



Ministry of Health

MINISTERIAL STATEMENT
ON THE
OPERATIONAL GUIDELINES FOR MOBILE HOSPITALS

GIVEN BY THE
MINISTER OF HEALTH
HON. KAPEMBA SIMBAO, MP

June 2011

Mr. Speaker, from the outset, I should like to express sincere gratitude to you for according me this opportunity to address this august house on a matter of immense national importance – the Operational Guidelines for Mobile Hospitals.

Mr. Speaker, I must hasten to state that the health sector is performing very well.

The evidence for this assertion on my part is there for all to see.

Mr. Speaker, through the diligent efforts of this Government, deaths of our people resulting from malaria have been reduced by over 60% in our health facilities.

Further, the Under Five Mortality Rate was reduced from 168 per 1000 live births to 119 over a period of three years from 2005 to 2007. It should be noted that all this has occurred during the last ten years reign

Over the same period, Mr. Speaker, the Infant Mortality Rate was also reduced from 90 to 70 deaths per 1000 live births.

Mr. Speaker, it is also worth noting that our evidence-based interventions focusing on emergency obstetric and neonatal care coupled with the general improvement of our economy especially in the communications sector contributed to the reduction in Maternal Mortality Rate that we saw over the same period from 729 deaths per 100, 000 to 591 per 100,000 live births.

Mr. Speaker, in lay language, what this simply means is that the health security of our pregnant women, children, and all citizens in general, has now tremendously improved.

Mr. Speaker, the Ministry of Health is committed to keeping its promise of realizing the national health vision of ensuring that there is equity of access to affordable, cost-effective, and quality health services, that are as close to the family as possible.

Mr. Speaker, partly inspired by this vision I must inform this house that health services in Zambia, or anywhere else in the world today, are provided through two modalities namely static health facilities such as health posts, health centers and hospitals, and through mobile health facilities as is the case with the Zambia Flying Doctor Service.

It ought to be noted that one modality is not a substitute for the other. The two complement each other hence the need for them to be utilized simultaneously.

Mr. Speaker, the ultimate plan for the Ministry of Health is to ensure that every Zambian family is within five kilometers of a public health facility. However, at present it is estimated that about 70% of Zambians live within nine kilometers of a public health facility. This is a significant challenge which the Government is addressing through the continued construction of health facilities across the country to improve the distribution of static health facilities and provision of health services through these.

Noting that many Zambians in rural areas still live far away from health facilities, the Ministry of Health presently recognizes outreach services as cardinal for meeting the health needs of such people.

It is an expected and encouraged practice in many rural parts of Zambia for District Medical Offices (DMOs) to offer health services through outreach activities like immunizations, family planning services and mobile anti-retroviral therapy (ART) to benefit those that have difficulties in accessing static facilities.

Therefore, the strengthening of mobile health services through the procurement of appropriate mobile health units was designed to complement the services being provided by the static health institutions.

It is envisaged that through strengthened mobile health services, many rural communities shall have ready and easy access to affordable, cost-effective and quality health care as close to them as possible.

Mr. Speaker, to strengthen outreach services in Zambia, the Government has procured nine mobile health sets with specialized equipment for use by people with appropriate competences.

With the mobile health sets, all health services that can be found at the general hospital level going downwards to the health post level shall be offered in rural and remote areas of our country, areas that are characterized by absence of electricity and poor road infrastructure. Note that mobile hospital motor vehicles are specifically designed for such road terrain.

Mr. Speaker, each set, also commonly referred to as mobile hospitals, comprises seven service units. These are:

1. Out-patient Motor vehicle
2. Laboratory Motor Vehicle
3. X-Ray Motor Vehicle
4. Mini-Theatre Motor Vehicle
5. Dispensary and Audio Visual Motor Vehicle
6. Living Motor Vehicle (sleeping quarters)
7. Power and Water Supply Motor Vehicle

In addition, there is provision for a Transportation Trolley for tents and a Medical Waste Collection and Transportation Trolley. The waste collected is disposed off in an appropriate manner.

Mr. Speaker, this procurement also comes with seventeen state-of-the-art marine ambulances for use where our citizens use water transport to access health services, and twelve boats specifically for the transportation of our citizens from one location to another to ease their access to health services.

Mr. Speaker, the following constitute situations under which mobile health services shall be provided:

1. As routine outreach services to complement static health facilities
2. As emergency management of situations such as disease outbreaks and natural disasters like floods, earthquakes, mass casualties and accidents.

Mr. Speaker, I have in my possession the first edition of the Standard Operating Procedures for Mobile Health Services in Zambia, which I now lay on the table of the House for your detailed perusal.

Mr. Speaker, this booklet provides comprehensive and thorough guidance on how the procured mobile health units are to be used in Zambia. Roles are outlined for each level of the Ministry of Health, other government ministries, traditional leaders and the community.

Merely as an example, please note the following:

1. The Role of the Ministry of Health Headquarters

The Ministry of Health shall provide policy direction and leadership on the use of mobile health units in Zambia. A Directorate of Mobile and Emergency Health services now exists at the headquarters of the Ministry of Health and it is the responsibility of this Directorate to ensure that quality health services and clinical guidance are provided on the use of mobile health units.

2. The Role of the Provincial Medical Office

This office shall coordinate and supervise the provision of health services through Mobile Health units in their respective provinces. The Provincial Medical Offices are already mandated to coordinate all health services in the provinces and this additional responsibility will ensure that there is complementarity and optimal use of operational resources.

3. The Role of the District Medical Office

The District Medical Office shall retain the authority of usage in its district of the mobile health units. Based on need, the DMO shall inform the PMO on the best use of the mobile health units in its district. With this linkage to the Provincial Medical Office, District Medical Offices will ensure cost effectiveness and equitable utilization of medical services.

4. The Role of the Provincial or General Hospital

The provincial or general hospital shall be the host or base station of the mobile health units

Mr. Speaker. Allow me to state that the details can be found in the booklet that I have submitted before this house.

In summary, let me reiterate that this booklet is indeed comprehensive. It covers key areas such as:

1. Administration
2. Services to be offered
3. Human resource management

4. Factors to be considered before deployment
5. Maintenance, and
6. Waste management

Mr. Speaker, the budget for the use of mobile health units for the period April to December 2011 is based on thirteen days only in any month. It ought to be considered that the remaining days shall be reserved for the servicing of the units. The budget estimates for the given period is that each province shall require about K2.4 billion for the successful use of the procured units.

Further, when not in deployment, it must be mentioned that staff attached to mobile health units shall revert to their host stations for continued service.

Mr. Speaker, it is hoped that through the now strengthened mobile health services, as a complementary service delivery mode, Zambia's health vision as it is articulated in the National Health Strategic Plan (NHSP) to '*ensure equity of access to affordable, cost-effective and quality health services that are as close to the family as possible,*' shall eventually be realized.

An estimated 8.7 million Zambians are expected to benefit from health services offered through the mobile health mode. Already, in a space of only one month, over 5000 Zambians have received lifesaving and life-changing medical attention through this Government intervention.

Mr. Speaker, it is my hope that this undertaking by the Government should be seen for what it truly is; which is a vital intervention that is meant to safeguard the health of all our citizens regardless of where they live. It deserves the support of every Zambian.

Mr. Speaker, I wish to thank the house for the support that my Ministry has continued to receive and indeed ensuring that we in the health sector focus on saving many lives of our people through provision of mobile health services.

I thank you, Mr. Speaker!

END