REPUBLIC OF ZAMBIA

REPORT

OF THE

COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

FOR THE

FIFTH SESSION OF THE ELEVENTH NATIONAL ASSEMBLY APPOINTED ON THURSDAY 24TH SEPTEMBER, 2015

PRINTED BY THE NATIONAL ASSEMBLY OF ZAMBIA

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TABLE OF CONTENTS

REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES FOR THE FIFTH SESSION OF THE ELEVENTH NATIONAL ASSEMBLY APPOINTED ON THURSDAY 24TH SEPTEMBER, 2015

Consisting of:

Mr L M Mufalali, MP (Chairperson); Dr C K Kalila, MP; Mr C J Antonio, MP; Mr E C Musonda, MP; Mr M Simfukwe, MP; Mrs S T Masebo, MP; Mr M Habeenzu, MP; and Mr L Lingweshi, MP.

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 Eleventh National Assembly.

Functions of the Committee

2.0 The functions of your Committee are as follows:

a) study, report and make recommendations to the Government through the House, on the mandate, management and operations of the Ministries of Health and Community Development and Social Welfare, departments and/or agencies under their portfolio;

b) carry out detailed scrutiny of certain activities being undertaken by Ministries of Health and Community Development and Social Welfare, departments and/or agencies under their portfolio and make appropriate recommendations to the House for ultimate consideration by the Government;

c) make, if considered necessary, recommendations to the Government on the need to review certain policies and certain existing legislation;

d) examine annual reports of Government ministries and departments under their portfolio in the context of the autonomy and efficiency of Government ministries and departments and determine whether the affairs of the said bodies are being managed according to relevant Acts of Parliament, established regulations, rules and general orders; and

e) consider any Bills that may be referred to it by the House.

Meetings of the Committee

3.0 Your Committee held fifteen meetings to carry out the activities on its programme of work. The programme of work for the period under review is as outlined below.

a) Consideration of the Action-Taken Report on the Report of the Committee for the Fourth Session of the Eleventh National Assembly.

b) Consideration of the following topical issues:

i) the Implementation and Coordination of Zambia's Nutrition Policy and Interventions; and

ii) the Sustainability of Zambia's National HIV/AIDS Response.

c) Consideration of the Committee's Report for the Fifth Session of the Eleventh National Assembly.

Procedure adopted by the Committee

4.0 Your Committee requested detailed written memoranda on the topics under consideration from relevant stakeholders. The stakeholders also appeared before your Committee and made oral submissions.

Report of the Committee

5.0 Your Committee's Report is in three parts. Part I highlights the findings of your Committee on the Implementation and Coordination of Zambia's Nutrition Policy and Interventions. Part II presents your Committee's findings on the Sustainability of Zambia's National HIV/AIDS Response, while Part III reviews the Action-Taken Report on the Report of your Committee for the Fourth Session of the Eleventh National Assembly.

PART I

THE IMPLEMENTATION AND COORDINATION OF ZAMBIA'S FOOD AND NUTRITION POLICY AND INTERVENTIONS

6.0 According to the Zambia Demographic and Health Survey 2013-2014, four in ten children under five are stunted, indicating chronic malnutrition. The Government of the Republic of Zambia recognises malnutrition as a serious public health problem. It is aware of the negative impact of chronic malnutrition on the children's cognitive, physical and mental development. In this regard, the Government established the National Food and Nutrition Commission (NFNC) under the Ministry of Health, to coordinate efforts and provide leadership on matters of food and nutrition in Zambia. The NFNC

is, therefore, directly responsible for the implementation and coordination of the nutrition policy and interventions.

However, the stakeholders have observed that malnutrition in Zambia is a multi-faceted problem that requires coordinated action across different actors and Government ministries. They contend that the NFNC has limited powers and capacities to coordinate nutrition activities among the different actors and sectors to ensure adequate progress in tackling malnutrition. They are concerned that the status quo has potential to slow the fight against malnutrition.

Against this background, your Committee undertook a study on the Implementation and Coordination of Zambia's Food and Nutrition Policy and Interventions. The objectives were, among others, to:

i) appreciate the nutritional status of the country;

ii) understand the policy and legal framework on nutrition;

iii) ascertain the interventions/programmes that the Government is implementing to address the nutrition situation in Zambia;

iv) identify the strengths and weaknesses of the NFNC with regard to its mandate as a coordinating organisation;

v) appreciate the challenges, if any, that are faced in the implementation of the nutrition policy and interventions/programmes; and

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

The following institutions/stakeholders made both written and oral submissions on the subject:

i) Ministry of Health;
ii) Ministry of Agriculture;
iii) Ministry of General Education;
iv) Ministry of Community Development and Social Welfare;
v) National Food and Nutrition Commission;
vi) Nutrition Association of Zambia;
vii) Zambia Civil Society Scaling Up Nutrition Alliance (CSO-SUN);
viii) Cooperating Partners' Group for Nutrition; and
ix) World Health Organisation (WHO).

SUMMARY OF STAKEHOLDERS' SUBMISSIONS

Overview of the nutrition situation in Zambia

6.1 According to the World Health Organisation (WHO), child growth is an internationally recognised indicator of the nutritional status of a population.

The specific indicators used are stunting, wasting, underweight and overweight. Your Committee learnt that stunting indicates being short for one's age; wasting indicates a low weight in reference to one's height; underweight indicates a low weight for one's age whereas overweight indicates weight above the standard recommended weight for one's height.

Your Committee was informed that the malnutrition situation in the country had not significantly improved in the last decade. The Zambia Demographic and Health Survey (ZDHS) 2013-14, indicates that 40 percent of children under the age of five are stunted, 6 percent are wasted and 15 percent are underweight.

Your Committee was further informed that the country was also experiencing an increase in cases of overweight and obesity. Overweight and obesity was high at 15 percent in infants less than six months old. In women of child bearing age, the levels had increased from 19 percent in the previous ZDHS, to 23 percent in the 2013-14 ZDHS.

On maternal nutrition, your Committee was informed that the 2013-14 ZDHS shows that 67 percent of women had a normal weight, while 10 percent were undernourished or thin. Young women aged fifteen to nineteen were more likely to be undernourished than women in older age groups.

The policy and legal framework governing the nutrition sector

6.2 Your Committee learnt that the Government enacted the *National Food and Nutrition Commission Act,* No.41 of 1967, which established the National Food and Nutrition Commission (NFNC) to provide leadership on issues of nutrition. The Act was amended in 1975. However, the stakeholders have in the recent past been advocating for the review of the Act and the National Food and Nutrition Policy of 2006. Notable among the proposed changes to be included in the policy is the recognition that nutrition is a multi-sectoral developmental issue. This change calls for a redefining of the role of the NFNC from an implementing agency to a coordinating agency.

Your Committee was also informed that Cabinet approved the review and amendment of the *National Food and Nutrition Commission Act* in 2015, to make it more responsive to the changed environment. The draft Bill was scheduled to be presented in Parliament in 2016.

The Government had further developed the National Food and Nutrition Strategic Plan 2011-2015 (NFNSP 2011-2015), to guide the implementation of food and nutrition programmes in the country. In addition, the Government had constituted a Committee of Permanent Secretaries on Nutrition to oversee the design and implementation of nutrition programmes in the country.

Nutrition and Child Development

6.3 Your Committee learnt that poor nutrition during pregnancy and early years of a child could lead to profound and varied effects in children, including delayed physical growth, delayed motor development, and general effects on cognitive development. The negative effects on cognitive development result in lower intelligent quotients.

Your Committee further learnt that proper nourishment during a child's first years of life, in particular the first 1000 days from conception to the age of two, could have a profound effect on health status, as well as overall brain development, including their ability to learn, communicate, think analytically, and ultimately, become a productive adult member of society. Lack of proper nourishment during this critical period leads to stunting. There was little that could be done to reverse the damage to the brain that resulted from poor nutrition in the early years, after the age of two.

Interventions/programmes that the Government is implementing to address the nutrition situation in Zambia

6.4 Your Committee was informed that the Government had developed the NFNSP 2011-2015. The Plan represented major progress made towards the translation of the National Food and Nutrition Policy into national action-oriented food and nutrition strategies and programmes. The Government, through the Strategic Plan, recognised that the persistent high levels of under nutrition could only be addressed through coordinated and concerted efforts from different actors and stakeholders. The Strategic Plan has eleven strategic directions which cover all the policy measures outlined in the National Food and Nutrition Policy.

Progress towards the implementation of the NFNSP was made in 2012, when a programme that specifically addresses the prevention of stunting in children less than two years of age, called the 1000 Most Critical Days Programme (1000 MCDP) was developed; based on the strategic direction one of the NFNSP. Through the 1000 MCDP, the Government was implementing a number of nutrition specific and nutrition sensitive interventions to tackle both under-nutrition and over-nutrition at varying stages as shown in table 1 below.

Table1: Minimum Package of Interventions

Priority Intervention	Stage of Intervention		
	Pregnancy	0-6 months	6-23 months
1. Iron (Fe) and folic acid supplementation	x		
2. Micronutrient powders (building on current pilots)			x
3. Multiple micronutrients (pilot first)	x		
4. Promotion of Breastfeeding (Early initiation, exclusive breastfeeding and continued breastfeeding)		x	x
5. Promotion of complementary feeding			x
6. Promotion of diverse diets for pregnant and lactating mothers	x	x	x
7. Zinc provision during diarrhea			x
8. Promotion of safe water and hygiene and sanitation	x	x	x
9. Growth monitoring and promotion at facility and community level		x	x
10. Vitamin A supplementation			x
11. Deworming	x		x
12. Expanding integrated management of acute malnutrition		x	x
13. Promotion of increased availability of diverse locally available and processed foods with focus on women's empowerment	x	x	x
14.Including nutritional sensitive messages in Government programmes such as Farmer Input Support Programme, Food Security Pack and the Social Cash Transfer Programme	x	x	x

The strengths and weaknesses of the National Food and Nutrition Commission (NFNC) with regard to its mandate as a coordinating agency

6.5 The Stakeholders pointed out the strengths and weaknesses outlined below.

Strengths

i. The establishment of the NFNC was supported by an Act of Parliament and NFNC was mandated to coordinate the nutrition sector.

ii. The NFNC had goodwill from the cooperating partners who were supporting its work.

iii. There was recognition of the NFNC by the stakeholders and its role as coordinator of the nutrition sector.

iv. There was renewed interest by the stakeholders in the capacity of the NFNC to operate as an effective and efficient body to coordinate nutrition across the sectors and partners were willing to help the NFNC achieve its goal.

v. There was a presence of the NFNC at district level in the fourteen Most Critical Days Programme, Phase One districts through the employment of District Coordinators that were spearheading coordination activities at that level.

vi. The institution was in a position to advocate for nutrition improvements through policy and programmes based on research evidence. The NFNC had over the years continued to produce various nutrition education and communication materials for various segments of society including policymakers.

vii. The NFNC had developed the monitoring and evaluation framework under the Scaling up Nutrition to track progress of the interventions implemented. The monitoring and evaluation framework supported the coordination of activities for the 1000 Most Critical Days Programme being implemented by the five Ministries of Agriculture, General Education, Health, Community Development and Social Welfare, and Local Government and Housing.

Weaknesses

i. *The National Food and Nutrition Act*, which establishes the NFNC and provides for its mandate had become obsolete in many ways. For example, the objectives of the NFNC were too broad and imply an implementation role for the NFNC. The Act did not recognise the multi-sectoral nature of nutrition and it did not define a specific role for the NFNC which was commensurate with its authority and responsibility to enforce action.

ii. The NFNC had been operating with systems and management structures that had not been updated for years and that did not support the changed role of the institution from an implementer to a coordinator.

iii. The placement of the NFNC in the Ministry of Health affected its ability to ensure effective high-level national coordination for nutrition as its placement in the Ministry of Health gave it limited powers to convene and coordinate the different actors who needed to work together to ensure adequate progress in tackling under-nutrition.

iv. The inadequate funding to the NFNC hampered the operations of the institution. The grant received from the Government only covered

administrative costs and did not fund the core functions of the NFNC. The funding was also inadequate to meet capital costs and costs that were needed to modernise the institution. Additionally, funding from the Government to the NFNC had not changed from 2014, as shown in table 2 below. This in part was due to the fact that the funding was determined by the Ministry of Health ceilings and submissions to the Ministry of Finance, resulting in low funding allocated to the NFNC over the years. The low funding had implications with regard to the type of staff, and skills and competences that the institution could attract.

Table 2: Government and Donor funding to NFNC

Year	Authorized Government Funding		Budget for donor funds for programmes	Total
	Programmes	Administration		
2013	0	6,052,450	18,109,692	24,162,142
2014	0	8,173,400	14,399,603	22,573,102
2015	0	8,233,904	10,219,383	18,453,287
2016	0	8,233,904	10,699,839	18,933,743

The challenges, if any, affecting the effective implementation of the Food and Nutrition Policy, and interventions/programmes.

6.6 In addition to the challenges related to the identified weaknesses of the NFNC, the stakeholders highlighted the challenges outlined below.

i. Inadequate budgetary allocation to nutrition programmes/interventions.

ii. Inadequate human resource for nutrition across all the sectors. Specifically, the number of trained nutritionists was inadequate.

iii. The highest position for a nutritionist in all Government ministries was lower than the level of policy decision making. Sector ministries seemed to place a low premium on nutrition as it was placed very low at technical levels. There was no representation at planning and policy levels and hence the failure to adequately support nutrition investment. Further, although nutrition cut across ministries, most Government ministries did not have structures that could be used to implement nutrition programmes.

iv. The nutrition strategy was not fully costed although some work had been done by the World Bank to cost nutrition interventions. As a result, it was difficult to identify and track nutrition investments.

v. The National Food and Nutrition Strategic Plan 2011-2015, pointed out that government officials perceived nutrition exclusively as an output, rather than an input into development, despite the overwhelming scientific evidence that identified and quantified direct

costs of malnutrition in terms of lower productivity, lost earnings and medical care. There was also a widely accepted notion that a bumper harvest of maize was equal to nutrition security. Achieving the bumper harvest was promoted at the expense of crop diversification which allowed for improved diets. Nutrition was considered an outcome of increased agriculture and increased economic performance, but with little attention paid to its role as an input into the development process. This had contributed to the low investment in nutrition across sectors.

vi. There was a limited accountability framework for policy implementation. Whilst the policy was multi-sectoral in nature and cross-cutting, it did not have a framework of ensuring that other line ministries implemented their relevant policy measures. Under the current arrangement, the Ministry of Health through the NFNC leads policy implementation. However, the Ministry had no powers to ensure that other ministries implemented the relevant policy measures.

Stakeholders' views and concerns on the implementation of the Food and Nutrition Policy, and the programmes/interventions

6.7 The stakeholders informed your Committee that the *National Food and Nutrition Commission Act* had not been reviewed since 1975. They observed that nutrition issues were dynamic and evolved with time, science, technology and were managed following the governing political ideology of the country.

They urged the Ministry of Health to expedite the review process of the legislation relating to the statutory bodies that were under it. This would ensure that statutory bodies and in particular, the NFNC did not only review issues in legislation that suited them best, leaving the rest without proper analysis and technical input.

The stakeholders stated that the core business of the NFNC was coordination, communication and advocacy, monitoring and evaluation and research. Therefore, the NFNC needed to shift its focus from implementation to its four core functions and allow the relevant ministries to do the implementation.

The stakeholders also submitted that the Board Chairperson of the NFNC should be recruited on a competitive basis to avoid using the same people that had not made significant contributions to the nutrition sector in the past.

Concern was raised that there was no food supplementation for the management of children with moderate malnutrition, including maize meal fortification. The stakeholders were further concerned with the suspension of the code of marketing of breast milk substitutes due to a court case. The

code regulated the marketing of infant formula by the private sector to ensure that they did not compromise the promotion of breast feeding.

Your Committee further learnt that the current *Food and Nutrition Policy* does not provide specifications on targeting the Zambian population with specific interventions for populations with the highest need. They were concerned that the low coverage of interventions that were not well targeted did not result in the reduction of the burden of malnutrition especially in resource constrained countries like Zambia.

STAKEHOLDERS' RECOMMENDATIONS ON THE WAY FORWARD

6.8 The stakeholders made the recommendations set out hereunder.

a) The Government needs to mobilise new resources to enable the NFNC to carry out its functions. The Government should further honour the pledges it made at the Nutrition for Growth Summit in London in 2013, one of which is to increase nutrition budgets by 20 percent per year over a period of ten years.

b) Nutrition Governance in Zambia needs to be strengthened, specifically by ensuring that the NFNC has an appropriate mandate, structure and institutional home. Currently, despite strong leadership, the NFNC is unable to effectively act across line ministries, due to its placement under Ministry of Health. This could be effectively addressed by moving it to a neutral ministry above the line ministries such as the Ministry of Planning or the Vice President's Office.

c) High level political leadership on nutrition is critical to rapid achievement of progress. In all countries where nutrition had been addressed, this had been present. Although Zambia remains an active member of the Global Scaling up Nutrition (SUN) Movement, there was need for more effective nutrition champions in Zambia. Parliamentarians, Government ministers, civil society, celebrities and private sector leaders should all play a role in this.

d) There was a need for plans to adapt and learn from emerging evidence. Therefore, food and nutrition policies should be regularly reviewed. Particular issues which warrant review related to the linkages between social protection and nutrition; linking nutrition and early childhood development and stimulation; and strategies to prevent obesity.

e) There was need for investments in human resource development if implementation-level challenges were to be addressed. The country needed competencies and skills in nutrition issues to better understand the importance of nutrition across the various sectors of the economy. Currently, the country had a short fall of nutritionists

across all line ministries. There was need for professional training, recruitment, deployment and retention across the key sectors.

f) The Government should capitalise on the costing of work done by the World Bank to prioritise nutrition actions and engage with the Ministry of Finance to increase sector budgets on nutrition.

g) The sector ministries should consider placing nutrition at higher levels in their establishments, possibly at directorate level.

h) The implementation of the *Food and Nutrition Policy* should have its own committee at Cabinet level instead of being overseeing by the Cabinet Committee on Health.

i) The sector ministries need to engage seriously with the nutrition sector to ensure nutrition is prioritised under the Seventh National Development Plan.

j) The private sector should also take actions to improve nutrition. The private sector needed healthy employees and healthy customers.

k) There was need to measure scale-up. At the moment, little was known about who nutrition programmes were reaching.

COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

6.9 Your Committee's observations and recommendations are set out hereunder.

a) *Expedite the process of reviewing the National Food and Nutrition Commission Act and the National Food and Nutrition Policy*

Your Committee observes that the main policies governing the nutrition sector, the *National Food and Nutrition Commission Act* No. 41 of 1967 and the *National Food and Nutrition Policy* of 2006 have not been reviewed for forty years and ten years, respectively. The Act was last amended in 1975. This raises concern about how aligned the policy framework is with current developments or emerging issues in the nutrition sector. However, your Committee is aware that Cabinet approved the revision of the *National Food and Nutrition Commission Act* in 2015.

Your Committee, therefore, urges the Government to expedite the review process and present the Bill in Parliament as soon as possible. The Government should further review the *National Food and Nutrition Policy* to bring it in line with current nutrition developments. The WHO recommends that health related legislation and policies should be reviewed every ten and five years, respectively.

b) ***Fund the nutrition sector adequately***

Your Committee observes that there is inadequate funding to the nutrition sector for programme implementation to enable the effective implementation and full coverage of nutrition interventions and programmes across all sectors.

Your Committee recommends that the Government should fund the nutrition sector adequately by way of honouring the pledges it made at the Nutrition for Growth Summit in London in 2013, one of which is to increase the nutrition budgets by 20 percent per year over a period of ten years.

c) ***Invest in human resource development for the nutrition sector***

Your Committee bemoans the inadequate human resource in the nutrition sector to undertake effective implementation of nutrition programmes and activities across all sectors. Therefore, your Committee recommends that the Government should invest in human resource development for the nutrition sector, if implementation-level challenges are to be addressed in the sector.

d) ***Develop a comprehensive and clear accountability framework***

Your Committees notes that accountability for policy measures and programmes implementation under the current Policy seems to be a challenge. This could be attributed to the absence of a comprehensive and clear accountability framework and the failure by the lead Ministry, the Ministry of Health, to ensure that other ministries implement the nutrition policy measures.

Your Committee urges the Government to develop a comprehensive and clear accountability framework to ensure that all line ministries implement their policy measures on nutrition.

e) ***Strengthen nutrition governance and consider placing the NFNC in a neutral institution***

Your Committee is concerned that the NFNC appears to have limited powers to effectively execute its mandate across line ministries. This could be partly due to its being domiciled at the Ministry of Health as other line ministries may prefer to interact directly with the Ministry than the agency under it.

Your Committee recommends that the Government should strengthen nutrition governance ensuring that the NFNC has an appropriate mandate, structure and institutional home to effectively execute its coordination mandate. The Government could consider placing the NFNC in a neutral institution which is above the line ministries.

f) ***Establish and fund the coordination structures at all levels***

Your Committee observes that there are no structures at the lower levels such as district level for coordinating nutrition programmes except in the fourteen districts that are implementing the 1000 Most Critical Days Programme.

In this regard, it recommends that there is need for the Government to establish and fund the coordination structures at all levels in order to improve the implementation of nutrition programmes/interventions.

g) ***Authorise all sector ministries to upgrade nutrition positions in their establishments to higher levels***

Your Committee is concerned that the sector ministries do not seem to prioritise nutrition and hence their placing nutrition positions at lower levels of their establishments. This leaves nutrition issues without representation at planning and policy levels.

Your Committee recommends that the Government should consider authorising all sector ministries to upgrade nutrition positions in their establishments to higher levels, possibly at directorate level.

h) ***Consider modernising and restructuring the NFNC to align its structures with its coordinating role***

Your Committee notes that the NFNC has been operating with outdated systems and management structures that may not support the change in the institution's role from an implementer to a coordinator.

Your Committee recommends that the Government through the Ministry of Health should consider modernising and restructuring the NFNC to align its structures with its coordinating role.

PART II

THE SUSTAINABILITY OF ZAMBIA'S NATIONAL HIV/AIDS RESPONSE

7.0 Zambia recorded her first HIV case in 1984. In 2001, the nation embarked on a national HIV/AIDS response when the first National AIDS Intervention Strategic Plan was launched. In 2002, Parliament enacted the National *HIV/AIDS/STI/TB Act* No. 10 of 2002, which established the National HIV/AIDS/STI/TB Council (NAC), to coordinate and support the development, monitoring and evaluation of the multi-sectoral national response for the prevention and combating of the spread of HIV/AIDS, sexually transmitted infections and tuberculosis.

The stakeholders, however, have raised concern in the recent past over the sustainability of the National HIV/AIDS Response. This is because the

national response is currently said to be 86 percent externally financed and only 14 percent locally/domestically financed. The stakeholders observed that external financing had been declining and it might continue to do so. They, therefore, stated that there was need to think 'outside the box' and find new ways of mobilising resources locally to finance the response and strengthen the role of the NAC in mobilising financial resources for the National HIV/AIDS Response.

In order to appreciate the stakeholders' concerns and make suggestions on the way forward, your Committee undertook a study on the Status of Zambia's National HIV/AIDS Response. The objectives of the study were to:

i) review the current status of the financing of Zambia's National HIV/AIDS Response;

ii) explore possible alternative sources of financing the National HIV/AIDS Response;

iii) identify the strengths and weaknesses of the NAC with regard to its mandate as a coordinating organisation;

iv) ascertain the key players/stakeholders in the National HIV/AIDS Response;

v) appreciate the challenges, if any, that are faced in the implementation of the National HIV/AIDS Response; and

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

The following institutions made both written and oral submissions on the subject:

i) Ministry of Health;
ii) National HIV/AIDS/STI/TB Council (NAC);
iii) Network of Zambian People Living with HIV/AIDS(NZP+);
iv) Joint United Nations Programme on HIV/AIDS (UNAIDS);
v) Zambia Medical Association (ZMA);
vi) Southern African AIDS Trust (SAT) Zambia;
vii) Treatment, Advocacy and Literacy Campaign (TALC);
viii) Churches Health Association of Zambia (CHAZ); and
ix) the President's Emergency Plan for AIDS Relief (PEPFAR).

SUMMARY OF STAKEHOLDERS' SUBMISSIONS

Overview of the situation of HIV/AIDS in Zambia

7.1 According to the 2013-14 Zambia Demographic and Health Survey (ZDHS2013/14), the HIV prevalence in Zambia for persons aged fifteen to

forty-nine was estimated at 13 percent with 1.2 million people living with HIV. More than 720,000 people were on life-saving anti-retroviral treatment.

The 2013/14 ZDHS data also showed that the Zambian HIV epidemic was geographically heterogeneous with provincial HIV prevalence rates ranging from 6.4 percent in Muchinga Province to 18.2 percent on the Copperbelt Province. Higher prevalence rates were noted in the Copperbelt, Lusaka, Western, Southern, Luapula and Northern Provinces with 18.2 percent, 16.3 percent, 15.4 percent, 12.8 percent, 11 percent and 10.5 percent, respectively. The prevalence among women was much higher at 15 percent when compared to men at 11 percent.

The current status of the financing of Zambia's National HIV/AIDS Response

7.2 Stakeholders informed your Committee that the National HIV/AIDS Response in Zambia was heavily dependent on external financing, which in recent times had started to decline. The stakeholders observed that while external financing had been reducing, the per capita expenditure continued to increase. Therefore, there was need to bridge the gap between the available resources and the resource needs for the National HIV/AIDS Response.

The stakeholders further submitted that they appreciated the donor community's contribution to the fight against HIV/AIDS. However, they were concerned that the donors seemed to control most of the expenditure, and to a large extent decided, the priority programmes to be funded and implemented.

The stakeholders also acknowledged Government's contribution to the National HIV/AIDS Response through the provision of infrastructure such as hospitals and roads; supply of health commodities, equipment and salaries for staff; and other recurrent expenditure, among other things.

Possible alternative sources of financing the National HIV/ AIDS Response

7.3 The stakeholders submitted that there was need to ensure that the National HIV/ AIDS Response did not continue to depend heavily on external financing in order to guarantee its sustainability despite the declining external financing. They highlighted a number of possible alternative sources of financing the National HIV/ AIDS Response including the ones outlined below.

a) There was need to increase the budgetary allocation to the health sector in keeping with the country's commitment to the Abuja Declaration of allocating 15 percent of a country's national budget to the health sector. It was envisaged that the increased budgetary allocation to the health sector would in turn lead to increased allocations to the sector's priority areas such as the National HIV/AIDS Response.

b) The introduction of sin taxes on activities that were known to stimulate risky social behaviours such as the sale of alcohol and mobile phone airtime.

c) The Government could utilise the World Trade Organisation's (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities to improve access to affordable essential medicines. TRIPS could help to overcome patent barriers in order to access affordable medicines. Your Committee was, however, informed that Zambia had not yet started utilising this facility due to the non-existence of appropriate legislation.

d) Establishing the National HIV/AIDS Fund as provided for under section 15(5) of the *National HIV/AIDS/STI/TB Act No.10* of 2002.

e) The stakeholders proposed that the Government should ensure that HIV was factored into environmental impact assessments for capital projects. A percentage of the total cost of capital projects should go towards financing the National HIV/AIDS Response. They stated that the Minister responsible for Works and Supply should issue a Statutory Instrument to provide guidance and compel all contractors in capital projects to abide by those regulations.

f) The HIV expenditure analysis showed that the contribution of the private sector to HIV/AIDS was very small. The stakeholders urged the Government to engage the private sector, especially large enterprises such as the mining sector on the development of strategic investments in HIV/AIDS and explore the possibility of providing incentives to private sector players who contributed to the HIV/AIDS Response.

g) Engaging the non-traditional development partners and co-opting them on to the national strategic response to HIV/AIDS.

h) Enhancing the efficiency and effectiveness of programmes through innovative ways such as involving communities in health service delivery systems.

i) Establishment of the national social health insurance scheme.

j) Strengthening the public financial management system to ensure that existing funds were used as efficiently as possible. This could include programme based budgets that utilised costed inputs and outputs which were monitored through the budget execution phase. Accurate programme budgets that were realistically achievable could allow provinces and districts to better manage resources and make strategic decisions about priorities. Additionally, programme budgets must be based on the best available evidence on cost-effectiveness. This ensured that the right money was going to the programmes that would have the biggest impact on controlling the HIV epidemic at the lowest cost.

The strengths and weaknesses of the National HIV/ AIDS / STI / TB Council with regard to its mandate as a coordinating agency of the National HIV / AIDS Response

7.4 Stakeholders submitted that they appreciated the fact that the NAC was a statutory body established by an Act of Parliament and mandated to be a coordinating agency of the National HIV/AIDS Response, among other things. However, they highlighted some strengths and weaknesses of NAC including the ones outlined below.

Strengths

(i) The NAC had a decentralised structure which was needed to effectively coordinate the National Response. At provincial level, the NAC had the Provincial AIDS Coordinating Advisor (PACA) and at District level it had the District AIDS Coordinating Advisor (DACA) who coordinated activities through the Provincial AIDS Task Forces (PATF) and the District AIDS Task Forces (DATF), respectively. This structure was necessary to effectively coordinate the national response.

(ii) The NAC had a multi-sectoral representation comprising the Government, civil society and the private sector.

(iii) The NAC was founded on the 'three ones principle' of one coordination body, one strategic framework and one monitoring and evaluation plan. This allowed it to lead the processes of developing the National AIDS Strategic Framework (NASF) and the HIV/AIDS Monitoring and Evaluation Plan.

(iv) The NAC coordinated a regular forum of partners working in the area of HIV. This enabled partners to know who was doing what and where and provided a mechanism for monitoring of partners' contribution to the National Response.

(v) The NAC hosted the country coordination mechanism for the Global Fund grants. This mechanism served to provide oversight and strategic direction on the utilisation of resources from the Global Fund.

(vi) The NAC had developed a sub granting mechanism which enabled it to provide financial and technical support to community based organisations that could not compete with the large international and local Non-Governmental Organisations (NGOs) or indeed fulfil the stringent requirements of most of the conventional funders. This mechanism ensured that the resources were applied at community level where there was the most impact.

Weaknesses

a) The *National HIV/AIDS/STI/TB Council Act* No. 10 of 2002, was not responsive to emerging issues and the dynamics of the HIV epidemic.

b) The absence of an updated *National HIV/AIDS Policy* to guide programme implementation.

c) The NAC had been shifting away from its mandate.

d) The NAC lacked a legal or other framework to compel players in the HIV/AIDS sector to report to it so that all activities could be monitored for better coordination of the National Response.

e) The NAC lacked sufficient financial resources for effective coordination of the HIV/AIDS Response.

f) The NAC was subordinated to the Ministry of Health under which it falls. The Director General of the NAC besides reporting to the Council also reported to the Permanent Secretary at the Ministry of Health. He or she was therefore a junior officer to all permanent secretary positions in Government. The Ministry of Health (MoH) was responsible for both the budgets and policy authority for the NAC. This structural arrangement had weakened the capacity of the NAC to be an effective coordinating entity for a multi-sectoral response in Zambia. The NAC struggled to coordinate other Government ministries probably because Government ministries viewed it as a department of the Ministry of Health, instead of an authority that they should listen to on issues related to HIV/AIDS coordination in Zambia. This had led to fragmentation in the HIV mainstreaming programmes as each Ministry tended to do things on their own without the engagement of the NAC.

g) The NAC had not been able to coordinate a national review of laws that were discriminatory and impinged on the fight against HIV in Zambia. Some of these laws include those that provide for the criminalisation of same sex adult consensual relationships and prostitution (sex work).

Some stakeholders observed that criminalisation of same sex adult consensual relationships had the potential to reverse the gains made in responding to HIV by isolating certain groups of people that might act as incubators of HIV. Similarly, the law on prostitution (sex work) was discriminatory against women as it only punished the person that received a payment for the services she or he had rendered through sex work. It did not address clients or individuals that paid for sex. The *Penal Code* Chapter 304 of the Laws of Zambia in Section 146 (1) (a) states "a person who- (a) knowingly lives wholly or in part on the earnings of prostitution; or (b) in any public place, persistently solicits or importunes for immoral purposes,

commits a felony and is liable, upon conviction, to imprisonment for a term not exceeding fifteen years." The stakeholders contended that the majority of sex workers in Zambia were women and this law directly discriminated against them and their families. As a result of this law, sex workers were subjected to harassment and various human rights abuses while men who bought sex from sex workers were left scot-free. This was discriminatory and increased women's vulnerability to HIV.

The challenges faced in the implementation of the National HIV/AIDS Response

7.5 Your Committee was informed that the implementation of the National HIV/AIDS Response faced a number of challenges as outlined below.

i) Condom use especially among the most at risk populations remained low.

ii) Pediatric counseling and testing was not widely available.

iii) There was inadequate and fragmented focus on key epidemic drivers.

iv) Only 39 percent out of the 70 percent expected HIV and TB co-infected patients had been reached thus far.

v) The Government had launched the *Decentralisation Policy* for the overall national development and including the National HIV/AIDS Response. However, mainstreaming of the Decentralisation Policy guidelines in the provision of services and institutional coordination had not been fully addressed.

vi) Financial management had not been fully efficient and effective. Resource disbursement had encountered delays thereby causing delays at implementation level.

vii) Monitoring and evaluation remained weak and not adequately mainstreamed in all sectors in line with the three ones principle.

Stakeholders' recommendations on the way forward to ensure that the national HIV/ AIDS response is sustained financially

7.6 The stakeholders made the recommendations as set out below.

a) There was need to develop a strategy for the sustainable financing of HIV and AIDS, that to a large extent would be dependent on local sources.

b) The large number of stakeholders in the HIV/AIDS sector required a strong coordination mechanism and the National AIDS Council is the body charged with this responsibility. Therefore, there was need to strengthen the NAC's oversight and authority by modifying the *National*

HIV/AIDS/STI/TB Council Act to include certification requirements in respect of civil society organisations, non- governmental organisations and community based organisations working in the HIV/AIDS sector.

c) While the NAC had a presence at sub national levels, the structure was largely donor supported and the support had greatly reduced. It was therefore, important that Government supported these structures.

d) To ensure that resources were directed to interventions and activities that would give the most returns, Government allocations to line ministries and capital projects for HIV/AIDS activities should be channelled through the NAC which would then use the sub granting mechanism to support implementers at community level.

e) There was need to implement and continue to explore the possible innovative financing mechanisms.

f) The Government should immediately begin the process of establishing the National HIV/ AIDS Fund as provided for under Section 15(5) of the *National HIV/AIDS/STI/TB Council Act,* No. 10 of 2002 in order to begin raising internal resources for the National Response.

g) HIV should be attacked wherever it appeared such as in prisons, among sex workers and other key populations. This implied that laws that criminalise individuals such as men who have sex with men, transgendered persons, and sex workers should be reviewed in order to facilitate the accessing of HIV prevention, treatment and care services by these populations. Unless Zambia's HIV response is inclusive and does not leave anyone behind, the country might fail to end HIV/AIDS by 2030.

h) The national statistics had consistently shown that women, adolescents (particularly girls) and young people were the most affected by HIV. The Government should, therefore, develop innovative national HIV/AIDS programmes targeted at women, girls and young people to accelerate HIV prevention. There was need to address social-cultural and economic inequalities that deprived women the ability to protect themselves from HIV infection. The Government had a duty to ensure that integrated sexual and reproductive health and HIV services were available, accessible, acceptable and of high quality for women and girls. The Government should, therefore, accelerate the development of national policies and guidelines on sexual and reproductive health and HIV integration at health facility level.

i) The current legal arrangements of the NAC render it weak. The Government should consider transforming the NAC into an independent authority to effectively coordinate the National HIV/AIDS Response. The role of the NAC needed to be strengthened to a level where it assumed overall oversight over matters relating to HIV in the country. All key

players working in the area of HIV/AIDS should then get their direction from it as to which areas they ought to focus on. This would ensure that there was equity in the access to resources and effective coordination of the National Response.

j) There was need to pursue the possibility of a policy of mandatory testing at all health facilities and consider the introduction of a self testing kit on the market. This would translate into more infected persons accessing services.

COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

7.7 Your Committee's observations and recommendations are set out hereunder.

a) ***Own the National HIV/AIDS Response***

Your Committee observes that the National HIV/AIDS Response currently heavily depends on external financing. The available data from the National AIDS spending assessment (NASA) 2010-2012 indicates that 92 percent of the total HIV/AIDS funds were from external sources. In terms of who decides how to spend the funds, 86 percent of HIV/AIDS spending was controlled by external funders or agents. This raises concern on its sustainability.

Your Committee recommends that the Government should seriously consider owning the National HIV/AIDS Response by ensuring that it begins to fund it more from locally mobilised resources.

b) ***Strengthen the NAC's oversight powers and authority***

Your Committee is concerned that the NAC appears to have challenges to execute its mandate of coordinating the HIV/AIDS Response due to seemingly inadequate power to supervise and monitor all stakeholders in the sector.

Your Committee recommends that the Government should strengthen the NAC's oversight powers and authority to enable it effectively coordinate the National HIV/AIDS Response.

c) ***Expedite the establishment of the national social health insurance scheme***

Your Committee bemoans the Government's delay to establish the national social health insurance scheme.

It urges the Government to expedite the establishment of the national social health insurance scheme as one alternative source of financing for HIV/AIDS programmes.

d) ***Establish the HIV/AIDS Fund***

Your Committee observes that despite the law providing for the establishment of the HIV/AIDS Fund, Zambia has not yet established one.

Your Committee recommends that the Ministry of Health should consider beginning the process of establishing the HIV/AIDS Fund as provided for under the law.

e) ***Increase funding to the NAC***

Your Committee observes that the NAC lacks sufficient financial resources to effectively coordinate the National HIV/AIDS Response.

Therefore, to effectively coordinate the National HIV/AIDS Response, your Committee recommends that the Government should increase funding to the NAC to enable it own the structures at sub national levels that have largely been supported by donors.

f) ***Fight HIV/AIDS wherever it appears***

Your Committee is of the view that same sex unions and sex work appear to impact negatively on the fight against HIV/AIDS especially among the populations affected. These populations are isolated and may have limited access to HIV services. However, they have the potential to act as incubators of HIV and reversing some of the gains made so far in responding to HIV.

In this regard, your Committee recommends that HIV/AIDS should be fought wherever it appears, be it in prisons, among sex workers and other key populations. Further, the Government should consider availing HIV services to sex workers and prisoners in order not to leave anyone behind in the Response.

g) ***Focus on programmes that have been proved to have a direct positive impact on reducing new HIV infections***

Your Committee notes that there is evidence to the fact that some programmes have a direct positive impact on reducing new HIV infections. These programmes include PMTCT, VMMC and early treatment of HIV, among others.

Your Committee recommends that the Government should direct its focus and allocate more resources towards the programmes that have been proved to have a direct positive impact on reducing new HIV infections.

PART III

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

8.0 Your Committee noted the responses by the Government to the recommendations made in the previous report. While noting the responses, your Committee resolved to follow-up the issues presented below.

Review of the Progress Made By Zambia towards Achieving the Health-Related Millennium Development Goals (MDGs) Number Four, Five and Six

8.1 Your previous Committee had recommended that the Ministry of Health should embark on massive targeted sensitisation of communities that shun family planning and immunisation services in order to educate them on their importance. The Ministry should explore the possibility of partnering with the Members of Parliament in sensitising communities on important health issues such as family planning and immunisation services and engage religious groupings on the issue of some religious leaders advising their members not to take ARVs.

Government's Response

The Government responded through the Action-Taken Report as follows:

(i) safe motherhood community groups were being trained and each district had the groups which sensitised mothers and take records of the mothers who needed to visit the facilities. This strategy had improved the delivery at health facilities and antenatal care services attendance in most districts;

(ii) community Radio programmes were ongoing in each province on maternal health and Safe motherhood services;

(iii) chiefs and community leaders had been oriented in each province and district to participate in the maternal health services. There were also champions such as Chieftainess Mwenda and Chief Mumena who advocated to the community. The Government was further exploring the possibility of working with Members of Parliament in sensitising communities on important health issues; and

(iv) outreach services in the community, health education and counselling was conducted at the clinics every day during antenatal and postnatal.

Committee's Observations and Recommendations

Your Committee notes the response and awaits an update on the possibility of partnering with the Members of Parliament in sensitising communities on important health issues.

8.2 Your previous Committee had recommended that in order to sustain the gains in the reduction of maternal mortality and to make progress towards achieving MDG number five, the Government should construct maternity waiting homes or mothers' shelters in health facilities where they are non-existent. The Government should additionally continue sensitising pregnant women on the importance of seeking early antenatal care services and delivering in health facilities.

Government's Response

It was reported in the Action-Taken Report that the Ministry of Health had noted the need to provide maternity waiting homes at all health facilities. In 2015, the Ministry of Health embarked on the construction of twenty mothers' shelters countrywide, of which works had reached advanced stages of completion. Funds were being mobilised to extend to more facilities in 2016. In addition to this, the Ministry of Health had incorporated maternity waiting homes within the current design for health facilities to ensure that future construction/ upgrading works were undertaken with this facility in consideration.

Committee's Observations and Recommendations

Your Committee awaits an update on the completion of the construction of the twenty maternity waiting homes.

8.3 Your previous Committee had recommended that the Ministry of Health should devise measures to reduce the reported unsafe abortions. Your Committee was of the view that unwanted pregnancies should be prevented by ensuring that every woman in need of family planning services accesses them without difficulty. The Government was further urged to undertake consultations on the abortion law in Zambia with all relevant stakeholders to chat the way forward on how best to implement the legal abortion policy in Zambia.

Government's Response

It was reported in the Action-Taken Report that the Government was concerned with the high number of reported unwanted pregnancies and unsafe abortions. In this regard, the Ministry of Health in consultation with other relevant stakeholders developed and launched guidelines for reducing unsafe abortions. In addition, the Government had commenced the process to review the *Termination of Pregnancy Act,* 1972, with a view to reducing the bottlenecks in accessing such services by those in need of them. Family

planning was provided free of charge in all public health facilities and the Government would continue to sensitise the public on the availability of these services.

Committee's Observations and Recommendations

Your Committee awaits an update on the process to review the *Termination of Pregnancy Act,* 1972.

8.4 Your previous Committee had recommended that there was need to expand the health infrastructure to meet the growing population and demand for services such as deliveries, intensive care unit and laboratories. The Government should embark on a deliberate expansion and modernisation programme especially for all old health facilities such as 1st level and 2nd level facilities.

Government's Response

It was reported in the Action-Taken Report that in 2012, the Ministry of Health developed a modernisation plan intended to:

(a) improve on service delivery by provision of tertiary services as close to the people as possible;

(b) provide specialist care at the provincial level;

(c) strengthen the referral system in the country. This was envisaged to reduce congestion at UTH and further reduce on costs incurred by district hospitals (1st Level hospitals);

(d) enhance training by provision of required infrastructure and equipment to meet medical needs of the many training schools which have been opened and those to be opened in the near future; and

(e) reduce referral of patients abroad through provision of specialised treatment locally.

The plan focused on the upgrading of identified facilities at all levels in order to meet the growing demand for improved health services. Due to limitation in the availability of resources, the Ministry of Health had programmed to undertake the project in a phased manner. Implementation of the programme commenced in 2013, under three main sources of financing. Four tertiary hospitals were selected to be upgraded under the first phase of the programme. These were the University Teaching Hospital, Ndola, Kitwe and Livingstone Central Hospitals. The main source of funds for the modernisation had been identified as follows:

1. Euro Bond;
2. Saudi Fund; and
3. GRZ Funding.

Infrastructure

A total of K170 million was provided to the Ministry of Health between 2013 and 2014 under the Euro Bond, which was targeted at the upgrading and modernisation of the four tertiary hospitals in the country. This was being done as part of the Ministry of Health's plan to upgrade hospitals.

The University Teaching Hospital would be upgraded and modernised to a super specialised hospital. Progress included the current construction of an adult emergency unit in the amount of K27m; construction of a double storey car park at K11m and rehabilitation of the roads at K33m.

Livingstone Central Hospital: Funds provided went towards the rehabilitation of the existing institution and replacement of elevators. Currently, the design was being done to a construct a new wing at the institution to transform it into a teaching hospital.

Ndola Central Hospital: The facility currently serves as a third level facility, and the scope of work would involve modernisation, upgrading and equipping to transform it into a teaching hospital. Under the Euro Bond, the construction of a modern psychiatric unit, in the amount of K14m commenced in September, 2014.

Kitwe Central Hospital: Currently serving as a third level hospital would be modernised and upgraded into a teaching hospital through construction of a new wing, rehabilitation and realignment of services and provision of modernised equipment towards provision of specialised health care. The designs were in progress.

Procurement of Equipment

Equipment had been procured under the Euro Bond in order to improve on service delivery at the tertiary institutions listed above. The installation of some of the equipment had already commenced at institutions. This equipment includes:

i. CT Scan machines for diagnostics;

ii. catheterisation laboratory equipment for the University Teaching Hospital heart surgery;

iii. various laboratory equipment;

iv. dialysis equipment;

v. orthotics and prosthetics equipment for orthopaedic care; and

vi. theatre equipment.

Committee's Observations and Recommendations

Your Committee requests a progress report on the modernisation and upgrading of the four tertiary hospitals.

8.5 Your previous Committee had recommended that the Government should take seriously the critical shortage of skilled health workers and begin to address the problem by employing all the health workers that had remained unemployed since 2014. The Ministry of Health should also expedite the construction and opening of the Chainama Training Institute which was expected to be training various cadre of health personnel.

Government's Response

It was reported in the Action-Taken Report that the Government had continued to address the shortage of health workers in the health sector from primary to secondary and tertiary health facilities country-wide through increasing out puts from the training institutions and continued recruitment of the health personnel at all levels.

In this vein, the Government through the Ministry of Finance had set aside K270, 751, 950.00 for net recruitment in the Medium Term Expenditure Framework (MTEF) Plan for the three year period running from 2015 to 2017. In the 2015, national budget, the Government had set aside K52, 500, 000.00 while K 113, 190, 000.00 and K 105,061,950.00 had been projected for 2016 and 2017, respectively. Given the various needs at various levels of health care service provision, the Government had prioritised the funding of critical positions ranging from medical doctors, clinical officers, nurses, midwives, community health workers and a few administrative positions. Further, the Government through the Ministry of Health had embarked on the construction of a National Health Training Institute at Levy Mwanawasa General Hospital which would have an approximate capacity to train three thousand students. The works on the facility which commenced in March, 2015, were at 55 percent in terms of completion and were progressing well. The works to the facility were scheduled to be completed in 2016.

Committee's Observations and Recommendations

Your Committee requests information on the figures and categories of the health personnel recruited in 2015. It also awaits a progress report on the construction of a National Health Training Institute at Levy Mwanawasa General Hospital.

8.6 Your previous Committee had recommended that the Government should provide health facilities with adequate and appropriate transport that suits the terrain of each concerned area to enable them conduct outreach services.

Government's Response

It was reported in the Action-Taken Report that the provision of health facilities with adequate and appropriate transport was an on-going exercise and every year the two ministries budgeted for the procurement of motorised transport. For example, in 2015, some districts had been provided with land cruisers and motor cycles for outreach activities. Further, under the 2015 Ministerial Budget, an allocation of K 5,582,372.00 had been reserved for purchase of motor vehicles and motor bikes for the districts.

Committee's Observations and Recommendations

Your Committee requests information on the districts that have received the vehicles and which districts have benefitted from the 2015 budget allocation of K5,582,372.00 reserved for the purchase of motor vehicles and motor bikes for the districts.

8.7 Your previous Committee had recommended that the Ministry of Health should expedite the provision of standby electricity generators to all health facilities as an alternative source of power in case of power failures or load shedding.

Government's Response

It was reported in the Action-Taken Report that the Ministry of Health commenced the exercise to establish power back up systems for health facilities in order to sustain service delivery in critical areas of health care such as intensive care units, laboratories, cold chain and others in 2008. In phase one, twenty-three generators were procured and installed in various facilities across the country. In the second phase, the Ministry had procured eighteen generator sets which were expected in the country before the end of 2015. In phase three, the Ministry planned to procure an additional sixty-nine generators to be distributed to the remaining hospitals and training institutions. Forty-seven hospitals and twenty-two training institutions would benefit from phase three which was planned for the 2016-2018 Medium Term Expenditure Framework**.**

Committee's Observations and Recommendations

Your Committee awaits an update on the procurement of the eighteen generators for phase two.

Zambia's Preparedness against a Possible Outbreak of the Ebola Virus Disease

8.8 Your previous Committee had recommended that the Ministry of Health should embark on the construction of suitable infrastructure necessary for the management of infectious diseases such as isolation facilities and laboratories for conducting relevant tests. The Government was further urged not to be complacent, but instead continue to be vigilant and expedite the construction of the treatment unit at Mwembeshi and train more staff in Ebola issues.

Government's Response

It was reported in the Action-Taken Report that the Government had commenced construction of the isolation facility at Mwembeshi. The construction of this facility was progressing well.

Committee's Observations and Recommendations

Your Committee awaits a progress report on the construction of the Mwembeshi Treatment Unit.

8.9 Your previous Committee had recommended that the Ministry of Health should ensure that there was adequate health staff and screening equipment at ports of entry to avoid crowding and queuing for screening as that could lead to rapid transmission of any case of infectious disease including Ebola.

Government's Response

It was reported in the Action-Taken Report that the Ministry of Health had posted and stationed health officials at all ports of entry who worked in shifts. These officers had been trained and equipped with the necessary skills and equipment. The Ministry in conjunction with the Japanese Government was in the process of procuring fourteen additional state of the art industrial thermo scanners to be placed in the major points of entry in order to avoid overcrowding.

Committee's Observations and Recommendations

Your Committee awaits an update on the procurement of fourteen additional state of the art industrial thermo scanners.

Breast and Cervical Cancer in Zambia

8.10 Your previous Committee had recommended that the Government should decentralise cancer units in every province which would be supervised by the Cancer Diseases Hospital.

Government's Response

It was reported in the Action-Taken Report that the decentralisation of cancer units in every province to be supervised by the Cancer Diseases Hospital (CDH) had been planned for by the Government through the Ministry of Health in the CDH Phase III Project which was meant to help cancer patients a lot if the services were decentralised. The smooth implementation of this project would depend on the availability of funds**.**

It was further reported that the Cancer Diseases Hospital Phase III project proposal had been developed and submitted to the Ministry of Finance for approval and funding.

Following a request for an update on the matter by your Committee, it was reported in the latest Action-Taken Report that the Cancer Diseases Hospital Phase III project proposal to, among others, establish cancer screening centres in provincial hospitals had reached appraisal stage. The proposal was submitted by Ministry of Finance to various partners for funding.

Committee's Observations and Recommendations

Your Committee awaits an update on the matter.

Outstanding Issues on Social Protection for the Aged in Zambia

8.11 Your previous Committees had been requesting progress reports on the development of the guidelines for institutions running old people's homes and whether the private sector had been engaged in the running and setting up of old people's homes.

Government's Response

It was reported in the Action-Taken Report that the Government had developed a Zero Draft on the minimum standards and guidelines for old people's homes. However, the Ministry of Health had not been able to finalise the guidelines due to financial constraints as the document must be subjected to scrutiny by other stakeholders such as old people's homes. The private sector had been involved in providing support such as financial and material support. In addition to the homes that were run by faith based organisations, one more had been set up which was privately owned.

It was further reported that consultations with stakeholders had not taken place due to financial constraints. Nevertheless, the Ministry would endeavour to obtain financial support from cooperating partners to finalise and endorse the guidelines.

In the latest Action-Taken Report, the Government stated that through the Ministry of Community Development and Social Welfare, it had managed to secure resources from cooperating partners in particular, the Government of

Finland to review social protection programmes. These programmes included guidelines for operating and establishing old people's homes. Furthermore, a consultative workshop for this purpose had been planned for the fourth quarter of 2015, after which the guidelines would be expected to be finalised and become operational.

Committee's Observations and Recommendations

Your Committee awaits an update on the finalisation of the guidelines.

CONCLUSION

9.0 Your Members are grateful to you, Mr Speaker for granting them the opportunity to serve on your Committee. Your Committee further wishes to express its gratitude to all the stakeholders who submitted memoranda and appeared before it, for their cooperation.

Lastly, your Committee wishes to express its gratitude to the office of the Clerk of the National Assembly for the services rendered to it during the session.

L M Mufalali, MP
CHAIRPERSON

March, 2016
LUSAKA

APPENDIX I

List of Officials

Mr S C Kawimbe, Principal Clerk of Committees
Ms M K Sampa, Deputy Principal Clerk of Committees
Mr F Nabulyato, Committee Clerk (SC)
Mrs A M Banda, Assistant Committee Clerk
Mrs S M Mensah, Personal Secretary II
Mr R Mumba, Committee Assistant
Mr C Bulaya, Committee Assistant
Mr M Chikome, Parliamentary Messenger