



**REPUBLIC OF ZAMBIA**

**REPORT OF THE**

**COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT**

**AND SOCIAL SERVICES**

**ON THE**

**BURDEN OF CANCER DISEASES IN ZAMBIA**

**FOR THE**

**FIFTH SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

*Printed by the National Assembly of Zambia*

## FOREWORD

Honourable Madam Speaker, the Committee on Health, Community Development and Social Services has the honour to present its report on the *Burden of Cancer Diseases in Zambia*, for the Fifth Session of the Thirteenth National Assembly. The Committee undertook its study based on its functions as set out in Standing Orders 206 (e) and 207 (a) – (d) of the National Assembly Standing Orders, 2024.

In accordance with its programme of work, the Committee requested detailed memoranda from various stakeholders, who were also invited to make oral submissions on the topical issue and to clarify any matters arising therefrom. These engagements were conducted over the course of ten meetings. The list of stakeholders is provided at Appendix II.

The Committee's Report is arranged in two parts: Part I presents a summary of submissions from stakeholders on the topical issue and the Committee's observations and recommendations. Part II highlights the Committee's observations and recommendations based on the Executive's responses in the Action-Taken Report from previous Sessions.

The Committee is grateful to the Rt. Hon. Speaker for supporting its work, as well as all stakeholders who provided written and oral submissions. The Committee also appreciates the Clerk of the National Assembly for the guidance and assistance provided throughout the process.



Mr Joseph S Munsanje, MP  
**CHAIRPERSON**

April, 2026  
**LUSAKA**

## **ACRONYMS**

CDF	Constituency Development Fund
CDH	Cancer Diseases Hospital
HCPs	Health Care Providers
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NHIMA	National Health Insurance Management Authority
NHIS	National Health Insurance Scheme
NHP	National Health Policy
SCT	Social Cash Transfer
SDG	Sustainable Development Goal
ZAMMSA	Zambia Medicines and Medical Supplies Agency
MRI	Magnetic Resonance Imaging

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## **1.0 MEMBERSHIP OF THE COMMITTEE**

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

## **PART I**

### **2.0 THE NATIONAL BURDEN OF CANCER DISEASES IN ZAMBIA**

The Committee presents details of its report on the topical issue titled, “*The National Burden of Cancer Diseases in Zambia*,” where it outlines key findings on the policy and legal framework, interventions, challenges, and recommendations. The details are outlined below:

#### **2.1. Background**

Globally, cancer remains a major global public health challenge, accounting for a significant proportion of premature deaths worldwide. According to the Global Cancer Observatory, 19.9 million new cases of cancer were recorded, with 9.7 million attributed deaths. Africa alone recorded an estimated 1.1 million new cancer cases and about 700,000 cancer deaths annually, with these numbers projected to grow in the absence of intensified action. These numbers surged despite the Sustainable Development Goal (SDG) vision requiring countries to strengthen prevention, early detection, treatment, palliative care, and health system capacity to achieve equitable cancer outcomes by 2030.

In Zambia, cancer is a pressing public health threat, marking a dramatic shift from the country’s historically infectious-disease–dominated profile. Statistics show that, Zambia recorded approximately 15,296 new cancer cases in 2022 and 9,770 cancer related deaths (mortality of 109.2 per 100,000). The top cancers in Zambia included cervical, prostate, colon and breast and childhood cancers. As a matter of concern, the International Agency for Research on Cancer reported that Zambia had the second-highest prevalence for cervical cancer globally.

In view of the foregoing, the Committee resolved to undertake a study on the burden of cancer diseases in Zambia.

#### **2.2. Objectives of the Study**

The objectives of the study were to appreciate the:

- i. adequacy of the legal and policy framework supporting the provision of cancer services in Zambia;
- ii. national burden and trends of cancer in Zambia;
- iii. effectiveness of cancer prevention and control interventions; and
- iv. challenges, if any, faced by caregivers, patients and families, and make appropriate recommendations.

### 2.3. Summary of Submissions by Stakeholders

In line with the objectives of the study, stakeholders who appeared before the Committee made submissions which are summarised below.

#### 2.3.1. Adequacy of the Legal and Policy Framework Supporting the Provision of Cancer Services In Zambia

Stakeholders submitted that Zambia was a party to key international and regional instruments that supported cancer prevention, control, and management. These included the following:

- i. SDG target 3.4 aimed to reduce, by one third, premature mortality from Non-Communicable Diseases (NCDs), including cancer, through prevention and treatment;
- ii. The World Health Organisation Framework Convention on Tobacco Control (WHO FCTC) aimed to reduce tobacco consumption, which was one of the largest preventable causes of lung, oral, and throat cancers worldwide;
- iii. Access to Oncology Medicines (ATOM) Coalition led by the Union for International Cancer Control (UICC) aimed at addressing barriers to availability, affordability and appropriate use of cancer medicines in low-and lower-middle income countries; and
- iv. The Southern African Development Community Pooled Procurement of Essential Medicines and Medical Supplies, aimed at improving access and reducing costs of essential medicines and medical supplies, as well as setting regional standards and procedures for procurement agencies such as the Zambia Medicines and Medical Supplies Agency (ZAMMSA).

Zambia has enacted various pieces of legislation to address the cancer burden. The legal framework includes the following:

- i. *The Public Health Act, Chapter 295 and the National Health Services Act, Chapter 315 of the Laws of Zambia* provides the legal framework for public health and hospital services, enabling establishment of specialised cancer facilities such as the Cancer Diseases Hospitals in Lusaka and Ndola for diagnosis and treatment.
- ii. *The National Health Insurance Act, No. 2 of 2018* establishes the National Health Insurance Scheme (NHIS), enabling access to cancer treatment services. Regulation 10(1) of SI No. 63 of 2019 of the Act prescribed benefits including consultations, diagnostics, medication, nursing care, and hospitalisation.
- iii. *The Food and Nutrition Act, No.3 of 2020* regulates food safety, fortification and nutrition programmes, supporting cancer prevention through control of dietary risks and aflatoxin exposure.

- iv. *The Food Safety Act, No.7 of 2019* regulates food standards to prevent the population from food related health hazards.
- v. *The Occupational Health and Safety, Act No. 36 of 2010* protects workers from exposure to occupational hazards and toxic substances, thereby reducing risks of cancer and promoting safer working environments.

Stakeholders submitted that additional legislative interventions were required through enacting a Cancer Control Act to institutionalise timelines for equipment replacement, financing, and service delivery standards, thereby reducing reliance on shifting priorities and ensuring consistency in cancer care.

Additionally, the Government developed various policies to guide the delivery of cancer care. The policy framework provided guidelines set out below:

- i. **The Eighth National Development Plan** recognises the growing prevalence and impact of treatable and preventable NCDs, including cancer. The Plan targets to reduce NCDs from 29 per cent in 2016 to 16 per cent by 2026, and promotes the expansion of cervical cancer screening and treatment at district and rural health facilities.
- ii. **The National Health Strategic Plan (NHSP), 2022-2026**, in part provides strategic direction in the management and delivery of cancer services with clear targets to reduce morbidity and mortality.
- iii. **The National Cancer Control Strategic Plan (NCCSP), 2022-2026** aims to reduce premature mortality from adult cancer by 30 per cent and improve childhood cancer survival to over 60 per cent by 2030. It further aims to expand access to screening, diagnosis and treatment. The policy, in part, sought to increase human resource capacity of all cancer services countrywide by 2026, ensure availability of relevant, accurate, timely and accessible cancer-related data, and to increase cancer service funding from less than 1 to 5 per cent of the total health budget.
- iv. **The National Health Policy (NHP) of 2026** prioritises cancer as a key thematic area, promoting improved prevention, early detection, treatment and care to enhance population health and address the growing cancer burden.
- v. **The National Sexual and Reproductive Health Policy, 2017** supports the integration of cervical cancer services into reproductive health care. The policy also promoted access to Human Papilloma Virus (HPV) vaccination and routine screening for women of reproductive age. Further, it encouraged service integration between Human Immunodeficiency Virus (HIV) care and cervical cancer services.
- vi. **The National Alcohol Policy, 2018** aims to reduce the high intake levels of alcohol and, thereby, reducing prevalence of cancers associated with excessive alcohol consumption.

vii. Further, the Committee was informed that National Cancer Guidelines were developed to standardise care and improve treatment outcomes, with key guidelines outlined below:

- a) Zambia National HPV Screening Guidelines (2023);
- b) Zambia National Guidelines for Cervical Cancer Screening (2023);
- c) Zambia National Guidelines for the Surgical, Non-surgical, and Palliative Management of Invasive Cervical Cancer (2024); and
- d) Loop Electrosurgical Excision Procedure (LEEP) Manual (2024).

Furthermore, stakeholders submitted that while the legal and policy framework for cancer care in Zambia was sufficient, implementation remained inadequate. They further submitted that this was compounded by the absence of a central authority with legal mandate and sustainable funding to coordinate cancer services, enforce standards, and manage procurement of essential commodities.

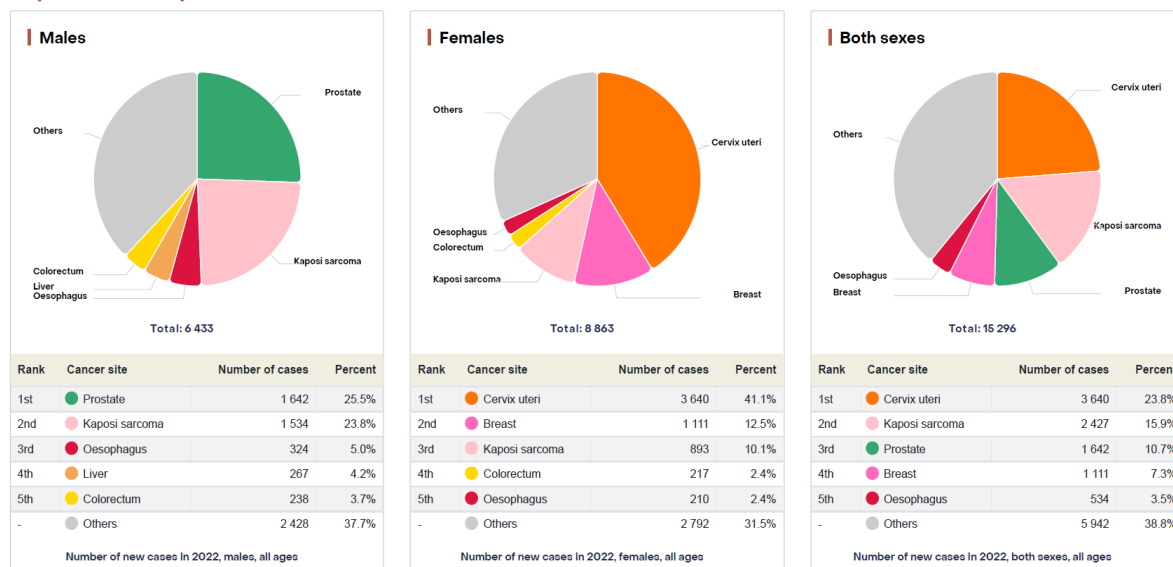
### 2.3.2. The National Burden and Trends of Cancer In Zambia

The Committee was informed that Zambia faced a significant burden of cancer-related illnesses and deaths. In the last 10 years (2016-2025), the Cancer Diseases Hospital (CDH) saw 28,860 new cancer cases. Nationwide, the most prevalent cancers were reported to be cervical (23 per cent), followed by Kaposi’s sarcoma (16 per cent), prostate (11.2 per cent), breast (7 per cent), and oesophageal cancer (3.7 per cent). Further, stakeholders indicated that adult cancers accounted for most cases, with over 13,800 new cases in 2020, while childhood cancers were about 1,400 annually. Despite lower incidence, childhood cancers had worse outcomes, with survival below 20 per cent and mortality above 70 per cent.

Stakeholders also submitted that the lifetime risk of developing cancer before the age of 75 was estimated at 16.3 per cent among males and 16.5 per cent among females, while the risk of dying from cancer before the age of 75 stood at 10.9 per cent for males and 11.8 per cent for females, highlighting the growing impact of cancer on public health.

The stakeholders submitted evidence as demonstrated in figure 1 below that approximately 3,640 women were diagnosed with cervical cancer annually, while about 2,285 died from the disease. This translated to an average of nine new cases and six deaths each day.

Figure 1: Top 5 most frequent cancers in Zambia (Desegregated by Females and Males and Both sexes)



Source: Global Cancer Observatory, 2022

The Committee further learnt that cancer services in Zambia remained highly centralised with limited pathology services, inadequate radiotherapy units, and constrained chemotherapy supply chains. This meant that many patients travelled long distances to access treatment. The CDH in Lusaka remained the main national referral centre, often resulting in overstretched services.

Regarding the cost burden, stakeholders were concerned that cancer treatment costs were substantial, estimating that comprehensive treatment could exceed US\$30,000 per patient. They further acknowledged that the Government had increased investment in cancer infrastructure, raising funding for cancer treatment centres from K78.8 million in 2024 to

K354.1 million in 2026, representing a growth rate of 349.1 per cent. Stakeholders appreciated the budget increase because it signaled strong policy prioritisation and accelerated capital investment in cancer treatment infrastructure.

Notwithstanding the substantial budget increase in capital funding, stakeholders submitted that allocations for cancer services generally remained below 1 per cent of the health budget, far short of the 5 per cent target. Further, they submitted that expenditures remained fragmented across programmes, limiting effective tracking, coordination, and overall impact.

The Committee also learnt that the National Health Insurance Management Authority Scheme absorbed 97 per cent of the 3,420 patients treated at the Cancer Diseases Hospital, indicating that a significant share of treatment costs was financed through the NHIS. Between January, 2021 and November, 2025, reimbursements for the top ten cancers exceeded K572 million, as demonstrated in table 1 below.

*Table I: Top ten cancer reimbursement by type of cancer, 2021-2025*

#	Diagnosis	No. of claims	Total paid
1	Malignant Neoplasm, Liver Cell Carcinoma	182,149	92,172,652.00
2	Non-Follicular Lymphoma	270,514	84,716,491.71
3	Malignant Neoplasm Of Anus And Anal Canal	141,127	84,527,612.58
4	Non-Hodgkin Lymphoma, Unspecified	130,659	69,692,509.00
5	Secondary Malignant Neoplasm Of Other Specified Sites	41,049	64,413,497.59
6	Lymphoid Leukemia	108,310	37,796,793.89
7	Non inflammatory Disorder of Ovary, Fallopian Tube and Broad Ligament, Unspecified	66,257	35,867,864.00
8	Malignant Neoplasm of Other and Unspecified Parts of Mouth	72,686	35,536,238.91
9	Malignant Neoplasm Of Vulva	104,185	34,240,975.40
10	Malignant Neoplasm, Hard Palate	86,890	33,740,009.07
<b>Total for the top ten (10) conditions</b>		<b>1,203,826</b>	<b>572,704,644.15</b>

### **2.3.3. The effectiveness of cancer prevention and control interventions**

The stakeholders submitted that the cancer care continuum presented the full range of interventions required to prevent cancer, detect it early, diagnose it accurately, treat it effectively, support survivors, and provide compassionate end-of-life care. Accordingly, corresponding interventions were identified as set out below:

#### **i. Prevention interventions**

Stakeholders reported that prevention interventions remained inadequate and limited to few cancers. For instance, they reported that despite expanded campaigns and

multi-age cohort initiatives, HPV vaccination coverage among eligible girls was estimated at 53 – 60 per cent, still below the 90 per cent target. They further noted that key risk factors, including tobacco use, alcohol consumption, unhealthy diets, occupational and environmental toxins, and untreated chronic infections remained widespread. Additionally, public awareness and preventive messaging on cancer were reported to be limited, thereby, undermining early prevention efforts and contributing to continued disease burden.

ii. **Early detection and screening interventions**

Stakeholders informed the Committee that Zambia had made notable progress in expanding cancer screening and early detection services, particularly for cervical cancer. They explained that the introduction of the “Screen and Treat” programme using visual inspection with acetic acid (VIA) had provided a cost-effective, nurse-led screening method that enabled same-day results and immediate treatment of pre-cancerous wounds, thereby, improving access to early detection.

Stakeholders further reported that the introduction of HPV DNA testing in 2019 had enhanced diagnostic accuracy and was rolled out across all ten provinces through regional laboratories. They reported that screening sites had also increased to over 380 nationwide. Further, screening among women living with HIV had improved significantly, with 49,747 women screened between October 2024 and September 2025, exceeding the annual target.

Despite these advancements, stakeholders submitted that overall screening coverage remained low. They noted that only about 22.2% of women of reproductive age had ever been screened for cervical cancer, far below the WHO target of 70 per cent. They submitted that rural districts continued to lag behind due to geographical barriers, limited access to services, and broader health system challenges. Stakeholders highlighted that inadequate supplies of screening commodities, inadequate outreach programmes, and low public awareness continued to constrain uptake of services.

iii. **Diagnosis interventions**

Stakeholders informed the Committee that diagnostic capacity had improved, particularly in medical diagnostics and imaging services. They noted that such services were available in five out of ten provinces, while six provinces were equipped with Computed Tomography (CT) scanners. Magnetic Resonance Imaging (MRI) services were available at the CDH and Maina Soko Military Hospital, enhancing diagnostic capability.

Stakeholders further reported that NHIMA had improved access to laboratory and radiology services, supporting early cancer detection. Evidence indicated that since 2023, advanced diagnostic equipment had been procured, including six CT scanners and one MRI machine, with plans to acquire two Positron Emission Tomography (PET) scanners.

Despite these improvements, stakeholders expressed concern that access remained limited, with few facilities offering services. They added that long turnaround times often delayed cancer staging and treatment. These delays were attributed to inadequate diagnostic infrastructure and shortages of radiologists within the broader health system.

**iv. Treatment interventions**

Stakeholders reported that cancer treatment capacity in Zambia remained limited and fragmented. They submitted that comprehensive chemotherapy services were largely concentrated at CDH, but rising caseloads, limited specialists, equipment breakdowns, and frequent medicine shortages undermined quality care. Therefore, stakeholders emphasised the need to decentralise cancer services to improve outcomes.

The stakeholders submitted that access to pain relief remained a major challenge, particularly due to shortages of essential medicines such as morphine, which had reportedly been unavailable for extended periods. Stakeholders explained that this had resulted in patients experiencing severe and unmanaged pain. They further stated that alternative therapies, including the regulated use of medicinal cannabis, could be explored as a complementary option, citing international practices. However, they emphasised that any such approach would require strong regulatory frameworks to prevent abuse while ensuring patient access.

The Committee learnt that NHIMA's benefit package also covered chemotherapy, with drugs accessible through accredited providers and private pharmacies. They submitted that most cancer medicines at CDH were procured by ZAMMSA, but as of February 2026, only 59 per cent of essential cancer medicines were available, indicating supply chain gaps. They also submitted that despite a K178 million allocation for cancer and nuclear medicine commodities in the 2026 budget, funding remained inadequate to meet demand, particularly in rural areas, necessitating increased investment.

**v. Survivorship and palliative care**

The Committee was informed that survivorship and palliative care services in Zambia remained underdeveloped and unevenly distributed. Stakeholders noted inadequate pain management supplies and limited psychosocial support, particularly outside urban facilities, leaving patients and families to face unmanaged pain, financial strain, and caregiver burdens.

In addition, stakeholders observed that inadequate supportive care systems, along with other systemic challenges contributed to the persistently high cancer mortality. Therefore, they emphasised the need for strategic investment in palliative care, combined with community-focused interventions, as a means to reducing deaths and achieve national and global cancer control targets.

### 2.3.4. Challenges faced by caregivers, patients and families

Stakeholders submitted that despite making considerable progress, a number of challenges contributed to the rising cancer disease burden in Zambia. These included the following:

#### i. Shortage of specialised health workforce

Stakeholders informed the Committee that the country faced a critical shortage of specialised cancer care professionals, including oncologists, radiologists, pathologists and other trained personnel. They noted that limited training opportunities worsened the situation, while high brain drain reduced the available workforce. They submitted that the situation further limited the health system's capacity to effectively respond to and manage cancer cases.

Evidence presented in table 2 below indicates that the country had a deficit of 2,785 cancer nurses, 18 pediatric oncologists, 36 medical physicists, while no cancer pharmacists had been employed. Stakeholders submitted that the situation was further compounded by the placement of some specialised personnel on lower salary scales despite possessing advanced qualifications. They added that, despite these constraints, cancer care workers continued to persevere and deliver services with limited resources.

*Table 2: Cancer health personnel establishment*

Profession	Staffing level (national)	Required Standard	Gap	Local Training Available and Name of Institution
Clinical Radiation and Oncologists	10	50	40	ZACOMS//CDH Training College/ Lusaka Apex Medical University
Radiologists	5	20	15	ZACOMS/Lusaka Apex Medical University
Pathologists	17 (one dedicated to cancer)	20	3	ZACOMS/UNZA
Nuclear Medicine Physicians	5	10	5	No local programme
Hematologists	3	10	7	No local programme
Pediatric Oncologists	2	20	18	No local programme
Oncology Nurses/ Nuclear medicine nurses	15	2800	2785	UNZA/ Levy Mwanawasa Medical University
Radiation Therapists	24	80	56	CDH Training College/ TEVETA
Medical Physicists	4	40	36	No local training programme
Oncology Pharmacists/ Radio pharmacists	3 radio pharmacists and 0 oncology pharmacists	80	77	No local programme

*Source: NCCP 2022-2026*

Stakeholders also cautioned that since Government was constructing cancer hospitals in Ndola and in Livingstone, priority should be placed on recruiting and training more oncology specialists. The Committee learnt that some specialised oncologists remained on lower salary scales, leading to demotivation and risking the effectiveness of the cancer care continuum.

**ii. Screening and early detection gap**

Stakeholders informed the Committee that late-stage cancer presentation, largely due to low screening uptake, significantly contributed to Zambia's cancer burden. They were concerned that many patients were diagnosed in advanced cancer stages, resulting in high mortality rates. For instance, evidence indicated that over 70 per cent of cervical cancer cases were detected at a late stage, greatly reducing the five-year survival rates and increasing treatment complexity.

Stakeholders further noted that early detection was weakened by financing gaps, as the NHIMA did not cover routine cancer screening in its benefit package, leaving preventive screening largely to the MoH while NHIMA financed curative services.

**iii. Diagnostic and treatment access barriers**

Stakeholders submitted that cancer diagnostic services were largely concentrated in urban areas, while many peripheral regions lacked radiotherapy and pathology services, resulting in delayed diagnoses and limited treatment options. They reported that rural patients often experienced prolonged waiting periods for screening results due to the absence of central laboratories closer to their communities.

Stakeholders also submitted that weak diagnostic systems, absence of standardised timelines for biopsy and reporting within the available public health institutions compounded the diagnosis challenges. Stakeholders noted that this led to long turnaround times and, in some cases, lost results which increased the risk of disease progression and missed treatment opportunities.

The Committee was further informed that Zambia had only limited publicly operational radiotherapy centres, these were insufficient to manage the growing cancer burden of new cases. The Committee further learnt that equipment downtime and maintenance constraints reduced service availability.

**iv. Blood bank capacity and support for complex oncologic surgery**

Stakeholders submitted that a critical but often overlooked gap in Zambia's cancer care system was the inadequacy of blood bank services to support complex surgical undertakings. They noted that many cancer surgeries required reliable access to safe blood and blood products. However, the existing blood bank system was characterised by frequent shortages, limited component therapy such as fresh frozen plasma and platelets, weak cold-chain systems in some provinces, and heavy reliance on family replacement donors.

Stakeholders stated that these challenges restricted the ability of surgeons to safely perform high-risk cancer operations. They emphasised that strengthening and modernising blood bank services should be treated as a core health system investment to support effective cancer care.

**v. Delayed procurement of drugs**

The Committee learnt that the ZAMMSA procurement system was affected by bureaucratic procedures, delayed budget releases and supplier coordination, which resulted in delays in the distribution of essential cancer medicines and frequent stockouts. It was further reported that procurements limited expedited tendering for essential cancer drugs, thereby affecting timely access to medicines.

The Committee also heard that cancer drugs were very costly, placing pressure on the sustainability of the NHIS. Evidence indicated that drug availability at the CDH averaged about 59 per cent, often forcing patients to obtain prescriptions and access medicines through the Scheme elsewhere.

**vi. Lifestyle and environmental factors**

Stakeholders informed the Committee that changing lifestyles, including evolving dietary patterns had contributed to the growing cancer burden. They noted that many people no longer had time to prepare healthy meals and were increasingly adopting sedentary lifestyles with limited physical activity. This, they added, coupled with increased consumption of alcohol and carbonated drinks, was strongly linked to rising cancer cases.

**vii. Quantification gaps due to limited epidemiological data and capacity.**

Stakeholders submitted that Zambia's cancer data infrastructure remained limited despite the establishment of the National Cancer Registry. They noted that the registry lacked real-time data, resulting in under reporting of the true prevalence of cancer, particularly in rural areas.

Stakeholders further observed that weak district-level reporting limited accurate medicine quantification and evidence-based procurement. This, they explained, affected the forecasting of diagnostics, chemotherapy and other essential supplies, often creating gaps between needs and available resources, thereby constraining effective planning and resource allocation. Stakeholders submitted that data gaps undermined measurement of national cancer targets, leaving progress largely unknown against goals to reduce premature adult cancer mortality by 30 per cent and improve childhood cancer survival to over 60 per cent by 2030.

**viii. Long-distance barriers to care**

Stakeholders reported that patients in rural and remote areas often traveled long distances for screening, diagnostics, and treatment. They noted that high transport costs and lengthy travel times prevented many from seeking care, leading to reduced screening uptake, delayed diagnoses, and treatment, thereby exacerbating the burden of late-stage cancer in these communities.

**ix. Unbearable socio-economic burden**

Stakeholders informed the Committee that families of cancer patients faced significant emotional and financial strain, particularly when breadwinners were diagnosed or died from the disease. They reiterated that access to treatment was limited due to high costs, leaving many households to bear catastrophic expenses for lodging, and medicines.

Although many cancer drugs were included in the NHIS benefit package, stakeholders noted that frequent stock-outs forced patients to obtain medicines from private pharmacies, often incurring out-of-pocket costs. Evidence indicated that these financial barriers contributed to treatment delays and non-completion.

Stakeholders further highlighted that children who lost their mothers were at an increased risk of poverty, school dropout, hunger, and exploitation. The emotional and social impacts affected households with prolonged caregiving responsibilities, contributing to conflict and family fragmentation.

**x. Inadequate Patient Support Systems**

Stakeholders submitted that support systems remained weak, particularly for caregivers who bore the financial and emotional burden of care. They explained that many patients failed to return for treatment due to inability to afford medication and supportive care, while caregivers often lacked adequate knowledge about the disease. Stakeholders added that overwhelmed health personnel were unable to provide sufficient counselling, thereby increasing reliance on support groups and civil society organisations for information and psychosocial support.

**xi. Competing priorities in the health sector**

Stakeholders reported that NCDs, including cancer, competed with infectious diseases and other health priorities for limited budgets. They noted that donor funding often targeted communicable diseases, creating gaps in sustainable financing for cancer prevention, diagnosis, and treatment services, thereby crowding out cancer interventions, particularly in rural settlements.

Therefore, stakeholders proposed to enlist cancer as a notifiable disease to enhance resource allocation, data collection, surveillance, and planning. They warned that without this measure, many cases would remain unreported, thereby undermining the effectiveness of the national response.

**xii. Limited NHIMA benefits and limitations**

The Committee was informed that NHIMA only financed in-country services and could not support treatment abroad. It further learnt that the international referrals managed by the MoH disrupted continuity of care for returning patients requiring services not covered under NHIMA benefits.

**xiii. Cultural beliefs, misinformation and stigma**

Stakeholders submitted that cultural beliefs and misconceptions, including associating cancer with witchcraft, continued to hinder uptake of screening and treatment services. Therefore, they emphasised the importance of targeted community engagement to

address these misconceptions. Stakeholders added that despite the Government efforts to expand interventions, such as HPV vaccination, cultural beliefs and misinformation continued to limit its full uptake.

Stakeholders further submitted that patients diagnosed with cancer often faced stigma, isolation, and rejection stemming from misconceptions, causing significant emotional distress.

In view of the challenges, stakeholders submitted that conducting a rapid assessment was necessary to evaluate and identify systemic gaps in cancer service delivery, including treatment delays and equipment downtime. They argued that the process would generate credible evidence to guide planning, prioritisation, and investment decisions.

### **3.0 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS**

After analysing stakeholder submissions, the Committee notes that while Government interventions have progressed across the cancer care continuum, the cancer burden in Zambia remains significantly high. Accordingly, the Committee makes the following observations and recommendations to address this challenge.

#### **Strengthening Cancer Financing and Budget Consolidation**

- i. The Committee observes that cancer funding remains below 1 per cent and fragmented in the health budget. In view of this, the Committee recommends increasing allocations to achieve the targeted 5 per cent of the health budget.
- ii. The Committee recommends the establishment of a ring-fenced cancer budget, financed through earmarked sin taxes on commodities associated with cancer risk factors.

#### **Listing cancer as a notifiable disease**

- iii. The Committee observes that the absence of mandatory cancer reporting undermines the cancer burden and urgency. In this respect, it recommends that Government legally designates cancer as a notifiable disease.

#### **Improve cancer prevention, diagnosis, treatment and palliative care services**

- iv. The Committee observes that Zambia's cancer burden is largely curative-driven, marked by late diagnosis and limited screening. In this context, it recommends strengthening prevention and early detection, including screening, HPV vaccination and awareness.
- v. Further, the Committee urges Government to enhance treatment capacity by expanding chemotherapy, radiotherapy, surgical services, and reducing equipment downtime.
- vi. Additionally, the Committee recommends the introduction of enforceable diagnostic timelines and strengthened referral systems, including subcontracting to private facilities, where necessary.

#### **Enhance community awareness programmes**

- vii. The Committee observes that low public awareness contributes to delayed cancer diagnosis and treatment. In this regard, the Committee recommends that Government conducts appropriate and impactful community awareness programmes to educate the population and promote health-seeking behaviour, timely detection and treatment outcomes.

#### **Strengthen cancer surveillance systems**

- viii. The Committee observes that cancer epidemiological data in Zambia remains inadequate and inconsistently updated, undermining appropriate interventions. In this regard, the Committee recommends that Government should strengthen the National Cancer Registry to institutionalise annual public reporting on incidence, mortality, service delivery, and supply chain indicators.

### **Recruit, motivate and scale up specialised training of cancer personnel**

- ix. The Committee observes that despite near completion of some specialised cancer infrastructure, critical human resource gaps persist, risking underutilisation of facilities. In this regard, it recommends that Government expedites recruitment of cancer specialists.
- x. In addition, the Committee recommends that Government should urgently review and align remuneration structures for oncologists to reflect their right competencies, in order to enhance motivation, retention, and quality of cancer care services.
- xi. Further, the Committee observes that inequitable access to cancer services is driven by limited specialised personnel and centralised service delivery. In this regard, it recommends that Government invests in training and retention of oncology specialists, and scales up specialised training with strategic deployment to ensure sustained, quality cancer care nationwide.

### **Strengthen supply chain and procurement systems**

- xii. The Committee observes that gaps in procurement, financing, and supply chain management for cancer drugs continue to limit access and increase out-of-pocket costs. In this regard, the Committee recommends that Government should strengthen long-term supply agreements, ensure consistent procurement by the Zambia Medicines Management and Supply Authority, while granting the Cancer Diseases Hospital procurement autonomy.

### **Enact the Cancer Control Act**

- xiii. The Committee observes that lack of a unified legal framework hampers coordination and quality in cancer care. In light of this, the Committee recommends that Government should urgently start the process of enacting a Comprehensive Cancer Control Act

### **Establish a national cancer control authority**

- xiv. The Committee observes that fragmented institutional arrangements are undermining effective cancer control despite existing progress. Therefore, it recommends that the Government should establish a national cancer control authority, anchored within the Ministry of Health, to coordinate the cancer continuum, set standards, and oversee financing, procurement, and data systems, with a clear governance structures.

### **Decentralising cancer services to provincial and district health facilities**

- xv. The Committee observes that that limited geographic coverage restricts access to cancer services, particularly in remote and underserved communities. On this premise, it recommends that Government decentralises oncology healthcare to provincial and district facilities to provide screening, diagnosis, referral, and selected treatment services.

**Construction of transit homes**

- xvi. The Committee observes that caregivers face travel and accommodation challenges that hinder patient support and continuity of care. In this regard, the Committee recommends that Government establishes transit homes at provincial levels to provide safe and accessible accommodation for cancer caregivers.

**4.0 RESOLUTION OF THE HOUSE ON THE MOTION URGING THE GOVERNMENT TO STRENGTHEN THE PROTECTION AND PROMOTION OF THE RIGHTS OF PERSONS WITH ALBINISM, FOR THE FIFTH SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY**

In the Fifth Session of the Thirteenth National Assembly, the Committee noted that the House adopted the Motion urging the Government to strengthen the protection and promotion of the rights of persons with albinism; including safeguarding them from stigma, discrimination, social exclusion, and barriers to essential services such as education; and healthcare, particularly access to appropriate sunscreens.

The House further observed the need to reinforce Zambia's domestication of the Convention on the Rights of Persons with Disabilities through the Persons with Disabilities Act, 2012.

In this regard, the Committee urges the Executive to ensure the effective implementation and enforcement of existing laws, regulations, policies, and programmes aimed at protecting and promoting the rights of persons with disabilities.

## PART II

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

#### 5.1. TOPIC: Operations of the National Health Insurance Management Authority

##### **Adequacy of the Policy and Legal Framework**

##### **5.1.1. Harmonise Legislation**

The Committee, in the previous Session, recommended harmonising the *National Health Insurance Act No. 2 of 2018* with *Section 18(3)(c) of the Zambia Medicines and Medical Supplies Agency Act No. 9 of 2019* to clarify NHIMA's obligation to remit funds to the Medicines and Medical Supplies Fund. It further recommended amending Part IV of the *National Health Insurance Act* and Part VII of the *Health Professions Council of Zambia Act No. 17 of 2024* to clearly distinguish the accreditation roles performed by NHIMA and HPCZ.

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

*In its response, the Executive informed the Committee that Government had commenced stakeholder engagements with the concerned institutions in order to harmonise the legislation. The outcome of the stakeholder engagement would inform the extent of the amendments to the Acts.*

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

The Committee notes the Executive's response and resolves to await a progress report on the matter.

##### **5.1.2. Revise Tariffs**

In the previous Session, the Committee had noted that tariff revisions were overdue, owing to the rising cost of medical commodities. Therefore, the Committee recommended revision of National Health Insurance General Regulations, SI No. 63 of 2019 to ensure cost reflective tariffs.

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

*In its response, the Executive, through NHIMA, had initiated the amendment of the Benefit Package, which included a revision of tariffs. As of August 2025, the process had reached the costing stage. Subject to stakeholder approval, the revised Benefit Package and tariffs were expected to be finalised and rolled out effective 1<sup>st</sup> January, 2026.*

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

The Committee notes the Executive's response and resolves to await a progress report on the matter.

### **5.1.3. Treasury Support for Exempted Groups**

The Committee in the previous Session observed that the K1.5m appropriated in the 2025 National Budget was not adequate to meet NHIMA's operations. In this regard, it recommended for the capital injection of K230 million to make initial investments and offset medical costs for the exempt category.

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

*The Committee was informed that the Scheme secured \$1.5 million from the Global Fund to support 20,000 beneficiaries under the Social Cash Transfer (SCT) and \$2.5 million from the Susan Thompson Foundation for 40,000 households. Management engaged the Treasury to fund exempt groups, particularly the elderly, and would continue pursuing funding and capital injection to recapitalise NHIMA.*

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

The Committee notes the Executive's response and resolves to await a progress report on its recommendation for capital injection of K230 million to enable NHIMA make initial investments and offset medical costs for the exempt category.

### **Change the Contributory Base from Basic to Gross Income**

The Committee in the previous Session had observed that the 2 per cent contribution rate was unsustainable as stated in the 2019, 2020, 2022 and 2024 Actuarial Reports. Therefore, the Committee recommended to progressively raise the rate to 2 to 5 per cent from basic to gross income, allocate 1 to 2 per cent of each Constituency Development Fund (CDF) and a portion of the SCT to NHIMA, as well as impose 'sin tax' on commodities that were detrimental to good health.

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

*Regarding the contribution rate, the Committee was informed that fruitful engagements were held with Trade Unions and the Zambia Federation of Employers, and the proposal was awaiting Cabinet approval, which was hoped to be effected in the first quarter of 2026.*

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

The Committee notes the Executive's response, however, it notes that the response has not adequately covered the component of the CDF and SCT. In this regard, the Committee resolves to await a comprehensive progress report on the matter.

### **5.1.4. Restructure the Benefits Package**

In the previous Session, the Committee recommended for the introduction of a tiered package, co-payment mechanisms, and setting maximum limits to reduce high claims and promote responsible utilization

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

*The Committee was informed that, a comprehensive review of the Benefit Package had commenced in order to introduce ceilings to promote responsible use of the Scheme, differentiated packages with different tier groups. It was hoped that once Cabinet approved the proposed contributory rates, the deduction would be effected in the first quarter of 2026.*

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

The Committee notes the Executive's response and resolves to await a progress report on the matter.

#### **5.1.5. Lack of Transparency in The Billing System**

In the previous Session, the Committee recommended electronic invoicing with client SMS alerts. It further advised developing a personalised app enabling access to e-statements to enhance transparency and accountability.

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

*The Committee was informed that the proposed Benefit Package was undergoing a comprehensive review with features to enhance transparency in the billing process. The system would allow members to monitor charges posted to their accounts via a personalised application. The Government was in the process of finalising the package and obtaining the necessary stakeholder approvals, with a targeted launch in the first quarter of 2026.*

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

The Committee notes the Executive's response and resolves to await a progress report on the matter.

#### **5.1.6. Enrollment of Students**

In the previous Session, the Committee recommended amending the National Health Insurance Act No. 2 of 2018 to mandate institutions to enroll students and remit NHIS contributions.

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

*The Committee was informed that consultations with Colleges and Universities reached consensus on student onboarding and contributions. Implementation depended on Cabinet approval of the Memorandum proposing revised rates under SI No. 63 of 2019. Meanwhile, students were being registered under the Informal Sector pending formal commencement.*

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

The Committee notes the Executive's response and resolves to await a progress report on the matter.

#### **5.1.7. Strengthen NHIMA's Audit Mechanisms.**

The Committee, in the previous Session recommended strengthening fraud detection, prevention and claims verification systems, and developing a structured Monitoring and Evaluation framework using fourteen tracer indicators.

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

*In its response, the Committee was informed that Management had continued to strengthen the Clinical Audit Unit together with the Health Risk Management Unit that worked collaboratively to curb abuse by Health Care Providers. The Clinical Audit Unit*

*also worked with specialist Government Doctors on a need basis depending on the facility to be audited.*

*Even though working on a constrained Authority budget (due to limited 10 per cent allocation of collections for Authority operations), the Authority had recovered over K60m through the work of the Health Risk Management Unit and Clinical Audit team. With resource available once Cabinet approves the memorandum, this function would even be strengthened further.*

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

The Committee notes the response and resolves to await a progress report on the matter.

#### **5.1.8. Pre-Authorisation**

The Committee in the previous Session recommended for a 24/7 support and automated approval system to ensure timely pre-authorisation system and prevent delays in critical, life-threatening cases.

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

*The Committee was informed that Government, through NHIMA, was strengthening the Pre-authorisation process to enhance responsiveness while mitigating the risk of abuse by accredited health care providers. Subject to resource availability and close collaboration with stakeholders, the pre-authorization process would be reinforced in 2026.*

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

The Committee notes the response and urges the Executive to expedite reforms in the pre-authorisation process. The Committee further resolves to await a progress report on the matter.

## **5.2. The Follow-up Performance Audit Report on the Implementation of The Social Cash Transfer Programme in Zambia, 2018 To 2023**

### **5.2.1. Roll Out of the SCT Programme to Various Districts**

In the previous Session, the Committee urged the Executive to institutionalise a graduation strategy and a comprehensive SCT Programme through the Cash Plus programme, including livelihoods, skills training and financial inclusion, to reduce dependency, ease fiscal pressure and support new vulnerable beneficiaries.

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

*The Executive reported that the Ministry was developing a graduation pathway to transition improved SCT beneficiaries to livelihood-focused support, initially planned for a 2024/2025 pilot but deferred due to drought. The Ministry was also coordinating the Cash Plus Strategy to guide implementation, providing a comprehensive approach to poverty reduction by addressing multiple vulnerabilities and promoting sustainable development outcomes for affected households.*

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

*The Committee notes the progress and resolves to await a progress on the matter.*

#### **5.2.2. Payment made to Ineligible Beneficiaries**

In the previous Session, the Committee acknowledged the commitments made by the MCDSS to review long-standing beneficiaries of the SCTP and ineligible beneficiaries.

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

*The Executive reported that the MCDSS was not able to undertake the assessment due to financial constraints as the Ministry re-aligned its budget to respond to the drought.*

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

*The Committee resolves to await a progress on the matter.*

#### **5.2.3. Inclusion of Uncertified Beneficiaries on the Programme**

In the previous Session, the Committee observed that limited ZAPD presence hindered disability certification, particularly in rural areas. It recommended decentralising certification by strengthening local service provider capacity and appointing community-level focal points to implement a rights-based certification model.

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

*The Executive reported that the MCDSS, with support from UNICEF, was developing and validating a human rights-based functional assessment tool intended to replace the medical model for evaluating persons with disabilities, in line with the CRPD. The process involved a comprehensive review of assessment tools used by ZAPD, MCDSS and other government institutions to ensure consistency and compliance with international standards. To enhance access, particularly in rural and remote areas, the Persons with Disabilities Act No. 6 of 2012 empowered designated officers under local authorities and public institutions to conduct assessments. However, full implementation was dependent on the approval of the new tool and operational manual. Notably, while assessments may be decentralised, the registration and issuance of disability certificates remained the statutory mandate of ZAPD.*

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

*The Committee resolves to await a progress on the matter.*

Further, the Committee recommended the integration of the ZISPIS and the DMIS to facilitate information sharing between ZAPD and other Government systems whose programmes use disability determination as a criterion for eligibility.

#### **Response:**

*The Executive reported that the MCDSS was engaging stakeholders and donors on the possibility of procuring required Savers for the integration of the DMIS to ZISPIS.*

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

*The Committee notes the submission and resolves to await a progress on the matter.*

#### **5.2.4. Disbursement of Transfer Amounts: Ministry Headquarters to the District offices**

#### **5.2.5. Measures to Improve Food Security for beneficiary Households**

In the previous Session, the Committee noted with concern the existing regulatory gaps resulting from the absence of a Social Protection Bill. In this regard, the Committee strongly recommended the urgent enactment of the Bill as a means of guaranteeing, in the long term, the rights of vulnerable populations to access basic social protection services.

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

*The Executive acknowledged the Committee's observations and recommendations. In line with these, the MCDSS successfully spearheaded the development of the National Social Protection Policy, approved by Cabinet in 2024. The Policy would provide strategic direction for the formulation of the Social Protection Bill, ensuring a comprehensive and coordinated approach to social protection in the country.*

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

*The Committee notes the submission and resolves to await a progress report on the urgent enactment of the Social Protection Bill.*

#### **5.2.6. Cross-Cutting Findings**

In the previous Session, the Committee acknowledged the critical role of digitisation in enhancing SCTP delivery. It, therefore, recommended the acceleration of the SCTP digitisation programme, along with targeted interventions to improve fraud awareness, as well as mobile phone access among beneficiaries.

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

*The Executive submitted that a pilot of phone procurement amounting to 100,000 was underway. The result of this exercise would be used to inform further and improve decision-making to guide as to whether the MCDSS could procure more mobile devices or not.*

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

*The Committee notes the submission and resolves to await a progress on the matter.*

### **5.3. TOPIC: Devolution of Primary Health Care Services in Zambia**

#### **5.3.1. Adequacy of the Policy and Legal Framework**

In the previous Session, the Committee in noting the submission, expressed concern that nothing had been done to review the NHP. Therefore, the Committee resolved to await the progress report on the matter.

#### **Progress Report:**

*The Committee was informed that the draft NHP and its implementation Plan had been developed and submitted to Policy Analysis and Coordination Division at Cabinet Office for review and Cabinet consideration and approval.*

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

The Committee notes the response and resolves to await a progress report on the matter.

#### **5.3.2. Harmonisation of Existing Legislation**

In the previous Session, the Committee urged the Executive to expedite the process of reviewing all subsidiary legislation supporting the implementation of the National Decentralisation Policy, as well as aligning them with the Constitution. The Committee resolved to await progress report on the matter.

#### **Progress Report**

*In its response to the Committee, the Executive submitted that the draft NHP and its implementation Plan had been developed and submitted to Policy Analysis and Coordination Division at Cabinet Office for review and Cabinet consideration and approval in which there was provision for the devolved functions. Upon policy approval this would pave way for the review of the National Health Services Bill to factor in issues of decentralisation. To quicken the process there was a parallel process that the Ministry had taken by working on the bill in anticipation of the policy approval.*

*Further, the Committee was informed that the MoH did not have the portfolio to look at other legislation with a bearing on decentralisation the other pieces will be handled by respective Ministries.*

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

The Committee notes the response and resolves to await a progress report on the matter.

#### **5.3.3. Oversight Capacity**

In the previous Session, the Committee urged the Executive to ensure that the structure at the MoH was revised to introduce the Directorate to provide sector-specific policy direction, standards, monitoring and evaluation for devolved functions, as well as undertake capacity-building activities for councilors. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*The Committee was informed that the MoH awaited feedback from Management Development Division (MDD) on how to proceed but had since engaged Decentralisation Secretariat to facilitate the process of revising the structure for the devolved functions at MOH.*

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

The Committee notes the response and resolves to await a progress report on the matter.

#### **5.3.4. Health Service Commission**

In the previous Session, the Committee urged the Executive to ensure that the establishment of a Health Service Commission was expedited. The Committee resolved to await a progress report on the matter.

##### **Progress Report**

*The Committee was informed that retention of health workers under PMEC, rather than transferring them to Local Authorities, was guided by sections 28 and 29 of the Employment Code Act No. 3 of 2019, which required employee consent before transfer; otherwise, contracts would be terminated with entitlement to severance pay. This constraint hindered decentralisation.*

*Regarding the proposed Health Services Commission, its establishment required a constitutional amendment. The MoH, in consultation with the Ministry of Justice, was expected to provide for its creation in the policy framework and the National Health Services Act, both of which were yet to be finalised.*

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

The Committee reiterates the need to establish a Health Service Commission and resolves to await a progress report on the matter.

#### **5.4. TOPIC: Review of the Operations of the Zambia Flying Doctor Service**

##### **5.4.1. Legal Framework**

The Committee in the previous Session urged the Executive to expedite the review of the Flying Doctor Service (ZFDS) Act, Chapter 298 of the Laws of Zambia by the second quarter of 2025.

##### **Progress Report**

*The Committee was informed that Government through the MoH was committed to reviewing the ZFDS Act, subject to availability of funds.*

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

The Committee was concerned that the Flying Doctor Service (ZFDS) Act, Chapter 298 of the Laws of Zambia was not reviewed by the second quarter of 2025 as earlier indicated. The Committee resolves to await progress on this matter.

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

##### **5.4.3.**

In the previous Session, the Committee urged the Executive to ensure that the K13,508,674.12 statutory debt accumulated was liquidated. The Committee resolved to await a progress report on the matter.

##### **Progress Report**

*The Committee was informed that ZFDS was provided with a monthly grant of ZMW 2,558,999.10. However, the statutory debt remained the same and the total amounts of*

*ZMW13, 508,674.12 was outstanding. Further the MoH had engaged stakeholders (ZRA and NAPSA) to dismantle the debt.*

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

The Committee urges the Executive to ensure that the K13,508,674.12 statutory debt accumulated was liquidated. The Committee resolved to await a progress report on the matter.

#### **5.4.4. Limited Operational Airstrips**

The Committee noted progress in upgrading airports and aerodromes but observed most projects were at early construction or procurement stages. It urged the Executive to expedite works through Treasury funding and resolved to await a progress report.

#### **Progress Report**

*The Committee was informed that, in 2025, Government continued to release funds for the upgrade, rehabilitation and construction of provincial airports, leading to completion of works at Chipata, Solwezi and Mongu Airports. Increased funding also supported ongoing upgrades at Kasama, Chipata, Solwezi and Mongu. Following clearance by the Attorney General, Government paid K7.5 million, representing 50 per cent of the land acquisition cost for Choma Airport.*

*Procurement processes for several projects had reached advanced stages. At Kasaba Bay Airport, a consultant completed feasibility studies and designs, though the project was being rescope due to high costs. At Mansa Airport, works commenced following site handover in August 2024, with ESIA approval secured and advance payment made. At Mfuwe Airport, fencing works were completed, and a new runway project commenced, with contractors mobilised and advance payment released.*

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

The Committee notes the progress made in construction, upgrade and rehabilitation of Provincial Airports, however, it reiterates its call for a comprehensive maintenance and construction of the districts airstrips countrywide to enable the ZFDS to effectively carry out its mandate and reduce on the operational costs. The Committee resolves to await a progress report on the matter.

#### **5.4.5. Review of the Operations of the Social Cash Transfer Programme Policy and Legal Framework**

The Committee in the previous Session, resolved to await the development of an explicit legal framework to ring-fence SCT Programmes in the bid to strengthen inclusive development practices in the social protection sector.

#### **Progress Report**

*The Executive submitted that the MCDSS launched the National Social Protection Policy in June and had also developed a comprehensive Implementation Plan to operationalise the*

*Policy. With the Policy in place the legal framework for social assistance programmes, the SCT inclusive had become feasible.*

*Consultations on how to proceed with the development of the legal framework had been planned for 2026, notwithstanding that the process of developing legislation required robust consultations to ensure consensus from all stakeholders before the actual drafting commenced.*

#### **5.4.6. Lack of Connectivity**

The Committee in the previous Session, noted progress regarding the installation of broadband connectivity, 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 resolved to await a progress report on the matter.

#### **Progress Report**

*The Committee was informed that the Government had undertaken a thorough assessment of the extent to which limited internet connectivity affected the implementation and delivery of digital payments across all 116 SCT Districts. The findings revealed that inadequate infrastructure, particularly in remote areas, was the primary barrier to effective service delivery.*

*To address this challenge, 25 Starlink Satellite Internet kits were procured and installed in some of the most remote locations across the country. The Ministry of Community Development and Social Services was evaluating the effectiveness of this intervention. Based on the outcomes, a broader rollout to all districts would be considered.*

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

The Committee notes the Executives response on the progress regarding the installation of broadband connectivity, 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 resolved to await further progress on the matter.

#### **5.4.7. Incentives given to Community Welfare Assistance Committees**

The Committee in the previous Session urged the Executive to urgently develop guidelines on the provision of incentives to enable Community Welfare Assistance Committees to discharge their mandates efficiently and effectively. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*The Committee was informed that the NCDSS conducted a national level consultation on the Guidelines and was planning for the provincial and district consultations in October which would inform the drafting of the Guidelines.*

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

The Committee awaits the finalisation of guidelines, therefore it resolves to await progress report on the matter

## **5.5. TOPIC: The Pharmaceutical Manufacturing Industry in Zambia: Challenges and Opportunities**

### **5.5.1. Policy Framework**

The Committee in the previous Session urged the Executive to ensure that the National Medicines Policy and its Implementation Plan were finalised without further delay. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*The Ministry reported that it was necessary to wait for the finalisation of the NHP, which was the guiding policy framework document for the health sector, before the Medicines Policy could be finalised. The draft NHP and its Implementation Plan had been submitted to Cabinet Office, Policy Analysis and Coordination Division for review and approval. Once the NHP had been approved the validation of the draft National Medicines Policy would commence.*

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

The Committee notes the response, however, it is concerned by delays to finalise the National Medicines Policy and its Implementation Plan. The Committee resolves to await progress on the matter.

### **5.5.2. Debt owed to suppliers**

The Committee in the previous Session expressed concern at the rate at which the debt owed to suppliers was being offset and urged the Executive to speedily offset the debt. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*In its response, the Executive submitted that, progress had been made in offsetting the debt to suppliers from K1,181,826,833.83 to K865,270,875.08. The Ministry had engaged Secretary to the Treasury on offsetting the whole debt at once.*

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

The Committee notes the progress on the debt payments, however, the phased approach has deprived the suppliers from realising their earnings. In view of this, the Committee urged the Executive to offset the outstanding debt amounting to K865,270,875.08. The Committee resolves to await a progress report on the matter.

### **5.5.3. Market Access for Locally Manufactured Products**

The Committee in the previous Session urged the Executive to expedite the implementation of measures to enhance market access for locally manufactured pharmaceutical products and resolved to await a progress report on the matter.

**Progress Report:**

*The Committee was informed that the Local Content was under consideration and the Committee would be given a progress report in due course.*

**Committee's Observations and Recommendations**

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

**5.6. TOPIC: Zambia's Preparedness to Respond to Emerging Epidemics and Pandemics**

**5.6.1. Review of the Public Health Act, No. 22 of 1995**

The Committee had resolved to await the progress report on the Amendment of the Public Health Bill.

**Progress Report**

*The Executive reported that Government through the MoH had started the process of reviewing the Public Health Act in order to harmonise with other existing pieces of legislation and ensure it was consistent with developments in the health sector. The draft Bill was at consultation stage with key stakeholders in order to ensure that the Bill was comprehensive and relevant to public health needs.*

**Committee's Observations and Recommendations**

The Committee urges the Executive to expedite review of the Public Health Bill in line with the new administration's policy direction and resolves to await a progress report on its amendment, resubmission to the Ministry of Justice, and subsequent introduction in Parliament.

**5.6.2. Increased Funding to the Health Sector in Line with the Abuja Declaration**

The Committee, in the previous Session, noted the progress made towards the actualisation of the Abuja Declaration which requires 15 per cent of national budget allocation towards the health sector. The Committee resolved to await a progress report on the matter.

**Progress Report**

*The Committee was informed that Government had prioritised the budget allocation to the health sector over the years. Since 2023 the allocation to the Health sector had been increasing by 10.9 percent on average. The Budget to the MoH had also increased from K16,080,373,574.00 in 2023 to K21,498,161,512.00 in 2025 representing 33.7 percent.*

**Committee's Observations and Recommendations**

The Committee notes a nominal increase in the health budget but is concerned by its reduced share of the national budget. It urges attainment of the 15 per cent Abuja benchmark and resolves to await progress on the matter.

### **5.6.3. Operationalisation of the National Public Health Emergency Fund**

The Committee in the previous Session had urged the Executive to expedite the process of finalising the regulations to facilitate for the operationalisation of the National Public Health Emergency Fund. The Committee had resolved to await a progress report on the matter.

#### **Progress Report**

*The Government had continued prioritising the budget allocation to the health sector over the years. Since 2023 the allocation to the Health sector had been increasing by 10.9 percent on average. The Budget to the MoH has also increased from K16,080,373,574.00 in 2023 to 21,498,161,512.00 in 2025 representing 33.7 percent.*

*Further, the Committee was informed that the figures tracked represents direct allocation in the budget, but there was need to also consider that as a result of the one health approach and decentralisation of health services, Zambia had allocated more than 15 per cent to health services if we add what was in the CDF, in Ministries of education, agriculture, Livestock and Fisheries allocated to health programmes.*

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

The Committee notes the submission and reminds the Executive to provide progress on finalising regulations to operationalise the National Public Health Emergency Fund established under the Zambia National Public Health Act No. 19 of 2020.

### **5.6.4. Lack of a Formidable Public Health Laboratory System**

The Committee in the previous Session resolved to await a progress report on the construction of a bio-safety level 3 laboratory which was still at the preparation stage of the design.

#### **Progress Report**

*The Committee was informed that procurement for the design and construction of a high-containment bio-safety level 3 (BSL-3) laboratory had reached an advanced stage, with designs expected by the fourth quarter of 2025 and ground-breaking anticipated in the first quarter of 2026. Additionally, the ACDCP was modernising regional laboratories to bio-safety level 2 across multiple provinces, upgrading infrastructure and diagnostic capacity. These improvements enhanced detection of priority pathogens, reduced turnaround times, and strengthened outbreak response. The initiative expanded surveillance coverage, improved early warning systems, and reinforced the One Health approach. Collectively, the upgraded facilities complemented the Zambia National Public Health Reference Laboratory, creating a more integrated and resilient national laboratory system for effective emergency response.*

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

The Committee notes the progress made and 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.

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

The Committee in the previous Session urged the Executive to speed up the talks riding on the One-Health Strategic Plan to create an integrated platform that would house human, animal and environment health data. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*It was envisaged that by December, 2025 the PHSIMS outputs would have been developed which would include integrated dashboards accessible by the One Health sector stakeholders (human health, agriculture, livestock and fisheries, environment, wildlife, plant health, academia and other players).*

*The implementation had been divided into Three Phases, with Phase One having being completed and data products such as the public health alert threshold and the Zambia Emergence Bridge Response Application (ZEBRA) available and in use for the purposes of surveillance and preparedness respectively. Phase two implementation which was the development of interoperability frameworks of the different One Health systems was underway; overall implementation was on schedule to be completed in December, 2025 with full deployment of the system to be done by quarter one of 2026.*

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

The Committee notes the progress made so far, however, it urged the Executive to expedite the actualisation of the One-Health Strategic Plan to create an integrated platform that would house human, animal and environment health data. The Committee resolves to await a progress report on the matter.

#### **5.6.6. Empowerment of the National Bio-safety Authority**

The Committee in the previous Session resolved to await a progress report on the Bio-safety and Biotechnology Policy which was submitted to Cabinet for approval.

#### **Progress Report**

*The Ministry of Green Economy and Environment (MGEE) upon its establishment under Gazette Notice No. 1123 of 2021, embarked on the formulation of the Biosafety and Biotechnology Policy. However, the MoH which earlier had the mandate of Biosafety, prior to the establishment of MGEE, also formulated a Biosafety Policy.*

*The approval of the Policy had been delayed by the need to harmonise the contents of the two policies as per guidance by Cabinet Office. The harmonisation meeting between MGEE and MoH was held in July, 2025. The process had been concluded and the harmonised policy would be submitted to Cabinet Office for consideration. The tabling of the Policy before Cabinet was expected to be done before the end of the third quarter of 2025.*

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

The Committee notes the progress and resolves to await a progress report on the matter.

#### **5.6.7. Inadequate Transport**

The Committee in the previous Session, resolved to await a progress report on the implementation of the guidelines on the carpooling system.

#### **Progress Report**

*The Executive submitted that the Ministry was undertaking consultations with Cabinet Office, Ministries, Provinces and other Spending Agencies (MPSA) on the establishment of the carpooling system.*

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

The Committee is concerned with delays by the Executive regarding the transport pooling system. Therefore, the Committee urges the Ministry to conclude its consultations and expedite the implementation of the system.

#### **5.7. TOPIC: The Growing Demand for Specialised Medical Treatment Abroad by Patients: Challenges and Opportunities for Health**

##### **5.7.1. The Adequacy of the Policy and Legal Framework Governing Specialised Medical Treatment Abroad**

The Committee in the previous Session urged the Executive to ensure the review process of the NHP and its plan was completed as submitted. Further, that the development of the draft National Health Services Bill was commenced as submitted. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*The Government had commenced the drafting process of the National Health Services Bill. Updates on the progress would be provided to the Committee in due course.*

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

The Committee is concerned that the review process of the NHP and its plan were not completed as scheduled in the fourth quarter of 2024 and the development of the draft National Health Services Bill in the first quarter of 2025. The Committee urges the Ministry to accelerate this commitment, as it resolves to await a progress report on the matter.

#### **5.8. TOPIC: The Public Welfare Assistance Scheme and Women Empowerment Programmes**

##### **5.8.1. Duplicity of functions**

The Committee in the previous Session urged the Executive to urgently finalise the specified offices contribution pension scheme rules to facilitate the presentation of the Specified Offices Pension Benefit Bill, 2024 the National Pension Scheme

(Amendment) Bill; and the Workers' Compensation (Amendment) Bill to Parliament. The Committee resolved to await the progress report on the matter.

### **Progress Report**

*The Committee was informed that in January 2025, Cabinet approved, in principle, the establishment of a Contributory Specified Offices Pension Benefits Scheme. This process was led by the Emoluments Commission, in accordance with Article 65(3) of the Constitution, which stated:*

*“A Bill that confers emoluments on State officers or Constitutional office holders shall only be introduced in the National Assembly if the emoluments are recommended by the Emoluments Commission.”*

*Regarding the Workers' Compensation (Amendment) Bill, the Bill aimed to modernise and harmonise the Workers' Compensation Fund, enhance benefits, and extend coverage to employees in both the informal sector and the public service. It would repeal the Workers' Compensation Act No. 10 of 1999.*

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

The Committee notes the submission and resolves to await further progress report on the matter.

## **5.9. TOPIC: Service Delivery in Public Health Institutions in Zambia**

### **5.9.1. Refurbishing of Old Health Facilities Countrywide and the Completion of the 650 Health Posts**

The Committee in the previous Session noted the submission and resolved to await a progress report on the matter.

### **Progress Report**

*The Committee was informed that despite provisions in the infrastructure operational plan, funds were not released by the treasury. However, the Ministry had developed an Infrastructure Maintenance Plan which highlighted the components that required maintenance per level of care and estimated costs. Further, infrastructure maintenance was undertaken in a phased manner subject to availability of funds from Treasury considering the number of health facilities to be rehabilitated. In addition, the implementation of decentralisation, Primary Health Care functions had been devolved to the Local Authorities. The Ministry had written to Ministry of Local Government and Rural Development to consider under CDF the completion of the remaining 87 out of 650 health posts.*

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

The Committee notes the submission but urges the Executive to secure funding for the remaining 87 health posts and rehabilitation works to avoid escalating costs. It resolves to await a progress report.

### **5.9.2. Revision of the National Health Plan to define the Role of Non- State Actors in the Delivery of Health Services in the Country**

The Committee in the previous Session urged the Executive to ensure that the NHP was completed and the development of the draft National Health Services Bill commenced in the first quarter of 2024 as submitted. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*The draft NHP and its implementation Plan were developed and submitted to Policy Analysis and Coordination Division at Cabinet Office for review and Cabinet consideration and approval. Further, the review of the National Health Services Bill commenced and is at consultative stage.*

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

The Committee is concerned that not much has been achieved despite the Executive's commitment to ensure that the NHP was completed in the fourth quarter of 2024 and the development of the draft National Health Services Bill in the first quarter of 2025. In view of this, the Committee urges the Executive to expedite its commitment and resolves to await a progress report on the matter.

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

The Committee in the previous Session urged the Executive to expedite the rate at which it was liquidating the debt for goods and services at the University Teaching Hospitals. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*The outstanding debt of K74,715,246.67 owed for goods and services at the University Teaching Hospitals. K39,345,592.06 had been paid to liquidate the outstanding debt. The Ministry would continue to engage the Treasury on the matter.*

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

The Committee notes the progress, however, it is concerned that the outstanding debt owed for goods and services at the University Teaching Hospitals has not been fully settled. The Committee urges the Executive to expedite the settlement and resolves to await a progress report on the matter.

## **5.10. TOPIC: The Welfare of Older Persons In Zambia**

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

The Committee in the previous Session resolved to await a comprehensive progress report on the construction of old People's Homes in the ten provinces of the country.

#### **Progress Report**

*The Ministry of Community Development and Social Services had continued collaborating with the Ministry of Infrastructure and Urban Development on the construction of old*

*people's homes in the ten provinces of Zambia as well as on the construction of social housing for vulnerable people on the SCT Registry. Significant progress had been made on the construction works.*

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

The Committee notes the progress and resolves to await a comprehensive progress report on the construction of old People's Homes in the ten provinces of the country.

#### **5.10.2. Domestication of Regional and International Treaties Aimed at Uplifting the Welfare of Older Persons**

The Committee in the previous Session observed with concern the time it had taken for the African Charter on Human and People's Rights on the rights of older persons to be ratified. The Committee, therefore, recommended that the process of ratifying the Charter be expedited and resolved to await a progress report on the matter.

#### **Progress Report**

*The review of the 2015 Ageing Policy had commenced, and a report was scheduled to be submitted by December, 2025 to inform the development of the Revised Policy. In the meantime, the Ministry of Community Development and Social Services had initiated the ratification process in collaboration with the Ministry of Justice.*

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

The Committee notes the progress; however, it is concerned by the time it has taken for the African Charter on Human and People's Rights on the rights of older persons to be ratified. The Committee, therefore, resolves to await a progress report on the matter.

### **5.11. TOPIC: Zambia's Response Towards Non-Communicable Diseases**

#### **5.11.1. Promotion of Medical Tourism**

The Committee in the previous Session urged the Executive to ensure that the construction works at the Ndola Cancer Treatment Centre were completed as submitted. Further, the Committee urged the Executive to conclude the procurement process for the construction of the Livingstone Cancer Treatment Centre. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*The Committee was informed that the construction of a Specialised CDH (Treatment Centre) in Ndola was at 70 percent complete. The contract for Livingstone CDH (Treatment Centre) had been signed and the Government through MoH handed over the site to the contractor in September, 2025.*

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

The Committee notes the submission and awaits completion of the Ndola Cancer Treatment Centre and commencement of works at the Livingstone Cancer Treatment Centre; and resolves to await a progress report.

## **5.12. TOPIC: Progress and Update on the SCT Programme in Zambia**

### **5.12.1. 4.11.1 Social Protection Legislation**

The Committee in the previous Session urged the Executive to expedite the process of consultation at provincial level for the review of the 2014 National Social Protection Policy to inform the finalisation of the review process. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*In response, the NCDSS launched the National Social Protection Policy in June, 2025 and had also developed a comprehensive Implementation Plan to operationalise the Policy. With the Policy in place, the legal framework for social protection programmes had become feasible.*

*Consultations on how to proceed with the development of the legal framework was planned for 2026, notwithstanding that the process of developing legislation required robust consultations to ensure consensus from all stakeholders before the actual drafting commenced.*

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

The Committee notes that the 2014 National Social Protection Policy has been revised, however, the Committee awaits the development of the corresponding Implementation Plan.

## **5.13. TOPIC: Zambia's Preparedness on the Implementation of the Sustainable Development Goal on Health with Special Focus on Sexual Reproductive Health Rights.**

### **5.13.1. Centralised Medical Stores**

The Committee in the previous Session resolved to close the matter on the construction of the Mongu Medical Stores Hub which was completed and operationalised; but resolved to await a progress report on the construction of the Kabompo Medical Stores hub.

#### **Progress Report**

*The Executive submitted that a contractor was engaged to construct the Kabompo Medical Stores Hub, which was 1300m<sup>2</sup> housing, 1500 pallet locations to cover 6months storage of essential medicines and medical supplies. The construction had commenced and was at 85 per cent completion. The expected completion date was November, 2025.*

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

The Committee in noting the submission resolves to await a progress report on the construction of Kabompo Medical Stores hub.

### **5.13.2. Performance Contracts for the Public Service**

The Committee in the previous Session urged the Executive to ensure that the rollout of the performance contracts was implemented within 2024. The Committee resolved to await a progress report on the matter.

#### **Progress Report**

*The Committee was informed that the MoH was finalising the stakeholder validation process, with the rollout of the performance contracts scheduled for completion by the end of the fourth quarter, 2025.*

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

The Committee in noting the progress, urges the Executive to ensure that the rollout of the performance contracts is implemented as submitted. The Committee resolves to await a progress report on the matter.

### **5.14. TOPIC: Breast and Cervical Cancer in Zambia**

**The Committee in the previous Session, resolved to await a comprehensive progress report on the expansion of the Cancer Disease Hospital in Lusaka.**

#### **5.14.1. Progress Report**

*The Committee was informed that the Government was rehabilitating and upgrading the CDH in Lusaka with modern infrastructure and state-of-the-art equipment to align with prevailing cancer treatment standards. This included replacing outdated radiotherapy equipment and imaging equipment.*

*The project was progressing, with the completion of the decommissioning phase, rehabilitation of the imaging section at 80 per cent, construction of the new bunkers at 30 per cent and overall project at 40 per cent. The whole project was expected to be completed by second quarter 2026, with the first linear accelerator being installed in November, 2025.*

*Further, the first consignment of equipment was received in August, 2025. This included cages for the MRI, UPS and Chillers. The second consignment of Medical Equipment (four linear accelerators, two brachytherapy units, two CT Scan simulators, one MRI, and one mammography unit) were received in August, 2025.*

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

The Committee notes the progress, however, it is concerned by the delayed expansion of the Cancer Disease Hospital in Lusaka into a centre of excellence. The Committee resolves to await a progress report on the matter.

### **5.15. TOPIC: Poor Maintenance of Medicine Inventories**

#### **5.15.1. Quality of Storage Facility**

The Committee in the previous Session urged the Executive to ensure that funds for the construction of the Central Province hub were secured. The Committee resolved

to await a comprehensive progress report on the construction of the regional hub in Northern Province and mobilisation of funds for the construction of the Central Province hub.

### **Progress Report**

*The Committee was informed that, the Kabwe and Kasama Hubs were among the regional Hubs that were planned to be constructed under the Global Fund Support. However due to resource constraints, priority was given to the expansion of the Copperbelt-Luanshya Hub and Kabompo Hub respectively.*

*Consultations with the Global Fund on the possibility to support the remaining two Hubs under the current grants, it was indicated that the Kabwe Hub was reserved for consideration when resources were realised from the Global Fund grants through savings. However, the Kasama Hub was not going to be supported under the Global Fund grants.*

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

The Committee notes the submission, however it urges the executive to secure funding for the construction of regional hubs in Central and Northern Provinces. The Committee resolves to await a progress report on the matter.

### **General Concerns**

#### **5.15.2. Policy, Standards and Guidelines**

The Committee, in the previous Session, expressed concern over delays in reviewing the National Mental Health Policy, expected in 2024. It urged expedited review of the Policy and resolved to await a progress report on the matter.

### **Progress Report**

*The process of reviewing the Mental Health Policy awaited finalisation and launch of the NHP. The NHP had been submitted to Cabinet for approval.*

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

The Committee notes with concern that the Executive did not revise the National Mental Health Policy in 2024 as committed. It urges expedited finalisation and launch of the policy and resolves to await a progress report on the matter.

#### **5.15.3. Availability of Infrastructure and Equipment**

The Committee, in the previous Session, urged the Executive to ensure that mental health facilities were staffed with skilled personnel. It recommended that renovations at Solwezi and Choma General Hospitals meet required standards, and called for rehabilitation of psychiatric units in Mongu, Choma and Kasama. Further, it urged construction of new facilities in Solwezi and Ndola, and refurbishment of Chainama Hills Hospital. The Committee resolved to await a comprehensive progress report.

### **Progress Report**

*In response, the Committee was informed that due to limitations of fiscal space, Government had prioritised the construction of Ndola Mental Health Unit in 2025 and*

*Solwezi Mental Health Units in 2026. The policy direction was to construct new Mental Health Units in Mongu, Choma and Kasama as opposed to rehabilitation using a phased approach subject to availability of funds from Treasury. The Country had 16 Psychiatrist Specialist Doctors, 32 registrars specialising in Psychiatry, 365 Psychiatrist Nurses, 222 Clinical Officer Psychiatry/Medical Licentiate Psychiatry and 638 Psychosocial Councilors. However, all Primary Health workers were being trained to screen, detect and make referrals of patients presenting with mental health issues. The needs assessment on the scope of rehabilitation works at Chainama Hospital would commence within 4th Quarter of 2025.*

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

The Committee notes the submission and resolves to await a comprehensive progress report on the construction and refurbishment of the identified mental health facilities country wide.

#### **5.15.4. 4.15.4 Provision of Rehabilitation Services to Users/Patients**

The Committee in the previous Session, had expressed concern that not much had been done to ensure that the three dilapidated rehabilitation centres were renovated. In that regard, the Committee reiterated its previous year's recommendation that the Government should without further delay secure funds to renovate the three centres.

#### **Progress Report:**

*The Committee was informed that, according to preliminary assessment, Kawimbe and Litamya rehabilitation required a new facility as opposed to rehabilitation of the existing structure while Nsandzu Rehabilitation Center required a facelift in terms of retouch to the buildings, water and electricity. To this effect, Government would conduct a comprehensive needs assessment for all 3 centers within 4<sup>th</sup> quarter of 2025.*

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

The Committee notes the response, however, it reiterated its recommendation for the Treasury to secure funds for renovating the three dilapidated rehabilitation centres namely: Nsadzu (Chadiza), Kawimbe (Mbala) and Litamya (Senanga). The Committee awaits a progress report on the matter.

## 6.0 CONCLUSION

The Committee notes Government's commitment to addressing the cancer burden through strengthened diagnostic services and increased capital investment; however, significant gaps persist across the continuum of care. The burden remained driven by late diagnosis, low screening coverage, inadequate staffing, and limited treatment capacity. Additionally, concerns arose from unmet or poorly tracked targets due to data gaps. In this regard, the Committee emphasises strengthening curative and progressively preventive interventions to improve outcomes. It also urges increased investment in decentralising cancer services, particularly to enhance access in rural communities.



Mr Joseph S Munsanje, MP  
**CHAIRPERSON**

April, 2026  
**LUSAKA**

**APPENDIX I – NATIONAL ASSEMBLY OFFICIALS**

Mr Charles Hambote, Director (Social Committees)

Mrs Chitalu K Mumba, Deputy Director (Social Committees)

Mr Darius Kunda, Senior Committee Clerk (SC-1)

Mr Kelezo Lushako, Committee Clerk

Ms Catherine Chibuye, Administrative Assistant II

Mr Daniel Lupiya, Senior Committee Assistant

Mr Muyembi S Kantumoya, Committee Assistant

Ms Taona Chabinga, Committee Assistant

Ms Beverly Nzala, Intern

## **APPENDIX II - LIST OF WITNESSES**

Africa Health and Economic Transformation Institute

Breakthrough Cancer Trust

Centre for Infectious Disease Research in Zambia

Centre for Primary Care Research

Churches Health Association of Zambia

Healthcare Federation of Zambia

Kayula Childhood Cancer Foundation

Ministry of Health

National Health Insurance Management Authority

National Health Research Authority

Pharmaceutical Society of Zambia

Teal Sisters Foundation

Traditional Health Practitioners Association of Zambia

Cancer Diseases Hospital - University Teaching Hospital

Zambia Cancer Society

Zambia Institute for Policy Analysis and Research

Zambia Medical Association

Zambia Medicines and Medical Supplies Agency