



**REPUBLIC OF ZAMBIA**

**REPORT**

**OF THE**

**COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL  
SERVICES**

**ON THE**

**PERFORMANCE AUDIT REPORT OF THE AUDITOR GENERAL ON THE  
PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES IN ZAMBIA  
2017 - 2022**

**FOR THE**

**THIRD SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

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## **FOREWORD**

Hon Madam Speaker, pursuant to Standing Order 198(g), of the National Assembly of Zambia Standing Orders, 2021, the Committee on Health, Community Development and Social Services is vested with the power to consider audit reports. Thus, the Committee was mandated to consider the Performance Audit Report of the Auditor General on the Prevention and Control of Non-Communicable Diseases in Zambia, 2017 – 2022.

In order to scrutinise the Performance Audit Report, the Committee held eight meetings and sought both written and oral submissions from stakeholders. The stakeholders, who appeared before the Committee, are listed at Appendix II.

The Committee is grateful to all the 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. It also appreciates the services rendered by the Office of the Clerk of the National Assembly and his staff throughout the Committee's deliberations.



Dr Christopher K Kalila, MP  
**CHAIRPERSON**

December, 2023  
**LUSAKA**

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## **List of Acronyms**

NDCs	Non-Communicable Diseases
MoH	Ministry of Health
ZAMMSA	Zambia Medicines and Medical Supplies Agency
WHO	World Health Organisation
3PL	Third Party Logistics
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
ZPPA	Zambia Public Procurement Authority
eLMIS	Electronic Logistics Management System

## **1.0 Membership of the Committee**

The Committee consisted of: Dr Christopher K Kalila, MP (Chairperson); Mrs Marjorie Nakaponda, MP (Vice Chairperson); Mr Masautso Tembo, MP; Mr Miles Sampa, MP; Mr Joseph S Munsanje, MP; Mr Leevan Chibombwe, MP; Mr Monty Chinkuli, MP; Mr Paul Chala, MP; Mr Heartson Mabeta, MP; and Mr Alex Katakwe, MP.

## **2.0 Auditor General's Comments**

The Auditor General informed the Committee that in accordance with the provisions of Article 250 of the *Constitution of Zambia, the Public Audit Act, No. 13 of 1994* and the *Public Finance Management Act, No. 1 of 2018*, the Office of the Auditor General was mandated to carry out performance audits in ministries, provinces, Government departments and agencies and to report the results to the Republican President and to the National Assembly of Zambia.

### **2.1 Background to the Audit**

The Auditor General informed the Committee that performance auditing was an independent, objective and reliable examination of whether Government undertakings, systems, operations, programmes, activities or organisations were operating in accordance with the principles of economy, efficiency and effectiveness and whether there was room for improvement. This type of audit sought to promote economical, effective and efficient governance as well as contribute to the accountability, transparency and quality delivery of public services.

### **2.2 Motivation of the Audit**

The Auditor General reported that Non-Communicable Diseases (NCDs) tended to be of long duration and were as a result of a combination of genetic, physiological, environmental and behavioural factors. The rise in NCDs was driven primarily by four major risk factors which included tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets. The spread of NCDs, therefore, presented a global crisis and was in almost all the countries and all the income groups. Men, women, and children were at risk of these diseases. In Zambia, the increase in the burden of NCDs had been highlighted in Presidential speeches, media reports and public outcries.

The Committee was further informed that NCDs accounted for 27 per cent of all deaths in 2020, compared to the 23 per cent reported in 2019. The Government was committed to strengthen interventions for the prevention and control of NCDs in the country and had highlighted the importance of regular exercise in order to mitigate the impact of NCDs.

The Committee further learnt that there was a public outcry in the media concerning the increase in the incidence rate of NCDs. For example, the Lusaka Times on 1<sup>st</sup> March, 2022, reported that the National Food and Nutrition Commission and an Advocacy Specialist, indicated that the country had seen a steady increase in obesity and nutrition related NCDs such as type 2 diabetes, hypertension, heart diseases and some forms of cancer; indicating a strong relationship between NCDs and poor dietary habits. The media had also reported that about 24 per cent of deaths in Zambia were caused by NCDs and that the burden and mortality was likely to rise.

### **2.3 Objectives of the Performance Audit Report**

The audit objective was to assess whether the measures developed by the Ministry of Health (MoH), to prevent and control of NCDs in Zambia were efficient and effective.

### **2.4 Audit Scope and Coverage**

The audit covered the period 2017 to 2022. The target population was the MoH. In this regard, seven out of the ten provinces, twenty-two out of the 116 districts and forty-two out of 128 health facilities comprising six Level III health facilities, eight Level II health facilities, eighteen Level I health facilities and ten health centres were visited. The areas visited were selected districts in Lusaka, Eastern, Southern, Central, Luapula, Western and Copperbelt Provinces.

The sample size was purposively selected from seven of the ten provinces in the country, by considering the geographical location based on the population density and the mortality rates in districts that recorded a high number of NCDs cases.

Random sampling was also employed in the selection of health facilities in provinces which had a presence of a Teaching Hospital (Level 3), Specialised Hospital (Level 3), General Hospital (Level 2), and District Hospital (Level 1) as well as health centres offering primary health care and the consideration of the limited resources allocated to the assignment.

### **2.5 Audit Questions**

Based on the audit objectives, the audit questions were as follows:

- a) to what extent has the Ministry of Health developed and implemented adequate policies and legislation on the control of key risk factors for the prevention of Non-Communicable Diseases?
- b) to what extent has the Ministry of Health strengthened Governance and Leadership structures pertaining to the prevention of Non-Communicable Diseases?
- c) to what extent has the Ministry of Health put in place preventive measures to reduce Non-Communicable Diseases?
- d) to what extent has the Ministry of Health ensured the availability and rational distribution of essential medicines for the control of Non-Communicable Diseases?
- e) to what extent has the Ministry of Health ensured availability of medical equipment and reagents needed to support and facilitate the control of Non-Communicable Diseases effectively?

### **3.0 CONSIDERATION OF STAKEHOLDER SUBMISSIONS BY THE COMMITTEE**

The Committee considered submissions from various stakeholders as per Appendix II. The submissions from the stakeholders and the Permanent Secretary from the MoH, as well as the Committee's observations and recommendations are set out hereunder.

### **3.1 Specific Audit Concerns**

#### **3.1.1 Development of Policies on the Control of Key Risk Factors for the Prevention of NCDs**

Some stakeholders expressed concern that policies on the prevention and control of NCDs were inadequate. This was despite a rise in the NCDs burden and NCDs being the leading cause of death in the country and in the world. In view of the foregoing, stakeholders contended that more policies to cover the existing gaps in the prevention of NCDs should be put in place.

#### **Ministry's Response**

The Committee was informed that the MoH recognised that NCDs affected people of all ages and classes and were among the leading causes of death in Zambia and in the world. In this regard, the Ministry had a number of framework documents which provided policy direction on addressing risk factors for NCDs as outlined below.

##### **a. The National Alcohol Policy**

The Committee was informed that in order to facilitate the implementation of the policy, focal point persons within line ministries had been appointed to spearhead the implementation of the policy. Therefore, a Coordination Committee, chaired by the Ministry of Local Government and Rural Development, was coordinating a multi-sectoral response, in order to implement the policy.

##### **b. The National Health Policy**

The Committee was informed that the National Health Policy of 2013, which was an overarching health Policy, underscored the issue of NCDs and had outlined measures to guide interventions on NCDs. Some of the key measures in the Policy included strengthening the prevention, treatment, care and support services, and scaling up public awareness on NCDs at all levels. Further, the NCD interventions were also implemented through the periodic National Health Strategic Plans and implementation status being monitored periodically. The Ministry was also updating the National Health Policy to include all health services, the prevention and control of NCDs.

##### **c. The National Health in All Policies Strategic Framework**

The National Health in All Policies (HiAP) Strategic Framework 2017-2021, was a crosscutting and broader framework document that provided guidance to other sectors, to include health and well-being in their policies and development initiatives. In so doing, the framework provided for a policy direction for addressing social determinants of health, and the promotion of health through other sectors whose mandates were outside that of health. This was based on the understanding that health was determined by many factors in the environment in which people lived and the actions that other sectors took. By so doing, other risk factors for NCDs were addressed through the HiAP approach.

#### **d. The Mental Health Act, No 6 of 2019**

The Committee was further informed that the Ministry had made deliberate efforts to enact legislation to guide the implementation of specific NCDs which were of public health emergency and threat in nature. To that effect, the *Mental Health Act, No 6 of 2019* was enacted to provide a legal framework for the provision of mental health services in the country. Following the enactment of this piece of legislation, the Ministry was in the process of putting in place the National Mental Health Council as established under the Act, in order to give an oversight role in implementing the *Mental Health Act*. Further, the Ministry was in the process of drafting regulations to facilitate for the implementation of the Act, which process was being hampered by the limited resources.

#### **e. The Tobacco Control Bill**

The Committee was informed that the MoH recognised that tobacco was a harmful but legal substance that contributed to increased morbidity and mortality due to NCDs, such as cardiovascular diseases, hypertension, stroke, diabetes, cancers, and oral diseases, among others. The Ministry had in this regard, drafted the Tobacco Control Bill, whose objective was to provide for a legal framework for the protection of citizens from the devastating health, social, environmental and economic harms of tobacco use and exposure to tobacco smoke.

The Bill, which was also intended to domesticate the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC) to which Zambia was a party, was still undergoing a consultative process and had since reached an advanced stage.

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

The Committee observes with concern the inordinate time it has taken the Government to implement the National Alcohol Policy. The Committee further expresses concern that key policies in the prevention and control of NCDs are more inclined to their control and not prevention. In view of the foregoing, the Committee recommends that key policies such as the tobacco control, the control of unhealthy diets and physical inactivity, among other policies inclined to the prevention of NCDs, should be put in place as a matter of urgency.

The Committee further recommends the urgent investment in information systems to be used for effective surveillance, capture and dissemination of data on different NCDs.

#### **3.1.2. Implementation of Policies and Legislation on the Key Risk Factors for the Prevention of NCDs**

Some stakeholders submitted that although policies and legislation such as the Alcohol Policy and the *Liquor Licensing Act, No. 20 of 2011*, were put in place, implementation was a challenge. This was due to lack of effective coordination between the MoH and the Ministry of Local Government and Rural Development.



## **Ministry's Response**

The Committee was informed that the implementation of policies and legislation were inadequate due to lack of financial support. The Committee was further informed that the implementation of the policies was also overshadowed by the emergence of the COVID-19 Pandemic, which disrupted most planned activities.

However, the Ministry had taken steps to strengthen policy implementation through multi-sectoral responses, involving line ministries, partners and other stakeholders, in order to provide a platform for the prevention and control of NCDs in the country.

## **Committee's Observation and Recommendation**

The Committee observes with concern the lack of collaboration between line ministries in the enforcement of policies and legislation on NCDs. In this regard, the Committee recommends that line ministries namely, the Ministry of Local Government and Rural Development; the Ministry of Home Affairs and Internal Security; and the MoH, should closely collaborate and coordinate in the enforcement of policies and legislation, if the fight against NCDs is to be achieved.

### **3.1.3 Strengthening of Governance and Leadership Structures on Non-Communicable Diseases**

Stakeholders expressed concern that governance and leadership structures on NCDs were primarily affected by the lack of an operationalised NCDs establishment in the MoH structure, to guide the strategic direction of the Ministry in the prevention and control of NCDs. It was further revealed that despite an approved NCDs establishment structure for six positions at the Ministry Headquarters and one for every Provincial Health Office during the period 2017 to 2020, the structure was not funded and operationalised, and as such, officers were not appointed to fill the positions.

## **Ministry's Response**

The Ministry acknowledged that the governance and leadership on issues pertaining to the prevention and control of NCDs were affected by lack of a funded establishment in the MoH structure.

The Permanent Secretary explained that the 2017 approved structure for the MoH provided for the operationalisation of six positions under the NCDs Section under the Department of Health Promotion, Environment and Social Determinants. These were distributed as follows: one Assistant Director - NCDs; one Chief NCDs Officer; and four NCDs Officers. However, due to inadequate funding or Treasury authority, only one position of NCDs Officer was funded and operationalised in the 2017 structure before the restructuring of the Ministry's structure in March, 2021.

Under the restructured 2021 MoH structure, the Committee was informed that the Department of Health Promotion, Environment and Social Determinants and the NCDs Section were abolished. The functions and operations of NCDs Section were combined with the Communicable Diseases and placed under the Diseases Control Section in the Directorate of Public Health and Research, headed by an Assistant

Director - Disease Control. The merging of the two sections, therefore, saw a reduction in the number of NCDs positions from six to four. The Committee was further informed that two positions namely; NCD Officer and Principal Clinical Officer (Mental Health) were funded.

The Ministry, however, recognised the situation pertaining to the management and administration of NCDs and would, in this regard, continue to lobby for more funds in order to operationalise the remaining critical positions.

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

The Committee observes with concern that despite the rise in the NCDs burden in the country, the Government has not fully funded the reduced number of NCDs positions in the 2021 MoH structure. The Committee further observes with concern the decision to abolish the NCDs Section and to place it under the Diseases Control Section under the Directorate of Public Health and Research. In this regard, the Committee recommends that in the interim, the existing NCDs structure should be reviewed and operationalised with the requisite funds and should be extended to district level. Further, the Committee recommends that the NCDs Section should be a standalone one, in order to ensure effective service delivery.

#### **3.1.4 Preventive Measures in Place to Reduce NCDs**

Stakeholders raised concern that despite the development of the National Alcohol Policy, the implementation of preventive measures on alcohol and tobacco use was still a challenge. This was attributed to the poor enforcement and weaknesses in the law, such as the low penalty charges on health harming products. The stakeholders submitted that even when some health facilities had implemented physical activities, healthy dietary awareness sessions and carried out sensitisation to the public on the importance of NCDs, this did not expressly mean that the other health facilities were doing the same.

### **Ministry's Response**

#### **a. Alcohol and Tobacco Abuse**

The MoH acknowledged that health promotions, prevention and control programmes for NCDs had not received adequate attention due to insufficient resource allocation. For instance, the NCDs Section at the MoH headquarters was not allocated budgetary resources from 2017 to 2021, to implement planned activities despite submitting a budget. The lack of budgetary support resulted in the failure to develop and implement the NCDs Strategic Plan for the period under review. Due to lack of Treasury authority, the section could not appoint the required human resource to spearhead health promotion and prevention programmes for NCDs.

Despite these challenges, the Ministry submitted that the Section utilised the opportunities available to promote healthy lifestyles and prevent NCDs. For instance, the annual National Health Week campaigns which started in 2017 and the National Health Indabas held for all traditional leaders, religious leaders and civic leaders

between 2017 and 2019, provided platforms and opportunities for sharing best practices for health promotion and the prevention of NCDs in the communities.

The Committee was further informed that the Ministry had since 2022, provided budgetary allocation to support the prevention and control of NCDs in the annual budgets and action plans. In addition, some partners such as the World Health Organisation (WHO), the United Nations Children's Fund (UNICEF), the Centre for Infectious Diseases Research in Zambia, the World Bank and the anticipated support from the Scottish Government through the Scottish International Development Fund and some local and internal Non-Government Organisations (NGOs), had been supporting the prevention and control of NCDs.

#### **b. Physical Activity**

The Committee was informed that the Ministry acknowledged that efforts to promote healthy lifestyles through the promotion of physical activities such as jogging, walking, aerobics and sports, were indispensable in the promotion of population health. Therefore, during the period 2017 to 2021, the Government, through the MoH, spearheaded the National Health Week Campaign which was to be held annually. However, these commendable efforts were disrupted by the emergence of the COVID-19 Pandemic in 2020.

#### **c. Healthy Diets**

The Committee learnt that the MoH had developed a national programme to promote healthy diets through the National Food and Nutrition Commission. The healthy diets campaign was developed and launched on 15<sup>th</sup> October, 2020. This national campaign had been rolled out to sub-national levels, supported by the World Food Programme, through the Scaling-Up Nutrition Business Network and the Embassy of Ireland. The Ministry through the National Food and Nutrition Commission with support from the World Food Programme had planned to scale-up the programme to all parts of the country by the year 2030.

### **Committee's Observation and Recommendation**

The Committee expresses concern that health promotion, prevention and control programmes for NCDs are not receiving adequate attention due to insufficient resource allocation. The Committee further expresses concern on the over dependence on donors to fund NCDs. In this regard, the Committee recommends that domestic financing towards the promotion, prevention and control programmes for NCDs should be enhanced, if the burden of NCDs is to be reduced. The Committee further recommends that the funding to NCDs should be revised upwards to guarantee sufficient attention to NCDs. The Committee further recommends that the health programmes on health diets should be rolled out and sensitisation enhanced.

#### **3.1.5 Sensitisation to the Public on NCDs**

Stakeholders expressed concern with the inadequate sensitisation to members of the public on the prevention and control of NCDs. The Committee was informed that the

prioritisation of health promotion with systematic sensitisation and the right targeting in the communities was necessary.

### **Ministry's Response**

The Ministry explained that the inadequate sensitisation of the members of the public on the prevention and control of NCDs was attributed to lack of financing towards NCDs health promotion, prevention and control, from both the Government and partners during the period 2017 to 2021.

However, some health promotion and sensitisation materials on the prevention of hypertension, stroke, diabetes and asthma continued to be integrated in communicable diseases, which included COVID-19, HIV, tuberculosis, sexually transmitted infections and malaria. These communicable disease programmes continued to attract partner support. In addition, cancer prevention and control programmes received substantial support in order to escalate public sensitisation programmes with support from WHO and other partners. The Committee was further informed that community sensitisation programmes were also cardinal for the effective screening of cervical and breast cancers, and the vaccination of adolescent girls in schools. Further, sensitisation on the prevention and control of NCDs was also integrated in commemorations during the National Health Week and the National Health Indabas for traditional leaders, civic leaders and religious leaders, held in 2018 to 2019.

The Ministry was, however, cognisant of the need to strengthen the integration of health promotion for NCDs prevention, control and promotion of healthy lifestyles. The Ministry had made progress as demonstrated by the budgetary allocation and release of resources in 2022 and the political will that was shown in the action plans and budgets for 2023, towards the prevention and control of NCDs in the country.

### **Committee's Observation and Recommendation**

The Committee notes with concern that sensitisation on the prevention and control of NCDs is not as adequate as that of the communicable diseases. Considering that NCDs are now a global crisis, the Committee recommends that sensitisation on the prevention and control of NCDs should be enhanced.

#### **3.1.6 Measures Put in Place to Ensure the Availability of Medical Equipment and the Supply of Reagents for the Control of NCDs**

Stakeholders expressed concern that the MoH failed to procure any of the 9,332 pieces of medical equipment which were planned for procurement for the period under review due to financial challenges.

Further, stakeholders were concerned that high value equipment such as X-ray machines, echo machines and, CT scanners among others, were either obsolete, inadequate or had not been supplied by the Zambia Medicines and Medical Supplies Agency (ZAMMSA). This was due to stock outs, resulting from inadequate resources. Furthermore, most health facilities did not have the required number of medical equipment and in cases where the equipment was operational, there was an erratic supply of reagents which rendered the equipment unusable.

Some stakeholders also expressed concern that the supply of reagents for the equipment used in the control of NCDs was erratic, and hence caused a serious threat to the general public as they could not access the services.

### Ministry's Response

The MoH acknowledged that the medical equipments that were planned for purchase were not procured due to financial constraints as of October 2022. However, as of 7<sup>th</sup> October, 2023, the procurement of capital (high value) equipment by the MoH, ZAMMSA, the Centres for Disease Control and Prevention (CDC), the National Health Insurance Management Authority (NHIMA) and the World Bank was made.

Further, ZAMMSA undertook the procurement of various medical equipment, orthotics and prosthetics and medical imaging supplies. Furthermore, contracts were awarded for the supply, delivery, installation, training and commissioning of digital fluoroscopy x-ray machines (floor-mounted) and digital floor-mounted x-ray machines and for the supply, delivery, installation, training, and commissioning of 128 slice CT scans. The delivery to the recipient health facilities was expected to be done in the fourth quarter of 2023.

The Committee was further informed that the procurement of laboratory reagents was in the process and deliveries were expected to commence in November 2023.

#### Digital Floor Mount X-ray Machines

<b>N O</b>	<b>PROJECT NAME</b>	<b>IMPLEMENTING INSTITUTION</b>	<b>SECTOR</b>	<b>CATEGORY</b>	<b>QTY</b>	<b>END DATE</b>	<b>FUNDING SOURCE</b>
1	GRZ Procurement	ZAMMSA	Health	Medical Equipment	9	October 2023	GRZ
2	World Bank TB Challenge	World Bank	Health	Medical Equipment	2	October 2023	World Bank
3	CDC	CDC	Health	Medical Equipment	7	Under Procurement	CDC
4	GRZ Procurement	ZAMMSA	Health	Medical Equipment	25	Advertised	GEZ
				<b>TOTAL</b>	<b>43</b>		

#### Digital Fluoroscopy X-ray Machines

<b>N O.</b>	<b>PROJECT NAME</b>	<b>IMPLEMENTING INSTITUTION</b>	<b>SECTOR</b>	<b>CATEGORY</b>	<b>QTY</b>	<b>END DATE</b>	<b>FUNDING SOURCE</b>
1	GRZ Procurement	ZAMMSA	Health	Medical Equipment	7	October 2023	GRZ
2	World Bank COVID Support	World Bank	Health	Medical Equipment	10	Under Procurement	World Bank

3	GRZ Procurement	ZAMMSA	Health	Medical Equipmen t	10	Advertised	GRZ
				<b>Total</b>	<b>27</b>		

### Digital Mobile X-ray Machines

NO.	PROJECT NAME	IMPLEMENTING INSTITUTION	SECTOR	CATEGORY	QTY	END DATE	FUNDING SOURCE
1	GRZ Procurement	ZAMMSA	Health	Medical Equipment	15	Advertised	GRZ
2	American Security Support	USA	Health	Medical Equipment	26	Direct Support	USA
				<b>Total</b>	<b>41</b>		

### Digital Mammography Machines

NO.	PROJECT NAME	IMPLEMENTING INSTITUTION	SECTOR	CATEGORY	QTY	END DATE	FUNDING SOURCE
1	GRZ Procurement	ZAMMSA	Health	Medical Equipment	10	Advertised	GRZ
				<b>TOTAL</b>	<b>10</b>		

### Magnetic Resonance Imaging (MRI)

NO.	PROJECT NAME	IMPLEMENTING INSTITUTION	SECTOR	CATEGORY	QTY	END DATE	FUNDING SOURCE
1	GRZ Procurement	ZAMMSA	Health	Medical Equipment	1	Advertised	GRZ
				<b>TOTAL</b>	<b>1</b>		

### Linear Particle Accelerator (LINAC)

NO.	PROJECT NAME	IMPLEMENTING INSTITUTION	SECTOR	CATEGORY	QTY	END DATE	FUNDING SOURCE
1	GRZ Procurement	ZAMMSA	Health	Medical Equipment	1	Advertised	GRZ
				<b>TOTAL</b>	<b>1</b>		

### COMPUTED TOMOGRAPHY (CT) SCANS

N O.	PROJECT NAME	IMPLEMENT ING INSTITUTIO N	SECTO R	CATEGOR Y	QT Y	END DATE	FUNDI NG SOURC E
1	GRZ Procuremen t	ZAMMSA	Health	Medical Equipment	1	October 2023	GRZ
2	NHIMA Procuremen t	NHIMA	Health	Medical Equipment	7	Procureme nt To Be Started	NHIMA
3	ZNPHI/	World Bank	Health	Medical	2	Procureme	World

	World Bank			Equipment		nt To Be Started	Bank
				<b>TOTAL</b>	<b>10</b>		

### **Committee’s Observations and Recommendations**

The Committee notes with concern that only 133 medical equipments are in the process of being procured out of the 9,332 earmarked for procurement in the period under review. In this regard, the Committee recommends that funding towards the procurement of medical equipments should be consistent and increased, if a lasting solution is to be found for the prevention and control of NCDs in the country.

#### **3.1.7 Measures to Ensure Availability of Essential Medicines for the Control of NCDs**

Stakeholders were particularly concerned that the availability of NCDs essential medicines was still a challenge and the failure by some health facilities to submit their Electronic Logistics Management System (eLMIS) reports on the tenth of every month as required. This negatively affected the availability of essential medicines at some health facilities; and resulted in the delayed distribution of medicines by ZAMMSA, the quantification of medicines and the procurement and monitoring of the availability of medicines by the relevant health officials.

#### **Ministry’s Response**

The Committee was informed that the late reporting by health facilities as well as the quality of reporting in eLMIS was being addressed through strengthening the communication between ZAMMSA and the MoH supervisors. To this effect, ZAMMSA had put in place WhatsApp groups for pharmacy and lab supervisors per province and reporting rates were shared on these platforms. The Agency, through the customer service unit call centre and customer service officers in the regional hubs, also communicated with the health facilities to urge them to submit reports when they had not done so. These efforts were yielding positive results and a review of the eLMIS timeliness report revealed that out of 2,988 essential medicine reports expected, 2,696 reports were submitted on time with an overall timeliness percentage of 90 per cent.

### **Committee’s Observations and Recommendations**

The Committee in noting the submission urges the Government to ensure that the NCDs essential medicines are always available considering that NCDs are on the rise and affect every age group, men, women and children.

#### **3.1.8 Measures to Ensure the Rational Distribution of Essential Medicines for the Control of NCDs**

##### **a. Distribution Schedule Performance**

The Committee was informed that the performance of ZAMMSA with regard to the distribution of essential drugs had improved. ZAMMSA instituted daily tactical meetings for warehouse operations supervisors. The meetings focused on agreeing and reporting on daily performance targets on coverage, against the distribution schedule. This initiative enhanced the planning and performance monitoring of the distribution schedule and the adherence for the timely delivery of essential medicines

to health facilities. The Committee was further informed that ZAMMSA had also been expanding the stockholding functions in the regional hubs in processing orders for selected fast-moving products. As a result of these efforts, ZAMMSA as of 31<sup>st</sup> December, 2022, had completed five cycles of distribution and 64 per cent of the 6<sup>th</sup> cycle, translating to a 94 per cent achievement against the planned distribution.

In addition to the above, the Committee heard that ZAMMSA had also implemented monthly distributions for selected hospitals based on the patient volumes, therefore, increasing the frequency of deliveries for these facilities. For example, ZAMMSA shipped 154 orders to Levy Mwanawasa University Teaching Hospital in the period January 2022 to June 2023. These orders included regular essential medicine orders, emergency orders, antiretroviral orders, laboratory orders, equipment orders, and assorted distributions. Among the orders shipped, Levy Mwanawasa Teaching Hospital received ten regular essential medicine deliveries in 2022, as compared to the four that were reported in 2021.

#### **b. Order Fill Rates**

In order to address the challenge of order fill rates, as a stop – gap measure, the Committee was informed that ZAMMSA undertook bulk procurements with the United Procurement Agency of Egypt, UNICEF, and United Nations Development Programme (UNDP). The pre-shipment inspection for the commodities to be procured from Egypt was undertaken in September, 2023. The UNICEF procured commodities had started arriving while the commodities procured through UNDP were expected before the end of 2023.

The Committee was further informed that the Agency had also been receiving assorted NCDs medication such as anti hypertensive and anti-diabetic medicines and these had been distributed.

#### **c. Timely Supply of NCDs Essential Medicines**

The Committee was informed that the number of days that ZAMMSA took to deliver a product was dependent on the distance to the facility and whether the stock was delivered directly from the ZAMMSA headquarters or was cross docked at the hubs. Delivery days, therefore, ranged from anywhere from one to ten days. The delays in delivery were due to transport challenges arising from inadequate fleet, as well as the inadequacy of stock available for distribution, due to partial deliveries by the suppliers. Below are some of the actions that had been undertaken to address the challenges in the timely supply of essential medicines.

##### **i. Logistical Challenges - Transport**

The logistical challenges in terms of fleet capacity were being addressed through the use of Third Party Logistics (3PL) transport with the support of partners. The 3PL support for the last mile distribution was being utilised at the central warehouse and in four of the seven regional hubs namely, Luanshya servicing the Copperbelt Province, Mongu servicing Western Province, Mansa servicing Luapula Province and part of Northern Province and Mpika servicing Muchinga and Northern Provinces. In the period May 2022 to December 2022, 60 per cent of the cubic volumes of stock distributed, were delivered by 3PL, complementing the deliveries by ZAMMSA's own fleet.



The Committee was further informed that with support from the Global Fund, fifty-six delivery fleets were procured for the last mile delivery service and were expected to be received before the end of 2023. This was expected to increase the fleet capacity and enhance the timely distribution to facilities.

**ii. Partial Supplies of Essential Medicines by Local Manufacturers**

The Committee was informed that the partial deliveries were attributed to the fact that local manufacturers, once in receipt of the order required time to source the active pharmaceutical ingredients, undertake production and allow for quality control checks before they were able to deliver the commodities. This process had a lead time of anywhere from ten to twelve weeks. However, if the manufacturers could plan long term for the medicines that were needed, they could be able to meet the quantity requirements and delivery timelines. In view of this, the local manufacturers were engaged in framework contracts up to 2024 and would be able to plan to meet the delivery schedules as required.

**Committee's Observations and Recommendations**

The Committee in noting the submission recommends that the fleet in the distribution of essential medicines must be increased to ensure availability of medicine and medical supplies all the time. Further, the Committee finds the response by ZAMMSA that the non distribution of NCDs medicines was as a result of suppliers making partial supplies due to lead time required to order, manufacture and supply. In this regard, the Committee recommends that ZAMMSA should be proactive in the manner in which orders are made, especially with local manufacturers, by ensuring the effective implementation of the framework contracts if local manufacturers are to fully supply their orders on time. Further, the Committee recommends that ZAMMSA should consider the use of drones in the delivery of medicines especially to hard to reach areas.

**4.0 Conclusion**

The Committee observes that the Government has developed measures to ensure the prevention and control of NCDs in an effective manner at all the levels of health service delivery. However, the measures are not effective and efficient and are biased towards curative approach. In this regard, it is the hope of the Committee that going forward, the Government will ensure that the prevention and control of NCDs is prioritised, especially that NCDs are now a global crisis and that the rate of NCDs in Zambia is increasing every other year. The Committee contends that if the country is to achieve its overall goal of improving the health status of the people of Zambia, the prevention and control of NCDs should be of utmost importance.



Dr Christopher Kalila, MP  
**CHAIRPERSON**

December, 2023  
**LUSAKA**

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

Mrs Doreen N C Mukwanka, Acting Director (SC)  
Mrs Chitalu K Mumba, Deputy Director (SC)  
Ms Christabel T Malowa, Acting Senior Committee Clerk (SC1)  
Mrs Media H Mweele, Committee Clerk  
Ms Catherine Chibuye, Administrative Assistant  
Mr Daniel Lupiya, Committee Assistant

## **APPENDIX II- WITNESSES**

Beit Cure  
Breakthrough Cancer Trust  
Churches Health Association of Zambia  
Office of the Auditor General  
Ophthalmology Society of Zambia  
Ministry of Health  
National Food and Nutrition Commission  
National Health Insurance Management Authority  
Tropical Diseases Research Centre  
University of Zambia – School of Public Health  
Zambia Medical Association  
Zambia Medicines and Medical Supplies Agency