

THURSDAY, 28TH OCTOBER, 2021

MINISTERIAL STATEMENTS

ON

COUNTRY'S FOOT AND MOUTH DISEASE STATUS

BY THE

HON. MINISTER OF FISHERIES AND LIVESTOCK (MR CHIKOTE), MP

Madam Speaker, I wish to thank you for giving me this opportunity to render a ministerial statement to update this august House and indeed the nation on the status of the Food and Mouth Disease (FMD) in the country and the control measures that the Government has put in place. The statement outlines the comprehensive schedule of activities that have been lined up and the expected outcomes that we envisage will lead to fostering the viability of the livestock sector that has been greatly affected by this disease.

Madam Speaker, you may need to know that the current FMD outbreak was first reported in Chisamba and Chibombo Districts of the Central Province in March, 2018 and spread to the Southern Province in February, 2019. The disease has since spread to all provinces of Zambia, with exception of Luapula Province, affecting approximately 2 million cattle, which is half of the population of the country.

Clinical Signs and Symptoms

Madam Speaker, the FMD is a highly contagious disease that affects many cloven hoofed domestic and wild animals. Some of the notable animals affected by the FMD in Zambia are cattle, sheep, goats, pigs, bush pigs, buffaloes and impalas. The disease is characterised by the formation of ulcers inside the mouth, on the nose, teats and feet. This makes eating and walking

difficult for affected animals and subsequently, leads to the loss of condition and ability to be used for draught power. This ultimately leads to loss of animal productivity and may lead to abortion and reduced cropping hectareage by the farmers.

Madam Speaker, the FMD worldwide, is caused by seven different virus serotypes namely, the Southern African Territories (SAT) 1, SAT 2, SAT 3, Serotype A, Serotype C, Serotype O and Asia 1. These serotypes in turn, have multiple strains within them. The current FMD outbreaks in Zambia are attribute to three serotypes namely SAT 2, Serotype A and Serotype O. These different serotypes have affected different areas of the country.

Economic and Social Impact

Madam Speaker, the FMD is a trans-boundary animal disease. This means that it can easily spread across borders to other countries and reach epidemic levels like the way it is right now in Zambia. Currently, a number of our neighbouring countries, these countries cannot mentioned by name, have also been affected by the FMD with similar effects on the livestock sector. This is situation has worsened by the outbreak of the Coronavirus Disease 2019 (COVID-19) which impacted heavily on the production and shipment of the FMD vaccines from producers.

Madam Speaker, as a result, the disease could not be controlled within the outbreak zone, leading to the large areas being affected in Zambia across the region. As a trans-boundary disease, it has significant economy trade and food security implications. Therefore, the control of this disease and other trans-boundary diseases requires co-operation between several countries. In this regard, Zambia is engaging the Southern African Development Community (SADC) countries through the livestock technical committee to share ideas on the control of the disease in the region. In addition, Zambia will collaborate with other experts in the region to conduct a post vaccine monitoring of the planned FMD vaccine in the country.

Madam Speaker, the disease in Zambia has spread to affect the high cattle producing regions such as the Southern, the Western, the Eastern and the Central Provinces of the country due to

rampant illegal animal movements, poor biosecurity practices at farm level and inadequate resources to implement appropriate control measures.

Control Measures

Madam Speaker, despite being in office for only nine weeks, the New Dawn Government being forward looking, attaches great importance to the livestock sector with practical solutions. The United Party for National Development (UPND) Government has realised that the disease has to be brought under control without further delay. If not, the FMD will perpetuate rural poverty and inequality in rural communities.

Madam Speaker, to this effect, the New Dawn Government of His Excellency the President of the Republic of Zambia, Mr Hakainde Hichilema has drawn a three year FMD Control Plan worth K775 million. The control plan aims to progressively control the FMD from the rest of the country and limit it to the national parks, where the wildlife FMD virus reservoirs are found. Realising the continuous threat from the wildlife and some neighbouring countries, it is envisaged that following the successful implementation of this plan, the Government will focus on the prevention of the FMD spill over from these high risk areas.

Madam Speaker, the plan consists of the following measures:

- (a) procurement of 2.2 million doses of the FMD vaccine;
- (b) mass vaccination of 2.2 million cattle in the affected regions;
- (c) procurement of vaccination materials, cold chain materials;
- (d) repair and service of transport;
- (e) enhance the diagnostic capacity of laboratory service through the purchase of reagents and materials;

- (f) heighten movement control of animal and animal products to halt the spread of the virus from one area to another;
- (g) regulate and control the issuance of movement permits to ensure only healthy livestock is allowed to move;
- (h) enhancement of biosecurity measures on farm and along the major trunk roads; and
- (i) enhanced the FMD surveillance and repaid response.

Madam Speaker, to actualise this plan, the Treasury has released K100 million to my ministry to commence implementation of the plan. This plan will emphasise on blanket vaccination of affected regions as opposed to ring vaccinations that were adopted in the previous regime. This is in view of the current wide spread nature of disease that would make the ring vaccination ineffective and a waste of resources.

Madam Speaker, in addition, I would like to inform the nation that based on the current FMD serotypes circulating in the country, my ministry will have a small quantity of vaccines in the country that will form a vaccine bank that could be used for rapid response in case there are flare ups of cases in some areas as the control programmes are being implemented.

Madam Speaker, you may wish to know that as a country, we owed K38 million for vaccines that were supplied and utilised over two years ago. Realising the important role that the FMD vaccine plays in the control of disease, the New Dawn Government renegotiated a settlement plan for this debt and has since commenced settling it using a fair modality with little strain on the National Treasury.

Madam Speaker, despite paying in advance for the initial vaccine requirements, the manufacturers have indicated that they could only supply this vaccine in a phased manner in line with the production capacity and other demands that were available from other countries. This phased delivery which has since commenced will go up to the middle of December, 2021. In

view of the delivery type and the difference in the serotype affected different areas of the country, vaccines will be conducted in the particular areas based on these two factors. Therefore, Madam Speaker, I appeal to livestock keepers countrywide to be patient as they will be attended to as the vaccine becomes available for particular regions from the suppliers.

Stakeholder Collaboration and Engagement

Madam Speaker, my ministry will take a leading role and will work through its decentralised structures to conduct various planned measures and will engage all stakeholders at national, provincial and district levels.

Madam Speaker, further, my ministry will work together through the traditional and political leaders and other stakeholders to mobilise community participation in FMD control activities, adherence to stipulated conditions that will be put in place and assistance to staff that will be deployed countrywide to implement the designated measures. I, therefore, appeal to all hon. Members of this august House, farmers and traders of livestock to ensure that they avail their animals for vaccination when my officers will be visiting their areas.

Madam Speaker, in conclusion, I would like to emphasise that control of FMD is necessary to ensure the livestock sector reverts to normal and begins to effectively contribute to the livelihoods of the people of Zambia.

I thank you, Madam.

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MINISTERIAL STATEMENTS

ON

**MINISTERIAL STATEMENT ON THE INCREASING NUMBERS OF DIARRHOEA
DISEASES IN LUSAKA**

BY THE

HON. MINISTER OF HEALTH (MRS 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 suing 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.
