

# Annual Report | 2014



## WHO Country Office Zambia



**World Health  
Organization**



# World Health Organization

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# TABLE OF CONTENTS

TABLE OF CONTENTS.....	iii
ACRONYMS AND ABBREVIATIONS .....	iv
FOREWORD.....	vi
ACKNOWLEDGEMENTS .....	viii
<b>1. INTRODUCTION .....</b>	<b>1</b>
1.1 Introduction.....	1
1.2 WHO Strategic Agenda .....	1
1.3 WHO Support to Zambia .....	1
1.4 Health Sector Performance .....	1
<b>2. BACKGROUND .....</b>	<b>3</b>
2.1 The Country .....	3
<b>3. PROGRAMME IMPLEMENTATION.....</b>	<b>5</b>
3.1 Control of Priority Communicable Diseases .....	5
3.2 Malaria .....	5
3.3 HIV & AIDS .....	6
3.4 Communicable Diseases Surveillance (CDS) .....	6
3.5 Tuberculosis.....	7
3.6 Nutrition and Food Safety .....	9
3.7 Immunization and Vaccine Development (IVD) .....	10
3.8 Child and Adolescent Health (CAH) .....	11
3.9 Reproductive Health (RH) and Child Health (CH) Security.....	13
3.10 Communicable Disease Prevention and Control .....	15
3.11 Emergency Humanitarian Action (EHA) .....	18
3.12 Health Promotion .....	20
<b>4. MAIN CONSTRAINTS AND CHALLENGES .....</b>	<b>24</b>
<b>5. LESSONS LEARNT .....</b>	<b>25</b>
<b>6. PARTNERSHIPS .....</b>	<b>29</b>
6.1 Background .....	29
6.2 WHO Strategy .....	29
<b>7. CORPORATE SERVICES.....</b>	<b>30</b>
7.1 WHO's Presence in Zambia.....	30
7.2 Administration and Personnel .....	30
7.3 Financing .....	33

## ACRONYMS AND ABBREVIATIONS

AFP	Acute Flaccid Paralysis
AFRO	African Region office of World Health Organization
AFROPAC	World Health Information Package for Africa
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory infection
CBO	Community Based Organization
CH	Child Health
CHAZ	Churches Health Association of Zambia
CP	Cooperating Partners
CSO	Central Statistical Office
DHB	District Health Board
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment Strategy
EHT	Environmental Health Technician
EPI	Expanded Programme on Immunization
FANC	Focussed Antenatal Care
FP	Family Planning
GCHVS	General Community Health Volunteers
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, TB and Malaria
GSRRS	Global Status report on Road Safety
GSRVIP	Global Status Report on Violence, Injury and Prevention
HIPC	Highly Indebted Poor Countries
HAT	Human African Trypanosomiasis
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information Systems
HQ	Head Quarters
HR	Human Resources
HSR	Health Systems Research
IEC	Information Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IRH	Integrated Reproductive Health
JASZ	Joint Assistance Strategy for Zambia
JAR	Joint Annual Review
MCDMCH	Ministry of Community Development , Mother and Child health

MCH	Maternal and Child Health
MDGi	Millennium Development Goals Project
MMR	Maternal Mortality Ratio
MOFNP	Ministry of Finance and National Planning
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NGO	Non–Governmental Organizations
NHA	National Health Accounts
NIDS	National Immunization Days
OPV	Oral Polio Vaccine
ORT	Oral Rehydration Therapy
PER	Public Expenditure Review
PET	Public Expenditure Tracking
PHC	Primary Health Care
PHO	Provincial Health Office
RBM	Rollback Malaria
RH	Reproductive Health
SMAGS	Safe Motherhood Action Groups
STD	Sexually Transmitted Diseases
SWAP	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendants
U5	Under Five (Children)
UCI	Universal Child Immunization
UNAIDS	United Nations HIV/AIDS Programme
UNDAF	United Nations Development Assistance Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrens Fund
UNZA	University of Zambia
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization
WR	WHO Representative
ZDHS	Zambia Demographic and Health Survey
ZMW	Zambian Kwacha (the Zambian currency)



## FOREWORD



Dr Jacob Mufunda  
WHO/Representative Zambia

The health sector in Zambia experienced important interventions and outcomes in 2014. A number of new initiatives and approaches were introduced to support the ongoing implementation of the National Health Strategic Plan 2011-2016. Major achievements were made, ranging from strengthening demand for health services, improvement of the quality of care, as well as strengthening coordination and partnerships. The World Health Organization (WHO) played an important role in the implementation of the Canada H4+ MNCH initiative, the EU MDGi Project, the Scale Up Nutrition project as well as implementation of the accountability framework for women and children's health.

The main achievements scored by WHO in 2014 included provision of technical support to the risk assessment survey for yellow fever, and the development of the National Ebola Strategic response plan. The Global Fund and the GAVI HSS proposals development were effectively supported. Partnerships were also strengthened through technical support to the UNDAF, and participation in Health SWAp meetings.

Other major achievements included:

- On the HIV front, we increased our staffing levels to provide normative guidance for the inclusion of traditional and religious establishments in HIV prevention and control measures. Other requisite engagements included programming, resource mobilization for intensified PMTCT interventions and commenced the process of accreditation of the HIV reference laboratory and supported the finalization of the Zambia Consolidated guidelines for treatment and prevention of HIV infection. Districts were provided with financial support for capacity building for PMTCT Option B+;
- Continued to support the fight against malaria. Zambia has made significant progress in malaria control, through indoor residual spraying, use of insecticide treated nets (ITNs), malaria case management and malaria in pregnancy strategies, leading to remarkable reductions in malaria incidence and case fatality rates;
- Supported the National Tuberculosis (TB) Control Programme. TB case detection and cure rates significantly improved;
- Also provided technical assistance to the government to mobilize local and

international support towards achieving the Millennium Development Goals (MDGs), through the SWAp programming. The logistical capacity of the country office to provide efficient and effective support to the national health response also improved;

- Supported other interventions in the health sector such as vaccination coverage through expanded programme of immunization, non-communicable disease prevention and control including violence and mental health, efforts in scaling up nutrition country wide, fight against tuberculosis and support in medicines regulation.

This report presents a review of the support of the WHO to the Zambian health sector in 2014, highlighting the background, national objectives and strategies, WHO objectives and strategies, the major achievements, constraints, lessons learnt and priorities for 2015.



Dr. Jacob Mufunda

**Country Representative**  
**WORLD HEALTH ORGANIZATION**

## ACKNOWLEDGEMENTS

This 2014 annual report has been prepared through significant collective efforts and commitment of the management and staff of the WHO Country Office (WCO), particularly the various programme officers including Mr. Solomon Kagulula, Dr. Peter Songolo, Dr. Paul Kalinda, Mrs. Nora Mweemba, Dr. Mary Bwalya Katepa, Dr Sarai Bvulani Malumo, Mr. Belemu Matapo, Dr. Fred Masaninga, Dr. Maboshe Mwendaweli, Dr Penelope Masumbu Kalesha, Mr. Mbaulo Musumali, Mr. Abraham Mwanamwenge, Mr Billy Mweetwa and Ms Chipso Mwela, who provided reports on the performance of their specific programme areas.

On behalf of the WCO and indeed on my own behalf, I wish to extend my sincere appreciation and thanks to all those who contributed to the preparation of this report, for their dedication and commitment to this process. I wish to pay special thanks and gratitude to all staff responsible for finalizing this report, for the hard work and dedication.

Please allow me to take this opportunity to acknowledge, with thanks, the financial and technical support rendered to our programmes and the health sector by our Cooperating Partners, without which it would have been more difficult to accomplish our achievements.

Last, but not the least, it is my expectation that during 2015 and beyond, we shall endeavor to build upon our achievements and attend to the challenges identified in this report, so as to ensure improved and more effective support to the health sector. Our efforts will continue to focus at ensuring that the country achieves its national health objectives and the MDGs.



Dr. Jacob Mufunda  
**Country Representative**  
**WORLD HEALTH ORGANIZATION**



# 1 INTRODUCTION

## 1.1 Introduction

The mission of the World Health Organization (WHO) is *“the attainment by all peoples of the highest possible level of health”* (Article 1 of WHO Constitution). The broad framework for the work of the WHO with regard to Zambia is articulated in the extended WHO Country Co-operation Strategy (CCS). The CCS also serves as a basis upon which implementation of the WHO activities in the country are based. Currently, the support of WHO to Zambia is being guided by the Country Cooperation Strategy 2008-16 as extended.

## 1.2 WHO Strategic Agenda

The WHO support to Zambia, is guided by its six core functions which include:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards, and promoting and monitoring their implementation;
- Articulating ethical and evidence based policy options;
- Providing technical support, catalysing change, and building sustainable institutional capacity; and
- Monitoring the health situation and assessing the health trends

The WHO has also identified global and regional priorities, which provide broad frameworks for programming and implementation of activities at global, regional and country level. These are more specifically outlined in Chapter 6 of this report.

## 1.3 WHO Support to Zambia

In 2014 WHO's support to Zambia focused on assisting the country to implement the NHSP 2011-16. The NHSP 2011-2016 is built around the WHO six health systems building blocks. These include: Health Care Financing, Leadership and Governance, Essential Medicines and Medical devices, Health service delivery, Health Information Systems and Human Resources for Health.

## 1.4 Health Sector Performance

Zambia's vision for the health sector is to ensure *“A Nation of Healthy and Productive People”*.

The overall goal is to have *“equity of access to cost effective quality health services as close to the family as possible in a clean, competent and caring environment”*.

Currently, the health sector agenda is being guided by the National Health Strategic plan 2011-2016 (NHSP 2011-16), which has identified the national health priorities, objectives and strategies for the health sector using the six health systems building blocks and thereby significantly contribute to the successful implementation of the Sixth National Development Plan (SNDP). The Vision 2030 strategy aims at transforming Zambia into a prosperous middle-income nation by 2030.

Over the past 8 years, the health sector in Zambia has made significant progress in the implementation of most of its key programmes. This was confirmed by the recent assessments of the sector, including the Zambia Demographic and Health Survey of 2013/14 (ZDHS 13/14), and Joint Annual Review 2013 (JAR 2013), which all reported major achievements.

However, notwithstanding these significant achievements, the health sector faced a number of constraints and challenges, which negatively affected performance. These included: the high burden of disease, particularly malaria and HIV&AIDS; human resource constraints, infrastructure challenges; as well as challenges in availability of essential medicines and other medical supplies.

## 2 BACKGROUND

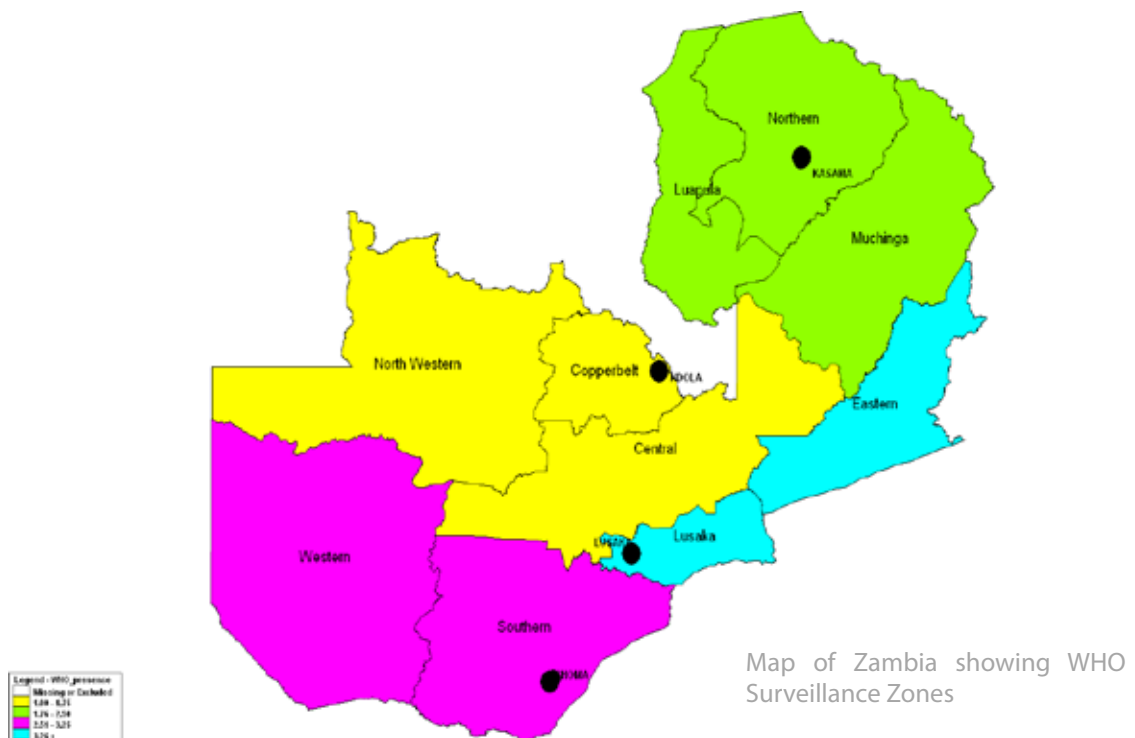
### 2.1 The Country

#### 2.1.1 Demographic Overview

Zambia is a landlocked country located in the Central-Southern part of Sub-Saharan Africa. It shares boundaries with eight other countries, namely: Tanzania and the Democratic Republic of Congo (DRC) in the north; Malawi and Mozambique in the east; Zimbabwe, Botswana and Namibia in the south; and Angola in the West.

The country is vast, covering approximately 752,612 Km<sup>2</sup>, of which 740,570 Km<sup>2</sup> (98.4%) is land and 12,042 Km<sup>2</sup> (1.6%) is covered by water. It is the 17<sup>th</sup> largest country in Africa with double the surface area of neighbouring Zimbabwe yet having similar population sizes.

Zambia's total population is estimated at 14.5 million in 2015. The average life expectancy at birth has increased from 40.5 years in 1998 to 58 years in 2014, whilst the fertility rate stands at 5.6 children per woman in 2013/14.



Zambia is a politically stable country and has continued to enjoy uninterrupted peace since the time it attained political independence from the Great Britain, on 24<sup>th</sup> October 1964. During the period from 1964 to 1972, the country adopted a multi-party political system but later, between 1972 and 1990, it introduced a one-party participatory democracy political system, which modelled along socialist lines. However, since 1991, the country reintroduced multi-party democracy system of governance and a major shift in policy in favour of a market oriented economy. This followed a major democratic change of political leadership and direction.

### **2.1.2 Socio-Economic Situation**

Zambia is endowed with abundant natural resources, including a broad spectrum of mineral resources, particularly copper and cobalt, large tracts of underutilised arable land, significant water resources, large forest reserves, abundant wildlife and other tourist attractions, including the Victoria falls, which is one of the five wonders of the world. All these resources present significant potential for meaningful socio-economic development for the country.

During the year under review, the economy was further affected by the untimely death of the late President of the country Mr. Michael Chilufya Sata. Zambia's social-economic status is still weak and the country is now classified among the lower middle income countries of the world. According to the UNDP Human Development Report for 2014 and the LCMS of 2010, 60 percent of Zambians are classified as poor. Poverty in rural areas as at 2010 stood at 72% in rural areas compared to 28% in urban areas.

### **2.1.3 Disease Burden**

Despite the major achievements recently reported in the ZDHS 2013/14, the HMIS 2014 report and the national malaria indicator survey for 2014, the disease burden in Zambia is still high. During the year under review, the top 10 causes of morbidity and mortality in Zambia were malaria, respiratory infections (non-pneumonia), diarrhoea (non-blood), trauma (accidents, injuries, wounds and burns), eye infections, skin infections, respiratory infections (pneumonia), ear, nose and throat infections, intestinal worms and Anaemia.

During the year under review, malaria continued to be the leading cause of morbidity and mortality in Zambia. Malaria is endemic in Zambia, with seasonal and geographic variations. However, it is worth noting that recently, major achievements were reported in the fight against malaria, which have led to the reduction in malaria incidence from 330 cases per 1,000 population in 2012 to 234 cases in 2014 (MOH, HMIS 2014). HIV/AIDS also continued to be a major epidemic, cutting across gender, age and social status, with significant impact on morbidity and mortality levels in the country. Again, major achievements have been reported in the prevention, care and treatment of HIV/AIDS.

The prevalence of HIV in the adult population (between 15 and 49 years of age) has reduced from 16.1% in 2002 to 14.3% in 2007 and 13.3% in 2013/14 (ZDHS) while the total number of clients on free Anti-Retroviral Treatment (ART) increased from 480,925 in 2012 to 626,271 in 2014. Implementation of this strategic plan has reached an advanced stage and is receiving significant support from the international community.

Some of the achievements reported in the health sector include the reduction in HIV prevalence in adults between the ages of 15 to 49 years from 14.3% in 2007 to 13.3% in 2013/14 ZDHS, reduction in MMR from 591 cases per 100,000 live births in 2007 to 398 in 2013/14, reduction in Under-five Mortality Rate (U-5MR) from 119 cases per 1,000 live births in 2007 to 75 in 2013/14, reduction in Infant Mortality Rate (IMR) from 70 per 1,000 live births in 2007 to 45 in 2013/4 .

## 3 PROGRAMME IMPLEMENTATION

### 3.1 Control of Priority Communicable Diseases

The WHO has identified the fight against priority communicable diseases among the key strategic priorities for Zambia. These diseases include malaria, HIV and AIDS, and Tuberculosis (TB), which all present major public health problems and are the main causes of morbidity and mortality in Zambia. All the three diseases have high prevalence levels and tend to cut across all ages, socio-economic status and geographical locations. They also overstretch the available human resources for health and health service delivery capacities in the country, with significant impact on the general socio-economic situation.

In 2014, WHO continued to support government and partners in combating communicable diseases, in order to attain the national health objectives and MDG 6, which aims at combating HIV and AIDS, malaria, TB and other communicable diseases.

### 3.2 Malaria

Malaria is endemic throughout Zambia. In pursuance of the national goal of reducing incidence of malaria from a baseline of 246 in 2009 to 75 in 2015 as well as reduce the malaria case fatality rate among children below the age of five from 41 in 2009 to 28 in 2015.

#### Key achievements

- Supported 4th Edition guidelines for the diagnosis and treatment of Malaria in Zambia;
- Provided technical assistance for production of 2014 Zambia Chapter in World Malaria Report;
- Supported development of Zambia's Concept Note on Global Fund (GF);
- Provided technical support for a 2 day therapeutic efficacy tests workshop;
- Provided technical support terminal reporting procedures for DDT for 3 days;
- Provided technical to an 8 day bioassay-susceptibility efficacy testing;
- Supported revision of the national treatment malaria guidelines for Malaria in Zambia, 4th Edition;
- WCO supported Government to develop an Insecticide Resistance Management Monitoring system;
- Produced a document on the review of IRS/ITNs and DDT terminal report for WHO;
- Supported development of a Concept Note and implementation of Vulnerability Assessment on Climate change in Zambia;
- Supported development of malaria module in the Zambia Demographic and Health Survey (ZDHS).

### **3.3 HIV&AIDS**

WHO supported Government to develop and submit a GF proposal worth US\$234 million to fight HIV, TB and malaria in Zambia.

WHO played a critical role in the success of securing the grant and will continue to support the government in the implementation of the objectives. The 2013 Zambia Consolidated Guidelines for Treatment and Prevention of HIV, which are based on the 2013 WHO treatment guidelines, which were officially launched in April 2014 leading to implementation of Option B+.

WHO supported the Government to roll out the 2013 guidelines in all the provinces through training of staff. As a result of the roll out of option B+ countrywide, 97 % of 54,800 pregnant women who attended ANC received HAART for PMTCT up from 35% in 2013.

In order to reach the target of 1,949,000 VMMCs, WCO supported Government increase number of circumcised men from 63,444 circumcisions in 2011 to 636,446 in 2014.

#### Key achievements in HIV/AIDS

- 2,500 National Paediatric ART Training Manuals revised and printed in accordance with current global recommendations;
- The first Paediatric and Adolescent Annual review meeting was held;
- The National Paediatric ART guidelines were revised according to the 2013 WHO recommendations;
- Provided On-site Orientation of HCW in PITC in order to increase access;
- Support the facilities in setting up adolescent ART activities;
- Training of 150 Health Care Workers trained in Adolescent HIV management;
- Printing 3,500 copies of the Revised National Paediatric ART Training manuals;
- Conduct monthly supervisory and mentorship visits;
- Support the HPCZ in the accreditation of facilities as ART sites in order to maintain the minimal standards in ART provision;
- Conduct awareness campaigns on the importance of timely ART for eligible children;
- The main key policy change is the adoption of the universal access to anti-retroviral therapy for children 0-14 years.

### **3.4 Communicable Diseases Surveillance (CDS)**

Developing countries are under-going an epidemiological transition from communicable or infectious to an additional load from non-communicable diseases/conditions such as cardio-vascular diseases (CVDs), chronic obstructive pulmonary diseases (COPD), cancers and diabetes. These diseases/conditions accounted for 60% of all deaths globally in 2005 with more than 75% of the deaths occurring in developing countries. Unhealthy diet, physical inactivity, tobacco and alcohol misuse are important preventable major risk factors for chronic diseases that are related to lifestyle choices.

## **Key achievements on Surveillance on Non-Communicable Diseases**

- Provided technical and financial support to the finalization of the non-communicable diseases (NCD) Strategic Plan 2013-2016 and incorporated comments from NCDs focal point at IST/ESA. The final document was submitted to Ministry of Health for approval;
- Supported orientation of forty Members of Parliament on non-communicable diseases at a meeting held at Chaminuka Lodge from 09-11 May 2014. The objective was to raise awareness of the policy makers and solicit for their support in addressing the rising problem of NCD;
- Finalized the non-communicable diseases (NCD) Strategic Plan 2013-2016;
- Supported Orientation of forty Members of Parliament on non-communicable diseases, Chaminuka Lodge from 09-11 May 2014;
- Facilitated implementation of data collection for Violence, Injury and Prevention (VIP) survey in the country. The data collected was to be used as part of the contribution to the Global Status Report on Violence, Injury and Prevention (GSRVIP);
- Facilitated survey on data collection for the third Global Status Report on Road Safety (GSRRS) coordinated by HQ which included the legislation report in September 2014;
- Provided financial support to the Zambia Road Safety Trust (ZRST) to conduct awareness campaigns in Lusaka targeting motorists and other road users on prevention of road accidents.

### **3.5 Tuberculosis**

In 2014, WHO's estimated incidence for all forms of TB cases in Zambia was 553/100,000, while that for sputum smear positive was 228/100,000, corresponding to around 67,800 and 28,000 cases, respectively. However, preliminary results from some studies currently being conducted in the country suggest that these estimates may even be lower.

In 2014, for the first time in Zambia, the national commemoration of the TB Day was held in a rural setting in Mapanza, Choma. The guest of honour at this event was the Minister of Health, while participants were drawn from a cross section of the community, including traditional and religious leaders. The WHO Regional Director's speech was also delivered to the gathering.

During the year, the WCO provided a total of US\$97,950 towards support to the following TB control activities: TB technical meetings in 5 provinces (namely the Central, Copperbelt, Luapula, Northern and North-Western Provinces), stakeholders meeting on PPP, training of staff in public/private sectors in the Stop TB Strategy, training on TB/HIV for community treatment supporters in the Central Province, printing of MDR-TB guidelines and commemoration of the World TB Day.



The main activities undertaken in 2014 included:

- Provision of technical support to the National TB Programme (NTP) in planning, training, support supervision, development of guidelines, provision of training and Information, Education and Communication (IEC) materials, as well as expansion and strengthening of TB/HIV collaborative activities;
- Support to the NTP and the private sector on the scaling up of public-private partnership (PPP) and supporting NGOs/CBOs and other partners in the implementation of their activities;
- Improving access to information and increasing human and diagnostic capacities and services for case detection at community and facility levels;
- Improving early detection and management of TB in children and in HIV infected persons;
- Strengthening and scaling-up comprehensive implementation of the Stop TB strategy;
- Technical and financial support was also provided to the National TB Programme at MOH, CBOs, NGOs and other partners providing TB services in Zambia;
- Intensified implementation of Stop TB Strategy to scale up care and control, with focus on reaching vulnerable populations, strengthening surveillance, and alignment with health sector plans facilitated;
- Updated policy guidance and technical guidelines on HIV-related tuberculosis, delivery of care for patients with MDR TB, tuberculosis diagnostic approaches, tuberculosis screening in risk groups and integrated community-based management of tuberculosis;
- TB remains a major public health problem in Zambia and contributes a significant proportion to overall hospital admissions across the country. Even though significant achievements have been made in the fight against TB, Zambia is still rated among the high TB burdened countries in Africa.



World TB commemoration 2014

### 3.6 Nutrition and Food Safety

Malnutrition continues to pose a threat to the gains made in improving the health MDG impact indicators. The prevalence of stunting in Zambia is high and currently stands at 45%, while the prevalence of wasting and underweight are currently at 5% and 15% respectively. Among women, underweight and obesity account for 10% and 19% respectively.

The Zambian population is not spared from micronutrients deficiencies, currently, 65.7% and 53.3% in children under the age of 5 suffer from vitamin A and iron deficiency anaemia respectively. While among women in child-bearing age, vitamin A deficiency (21.5%) and iron deficiency anaemia (13.4%) and among pregnant women (39.5%) are classified as public health problems in Zambia.

#### Key Achievements in Nutrition and Food Security

- Mentorship was done on implementation of the Integrated Management of Acute Malnutrition (IMAM) data base in Eastern Province (Chipata General Hospital) and Copperbelt Province (Ndola Central Hospital, Arthur Davison Children's hospital, Kitwe Central Hospital);
- Supported participation of Government officials to one international conference in Rwanda on bio-fortification. Zambia is currently piloting the production of Orange maize and orange flashed sweet potatoes as a way of contributing to the control of micronutrients which is a public health problem in Zambia. The Conference was supported by Harvest Plus;
- The SUN fund has committed to providing scholarships to the MoH/MCDMCH students following the Human Nutrition Programme at UNZA. The decision has now been reached that the SUN FUND will sponsor the crop science currently at the UNZA. Funding modalities are being discussed with Human Resource Department;
- The WCO participated in a number of planning activities for the upcoming Projects to be funded by the Scaling Up Nutrition (SUN) management Unit (supporters DFID, Irish Aid and Sida), World Bank and European Union;
- Supported the nutrition baseline in 14 targeted districts to scale up nutrition in Zambia. The survey focused on anthropometry, infant feeding, food consumption, infection, morbidity, mortality and social protection. A total of 10 sites and 300 households were enumerated in each district making a total of 140 sites and 42,000 households;
  - Supported Government to conduct a Nutrition Perception Survey – Five selected districts to assess perception of Health personnel about nutrition surveillance and information system was conducted in Chinsali, Lundazi, Shangombo, Mwinilunga and Samfya. A total of 47 district personnel, 79 Health Workers, 8 media practitioners, 9 Donors and 5 national level staff were interviewed;
  - Spearheaded the formation of the Monitoring and Evaluation Technical Working Group to ensure robust monitoring of the 1000 Most Critical Days Program. The group is composed of representation of line ministries from government, NGO's, cooperating partners and the UN;

- Supported Government to Ensure inclusion of height measurement in routine health management information system for collection as a systems strengthening approach for sustained monitoring of the program;
- Supported Government to ensure creation of Zambia Nutrition Information System (ZamNis) that will be utilised to house integrated nutrition information for use in advocacy, planning and program management;
- Supported Government to undertake Activities the inclusion of both ZamNis and Height indicator in HMIS has been approved by Government.

### **3.7 Immunization and Vaccine Development (IVD)**

In ensuring country's commitment to immunization as a priority, and with support of the WHO and other partners, Zambia's immunization programme was implemented in the context of Comprehensive Multi-Year Plan (cMYP, 2011-2016). The cMYP has been updated to align it with global obligations such as GVAP and DoV and the country's main documents such as the Six National Development Plan (SNDP 2011-2016) and National Health Strategy Plan (NHSP 2011-2016). The review, updating and costing of the country's cMYP was supported by the WHO. The cMYP was reviewed to incorporate an immunization improvement strategy to reverse declining immunization coverage trends in the past 3 years. The focus of the immunizations improvement strategy in cMYP was to be implemented in the next two years.

The country successfully submitted a proposal for the introduction of Inactivated Polio Vaccine (IPV) to GAVI. As part of the strategic directions on the polio endgame plan, Zambia has joined other countries in ensuring that IPV is introduced globally towards the efforts of polio eradication initiative. Additionally, the WHO supported successful submission Expression of Interest (EOI) to GAVI for support IPV, MR, HSS, and HPV.

#### Key achievements in Immunization and Vaccine Development

- Improvement in Immunization coverage for key Immunization administrative coverage indicators compared to 2013;
- HPV demonstration Post Introduction Evaluation;
- Development of Draft EPI guidelines for RED;
- Submission of monthly EPI and weekly surveillance data/ reports;
- Updated the Immunization Comprehensive Multi Year Plan;
- Capacity Building for EPI Cold Chain Technician maintenance and repair of Walk-on-Cold Rooms;
- Sustained Polio Free status and key AFP indicators;
- Documentation of Rubella and Congenital Rubella Syndrome and surveillance;
- Rotavirus and Yellow fever surveillance;
- Comprehensive Multi Year Plan for Immunization 2012-2016;
- Printed and disseminated the IDSR Guidelines;

- Developed the Disease Outbreak Reporting Format for all diseases;
- Comprehensive EPI Review mission August, 2014 for 16 days;
- HPV Post Introduction Evaluation Mission December, 2014 for 8 days;
- Capacity building for National Cold chain Technicians in Hurre Walk-in-Cold room repair, September, 2014 for 3 days;
- EPI/ IMCI interactive tool, August, 2014 for 5 days;
- Training of Health staff (Biomedical, clinicians from health facilities from all districts in 5 named provinces (Muchinga, North-Western, Western, Copperbelt and Lusaka Provinces) in Yellow;
- EPI/IMCI interactive tool, 14 health workers trained;
- Oriented 2 Central level EPI logisticians in use of SMT;
- Oriented 3 Central Level Cold Chain Staff in maintenance and Repair of Walk;
- Draft Reaching Every District Health Facility Operational Manual;
- Draft EPI/ IMCI interactive tool.



Child Health week 2014

### **3.8 Child and Adolescent Health (CAH)**

Newborn, Child and Adolescent Health (CAH) remains a national health priority in the NHSP 2011-2016. Over the last decade there has been a significant decline in child mortality. The Neonatal mortality rate which had been stagnant for about 2 decades has shown a significant decline from 37 in 2007 to 24 in 2013. This can be triangulated with the significant decline in the Maternal Mortality Rates during the same period. Neonatal deaths account for about 40% of all childhood deaths. The Infant Mortality and Under 5 mortality also showed a decline.



The concerns that are peculiar to adolescents and need urgent attention include: teenage pregnancies, early marriages, inaccessible FP services, inadequate utilization of ANC services and inadequate access to skilled birth attendants. Currently, there is paucity on documented information on adolescent health and development in Zambia.

### **Key Achievements in Child and Adolescent Health**

In line with WHO core functions and comparative advantage in Leadership in health, WCO supported a number of activities in 2014.

#### **Policy and Strategic Document development.**

The WCO supported the pre-testing of the WHO/UNICEF generic training materials “Caring for the newborn at home” and later supported the local adaptation workshop and a consultant to finalise the adaptation process.

- Adolescent health guidelines;
- Newborn care framework and guidelines;
- Supported the training of health workers in Child’s healthy growth and development, a key community training for children that WHO is promoting. The training was supported jointly with UNICEF;
- Orientation on Adolescent strategy and guidelines for the CANADA H4+ supported districts;
- WCO supported the trainer of trainers (9) participants and subsequent training of 24 health workers and 28 students from Chainama Science College in the EPI/IMCI Interactive training tool;
- The office also supported the training of 20 health workers from Central province in IMNCI;
- WCO provided support to implement activities in the Mazabuka Action Plan for Pneumonia and Diarrhoea (MAPPD) that is imbedded in their annual plan;
- Hiring of a consultant to spearhead the implementation of the action plan;
- 41 health workers were trained in Integrated Disease Surveillance and Response (IDSR);
- 25 participants were trained in IMNCI and followed up after training. They were also oriented on GAPPD and how it was applied to the Mazabuka action plan;
- 25 participants were oriented in the Zambia Newborn Health Care Framework and Essential Newborn Care Guidelines;
- 30 community health workers were trained community case management of common childhood illnesses. Twenty-four supervisors (health workers) for iCCM were trained in conjunction with PATH;
- Review and planning meetings for the CANADA H4+ supported districts were conducted with quarterly monitoring and mentoring visits to the districts. This is one programme that has showed case the Delivering as One UN in the country. The districts have shown considerable improvement in their maternal, newborn and child indicators with this added support;
- GRZ EU UN H4+ MDGI project Steering Committee and technical working group meetings;

- WHO/AFRO contracted Vanderbilt Institute for Global Health to assess factors that have influenced child survival in the African Region. This assessment comprised an analytical review of 46 countries (as of the year 2012) and detailed case studies in 4 countries (Liberia, Kenya, Zambia and Zimbabwe). The WCO participated in the follow-up manuscript write-up workshop;
- First author in the publication of “Prevalence of common childhood illnesses in two districts in Zambia” in a peer reviewed journal;
- WCO supported the midterm review findings of the five districts supported by the CANADA H4+ initiative by external evaluators was shared with the view of publishing and sharing some of the findings;
- 38 Members of Parliament were oriented in MNCAH and their role in improving maternal and child health in the country especially as it pertains to resource allocation and their constituencies;
- Supported the mobilisation of Euro 48m for the GRZ EU UN H4+ MDGi initiative that is accelerating the achievement of MDG 4 & 5 in two provinces (Copperbelt and Lusaka) which have 30% of the Zambian population;
- WCO supported the launch of GAPPD by the Minister of Community Development, Mother and Child Health which led to other partners Support to other countries.

### **3.9 Reproductive Health (RH) and Child Health (CH) Security**

In Zambia, Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and malnutrition have remained unacceptably high. Special efforts will be made to reduce these in line with the MDGs. The main focus of the WHO is to support efforts to reduce maternal, new-born and child morbidity and mortality and to improve sexual reproductive health in women and nutrition in children.

#### **Key Achievements MNCH**

Through implementation of the Maternal, Neonatal and Child Health (MNCH) Roadmap, with an emphasis on attaining universal child intervention and high impact maternal and newborn interventions, WHO in collaboration with partners supported Government to:

- Improve and ensure access to quality skilled attendance during pregnancy, childbirth and postnatal care and reduce maternal and neonatal morbidity and mortality;
- Enhancing and increasing access to integrated health services, especially family planning and STI services for adolescents;
- Increasing access to quality integrated antenatal care services, including nutrition, PMTCT and IPT services;
- Improving and increasing access to proven interventions that reduce child morbidity and mortality through scaling up of the Integrated Management of Child Illnesses (IMCI) strategy;
- Promoting knowledge and scaling-up proven interventions on appropriate child feeding at community and health facility levels, especially for infants and young children; and
- Improving detection and management of malnutrition and micronutrient deficiencies in children and women at community and health facility levels.

## Achievements in Child and Adolescent Health

Significant achievements were made by WHO in supporting MOH in scaling up the various high impact interventions in reproductive health. Highlighted below are some of the main achievements.

- Sexual reproductive health policy: The Sexual Reproductive Health Policy was finally completed and printed in 2014. The development of this policy was supported by WHO, UNFPA, UNICEF and other partners. The policy will guide MOH, other line ministries, co-operating partners and the civil society in implementing appropriate sexual and reproductive health services;
- MNCH Roadmap: WHO participated in the completion and costing of MNCH Roadmap and the formation of the MNCH Partnership, which resulted into the transformation of the ICC into the MNCH ICC. It also participated in the development of the proposal on results based financing for MDGs 1c, 4 and 5 for purposes of accessing the 3 year Norwegian health results grant of US\$15 million;
- Emergency Obstetrics and Newborn Care (EmONC): WHO actively participated in the planning and scaling up of EmONC in the districts, through the EmONC technical working group. In this respect, in October 2014, WHO supported the EmONC training for the Copperbelt Province. A total of 21 health workers, including one medical doctor and 20 midwives, were trained in EmONC, bringing the total number of health workers trained in EmONC in 2014 to 77;
- Maternal Deaths Review (MDR): WHO, in collaboration with other UN agencies, supported MOH in the establishment and adoption of MDR committees, as sub-committees of the District Development Coordinating Committees (DDCC) in all the 72 districts. The MDR committees will investigate maternal deaths and, based on their findings, make necessary recommendations to improve the availability and access to quality services for mothers and the new-borns;
- PMTCT: WHO provided a vehicle to the PMTCT programme at MOH. It also provided financial support towards the procurement of training materials for the Ndola EmONC training Centre. This centre is expected to significantly contribute to improvement of access to skilled birth attendants, which is critical in saving the lives of expectant mothers;
- Safe motherhood Action Groups (SMAGs): Community involvement by formation of SMAGs is an important strategy for empowering the communities with knowledge to access ante-natal services early, and to recognize danger signs in pregnancy and seek assistance at health facilities in good time. Family planning is among the main pillars of safe motherhood;
- Through the Strategic Partnership Programme of WHO and UNFPA, the two agencies, in collaboration with MOH and other partners, continued to work closely in the orientation of health workers to the updated family planning guidelines and protocols. Further, WHO being a member of the commodity security committee, collectively advocated for increased national funding to Reproductive Health Commodity Security at national level. As a result, a separate budget line for reproductive health commodities was established;
- Cancer of the Cervix: The WHO continued to support the cervical cancer



demonstration project in Kafue district, through the provision of financial support and monitoring of activities at the project site. As at the end of 2014, a cumulative total of 1,497 women had been screened for cervical cancer at this project. Dissemination of results of the project was planned for the first half of 2015, which would be followed by a plan to scale up this programme to other districts in the country. However, scaling up of this programme would require investment in equipment, supplies and training, and a backup cancer treatment;

- Promotion of research: Promotion of research for evidence-based decision making is one of the key areas supported by WHO. In this respect, in conjunction with IPAS, WHO conducted a strategic assessment on the prevention of unsafe abortions. The objective of the assessment was to identify priority needs and possible interventions for addressing contraception, unwanted pregnancies and unsafe abortions in Zambia. The results of this assessment were later disseminated to the relevant partners for action;
- Advocacy: WHO, in partnership with ECSA and Africa 2010, supported MOH in the development of the reduce-alive advocacy tool, a priority intervention for MNCH. As part of the operationalization of the MNCH roadmap, the advocacy tool will be used to stimulate policy dialogue and strategic planning on maternal and newborn survival;
- Plans were also underway to use the tool to reach out to parliamentarians, policy makers and civil society. Further, the development of the MNCH communication strategy, with technical and financial support from the WHO, was also in progress;
- Monitoring and evaluation: During the year, two important evaluations of the health sector were conducted, namely the Joint Annual Review (JAR) and the Mid-Term Review (MTR) of the implementation of the NHSP 2011-16. The JAR was introduced in 2006, with the objective of facilitating a joint review of the health sector, involving the participation of all the main stakeholders of the sector, including MOH, line ministries, private sector, cooperating partners and civil society. WHO actively participated in the 2007 process. WHO also supported the MTR which was conducted by a team of local and international consultants.

### **3.10 Communicable Disease Prevention and Control**

Most infectious and parasitic diseases affect poor people, women, children and the elderly, who are the most vulnerable to illness and disability. Largely due to poor access to available cost-effective interventions and inadequate financial resources, the capacity of developing countries to prevent and control communicable diseases is limited.

Zambia is not an exception to this and has over the last decade experienced outbreaks of communicable diseases, such as schistosomiasis, Trypanosomiasis and leprosy, which have significantly contributed to the overall high disease burden in the country. It is therefore necessary to foster national development through strengthening of health services and better use of existing tools in order to prevent and control communicable diseases more effectively, and ultimately eliminate or eradicate some of these diseases.

WHO continued to provide technical and financial support towards the situation analysis and mapping of NTDs in the country. However, mapping and training activities were being delayed

by non-availability of resources. WHO also supported the adaptation of data collection tools in order to strengthen data management.

#### Key Achievements in Communicable Disease Prevention and Control

- An integrated Plan of Action for NTDs was developed and submitted to AFRO for support.
- The main achievements of this programme area included the mapping and training of teachers in the treatment and control of schistosomiasis in school children. Mapping for schistosomiasis was completed in Southern, Western, Eastern and Northern Provinces. Southern and Eastern provinces trained teachers in de-worming techniques in more than 70% of all the schools. The programme conducted mass treatment of mainly school children in 2 out of the 9 provinces in the country;
- WHO continued to provide technical and financial support to the Zambia Bilharzia Control Programme (ZBCP) to support training of teachers and collection of data on deworming. Furthermore, a proposal was also developed and submitted to AFRO for paediatric treatment of bilharzia in young children affected by schistosomiasis;
- Mapping of filariasis has previously been completed in 14 of the 72 districts of Zambia. More districts with suspected filariasis are yet to be surveyed in 2015. WHO has continued to provide technical and financial support towards the situation analysis and mapping of filariasis in the country. However, the survey was delayed due to late arrival of immunochromatographic (ICT) test cards from AFRO for use in the survey;
- Mapping for Human African Trypanosomiasis (HAT) was commenced, following a technical support mission from AFRO. Voluntary funds amounting to US\$10,000 were made available for the activity by WHO Headquarters;
- WHO Headquarters also provided a Global Positioning System (GPS) for use in the mapping process;
- WHO has been supporting MOH in carrying out situation analysis and mapping of HAT in 27 targeted districts, following an AFRO mission in April 2007. In this respect, the Tropical Disease Research Centre (TDRC) has undertaken the situation analysis and mapping of HAT on behalf of MOH, covering all the 9 provinces. A technical report has since been submitted to MOH and has been shared with the WHO AFRO & HQ. Further, the country office facilitated a mission from the HQ on rapid assessment of HAT in Central, Northern and Eastern Provinces;
- This was a follow-up to the TDRC situation analysis report and emergence of 6 confirmed new HAT cases in Zholo Game Reserve Camp in the Eastern Province;
- A situation analysis and mapping of trachoma progressed slowly due to large sums of funds needed to map a district (approximately US\$20,000). However, the programme was able to cover 5 districts, largely due to support from other partners such as Sight Saver International, Operation Eyesight Universal and Chritofel Blinden Mission, which provided both the technical and financial support, together with WHO. WHO and other partners also supported the development of the curriculum for the newly opened College for Ophthalmic Clinical Officers and Nurses at the Chainama College of Health Sciences (CCHS).



MoH receiving Ebola prevention equipment in 2014



Debriefing of yellow fever survey 2014

### 3.11 Emergency Humanitarian Action (EHA)

Zambia is one of the countries in the Southern African region which are most affected by drought. Despite local cultural awareness and resilience in flood risk prone areas, the country remains highly vulnerable to major floods in its main river basins.

Heavy rains in early 2007 resulted in floods of unprecedented magnitude in the country, with devastating effects on livelihoods and infrastructures, adding to the burden of drought.

The humanitarian implications of the floods are particularly significant due to the fact that Zambia is one of the poorest countries in the world, ranking 165 on the Human Development Index, with over 70% of the population living below the poverty line. The acute needs emanating from such emergencies are therefore in addition to large needs resulting from chronic vulnerability due to consecutive droughts, HIV&AIDS, outbreaks of communicable diseases and poverty.

Chronically poor sanitary conditions in the most affected districts have been exacerbated by flooding, increasing the risk of disease outbreaks, such as cholera and other diarrhoeal diseases. Stagnant flood water also increased the risks of outbreaks of malaria. They also disrupt normal operations of the

#### Key Achievements in Emergency Humanitarian Action

WHO supported the establishment of strong Integrated Disease Surveillance and Response (IDSR) systems. In this respect, the activities supported by WHO included:

- Technical support to the Disaster Management and Mitigation Unit (DMMU) in conducting rapid assessments of the situation in the affected areas to identify the critical needs, actions required and gaps;
- Support to the DMMU in mitigating the effects of disasters, through rapid assessment of ill-health related to floods or droughts;
- Supported report writing of the health chapter on rapid assessment floods-affected districts; and
- Supported the preparation of a contingency plan focusing on floods, drought and epidemics.





MoH receiving Ebola Control equipment

### **3.1.9 WHO Country Office Support for social mobilisation to the Ebola outbreak response in Liberia**

The WHO Country Office provided technical support to the Ministry of Health in Liberia for social mobilisation to the Ebola outbreak response through the deployment of the Health Promotion Officer, Ms Nora Mweemba from 23<sup>rd</sup> April to 11 May 2014 and 5<sup>th</sup> October to 7<sup>th</sup> December 2014 respectively. The two missions were undertaken support the Ministry of Health in the implementation of social mobilisation activities for the Ebola Virus Disease Outbreak in Liberia.

The accomplishments during these missions include;

- Orientation of health promotion officers in Lofa county (Voinjama and Foya) on development of operational plans for social mobilisation and implementation of activities and forging stronger partnerships with all stakeholders in May 2014;
- Development of social mobilisation plans and strategies;
- Planned and implemented a snap survey of the perceptions of the community on Ebola in Foya and Voinjama in May 2014 and the report was used to refine strategies. IEC Messages and materials on EVD and restoration of health services developed (Immunisation as an entry point) and message guidance package updated;
- Technical advice to the Ministry of Health and Social Welfare health promotion Division on planning and implementation of social mobilisation during an outbreak based on experiences from the Ebola and Marburg outbreaks in Uganda;
- Supporting the management and coordination of the social mobilisation activities through the national social mobilisation committee meetings;



Zambia Health Promotion Officer, Ms. Nora Mweemba (Centre) providing support in Liberia

- Development of messages and IEC materials for the different phases of the Ebola outbreak; Planning and Implementation of Community engagement activities through training of General Community Health volunteers (GCHVs.), traditional leaders, NGOs and other community based stakeholders;
- Support for planning and implementation of the national KAP survey on Ebola in Liberia;
- Training of journalists and engaging the media in general in the response including the restoration of health services in December 2014;

## Health Promotion

There is faced with a significant disease burden, especially in terms of communicable diseases. The burden of NCDs is also growing. This situation calls for effective integration of health promotion in all priority health programmes, so as to ensure effective prevention and management of such conditions. The lack of a health promotion policy and strategic framework has largely contributed to the poor definition, poor implementation and coordination, and ineffective integration of health promotion into priority health programmes.

In 2014, the capacity at central level for planning, management, implementation and coordinating of health promotion improved, largely due to the deployment of more officers to the health promotion unit. Health promotion focal point persons were also appointed at district level. Investment in health promotion is increasing, however,

involvement of non-health sectors and implementation of health promotion for specific settings such as schools, workplaces, communities is still a challenge.

### Key Achievements on Health Promotion

- During the year under review, consultations on the draft health promotion policy continued. WHO provided both technical and financial support to MOH towards the development of guidelines for implementation of health promotion at district level. The final draft was awaiting printing, with support from WHO;
- Re-training of health promotion focal point staff for community based health promotion, targeting priority health programmes, was conducted. A total of 52 districts out of the total of 72, which were not trained in 2007, were targeted in 2014. This training focused on community interventions and also covered media personnel from the Zambia News and information Agency, to improve the communication element at local level. The involvement and training of journalists aimed at increasing their interest in health issues and output of key messages;
- The Health Promotion Schools Initiative pilot project came to an end and a report was prepared and presented at the WHO inter-country meeting on the SADC health promotion project, held in October 2014. The report showed that, providing relevant training to schools on school health and resources helped them achieve good results in improving health and ownership of the programmes. Proper monitoring and supervision is however required for standards to be maintained and also ensure



Zambia Health Promotion Officer, Ms. Nora Mweemba (in red) in Liberia



continuity. Recommendations were made for MOH and Ministry of Education (MOE) to continue strengthening school health activities at district level, using the SHIN and the Health Promotion Schools Initiatives strategies;

- Technical support was provided to the MOH for the development and implementation of communication strategies for various priority health programmes, including child health. The communication strategies included production of health learning materials such as leaflets, booklets, posters and advocacy information packages for use by different target groups, and production of programmes for TV and radio for communicating key messages;
- Advocacy meetings were also conducted at different levels with the media, NGOs, private sector and religious groups. Collaborative activities were also undertaken within the UN, especially in relation to the MDGs campaign, and with other partners in the health sector and other government institutions for promotion of joint health programmes, initiatives and activities;
- WCO provided technical and financial support towards commemoration of the World Health Days and health campaigns including the Child Health Week, Breast-Feeding Week, and the Global Campaign against Epilepsy, which were also supported by other partners;
- The MDGs campaign in Zambia is strong and involves reporting and sensitization at all levels. WHO participated in the annual MDGs race, which is an advocacy event bringing all health partners and stakeholders together;



World Health day celebration 2014

- WCO performed its role as a source of information on important developments on health issues at global, regional and country levels, through regular dissemination of information to MOH, local and international media Organizations, partners in health and other stakeholders. In this respect, press releases from WHO/HQ, WHO/AFRO and WCO were provided to the public media on a regular basis. The WHO Newsletter was also circulated on specific developments at country level. Media outreach was conducted through interviews with the WHO Representative and programme officers on specific health issues;
- During the last quarter of 2014, MOH conducted supervisory visits to the districts to gather information on health promotion activities, challenges and required support. This data formed the basis for activities to be targeted in 2014.



Dr Babaniyi donating booklets and computers to MoH with late Dr Hellen Mutambo(EPI Team Leader) in the background

## 4. MAIN CONSTRAINTS AND CHALLENGES

The main constraints and challenges to the implementation of the programmes included:

- Inadequate funding, inadequate programme data to track progress and weak integration and synergy within and external;
- Downstream constraints included cultural beliefs, leading to late ANC bookings, inadequate equipment and infrastructure, and staffing problems;
- Limited support for Pharmacovigilance activities by the government and Cooperating Partners;
- The new National Supply Chain Management Strategy is not yet fully functional to give the full benefit of improve availability of medicines in the country partly due to limited resources;
- The main constraint was that MOH has not yet recruited/assigned a focal point person for CPC programme in the new organization structure and staff establishment. The other one was the inadequate funding for the CPC programme, which in turn affected ownership and monitoring of the programme. Further, the situation analysis and mapping of trachoma is expensive due to low prevalence of the disease;
- Health promotion is narrowly understood to be communication, and this leads to poor application of resources at the local level;
- Inadequate IT infrastructure, poor internet connectivity and inadequate skilled staff;
- Shortages and inequitable distribution of qualified HRH within the health sector;
- Insufficient funds to hire all graduates from training schools inequitable distribution of health workers due to their reluctance to serve in remote, under-developed rural areas; and long distances to health facilities, impassable roads and poor communication facilities for timely referrals;
- Competing priorities – too many activities with few health workers to implement them;
- Critical shortages of health workers at all levels;
- Inadequate funding and delays in releasing the available funds, including voluntary funds to implement the planned activities;
- High disease burden especially HIV & AIDS, with changing and emerging issues that necessitate a constant need to update health workers' and CHWs' knowledge;
- Inadequate focus and limited health interventions tailored for the adolescents.

## 5. LESSONS LEARNT

- MOH taking the lead and streamlining of partner activities proved important in the implementation of the programme;
- Delivering as One UN has many advantages and synergies were used to complement funding for activities;
- Advocacy for integrated delivery of services for MNCH is important especially as there are very few health workers to implement the services;
- Mobilisation of funds for MNCAH both internally and externally;
- The commitment of MOH in carrying out the survey was fundamental to the success of the control activities on Schistosomiasis, Human African Trypanosomiasis and Filariasis. The partnership for schistosomiasis control and trachoma mapping has been another enabling factor;
- Enhanced partnerships, as evidenced by the presence of bilateral and multilateral cooperating partners, and NGOs; and
- Government coordination through the DMMU under the Office of the Vice-President;
- Availability of seed funding and technical support from WHO, is critical and facilitated the initiation of various activities and continuation of existing programmes;
- Partnership with UNICEF and USAID made it possible for WHO to pool technical expertise and funding for some health promotion programmes, particularly the social mobilization and other IEC programmes, and the capacity building workshops;
- There is increasing recognition that weak health systems create barriers to achievement of the health MDGs and other global and regional health initiatives. This would help in strengthening support to systems strengthening;
- There is need to intensify efforts towards strengthening of capacities in policy and strategy development and implementation at national, provincial and district levels;
- Lessons learnt from the revision of the performance assessment tools and challenges encountered will be useful in revitalizing primary healthcare; and
- There is need for WHO to ensure timely response to requests for support in health system policies and service delivery;
- The continued reliance on user fees by some health facilities means that there is still considerable inequality in the context of social health protection. This threatens exclusion of some vulnerable populations;
- Limited skills in economics and financing adversely affects actions at district, provincial and national levels. To quickly achieve universal coverage, it will be important to increase these skills and also foster mutual understanding between financing and health experts;
- Sharing information on effective actions for health financing and social protection in the country has proved valuable in developing strategies for attaining universal coverage; and
- The demand for technical support, analytical work and capacity building is increasing and WHO should be prepared to respond appropriately;

- Continuous structured interactions with regional office counterparts are needed to facilitate the harmonization of various activities;
- The capacities of MOH to address questions of ethics, equity, trade and social determinants of health, human rights and health legislation require further strengthening, and their efforts to engage with other sectors should be encouraged so as to ensure policy coherence and efficient national health systems;
- It is important to maintain and establish partnerships with a range of stakeholders that have an interest in question of ethics, equity, trade and social determinants of health, human rights and health legislation; and
- Sustainable financing is needed to facilitate policy development and implementation of recommendations at country level;
- The endorsement of regional strategies and commitments provides for political interest at global level, which could be translated into effective action at country level;
- While at global level advocacy has resulted into increased awareness and generated new levels of consensus, the translation of global and regional commitments into concrete actions is still lagging behind at country level; and
- Lack of a comprehensive human resource information system still poses a major challenge to HRH management.

## **PRIORITIES FOR 2015**

The following will form the priorities for WHO support in 2015:

- To support the Government to invest more in the training of health workers in logistics management at the health facility level especially health center level;
- To support Government set up Supply Chain Management supervision in order to avoid artificial shortages of drugs available at the central level;
- To provide support to Zambia Medicines Regulatory Authority for Pharmacovigilance activities;
- Support the development of the NHSP for the period from 2017 to 2021;
- Support the production of sector action plans and budgets;
- Support the completion of the on-going development and subsequent implementation of the Social Health Insurance (SHI) policy; and
- Support institutionalization of the National Health Accounts (NHA) and production of the 2011/12 and 2014 reports;
- Foster the development of national health capacity for emergency preparedness and response;
- Provide assistance to undertake risk analysis and disease surveillance;
- Work closely with government, UN Agencies and other stakeholders to improve effectiveness of collaboration, on the basis of clearly defined roles and responsibilities;
- Continue to support government in strengthening capacity for responding to emergencies;



- Dialogue with MOH to assign a focal point person for EHA;
- Supporting all health system coordination mechanisms, such as the IHP+;
- Supporting the development of the Health Care financing strategy;
- Continue expansion of the IMCI strategy and iCCM in order to increase the saturation of trained health workers and community health workers;
- Support training in ETAT in the hospitals around the country;
- Advocate for documentation, availability and accessibility of adolescent health services;
- Support MOH/MCDMCH to ensure regular feedback from monitoring child health outcomes at all levels of health care;
- Continue to support MOH in the development and implementation of integrated MNCH strategies and tools, including capacity building and scaling up of EmONC, Focused Ante-natal Care (FANC);
- Support implementation of interventions for Family Planning (FP) in the context of PMTCT, MDRs and development of a standardized package for SMAGs. It will also continue to support efforts towards strengthening of M&E and documentation of best practices in MNCH;
- Continue supporting the strengthening of HMIS and health systems research;
- Continue supporting the strengthening of routine health information systems, so as to ensure timely generation of health information;
- Support efforts to develop mechanisms for improving data quality and usage; and
- Support efforts towards strengthening mechanisms for coordination and harmonization of various health sector information systems;
- Scaling up of mapping of Filariasis to other districts which have not yet been covered. 14 districts, out of the total of 105 districts in Zambia, have so far been assessed for Filariasis;
- Supporting the scaling up of Schistosomiasis and Soil-transmitted Helminthes control;
- Supporting the collection of data on the treatment of Schistosomiasis and Soil-Transmitted Helminths (STH);
- Supporting training of teachers and CHWs in the administration of de-worming tablets;
- Supporting a situation analysis and mapping of Trachoma;
- Scaling up mapping activities on Trypanosomiasis in the country, through TDRC; and
- Monitoring of mass treatment in all the affected districts, selected schools and communities;
- Continue expansion of the IMCI strategy in order to increase the saturation of trained health workers and community health workers;
- Continue advocating for MNCH interventions – Essential newborn care;
- Continued training in ETAT in the hospitals around the country;

- Advocate for documentation, availability and accessibility of adolescent health services;
- Support MOH to ensure regular feedback from monitoring child health outcomes at all levels of health care;
- Mobilization of funds for child health, both internally and externally;
- Assist MOH in the expansion of training on Integrated IYCF Counselling Course in the country at both facility and community levels;
- Support MOH in integrating school health in other functional interventions, like the child and maternal health weeks; and
- Continue to support government in improving Paediatric HIV&AIDS management at facility and community levels;
- The strategy for this component is to concentrate on integrating health promotion into key health programmes in Zambia;
- The key elements to be addressed will include:
  - Finalization of the development of the health promotion policy and the health promotion guidelines and strategies;
  - Capacity building for health promotion implementation, through training of district health teams on integrating health promotion into priority health programmes, especially for community action;
  - Development and implementation of communication strategies and social mobilization activities to support priority health programmes, including implementation of health campaigns; and
  - Implementation of specific health promotion initiatives, such as school health and nutrition; Support efforts aimed at improving the performance of the existing health workers, as one of the ways of addressing the HRH crisis;
  - Support the retention and deployment of health workers in underserved areas; and
  - Support the strengthening of leadership skills at all the levels of the health system.



## 6. PARTNERSHIPS

### 6.1 Background

The United Nations (UN) system in Zambia is undergoing an important transformation in the way it does business in line with the principles articulated in the Paris Declarations. To this end, the UN system is in the process of repositioning itself so as to engage with the government and other major development partners under the Joint Assistance Strategy for Zambia (JASZ), as a means of radically boosting effectiveness.

Through the UNDAF and JASZ frameworks, WHO will provide technical assistance to MOH and development partners in support of health sector programmes. The WHO continues to liaise with global alliances/funds, foundations and civil society in promoting partnerships, good governance, gender and equity in the health sector.

### 6.2 WHO Strategy

To support efforts aimed at improving health sector partnerships, governance, gender and equity. The main focus will be on providing leadership, strengthen governance and foster partnerships. WHO will facilitate coordination and networking among all stakeholders at country level, in order to promote advocacy and communication, stimulate inter-sectoral action and increase investment in the health sector. Specifically, the WHO strived to ensure that strategic policy framework existed and that these were combined with effective oversight, coalition building and accountability.

WHO supported development and establishment of global health mechanisms, such as the International Health Partnerships (IHP) to provide more sustained and predictable technical and financial resources for health on the basis of a common health agenda which responds to the health needs of Zambia. WHO also provide technical advice to MOH and NGOs to adequately prepare themselves for the International Health Partnerships (IHP+).

## 7 . CORPORATE SERVICES

### 7.1 WHO's Presence in Zambia

The broad framework for WHO's work with Zambia is articulated in the WHO Country Co-operation Strategy (CCS). The CCS also serves as a basis upon which implementation of WHO activities in the country are based.

The CCS's main strategic directions include: reduction of excess mortality, morbidity and disability especially in poor and marginalized populations; promoting healthy life styles and reducing risk factors to populations; developing health systems that equitably improve health outcomes; responding to people's legitimate health demands; developing an enabling policy and institutional environment in the health sector; and promoting effective health dimension to social, economic, environmental and development policies. Through this strategic framework, the WHO places emphasis on fostering strategic thinking, putting greater emphasis on its role as a policy adviser and broker, and moving away from direct programme implementation, except in emergency situations. Globally, WHO has a broader partnership at country level and works with other development partners in a complementary way to support Government implement NHSP 2011-16. WHO's engagement in the health sector SWAP process is essential so that the subsequent dialogue on policy systems development and sector reform can benefit from WHO's guidance evidence base.

### 7.2 Administration and Personnel

The staff establishment of the WCO comprises of one international staff, 38 local professional staff and support staff. During the year under review, the country office



Dr Babaniyi with some staff before his departure at Kenneth Kaunda International Airport in Lusaka

bade farewell to Dr Olusegun Babaniyi who retired and two acting WRs Dr Jean-Bosco Ndiokubwayo, and Dr Jean- Marie Dangou who supported the office prior to the arrival of the new WHO Country Representative Dr Jacob Mufunda.



Staff bidding farewell to Dr Dangou



Staff bidding farewell to Dr Ndiokubwayo





Dr Mufunda arrives at Lusaka Airport 2014



Dr Mufunda is received in Zambia 2014

### 7.3 Financing

The WCO biennial work plan 2014-2015 is structured under 52 Outputs, 105 services/products and 279 Activities. The majority of activities scheduled to start in 2014 will continue into 2015. As of 20th December 2014, implementation of 276 activities and 51 outputs were in progress with only one output at risk. The percentage budget implementation rate stood at 76% as of 20th December 2014.

Out of the US\$12,298,000 total approved budget, US\$9,589,347 was allocated during the year; the total amount that was spent was US\$7,232,232, representing a budget implementation of 75%.



WCO staff during retreat 2014



WCO retreat staff on the dance floor 2014









# World Health Organization

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