REPUBLIC OF ZAMBIA

REPORT

OF THE

COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

FOR THE

FIFTH SESSION OF THE TWELFTH NATIONAL ASSEMBLY

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TABLE OF CONTENTS

NO.	ITEM	PAGE
1.0	Membership of the Committee	1
2.0	Functions of the Committee	1
3.0	Meetings of the Committee	1
4.0	Programme of Work	1
5.0	Procedure Adopted by the Committee	2
6.0	Arrangement of the Report	2
	Part I Consideration of Topical Issues	2
7.0	Background	3
7.1	Consolidated Summary of Submission by Stakeholders	3
7.1.1	Defining and Epidemic and a Pandemic	4
7.1.2	The Adequacy of the Policy and Legal Framework Governing the Government's Response to Epidemics and Pandemics	5
7.1.3	The Financial Mechanisms that the Government put in Place to Effectively Respond to Epidemics and Pandemics	5
7.1.4	The Role of Non-State Actors in Complementing the Government's Efforts in the Early Detection, Mitigation and Management of Infectious Disease Outbreaks	6
7.1.5	Measures that the Government put in place to Enhance the Country's Preparedness and Response to Epidemics and Pandemics	6
7.1.6	The Challenges that the Government was Facing with Regard to the Early Detection, Mitigation and Management of Infectious Disease Outbreaks	8
8.0	**Other Concerns Raised**	9
9.0	**Committee's Observations and Recommendations**	10
	Part 11	
10.0	**The Growing Demand for Specialised Medical Treatment Abroad By Patients: Challenges and Opportunities for Health**	13
10.1.1	Committee's Observations and Recommendations	13
10.1.2	The Adequacy of the Policy and Legal Framework Governing	13
10.1.3	Reasons why Zambians sought Specialised Treatment Abroad	14
10.1.4	The Criteria for the Selection for Patients Seeking Specialised Medical Treatment Abroad	15
10.1.5	The Mode of Financing Specialised Treatment Abroad	16
10.1.6	Inadequate Participation by Private Hospitals	16
10.2	**The Public Welfare Assistance Scheme and Women Empowerments Programmes**	17
10.2.3	The Adequacy of the Policy Framework Governing the	

Programme 17
10.2.4 The Efficacy of the Programme 18

11.0 Consideration of Outstanding Issues from the Action Taken Report for the Third Session of the Twelfth National Assembly 23
11.1 Consideration of the Topical Issues: Service Delivery in Public Health Institutions in Zambia 23
11.1.1 Funding to the Health Sector in Line with the Abuja Declaration 23
11.1.2 Reduction of the Allocation to the Medicines Budget In the National Budget 24
11.1.3 Debt of K1.2 Billion Owed to Drug Suppliers 24
11.1.4 Increased and Timely Funding to Medical Stores Limited (MSL) 25
11.1.5 Refurbishing of Old Structures in Health Facilities Countrywide and the Completion of the 650 Health Posts 25
11.1.6 The Procurement of State-of-the-Art Equipment in all Public Health Facilities and the Entering of Service Contracts for the Equipment by the User Institutions and not the Ministry of Health 26
11.1.7 Procurement of Ambulances in all the Health Facilities 27
11.1.8 Broadening the Mandate of Medical Stores Limited To Procurement and Manufacturing 27
11.1.9 Development of a Human Resource Structure .28
11.1.10 Revision of the National Health Policy to define the Role of Non-State Actors in the Delivery of Health Services in the Country 29
11.1.11 Repeal the Health Professions Act, No. 24 of 2009 29
11.1.12 Revision of the National Health Policy to include Societal Determinants of Health 30
11.1.13 Use of the Service Availability and Readiness Assessment Methodology 30
11.1.14 Offsetting the Outstanding Debt of K172,797,981.01 For Goods and Services at the University Teaching Hospitals 31

11.2 Topic Two 31
11.2.1 The Welfare of Older Persons in Zambia 31
11.2.1.3 Lack of Funding for the Social Cash Transfer Programme 31
11.2.1.4 Construction of Old People's Homes in the Ten Provinces of the Country 32
11.2.1.5 Lack of Guidelines to Regulate the Establishment and Operation of Old People's Homes 32
11.2.1.11 Domestication of Regional and International Treaties Aimed at Uplifting the Welfare of Older Persons 32

11.2.1.12 Re-Building of Matero After Care Centre 33

11.3 **Consideration of the Action Taken Report for the Second Session Of the Twelfth National Assembly** 34

11.3.1 **Zambia's Response Towards Non-Communicable Diseases** 34
11.3.1.1 Screening of Sugar Levels as Regular Routine in Health Facilities 34
11.3.1.2 Establishment of Prosthesis Section in the Rehabilitation Department of Major Health Institution 34
11.3.1.3 Strengthening Health Systems in the Country to Help Prevent and Control NCDs 36
11.3.1.4 Strengthening and Enhancing NCD-Specific Activities 36
11.3.1.5 Development of the Non Communicable Diseases Strategic Plan 36
11.3.1.6 Warnings Placed on Tobacco Packaging 37
11.3.1.7 Promotion of Medical Tourism 37
11.3.1.8 Mental Patients Drugs 39

11.4 Progress and Update on the Social Cash Transfer Programme in Zambia 39
11.4.2 Insufficiency of the Transfer Amount 39
11.4.3 Social Protection Legislation 39
11.4.4 Over Reliance on the Social Cash Transfer Programme To the Exclusion of other Social Protection Programmes 40
11.4.5 Monitoring Mechanisms for the Beneficiaries of the Programme 40
11.4.6 Grievance Procedure 41

11.5 **Consideration of the Outstanding Issues from the Action Taken Report for the First Session of the Twelfth National Assembly** 41
11.5.1 Zambia's Preparedness for the Implementation of the Sustainable Development Goal on Health with Special Focus on Sexual Reproductive Health Rights 41
8.5.1.1 Domestication of Regional and International Conventions on Age Consent 41
11.5.1.2 Enactment of Legislation on Child Protection 42

11.6 Local Tour of Selected Health Institutions and Public Hearing For the First Session of the Twelfth National Assembly 43

11.7 Foreign Tour to the Parliament of Rwanda 43
11.7.2 Strengthening Health Information Management 43
11.7.3 Performance Contracts for the Public Service 44

11.9 Consideration of the Action-Taken Report on the Committee's Report for the Fourth Session of the Eleventh National Assembly 45
8.9.1 Delivery and Installation of Generators as a Power Back Up System in Health Institutions 45
8.9.2 Breast and Cervical Cancer in Zambia 46

9.0 **Conclusion** 46

Appendix I – List of Official of the National Assembly Officials 48
Appendix II – List of Witnesses 49

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

1. MEMBERSHIP OF THE COMMITTEE

The Committee consisted of Dr C Kalila, MP (Chairperson); Ms P Kasune, MP (Vice Chairperson); Mr C M Chalwe, MP; Dr J K Chanda, MP; Mr L N Tembo, MP; Mr J Kabamba, MP; Mr A B Kapalasa, MP; Mr L Kintu, MP; Mr M Ndalamei, MP; and Mr A Mandumbwa, MP.

Dr J K Chanda, MP, ceased to be a Member of the Committee following his appointment as Cabinet Minister. Mr D Mabumba, MP was subsequently appointed to replace Dr J K Chanda as a Member of the Committee.

The Honourable Mr Speaker
National Assembly
Parliament Buildings
LUSAKA

Sir,

Your Committee has the honour to present its Report for the Fifth Session of the Twelfth National Assembly.

2.0 FUNCTIONS OF THE COMMITTEE

The functions of the Committee are set out in Standing Order No. 157 (2) of the National Assembly Standing Orders, 2016.

3.0 MEETINGS OF THE COMMITTEE

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

4.0 COMMITTEE'S PROGRAMME OF WORK

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

a) consideration of the Action-Taken Report on the Report of the Committee for the Fourth Session of the Twelfth National Assembly;
b) consideration of the topical issue "Zambia's Preparedness to Respond to Emerging Epidemics and Pandemics"; and
c) consideration and adoption of the Committee's draft report.

5.0 PROCEDURE ADOPTED BY THE COMMITTEE

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

6.0 ARRANGEMENT OF THE REPORT

The Committee's Report is in two parts. Part I highlights the findings of the Committee on the topical issue, namely: Zambia's Preparedness to Respond to Emerging Epidemics and Pandemics and Part II reviews the Action-Taken Report on the Report of the Committee for the Fourth Session of the Twelfth National Assembly.

PART I

CONSIDERATION OF THE TOPICAL ISSUE

ZAMBIA'S PREPAREDNESS TO RESPOND TO EMERGING EPIDEMICS AND PANDEMICS

7.0 BACKGROUND

Infectious diseases (epidemics and pandemics) have negatively affected the Zambian economy and have overwhelmed the health systems, considering the fast pace at which they are spreading in various communities. For instance, a cholera outbreak that began in October 2017 resulted in approximately 5, 900 cases and 114 deaths (*Centres for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Cholera Epidemic-Lusaka, Zambia, October 2017 to May 2018*). In addition, following the emergence of the novel coronavirus SARS-CoV-2, also known as the COVID-19, as of 22nd September, 2020, Zambia had 14,389 cumulative cases, 111 COVID-19 deaths and 216 COVID-19 associated deaths (*Zambia COVID-19 Statistics; Daily Statistics update, 22nd September, 2020*).

The Government has in the recent past identified transformative strategies, such as investing in primary health care as a pillar of the health system, central to preventing epidemics and controlling major infectious diseases, in the Seventh National Development Plan.

However, despite such strategies, the destructive potential for infectious diseases is increasing and so is the risk of outbreaks escalating into epidemics and pandemics due to drivers of disease emergence such as human-animal contact, climate change and globalisation, among other things. Additionally, the national response systems towards responding to these disease outbreaks have been reactive and often failed to reach the targeted communities.

It is against this background that the Committee resolved to undertake this study with intent to asses Zambia's preparedness to respond to such threats to public health in order to make appropriate recommendations to the Executive.

The specific objectives of the study were to:

i. examine the adequacy of the policy and legal framework governing the Government's response to epidemics and pandemics;
ii. ascertain whether the Government had put in place any financial mechanisms to effectively respond to epidemics and pandemics;
iii. appreciate the role of non-state actors in complimenting the Governments efforts in the early detection, mitigation and management of infectious disease outbreaks;
iv. establish the measures that the Government had put in place to enhance the country's preparedness and response to epidemics and pandemics;
v. appreciate the challenges (if any) that the Government is facing with regard to early detection, mitigation and management of infectious disease outbreaks; and
vi. make recommendations to the Executive on the way forward.

In order to gain insight into the topic, the Committee invited the following witnesses to make oral and written submissions:

i. Ministry of Health;
ii. Ministry of Finance;
iii. Ministry of National Development and Planning;
iv. Ministry of Transport and Communication;
v. Ministry of Local Government;
vi. Zambia Police;
vii. Churches Health Association of Zambia (CHAZ);
viii. Zambia National Public Health Institute (ZNPHI);
ix. The National Institute of Scientific and Industrial Research;
x. The Office of the Vice President- the Disaster Management and Mitigation Unit (DMMU);
xi. Water Aid;
xii. African Medical Research Foundation (AMREF);
xiii. Health Professions Council of Zambia (HPCZ);
xiv. Zambia Medical Association (ZMA);
xv. Zambia National Union of Nurses Organisation (ZUNO);
xvi. The University Teaching Hospitals (UTH);
xvii. Levy Mwanawasa Hospital;
xviii. Fairview Hospital;
xix. Kafue District Hospital
xx. University of Lusaka School of Medicine;
xxi. The Medicines Research and Access platform (MedRAP); and
xxii. Policy Monitoring and Research Centre (PMRC).

7.1 CONSOLIDATED SUMMARY OF SUBMISSIONS BY STAKEHOLDERS

7.1.1. Defining an Epidemic and a Pandemic

The Committee was informed that the World Health Organisation (WHO) defined an epidemic as the rapid spread of disease to a large number of people, in a given population within a short period of time. A pandemic, on the other hand, was an

epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

7.1.2. The Adequacy of the Policy and Legal Framework Governing the Government's Response to Epidemics and Pandemics

The Committee was informed that the *Public Health Act, Chapter 295 of the Laws of Zambia* remained the overarching piece of legislation that provided for the prevention and suppression of diseases and generally regulated all matters connected with public health in Zambia.

Further, in keeping with international best practice, the Zambia National Public Health Institute (ZNPHI) was established as a specialised technical wing to spearhead public health surveillance and disease intelligence in the country. The ZNPHI was established through the *Zambia National Public Health Institute Act, No.19 of 2020*, which provided for, inter alia, the coordination of public health security, and the establishment of the Public Health Emergency Operations Centre, the National Public Health Laboratory and the National Public Health Emergency Fund. The enactment of this law was, therefore, a significant milestone in strengthening the country's preparedness to respond to Emerging Epidemics and Pandemics.

Furthermore, the *Disaster Management Act, No. 13 of 2010,* which provided for the maintenance and operation of a system for the anticipation, preparedness, prevention, coordination, mitigation and management of disaster situations was also applicable in responding to epidemics and pandemics.

Additionally, the Committee was informed that the Government's response to epidemics and pandemics was currently informed by the following policy documents, among others:

- the Ministry of Health National Health Strategic Plan 2017 - 2021 which provided guidance on all health interventions in the health sector, including public health security; and

- the International Health Regulations (2005), put in place by the World Health Organisation (WHO), whose purpose and scope was to prevent, protect against, control and provide a public health response to the international spread of disease in ways that were commensurate with and restricted to public health risks, and which avoided unnecessary interference with international traffic and trade.

Although the *Public Health Act* and other pieces of legislation were generally adequate to govern the effective preparedness and response to disease outbreaks, some stakeholders held the view that these existing legal and regulatory frameworks were weak, particularly in the management and prevention of emerging and re-emerging infectious diseases and emergencies such as the COVID-19, H1N1 virus, Zika virus, and bioterrorism, as these were not specifically covered by the Act. Owing to the increased threats, especially of emerging and re-emerging issues on public health, there was need to review the Act to meet global standards so as to address key public health problems in the country.

7.1.3. The Financial Mechanisms that the Government Put in Place to Effectively Respond to Epidemics and Pandemics

The Committee was informed that a predictable and sustainable financing mechanism was imperative for effective and robust emergency preparedness and response. In this regard, within the Medium-Term Expenditure Framework (MTEF), the Ministry of Health planned for emergency preparedness and response activities at national, provincial, district and facility level. The institutions under the Ministry relied on the release of grants from the Treasury to fund these activities. However, some stakeholders bemoaned the inadequate and inconsistent release of these grants, which negatively impacted emergency preparedness and response activities.

Additionally, the Government mobilised financial resources from cooperating partners and stakeholders through national platforms such as the National Epidemic Preparedness, Prevention, Control and Management Committee and the National Public Health Emergency Operations Centre, as well as through the Disaster Management and Mitigation Unit (DMMU) through contingency provisions and financing.

The Committee further learnt that special releases from the Treasury were also made in response to specific emergencies that may arise, either directly to the Ministry of Health or through DMMU. Examples of this modality were funds that the Treasury released in responding to the 2017/2018 cholera outbreak and the COVID-19 pandemic based on the Multi-sectoral Contingency and Response Plan.

Stakeholders further explained that following the enactment of the *Zambia National Public Health Institute Act, No.19 of 2020*, the National Public Health Emergency Fund would be established. The Fund would serve the purpose of, among other things, providing public health emergency commodities and facilitating the operations of the Epidemic Preparedness, Prevention, Control and Management Committees in the management of public health emergencies. The Fund would also consist of monies that may be appropriated to the Institute by Parliament, collected from a levy that the Minister responsible for finance may prescribe, or monies paid to the Institute by way of fees, donations and grants from any approved source.

Stakeholders lamented that the current resource envelope for the health sector was far below the minimum required for the delivery of an optimum package of health care and preparedness and response for epidemics and pandemics. Despite significant increases in the flow of funds to the health sector, external support was currently mainly targeted towards vertical programmes such as HIV/AIDS, malaria and TB. Vertical donor support was characterised by certain rigidities and could not be moved to other priority areas less favoured by donors. It was, therefore, imperative that the budgetary funding towards the health sector be increased to meet international standards and to ensure that there existed adequate finances targeted towards financing the response to epidemics and pandemics.

7.1.4 The Role of Non-State Actors in Complementing the Government's Efforts in the Early Detection, Mitigation and Management of Infectious Disease Outbreaks

The Committee was informed that the Ministry of Health collaborated with many local and international non-state actors who provided technical, financial, material and other forms of support. These included, but were not limited to, the private sector, non-governmental organisations, cooperating partners, United Nations agencies, multilateral and bilateral agencies including the World Bank, the Global Fund, Gavi, the Vaccine Alliance, the Africa Centres for Disease Control and Prevention (Africa CDC), Centres for Disease Control Atlanta, China Centres for Disease Control and Public Health England (PHE).

Further, Zambia hosted the Regional Collaborating Centre (RCC) for the Southern African Region of the Africa CDC. The main function of the RCC was to provide technical support to Member States in the region in order to ensure that the core capacities in surveillance, laboratory systems and networks, information systems, emergency preparedness and response, and public health research were implemented and strengthened.

The Committee also learnt that, to complement the Government's efforts, support had been mobilised through the implementation of specific projects aimed at strengthening emergency preparedness and response, while other partners had provided support on an ad hoc basis. The World Bank-supported Zambia COVID-19 Emergency Response and Health Systems Preparedness Project and the World Bank-supported Pandemic Emergency Financing Facility (PEF) were specific examples of projects supporting emergency preparedness and responses.

Another notable example was the CDC-supported Zambia Field Epidemiology Training Programme (ZFETP) which trained health professionals to develop epidemiologic expertise to help strengthen the country's public health surveillance and response systems.

7.1.5. Measures that the Government Put in Place to Enhance the Country's Preparedness and Response to Epidemics and Pandemics

The Committee was informed that the Government, through the Ministry of Health, using a multisectoral approach and "One Society Approach" was working with various stakeholders, such as non-governmental organisations (NGOs), civil society organisations (CSOs), leadership at various levels, academia, research institutions, the media and communities, to enhance the country's preparedness and response to epidemics and pandemics. In so doing, the Ministry developed plans to guide implementation. These included the following:

i. The National Action Plan for Health Security which described all the capacities, capabilities and technical areas that needed to be strengthened and adequately addressed in order to protect the country from public health emergencies.

ii. The All Hazards Emergency Preparedness and Response Plan which provided the framework for managing public health emergencies and the coordination mechanisms available at the various levels including national, provincial, district and local levels.

iii. The National Action Plan for Antimicrobial Resistance which outlined the programmatic management of the emergence of antimicrobial resistance through a "One Health" approach.

iv. The Multi-Sectoral National Cholera Control Plan which aimed at addressing the threat of cholera in the country.

The Committee also learnt that more recently, the Ministry of Health contributed to the development of the COVID-19 Multi-sectoral Contingency and Response Plan. Furthermore, the Government put in place other measures in an effort to enhance the country's preparedness and response to epidemics and pandemics. These are outlined below.

i. **Capacity-Building**

The Committee learnt that the Ministry of Health had been building the capacity of health care workers and other frontline staff from other line Ministries and outside Government. The training was in various areas relating to emergency preparedness and response.

ii. **Infrastructure**

The Government was investing in the construction of the Mwembeshi Infectious Diseases Isolation Facility aimed at providing a purpose-built isolation facility for highly infectious diseases. However, the works on this facility had not yet been completed due to inadequate funds for the project. There were also plans to build isolation and treatment centres in other parts of the country with support from the World Bank.

iii. **Surveillance**

Zambia adopted the WHO recommended Integrated Disease Surveillance and Response (IDSR) as a strategy for early detection and efficacious response to priority communicable and notifiable diseases. Health workers at national, provincial and district levels had, therefore, been trained in this strategy and surveillance activities were conducted in communities, health facilities and at points of entry.

iv. **Risk Communication and Community Engagement (RCCE)**

The Committee learnt that this constituted a key aspect of preparedness and response to any outbreak as it influenced people's behaviours in complying with stipulated public health measures. The Department of Health Promotion, Environment and Social Determinants at the Ministry of Health spearheaded RCCE activities, working closely with ZNPHI and other stakeholders.

v. **Establishment of the National Public Health Reference Laboratory**

The Ministry of Health established the National Public Health Reference Laboratory at the Levy Mwanawasa University Teaching Hospital. This would serve as the main reference laboratory to detect pathogens responsible for causing epidemics and pandemics.

vi. **Coordination**

An effective coordination mechanism was critical for emergency preparedness and response. In this regard, epidemic preparedness, prevention, control and management committees existed at district, provincial and national levels. These committees served as a platform for coordination of both state and non-state actors involved in the preparedness and response to outbreaks as well as for mobilising technical, financial, material and other resources. In addition, an Inter-Ministerial Technical Committee of Permanent Secretaries for Disaster Management also existed and made recommendations to the Council of Ministers on disaster management which, in turn, made recommendations to Cabinet on matters related to public health emergencies and threats, among other matters.

7.1.6. The Challenges that the Government was Facing with Regard to the Early Detection, Mitigation and Management of Infectious Disease Outbreaks

The main constraints limiting Zambia's early detection, mitigation and management of infectious disease outbreaks were highlighted as listed hereunder.

i. The *Public Health Act, Chapter 295 of the Laws of Zambia,* as the overarching piece of legislation that provided for the prevention and suppression of diseases and generally regulated all matters connected with public health in Zambia, was inadequate to effectively address emerging and re-emerging diseases outbreaks.

ii. Inadequate funding to the Ministry of Health also affected coordination, the timely procurement of the necessary supplies and commodities required for mitigating pandemics and epidemics such as COVID 19 and cholera, the continuation of essential health services, technical support to the lower levels and capacity-building activities, among other things.

iii. Inadequate human resources to meet the demand for infectious disease outbreaks such as the COVID-19 as well as attend to other equally important health services and disease control programmes. The Committee was informed that out of a total staff establishment of 126,389, the Ministry of Health only had 62,645 staff as of the third quarter of 2020, accounting for only 50 per cent of the total required staff. This exerted a strain on the available staff as they had to be re-allocated from routine essential health services to attend to the emergency during outbreaks such as in the case of COVID-19.

iv. Inadequate human resources with the requisite epidemiologic skills and knowledge.

v. Limited infrastructure such as isolation facilities and equipment to meet the demand, especially when there was a resurgence of cases.

vi. Zambia lacked a formidable public health laboratory system. Currently, public health laboratory functions were carried out by clinical laboratories, a situation which outstretched the capacities of the latter in cases of outbreaks, as evidenced during the COVID-19 pandemic.

vii. Epidemics and pandemics were usually considered a health issue and interventions and resources were mostly directed towards health institutions. This affected service delivery at local level as local authorities were left with little financial capacity to handle epidemics and pandemics.

viii. There was no single platform for surveillance from different line ministries, making it difficult to have a unified and effective early warning system for the efficient management of resources.

ix. The Government did not have a comprehensive and integrated disaster risk reduction and management plan in place;

x. The country highly depended on external research and had not adequately invested in local research programmes targeting the early detection, mitigation and management of infectious disease outbreaks.

xi. Inadequate transport remained a major setback in carrying out surveillance and contact tracing activities, particularly at district level.

xii. Inconsistent adherence to public health measures by the general public, thereby making it difficult to get effective results.

xiii. Disrupted supply chain due to travel restrictions and lockdown measures being implemented across the world, which affected the timeliness of accessing the much needed supplies and commodities

xiv. The lack of a local manufacturing industry for health related consumables and supplies had put a strain on the health sector budget, which heavily depended on imports.

xv. Limited funds to ensure the timely procurement of the necessary supplies and commodities such as diagnostic supplies and personal protective equipment.

xvi. It was difficult to power some health facilities due to the rampant outages of electricity supply caused by load shedding and high electricity tariffs.

8.0 OTHER CONCERNS RAISED

i. Some stakeholders held the view that there was need to consider the Zambia National Public Health Institute as a multi-sectoral institution and, therefore, place it under the Office of the Vice President in order to extend its reach. Consideration

should further be given for a National Public Health Hospital or a National Infectious Diseases Hospital to work alongside provincial public health hospitals in order to facilitate the countrywide patient treatment and isolation.

ii. Other stakeholders bemoaned that the failure by the Executive to undertake the census of population and housing in 2020 would have far reaching effects on evidence based planning in general, and health related pandemics in particular.

9.0 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

After a detailed analysis of the written memoranda and careful consideration of oral submissions from the stakeholders, the Committee makes the observations and recommendations set out below.

i. The Committee observes with concern that the *Public Health Act of 1995* is weak, particularly in the management and prevention of emerging and re-emerging infectious diseases and emergencies. This was especially so in relation to diseases such as the COVID-19 virus, Zika virus, and bioterrorism among other infectious diseases as they are not specifically covered by the Act. Owing to increased threats, especially of emerging and re-emerging issues in public health, the Committee urges the Executive to review the Act so as to ensure that it is responsive to current and future public health issues.

ii. The Committee observes with concern that the current resource envelope in the health sector is far below the minimum required for the delivery of an optimum package of both health care and preparedness, and response for epidemics and pandemics. This has resulted in the untimely procurement of the necessary supplies and commodities required for mitigating pandemics such as the COVID 19, as well as the continuation of essential health services. The Committee, therefore, urges the Government to increase funding to the health sector in line with international standards such as the Abuja Declaration of allocating at least 15 percent of the national budget to the health sector, in order to ensure adequate finances targeted towards financing the response to epidemics and pandemics.

iii. The Committee is concerned that despite the *Zambia National Public Health Act, No. 19 of 2020* having been enacted as one of the strategies to mobilise more resources for emergency preparedness and response through the National Public Health Emergency Fund, the Fund has not yet been operationalised. The Committee, therefore, urges the Government to expedite the setting up of the Fund in order to guarantee the needed financial resources for emergency preparedness and response.

iv. The Committee observes that an effective response to infectious disease outbreaks requires adequate numbers of appropriately trained health personnel. The Committee is however concerned that the Ministry of Health is currently not operating at full capacity in terms of human resource. The fact that the Ministry has only at 50 per cent of its total staff establishment with 62,645 out of 126,389 positions filled is not only a sad state of affairs but it has also exerted a strain on the available staff during the COVID-19 pandemic as most medical personnel have had to be re-assigned from routine essential health services to attend to the pandemic. It is

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

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

vi. The Committee observes that outbreaks of infectious diseases often require that highly infectious cases are isolated and managed in designated isolation facilities in order to prevent further spread. However, the Committee is concerned that the country lacks adequate infrastructure such as purpose-built isolation facilities to manage highly infectious diseases such as the COVID-19. The Committee, therefore, urges the Executive to invest in public health infrastructure such as the construction of highly infectious disease isolation facilities in all the provinces in order to ensure that infectious cases are managed as close as possible to where they are identified. The Committee further urges the Executive to expedite the completion of the infectious disease isolation facility in Mwembeshi District.

vii. The Committee observes with concern that Zambia lacks a formidable public health laboratory system and that currently, public health laboratory functions are carried out by clinical laboratories, a situation which outstretches the capacities of the latter in cases of outbreaks. This has been clearly evident during the COVID-19 pandemic. It is in this regard that the Committee strongly urges the Executive to strengthen the recently established National Public Health Reference Laboratory and to build regional capacity for other laboratories across the country to carry out public health laboratory functions.

viii. The Committee observes that epidemics and pandemics are usually considered a health issue and interventions and resources are mostly directed towards health institutions during such outbreaks. This negatively affects service delivery at local level as local authorities are left with little financial capacity to handle epidemics and pandemics. The Committee, therefore, urges the Executive to ensure that risk reduction and mitigation interventions include the local authorities through the Ministry of Local Government as key institutions in preparedness and response programmes against epidemics and pandemics.

ix. The Committee is concerned that there is no single platform for surveillance from different line ministries, making it difficult to have a unified and effective early warning system for the efficient management of resources. The Committee, therefore, urges the Government to harmonise and establish a viable single surveillance platform for reporting public health events. This is particularly important for the ministries responsible for health; water development; sanitation and environmental protection; fisheries and livestock; agriculture; local government and transport and communications.

x. The Committee is concerned that the Government does not have a comprehensive and integrated disaster risk reduction and management plan in place. Such a plan would be critical for providing a framework for enhanced preparedness and response to epidemics and pandemics by all stakeholders. The Committee recommends for urgent development of a comprehensive and integrated disaster risk reduction and management plan.

xi. The Committee is concerned that the country highly depends on external research and has not adequately invested in local research programmes targeting the early detection, mitigation and management of infectious disease outbreaks. In view of this, the Committee strongly urges the Executive to empower the National Biosafety Authority to enable it conduct research and find local solutions that support the epidemic profile in Zambia.

xii. The Committee is concerned with the inconsistent adherence to public health measures on pandemics and epidemics by the general public, thereby, making it difficult to get effective results. The Committee, in this regard, urges the Government not to relent but strengthen sensitisation and awareness programmes in local languages and bring on board traditional and civic leaders.

xiii. The Committee is concerned that inadequate transport has remained a major setback in carrying out surveillance and contact tracing activities, particularly at district level. The Committee observes that inadequate transportation has also resulted in delays in the transportation of samples from district to central hospitals. The Committee therefore, urges the Government to prioritise the procurement of appropriate vehicles to ease the challenges of transport services required for the general operations of the health facilities.

xiv. The Committee further observes that the health sector heavily depends on imports for medical supplies. To this effect, the lack of a local manufacturing industry for health related consumables and supplies has put a strain on the health sector budget. The Committee, therefore, urges the Executive to take urgent steps to venture into the local manufacturing of health supplies through international partnerships in order to reduce the expenditure on imports and also improve delivery timelines.

xv. The Committee observes with concern that the inadequate funding to the health sector has resulted in untimely funds to ensure the timely procurement of the necessary supplies and commodities such as diagnostic supplies and personal protective equipment. For instance, some stakeholders bemoaned the inadequacy of personal protective equipment for frontline health workers in some health facilities during the Covid 19 pandemic. An example was cited of Nchanga North Hospital where medical personnel were not given adequate protective equipment such as masks which they had to wear the whole day as opposed to having to change them every four to six hours. This, therefore, put front line health workers at risk of contracting the virus. It was further reported that in some instances, the frontline health workers used their own money to buy facemasks. The Committee, therefore, urges the Executive to secure adequate commodities and supplies through stock piling, in order to increase testing and diagnostic capabilities. In particular, the

Committee emphasises the need to ensure that adequate personal protective equipment is provided to health workers.

xvi. The Committee observes that *Section 7 (2) (h)* of the *Statistics Act of 2018* mandates the Zambia Statistics Agency to conduct a population and housing census every ten years and other censuses and surveys that the Agency may determine. In this light, the Committee is concerned over the failure by the Executive to undertake the population and housing census in 2020, for the first time since the country gained its independence in 1964, with the first of the fifth population and housing census being conducted in 1969. The Committee notes that this failure is not only contrary to the law, but can also have far reaching effects on evidence based planning in general, and planning for health related pandemics in particular. In this vein, the Committee urges the Executive to ensure that the census of population and housing is undertaken without any further delay in order to aid evidence based health planning.

PART II

ACTION TAKEN REPORT ON THE REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FOURTH SESSION OF THE TWELFTH NATIONAL ASSEMBLY

10.0 THE GROWING DEMAND FOR SPECIALISED MEDICAL TREATMENT ABROAD BY PATIENTS: CHALLENGES AND OPPORTUNITIES FOR HEALTH

10.1.1 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

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

The Committee had observed that Cabinet Circular No.1 of 2003, which guided the management and administration of specialised treatment abroad, was not only archaic but totally inadequate to address emerging health issues and the growing demand for specialised treatment. The Committee had further observed, with concern, that the National Health Policy of 2012 and *the National Health Services (Repeal) Act, No 17 of 2005* were inadequate as they did not take into account modern trends in the provision of specialised medical treatment.

In this regard, the Committee had strongly recommended that the Government urgently puts in place a more robust policy and legal framework to guide the management and administration of specialised treatment abroad.

The Committee had further recommended that the Government should urgently review the National Health Policy of 2012 and repeal and replace *the National Health Services (Repeal) Act, No 17 of 2005* in order to include provisions on specialised medical treatment.

Executive's Response

It was reported in the Action Taken Report that the process to review the National Health Policy of 2012 had commenced. Further, the process to repeal and replace the National Health Services (Repeal) Act had reached an advanced stage. Cabinet had granted approval in principle, for the introduction of the Bill in Parliament. The layman's draft Bill had been developed and as soon as consensus had been built, the Bill would be submitted to the Ministry of Justice for drafting. It was, therefore, envisaged that the recommendations made by the Committee would be considered during the preparation of the revised National Health Policy and the National Health Services Bill.

Committees Observations and Recommendations

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

10.1.3 Reasons why Zambians Sought Specialised Treatment Abroad

The Committee had observed that the major reason why Zambians sought specialised treatment abroad was lack of confidence in the local health system arising from inadequate or lack of certain specialised services in-country.
In this regard, the Committee recommended that the Government should prioritise investment in developing both human and infrastructural capacity in specialised services such as renal, cardiac and neurosurgical operations.

Executive's Response

It was indicated in the Action-Taken Report that the Government had been making investments in specialised treatment and would soon be commissioning the cardiac hospital along airport road in Lusaka, built at a cost of USD 160 million to address the gap in specialised fields of cardiac surgery and internal medicine, specifically cardiology. The hospital would be fully equipped with 162 beds and state of the art wards and theatres.

In addition, the King Salman Bin Abdulla Aziz Women and Children Specialist Hospital located in Chalala of Lusaka with zero percent completion of civil works, would specialise in women and children health.

Executive's Response

The Executive, through the Action Taken-Report, stated that renal dialysis had been established in eight provinces of the country. It was, therefore, envisioned that in the 2021 financial year, centres would be opened in North-Western and Central Provinces, thereby, increasing access in all the ten provinces. Regarding renal transplants, the Executive explained that working with partners from India, operations had started at the University Teaching Hospital (UTH) but were later shelved due to financial

constraints. Neurosurgical operation was, however, ongoing and recently a department of neurosurgery was established and was able to perform some of the operations. Equipment was still a challenge. Additionally, the construction of radiotherapy centres in Ndola and Livingstone was at design stage as well as further expansion of the Cancer Diseases Hospital Phase III.

The Committee was further informed that the Government was cognisant of the generally limited specialised medical personnel in the country and had encouraged a number of doctors to pursue specialised training programmes through a new programme called Specialty Training Programme (STP) in an effort to accelerate the production of specialised medical doctors using a decentralised approach.

Committees Observations and Recommendations

The Committee, in noting the response, awaits progress reports on the following:

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

10.1.4 The Criteria for the Selection for Patients Seeking Specialised Medical Treatment Abroad

The Committee had observed that whereas the criteria for selection for treatment abroad may be elaborate, they were not easily accessible to the public, making it difficult for the general public to appreciate the basis of selection and to hold the Government to account on the manner in which the facility was managed. The Committee was of the view that this was what had given rise to the perception among the general public that only influential people or patients connected to individuals holding influential positions could access this service.

In this vein, the Committee strongly recommended that the selection criteria as well as the guidelines should be widely publicised to avoid mistrust and suspicion by the general public that the facility was for a privileged few.

Executive's Response

The Executive, through the Action-Taken Report, submitted that the Government through the Ministry of Health had been working to counsel the patients who needed these services. The challenge had been the waiting list which had increased each year due to financial constraints.

Committees Observations and Recommendations

The Committee observes with concern that the Committees' recommendation has not been adequately addressed and, therefore, restates its previous recommendation that the selection criteria as well as the guidelines should be widely publicised to avoid mistrust and suspicion by the general public that the facility is for a privileged few. A progress report will, therefore, be awaited by the Committee.

10.1.5 The Mode of Financing Specialised Treatment Abroad

The Committee had observed that the mode of financing for specialised treatment abroad had largely been by the Government, with a few instances of private sector and donor participation as well as family and individual sponsorship. This had put a lot of strain on the Treasury.

In this regard, the Committee had recommended that the National Health Insurance Scheme and the Fund created under the Scheme should be expeditiously operationalised to reduce the strain on the Treasury in funding specialised treatment both locally and abroad.

Executive's Response

It was reported in the Action-Taken Report that the National Health Insurance Scheme (NHIS) was launched in February, 2020. The NHIS benefits allowed for access to treatment within the Republic of Zambia in accordance with the provisions of the *National Health Insurance Act, No 2 of 2018*.

The Executive further submitted that the health sector would utilise revenues raised through health claims from the NHI Fund in order to improve the quality of care in health facilities and reduce the strain on existing funding streams.

Committee's Observations and Recommendations

The Committee notes the response and requests the Executive to clarify how much money realised by the Fund has been channelled to specialised treatments abroad. A progress report is, therefore, being awaited by the Committee.

10.1.6 Inadequate Participation by Private Hospitals

The Committee had observed that there were very few private hospitals in the country offering specialist treatment that could attract medical tourism to Zambia. This was in contrast with the prevailing situation internationally in that most hospitals abroad where Zambians sought specialist treatment were not public but private hospitals.

In this vein, the Committee had recommended that the Government should put measures in place to encourage private participation in the health sector by giving incentives in the establishment of specialised medical services and training facilities in Zambia.

Executive's Response

It was reported in the Action-Taken Report that the Government had put in place measures to encourage private participation in the health sector. For instance, in 2020, the Government, through the Ministry of Health, signed a memorandum of understanding with Medland Hospital, while plans were advanced to sign a memorandum of understanding with the Coptic Hospital, both private hospitals based in Lusaka. After actualisation of the memorandum of understanding, it was expected that some of the referred patients would be treated locally.

Committee's Observations and Recommendations

The Committee awaits an update on how many patients have been treated locally following the Government's memorandum of understanding with the two private hospitals.

10.2 THE PUBLIC WELFARE ASSISTANCE SCHEME AND WOMEN EMPOWERMENT PROGRAMMES

10.2.3 The Adequacy of the Policy Framework Governing the Programme

While noting that the Public Welfare Assistance Scheme (PWAS) and Women Empowerment Programmes were anchored in the Constitution and various polices, the Committee was concerned that the instruments had not addressed the acquisition of land by women, which was cardinal. The Committee had noted particularly that although the majority of the poor and vulnerable, most of whom were women and children, lived in rural areas and were dependent primarily on land for their livelihood, only seven per cent of women owned land compared to twenty per cent of the men.

The Committee had noted further that one of the factors contributing to discrimination against women in land ownership was the land tenure system and the process of acquisition of land, which was complicated and costly. This had hindered women, the majority of whom were poor, illiterate and without access to information, from enjoying their right to own land.

The Committee was of the view that unless factors hindering women from owning land were addressed, programmes such as the PWAS and other women empowerment programmes would continue to have limited impact.

In this regard, the Committee had strongly recommended that the Government should take deliberate steps to ensure that obstacles preventing women from accessing and owning land were addressed.

Executive's Response

The Action Taken-Report indicated that the Public Welfare Assistance Scheme was a social assistance programme that aimed at mitigating the adverse effects of socio-economic impacts on the poor and vulnerable. Its objective was "to provide support to

poor and most vulnerable households and individuals in times of acute stress in order to mitigate the impact of shocks, reduce destitution as well as contribute to the reduction in poverty". The programme provided in kind support and the majority of households and individuals who got the support lacked self-help capacity and could not be reached by labour-based programmes such as micro-credit schemes because they may be too old, too young, too sick or may have disabilities. The programme supported both individuals and households such as child-headed households, vulnerable children, older persons, the chronically ill, households with persons with disabilities, victims of minor disasters at individual or family level and stranded persons. The programme was implemented in all the 116 districts across the country.

The programme was effectively uplifting the lives of the most vulnerable and incapacitated individuals and sought to create linkages for referrals with the involvement of the community.

Committee's Observations and Recommendation

The Committee observes with concern that its recommendation to the Executive has not been adequately addressed and, therefore, urges the Executive to state clearly what deliberate steps the Government has taken to ensure that obstacles preventing women from accessing and owning land are addressed. An update will be awaited by the Committee.

10.2.4 The Efficacy of the Programme

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

a) **Inconsistent Implementation**

The Committee had noted with great concern that the implementation of the programme was inconsistent mainly on account of irregular funding. For instance, the funds under the social cash transfer, which were supposed to be disbursed on a bi-monthly basis, had not been distributed for the whole year by December, 2019. The Committee had agreed with stakeholders that this left the poor and vulnerable women worse off than before they were enrolled on the programme because they were kept waiting for the support for a long time.

In this regard, the Committee had recommended that the Government should put concrete measures in place to ensure that funds for the social cash transfer were released and disbursed to the beneficiaries in a timely manner.

Executive's Response

The Action Taken-Report indicated that the Public Welfare Assistance Scheme was a social assistance programme that aimed at mitigating the adverse effects of socio-economic impacts on the poor and vulnerable. Its objective was "to provide support to the poor and most vulnerable households and individuals in times of acute stress in order to mitigate the impact of shocks, reduce destitution as well as contribute to the

reduction in poverty". The programme also provided in kind support and the majority of households and individuals who got the support lacked self-help capacity and could not be reached by labour-based programmes such as micro-credit schemes because they may be too old, too young, too sick or may have disabilities. Further, the programme supported both individuals and households such as child-headed households, vulnerable children, older persons, the chronically ill, households with persons with disabilities, victims of minor disasters at individual or family level and stranded persons and was implemented in all the 116 districts across the country.

The programme was effectively uplifting the lives of the most vulnerable and incapacitated individuals and sought to create linkages for referrals with the involvement of the community.

Committees Observation and Recommendation

The Committee is concerned and highly displeased with the laxity with which the Executive has inadequately responded to this serious concern, more so that the implementation of the programme is inconsistent mainly on account of irregular funding. The Committee, therefore, urges the Executive to give this concern the seriousness that it deserves and state clearly what concrete measures the Government has put in place to ensure that funds for the social cash transfer are released and disbursed to the beneficiaries in a timely manner.

b) **Politicisation and Lack of a Grievance Management Mechanism**

The Committee was concerned that the programme was negatively perceived by the community as biased towards people who supported the ruling party, thereby disadvantaging some deserving beneficiaries who were left out.

The Committee was concerned further that there was no grievance mechanism to afford complainants an opportunity to have their cases heard and resolved. In particular, the Committee was concerned that the District Social Welfare Officers (DSWO) and District Welfare Assistance Committees (DWACs) were not capacitated for them to verify every beneficiary proposed by the Community Welfare Assistance Committees (CWACs).

The Committee, therefore, had recommended that the Government should take measures to ensure that all deserving vulnerable women and girls accessed support under these facilities without regard to their political affiliation. The Committee had recommended, further, that District Social Welfare Officers (DSWO) and District Welfare Assistance Committees (DWACs) should be provided with the resources and means to verify all the beneficiaries proposed by the Community Welfare Assistance Committees (CWACs).

Executive's Response

It was reported in the Action Taken Report that the Government had been providing social protection programmes to the poor and vulnerable without the political face as poverty and vulnerability knew no political party. The Executive further explained that a client identification matrix was used to compare candidates and allocate resources.

The matrix showed several socio-economic characteristics of the vulnerable and helped to prioritise cases. It had four sections to be filled with ticks as appropriate for each candidate. Therefore, clients with the most ticks were considered to be the neediest for the resources available for possible support.

In addition, clients who fell into more of the following categories were given priority by the community;

(i) a household head who was aged;
(ii) a household head who had a disability- certified by a medical doctor;
(iii) a household head who was a child;
(iv) a household head who was chronically ill;
(v) a household head who was female with the full responsibility of taking care of dependents under the age of eighteen; and
(vi) an applicant who was displaced or a minor disaster victim. (Not for victims of major disasters that fell under the Office of the Vice President).

The Executive further submitted that, under the Ministry of Community Development and Social Services, the Government was implementing Grievance Mechanisms for the following programmes:

a) The Social Cash Transfer Programme: The Grievance Mechanism was operational in Lusaka, Mporokoso, Mumbwa, Kalulushi and Kalabo Districts. The preparatory work for rolling out the Grievance Mechanism had been done in Nsama, Kaputa and Mpulungu Districts in Northern Province, Nyimba, Lusangazi and Petauke Districts in Eastern Province, Zambezi, Chavuma, Ikelenge and Kasempa Districts in North Western Province, Shan'gombo and Mulobezi Districts in Western Province, Kitwe and Chililabombwe Districts on the Copperbelt Province, Sinazongwe and Namwala District in Sothern Province.

b) Supporting Women's Livelihood under the Girls Education, Women Empowerment and Livelihood (GEWEL) Project: The grievance mechanism was operational in fifty one districts of Chitambo, ItezhiTezhi, Luano, Chisamba, Ngabwe and Shibuyunji Districts in Central Province, Mpongwe, Lufwanyama, Masaiti and Chingola Districts on the Copperbelt Province, Sinda, Mambwe, Petauke, Chadiza and Nyimba Districts in Eastern Province, Milenge, Mwansabombwe, Chiengi, Lunga, Chipili, and Samfya Districts in Luapula Province, Rufunsa and Luangwa Districts in Lusaka Province, Chama and Mafinga Districts in Muchinga Province, Manyinga, Zambezi, Ikelenge and Mwinilunga in North Western Province, Luwingu, Nsama, Kaputa, Chilubi and Mungwi Districts in Northern Province, Pemba, Chikankata, Gwembe, Sinazongwe, Zimba, Kalomo and Siavonga Districts in Southern Province, Sikongo, Nkeyema, Sioma, Limulunga, Nalolo, Shang'ombo, Mulobezi, Mitete, Luampa and Sesheke Districts in Western Province.

Committee's Observations and Recommendations

The Committee notes the response but requests the Executive to clearly state what resources and means the Government has put in place for the District Social Welfare Officers (DSWO) and the District Welfare Assistance Committees (DWACs) to verify all

the beneficiaries proposed by the Community Welfare Assistance Committees (CWACs). A progress report is, therefore, being awaited by the Committee.

c) Inadequate Information for Potential and Actual Beneficiaries

The Committee had observed that there was a general lack of information on the part of the extremely poor and vulnerable people with regard to the programmes available which had often prevented them from benefiting from such programmes. This had further made it difficult for beneficiaries and the community members to demand better services from those mandated to manage the programme.

In this regard, the Committee had strongly recommended that the Government, through the Ministry of Community Development and Social Services, should come up with a robust awareness creation programme in all parts of the country, especially in far to reach communities.

Executive's Response

The Executive responded that the Government was in the process of developing a comprehensive communication strategy to cover all the social protection programmes. However, there were two communication strategies for the Social Cash Transfer Programme and the Supporting Women's Livelihood Initiative that were functional aimed at providing adequate information about Government programmes to the nation, including the communities and beneficiaries. Using these communication strategies, a number of communication activities had been conducted on TV, radio including community radios and through community structures such as the Community Welfare Assistance Committees (CWACs).

Committee's Observations and Recommendations

The Committee, in noting the response, resolves to await a progress report on the development of a comprehensive communication strategy at the Ministry of Community Development and Social Services covering all the social protection programmes.

d) Duplicity of Functions

The Committee had observed that there was no overarching policy and legal framework to guide the management of social protection programmes, resulting in the fragmentation and duplication of efforts not only among the various social protection programmes, but also among the implementing ministries. The Committee had also noted that there were at least nine different ministries responsible for various social protection interventions but with no mechanism for institutional oversight. In the view of the Committee, the lack of coordination and coherence had resulted into the inefficient use of resources, thereby limiting the impact of the programmes on poverty reduction.

In this vein, the Committee had recommended that the Government should streamline social protection programmes under various ministries and departments by providing an overarching legal and policy framework.

Executive's Response

It was reported in the Action Taken-Report that the Government had a National Social Protection Policy and the Seventh National Development Plan (SNDP) that had been guiding the coordination and implementation of all the social protection programmes. Under the SNDP, all social protection programmes fell under the Poverty and Vulnerability Cluster. Previously, the focus for the provision of the social protection programmes was that if a beneficiary was on one programme, that beneficiary could not qualify to be on another one (double dipping). However, the Government's current focus was to ensure that it provided comprehensive services to the poor and vulnerable through the cash plus approach where, for instance, a household on the Social Cash Transfer Programme was given a transfer to cover the food needs at the same time given a productive grant through Supporting Women's Livelihood Initiative to avoid consuming the productive capital. The Supporting Women's Livelihood Initiative targeted poor and vulnerable but viable women who were from the Social Cash Transfer households. This was aimed at enhancing the impact of these programmes.

As regards the legal framework, the Government had been developing the Social Protection Bill, which process had reached an advanced stage.

Committee's Observations and Recommendations

The Committee notes the response but awaits an update on the development of the Social Protection Bill and its presentation to Parliament.

e) **Insufficient and Delayed Funding**

The Committee had observed that the major challenge in the implementation of social protection programmes in Zambia was insufficient and inconsistent funding. The Committee had noted that delays in the payment of social cash transfer funds, for instance, had resulted in beneficiaries often receiving large amounts of money in arrears, which ideally should stimulate investment. However, this was not possible as the money received after a long delay was often just used to cover accrued debts and interest because the household had had to borrow to meet routine consumption related to health and nutrition.

The Committee, had therefore, recommended that the Government should ensure that funding meant for social protection programmes such as the Social Cash Transfer was released timely and consistently.

Executive's Response

The Executive conceded that funding towards the social protection programmes had been inconsistent. This was attributed to the gap that had been created in the revenues by both global and domestic developments in the wake of the COVID19 pandemic, and the depreciation of the Kwacha, which had created pressure on the 2020 Budget. This notwithstanding, the Treasury would prioritise funding towards social protection programmes, revenues permitting.

Committee's Observations and Recommendations

The Committee notes the response but requests for a detailed report showing the frequency of funding for the first and second quarter of 2021. A progress report is being awaited by the Committee.

f) **Limited Technical Capacity/ Non-Graduation of Beneficiaries**

The Committee had observed that social protection programmes being implemented by the Government were supposed to be, first and foremost, transformative in nature. In this regard, the success of these programmes required both social and economic empowerment. However, there had been a growing tendency for these programmes to focus only on the economic empowerment while the aspect of social transformation was neglected. This had resulted in the beneficiaries perpetually depending on the Government for support.

In this vein, the Committee had recommended that there must be a paradigm shift from just economic empowerment to both social and economic transformation in order to ensure that beneficiaries could graduate from the social protection programmes. Clear guidelines on how and when a beneficiary graduated from a programme should, therefore, be set out.

Executive's Response

The Executive reported that as already indicated above, the Government was currently focusing on a cash plus approach in order to foster the impact of the social protection interventions.

Committee's Observations and Recommendations

The Committee notes the response and requests the Executive to clearly state what mechanisms have been put in place to graduate beneficiaries from social protection programmes as this concern has not been responded to.

11.0 CONSIDERATION OF OUTSTANDING ISSUES FROM THE ACTION TAKEN REPORT FOR THE THIRD SESSION OF THE TWELFTH NATIONAL ASSEMBLY.

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

11.1 CONSIDERATION OF TOPICAL ISSUES: SERVICE DELIVERY IN PUBLIC HEALTH INSTITUTIONS IN ZAMBIA

11.1.1 Funding to the Health Sector in Line with the Abuja Declaration

The Committee resolved to keep the matter open until the Abuja Declaration target of allocating at least 15 per cent of the national budget to the health sector was met. In this regard, the Committee awaited an update on the matter.

Executive's Response

The Executive, in its Action-Taken Report, submitted that the 2019 allocations to the health sector stood at 9.3 percent. This situation resulted in public health facilities receiving inadequate and erratic funds for their operations from the Treasury, as well the overdependence on donor funding for operations, putting the provision of health care at risk if the donor funding was suspended or terminated.

Further, increases in the allocations towards the health sector were mainly hindered by constitutional obligations such as providing adequate funds to debt service and salaries, which had the first call on the Treasury. This notwithstanding, the Treasury remained committed to increasing the budgetary allocation to the health sector and would endeavor to do so in the 2021-2023 medium term, revenues permitting.

Committee's Observations and Recommendations

The Committee reiterates its previous recommendation of keeping the matter open until the Abuja Declaration target of allocating at least 15 per cent of the national budget to the health sector was met. In this regard, the Committee awaits an update on the matter.

11.1.2 Reduction of the Allocation to the Medicines Budget in the National Budget

The Committee resolved to keep the matter open until there was an improvement in the amounts appropriated towards the drugs vote and would, therefore, await an update on the matter.

Executive's Response

It was reported in the Action-Taken Report that the Treasury acknowledged the reduction in the budgetary allocations towards the drugs vote. The repercussions of this contraction could not be over emphasised. It was in regard that the Treasury would prioritise the allocation of funds towards the purchase of drugs and medical equipment in the 2021-2023 medium term, revenue permitting.

Committee's Observations and Recommendations

The Committee reiterates its previous recommendation of keeping the matter open until there was an improvement in the amounts appropriated towards the drug vote. In this regard, the Committee awaits an update on the matter.

11.1.3 Debt of K1.2 Billion Owed to Drug Suppliers

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

Executive's Response

It was reported in the Action-Taken Report that K1.0 billion had been earmarked from the COVID Bond towards the dismantling of these arrears. Of this amount, K500 million had since been released.

Committee's Observations and Recommendations

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

11.1.4 Increased and Timely Funding to Medical Stores Limited (MSL)

The Committee had observed that while new responsibilities were frequently being added to the mandate of the Medical Stores Limited, commensurate amounts of resources were not being provided to the Institution. The Committee was gravely concerned that Government funding to MSL represented 24 percent of funding, which was unacceptable, considering that Government funding should be the most reliable source of income for the Institution.

The Committee had, therefore, urged the Government to ensure increased and timely funding to Medical Stores Limited to enable the Institution to effectively respond to emerging needs.

Executive's Response

The Executive, through the Action-Taken Report, submitted that that the National Health Insurance Scheme (NHIS) was mandated to reimburse accredited public hospitals for the services rendered to NHIS members, including the cost of medicines and medical supplies. Under the yet to be operationalised *Medicines and Medical Supplies Agency Act*, instead of remitting this portion to the accredited public hospitals, National Health Insurance Management Authority (NHIMA) would remit this portion of the drug claims into the Drug Fund at the Zambia Medicines and Medical Supplies Agency (ZAMMSA) to create a revolving fund for the Drug Fund.

Committee's Observations and Recommendation

The Committee awaits an update on the operationalisation of the *Medicines and Medical Supplies Agency Act* to enable the creation of a revolving fund for the Drug Fund.

11.1.5 Refurbishing of Old Structures in Health Facilities Countrywide and the Completion of the 650 Health Posts

The Committee had resolved to keep the matter open until the old health facilities countrywide were refurbished and expanded and the remaining 309 health posts completed. A progress report would be awaited by the Committee.

Executive's Response

The Executive responded through the Action-Taken Report that the progress to date was that out of the total 650 health posts, a cumulative total of 490 health posts had been completed, leaving a balance of 160 health posts which were expected to be completed by end of 2020. The health posts completed were broken down as follows:

a) Copper belt Province – 65 out of a total of 88;
b) Central Province – 46 out of a total of 52;
c) Eastern Province – 64 out of a total of 68;
d) Western Province – 60 out of a total of 64;
e) Southern Province – 60 out of a total of 99;
f) Lusaka Province – 31 out of a total of 32;
g) Northern – 60 out of a total of 69;
h) Luapula Province – 36 out of a total of 64;
i) Muchinga Province – 31 out of a total of 40;
j) North Western Province – 37 out of a total of 74.

Furthermore, the expansion and refurbishment of health facilities countrywide would only be operationalised through the Ministry of Health Capital Investment Plan once the funds were made available.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the old health facilities countrywide are refurbished and expanded and the remaining 160 health posts completed. A progress report is being awaited by the Committee.

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

The Committee requested an update on the implementation of the equipment replacement plan for all medical technologies in health facilities that had reached end of life.

Executive's Response

The Executive responded through the Action-Taken Report that the Government's plan was to replace all medical equipment that had reached end of life in a three phased approach. However, due to a limited fiscal space, the Government would undertake the first phase while the other two phases were postponed to a later date when the fiscal space improved.

The contract for the supply of the first phase equipment had been done and once all administrative approvals were completed, the supply, delivery and installation of equipment would commence.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until medical equipment in Government hospitals and clinics that has reached end of life is replaced. A progress report on the matter is being awaited by the Committee.

11.1.7 Procurement of Ambulances in all the Health Facilities

The Committee had noted the response but urged the Executive to prioritise funding towards the procurement of the utility vehicles and ambulances for health facilities in the country. An update was being awaited by the Committee.

Executive's Response

The Executive, through the Action Taken Report, submitted that the Government through the Ministry of Health was dedicated and committed to providing adequate ambulances and utility vehicles for all health facilities across the country. The procurement of ambulances and utility motor vehicles was a critical and continuous process based on the availability of funds and the Government would prioritise funding towards the procurement of the utility vehicles and ambulances for health facilities in the country.

Committee's Observations and Recommendations

The Committee requests a detailed report on how many ambulances and motor vehicles have been purchased so far. The Committee resolves to keep the matter open until a significant number of ambulances and utility vehicles for health facilities are procured.

11.1.8 Broadening the Mandate of Medical Stores Limited to Procurement and Manufacturing

The Committee had strongly recommended that the mandate of Medical Stores Limited (MSL) should be broadened from storage and distribution to include the procurement and manufacturing of essential medicines and medical supplies in order to meet the domestic needs of the country as well as export within the region and, therefore, create a source of revenue for the country. In addition, MSL should decentralise its services to all the provinces of the country, given its vastness.

Executive Response

The Executive, through the Action-Taken Report, informed the Committee that Medical Stores Limited (MSL) had been transformed to Zambia Medicines and Medical Supplies Agency (ZAMMSA) through the *Zambia Medicines and Medical Supplies Act, No. 9 of 2019*. Apart from transforming MSL into ZAMMSA, the Act also sought to provide for an efficient and cost effective system for the procurement, storage and distribution of medicines and medical supplies. However, the Commencement Order was yet to be issued to bring the Act into operation. A roadmap for the transformation of MSL had been developed and was being implemented.

Further, the decentralisation of services to all provinces by MSL was going on well and some progress had been made so far, as set out below.

(a) The MSL central warehouse located in Lusaka had a capacity of 32,000 pallets and was a purpose built warehouse that catered for the whole nation;

(b) The hub in Copperbelt Province had a pallet capacity of 1,761. The hub was equally a purpose built warehouse and catered for Copperbelt Province and partly North - Western Province;

(c) The hub in Eastern Province was located in Chipata and had a pallet capacity of 2,600. The hub was a purpose built warehouse;

(d) The hub in Southern Province was located in Choma and had a capacity of 1,200 pallets. The hub was a purpose built warehouse and currently catered for Southern Province only;

(e) The hub in Luapula Province was located in Mansa and had a pallet capacity of 1,200. The hub was a purpose built warehouse and currently catered for Luapula and Northern Provinces;

(f) The hub in Muchinga Province was located in Mpika and had a pallet capacity of 2,600. The hub was a purpose built warehouse and currently catered for Muchinga and Northern Provinces;

(g) The current warehouse in Western Province was rented. However, the Government had started the construction of the Medical Hub in Mongu which was earmarked for completion towards the end of 2020. The planned pallet capacity was 1,200 and would cater for Western Province; and

(h) The warehouse in North Western Province was currently rented and being used for the storage of medical commodities in Kabompo. However, the Government would build a purpose built warehouse in the area. To this effect, the Government had already signed a contract with a contractor to build the hub as soon as the fiscal space improved.

Committee's Observations and Recommendations

The Committee requests an update on the operationalisation of the *Zambia Medicines and Medical Supplies Agency Act No. 9 of 2019,* the decentralisation of services by MSL to all provinces and whether the manufacturing of essential medicines and medical supplies by Medical Stores Limited has commenced, as this has not been addressed in the response.

11.1.9 Development of a Human Resource Structure

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

Executive's Response

The Executive, through the Action Taken Report, explained that the implementation of the revised organisational structure for the Ministry of Health, which was subject to financing by the Treasury, was ongoing and to-date, over eight thousand positions in the revised organisational structure across the whole continuum of care had been operationalised.

Committee's Observations and Recommendations

The Committee requests an update on the implementation of the revised organisational structure for the Ministry of Health.

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

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

Executive's Response

The Executive, through the Action-Taken Report submitted that the process to review the National Health Policy had commenced. Therefore, the necessary consultation on the role of the non-state actors would be undertaken with key stakeholders and the possible policy options would be determined and the preferred course of action recommended for consideration.

Committee's Observations and Recommendations

The Committee awaits a progress report on the revision of the National Health Policy.

11.1.11 Repeal the Health Professions Act, No. 24 of 2009

The Committee resolved to keep the matter open until the *Health Professions Act, No.24 of 2009* was repealed. A progress report was, therefore, being awaited by the Committee.

Executive's Response

The Executive, through the Action-Taken Report, submitted that the layman's draft Bill to repeal and replace *the Health Professions Act, No. 24 of 2009* had been submitted to the Ministry of Justice for drafting. Once the drafting and validation processes were completed, the final approval would be sought to publish and introduce the Bill in Parliament.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the *Health Professions Act, No.24 of 2009* is repealed. A progress report is, therefore, being awaited by the Committee.

11.1.12 Revision of the National Health Policy to include Societal Determinants of Health

In noting the response, the Committee resolved to seek a progress report on the revision of the National Health Policy.

Executive Response

The Executive, through the Action-Taken Report, submitted that the process to review the National Health Policy had commenced. Therefore, the necessary consultation on the societal determinants of health would be undertaken with key stakeholders and the possible policy options would be determined and the preferred course of action recommended for consideration.

Committee's Observations and Recommendations

The Committee awaits a progress report on the revision of the National Health Policy.

11.1.13 Use of the Service Availability and Readiness Assessment Methodology

The Committee noted the response and sought a progress report on the development of the Master Facility List that would provide available information on medical equipment.

Executive's Response

The Executive through the Action-Taken Report explained that the Master (Health) Facility List (MFL) was meant to serve as an official one-stop register for all health facilities providing health services in Zambia on which the integration of health information should be founded – for both existing and future systems. The aim was to ensure that each service delivery unit on this list (the MFL) had one official and permanent distinct identity regardless of whether there was a change in name or geographical affiliation. It was through this one-off identify that all data collected about a given facility either through routine systems, performance reviews or surveys would be matched.

The Executive further submitted that the collective use of the same identify provided flexibility in developing semi-independent systems that would ultimately pool their indicators about that site into one place. Targeted for integration, therefore, were the following subsystems: health workforce; health infrastructure; medicines, products and supplies and; finances. These, when used together with data generated routinely in the course of providing healthcare, would provide a holistic picture about the performance of the health sector.

So far, a framework had been developed which included all the health facilities. During the third quarter of 2020, funding support from a development partner was secured and as at end of August 2020, the technical works had started to define "a health facility" and identifying the minimum dataset on the health workforce (from the Human Resource Information System) that should be integrated with the existing routine

service delivery data through this MFL, as a starting point. This initial integration was expected to conclude by the end of December, 2020.

Committee's Observations and Recommendations

The Committee requests a progress report on the matter.

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

The Committee resolved to keep the matter open until the outstanding debt was settled by the Treasury. A progress report was, therefore, being awaited by the Committee.

Executive Response

The Action Taken-Report indicated that the Ministry of Health had been engaging with the Treasury on the matter and the bills had since been submitted to the Ministry of Finance for possible settlement.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the outstanding debt is settled by the Treasury. A progress report is, therefore, being awaited by the Committee.

11.2 TOPIC TWO

11.2.1 THE WELFARE OF OLDER PERSONS IN ZAMBIA

11.2.1.3 Lack of Funding for the Social Cash Transfer Programme

The Committee was concerned that the Social Cash Transfer Programme under the Ministry of Community Development and Social Services had not been funded by the Treasury for almost a year.

The Committee had strongly urged the Government to prioritise funding to the programme, which was critical for reducing extreme poverty in the country among vulnerable groups, including elderly persons.

Executive's Response

It was reported in the Action-Taken Report that the economic impact had affected all the Government programming, including the social protection sector. However, the Government was committed to ensuring that the poor and vulnerable were protected. In this regard, the Government had already started releasing the funds for the Social Cash Transfer Programme. So far, the Government had released a total of K120 Million and these funds were disbursed to Central, Luapula and Northern Provinces. For Eastern, Southern and Western Provinces, the disbursements were scheduled for disbursements beginning 1st September, 2020. Further, in order to ensure the consistent flow of funding to the programme, the Government had since signed the

additional financing with the World Bank under the Girls Education, Women Empowerment and Livelihood (GEWEL) Project through a Multi-Donor Trust Fund, which included Sweden, and the UK through the Department for International Development (DFID). The funds from the Trust Fund would start flowing to the programme soon.

Committee's Observations and Recommendations

The Committee awaits a progress report on the matter.

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

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

Executive Response

The Action Taken-Report indicated that the Government would endeavour to ensure that the institutionalisation of older persons was a measure of last resort in order to avoid the stigmatisation of the older persons. The focus then was still to promote the integration of older persons into the communities and families by providing social protection programmes such as the Social Cash Transfer to the communities.

Therefore, on the recommendation to construct the homes for the older persons in all the ten provinces, the Ministry of Housing and Infrastructure Development was currently discussing the proposed construction plans with the Ministry of Health. Currently, Copperbelt, Lusaka and Northern Provinces have been proposed for construction of homes and officers from the two ministries were scheduled to visit the proposed provinces for further engagements.

Committee's Observations and Recommendations

The Committee awaits a progress report on the matter.

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

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

Executive's Response

It was reported in the Action-Taken Report that the Ministry had managed to secure resources from cooperating partners. However, the validation workshop was pending due to the COVID-19 pandemic. Depending on how the pandemic evolved, the validation workshop would be held.

Committees Observation and Recommendation

The Committee awaits a progress report on the matter.

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

The Committee had requested a progress report on the domestication of regional and international treaties aimed at uplifting the welfare of older persons.

Executive's Response

The Executive, through the Action-Taken Report, responded that the Ministry of Community Development and Social Services initiated a Cabinet Memorandum on the ratification of the African Charter on Human and People's Rights on the Rights of Older Persons. This arose from the realisation that the mentioned protocol addresses contextual critical issues for older persons.

Currently, the Cabinet Memorandum was with the Attorney General's Chambers for legal guidance. In accordance with the provisions of the Constitution on the ratification of international agreements, once the Cabinet Memorandum was cleared by the Attorney General's Chambers, it would be circulated to line ministries for comments and subsequent procedures such as the approval by Parliament.

Committee's Observations and Recommendations

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

11.2.1.12 Re-building of Matero After Care Centre

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

Executive Response

It was reported in the Action-Taken Report that the Ministry was in liaison with the Ministry of Housing and Infrastructure Development. The Government would endeavour to ensure that the institutionalisation of older persons was a measure of last resort in order to avoid the stigmatisation of the older persons. The focus then was still on the promotion of the integration of older persons into the communities and families by providing social protection programmes such as the Social Cash Transfers in the communities.

Therefore, on the recommendation to construct the homes for the older persons in all the ten provinces, the Ministry of Housing and Infrastructure Development was currently discussing the proposed construction plans between the two Ministries. Currently, Copperbelt, Lusaka and Northern Provinces had been proposed for

construction of the homes and officers from the two Ministries were scheduled to visit the proposed Provinces for further engagements.

Committee's Observations and Recommendations

The Committee still awaits a progress report on the rehabilitation of Matero After Care Centre.

11.3 CONSIDERATION OF THE ACTION TAKEN REPORT FOR THE SECOND SESSION OF THE TWELFTH NATIONAL ASSEMBLY

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

11.3.1 ZAMBIA'S RESPONSE TOWARDS NON-COMMUNICABLE DISEASES

11.3.1.1 Screening of Sugar Levels as a Regular Routine in Health Facilities

The Committee had resolved to keep the matter open until glucometres were procured and distributed to outpatient departments of all health facilities in the country.

Executive's Response

It was reported in the Action-Taken Report that glucometers where included for purchase centrally but inadequate funding was a key constraint. However, first level facilities and selected lower facilities were able to procure glucometres and glucostix as they received consistent funding for the year 2020. It was, therefore, envisioned that insurance reimbursements were expected to provide additional resources to enable these facilities continue to procure locally.

Committee's Observations and Recommendations

The Committee notes the response and requests an update on the total number of first level facilities and selected lower facilities who were able to procure glucometres.

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

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

Executive's Response

The Action-Taken Report indicated that the exercise to identify space for prosthetics and orthotics (P&O) services had been ongoing since 2017. Indeed, an assessment was undertaken to motivate the provincial health directors on the need to introduce prosthetics and orthotics services at all provincial hospitals and identify other hospitals

to host P&O satellite units. The delay had been mainly due to other competing needs in the continuum of care.

However, the Government through the Ministry of Health would procure equipment for all centres once infrastructure/space had been identified and human resource provided for service delivery.

In Eastern Province, specifically Chipata Central Hospital, space was identified and was awaiting renovations. The hospital, in collaboration with the provincial health office, would work on the bill of quantities required for the renovation/rehabilitation of the building. The hospital had also engaged the Ministry of Works and Supply. At Kalindawalo General Hospital, prosthetics and orthotics services were not included in the hospital plan despite submission of the unit plan.

With regard to Muchinga Province, specifically Chinsali General Hospital, the Executive reported that initial plans for a prosthetics and orthotics unit were submitted. Unfortunately, the current layout plan of the rehabilitation department did not include prosthetics and orthotics services and no pieces of equipment for the hospital were delivered. This matter was brought to the attention of the Department of Infrastructure, Planning and Medical Technologies.

In Luapula Province, specifically Mansa General Hospital, the hospital had potential space that could be converted into a prosthetics and orthotics unit that would need minimal construction. The space was recently identified during technical support activities.

With regard to Western Province, specifically Lewanika General Hospital, the Executive submitted that Lewanika General Hospital had plans to construct a rehabilitation centre to include all rehabilitation disciplines (prosthetics and orthotics, Physiotherapy and Occupational Therapy).

In Northern Province, specifically Kasama General Hospital, the hospital had to identify infrastructure/space for prosthetics and orthotics service delivery. Regarding North Western Province, specifically Solwezi General Hospital, the hospital had to identify infrastructure/space for prosthetics and orthotics service delivery. In Central Province at Kabwe General Hospital, the hospital had to identify infrastructure/space for prosthetics and orthotics service delivery. With regard to Lusaka Province, the University Teaching Hospitals (Adult Hospital) had a prosthetics and orthotics unit that offered the full services.

In the Copperbelt Province, there were two health institutions offering prosthetics and orthotics services. These were Arthur Davison Children's Hospital and Kitwe Teaching Hospital. In Southern Province, Livingstone Central Hospital had a prosthetics and orthotics unit.

Regarding a School of Prosthetics and Orthotics, the curriculum for the Prosthetics and Orthotics programme was developed and submitted to the Levy Mwanawasa Medical University. The curriculum was further submitted to the Health Professions Council of Zambia (HPCZ) for approval.

The University was waiting for feedback from HPCZ, before presentation to the Higher Education Authority. This was a programme that was initiated by the Ministry of Health and Otto Bock South Africa through a memorandum of understanding. Otto Bock was supposed to provide a lead lecturer and the process of identifying lecturers was ongoing. The programme would be advertised for the January, 2021 intake upon approval of the curriculum.

Committee's Observations and Recommendations

The Committee awaits a progress report on the matter.

11.3.1.3 Strengthening Health Systems in the Country to Help Prevent and Control NCDs

The Committee was concerned with the poor funding for health promotion activities and urged the Executive to enhance its efforts by exploring other options of financing these activities as they were key to effectively control, prevent and manage NCDs in Zambia. An update is, therefore, requested by the Committee.

Executive's Response

It was stated in the Action-Taken Report that the Government had made significant progress in the management and control of NCDs through increased investment and the provision of specialised equipment and infrastructure such as the Cancer Diseases Hospital and the upgrading of many hospitals to tertiary level.

However, funding for the prevention of NCDs had remained low, particularly with the emergence of the COVID 19 pandemic. It was envisioned that the reimbursements through the National Health Insurance Scheme would provide additional resources to enable districts and health facilities support interventions for the prevention and control of NCDs in the country. Further, the Government and the nation at large had greatly benefitted from His Excellency the President of the Republic of Zambia, Dr Edgar Chagwa Lungu, who continued to champion physical activities as an intervention for the prevention and control of NCDs. Furthermore, the Government, through the mult-sectoral responses for NCDs prevention and control, continued to engage stakeholders to support the prevention and control of NCDs and their risk factors.

Committee's Observations and Recommendations

The Committee awaits a progress report on the matter.

11.3.1.4 Strengthening and Enhancing NCD-Specific Activities

The Committee had awaited a progress report on the implementation of the multi-sectoral strategic action plan required to enhance the multi-sectoral collaboration with all health and non-health sectors.

Executive's Response

It was reported in the Action-Taken Report that the Government of the Republic of Zambia was committed to reducing the burden of NCDs by implementing strategies that addressed the major risk factors and strengthening the health system to respond more effectively and equitably by also ensuring universal health coverage. The Government was also committed to achieving the 2030 SDG target of reducing the burden of NCDs by one third. The national NCD strategic plan for 2013 to 2016 provided guidance for implementation of interventions aimed at reducing the burden of NCDs in the country in line with the UN political declaration on NCDs and the Global Action Plan 2013 to 2020. Following the inclusion of the NCDs in the 2030 SDGs, the NHSP 2017 to 2021 provided strategic interventions and key performance indicators aimed at accelerating efforts towards attainment of the national targets by 2021 and the global targets by 2030.

This plan had been developed to accelerate efforts to reduce the burden of NCDs in the country using a multi-sectoral approach. The interventions addressing risk factors were based on current evidence from the national 2017 Stepwise Survey for NCDs. The plan addressed the major risk factors for NCDs and strategies to strengthen the health system in line with Health in All Policies. This document was intended for use by policy makers, planners and implementers from all relevant sectors. The document had been delayed due to the global COVID-19 pandemic and should be finalised before end of 2020.

Committee's Observations and Recommendations

The Committee notes the response and awaits an update on the finalisation of the Multi-sectoral Strategic Action Plan required to enhance multi-sectoral collaboration among all health and non-health sectors.

11.3.1.5 Development of the Non Communicable Diseases Strategic Plan

The Committee had noted the response and resolved to keep the matter open until the Multi-sectoral Strategic and Action Plan was finalised and implemented. A progress report was, therefore, requested by the Committee.

Executive's Response

It was reported in the Action-Taken Report that the Multi-sectoral Strategic and Action Plan had been developed to accelerate efforts to reduce the burden of NCDs in the country using a multi-sectoral approach. The interventions addressing risk factors were based on current evidence from the national 2017 Stepwise Survey for NCDs. The plan addressed the major risk factors for NCDs and strategies to strengthen the health system in line with Health in All Policies. This document was intended for use by policy makers, planners and implementers from all relevant sectors.

The development of the plan had been delayed due to the global COVID-19 pandemic and should be finalised before the end of 2020.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the Multi-sectoral Strategic and Action Plan is finalised and implemented. A progress report is, therefore, being awaited by the Committee.

11.3.1.6 Warnings Placed on Tobacco Packaging

The Committee had resolved to keep the matter open until the Tobacco and Nicotine Products Control Bill was presented to Parliament. A progress report was, therefore, requested by the Committee on the matter.

Executive's Response

The Executive, through the Action-Taken Report, explained that the proposed Tobacco and Nicotine Products Control Bill sought to, among other things, regulate the warnings placed on the tobacco packaging in line with the provisions of the WHO-FCTC. Consultations on the provisions of the proposed Bill were yet to be completed before a request for approval in principle for the introduction of the Bill in Parliament.

Committee's Observations and Recommendations

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

11.3.1.7 Promotion of Medical Tourism

The Committee had requested an update on whether the constructed specialised hospitals in Petauke, Chinsali and Lusaka were operational and when the Hospital Modernisation Programme would be extended to tourist destinations in other provinces.

Executive's Response

It was explained in the Action-Taken Report that plans were advanced to have specialist hospitals placed in selected cities on the Copperbelt and Southern Provinces. The provincial hospitals were being upgraded in functional status to respond to the growing disease burden and population expansion. This was expected to cover service provision to tourists as well as other foreign nationals in these facilities.

Committee's Observations and Recommendations

The Committee requests an update on the construction of the specialist hospitals on the Copperbelt and Southern provinces. The Committee further requests the Executive to state clearly which provincial hospitals have been upgraded to respond to the growing disease burden and population expansion. A progress report is, therefore, being awaited by the Committee.

11.3.1.8 Mental Patients' Drugs

The Committee had noted the response and requested an update on the deployment of psychiatrists to health facilities in the remaining provinces.

Executive's Response

The Executive responded through the Action-Taken Report that four students were undergoing specialised training in psychiatry and it was envisaged that once they completed their training, psychiatric services would be extended to all provinces in the country.

Committee's Observations and Recommendations

The Committee requests an update on the extension of psychiatric services to all the provinces in the country.

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

11.4.2 Insufficiency of the Transfer Amount

The Committee had urged the Government to consider increasing the amount by indexing it to inflation or doubling monthly transfers if a meaningful impact was to be achieved and awaited an update on the matter.

Executive's Response

The Executive, through the Action-Taken Report, submitted that the Government noted the impact of inflation on the transfer value being given to the Social Cash Transfer beneficiaries. In this regard, the Ministry of Community Development and Social Services was currently engaging the Ministry of Finance on the need to increase the transfer value for the 2021 budget. So far the discussions were progressing well.

Committee's Observations and Recommendations

The Committee urges the Government to prioritise increasing the transfer value of the Social Cash Transfer Programme if a meaningful impact is to be achieved. A progress report is being awaited by the Committee.

11.4.3 Social Protection Legislation

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

Executive's Response

It was reported in the Action-Taken Report that the Social Protection Bill was currently with the Ministry of Justice awaiting review after stakeholder consultations.

Committee's Observations and Recommendations

The Committee requests an update on the current status of the Social Protection Bill and, therefore, awaits a progress report.

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

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

Executive's Response

The Executive reported through the Action-Taken Report that the Government was not over reliant on the Social Cash Transfer programme at the exclusion of the other social protection programmes. The Government was implementing a number of social protection programmes which could be verified in the Notional Social Protection Policy as well as the 7th National Development Plan under the Poverty and Vulnerability Cluster. The single window approach was not an additional programme but an integration and coordination mechanism that facilitated the easy access of the beneficiaries to these social protection programmes.

Due to limitations of the fiscal space, the Single Window Initiative was still being piloted in six districts of the country, namely Mambwe, Samfya, Kafue, Mpulungu, Mongu and Lunga.

Committee's Observations and Recommendations

The Committee awaits a progress report on the matter.

11.4.5 Monitoring Mechanisms for the Beneficiaries of the Programme

The Committee had noted the response and awaited a progress report on the piloting the Zambia Integrated Social Protection Information System (ZISPIS) in order to enhance the tracking of payments to the beneficiaries in an effort to address the concern raised.

Executive's Response

It was reported in the Action Taken-Report that the ZISPIS was earmarked to be piloted in the selected seventeen districts. The ZISPIS was launched in Chililabombwe by the Hon. Minister of Community Development and Social Services in May, 2020. Currently, all the districts piloting the ZISPIS were disbursing the funds to the beneficiaries following the signing of the service level agreement with the payment service providers. About 60 per cent of the disbursements had so far been made successfully and the other payments were still underway.

Committee's Observations and Recommendations

The Committee resolves to await a progress report on the piloting of the Zambia Integrated Social Protection Information System (ZISPIS) in order to enhance the tracking of payments to the beneficiaries in an effort to address the concern raised.

11.4.6 Grievance Procedure

The Committee had noted the earlier response but urged the Executive to expedite the development of a grievance mechanism for the Social Cash Transfer Programme in order to address the concern raised. The Committee had awaited a progress report on the matter.

Executive's Response

It was reported in the Action-Taken Report that the grievance mechanism for the Social Cash Transfer Programme had been developed and preparatory activities to pilot the system had commenced. Further, the procurement of grievance boxes, phones and printing of complaint forms as well as the training of trainers had also been done including the development of communication materials. The mechanism was scheduled to be piloted in Mumbwa, Kalabo, Mporokoso, Kalulushi, Lusaka, Pemba, Mwense, Mambwe, Solwezi and Mpika Districts before it was rolled out to other districts countrywide.

Committee's Observations and Recommendations

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

11.5 CONSIDERATION OF OUTSTANDING ISSUES FROM THE ACTION TAKEN REPORT FOR THE FIRST SESSION OF THE TWELTH NATIONAL ASSEMBLY

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

8.5.1.1 Domestication of Regional and International Conventions on Age of Consent

The Committee had noted the response that the Ministry of Health was working with the Ministry of Justice, to harmonise the age of consent for sex, medical and surgical services as well as the age of consent for marriage and awaited an update on the matter.

Executive's Response

It was reported in the action Taken Report that the Ministry working in collaboration with cooperating partners was coordinating and implementing a comprehensive Sexuality Education Framework for out of school youth. Further, the Ministry was

running TuneMemobite, an online platform offering youth friendly sexual reproductive health services in an effort to address issues surrounding Adolescent Health.

In addition the Ministry in liaison with Ministry of Justice and Community Development and Social Services had harmonised all pieces of legislation regarding the age for consent in the Child code Bill,

Committee's Observations and Recommendations

The Committee notes the response and awaits an update on the domestication of regional and international conventions on the age of consent for sex, medical and surgical services as well as the age of consent for marriage.

11.5.1.2 Enactment of Legislation on Child Protection

The Committee had requested the Government to expedite the enactment of the necessary legislation and provide an update on the matter.

Executive's Response

The Executive, through the Action-Taken Report, indicated that the Draft Child Code Bill was at internal legislative Committee stage under the Ministry of Justice. Further, the Child Code Bill was currently being finalised by the Ministry of Justice, the Ministry of Youth, Sport and Child Development, and the Ministry of Community Development and Social Services in order to address the concerns raised by the Ministry of Community Development and Social Services (MCDSS) such as the definition of a child, the minimum age for marriage, the minimum age for criminal responsibility, issues relating to arrest and the detention and trial of children in conflict with the law.

Additionally, *the Anti Gender Based Violence Act No. 1 of 2011* was being revised to strengthen gender based violence prevention and response. Consultations were being conducted with stakeholders such as the Zambia Law Development Commission. The Ministry of Gender was also working with other stakeholders on the Child Code Bill regarding child marriage.

Furthermore, the Ministry of Gender had also embarked on a process to revise the 2014 National Gender Policy to align it to development instruments such as the Sustainable Development Goals, Agenda 2063, African Union Gender Strategy, Revised SADC Protocol on Gender and Development, the Seventh National Development Plan and other emerging issues related to gender. This was in an effort to enhance interventions in the fight against all forms of gender inequality. However, the process had slowed down due to the COVID-19 pandemic. It was anticipated that, depending on how the virus evolved, the process would be expedited.

Committee's Observations and Recommendations

The Committee requests the Government to expedite the enactment of the Child Code Bill and provide an update on the matter.

11.6 LOCAL TOUR OF SELECTED HEALTH INSTITUTIONS AND PUBLIC HEARINGS FOR THE FIRST SESSION OF THE TWELFTH NATIONAL ASSEMBLY

Centralised Medical Stores

The Committee had requested an update on the construction of the hubs in Kabompo and Mongu.

Executive's Response

It was reported in the Action-Taken Report that the Mongu Medical Stores hub was at 50% completion and the expected completion date for the project was the fourth quarter of 2020. Regarding the Kabompo Medical Stores hub, the contract with the contractor had already been signed and the Government was sourcing for resources to ensure that the hub was constructed.

Committees Observations and Recommendations

The Committee resolves to keep the matter open until the hub in Kabompo and Mongu are completed and commissioned. A progress report is, therefore, being awaited.

One Stop GBV Centres

The Committee had noted the response and awaited an update on the roll out of fast track courts in Muchinga, Northern, Luapula and North Western Provinces.

Executive's Response

It was recorded in the Action-Taken Report that Zambia, currently in partnership with various cooperating partners, had continued to make progress in National Strategic interventions to prevent GBV and protect and provide post-GBV services for GBV survivors. Additionally, the Ministry of Gender signed the Phase 2 GRZ UN-Joint Programme on GBV, which was focusing on the establishment of the fast track courts in Solwezi, Chinsali, Kasama and Mansa. It was envisaged that the roll out would start as soon as possible.

Committee's Observations and Recommendations

The Committee awaits a progress report on the establishment of the fast track courts in Solwezi, Chinsali, Kasama and Mansa, as well as their roll out to other districts.

11.7 FOREIGN TOUR TO THE PARLIAMENT OF RWANDA

11.7.2 Strengthening Health Information Management

The Committee had awaited a progress report on the scaling up of the Smart Care deployment.

Executive's Response

It was reported in the Action Taken Report that the Ministry had computerised 950 health facilities countrywide. The types of computerisation were partial for some critical services such a HIV care and complete for all service areas referred to as electronic last and electronic first. Out of the 950 facilities, a total of 450 currently had full Local Area Networks (LANs) capable of supporting the birth and death registration process in conjunction with the Department of National Registration Passport and Citizenry (DNRPC) and Smart Zambia Institute (SZI).

The initial pilot in Livingstone was successful and created a learning process for required enhancements from both the DNRPC and Smart Care systems. The Ministry, in conjunction with DNRPC and SZI had been reviewing the challenges encountered during the pilot and were in the second phase of analysis and documentation of the notice of births and deaths according to new business needs, to inform the system integration requirements. The next steps would, therefore, include having a budgeted roadmap and implementation strategy for the 450 computerised facilities countrywide. Critical considerations included support for the infrastructure to be deployed to ensure efficiency.

Committee's Observations and Recommendations

The Committee awaits a progress report on the matter.

11.7.3 Performance Contracts for the Public Service

The Committee had noted the response and requested an update on the implementation of performance contracts for ministers and the development of performance contracts for town clerks and council secretaries.

Executive's Response

It was reported in the Action-Taken Report that the necessary administrative consultations and the desk study on the design of the system Ministerial Contracting System for Ministers had been concluded. Currently, the proposed system was undergoing a validation process aimed at incorporating the feedback from the consultations and the findings of a desk study of similar systems in the region. It was envisaged that the proposed Contracting System for Ministers would be formally submitted to Cabinet for consideration in the fourth quarter of 2020.

At the local authority level, considerations on the implementation of performance contracts for town clerks and council secretaries commenced in 2019. The consultations were being undertaken with the view of contextualising the performance contracting system to the local authority administration. To this end, the system was being harmonised with the *Service Commissions Act of 2016* and the *Local Government Act of 2019*. This process would be concluded at the issuance of the Service Regulations that were likely to affect the form of the Performance Contracting System.

The Executive further submitted that the town clerks/council secretaries were not yet on performance contracts as was planned. This was because the performance Management System was still in its infancy stage in local authorities. Therefore, the Ministry had embarked on strengthening the Performance Management Packages and work planning in local authorities before migrating to town clerks/council secretaries to performance contracts. However, the town clerks and council secretaries had developed individual, departmental and Institutional work plans in line with the 2020 budgets.

Committee's Observations and Recommendations

The Committee resolves to await an update on the implementation of performance contracts for ministers and the development of performance contracts for Town Clerks and Council Secretaries.

11.8 CONSIDERATION OF OUTSTANDING ISSUES FROM THE ACTION-TAKEN REPORT FOR THE FIFTH SESSION OF THE ELEVENTH NATIONAL ASSEMBLY

11.8.1.1 Upgrading of Nutrition Positions in Line Ministries

An update on the establishment and upgrading of nutrition positions in line ministries implementing nutrition specific and nutrition sensitive interventions was awaited by the Committee.

Executive's Response

It was reported in the Action Taken Report that the Ministry of Agriculture engaged a consultant to review the structure of the nutrition section. The consultant had since submitted a report. However, the recommendations of the consultant could not be implemented due to the austerity measures that the Government was implementing.

Committee's Observations and Recommendations

The Committee will await a progress report on the matter.

11.9 CONSIDERATION OF THE ACTION-TAKEN REPORT ON THE COMMITTEE'S REPORT FOR THE FOURTH SESSION OF THE ELEVENTH NATIONAL ASSEMBLY

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

The Committee noted the response and awaited an update on the installation of solar powered systems as an alternative source of power in health institutions.

Executive's Response

It was reported in the Action Taken Report that the Government in collaboration with one of the cooperating partners installed solar powered systems at eighteen health facilities as an alternative source of power in the health institutions. These eighteen facilities were located in Central, Copperbelt, Luapula, Northern and North Western Provinces of Zambia.

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until all the health facilities have solar power installed as an alternative source of power. A progress report, will, therefore, be awaited by the Committee.

8.9.2 Breast and Cervical Cancer in Zambia

The Committee had requested an update on the establishment of the two radiotherapy centres and expansion of the Cancer Diseases Hospital in Lusaka into a centre of excellence.

Executive's Response

It was reported in the Action Taken Report that a firm was selected for consultancy services for designing and supervising the two radiotherapy centres in Livingstone and Ndola and the extension of the existing Cancer Diseases Hospital in Lusaka. The progress to date was that the site surveys and preliminary sketch designs had been done and the detailed design stage was currently being worked on

Committee's Observations and Recommendations

The Committee resolves to keep the matter open until the two radiotherapy centres in Livingstone and Ndola are operational and the Cancer Diseases Hospital in Lusaka is expanded into a centre of excellence. A progress report is, therefore, being awaited by the Committee.

12.0 CONCLUSION

Zambia has in the past experienced epidemics such as the cholera outbreak which the Government was able to effectively respond to. The emergence of the Covid 19 pandemic has shown that the country remains vulnerable to global pandemics and, therefore, should always be prepared to respond to such threats to public health which have the potential to overwhelm the country's health systems. Responding to these challenges, therefore, requires putting in place measures such as an adequate policy and legal framework, adequate financial resources and continued investments in human resources for health among other measures. That was, the country would be better prepared for future disease outbreaks which are on the rise due to emergence of the drivers of disease, such as human-animal contact, climate change and globalisation, among other things.

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

The Committee urges the Executive to consider and take appropriate action on the observations and recommendations contained in this Report, in the quest for the improvement of the health, community development and social service sectors in Zambia.

Dr C K Kalila, MP **April, 2021**
CHAIRPERSON **LUSAKA**

APPENDIX I – OFFICIALS OF THE NATIONAL ASSEMBLY

Ms Clare Musonda, Principal Clerk of Committees
Mr Francis Nabulyato, Deputy Principal Clerk of Committees (SC)
Mrs Chitalu K Mumba, Senior Committee Clerk (FC)
Ms Christabel T Malowa, Committee Clerk
Ms Doreen Manjoni, Personal Secretary II
Mr Daniel Lupiya, Committee Assistant

APPENDIX II - THE WITNESSES

MINISTRY OF HEALTH
Mr Kennedy Malama, Permanent Secretary-Technical Services
Mr Evans Malikana, Director-Health Policy
Dr Christine Sichone, Director-Health Policy
Dr Andrew Silumesi, Director Public Health and Research
Dr Nathan Kapata, Deputy Director Disease Surveillance (ZNHP)
Dr Abel Kabalo, Director Health Promotion, Environment and Social Determinants

MINISTRY OF FINANCE
Dr Pamu Emmanuel, Permanent Secretary

MINISTRY OF LOCAL GOVERNMENT
Mr Lenox Kalonde, Acting Permanent Secretary
Mr Ngoza Munthali, Director Planning
Mr Fanizani Phiri, Acting Director, Housing and Infrastructure Development
Mr Brian Siakabeya, Principal Solid Waste Management Officer

MINISTRY OF WATER DEVELOPMENT, SANITATION AND ENVIRONMENTAL PROTECTION
Mr Mabvuto Sakala, Permanent Secretary
Mr Melvin Sikazwe, Acting Director, Planning and Information
Ms Mutinta Diangamo Lwando, Acting Principal Planners

MINISTRY OF NATIONAL DEVELOPMENT PLANNING
Mr Danies K Chisenda, Permanent Secretary, Development Cooperation, Monitoring and Evaluation
Mrs Mwaka Mukubesa, Director Development Planning
Mr Lee Chileshe, Assistant Director, Development Planning
Mr Hedges Tembo, Acting Assistant Director, Development Planning
Mr Alick Mulao Mushe, Senior Planner, Development Planning

MINISTRY OF TRANSPORT AND COMMUNICATION
Eng Misheck Lungu, Permanent Secretary
Stephen Mbewe, Director Planning
Mr Canisius Langa, Senior Planner

NATIONAL INSTITUTE OF PUBLIC HEALTH
Prof Victor Mukonka, Director
Mr Nyambe Sinyange, Head of Work Force Development
Mr Nathan Kapata, Head of Epidemic Preparedness and Response
Dr Muzala Kapina, Head of Surveillance and Disease Intelligence

UNIVERSITY OF LUSAKA
Prof Kasonde Bowa, Dean of Student OMHS
Dr Richard Mutwema PG Co-ordinator
Mr Kevin Chungu, Head of Department, Public Health

Mr Kelly Mwayengo Co-ordinator Medicine
Mr Harrision Namoomba Head of Nursing Sciences Department

FAIRVIEW HOSPITAL
Dr Abdullah Barakat, Medical Doctor
Dr Mohamed Hamud Abdi, Lead Infection Control and Covid-19 Response

ZAMBIA MEDICAL ASSOCIATION
Dr Samsom Chisele, President
Prof. Emmanuel Mikasa, Zambia Medical Association Parliamentary Committee Chair
Dr Masiku Phiri, Secretary General
Dr Abel Kapembwa, Treasurer
Ms Angela Ng'andu, Finance and Administration Manager

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Mr Bwembya B Bwalya, Registrar
Dr Muchenelah Chibesa, Director Inspectorate
Dr Kawa Mmembe, Director Registration
Mr Charles Mafumo, Director Finance and Planning
Mr Lloyd Bwalya, Manager Legal Services
Mr Innocent Mulenga Kolala, Director Corporate Services

POLICY MONITORING AND RESEARCH CENTRE
Ms Leya Namonje, Head of Monitoring and Evaluation
Ms Esther Nyemba Besa, Senior Researcher
Mr Patrick Lupiya, Senior Researcher
Mr Chisengele Chibuta, Researcher
Ms Alice Pearce, Researcher
Ms Sharon Williams, Research Fellow

LEVY MWANAWASA HOSPITAL
Dr Panias Tembo, Senior Medical Superintendent
Nalishe Mwale, Hospital Planner

KAFUE GENERAL HOSPITAL
Dr Abby Makukula, Acting Medical Superintendent

WATERAID
Mr Marlon Phiri, NGO WASH Forum Board Chairman
Mr Chitimbwa Chifunda, Head of Policy WaterAid Zambia
Ms Jessica Phiri, Community Development Officer, Water and Sanitation for the Urban Poor
Mr Tipo Ntini, National Coordinator, Zambian Humanitarian Actors Platform
Ms Luundu Hamulale, Hygiene Promotion Officer Zambia Red Cross Society
Ms Jacqueline Chishimba Executive Director, iSanitize
Mr Albert Saka, Habitat for Humanity Zambia
Ms Margret Zulu, Bremen Overseas Research and Development Association Zambia

ZAMBIA NATIONAL UNION OF NURSES ORGANISATION (ZUNO)
Mr Fray Michelo, General Secretary
Ms Rita Kalomo, Project Officer
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MEDICINES RESEARCH AND ACCESS PLATFORM (MEDRAP)
Mr Liyoka Liyoka, National Coordinator/Chief Executive Officer MedRAP

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Inspector Vitalicy Hazikuta, Planning Officer
Inspector Chisanza Mwaka, Environmental Health Officer

DISASTER MANAGEMENT AND MITIGATION UNIT (DMMU)
Mr Anderson Banda, Director-Disaster Risk Management
Mr Brian Nshindano-Senior Planner

CHURCHES HEALTH ASSOCIATION OF ZAMBIA (CHAZ)
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Mr Yorum Siame, Head, Advocacy planning and Development
Mr Dally Menda, Head of Department, Health Programmes
Mr Micheal Kachumi, Head of Department, Accounts and Compliance

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