

TUESDAY, 28 MARCH, 2017

MINISTERIAL STATEMENT

ON

RE-ORGANISATION OF THE HEALTH SECTOR

BY THE

HON. MINISTER OF HEALTH, DR CHILUFYA

Mr Speaker, it is my honour and privilege today to inform the Zambian compatriots through this august House about our continued effort to optimise National Health Service delivery through the reorganisation of the Ministry of Health.

Today, we are confronted by contemporary challenges that require contemporary solutions and the health sector does not stand in isolation. Increasingly, the wealth of the nation and the nation's capacity to grow hinges on its human capital. The wellbeing of the citizenry determines success or doom, as with your permission, I itemise:

- (a) a healthy population provides a healthy workforce which directly contributes to increased productivity;
- (b) a healthy population lives longer, thus providing a ready pool of consumers of products, fast growing our Gross Domestic Product (GDP);
- (c) healthy Zambians reduce the burden on the treasury in terms of treatment for both communicable and non-communicable diseases; and
- (d) investor confidence is enhanced when the people are healthy.

Mr Speaker, African countries, recalling the 1978 Alma Attar Conference on Primary Health care agreed to the Ouagadougou Declaration in 2008 to set the framework for successful implementation of High Impact Actions (HIA) founded on primary health care. This is a practical, scientifically sound and socially acceptable means of availing universal health care. It should come at affordable cost and form the core central function of the overall social and

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economic development of the community. Primary health care is premised on self reliance and determination with empowerment of individuals and our society to define their health destiny.

Mr Speaker, today in Zambia, as we reorganise the national philosophical approach to health, I am calling for the national social movement which will value and entrench wellness and good health as the pillar of our livelihood from individual, family and community to national level. No one should be left behind and, we must commit to a national vision of universal health coverage. Our aim is to ensure that all Zambians:

- (a) access quality health services spanning the whole continuum of care from preventive, promotive, curative, rehabilitative and palliative care;
- (b) are safeguarded from public health risks;
- (c) are protected from impoverishment due to illness whether from out-of-pocket payments for health care or loss of income when a household member falls sick; and
- (d) are empowered to take ownership for their well-being and given the power to define their destiny and contribution to the nation through living a healthy and productive life.

Mr Speaker, in order to attain the lofty ends outlined before, the Ministry of Health is pursuing a transformational agenda as we work to become a nation of healthy and productive people. Under the guidance of His Excellency Mr Edgar Chagwa Lungu, the PF Government has prioritised health as a key economic investment. Vision 2030 aims to transform Zambia into a prosperous middle income country and, as a ministry, we intend to provide the engine for this transformation.

Mr Speaker, I would like to speak to where we are in contemporary Zambia and start with a quote by Tsu Tzu (512BC):

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“If you know the enemy and know yourself, you need not fear the result of hundred battles. If you know yourself, but not the enemy, for every victory gained, you suffer a defeat. If you know neither the enemy nor yourself, you will succumb in every battle.”

Mr Speaker, as a country we find ourselves faced not only with a high burden of communicable diseases but also a rapidly rising burden of non-communicable diseases. The two challenges we face are that of a growing population, as well as transition in disease patterns, with more of non-communicable diseases being manifest. However, given the collective potential of our country, we can do better. In doing so, we shall need to tackle a number of challenges which I shall enumerate.

Mr Speaker, in re-organising the health system, I will itemise the broad strategic shifts that will focus on. The five fundamental changes are as follows:

- (a) beyond delivering healthcare to enabling health; we are now focusing on promoting health and preventing diseases. Each day must start with exercises for all of us, as we promote healthy living, eating and regular screening for hypertension, cancers, diabetes mellitus and other communicable diseases including Human Immune Virus (HIV);
- (b) we need to move the centre of gravity of healthcare delivery, from the hospital to the home within the community. We are embarking on a social transition, or movement, away from just focusing solely on treating diseases, to begin promoting wellness and preventing diseases and at the same time, creating enhanced capacity to treat the diseases while in our hospitals. This responsibility should be shared by individuals, and our society. Good health in the re-organised approach starts with each one of us individually, before we move to collective responsibility. In most cases, you will find that people simply need health promotion messages and a helping hand, to be motivated to seek wellness. My

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ministry intends to be that hand, in partnership with our communities, civil society organisation, media, exercise groups, the church, traditional leaders and other Government institutions. We are all in this together;

- (c) in our re-organised approach, we are embarking on innovative ways of raising finance for health. We are fostering partnerships to ensure that we raise the necessary finances for health. Our medical streams in our hospitals are being improved, premium health care services are being introduced and our hospitals are improving the quality of care and engaging various institutions to ensure adequate financing for our hospitals. Furthermore, Mr Speaker, as was presented earlier on, on the Floor of this House, the Government is in the process of setting up a Social Health Insurance;
- (d) we must avail right specialists mix human resource and that is what we have started doing by engaging the community in healthy living, in various aspects of preventing and promotive health services. Furthermore, we must provide adequate human resource to provide the tertiary level care in our specialist institutions; and
- (e) we must adopt a whole of Government and multi-sectoral approach so that we can develop a comprehensive and holist universal health coverage system.

Mr Speaker, in focusing on key areas in the health sector, I will refer to the seven key result areas that are shaping our re-organisation. These include:

- (a) health service delivery;
- (b) human resource for health;
- (c) infrastructure and equipment;
- (d) vaccines and medicines;

- (e) leadership and governance;
- (f) healthcare financing; and
- (g) health management information systems.

Health Service Delivery

Mr Speaker, beginning with health service delivery, we are embarking on a balanced investment in health promotion, prevention of diseases and in hospital services commonly known as curative services. To do this, as in the spirit of the 7th National Development Plan, we are utilising an “All Sector Integrated Approach”. Our key contribution will be the primary health care approach, and we are doing this by engaging line ministries and stakeholders in leveraging resources and capabilities, particularly, in influencing the social determinants of health. A new department has been created in the Ministry of Health called Health Promotion, Environment and Social Determinants to foster shared responsibilities by all sectors in promoting good health and addressing social determinants of health.

Furthermore, Mr Speaker, we are riding on decentralisation. The Ministry of Health is a key advocate of the decentralisation programme and through working with local authorities, we are managing to address a number of social determinants of health and we will continue engaging with the Ministry of Local Government to ensure that health services are decentralised.

Mr Speaker, in reducing the human resource that is at the helm of the Ministry of Health, we have re-organised the headquarters and reduced directorates from seven to five. The five directorates are:

- (a) clinical care diagnostics;
- (b) public health promotion;

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- (c) environment and social determinates;
- (d) department of policy and planning; and
- (e) human Resource and Administration.

Furthermore, Mr Speaker, we are now managing the ministry under two Permanent Secretaries, one looking at administration and the other looking at health services. For the directorates that have been removed, there is no loss of function as these functions have been re-assigned to other departments.

Mr Speaker, we are critically looking at setting up an Emergency Response Unit to attend to acute emergencies such as accidents and medical emergencies. This Emergency Response Unit shall have a centre where ambulances shall be dispatched from. There will be a communication system and paramedics who will respond to emergencies when there are distress calls from various scenes of accidents and homes.

At the same time, Mr Speaker, we have also set up the National Public Health Institute. The National Public Health Institute is the one anchoring the regional Africa Centre for Disease Control that is serving the Southern African Development Community (SADC). This centre is focusing on disease intelligence, disease surveillance, public health laboratory systems and the emergency response system in public disease outbreak.

Mr Speaker, the University Teaching Hospital has been re-organised into the University Teaching hospitals comprising five hospitals namely;

- (a) children;
- (b) women and new born;

- (c) adult;
- (d) cancer disease; and
- (e) eye.

Mr Speaker, these hospitals are running independently and with the re-engineering that has happened, we are seeing tremendous improvement in the quality of care and no floor beds.

City Health Services

Mr Speaker, cities have their own peculiarities in terms of health. Taking an example of Lusaka, it is a microcosmic metropolitan area, which comprises densely and sparsely populated areas with very different determinants of health. Some areas of Lusaka may have a population higher than an entire small country. Cities, therefore, deserve a different approach. We have re-organised health services in cities and municipalities with a key strategy of zoning and placing public health specialists in various zones and first level hospitals and general facilities in zones. This, in Lusaka, has reduced the referral to University Teaching Hospital (UTH) by 33 per cent and it is being replicated in all cities and municipalities. This is the best way to deliver health services closer to the people.

Mr Speaker, in the various zones, public health specialists, are being assisted by public health nurses, environmental health technologists, health promotion officers, nutritionists, malaria control officers and these are delivering a drome of community interventions to the various communities to keep them well and prevent them from being ill, thus, reducing the traffic in our hospitals.

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Human Resource for Health

Mr Speaker, this year, the Government has recruited 7,400 health workers, but I must be quick to say a few words about them. Health workers have worked in very difficult circumstances, but have persisted, and today, I would like to use this opportunity to appreciate the hard work and commitment they have shown in delivering health services under those circumstances. With the improved numbers in human resource, the burden is reducing. This Government will transform health care by investing in health care workforce and is charting strategies to ensure that it increases the number further.

Sir, secondly, we have redistributed specialists from the University Teaching Hospital (UTH) to provincial hospitals with each now having a minimum of four consultants and a varying number of newly qualified doctors. This has improved the quality of care in the provinces and also reduced the referrals to Lusaka and Copperbelt. Thirdly, in order to enhance human capital development, the Ministry of Health has began preparations to open the 3,000 bed capacity National Training Institute that will cater for the training of doctors, family physicians, nurses and other public health specialists. I want to emphasise that with the recruitment of 9,000 health workers in 2016 and 2017, we are on the firm track to address the poor patient/doctor and patient/nurse ratios.

Mr Speaker, there are key infrastructure projects that will be undertaken in 2017 aimed at improving the quality of care in the country. Levy Mwanawasa Hospital will now be an 800 bed capacity hospital and construction begins next month. It will be unveiled as a teaching hospital and will now anchor training for specialist doctors and other health cadres. Further, a 1,000 bed capacity hospital will be built in Kanyama, this year, and another first level hospital will be built in L85 and Chawama, and three hospitals on the Copperbelt in various densely populated places. This year, the Government will also build modern zonal 108 health centers in various parts of the country distributed equitably.

Mr Speaker, as regards drugs, the Government has started reviewing all framework contracts for the drugs that will be procured in order to address the cost and also ensure that there is

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efficiency in their distribution. The decentralisation of Medical Stores Ltd (MSL) has continued and the construction of Medical Stores hub in Mpika and Mansa will commence this year.

Mr Speaker, concerning health care financing, I will reiterate what I said earlier on that social health insurance will be introduced before the end of the year and that medical schemes have actually been implemented in various hospitals and the revenue is improving for health care financing.

Sir, as regards health information systems, the Smart Zambia Programme is meant to leverage the appropriate Information Communication Technology (ICT) for the sector. This year, the Government will introduce electronic health records in all the hospitals. So far, Health Management Information Systems (HMIS) have been introduced in three hospitals on the Copperbelt. Going forward, this shall be replicated in all the key hospitals.

Sir, as I conclude, the transformation of our health care system is a journey we must embark on together. Only with a shared vision of what a good health system is can we successfully build a resilient system that will serve our people well into the future. Now is the time to act. We must be the generation that delivers universal health coverage. Duty demands that we build health, dignity and prosperity. Poverty, especially of will and the mind, shall not be our potion.

Mr Speaker, I thank you.