stakeholders submitted that in 2020 out of the 616,464 beneficiaries 251,478 were not paid their full entitlements in the sum of K86,151,000 as the Ministry did not disburse the funds despite the funds being available. In 2019, the Ministry of Community Development and Social Services had a total of 632,327 SCT beneficiaries across the country who should have been paid a total sum of K542,772,052. However, the 632,327 programme beneficiaries were only paid K90,462,009 out of an expected amount of K542,772,052, representing only 16.67 per cent of the entitlement.

**vi. Lack of Connectivity**

The lack of network infrastructure mostly in rural areas where the majority of the SCT beneficiaries resided had hindered the rollout of electronic payments.

**10.0 Local Tour**

To consolidate its findings during the long meetings, the Committee embarked on a fact finding mission to review the operations of the Social Cash Transfer Programme. In this regard, the Committee visited and held meetings with beneficiaries of the social cash programme in Nachiyaba village of Chibombo in the Central Province, Kitwe and Mwekera in the Copperbelt Province, and Kalumbila, Mumena and Kimakolwe in North-Western Province.

**1. Social Cash Transfer Programme (SCTP)**

The findings of the Committee were as set out below.

- i. The Committee learnt that most of the beneficiaries of the social cash transfer programme were investing the funds they were benefitting from the programme and in this regard improving their welfare.
- ii. The Committee learnt that despite the success stories shared during the meeting, the transfer amount was inadequate and needed to be adjusted upwards; for example the bi-monthly amount of K400 paid to beneficiaries be increased to K600 and the K800 being paid to the persons with disabilities increased to K1,000.
- iii. The Committee further learnt that the Community Welfare Assistant Committees (CWACs) who were given the responsibility of identifying eligible beneficiaries in communities did not have adequate transport except a bicycle to be used by ten committee members. This resulted in some people requiring support being left out of the programme.
- iv. The Committee also learnt that there were some instances when some beneficiaries were omitted on the payment list only to re-appear after some months and paid in arrears and then omitted again during the next payment.
- v. The Committee also learnt that it took long for the welfare officers to evaluate the beneficiaries list. This resulted in some female headed households continuing to receive support even after the female head had remarried.
- vi. The Committee further learnt that in Mwekera, beneficiaries of the social cash transfer were being charged a fifty kwacha for withdrawing from Tenga.
- vii. The Committee also found that some critical needy households were not on the programme due to shared national registration card numbers.
- viii. Some ineligible households were demanding to be registered on the social cash transfer programme due to limited sensitisation of the criteria used for one to be eligible for the programme.
- ix. The Committee learnt that the use of phones for paying beneficiaries especially the elderly was a challenge as most of them did not own phones. Some of those who owned phones faced major challenges in accessing the funds and the messages of payment would disappear before they made their withdraws.

- x. The Committee learnt that in most cases where the beneficiary died, the deputies did not notify the CWACs and would continue receiving the transfer value.
- xi. The Committee learnt that there was no guidance on weaning off beneficiaries from the programme.
- xii. The Committee noted some biasness amongst some CWACs in the registration of people for the Social Cash Transfer Programme.
- xiii. The Committee also learnt that the incentives given to CWACs were insufficient considering that they were responsible for the identification of beneficiaries of the Social Cash Transfer Programme and were in this regard supposed to cover vast areas especially communities in the rural areas.

### **11.0 Committee's Observations and Recommendations**

Having carefully reviewed the submissions from various stakeholders and the findings from the local tour undertaken, the Committee notes that there is much that needs to be done for the SCT Programme to operate effectively. In light of this, the Committee makes the observations and recommendations presented below.

#### **i. Policy and Legal Framework**

The Committee observes with concern that the SCT Programme is policy driven and that there are no explicit legal provisions that exist for social protection, or a comprehensive and integrated institutional framework for social protection. The Committee further observes that the lack of a revised National Social Protection Policy has affected the coordination and execution of the social protection programmes.

In this regard, the Committee recommends that a clear policy direction and necessary legal framework to ring-fence SCT Programme in the bid towards achieving inclusive development practices in the social protection sector should be developed.

#### **ii. Lack of Connectivity**

The Committee notes with concern the lack of connectivity especially in rural areas where most of the SCT Programme beneficiaries reside.

The Committee, therefore, urges the Government to improve the telecommunication coverage in the country to facilitate the roll out of the electronic payments of cash transfers to beneficiaries through the Zambia Integrated Social Protection Information Management System (ZISPIS) to all parts of the country. The Committee is of the view that the implementation of the ZISPIS countrywide will address the inconsistencies in the SCT Database and will reduce opportunities for fraudulent access to the SCT funds.

#### **iii. High Administrative Costs**

The Committee in agreeing with stakeholders bemoans the high administrative cost incurred during the administration of the SCT funds to beneficiaries especially in

hard to reach areas. In this regard, the Committee recommends that the Government should expedite the digitalization of the entire SCT Programme so as to reduce on administrative costs.

**iv. Inadequate Resources**

The Committee notes with concern that most beneficiaries of the SCT funds are not able to invest in income generating ventures due to the inadequate funds being given, resulting in the number of beneficiaries swelling over time. Further, the Committee observes that the SCT allocation is not sufficient to cover all eligible citizens.

In this regard, the Committee recommends that a mechanism should be put in place to link the Programme to other existing social security programmes so as to ensure that SCT beneficiaries graduate and are linked to other social protection programmes where they can be empowered with income generating activities to be able to build resilience, thereby avoiding falling back into extreme poverty; and enhance sustainability of the programme. Further, the Committee recommends that the Programme should undergo periodic assessment to ascertain its efficiency and effectiveness bearing in mind the continued rising cost of living the country experiences.

**v. Identification of Beneficiaries**

The Committee notes with dismay that some beneficiaries of the SCT Programme did not qualify to be on the programme while some who qualified were left out. In this regard, the Committee recommends that the Government should put in place a monitoring mechanism to ensure that only eligible citizens benefit from the SCT Programme. Further, the Committee recommends that stern and stiffer punishment should be prescribed for public officers who engage in corrupt practices by including persons who are not eligible to be on the Programme.

**vi. Lack of an Effective Grievance Redress Mechanism**

The Committee notes with concern that the grievance redress mechanism is weak and the process takes longer than necessary to address even the smallest of challenges faced by beneficiaries. In light of this, the Committee recommends that the Government should put in place a more effective mechanism that will ensure prompt feedback to challenges faced by beneficiaries.

**vii. Social Cash Transfer Database System Inaccuracies**

The Committee notes with concern that some beneficiaries were sometimes omitted from the payment cycle at certain times and then reinstated for the next. There were also cases of non-existent beneficiaries and inclusion of those that did not meet the criteria to be on the Programme, which was attributed to a lack of an effective database system that could capture correct data. The Committee therefore, recommends that an effective database system that could capture correct data should be put in place to avoid such occurrences.

**viii. Sensitisation of the Beneficiaries of the SCTP**

The Committee observes that little is being done to sensitise the Communities on the selection criteria for one to be on the SCTP. In this regard the Committee recommends that deliberate measures be put in place to ensure that communities are sensitised with regards the selection criteria and eligibility of the beneficiaries to minimise complaints.

Further, the Committee notes with concern that feedback was not being given to applicants of the social cash transfer programme who did not qualify for the programme. The Committee therefore, recommends that there should be a mechanism of giving feedback to the applicants so as to avoid complaints.

**ix. Transport for Community Welfare Assistant Committees**

The Committee further observes with concern that the CWACs who are given the responsibility of identifying beneficiaries in their communities do not have adequate transport for them to carry out their mandate. The Committee therefore, recommends that CWACs are provided with adequate bicycles or motor bikes for those in the remote hard to reach areas of the country.

**x. Graduation of SCTP Beneficiaries**

The Committee observes with concern that the social cash transfer programme guidelines do not provide for graduation of the beneficiaries even when there is an improvement in the beneficiaries livelihood after having invested in small businesses and were out of the poverty blanket. In this regard, the Committee recommends that beneficiaries of the programme who record success should graduate and be linked to other social protection programmes, considering that the number of beneficiaries keep on increasing every year and would over time be unsustainable.

**xi. Withdraw Charges**

The Committee expresses concern that beneficiaries of the social cash transfer programme were in some areas being charged fifty kwacha to withdraw from Tenga when the withdraw charge is supposed to be borne by the Government. The Committee therefore, recommends that the Ministry should urgently look into this matter and ensure that beneficiaries are not in any case made to pay extra charges by either the banks or mobile money agents who are used to pay the beneficiaries.

**xii. Registration of the SCTP by CWACs**

The Committee expresses concern that selection of the social cash transfer programme beneficiaries in some areas was not being done fair and transparent in the way they were registering the beneficiaries. In this regard, the Committee recommends that the selection of beneficiaries should be fair and transparent and should benefit all the vulnerable people in the communities regardless.

**xiii. Incentives given to CWACs**

The Committee observes with concern despite being aware that CWACs discharge their work on voluntary basis that the incentives given to CWACs compared to the work they do were insufficient and were not motivating. In this regard, the Committee recommends that if CWACs were to be efficient and effective, the incentives given to them must be adjusted upwards.

**PART II**

**12.0 CONSIDERATION OF THE ACTION-TAKEN REPORT ON THE REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FIRST SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

**12.1 The Pharmaceutical Manufacturing Industry in Zambia: Challenges and Opportunities**

**i. Policy Framework**

The Committee in the previous Session had urged the Executive to review the National Drug Policy of 1999 in order to enhance the provisions supporting local manufacturing as well as ensure that they were responsive to current and future local pharmaceutical manufacturing needs.

**Executive's Response**

The Executive in its update to the Committee submitted that the Ministry with the support of World Health Organisation, had initiated the process to review the National Drug Policy of 1999. The consultant had so far been hired to lead the review process. It was expected therefore, that by 2023 the country would have a new Policy. The review was expected to take on board among others government support towards research and development to facilitate production of new formulations.

**Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that the Policy is reviewed within 2023 as submitted and resolves to await a progress report on the matter.

**ii. Debt Owed to Suppliers**

The previous Committee had urged the Executive to offset the huge debt owed to suppliers. Further, the Executive was urged to ring fence funds specifically for the procurement of various goods and services within the industry and ensure timely payments.

### **Executive's Response**

The Executive in its update to the Committee submitted that it was steadily increasing the drug budget from 1.4 billion Kwacha in 2021 to K4.5 billion in 2023, this was besides ring fencing the drug fund through the creation of the ZAMMSA Act in which funds for procuring medicines and medical supplies would be placed from Government sources, donors and contributions from NHIMA. This situation would eventually build up the much-needed funds for drugs and medical supplies.

### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that the debt owed to suppliers is expeditiously offset. The Committee further urges the Executive to provide detailed information on how much has been paid and what is still outstanding for the Committee to be able to close the matter. In this regard, the Committee resolves to await a progress report on the matter.

#### **iii. Pharmaceutical Sector Empowerment Fund**

The previous Committee had urged 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.

### **Executive's Response**

The Executive in its response to the Committee indicated that it had steadily been increasing the drug budget from 1.4 billion Kwacha in 2021 to K4.5 billion in 2023, this was besides ring fencing the drug fund through the creation of the ZAMMSA Act in which funds for procuring medicines and medical supplies would be placed from Government sources, donors and contributions from NHIMA. This situation would eventually build up the much-needed funds for drugs and medical supplies.

### **Committee's Observations and Recommendations**

The Committee notes that the response by the Executive did not address the issue of access to affordable financing in the pharmaceutical sector. The Committee therefore, resolves to await a progress report on what the Executive intends to do in order to promote low interest bank loans and develop a specific pharmaceutical sector empowerment fund.

#### **iv. Promoting Local Manufacturing**

The Committee in the previous Session had urged 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*, in order to reduce the



expenditure on imports and meet the domestic pharmaceutical needs of the country.

### **Executive's Response**

The Executive in its update to the Committee submitted that the Ministry of Health with support from the European Union, had setup the Zambia Pharma Manufacturing Initiative (ZPMI) steering committee. The committee's main objective was to understand the current Zambia pharmaceutical landscape with a goal to revive and support the sector. The main agenda of ZPMI would be among others to encourage technology transfer through partnerships such as already existing multi-national manufacturers.

### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the matter.

#### **v. Research and Development Platform**

The previous Committee had urged 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).

### **Executive's Response**

The Executive in its response to the Committee submitted that investment in state-of-the-art laboratories, research facilities, and research personnel in Zambia's health sector had lagged and affected the level of patented innovations. However, the Committee was informed that there was a collaboration effort between the National Institute for Scientific and Industrial Research (NISIR) forming a partnership with the University of Zambia (UNZA) School of Natural Sciences Department of Chemistry which was aimed at the establishment of a plant natural product research Centre of Excellence. Further, research and documentation of medicinal plant products through scientific and Indigenous Knowledge Systems was also one area that would enhance the capability of Zambia being able to develop and manufacture herbal medicinal products. The completion of the NISIR pharmaceutical laboratory would increase the capacity of research and development in pharmacology-related applied research and development to enhance skills and capacity in this area. The strategic research and youth innovation funds in the Ministry could be used to conduct research, development and deployment of locally produced pharmaceutical products.

### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the collaboration effort between the National Institute for Scientific and Industrial Research and the University of Zambia, School of Natural Sciences Department of Chemistry aimed at the establishment of a Plant Natural Product Research Centre of Excellence.

**vi. Implementation of Initiatives Aimed at Scaling up Research and Development**

The previous Committee had urged the Executive to update it on the implementation of initiatives aimed at scaling up Research and Development.

**Executive's Response**

The Executive in its update to the Committee indicated that the Minister of Health had appointed a steering Committee represented by line Ministries, the private sector and government agencies including Zambia Revenue Authority, Zambia Development Agency and all key Research Institutions like National Health Research Authority, National Institute for Scientific and Industrial Research. Further, the following two sub committees had been formed and meeting on a bi-weekly basis as follows:

1. Legal and Policy Committee whose terms of reference were to look at bottlenecks in trade and manufacturing and other related issues.
2. Research and Quality Assurance Committee to look into issues to do with investment in the sector and access to financial mechanisms.

Recommendations of these committees in line with their respective TORs had not yet been finalised for consideration and adoption. However, the Government had gone ahead to mobilise some resources from the European Union Fund to fund the Pharmaceutical Strategy in Zambia including the finalization of the draft Pharmaceutical strategy document.

**Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the matter.

**vii. Market Access for Locally Manufactured Products**

The previous Committee had urged the Executive to formulate regulations that encouraged the public procurement of locally manufactured medicines and allied substances in order to enhance market access for locally manufactured pharmaceutical products.

**Executive's Response**

The Executive in its update to the Committee submitted that the following measures were being implemented in order to enhance market access for locally manufactured pharmaceutical products:

- i. The Local Content Strategy had been developed by the Ministry of Commerce, Trade and Industry (MCTI).

- ii. The Ministry of Commerce, Trade and Industry was working on the Local Content Bill.
- iii. The Pharmaceutical Strategy was under preparation spearheaded by the Ministry of Commerce and the Ministry of Health.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to expedite the implementation process and resolves to await a progress report on the matter.

#### **viii. ZAMMSA Drug Fund**

The Committee in the previous Session had urged the Executive to expedite the operationalisation of the ZAMMSA Drug Fund in order to guarantee the needed financial resources for the quality delivery of health services.

#### **Executive's Response**

The Executive in its response to the Committee stated that the drug fund was established, the Ministry was in the process of finalising regulations to facilitate the operationalisation of the fund.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission expresses concern at the inordinate time it has taken the Executive to operationalise the fund. The Committee therefore, urges the Executive to expedite the process of finalising regulations to facilitate the operationalisation of the fund and resolves to await a progress report on the matter.

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

#### **12.2 Zambia's Preparedness to Respond to Emerging Epidemics and Pandemics**

##### **12.2.1 Review of the *Public Health Act of 1995***

Owing to increased threats, especially of emerging and re-emerging issues in public health, the previous Committee had urged the Executive to review the Act so as to ensure that it was responsive to current and future public health issues. The Committee had resolved to keep the matter open until the Public Health (Amendment) Bill was introduced in Parliament.

#### **Executive's Response**

The Executive in its response to the Committee submitted that the draft Public Health (Amendment) was submitted to the Ministry of Justice in 2019 as part of the business licensing reforms. However, following the change of administration in 2021, the consideration of the Bill was stalled to enable the Ministry of Health to align the review of the Bill with policy directions of the new administration. The Ministry of Justice awaited resubmission of the Bill by the Ministry of Health.

### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to expedite the process of reviewing the Bill in line with the policy direction of the new administration. The Committee resolves to await the progress report on the Amendment of the Public Health Bill and the resubmission to Ministry of Justice and subsequent introduction to Parliament of the Bill.

#### **12.2.2 Increased Funding to the Health Sector in Line with the Abuja Declaration**

The previous Committee had resolved to keep the matter open until the Abuja Declaration that required allocation of at least 15 percent of the national budget to the health sector was attained and the Economic Recovery Plan (ERP) was implemented, to ensure adequate finances targeted towards financing the response to epidemics and pandemics was achieved.

#### **Executive's Response**

The Executive in its update to the Committee submitted that the Treasury remained committed to increasing the budgetary allocation to the Health sector in line with the Abuja Declaration. The allocation to the Health sector currently stood at 8.0 per cent of the National Budget. In showing commitment towards actualizing the Abuja Declaration, the Treasury proposed to increase the allocation to the Health sector to 10.4 per cent of the National Budget in the 2023 fiscal year. It, therefore, remained the key deliberate plan of the Treasury to increase the budgetary allocation towards this Health sector to at least 15 per cent once the fiscal space improved over the medium term.

### **Committee's Observations and Recommendations**

The Committee in noting the progress made, urges the Executive to ensure that the required allocation of 15 per cent of the national budget as per the Abuja Declaration is attained. The Committee resolves to await a progress report on the matter.

#### **12.2.3 Operationalisation of the National Public Health Emergency Fund**

The previous Committee had resolved to await a progress report on the operationalization of the Public Health Emergency Fund and the Zambia National Public Health Institute Act as well as the development of the regulations that would facilitate the administration and management of the Public Health Emergency Fund.

#### **Executive's Response**

In its update to the Committee, the Executive submitted that the draft regulations for the operationalisation of the fund had been prepared and the Ministry was in the process of submitting to Ministry of Justice for finalization.

### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to expedite the process of finalizing the regulations to facilitate for the operationalisation of the National Public Health Emergency Fund. The Committee resolves to await a progress report on the matter.

#### **12.2.4 Lack of Infrastructure to Manage Highly Infectious Disease such as the COVID-19 Virus**

The previous Committee had requested 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.

### **Executive's Response**

The Executive in its update to the Committee submitted that the construction of the Isolation Centre in Mwembeshi was being undertaken by the office of the Vice President under the Disaster Management and Mitigation Unit –DMMU with the Correctional Services contracted to construct the facility.

As alluded to in the report, the highly infectious disease isolation facility on the Copperbelt province was located in Ndola and land was allocated by the Ndola City Council. The Ministry of Health would source for funds for the designing and construction of the facility.

### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that funds are urgently mobilised for the design and construction of the highly infectious disease isolation facility in Ndola. The Committee resolves to await a progress report on the matter.

#### **12.2.5 Lack of a Formidable Public Health Laboratory System**

The previous Committee had resolved 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.

### **Executive's Response**

In its update to the Committee, the Executive indicated that the construction of the state-of-the-art high containment biosafety level 3 (BSL 3) laboratory facility was in its preparatory stages. Outstanding requirements related to safeguards had been addressed and environmental safeguards instruments duly updated and disclosed. Clearance of terms of reference for the design consultants and quality assurance consultants was in process.

### **Committee's Observations and Recommendations**

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

### **12.2.6 The Establishment of a Viable Single Surveillance Platform for Reporting Public Health Events**

The previous Committee had reiterated 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 was, therefore, being awaited by the Committee.

#### **Executive's Response**

The Executive in its update to the Committee stated that indeed an integrated surveillance system which would aggregate data from the key sectors responsible for public health would greatly assist in early detection and response to human and animal diseases as well as zoonotic diseases (diseases which could be transmitted from animals to humans and vice versa). The Ministry of Fisheries and Livestock, through the Department of Veterinary Services had established a self-designed standalone data management system for animal disease data and also had the Laboratory Information Management system (SYLAB) for management of laboratory data. However, these two systems required further work in order to create a Robust MIS that could then be integrated with other systems on the proposed viable single surveillance system.

The Ministry had in this regard, commenced engagement with the Treasury for funding to develop the robust MIS for Fisheries and Livestock. Further, the Ministry plans to engage the other identified ministries and form a Joint Technical Team that could spearhead the integration of the various systems in these ministries and operationalise the Single Surveillance Platform.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that funds are secured to facilitate the integration of the various systems in these ministries and operationalise the Single Surveillance Platform. The Committee resolves to await a progress report on the matter.

### **12.2.7 Empowerment of the National Bio-safety Authority**

The previous Committee had requested for an update on the review of the National Bio-safety and Biotechnology Policy of 2003.

#### **Executive's Response**

The Executive in its response to the Committee submitted that the National Bio-safety and Biotechnology Policy of 2003 was at stakeholder engagement stage.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to expedite the process of reviewing the Bio-safety and Biotechnology Policy of 2003 and resolves to await a progress report on the matter.

#### **12.2.8 Inadequate Transport**

The previous Committee had requested for a progress report on the establishment of the transport pooling system.

##### **Executive's Response**

In its update to the Committee, the Executive submitted that in order to provide an enabling environment that promoted efficiency and cost effectiveness in the management of government vehicles, plant and machinery as envisaged in the Government Fleet Management Policy of 2019, a car pooling system was in the process of being implemented. Currently, interventions were being made to revise the Ministry's fleet management plan that would anchor the car pooling system. Further, efforts were being made to undertake an internal vehicle audit so as to maintain a current vehicle register with accompanying information on vehicle insurance. Additionally, further actions were under way including the development of Key performance indicators for the carpooling system premised on cost minimization and efficiency, development and implementation of M&E framework for the car pooling system, an awareness programme for the system.

##### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the implementation of the transport pooling system.

### **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.**

#### **12.3 Topic One: The Growing Demand for Specialised Medical Treatment Abroad By Patients: Challenges and Opportunities for Health**

##### **12.3.1 The Adequacy of the Policy and Legal Framework Governing Specialized 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**

The Executive in its update to the Committee submitted that the Review of the National Health Policy of 2012 was in progress and measuring up to about 60 per cent towards completion. The Executive would provide Policy direction on Treatment Abroad under referrals.

### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to expedite the process of reviewing the National Health Policy of 2012 and the *National Health Services (Repeal) Act, No. 17 of 2005* repealed and replaced in order to guide the management and administration of specialised treatment abroad. The Committee resolves to await a progress report on the matter.

#### **12.3.2 Reasons why Zambians Sought Specialised Treatment Abroad**

The previous Committee had reiterated its previous recommendation and awaited 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 UTH and radiotherapy centres in Ndola and Livingstone.

### **Executive's Response**

In its update to the Committee, the Executive submitted that in an effort to reduce the number of patients and related expenditure on treatment abroad, the Government was equipping Health facilities with specialised staff and equipment to provide specialist treatment locally. The Ministry of Health through Zambia College of Medicine and Surgery (ZACOMS) had effective 2018 enrolled 500 doctors in the established Specialty Training programme using competence - based professional training to complement university - based postgraduate training thereby increasing the number of specialist doctors in the country. The key result would be; improved equitable distribution of these specialists in the country and also improved capacity to manage specialised treatment locally in order to increase accessibility to specialist care and reduce expenditure for treatment abroad.

Further, the Government through Ministry of Health was making efforts to increase the number of Specialist Hospitals in the Country in order to facilitate increased access to specialised treatment locally and reduce the demand for treatment abroad. Examples of such were the Cardiac Hospital which was already in full operation, the King Salman Bin Abdulla Aziz under construction and other planned specialist Hospitals on the Copperbelt and Southern Province.

### **Committee's Observations and Recommendations**

The Committee in noting the progress made resolves to await a comprehensive progress report on the construction of the King Salman Bin Abdulla Aziz Women and Children Specialist Hospital and other planned specialist hospitals on the Copperbelt, Central, North-Western and Southern Provinces.



## **12.4 Topic Two: The Public Welfare Assistance Scheme and Women Empowerment Programmes**

### **13.4.1 Duplicity of Functions**

The previous Committee had requested 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.

#### **Executive's Response**

The Executive in its response to the Committee submitted that retirement benefits of State Constitutional Offices holders were characterised by huge differences in terms of pensions and other retirement entitlements. A glaring example was that of the Vice President who was only entitled to a gratuity while many other Officer holders were entitled to 80 per cent of the incumbents' salary until death plus many other entitlements.

In order to harmonise this position, an attempt was made to develop a Specified Offices Contributory Pension Scheme to provide for pension benefits for State and Constitutional Office bearers. This entailed consequential amendments to other laws providing for pension and other retirement benefits to avoid duplications, omissions and contradictions. The consequential amendments would be required for laws such as the National Assembly Speakers' Retirement Benefits Act and the Judges Conditions of Service Act.

This process had been spearheaded through Cabinet Office (Public Service Management Division (PSMD) and Policy Analysis and Coordination Division (PAC).

The technical committee which was constituted by the Secretary to the Cabinet to finalise the Specified Offices Contributory Pension scheme had since submitted scheme rules and drafting instructions to the Ministry of Justice via PSMD and PAC.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to urgently finalise the specified offices contribution pension scheme rules to facilitate the presentation of the Specified Offices Pension Scheme Bill, the National Pension Scheme (Amendment) Bill; and the Workers' Compensation (Amendment) Bill to Parliament. The Committee resolves to await the progress report on the matter.

## **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**

### **12.5 Topic One: Service Delivery in Public Health Institutions in Zambia**

#### **13.5.1 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 ninety-

one health posts completed. A progress report, was therefore, being awaited by the Committee.

### **Executive's Response**

#### ***Construction of 650 Health Posts Countrywide***

The Executive in its response to the Committee submitted that it was still committed to expansion and refurbishment of health facilities countrywide in order to provide quality health services to the people of Zambia. The expansion and refurbishment project would be budgeted for in the 2023 budget.

As for the 650 health posts project, the Committee was informed that the contractor abandoned the site claiming for mobilisation and demobilisation during the period when the project had stalled due to non-payment of the counterpart funding by the Government. The Ministry was therefore in the process of negotiating on the amount to be paid to the contractor before moving back to the project site.

#### ***Construction of Specialist Hospitals on the Copperbelt and Southern Provinces***

The Committee was informed that the works for the construction of Specialist Hospitals on the Copperbelt and Southern Provinces were tendered and were at the stage of evaluation.

The Committee was further informed that the upgrading of provincial hospitals was halted due to lack of fiscal space.

#### ***Construction of the Medical Stores Hub at Mongu and Kabompo***

Construction of the Mongu medical stores hub had since been completed and now under the defects liability period. The date for the commissioning of the hub would be communicated once the date was approved by Cabinet.

As stated earlier on the construction of the Kabompo Medical Stores hub had not yet commenced due to non- availability of funds.

#### ***Installation of Solar to 18 Health Facilities***

The Committee was informed that working with the Rural Electrification Authority REA the installation of solar power as an alternative source of power was done in the 18 health facilities and would continue to work on other need facilities as funds were made available through cooperating partners.

### **Committee's Observations and Recommendations**

The Committee in noting the submission expresses concern that the contractor had abandoned the site due to non-payment of the counterpart funding by the Government. The Committee therefore, urges Executive to expedite the process of negotiating on the amount to be paid to the contractor before moving back to the project site. Further, the Committee urges the Executive to ensure that the expansion and refurbishment of old health facilities countrywide was expedited in

order to provide quality health services to the people of Zambia. In this regard the Committee resolves to await a comprehensive report on the matter.

### **12.5.2 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**

The Executive in its update to the Committee submitted that following clearance by Ministry of Finance and National Planning to go ahead with the procurement of medical equipment in a phased approach, a contract was signed with the supplier with a condition that 10 per cent of total procurement value be paid as a commitment fee before initiating the process. However, the required 10 per cent was never paid by the Government due to lack of fiscal space. In the process the Government lost the would-be supplier to COVID-19 which later led to the termination of the contract in January 2022 as there was no commitment from both the Government and the Supplier side.

#### **Committee's Observations and Recommendations**

The Committee notes the submission with concern considering that nothing has been done to facilitate the procurement of the state of the art equipment in public health facilities following the termination of the contract in January, 2022. In this regard, the Committee urges the Executive to ensure that 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 was expedited. The Committee resolves to await a progress report on the matter.

### **12.5.3 Development of a Human Resource Structure**

The previous Committee had resolved to keep the matter open until the organisational structure for the Ministry of Health was fully implemented. The Committee awaited a progress report on the matter.

#### **Executive's Response**

The Executive in its update to the Committee submitted that the Ministry had embarked on the actualisation of the revised Ministry of Health Structure. The Ministry of Health Structure that had 126,465 positions of which 61,657 positions were filled and 11,276 health workers were recently recruited would bring the total number of filled positions to 72,933 representing 54 per cent of the total staff establishment filled.

### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await an update on the full implementation of the revised Ministry of Health Structure.

#### **12.5.4 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 resolved 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 was being awaited by the Committee.

### **Executive's Response**

The Executive in its update to the Committee submitted that stakeholder consultations on the review of the National Health Policy were still ongoing and the review process had reached about 60 per cent towards completion. One of the key guiding principles of the health sector as contained in the National Health Policy was the principle of riding on the "Public Private Partnerships" for a coordinated and harmonised approach to delivery of quality health services. Upon completion of necessary consultations, a clearly defined implementation framework would be outlined describing distinctive roles of every stakeholder in their respective capacities.

### **Committee's Observations and Recommendations**

The Committee in noting the submission expresses concern on the inordinate time it has taken the Executive to review the National health Policy. The Committee, therefore, urges the Executive to ensure that consultations on the review of the National Health Policy with stakeholders are expedited and resolves to await a progress report.

#### **12.5.5 Offsetting the Outstanding Debt of K172,797,981.01 for Goods and Services at the University Teaching Hospitals**

The previous Committee had requested the Executive to be apparent in its response and to clarify whether the outstanding debt of K172,797,981.01 for goods and services at the University Teaching Hospital had been offset. The Committee had resolved to keep the matter open until the outstanding debt was settled by the Treasury.

### **Executive's Response**

The Executive in its response to the Committee submitted that the reflected outstanding debt K172,797,981.01 for Goods and Services at the University Teaching Hospitals may have been over stated or there could have been a transposition error on the figures. After further verifications, the outstanding debt stood at K14million which was in the process of being liquidated after Ministry of

Finance and National Planning released the funds. The process to pay debt was a bit slow as all files required to be verified and cleared by the joint investigation team.

### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that the debt owed is liquidated without further delay. The Committee resolves to await a progress report on the offsetting of the outstanding debt.

## **12.6 Topic Two: The Welfare of Older Persons in Zambia**

### **12.6.1 Construction of Old People's Homes in the Ten Provinces of the Country**

The previous Committee had noted the response and resolved to await a progress report on the construction of houses for older persons within the communities.

#### **Executive Response**

In its update to the Committee, the Executive submitted that while the mandate to manage the welfare of older persons lied with the Ministry of Community Development and Social Services, the mandate to construct the houses lied with the Ministry of Infrastructure, Housing and Urban Development. To this effect, while the Ministry engaged Ministry of Infrastructure, Housing and Urban Development and signed a Memorandum of Understanding for the construction of the houses was not under the control of the Ministry. The Ministry would however, continue to engage the Ministry of Infrastructure, Housing and Urban Development over the construction of the houses.

### **Committee's Observations and Recommendations**

The Committee is not happy with the response in the submission and resolves to await a progress report on the construction of old people's homes.

### **12.6.2 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**

The Executive in its response to the Committee indicated that the finalisation of the guidelines on the establishment and operation of old people's homes had stalled due to lack of finances. The Ministry had planned to allocate resources towards this in the 2023 Budget.

### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that guidelines on the establishment and operation of old people's homes are finalised within 2023.

#### **12.6.3 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**

The Executive in its response to the Committee stated that the Cabinet Memorandum on the ratification of the African Charter on Human and People's Rights on the Rights of Older Persons by Parliament was prepared and submitted to the Office of the Attorney General in July, 2021. However, the Ministry had since recalled the Cabinet Memorandum in order to seek the Ministers fresh approval under the New Dawn Government.

### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the African Charter on Human and People's Rights on the Rights of Older Persons was approved for ratification by Parliament.

#### **12.6.4 Re-building of Matero After-Care Centre**

The Committee in the previous Session resolved to await a progress report on the rehabilitation of Matero After - Care Centre.

### **Executive Response**

In its update to the Committee, the Executive submitted that the Rehabilitation of Matero After Care Centre was still under way though the contractor was moving at a slow pace.

However, the status was as follows:

- i. New constructed female block-only - the lighting and geysers connection was remaining but the wiring was done.
- ii. Old building - renovations were done; only lighting was remaining (installation of the bulb-holders).
- iii. Male block - all rooms had been painted internally and externally with only two rooms yet to be painted internally.
- iv. Windows - on the whole site, twelve broken windows were yet to be replaced (contractor yet to deliver remainder of materials for this component)
- v. TV Room - painting to the room was done, while the main door and ceiling were still pending with materials yet to be delivered to site.

- vi. Kitchen - scrapping off of old paint, making good of defective sections of the walls externally, including painting had been done while internal works were still pending owing to non-delivery of materials.
- vii. Storeroom - replacement of the inner door and shelves was yet to be done.
- viii. Two rooms near the main gate - were painted externally, but no renovations were done on them (replacing doors, door frames and broken windows)
- ix. Landscaping - crushed stones were spread and tree trimming was done. Only the disposal of rubble was remaining.
- x. Roof - a section of the female block whose roof was damaged were replaced while generally, all the roofs on all buildings were painted.

The Committee was further informed that the Ministry of Community Development and Social Services was currently carrying out rehabilitation works at the Centre, while construction works had not yet commenced.

#### **Committee's Observations and Recommendations**

The Committee notes the submission and urges the Executive to ensure that the rehabilitation of the After Care Centre was expedited. The Committee resolves to await a progress report on the matter.

### **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**

#### **12.7 Zambia's Response Towards Non-Communicable Disease**

##### **12.7.1 Establishment of Prostheses 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**

The Executive in its response to the Committee stated that the Ministry of Health would expand prosthetics and orthotics services to provincial hospitals once infrastructure and equipment were made available. Training of human resource for prosthetics and orthotics service provision commenced last year at Levy Mwanawasa Medical University.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that infrastructure and equipment are made available in all hospitals to facilitate the

extension of the Government prosthetic units and orthotics services to all provincial hospitals. The Committee resolves to await a progress report on the matter.

### **12.7.2 Strengthening and Enhancing NCD-Specific Activities**

The previous Committee had resolved 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 was finalised. A progress report was, therefore, being awaited by the Committee.

#### **Executive's Response**

The Executive in its response to the Committee indicated that the Government through the Ministry of Health started the process for the development of the NCDs Multi-sectoral Strategic Action Plan through multi-stakeholder engagements for the period 2022 -2026. The NCDs Multi-sectoral Plan which was in its draft form needed to be consistent and aligned to the National Development Plan and the National Health Strategic Plan for 2022 – 2026, which was still in the process of being developed. The finalisation of the draft therefore, would be done when the two other (the National Development Plan and the National Health Strategic Plan) plans from which it draws its strength from were finalised.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that the National Development Plan and the National Health Strategic Plan for 2022 - 2026, are urgently finalised to facility the finalisation of the NCDs Multi-sectoral Plan which draws its strength from them. The Committee resolves to await a progress report on the matter.

### **12.7.3 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. The Committee had resolved to await a progress report.

#### **Executive's Response**

The Executive in its response to the Committee stated that the Ministry of Health prepared a Cabinet memorandum requesting for approval in principle to introduce the Tobacco Control Bill in Parliament. Cabinet considered the Cab-memo on 11<sup>th</sup> August 2022. However, the Ministry was still waiting for conveyance of Cabinet decision on the recommendation.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that the process to have the Tobacco Control Bill introduced to Parliament is expedited. The Committee resolves to keep the matter open until the Tobacco and Nicotine Products Control Bill was presented to Parliament.



#### **12.7.4 Promotion of Medical Tourism**

The previous Committee had awaited 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.

#### **Executive's Response**

The Executive in its update to the Committee submitted that works were tendered and the process was at evaluation stage in terms of progress. The Committee was further informed that the upgrade of provincial hospitals was halted due to lack of fiscal space.

#### **Committee's Observations and Recommendations**

The Committee notes the submission with concern considering the time it has taken for the Executive to actualise the upgrade of provincial hospitals. In this regard, the Committee urges the Executive to ensure that funds are secured for the construction of specialist hospitals on the Copperbelt and Southern Provinces. The Committee resolves to await a progress report on the matter.

### **12.8 Progress and Update on the Social Cash Transfer Programme in Zambia**

#### **12.8.1 Social Protection Legislation**

The previous Committee had noted progress on the status of the Social Protection Bill. The formulation of the Social Protection Bill was aimed at improving efficiency of the pension schemes available in the country and avoids duplication of pension responsibilities.

#### **Executive's Response**

The Executive in its update to the Committee submitted that the observations by the Committee resulted in the revision to the content of the draft bill. In the same vein, it was agreed that there was need to undertake consultations targeting stakeholders that had interest towards the non-contributory provisions in the Bill. Following the consultations, the Ministry of Community Development felt that the non-contributory aspect of the Bill needed to be separated from the contributory which halted the development process. This was in order to ensure that the social welfare aspect of social protection was not shrouded in the social security issues.

Further, the Bill could not be moved forward following the need for the review of the 2014 National Social Protection Policy which was the basis of the development of the Bill. Once the Policy was revised, work around the Bill would resume.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to expedite the review of the 2014 National Social Protection Policy which was the basis of the development of the Social Protection Bill. The Committee resolves to await a progress report on the matter.

### **12.8.2 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**

The Executive in its update to the Committee submitted that in order to enhance the capacities of the districts implementing the single windows system and support tracking of the progress made in the implementation of the single windows, the Ministry conducted lessons and learning workshops. The aim of the workshops was to adopt the front and back-end implementation model and to adopt a national blueprint for national escalation.

Further, the Ministry developed Implementation Guidelines which were launched on the 11<sup>th</sup> August, 2022. The Single Window Guidelines would provide a national blueprint that would be escalated for possible national roll out.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the national roll out of the single window guidelines in order to ensure the implementation of various social protection programmes in a coordinated and integrated manner.

## **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**

### **12.9 Zambia's Preparedness for the Implementation of the Sustainable Development Goal on Health with Special Focus on Sexual Reproductive Health Rights**

#### **12.9.1 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**

The Executive in its response to the Committee submitted that the Ministry of Health had intentions to incorporate recommendations on the age of consent to

health services into the National Health Policy which was being reviewed. The Ministry of Health would submit one holistic health policy document to cabinet for consideration as opposed to having a stand-alone policy on the age of consent to health services.

### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure 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. The Committee resolves to await a progress report on the matter.

### **12.9.2 Centralized Medical Stores**

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

### **Executive's Response**

The Executive in its response to the Committee stated that the construction of the Mongu medical stores hub had since been completed and now under the defects liability period. The date for the commissioning of the hub would be communicated once the date was approved by Cabinet.

The Committee was further informed that the construction of the Kabompo medical stores hub had not yet commenced due to non-availability of funds.

### **Committee's Observations and Recommendations**

The Committee notes the submission with concern and urges the Executive to ensure that funds for the construction of Kabompo medical stores hub were secured. The Committee resolves to await a progress report on the construction of Kabompo hub and the commissioning of the Mongu hub.

### **12.9.3 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**

The Executive in its update to the Committee submitted that the evaluation process had been concluded and currently they were working on the assessment report for recommendation for contract award and subsequently site handovers.

### **Committee's Observations and Recommendations**

The Committee in noting the submission expresses concern at the inordinate time it has taken for the Executive to establish the one stop GBV Centres in Solwezi, Chinsali, Kasama and Mansa. The Committee therefore, urges the Executive to expedite the process of working on the assessment report for recommendation for

contract award and subsequent site handovers. The Committee resolves to await a progress report on the matter.

## **12.10 Foreign Tour to the Parliament of Rwanda**

### **12.10.1 Performance Contracts for the Public Service**

The previous Committee had resolved to keep the matter open until the performance contracts for ministers were implemented and those for Town Clerks and Council Secretaries developed. A progress report, was, therefore, being awaited by the Committee.

#### **Executive's Response**

The Executive in its update to the Committee submitted that following the change of Government in August 2021, consultations had to be undertaken with the stakeholders to bring the new Government to speed. The matter was expected to be concluded in the first quarter of 2023.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report.

## **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**

### **12.11 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**

The Executive in its update to the Committee submitted that the status quo remained the same as reported in the previous Action-Taken Report. However, the Ministry would soon be undergoing restructuring process. Through this process, the issue of establishment and upgrading of nutrition positions would be addressed.

#### **Committee's Observations and Recommendations**

The Committee notes the submission with concern considering the inordinate time it has taken the Executive to establish and upgrade the nutrition positions in line ministries. The Committee therefore, resolves to await a progress report on the matter.

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

### **12.12 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 Disease Hospital in Lusaka into a centre of excellence.

#### **Executive's Response**

The Executive in its update to the Committee submitted that the tender documents were approved and were advertised. Bids were received and currently the evaluation was in process. Once the best evaluated bidder was identified and due process of approvals done, the contractor or contractors would move to site to commence works.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission expresses concern on the delay it has taken for the Executive to operationalise the two radiotherapy centres in Livingstone and Ndola and the expansion of the Cancer Disease Hospital in Lusaka into a centre of excellence. The Committee resolves to await a progress report on the matter.

## **CONSIDERATION OF THE ACTION-TAKEN REPORT ON THE REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES ON THE REPORT OF THE AUDITOR GENERAL ON THE FOLLOW - UP AUDIT REPORT ON THE PERFORMANCE AUDIT ON THE DISTRIBUTION OF MEDICINES AND MEDICAL SUPPLIES BY THE MINISTRY OF HEALTH IN ZAMBIA FOR THE FIRST SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

### **12.13 Operationalisation of the ZAMMSA Drug Fund**

The previous Committee had urged the Government to expedite the operationalisation of the ZAMMSA Drug Fund, whose aim was to finance the procurement of medicines and medical supplies as provided for under the *Zambia Medicines and Medical Supplies Agency Act, No. 9 of 2019*.

#### **Executive's Response**

The Executive in its update to the Committee submitted that ZAMMSA Act provided for the establishment of Medicines and Medical Supplies fund. The process of developing regulations for the fund had reached an advanced stage. Regulations were expected to be issued by end of the 2022.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to expedite the process of developing regulations for the fund to facilitate the operationalisation of the ZAMMSA Drug Fund. The Committee resolves to await a progress report on the matter.

#### **12.14 Rural Health Centre Kits**

The previous Committee was concerned about the revelation in the Audit Report that all the health centre facilities that were visited did not receive health centre kits from ZAMMSA. The Committee had found this unfortunate, considering that health centre kits were a strategic product that formed the backbone of the Zambia public health sector supply chain system.

The Committee, therefore, had urged the Government to promote the local manufacturing of pharmaceutical products and put in place a deliberate policy of ensuring that rural health centre kits compulsorily contain locally manufactured pharmaceutical products in order to further stabilise the supply chain at the lower levels of the healthcare delivery system.

#### **Executive's Response**

The Executive in its update to the Committee submitted that in a quest to promote local manufacturing of pharmaceutical products and to further stabilise the supply chain of pharmaceutical products, the Government through the Ministry of Commerce, Trade and Industry in 2018 launched the National Industrial Policy (NIP) which highlights the Pharmaceutical sub-sector as one of the priority sub-sectors with potential to drive the country's industrialisation agenda.

Further, the Ministry with other pharmaceutical industry players was developing the Pharmaceutical Manufacturing Strategy and its Implementation Plan, with an aim at accelerating the growth of the pharmaceutical industry in the economy and to also identify interventions to address the existing impediments that had led to fragmented development of the sector. The strategy put forward mechanisms for the country to become a prosperous, competitive and dynamic world class pharmaceutical hub in the region.

The strategy had put in place various objectives that all aim at increasing the productivity of locally manufactured pharmaceutical products which were in conformity with health safety standards.

#### **Committee's Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that rural health centre kits compulsorily contain locally manufactured pharmaceutical products in order to further stabilise the supply chain at the lower levels of the healthcare delivery system. The Committee resolves to await a progress report on the matter.

**13.0 CONSIDERATION OF THE ACTION-TAKEN REPORT ON THE REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES ON THE REPORT OF THE AUDITOR GENERAL ON THE FOLLOW – UP AUDIT REPORT ON THE PERFORMANCE AUDIT ON THE DISTRIBUTION OF MEDICINES AND MEDICAL SUPPLIES BY THE MINISTRY OF HEALTH IN ZAMBIA FOR THE FIRST SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

**13.1 Delays in the Delivery of Medicines by the Zambia Medicines and Medical Supplies Agency**

**Audit Finding**

*The audit revealed that the Zambia Medicines and Medical Supplies Agency (ZAMMSA) formally known as Medical Stores Limited had a distribution schedule which was followed in the distribution of medical supplies. However, it was observed that the ZAMMSA was not able to deliver the medicines according to the distribution schedule. The major challenge highlighted was transport availability to enable the ZAMMSA meet the delivery schedule.*

The previous Committee had urged the Executive to improve funding to ZAMMSA in order to enable the Agency purchase additional fleet of vehicles to meet the last mile delivery demand. The Committee further urged the Ministry of Health to formulate other innovative mechanisms such as the use of drones to ensure quick distribution of medicines to the last mile.

**Executive’s Response**

The Executive in its response to the Committee submitted that ZAMMSA had budgeted for the procurement of 3 delivery vehicles per Hub to enhance the last-mile distribution capacity. Further, ZAMMSA was pursuing implementing of a project to use drones to supplement the last-mile distribution for hard to reach areas and in emergencies.

**Committee’s Observations and Recommendations**

The Committee in noting the submission urges the Executive to ensure that three delivery vehicles per hub were procured and the project to implement the use of drones to enable ZAMMSA achieve the last mile distribution policy to hard to reach areas and in emergencies. The Committee resolves to await a progress report on the matter.

**13.2 Discrepancies between Dispatch Note and Medicines Delivered**

**Audit Finding**

*The Report of the Auditor General showed that dispatch notes reviewed from three out of the forty facilities visited had recorded discrepancies between the quantities ordered and received. In this regard, a review of the orders/dispatch notes at the facilities*

*showed that discrepancies were recorded as the full quantities ordered were not received.*

The previous Committee observed that this was a very serious matter as there was a high possibility of pilferage. In this regard, the Committee had strongly urged the Ministry of Health to ensure that ZAMMSA, and the district and health facilities carry out periodic stock reconciliations by comparing the actual and recorded stocks. Additionally, stock discrepancies should be investigated in accordance with a specified procedure and where necessary, disciplinary action should be instituted against erring officers to prevent future occurrences of the query. Further, ZAMMSA was encouraged to increase its transport fleet in an effort to address such discrepancies in the delivery of medicine.

### **Executive's Response**

The Executive in its update to the Committee submitted that the Ministry of Health would work with the Provincial Health Offices to implement scheduled stock -taking exercises in all health facilities. Further, the Committee was informed that the Ministry of Health and ZAMMSA would consider introducing and enforcing penalties for haulage agents found wanting in order to protect Government interests.

The Committee was also informed that ZAMMSA had budgeted for twenty-one delivery vehicles.

### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the implementation of scheduled stock taking exercises in all health facilities.

## **13.3 Poor Maintenance of Medicine Inventories**

### **Audit Finding**

*The Follow-up Audit revealed that all the forty health facilities and District Health Offices maintained stock control cards. However, a physical verification of the stock control cards at Mambwe Boma Clinic revealed that stock control cards were not updated on a regular basis because the officer who was charged with the responsibility of managing the pharmacy had to attend to their substantive duties.*

The previous Committee had urged the Ministry of Health to improve human resource capacity for inventory management by training people, supervising them and retaining them. Further, disciplinary action was to be taken against officers who did not adhere to procedures.

### **Executive's Response**

The Executive in its update to the Committee submitted that ZAMMSA had budgeted for training in inventory management at central level and hub level. The Committee



was further informed that disciplinary action would be taken against officers failing to adhere to procedures.

### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the training of staff in inventory management.

## **13.4 Staff Competencies**

### **Audit Finding**

*The audit revealed that eleven pharmacies were being manned by personnel who were not employed and trained to manage pharmacies.*

The previous Committee had observed that this was a very serious omission as it goes against the provisions of the *Medicines and Allied Substances Act, No. 9 of 2019*.

The Committee, therefore, urged the Ministry of Health to ensure that the scheduled recruitment of health workers includes a substantial number of pharmaceutically qualified and competent staff who would be deployed and retained at every level of the health care delivery system for the prudent management of medicines and medical supplies and in compliance with the *Medicines and Allied Substances Act, No. 9 of 2019*.

The Ministry of Health was further urged to create funded senior positions for pharmacists and pharmacy technologists as this would motivate and create a sense of professional satisfaction and ownership.

### **Executive's Response**

The Executive in its update to the Committee submitted that it would continue making strides to strengthen pharmaceutical services across all levels of care by ensuring that competent and well qualified staff were deployed at facility level. The Ministry would further strive to add to the 350 pharmaceutical personnel that were recruited in 2022.

The Committee was also informed that the Executive would consider creating senior positions for Pharmacists and Pharmacy Technologists in the upcoming recruitment exercise for 2023. This was in order to motivate and retain the staff to enhance service delivery.

### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the creation of senior positions for Pharmacists and Pharmacy Technologists.

## **13.5 Quality of Storage Facility**

### **Audit Finding**

*The Auditor General's Report revealed that seven health facilities did not have any air conditioners in the pharmacies, thereby posing a risk to the potency of certain drugs which needed to be stored at certain temperatures.*

*Furthermore, twelve health facilities had pharmacies which stored drugs on the floor due to inadequate space. It was also observed at Chawama Level I Hospital that two store rooms were maintained for storage of medicines, however, the bulk store was poorly maintained as it had a leaking roof causing flooding, which may damage the medicines.*

The previous Committee had noted that growth in the population and increase in diseases burden demanded for more health commodities. However, it was unfortunate that some health facilities did not have adequate and proper storage facilities.

The Committee, therefore, had urged the Ministry of Health to ensure that storage facilities were improved to ensure that medicines were stored under acceptable conditions. It was the Committee's considered view that it does not serve any purpose to make available these commodities but then expose them to harsh conditions that cause degradation.

Further, the Committee had awaited a progress report on the construction of regional hubs in Central, Lusaka and Northern Provinces as well as the installation of the remaining pre - fabricated 'storage in the box'.

### **Executive's Response**

In its update to the Committee, the Executive submitted that ZAMMSA and its cooperating partners had secured funding for hub-construction in North Western Province. ZAMMSA was further working on mobilising resources for the construction of hubs in Central and Northern Provinces. However, for Lusaka province the central warehouse would serve as its hub.

### **Committee's Observations and Recommendations**

The Committee in noting the submission resolves to await a progress report on the construction of hubs in Central and Northern Provinces.

## **14.0 CONCLUSION**

Despite some strides made to alleviate poverty under the SCTP, the programme still faced challenges which had made it difficult for beneficiaries to escape the poverty loop. Some challenges among others were attributed to the payment system, the non-integration of the SCTP with other empowerment programmes and inadequate legal framework, as there was no explicit provision existing for social protection in Zambia. Further, it was noted that the

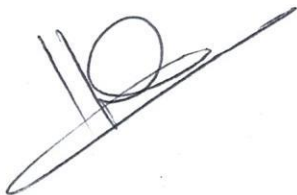
monitoring mechanism in the identification of beneficiaries was weak to ensure that only eligible citizens benefited from the programme.

In order to sustain the programme, considering the swelling number of households falling under the poverty blanket every registration, graduating mechanisms should be put in place to link beneficiaries to other social programmes that could empower them with income generating activities to be able to build resilience thereby avoiding falling back into extreme poverty. With that in mind, the role of non-state actors is of paramount importance as the Government on its own cannot sustain the increasing number of the vulnerable in communities.

Therefore, key parameters on the selection criteria, transport for the CWACs, legal framework, the payment system and the involvement of non-state actors should be given urgent attention among others.

With regard the Zambia Flying Doctor Service, the Service has remained one of the critical arms of the health sector in delivery of services not only to hard to reach areas and the remote parts of the country but also by way of other outreach services. Despite challenging fiscal conditions, it was imperative for the Government to continue supporting the Service as it was critical during emergencies, as well as in ensuring that the Government's goal of universal access to health care was achieved by guarantying access for many in hard to - reach areas of the country.

Given the important role ZFDS play in the provision of health care services in remote and hard to reach areas, it was imperative that the Service was recapitalised in order for it to procure appropriate equipment such as helicopters and aeroplanes with all the necessary emergency equipment to facilitate efficient and effective way of carrying out evacuations and deliver health services to remote and hard to reach areas. Additionally, there was need for the Government to acquire the much needed aero-medical equipment and land transport to aide in the medical operation of the service. Furthermore, Government should consider rehabilitating existing and constructing new airstrips in rural areas in order to make them accessible.



Dr Christopher Kalila, MP  
**CHAIRPERSON**

June, 2023  
**LUSAKA**

## **APPENDIX I - List of National Assembly Officials**

Mr Francis Nabulyato, Principal Clerk of Committees (SC)  
Mrs Chitalu K Mumba, Deputy Principal Clerk of Committees (SC)  
Mrs Angela M Banda, Senior Committee Clerk (SC1)  
Mrs Media H Mweele, Committee Clerk  
Ms Catherine Chibuy, Administrative Assistant  
Ms Luyando N Chilala, Administrative Assistant  
Mr Danny Lupiya, Committee Assistant  
Mr Muyembi Kantumoya, Parliamentary Messenger

## **APPENDIX II - List of Witness**

Ministry of Finance and National Planning  
Ministry of Infrastructure, Housing and Urban Development  
Ministry of Community Development and Social Services  
Ministry of Transport and Logistics  
Ministry of Health  
Zambia Civil Aviation Authority  
Office of the Auditor General  
Zambia Medicines and Medical Supplies Agency  
Policy Monitoring and Research Centre  
Zambia Air Force  
Zambia Flying Doctor Service  
Civil Society for Poverty Reduction  
Zambia Statistics Agency  
Alliance of Community Action  
Action – Aid Zambia  
Cabinet Office – Gender Division  
Jesuit Centre for Theological Reflection  
University of Zambia  
Caritas Zambia  
United Nations International Children’s Emergency Fund