

MINISTERIAL STATEMENT
ON THE INCREASING NUMBERS OF DIARRHOEA DISEASES IN LUSAKA
BY THE
HON. MINISTER OF HEALTH (MS MASEBO), MP

Madam Speaker, I thank you for the opportunity to give this statement. Madam Speaker, allow me to start by thanking you for granting me this opportunity to deliver a ministerial statement on the point of order that was raised by Hon. Francis Kapyanga, Member of Parliament for Mpika Central Parliamentary Constituency on the increasing numbers of diarrhoeal diseases in Lusaka District.

Madam Speaker, the ‘New Dawn’ Government under the able leadership of His Excellency, Mr Hakainde Hichilema, President of the Republic of Zambia, is committed to ensure universal access to quality care services. This will be achieved through health systems strengthening. Our special focus is on improving promotive, preventive, treatment, rehabilitative and palliative care services.

Madam Speaker, diarrhoea diseases are transmitted through consumption of contaminated water and food, poor hand hygiene practices, inadequate or no sanitation facilities and generally poor solid waste management.

Madam Speaker, Lusaka District has in the last three months recorded increased cases of non-bloody diarrhoea from 357 cases in the week beginning 5th July, 2021 to 1,062 cases in the week beginning 10th October, 2021. This has affected all the six sub districts with Kanyama, Matero, Chelstone sub districts reporting the highest. These sub districts are the most densely populated with historical water and sanitation challenges leading to the high burden of diarrhoeal diseases and other communicable disease of public health concern.

Madam Speaker, following reports of increased non-bloody diarrhoea cases in most parts of Lusaka District, the Lusaka District Health Office activated its Rapid Response Team to conduct a rapid risk assessment to ascertain the existence and extent of the problem. Laboratory tests

have confirmed two cases of Typhoid in Lusaka and ten cases of Dysentery. Of the ten cases of Dysentery, four are from Kafue District while six are from Lusaka District. The majority of the diarrhoeal cases are due to faecal contamination of water. From the findings, the outbreak is mostly attributed to consumption of water contaminated with faecal matter. This could be attributed to the breakage in the sewer systems as well as ground water contamination.

Madam Speaker, following the confirmation of an increase in the number of diarrhoeal cases, our Disease Intelligence Wing, the Zambia National Public Health Institute immediately commenced coordination of multisectoral response. This was done through the Lusaka Provincial Health Office, Lusaka District Health Office and the National Multisectoral Cholera Elimination Taskforce to intensify preventive activities. The preventive activities include; active case search, water and food sampling; health promotion and mapping of hotspots including data analysis in terms of trends of non-bloody diarrhoeal cases.

Madam Speaker, multisectoral interventions based on the distribution and determinants of disease and data from hospital record reviews have been put in place to prevent and control the outbreak of diarrhoeal diseases. Further, the following interventions are being implemented;

Coordination

- (a) activation of the Provincial Multisectoral Incidence Management System to respond to the increase in diarrheal cases in Lusaka District;
- (b) mapping of all key stakeholders;
- (c) improved access and turnaround time of laboratory results

Surveillance and active case search

- (a) heightened surveillance including alert and rumour follow up

- (b) an active records search and laboratory backed outbreak investigation;
- (c) intensified water quality and quantity monitoring; and
- (d) intensified resource mobilisation to support the response.

Infection Prevention and Control

- (a) distribution of liquid and granular chlorine is ongoing in the hot spots of the six sub districts of Lusaka;
- (b) intensified solid waste management, drainage clearing and unblocking;
- (c) improved reporting and intensified repair of broken water and sewer lines by the Lusaka Water Supply and Sanitation Company;
- (d) disaffection of pit latrines using lime;
- (e) intensified inspection of food premises;
- (f) intensified health promotion activities focusing on the roles of the community in the prevention of diarrhoea; and
- (g) health education on hygiene practices around water and food preparation and storage, sanitation including water management.

Immunisation

The Ministry of Health through the Cholera Multi-sectoral Elimination Taskforce working with partners have scheduled the Oral Cholera Immunisation for Lusaka District to start in the first week of November, 2021. This will protect out people from getting Cholera.

Madam Speaker, in addition to the above interventions, it is worth noting that the high density areas of Lusaka District are continuously challenged with diarrhoea and other communicable diseases of public health concern. It is therefore, imperative that we focus on investments in improved planning, upgrading unplanned settlements and building of water and sanitation facilities. To that effect, the Government is committed to ensure that the various sectors using a multi-sectoral approach are actively involved.

Madam Speaker, may I take advantage of my time on this Floor to also share with my fellow hon. Members of Parliament that another concern we have is continued food poisoning from Munkoyo and Chibwantu among other drinks. We need to ensure that our people take measures to ensure that they maintain hygiene practices that promote good health.

Further, Madam Speaker, while my assignment was to speak on upsurge of diarrhoeal cases in Lusaka District, I will take advantage of being on this Floor to emphasise to this august House that COVID-19 is still a threat to the lives and livelihood of all Zambians. It is therefore, important that we all get vaccinated against COVID-19 and abide by the five golden rules which include;

- (i) masking up correctly and always when in public places;
- (ii) monitoring hand hygiene by washing frequently with soap and water or using alcohol based sanitiser;
- (iii) keeping physical distance;
- (iv) avoiding crowded places and congregate settings; and
- (v) visiting the health care facility when unwell.

Madam Speaker heightened environmental and personal hygiene remain a key intervention in the prevention and control of most communicable diseases including the COVID-19. I therefore, appeal to my fellow hon. Members of Parliament to actively engage and facilitate health education among members of their communities; advocating for community participation in disease prevention activities including keeping their environments clean and maintaining personal hygiene.

Madam Speaker, as I conclude, I would like to urge all hon. Members of this august House to ensure that members of the public in our respective constituencies take appropriate measures to protect themselves against diarrhoeal diseases and report any cases of diarrhoea to the nearest health facility especially now that we are in the hot and soon will be going into the rainy season. Together we can attain good health and well being for our people.

Madam Speaker, I thank you.
