



World Health  
Organization

Zambia

# Annual Report



2015



The WHO Regional Director for the African Region, Dr. Matshidiso Moeti (centre) met the President of the Republic of Zambia, His Excellency, Mr. Edgar Chagwa Lungu (second from right) during her official visit to Zambia. She was accompanied by the Minister of Health, Dr. Joseph Kasonde (right) and the WHO Representative, Dr. Jacob Mufunda (third from left).

## Editorial Committee

Dr. Jacob Mufunda, WHO Representative  
Dr. Freddie Masaninga, National Professional Officer, Malaria  
Ms. Nora Mweemba, National Professional Officer, Health Promotion



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# Foreword



*Dr. Jacob Mufunda*

**T**he year 2015 was quite eventful not only for the WHO Country Office, but the health sector at large. The WHO Country Office celebrated its Golden Jubilee which highlighted WHO's contribution to improving health in Zambia and its commitment to supporting the country in addressing current and emerging health challenges. The Regional Director for the WHO African Region, Dr. Matshidiso Moeti who was present in the country during the Golden Jubilee celebration reassured government of WHO's commitment to strengthening health systems and capacities for responding to emergencies in countries.

The year 2015 also marked the end of the 2014-2015 biennium and the commencement of the elaboration of the 3<sup>rd</sup> generation Country Cooperation Strategy (CCS) for 2017 to 2021, which is the blueprint for WHO and GRZ cooperation. The publication of the 2013/2014 Zambia Demographic and Health

Survey (ZDHS) in 2015 was significant as it pointed to improvements in health indicators and areas where more investment is needed. The Millennium Development Goals (MDGs) era came to an end in September 2015 and the new Sustainable Development Goals (SDGs) were launched earlier in October. Although the country did not achieve most of the health-related MDG targets, except the target for child health, significant improvements were made in Malaria, TB, HIV/AIDS, Maternal health and in other priority programmes. The launch of the Global Plan on Women's and Children's health in 2015 stimulated action at country level for accelerating efforts towards reducing maternal and child deaths.

Some of the major highlights of WHO's work and support to government in 2015 include: support to the successful submission of a proposal to the Global Alliance for Vaccines and Immunization (GAVI) for support to introduce the Inactivated Polio Vaccine (IPV) into the EPI schedule in 2016; the country's sustained certification surveillance standard towards the polio eradication initiative (PEI); the printing of the Non-Communicable Diseases Strategic Plan; the nation-wide Malaria Indicator Survey and the development of the National Ebola Preparedness and Response Plan including provision of technical support to the countries of West Africa affected by the Ebola outbreak through deployment of technical and administrative staff. Other notable developments include the alignment and harmonization of the Zambia Medicines and Regulatory Authority for regional registration of medicines for

human use, the launch of the report for the national TB prevalence survey, Mid-Term Review of the National Health Strategic Plan 2011-16, provision of both technical and financial support in response to outbreaks of measles, plague, meningitis, typhoid and konzo in the affected districts and through joint efforts of WHO and other UN Agencies, the implementation of the CIDA Canada H4+ initiative in five districts which led to improvements in maternal and child health.

The WCO domesticated the African Region Transformation Agenda through the reassignment of the 4 national surveillance officers to 4 zonal offices and positioning strategic resources for activities. The four zonal offices include Kasama which caters for Muchinga, Luapula and Northern provinces; Ndola which caters for Northwestern, Copperbelt and Central Provinces; Lusaka covering Eastern and Lusaka Provinces and Choma covering Western and Southern Provinces. The national surveillance officers coordinate WHO operations in the provinces of assignment and are hosted by the Provincial Health Offices.

WHO's next biennial plan for 2016 and 2017 will not only be reflective of WHO's priorities in the Country Cooperation Strategy, it will also be aligned to the Sustainable Development Goals and anchored on supporting the National Health Strategic Plan (NHSP). WHO will continue advocacy and support for the implementation of the Non-Communicable Diseases Strategic Plan. The launch of reforms by the Regional Office for Africa through a

Transformation Agenda which is intended to make WHO more responsive, efficient, better resourced and accountable was embraced at country level with efforts aimed at improving the delivery of programme support and to strengthen response to disease outbreaks and surveillance. WHO will continue to work through existing partnerships and within the United Nations Development Assistance Framework (UNDAF).



Dr. Jacob Mufunda  
*WHO Representative*

# Executive Summary

**T**he WHO Country Office continued to provide technical and financial assistance to support the National Health Strategic Plan and actions aimed at accelerating the achievement of the health-related Millennium Development Goals (MDGs) targets. WHO globally implements a two year budget cycle. In the 2014-15 biennium, a total of US\$12,298,000 budget was approved and US\$9,807,187 was actually received by the country office with a 97% implementation rate. Funding for maternal, newborn and child health increased with contributions from the CIDA H4 + Initiative and Reproductive, Maternal, Neonatal, and Child health UN trust funds. These funds contributed to improvements in the implementation of programmes focusing on national priorities.

The country continued to face a high burden of communicable diseases and an increasing burden of Non-Communicable Diseases. The 2013-2014 Zambia Demographic and Health Survey (ZDHS) showed significant gains in health. For example, the neonatal mortality rate declined from 37 in 2007 to 24 in 2013. Despite the country not achieving most of the health-related MDG targets, except the target for child health, significant improvements were made in Malaria, TB, HIV/AIDS and Maternal health. The UN Child Mortality estimate for 2015 put Under-five mortality at 64/1000 live births – the MDG 4 target.

Positive developments and improvements

in health indicators were seen across various programmes in 2015. Through joint efforts of WHO and other UN Agencies, the implementation of the CIDA Canada, UN H4+ initiative in five districts, led to improved maternal and child health as a result of interventions targeting human resources for health, access to health services, service delivery and community engagement. Other positive developments in maternal and child health include: the introduction of the Maternal Death Surveillance and Response (MDSR); scaling up of IMCI; adaptation of the WHO cervical cancer prevention and control training toolkit and development of the Health worker training packages on Essential Newborn Care.

In the nutrition sector, the multi-sector Monitoring and Evaluation Plan for tracking progress of the 1000 Most Critical Days Programme (MCDP) was developed and 410,000 United States Dollars were sourced for inclusion of the height indicator in Growth Monitoring and Promotion (GMP) in the Health Management Information System (HMIS). This system was initiated in 4 districts targeting 40 health facilities.

In 2015 96% of the districts achieved Pentavalent 3 vaccination of more than 80% while 4% achieved less than 80% coverage and no districts reported coverage below 50%. Zambia sustained certification surveillance standard towards the polio eradication initiative (PEI) with non-polio AFP rate of 3.5 per 100,000 children aged



less than 15 years and stool adequacy of 89%. The multi-year plan was updated and aligned with global obligations particularly the Global Vaccine Action Plan (GVAP), the Decade of Vaccines and national documents such as the Six National Development Plan (SNDP) 2011-2016 and the National Health Strategic Plan (NHSP) 2011-2016. Plans to introduce Inactivated Polio Vaccine (IPV) into the EPI schedule were made following successful submission of a proposal to the Global Alliance for Vaccines and Immunisation (GAVI) for support.

The WHO provided both technical and financial support in response to outbreaks of measles, plague, meningitis, typhoid and konzo in the affected districts. The Non-Communicable Diseases Strategic Plan 2013-2016 was developed to provide a framework for addressing the rising burden of NCDs. Equally, the Neglected Tropical Diseases Master Plan was developed. In view of the Ebola Outbreak in West Africa, WHO supported the development of the National Ebola Preparedness and Response Plan and the national Ebola Communication strategy. Technical and administrative staff were deployed to Liberia and Sierra Leone to support response activities, thus providing technical capacity for Zambia to manage such outbreaks within Zambia. The WHO Country Office in Tanzania was also supported in responding to the Cholera outbreak through deployment of a social mobilization expert. The International Health Regulation (IHR) Monitoring Tool for 2014 was completed.

The National TB Prevalence Survey 2013 – 2014 report was launched and results showed that TB prevalence was 638 per 100,000 population, which is higher than the WHO estimate of 338/100,000 population for the same period. The National childhood TB guidelines were developed in line with the WHO AFRO framework and new modules on programmatic management of drug resistant TB (PMDT) and childhood TB were added to the training package.

Zambia conducted a nationwide Malaria Indicator Survey in 2015. The report showed increasing coverage of key preventive and curative interventions, such as Insecticide Treated Nets (ITNs) and Indoor Residual Spraying (IRS). The national Health Management Information System (HMIS) reported continued reduction in malaria related deaths. However, malaria incidence increased from 227 per 1000 in 2013 to 395 per 1000 in 2014 and a reduction in 2015 to 316 per 1000. WHO in collaboration with malaria partners supported MOH to develop successful application and grant negotiation in the Global Fund new Funding mechanism for 2015-2017. WHO also supported comprehensive analysis of efficacy of the major classes of insecticide used for Indoor Residual Spraying (IRS) in Zambia which led to the development of a National Insecticide Resistance Management Plan.

In the pharmaceutical sector, the National Drug Control Laboratory Quality Management Systems were updated in

order to become WHO Pre-qualified, which is a mark of quality for results released from the laboratory. The Zambia Medicines Regulatory Authority (ZAMRA) is regionally harmonized with registration of medicines for human use after the Common Technical Document (CTD) for registration of medicines was domesticated.

WHO participated actively in Policy Meetings, United Nations Country Team meetings, Sector Advisory Group and Cooperating Partner's meetings. The Office involved in the development of the UN Sustainable Development Goal Partnership Framework 2016-21 and its results Matrix, including coordination of the UNDAF Mid-Year and End-Year work plan reviews. WHO also supported the development and finalization of the Mid-Term Review of the National Health Strategic Plan 2011-2016.

The work of WHO in the next biennium 2016–2017 will be to contribute to the scale-up of health programmes to achieve universal health coverage. The biennial plan will not only be reflective of WHO's priorities in the Country Cooperation Strategy 2017-2021, it will also be aligned to the SDGs and anchored on supporting the National Health Strategic Plan. The role of WHO will remain that of providing technical assistance in accordance with its core functions and mandate of policy dialogue, health sector partner convener, advocacy, standard setting, normative guidance, monitoring disease trends and leadership in health issues.

# Acronyms

<b>AFRO</b>	WHO Regional Office for Africa	<b>HMIS</b>	Health Management Information System
<b>AIDS</b>	Acquired Immuno-Deficiency Syndrome	<b>HIV</b>	Human Immuno-deficiency virus
<b>AVW</b>	Africa Vaccination Week	<b>HRH</b>	Human Resources for Health
<b>BFHF</b>	Baby Friendly Health Facility Initiative	<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>CDC</b>	US Centre for Disease Prevention and Control	<b>IHR</b>	International Health Regulations
<b>CCS</b>	Country Cooperation Strategy	<b>IEC</b>	Information, Education and Communication
<b>CIDRZ</b>	Center for Infectious Diseases Research in Zambia	<b>IMAI</b>	Integrated Management of Adolescent and Adult Illnesses
<b>CSU</b>	Country Support Unit	<b>IMCI</b>	Integrated Management for Childhood Illnesses
<b>CSO</b>	Central Statistical Office	<b>IPTp</b>	Intermittent Preventive Treatment in Pregnancy
<b>CTD</b>	Common Technical Document	<b>ITNs</b>	Insecticide Treated Nets
<b>CVD</b>	Cardiovascular Diseases	<b>IRS</b>	Indoor Residual Spraying
<b>DDT</b>	Dichloro-Diphenyl-Trichloroethane	<b>IST/ESA</b>	WHO Inter-country Support Team for Eastern and Southern Africa
<b>DFC</b>	Direct Financial Cooperation	<b>IYCF</b>	Infant and Young Child Feeding
<b>DFID</b>	UK Department for International Development	<b>LCMS</b>	Living Conditions and Monitoring Survey
<b>DHIS</b>	District Health Information System	<b>LLINS</b>	Long Lasting Insecticide Treated Nets
<b>DOTS</b>	Directly Observed Treatment Short Course	<b>MCDP</b>	1000 Most Critical Days Programme
<b>EDM</b>	Essential Drugs and Medicines	<b>MCDMCH</b>	Ministry of Community Development Mother and Child Health
<b>EPI</b>	Expanded Programme on Immunization	<b>MDA</b>	Mass Drug Administration
<b>EML</b>	Essential Medicines List	<b>MDGs</b>	Millennium Development Goals
<b>EmONC</b>	Emergency Obstetric New-born Care	<b>MIS</b>	Malaria Indicator Survey
<b>FANC</b>	Focused Antenatal Care	<b>MMR</b>	Maternal Mortality Ratio
<b>GAVI</b>	Global Alliance for Vaccines and Immunization	<b>MNCH</b>	Maternal New-born and Child Health
<b>GBV</b>	Gender Based Violence	<b>MoH</b>	Ministry of Health
<b>GFATM</b>	Global Fund to Fight AIDS, TB and Malaria	<b>MTEF</b>	Medium Term Expenditure Framework
<b>GRZ</b>	Government of the Republic of Zambia		

<b>NAC</b>	National HIV and AIDS/STI/TB Council	<b>UNGASS</b>	United Nations General Assembly Special Session on HIV /AIDS
<b>NCDs</b>	Non Communicable Diseases	<b>UNFPA</b>	United Nations Population Fund
<b>NFNC</b>	National Food and Nutrition Commission	<b>UNICEF</b>	United Nations Children’s Fund
<b>NHSP</b>	National Health Strategic Plan	<b>WHA</b>	World Health Assembly
<b>NTDs</b>	Neglected Tropical Diseases	<b>WHO</b>	World Health Organisation
<b>NTP</b>	National Tuberculosis Programme	<b>WHO-FCTC</b>	WHO Framework Convention on Tobacco Control
<b>PEPFAR</b>	President’s Emergency Plan for AIDS Relief	<b>ZamNis</b>	Zambia Nutrition Information System
<b>PMNCH</b>	Partnership for Maternal, Neonatal and Child Health	<b>ZAMRA</b>	Zambia medicines Regulatory Authority
<b>PMTCT</b>	Prevention of Mother to Child Transmission	<b>ZDHS</b>	Zambia Demographic and Health Survey
<b>OPV</b>	Oral Polio Virus	<b>ZNBTS</b>	Zambia National Blood Transfusion Services
<b>RBM</b>	Roll Back Malaria		
<b>SARA</b>	Service Availability Readiness Assessment		
<b>SDGs</b>	Sustainable Development Goals		
<b>SDH</b>	Social Determinants of Health		
<b>SAG</b>	Sector Advisory Group		
<b>SGBV</b>	Sexual Gender Based Violence		
<b>SHI</b>	Social Health Insurance		
<b>SIAs</b>	Supplementary Immunisation Activities		
<b>SMAGS</b>	Safe Motherhood Action Groups		
<b>SNDP</b>	Sixth National Development Plan		
<b>SWAps</b>	Sector-wide Approaches		
<b>TB</b>	Tuberculosis		
<b>TDRC</b>	Tropical Diseases Research Centre		
<b>UNDAF</b>	United Nations Development Assistance Framework		

# CHAPTER 1 :

## General Country Profile

### Demographic Indicators

Zambia is a landlocked country with an area of 752,612 square kilometers. The population is estimated to be 13 092 666 with an annual growth rate of 2.8% (CSO, 2010). The key health and demographic indicators are shown in table 1.

Table 1: Key health and demographic indicators

Indicator	Value	Year	Source	MDG target
**Population	13 092 666	2010	CSO	-
**Population Growth rate	2.8	2010	CSO	-
*Total fertility rate (Females 15-49 Years	6.3	2013/14	ZDHS	-
*Maternal Mortality per 100,000 live births	398	2013/14	ZDHS	162.3
*Infant Mortality per 1,000 live births	45	2013/14	ZDHS	35.7
*Under Five Mortality per 1,000 live Births	75	2013/14	ZDHS	63.6
Proportion of births attended by skilled health personnel	64	2013/14	ZDHS	-
Proportion of households with access to improved source of drinking water (%)	65	2013/14	ZDHS	25.5
Proportion of households with to improved sanitation facilities (%)		2013/14	ZDHS	
HIV Prevalence (%)	13.3	2013/14	ZDHS	<15.6

**Source:**

\* *Zambia Demographic and Health survey;*

\*\* *Central statistics Office;*

## Epidemiological disease Context

The country continued to face a high burden of communicable diseases and a growing burden of Non-Communicable Diseases. Table 2 shows the major causes of morbidity in health facilities for the period 2010-2015. Malnutrition remained a major threat to child health and survival. The country experienced outbreaks of typhoid, measles and dysentery in some parts of the country.

Table 2: Incidence of diseases in Zambia 2010-2015

Name of Disease	Incidence per 1000 per year			
	2010	2011	2012	2015
Malaria	330	343	339	316
Respiratory Infection (non-pneumonia)	286	309	310	388.1
Diarrhoea Non-Bloody	80	86	85	97.2
Muscular Skeletal & Connective Tissue- Non	47	54	62	67.2
Trauma other wounds and injuries	36	38	39	38.2
Digestive System Non-Infectious	32	37	39	32
Respiratory Infection (pneumonia)	33	36	33	29.8
Eye diseases Infectious	27	27	25	24
Skin Diseases Non-Infectious	22	23	26	29.6
Dental carries	-	22	24	24.3

Source: MOH 2016

### Health care delivery system

Health services in Zambia are delivered mainly through the public and private institutions and are complimented by faith-based organizations. The guiding principle of the health delivery system in Zambia is the provision of equity of access to cost effective quality health care as close to the family as possible in a caring environment while striving to achieve universal health coverage. Community ownership and participation are principal components in the delivery of health services.

### Social economic situation

The low price of copper at the London Metal Exchange negatively affected the domestic economy. The annual inflation rate declined to 7.7 percent in September 2015 from 7.9 percent in December 2014. However, food inflation rose to 8.1 percent from 7.4 percent over the same period. The local currency slid against the US Dollar from an average of ZMW 5.0 in Dec 2014 to more than ZMW10.0 in Dec 2015. Poverty levels continue to be high with a negative impact on health.

# CHAPTER 2 :

## Programme Implementation

### Health Systems Strengthening

WHO supported a number of key activities which include: provision of technical support for monitoring and evaluating progress towards Universal Health Coverage for Zambia; development and finalization of the Global Alliance for Vaccines and Immunizations (GAVI) Health Systems Strengthening Proposal; development and finalization of the Mid Term Review of the National Health Strategic Plan 2011-16; commencement , inception, data collection and data analysis of the Service Availability and Readiness Assessment Study and the development of the United Nations Sustainable Development Performance Framework (UNSDPF) and its results Matrix and the United Nations Development Assistance Framework (UNDAF) Midyear and End Year work plan reviews.

WHO also supported the following activities: the International Health Partnership (IHP)+ Scooping Mission; Sector Advisory Group and Cooperating Partner's Meetings; advocacy for the finalization of the Health Care Financing Strategy and for the finalization of the national health accounts 2011 study; coordination of the e-Health survey. Other achievements include; training of Government Officials in the use of the ONE Health Tool; the development of the reproductive health maternal neonatal child health Multi Trust fund Proposal; support for

the finalization of the country immunisation multi-year plan (cMYP); support for the vulnerability assessment in Luapula and Central provinces in collaboration with Disaster Management and Mitigation Unit and assessment of the functionality of the health systems and environment.

Despite achievements, the execution of programmes was constrained by inadequate Human resources for health, competing priorities, late disbursement of funds, inadequate Information Technology (IT) infrastructure and poor internet connectivity. The lack of a comprehensive human resource information system poses a major challenge for Human Resource for Health (HRH) management.

### Essential drugs and medicines

The WHO Country Office continued to support the Ministry of Health to strengthen the Pharmaceutical Systems. This support was focused on the following: securing medicines for tropical neglected diseases and deworming; promoting rational use of medicines; strengthening the national capacities for the medicine regulatory authority; traditional medicine; policy formulation and dialogue.

The Zambia Medicines Regulatory Authority (ZAMRA) received financial support under the EU/ACP/WHO RP to strengthen the



National Drug Control Laboratory Quality Management System. ZAMRA staff were trained in Standard Operating Procedures for implementing Quality Management Systems to meet the WHO Pre-qualified requirement. ZAMRA conducted meetings with key stakeholders to domesticate the Common Technical Document (CTD) for registration of medicines for human use and is now regionally harmonized for registration of medicines for human use. This milestone means that it will soon be possible for the country to share information on potential multi-country registration of medicines within the African region and will facilitate pooled procurement of essential medicines within the Zambia-Zimbabwe-Botswana and Namibia (ZAZIBONA) countries. The EU/ACP/WHO RP support made it possible for ZAMRA to review/update the Essential Medicines List (EML) in the country.

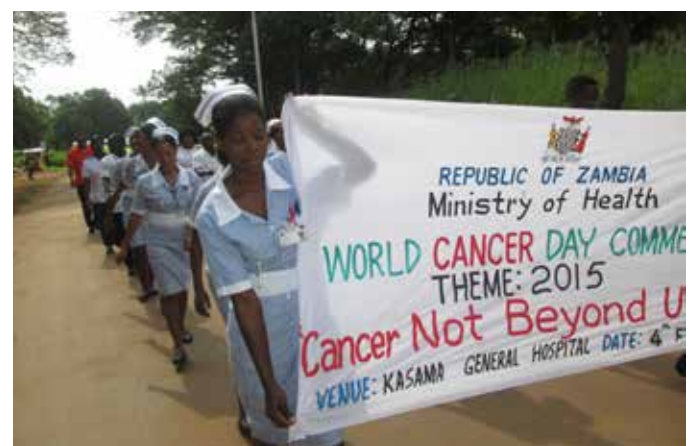
The Traditional Medicines Practitioners Bill reached an advanced stage for presentation to Parliament for enactment. Once enacted, the Bill will pave way for institutionalizing and regulating the practice of traditional and alternative medicines. WHO in collaboration with ZAMRA, UNDP and Churches Health Association of Zambia (CHAZ) supported the training of 20 health workers in Cohort Event Monitoring of Adverse Drug Reactions in order to strengthen Pharmacovigilance in the country. This training was supported by the Global Fund facility and its focus was on data collection on drug safety and procurement. Participants were drawn from major hospitals particularly the University Teaching Hospital, Levy Mwanawasa General Hospital, Kafue District Hospital, Chilonga Mission Hospital, Monze Mission Hospital and St. Francis Mission Hospital.

The annual Pharmacy Research Conference was held under the theme 'Promoting Pharmacists Involvement in Research in Improving Healthcare Quality in Zambia' and served as a forum for advocacy for increased research in the pharmaceutical area to generate evidence for policy formulation and promoting best practices. The African Traditional Medicines Day was commemorated on 18 November 2015, under the theme 'Regulation of Traditional Medicine in the African Region'.

## Disease Prevention and Control

Communicable diseases are the most common cause of illness, disabilities and death in Zambia, while the burden of non-communicable diseases is steadily growing. While these diseases present

Communicable diseases are the most commonest cause of illness, disabilities and death in Zambia, while the burden of Non-Communicable Diseases is steadily growing. While these diseases present a serious threat to the well-being of Zambian communities, there are well known interventions that are



*The commemoration of world Cancer Day 2015 in Kasama*





available for controlling them as long as accurate data on outbreak of such diseases and the necessary resources and logistics are made available timely.

## Neglected Tropical Diseases (NTDs)

Positive developments were seen in this area with support from WHO. The notable ones include; the completion of the process of the development and printing of the national Neglected Tropical Diseases (NTDs) Master Plan, Country Brief and Annual Action Plan for 2015; training of clinicians, laboratory technologists, nurses, surveillance officers and District Medical Officers (DMOs) on identification, prevention and control of the rhodesiense Human African Trypanosomiasis (HAT) from mostly affected districts in Central, Eastern, Lusaka and Muchinga Provinces; Training of Trainers on the use of mobile devices for data collection in preventive chemotherapy for NTDs and Provision of drugs for Mass Drug Administration (MDA) for Schistosomiasis control, Soil-Transmitted Helminthes (STH), and Lymphatic Filariasis (LF) to the Ministry of Health.

WHO also provided technical support to the NTD Steering Committee during the planning of the implementation of Mass Drug Administration which was conducted in June/July and September/October 2015 respectively in Central and Copperbelt Provinces. The District Medical Officers (DMO) for Eastern and Lusaka Provinces were oriented on lymphatic filariasis Mass Drug Administration. There is need to continue providing financial support for MDA as the cost of carrying out the campaigns is enormous.



*The WHO Representative, Dr. Jacob Mufunda with some members from the WHO Country Office in Kasama during the World Cancer Day Commemoration*



## Non-Communicable Diseases (NCDs)

WHO provided financial and technical support towards the development and printing of the Non-Communicable Diseases Strategic Plan 2013-2016, the National Non-Communicable Diseases Capacity Assessment Tool for Zambia and the recruitment of a Project Manager and IT Officer for the mHealth project in Zambia.

Other notable achievements in this area include: the completion of the process of reporting of the Substance Abuse Atlas questionnaire for Zambia to AFRO; investigation of cases of spastic paralysis primarily identified as Konzo disease in Mongu, Senanga and Luampa districts of Western Province and facilitation of the formation of a committee on cervical cancer. In addition, WHO supported the planning process for a country-wide STEPwise Approach surveillance for NCDs major risk factors in 2016.

## Health security and emergency

The country experienced a number of disease outbreaks in 2015 for which WHO provided technical and financial support towards response activities particularly case management, contact tracing, laboratory, surveillance, health education and community engagement. A plague outbreak occurred in Nyimba district, Eastern Province from 28 March to 30 April 2015 in which 110 cases were identified/diagnosed and death occurred. In Kabompo district in the North Western Province an outbreak of Meningitis was reported at Kabompo Secondary School,

in June 2015 and a multidisciplinary team from MOH, UTH and WHO was deployed to support the district. An outbreak of Anthrax also occurred in Sitoya and Nangula catchment areas of Limulunga district, Western Province. WHO's response activities during the outbreaks was facilitated by the presence of national surveillance officers who were reassigned to work in the provinces within the framework of the WHO transformation agenda. In addition, the WHO Country Office supported the deployment of experts from the WHO Regional Office to support the Ministry of Health and Ministry of Community Development Mother and Child Health in dealing with a Typhoid outbreak that occurred in Kanyama compound, between June and May 2015. In addition to supporting the general response, WHO purchased laboratory reagents, and printed a brochure on the prevention of typhoid in the community. A total of 278 (suspected and confirmed) cases were screened. The



*Dr. Suwilanji Sivile, Registrar, Infectious Diseases at the University Teaching Hospital, attending to a patient at Mufumbwe hospital during the meningitis outbreak in North Western Province.*



*The multidisciplinary team from MOH, UTH and WHO which supported the Meningitis outbreak in Kabompo*

majority of these were in the age group 10-15 years (54.3%). Five typhoid cases were confirmed by stool culture.

Other notable achievements include: the development of the National Ebola Preparedness and Response Plan which was organized and led by the Disaster Management and Mitigation Unit (DMMU); development of a proposal towards strengthening of preparedness and response to Ebola Virus Disease (EVD) in Zambia; Completion of the International Health Regulation (IHR) Monitoring Tool for 2014 which was shared with AFRO; finalization of the proposal/concept note on Climate Change and Health with the support of HQ and AFRO; finalization of a national strategic plan on the establishment of the National Public Health Institute in the country and the nomination of the Head of the Virology Laboratory at the University Teaching Hospital (UTH) to the WHO Advisory Group on Pandemic Influenza Preparedness.

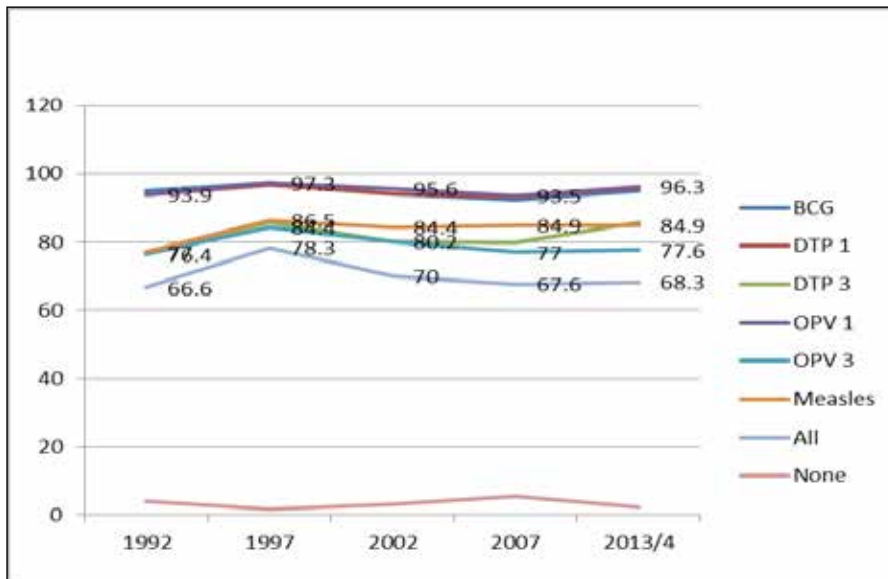
WHO supported the Disaster Management and Mitigation Unit (DMMU) to monitor data collection on the vulnerability and needs assessment in the Eastern Province, focusing on health and nutrition. The activity was meant to assess food security at household level in order to mitigate the impact of poor rainfall experienced in parts of Zambia. The inception meeting on Situation Analysis and Needs Assessment (SANA) in relation to climate and health was conducted.

## Expanded Programme on Immunisation (EPI)

### Routine Immunisation

The country's achievement of immunization coverage between 1992 and 2014 as reported in the Zambia Demographic and Health Survey of 2013-2014 is illustrated in figure 1.

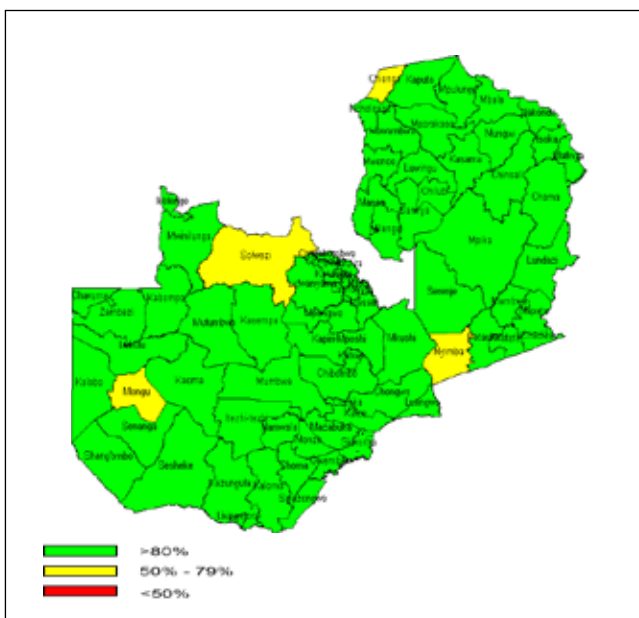
Figure 1: Trends of Immunisation coverage - Zambia, 1992 to 2014



Source: Zambia Demographic and Health Survey, 2013/14

In 2015, three of the 74 districts did not achieve the minimum coverage of 80% for pentavalent 3<sup>rd</sup> dose coverage as illustrated in figure 2 below. While measles first dose vaccination coverage was 84%, measles second dose vaccination coverage performance remains sub-optimal at 35%. The DTP dropout rate between DTP1 and DTP3 was 10.6% while the measles dropout rate between measles dose 1 and measles dose 2 was 58%.

Figure 2: DTP3 Coverage by District - 2015



Source: Ministry of Health/EPI Report, 2015

Following successful submission of a proposal to GAVI for financial support to introduce Inactivated Polio Vaccine (IPV) into the EPI schedule at the end of 2015,

WHO provided key technical support for adaptation of generic WHO guidelines and domestication of the training materials including monitoring tools. WHO also provided technical support for establishment of an Adverse Events Following Immunisation (AEFI) committee, the development of a draft plan for implementation of key activities and the processes of AEFI monitoring by the EPI programme and the Zambia Medicines Regulatory Authority.

WHO supported the development of plans for strengthening interventions in the second Year of Life (2YL) in order to address the low uptake of the measles second dose (MSD) which was a key finding from the 2014 EPI Review.

Zambia hosted the African Vaccination Week (AVW) in April under the theme 'Vaccination a gift for life'. The First Lady of the Republic of Zambia launched the AVW commemorative events in Lusaka. The country also

commemorated the first round of the 2015 Child Health Week which was launched by the WHO Regional Director, Dr. Matshidiso Moeti on 4th June, 2015 during her official visit to Zambia.

### Cold Chain and logistics Management

WHO supported training of staff in the use of the WHO Stock Management Tool (SMT) and re-establishment of the monthly reporting and capacity building for maintenance and repair of walk-in cold rooms. WHO supported government to conduct cold chain maintenance for the newly installed Provincial Cold Room in Muchinga Province. The MOH also conducted the Effective Vaccine Management Assessment exercise which will be used as a basis to develop an improvement plan for vaccine management.

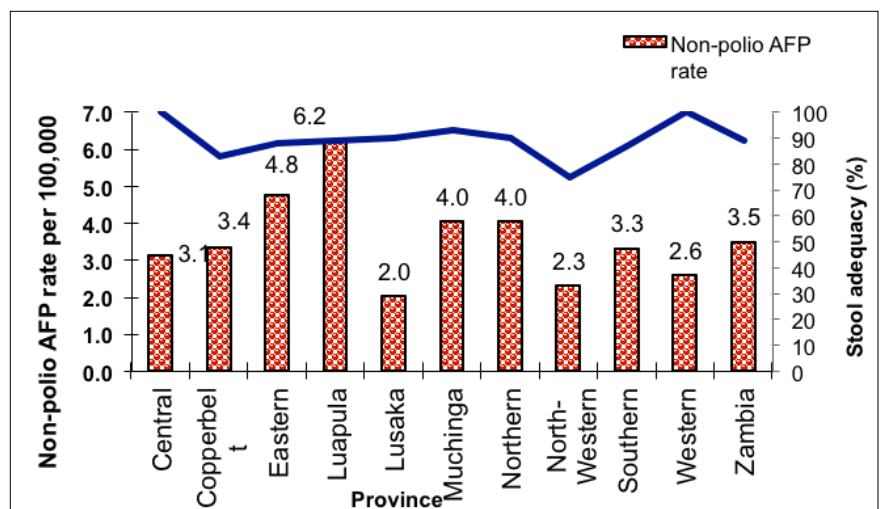
### Surveillance, Research and laboratory Operations

Active surveillance activities for polio, measles and for epidemic prone diseases, such as cholera and dysentery were supported on a monthly basis. The Technical Services Agreement (TSA) was drawn between the Ministry of Health through the University Teaching Hospital (UTH) and the World Health Organization to support operations for the national polio laboratory. WHO supported the annual accreditation process for the measles and polio laboratories.

### Polio Eradication Initiative

In 2015, Zambia sustained certification surveillance standard towards the polio eradication initiative (PEI) with non-polio AFP rate of 3.5 per 100,000 children aged less than 15 years and stool adequacy of 89%. Non-polio enterovirus isolation was at 12%, which met the target of >10%. All the provinces achieved optimal surveillance indicators sensitive to detect circulating wild poliovirus in the population, except for North-Western which had 75% stool adequacy.

Figure 3: AFP surveillance core indicators, as of September, 2015



Source: MOH/EPI report 2015

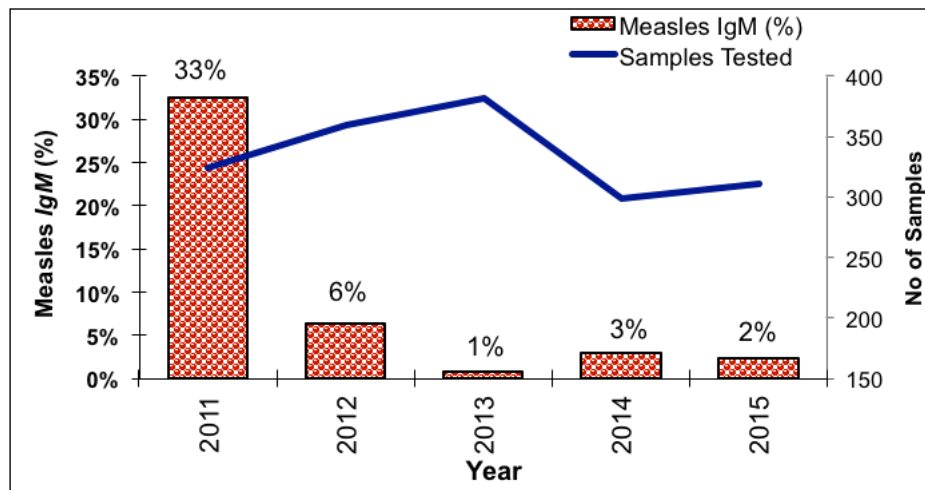
### Measles surveillance

A significant decline in measles seropositivity has been recorded between 2011 and 2015. In 2011, a total of 227 (33%) samples were IgM compared with 7 out of 311 (2.3%) in 2015. WHO supported outbreak

investigation and response for suspected and confirmed measles in Chibombo, Mansa and Nchelenge districts.

provide evidence before the Measles and Rubella vaccine introduction.

Figure 4: Measles sero-positivity - measles case based surveillance data, 2011 - 2015

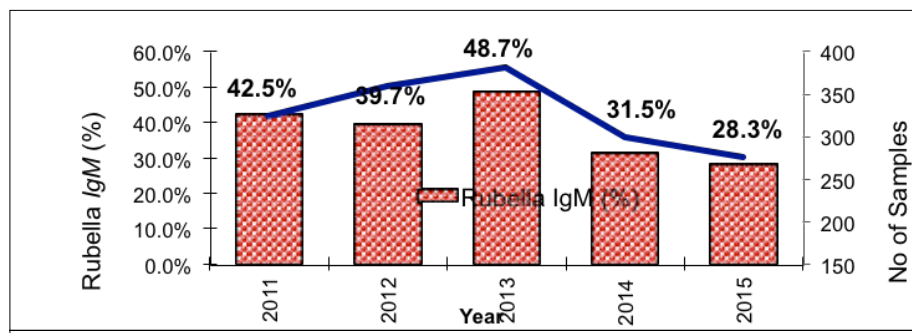


Source: MoH/EPI report 2015

The rubella sero-positivity from measles negative samples averaged 78 (28.3%). This data constitutes part of the evidence for justifying measles-rubella (MR) vaccine introduction planned for the year 2016. Further, WHO is supporting a Congenital Rubella Syndrome (CRS) retrospective study, and prospective CRS/Rubella Infection surveillance activities at four selected provincial and specialized hospitals to

in 2004 and 2013 respectively. Currently, surveillance data is being utilised to monitor the impact of PCV10 vaccine. Out of the 259 suspected meningitis cases, only 154 (59%) had lumbar puncture performed against the target of >90%, with 24 (16%) cases having probable meningitis. In addition, WHO also supported sentinel surveillance for rotavirus diarrhoea at the University Teaching Hospital. As of September 2015, rotavirus surveillance detected 1,053 acute diarrheal cases, out of

Figure 5: Rubella sero-positivity - measles case based surveillance data, 2011 - 2015



Source: MoH/EPI report 2015

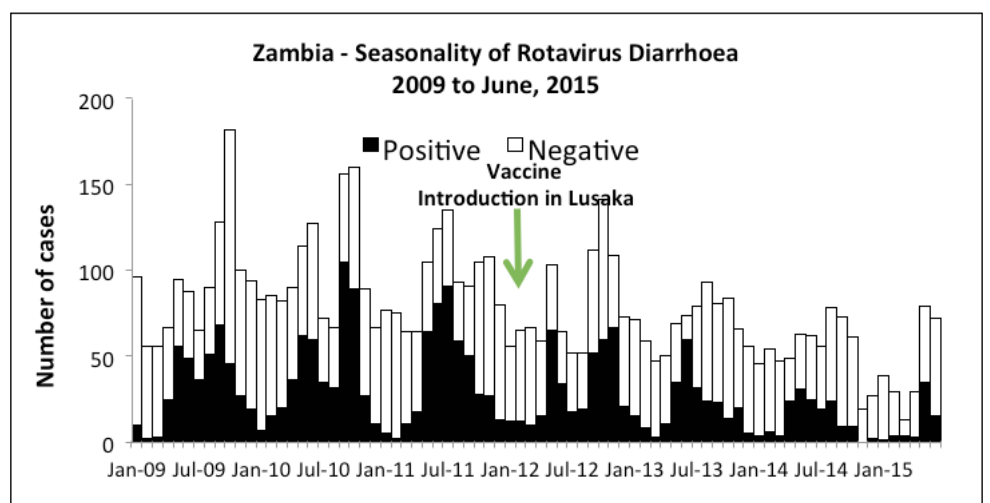
which 1,048 (99.5%) were enrolled and 960 (92%) of the specimens were tested and 296 (31%) of the samples were positive for rotavirus. Zambia has met all performance targets for Rotavirus surveillance.



WHO National Surveillance Officer, Mrs Anne Mtonga in Western Province during the outbreak of Konzo disease

In spite of the various achievements reported, challenges exist in EPI. For example, the EPI programme is experiencing low uptake of measles vaccine second dose (MVC2) which is below 50%. There is also inadequate updating of clinical variable for PBM surveillance and Sub-optimal measles case based surveillance performance indicators.

Figure 6: Seasonality of Rotavirus Diarrhea 2009 - June 2015



Source: MOH, 2015

## Maternal health: Making Pregnancy Safer

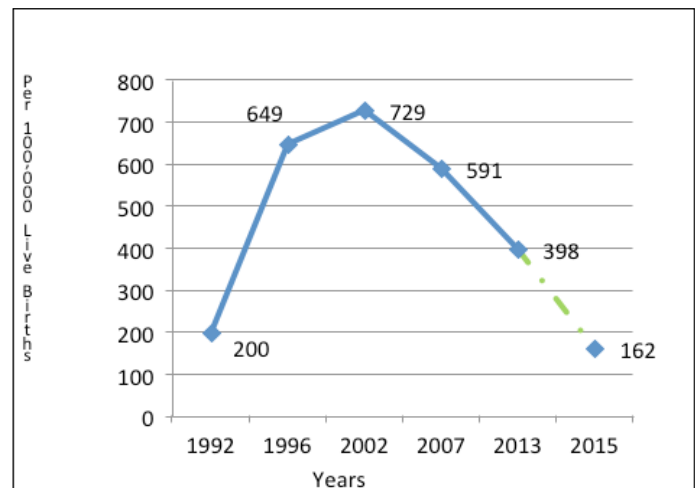


*Ministry of Health and UNFPA staff inspecting equipment in the Labour Ward at Chibale health centre in Serenje district during the joint monitoring mission of the H4 plus initiative.*

At current fertility levels, a woman in Zambia will have an average of 5.3 children in her lifetime as indicated in figure 8 below. The Total Fertility Rate (TFR) decreases with increased education level from a TFR of 7.2 among women with no education to 3.0 among women with more than secondary level education. It also decreases in urban areas (3.7) compared with 6.6 in rural areas.

The mandate of the World Health Organization in reproductive and maternal health includes supporting the government's efforts to guarantee that every pregnancy is safe through ensuring the availability of national normative guidelines and standards across the continuum of care from pregnancy to post delivery. WHO supports policy development and evidence-based strategic planning, development of human resources for health and strengthening the multi-sectoral response. The 2013/2014 Zambia Demographic Health Survey showed significant progress in maternal health indicators. Maternal health has been prioritized as part of the Sustainable Development Goals (SDGs) agenda. Figure 7 shows a decline in maternal deaths between 2002 and 2013/14.

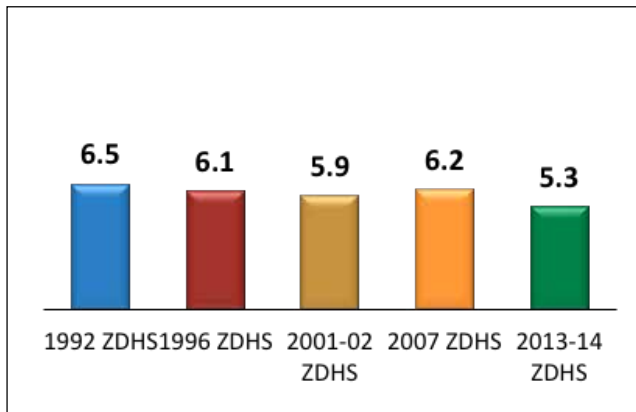
Figure 7: Maternal Mortality Trends, 1992-2013



Source: ZDHS 2013-2014



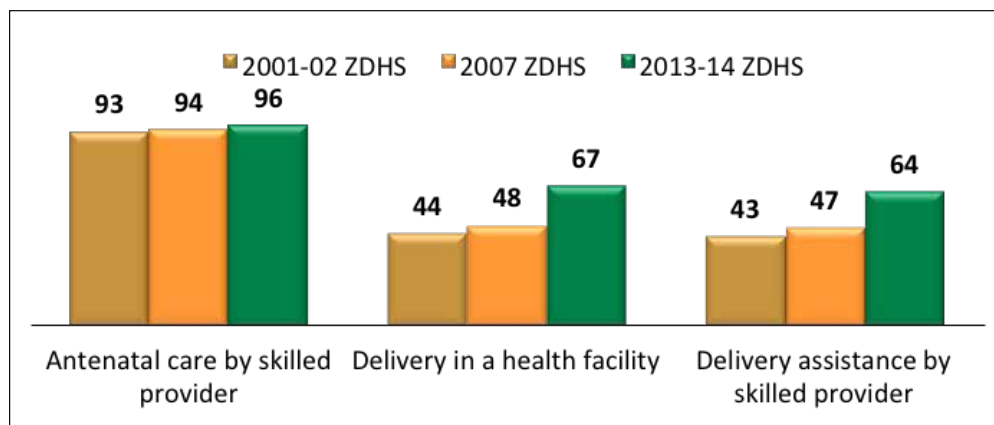
Figure 8: Fertility trends in Zambia, 1992-2014



Source: ZDHS 2013-2014

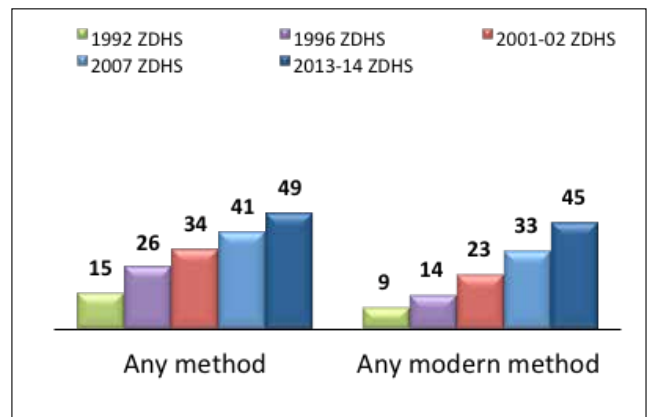
According to the 2013/14 ZDHS, the use of any family planning increased from 15 percent in 1992 to 49 percent in 2013-14, while modern method contraceptive use increased five times from 9 percent in 1992 to 45 percent in 2013-14. (see figure 9 below). The use of family planning in urban areas is higher (53 percent) compared to 39 percent in rural areas. The unmet need for family planning is 21 percent.

Figure 10: Trends in maternal health 2001-2013



Source: ZDHS 2013/14

Figure 9: Trends in Use of Family Planning



Source: ZDHS 2013-2014

The ZDHS 2013/14 also showed improvement in the proportion of mothers receiving antenatal care from a skilled provider, with 90% receiving antenatal care from a nurse/midwife and an increasing trend in births taking place in health facilities (See figure 10 below).

WHO supported a number of activities with notable achievements. In the area of human resources for health, a total of twenty (20) health care providers were trained in Family Planning and another 20 in Emergency Obstetric and Newborn Care (EmONC) and Long Acting Reversible Contraceptive methods. Health workers were also



MOH, UNAIDS and WHO Staff at Mulilima health post in Serenje district during the joint monitoring mission for the CANADA, UN H4 + Initiative

orientation of the provincial teams in MDSR; development of a national road map for MDSR; development and the adaptation of WHO MDSR guidelines for the scale up of the Option B+ for elimination of PMTT to over 90%. In addition, a study for dual rapid HIV and syphilis testing for the Elimination of Congenital Syphilis in Zambia was conducted. The WHO Country Office in collaboration

orientated on the WHO cervical cancer prevention and control training toolkit and a training of trainers programme was conducted for Community New born care at home.

Other positive developments include: the introduction of the Maternal Death Surveillance and Response (MDSR) and

with H4+ agencies supported the government to develop a successful proposal to mobilize resources for the Reproductive, Maternal, Newborn and Child Health (RMNCH) Country engagement and the Global Alliance for Vaccines and Immunisation (GAVI) Health Systems Strengthening (HSS) project for Zambia. WHO also facilitated documentation

of best practices on Family Planning in Zambia to support strengthening of the scale up of family planning interventions.

WHO supported the 2015 Safe Motherhood Week commemoration under the theme "Women's dignity begins when fistula ends". A total of 15 Chiefs from the Southern Province were oriented on safe motherhood issues and their roles as community leaders. WHO also



Team members of the joint monitoring mission for the CIDA, UN H4+ Initiative from INESOR/MOH/UNFPA/WHO in Serenje district

supported the commemoration of the World Cancer Day on 4<sup>th</sup> February 2015 in Chinsali district of the Northern Province under the theme “Cancer, not beyond us”.

The major RMNCH challenges which affect the delivery of RMNCH services include:-

- Shortages of skilled attendants which contributed to inadequate access to quality services;
- Long distances to facilities coupled with inadequate mother’s waiting shelters;
- Inadequate Safe Motherhood Action Groups (SMAGS) for the number of delivery facilities or assigned catchment areas;
- Inadequate appropriate infrastructure and equipment for quality service delivery; inadequate timely referral system for maternity complications Cultural,

Traditional factors and gender inequality;

- High poverty and high prevalence of malnutrition and anemia among pregnant women.
- Adaptation process of the guidelines and training materials takes long and
- Maternal death reporting has not yet integrated in IDSR, the implementation of MDR/MDRS requires adequate funding.

The involvement and capacity strengthening of Safe Motherhood Action Groups (SMAGs) and Chiefs acting as safe motherhood champions by national health authorities proved to be critical for preventing maternal deaths and promoting healthy seeking behaviour. The scale up of maternal health initiatives/interventions to ensure Universal Access requires more investments, resource mobilization and strengthening of health



*Engaging communities in Maternal health in Chadiza district, one of the five that are implementing the H4+ activities. Dr. Katepa Bwalya, WHO NPO for Child and Adolescent Health (far right) participated in the activities.*

systems. There is need for capacity building for the public sector to engage a multi-sectoral approach. There is also a need to support finalization of outstanding policy guidelines and training materials for maternal health.



## Child and Adolescent health



Newborn, Child and Adolescent Health (CAH) remained a national health priority in the National Health Strategic Plan 2011-2015. The major causes of morbidity in children under five years have remained the same: malaria, respiratory infection, pneumonia, diarrhea diseases, HIV and malnutrition, together accounting for 87% of all visits to health facilities. The concerns that are peculiar to adolescents include: teenage pregnancies; early marriages; inaccessible family planning services; inadequate utilization of ANC services and inadequate access to skilled birth attendants. Currently, there is paucity of documented information on adolescent health and development in Zambia. The Mid Term Review of the NHSP 2011-2015 in 2014 highlighted the gap in addressing health issues of children above

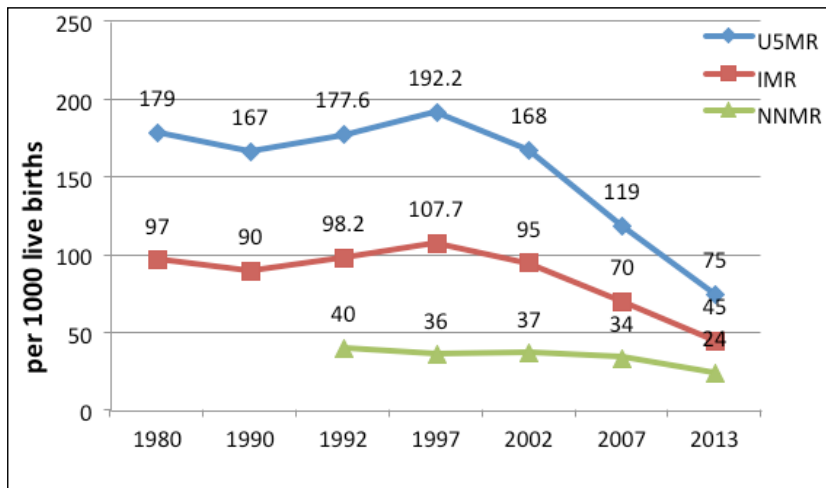
the age of 5 years and the adolescent.

WHO mobilized resources for implementation of Newborn, Child and Adolescent health programmes from the GRZ EU MDGi project totaling 216,599 Euros and the RMNCAH Trust Fund amounting to 1,800,000 USD. The critical shortage of health workers at all levels of the health care delivery system impedes the delivery of quality newborn, child and Adolescent health services.

Over the last decade there has been a significant decline in child mortality as indicated in figure 11. The Neonatal mortality rate which had been stagnant for about two decades has declined significantly from 37 in 2007 to 24 in 2013. Neonatal deaths account for about 40% of all childhood deaths. The Infant Mortality and Under 5 mortality rates also showed a decline (Figure 11). The UN Child Mortality estimate for 2015 put the Under-five mortality at 64 per 1000 live births – the MDG 4 target.

The marked reduction in child mortality can be attributed to improved coverage of key interventions along the continuum of care as indicated in figure 12. Contributing factors to the positive health outcomes include: improvement in breastfeeding rates (from 13% in 1990 to 73% in 2013); sustained high immunisation coverage; improved nutritional status as shown by a decline in stunting and acute malnutrition and improved community case management of sick children coupled with improved case management at health facility level. Equally, there has been a sustained PMTCT coverage (over 90%) and an increase in the number of children accessing

Figure 11: Trends in Child Mortalities, 1980 – 2013



Source: ZDHS 2013/2014

treatment due to an improved Early Infant Diagnosis. Despite these achievements, the rural populations still has challenges of accessing quality health care for sick newborns and children.



The Minister of Health, Dr. Joseph Kasonde, (Centre) with Ms Gracia Machel (l) The Minister for Community Development, Ms Emerine Kabansi (r) at the 17th Board meeting for the Partnership for Maternal, Newborn, and Child Health at Hotel Intercontinental in Lusaka

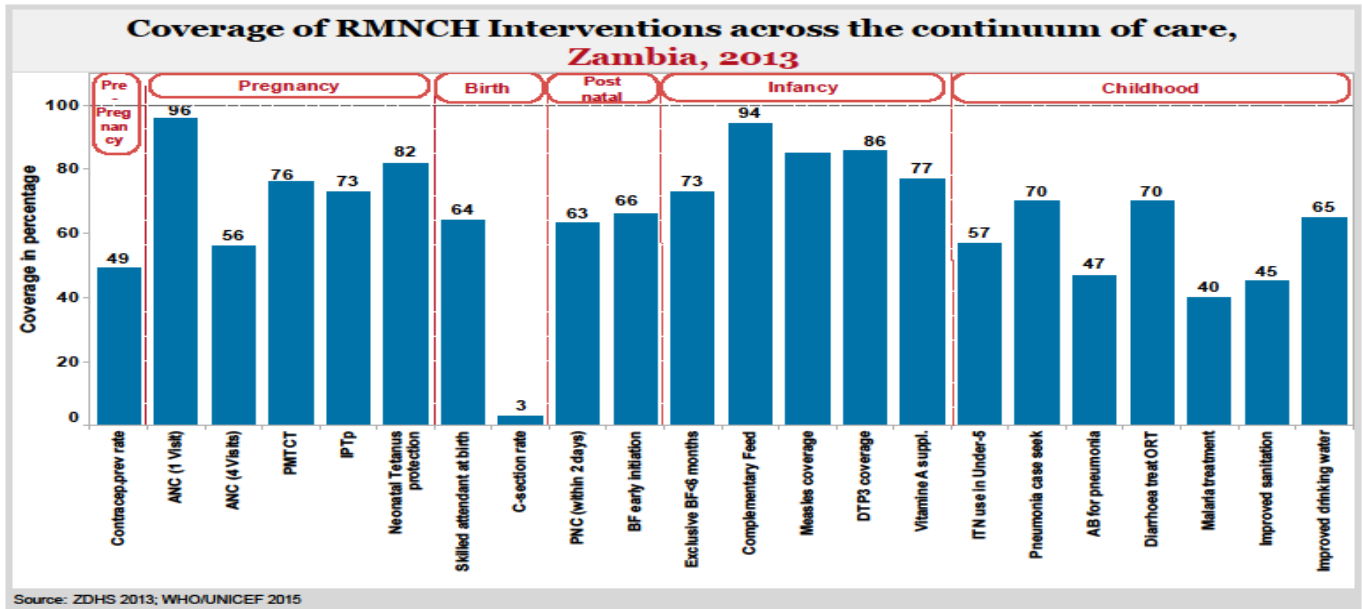
Malnutrition continues to pose a threat to the gains made in improving the health MDG impact indicators despite a reported decline in stunting and acute malnutrition. Of particular concern is the hidden hunger of moderate malnutrition and micronutrient deficiencies which contribute to cause morbidity and mortality.

Despite the existing challenges for Child and Adolescent health, positive developments were seen in 2015. The WHO Country Office facilitated national efforts to harmonize health worker training packages on Essential Newborn Care, adaptation and pre-testing of

relevant documents for national training of trainers. New Born Care guidelines were also disseminated to health workers during training in EmONC. Capacity building and further scaling up of IMCI was done in 2015 with 36 health workers acquiring skills to manage sick children using the IMCI algorithm.

With regard to adolescent health, WHO facilitated

Figure 12: Coverage of RMNCH interventions across the continuum of care in Zambia, 2013



Source: ZDHS 2013-2014

review, updating and dissemination of guidelines and standards. However, there remains inadequate focus and limited health interventions tailored for the adolescents. The major focus in addressing issues surrounding adolescent health, particularly early marriages and teenage pregnancy should be on improving links and working closely with reproductive and maternal health programmes, the education sector and the Ministry of Chiefs and traditional affairs.

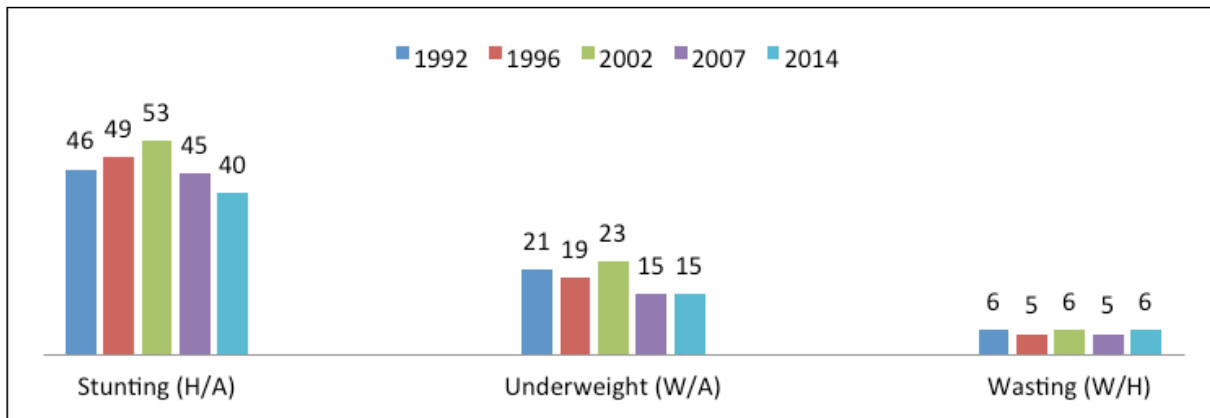
## Nutrition

Malnutrition continues to pose a threat to the gains made in improving child health. The ZDHS 2013/14 showed that the prevalence of stunting stood at 40% in 2014, representing a steady decline from 53% in 2002, while the prevalence of wasting was 6% and underweight 14.8% (figure 13). The ZDHS also showed a prevalence of 65.7%

Vitamin A deficiency and 53% iron deficiency anemia among children under the age of 5. Among women of child-bearing age, 21% had vitamin A deficiency while 13% had iron deficiency anemia.

WHO continued to support the nutrition sector on high level advocacy, policy, planning, monitoring and evaluation in order to assure impact on nutrition outcomes in the country. WHO supported the development of the multi-sector Monitoring and Evaluation Plan for tracking progress for the 1000 Most Critical Days Programme (MCDP). The Country Office sourced 410,000 USD to facilitate the inclusion of the height indicator in Growth Monitoring and Promotion (GMP) and the Health Management Information System (HMIS) institutional based surveillance. A total of four districts were supported to commence GMP and HMIS in 40 health facilities. WHO also facilitated training of trainers for 15 facilitators and 25

Figure 13: Trend (%) on nutritional status of children < 5 years in Zambia: 1992-2014



Source: ZDHS 1992, 1996, 2002, 2007 and 2013/14.

participants in growth assessment and infant feeding counselling to enable the National Food and Nutrition Commission (NFNC) develop a policy and planning brief for use in the development of the nutrition sector section of the 7<sup>th</sup> National Development Plan. A joint UN proposal for the National Food and Nutrition Commission was developed to ensure high level implementation of Policy and Planning, Monitoring and Evaluation and Coordination activities in nutrition. The development of the Monitoring and Evaluation plan will ensure coordination in monitoring of the 1000 Most Critical Days Program (MCDP) as well as tracking service delivery services and milestones supported by WHO.

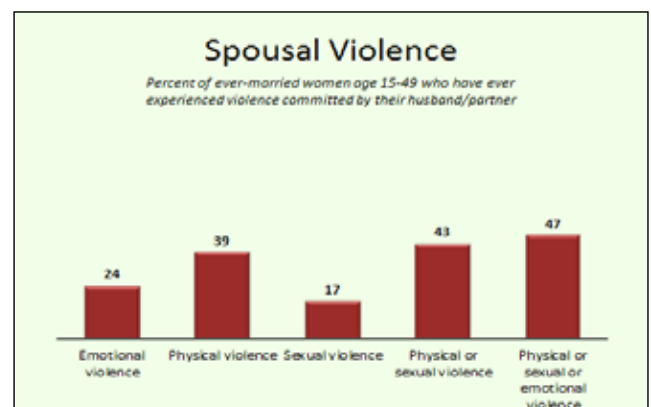
Other activities supported by WHO through the NFNC include: the design of a national micronutrients survey; the first level analysis of the 2014 demographic and health survey to identify the determinants of stunting in the Zambian population and analysis of nutrition policies in the Health Sector by the National Assembly Committee on Health, Community Development and Social Services.

## Gender and health

### Gender Based Violence

The Zambia Gender Based Violence (GBV) Status Report for 2014 shows that there were 11,914 GBV cases reported in 2011; 12,924 in 2012 and 14,097 in 2013. The Zambia Demographic and Health Survey (ZDHS) 2013-2014 showed that forty-three percent of ever married women aged 15-49 have experienced physical violence at least once since the age of 15, and 37 percent experienced physical violence within the 12 months prior to the survey. (see figure 14).

Figure 14: Spousal violence in Zambia.



Source: ZDHS 2013-2014



There is inadequate coordination in the multi-sectoral response to GBV and lack of a standard reporting system on GBV cases by health facilities. Advocacy for inclusion of sex disaggregated GBV indicators in the Health Management Information System is underway.

WHO provided technical assistance for the review of the health component of the national guidelines for the multidisciplinary management of GBV and the finalization of the health sector strategy on sexual and gender based violence. WHO was also involved in the following activities: the revision of the GRZ-UN Joint Programme on GBV; collection of the gender based violence baseline data from 8 districts in Lusaka province; training of 78 health personnel on planning and service delivery of GBV and development of a draft sexual and gender based violence data collection template for health facilities. In addition, financial support was provided to the Lusaka District Health Office to orient and train community leaders on GBV through the Bwafwano integrated health services, a community based health organisation which aims at sensitising the community on GBV. The interventions by the organisation enabled the community to access a wide range of legal and other support services to victims and survivors of GBV.

The 16 days of activism against GBV campaign was conducted under the theme "From peace in the home to peace in the world". WHO provided financial and technical support to the Ministry of Community Development, Mother and Child Health for sensitization programmes on the effects of GBV and training of 30 Traditional Marriage Counselors and 20 men as champions of GBV.

## Health Promotion

The focus of WHO in health promotion remained that of strengthening behavior change strategies and fostering the mobilisation, engagement, participation and empowerment of individuals and communities for better health. The high burden of diseases in the country demands healthy policies, guidelines and standards to guide implementation of health promotion. Addressing the Social Determinants of Health (SDH), and implementing the Health in All policies (HiAp) approach remain a challenge at country level.

WHO in collaboration with UNICEF supported the development and implementation of communication plans for the CIDA H4+ Initiative in Chadiza, Chama, Kalabo Lukulu and Serenje districts in Zambia. WHO also participated in the joint quarterly monitoring and reporting of the activities of the initiative. The Ebola communication strategy and IEC materials for travelers, Health workers and the general public were developed in view of the outbreak in West Africa. The WHO Country Office and WHO/IST/ESA supported the Ministry of Community Development, Mother and Child Health to elaborate a strategy for supporting second year of life vaccination/health visit in Zambia, which included a social mobilization component. Equally, WHO worked with other partners in developing the social mobilization strategy for IPV introduction in the immunization schedule planned for 2016.

Zambia commemorated health days and health campaigns across all the priority programmes. The commemorations supported by WHO are listed in annex 3.





*MOH and WHO officials conducting health education on Meningitis in schools in Kabompo district.*

In order to build capacity for health promotion planning and implementation at district level, the Ministry of Community Development, Mother and Child Health continued orienting health promotion officers using the national guidelines. The orientation included risk factors for NCDs, Social Determinants of Health (SDH) and Health in All Policies (HiAp). The focus for 2016 will be to update the guidelines to include the NCDs, SDH and HiAp while reflecting the Sustainable Development Goals and national priorities. The national health promotion technical committee continued providing guidance on health promotion.

The WHO Country Office electronic newsletter was enhanced through the introduction of the News weaver software with an expanded mailing list. The WHO/Zambia AFRO Website continued to be updated with new developments at country level. Local media were also engaged in health through maintaining a media mailing list. Journalists from various media institutions participated in various meetings organized by WHO. Reports were carried in the media about the work of WHO. WHO continued to be represented on the United Nations Communication Group and in participating in the implementation of the joint United Nations Communication Plan.

## HIV and AIDS

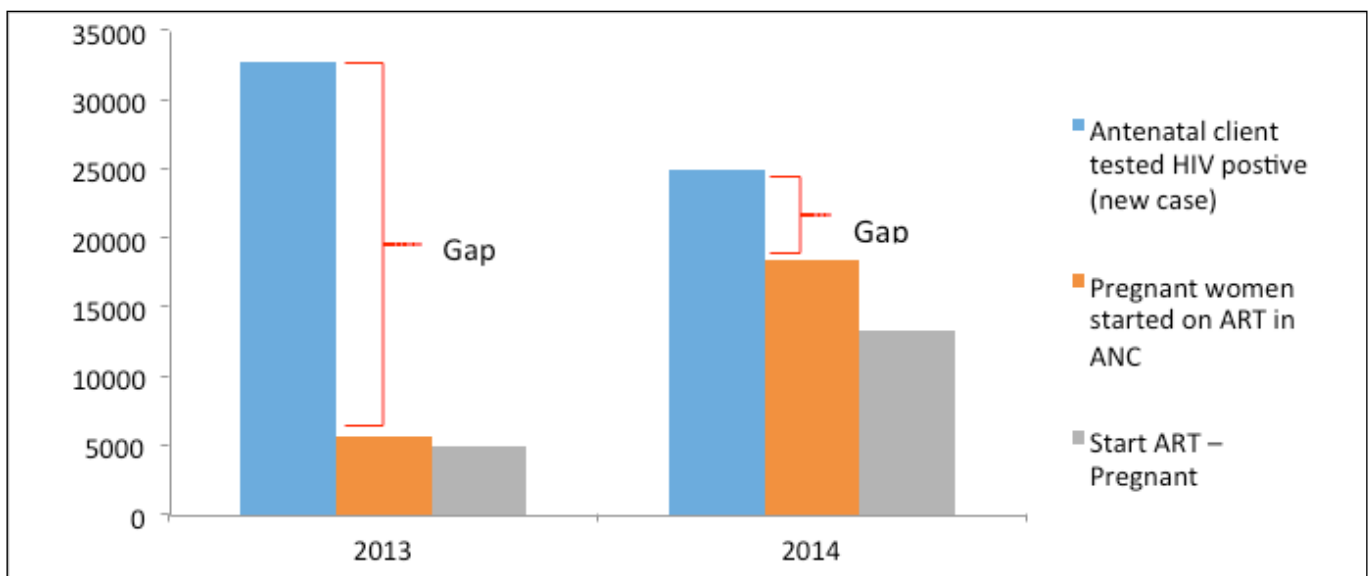
The national HIV prevalence is 13.3%. HIV prevalence in pregnant women remains high at 16% and ninety five percent (95%) of pregnant women tested for HIV with a PMTCT coverage of 86% as of December 2014.

The WHO Country Office with support from the WHO Regional Office provided leadership and technical assistance to develop the national roadmap for accelerating HIV prevention among adolescents and accelerating paediatric treatment for children and adolescents. The roadmap is inclusive of strategies for accelerating the Children’s HIV/AIDS Treatment (ACT) Initiative. In order to enhance national capacity in provision of antiretroviral therapy, WHO provided technical support to conduct the 2015 paediatric and adolescent HIV care programme annual conference. The conference resolved to focus on the ACT Initiative aimed at increasing the number of children on antiretroviral treatment (ART)

from 46,675 in mid-2015 to 91,665 by the end of 2016. WHO also provided technical support for the development of training protocols and standard operating procedures for management of children living with HIV.

The National AIDS Council and the Ministry of Health were supported to develop the national HIV epidemic estimates and projections up to 2020 for national and sub-national levels. The WHO Country Office also supported the capacity building of the subnational levels on SPECTRUM software and validation of service delivery information to enable the generation of more accurate estimates for the HIV/AIDS needs. Other activities supported by WHO include the development of an integrated prevention of Mother-to-Child Transmission of HIV scale-up plan for 2016 to 2017; provision of technical support for the 2015 Global AIDS Response Progress Reporting (GARPR) for HIV indicators; the development of HIV/AIDS results framework (Outcomes and indicators)

Figure 15: Gaps in option B+, Zambia



Source: ZDHS 2013-2014



*The First Lady of the Republic of Zambia, Mrs Esther Lungu, witnessing the flag off of the World AIDS Day commemoration by the Provincial Minister Hon. Nathaniel Mubukwanu in Livingstone*

for the new UN support to government which covers support to UN initiatives, introduction of spectrum to provinces, conducting eMTCT evaluation, conducting AIDS indicator survey and agreement for conducting joint monitoring missions before annual reviews.

## Malaria

Malaria is endemic throughout Zambia. The country continued to report seasonal and geographical differences and diverse transmission intensity. Although the country continued to record reduction in malaria related deaths, malaria incidence increased from 227 cases per 1000 population in 2013

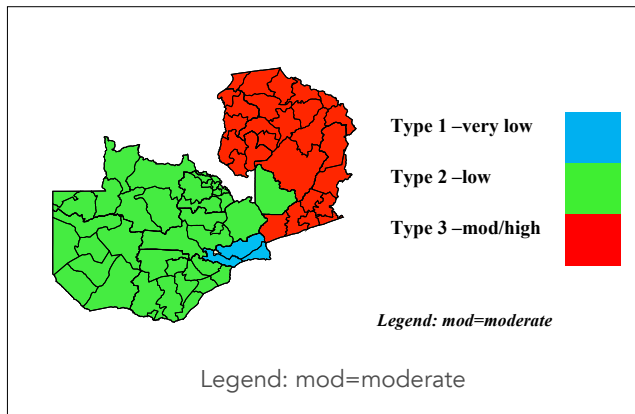
to 395 per 1000 in 2014.

In line with its normative role, WHO supported monitoring of malaria trends, stratification and development of guidelines and policies.

### Monitoring disease trends

WHO supported the planning, implementation, monitoring and reporting of the Malaria Indicator Survey 2015. The results showed improved intervention coverage particularly for ITNs, Indoor Residual Spraying (IRS) and Intermittent Preventive Treatment in pregnancy (IPTp). The malaria survey data was augmented by the Health Management

Figure 16: Malaria transmission zones in Zambia, 2014



Source: *Malaria Strategic Plan, Zambia, MOH, 2014*

Information System (HMIS). In 2015, ITN household ownership of at least one ITN was 77%, with use in under five children at 59% compared with 50% in 2010.

### Guidelines

WHO/headquarters, WHO/AFRO and the WHO Country Office collaborated with the national malaria programmes to develop operational guidelines for malaria annual programme review and the development of national malaria strategic plans. In addition, WHO collaborated with the United States President's Malaria Initiatives (PMI) to develop the national malaria operational plan for 2015/2016.

### Improving availability of commodities

WHO in collaboration with MOH and partners developed an evidence-based programmatic and financial gap analysis for key interventions particularly ITNs, Indoor Residual Spraying, Rapid Diagnostics Tests, and antimalarial medicines and programme management. The gap analysis was used in a successful application to the Global Fund for

the new funding mechanism covering 2015-2017.

### Managing Insecticide Resistance

Insecticide resistance poses a challenge for effective vector control in the face of limited insecticide options for use in IRS. In this regard, WHO supported MOH to monitor insecticide resistance (IR) in the country's sentinel sites. A consultative meeting for experts from local and international research institutions which included the United States President's Malaria Initiative, Malaria Institute at Macha, AIRS, Mining companies, the Tropical Diseases Research Centre was convened to review the data collected from the sentinel sites. This technical advisory committee developed an insecticide resistance management plan which recommended the use of organophosphate, Pirimiphos-methyl for IRS in the 2016 spraying campaign.

### Research and Innovation

WHO facilitated vector bionomics and compressive analysis of the efficacy of the major classes of insecticides used for IRS. The review showed efficacy of the insecticide Pirimiphos-methyl against the major malaria vectors in Zambia and showed evidence of possible restoration of effectiveness of pyrethroids in some areas of the country. Furthermore, the data showed that DDT was effective against the widespread *Anopheles funestus* in all areas except the one in the Eastern province (Katete).

### Partnerships, advocacy and resource mobilisation

The World Malaria Day (WMD) 2015 was commemorated in Livingstone and

Kazungula districts in Southern province under the theme “Invest in the future, defeat Malaria” and the slogan “Building Strong Partnerships to Eliminate Malaria.” Among the institutions which participated in the commemoration were government ministries and departments, the Bill and Melinda Gates Foundation, the US Presidents Malaria Initiative, local communities, NGOs, the media, the WHO Country Office and the WHO Global Malaria Programme (GMP). WHO facilitated round table discussions to review malaria elimination strategies, innovations and progress towards targets. In 2015, WHO facilitated MOH’s efforts to leverage the Transition Funding Mechanisms by the Global Funds on malaria and the Germany cooperation funds on Climate change to study possible association between Climate Change and selected diseases such as malaria and diarrhoea.

## Tuberculosis

The national TB prevalence survey which was conducted between 2013 and 2014 established a TB prevalence of 638 per 100,000 population for bacteriologically confirmed TB cases. These results show that TB prevalence is much higher than the WHO estimate of 338 per 100,000 population for the same period. There are wide geographical variations with Copperbelt province recording the highest prevalence of 1,211 per 100,000 population. A recent epidemiological review and impact assessment showed that TB mortality decreased from 63 to 28 per 100,000 populations between 1990 and 2012. Case notification rates (for all forms of TB) per 100,000 population show a declining trend from 380 in 2009 to 284 in 2014. Children aged 0-14 years contribute about 8% of all



*The World TB Day was commemorated in Zambia: members of the public at the event*



cases notified. HIV testing rates among TB patients was reported to be 93% in 2014 with a high co-infection rate of 61%. Among those co-infected, 91% and 73% were initiated on Co-trimoxazole and ART respectively. The treatment success rate is 88% for the new smear positive cohort notified in 2014.

The WHO Country Office provided both financial and technical support to the National TB Programme (NTP) to update TB strategic documents, conduct training and to commemorate the World TB Day. One of the major challenges is limited funding to support the NTP following the end of the TBCARE I project in 2014. The quality and quantity of services delivered by WHO is determined not only by the technical inputs but also by the financial support provided to national authorities and partners. Efforts to mobilize in-country resources may not always bear fruit especially with so many competitors in the health care delivery.

The MCDMCH received technical support from WHO to finalise the development of a stand-alone national childhood TB guideline in line with the WHO AFRO framework. In addition, TB/HIV training materials were updated to incorporate new developments in diagnosis and management. New modules on programmatic management of drug resistant TB (PMDT) and childhood TB were added to the training package. An orientation on the updated TB/HIV training modules was provided to provincial TB officers and other key staff.

The NTP received financial and technical support from the WHO Country Office for the commemoration of World TB Day (WTBD) which was held on 24 March 2015 in Mongu, Western Province under the theme "Reach the 3 million". The WTBD campaign was used to sensitize the public and health workers about the need to reach, treat and cure everyone with TB. The statement of the WHO Regional Director for Africa echoed this message and was circulated widely in the country.

# CHAPTER 3:

## Administration and Finance

### Human Resources

The WHO staff establishment in Zambia consists of a total of 39 staff composed of National Professional Officers and administrative staff. The WHO Country Representative is an international staff. There are 23 programme staff and 11 administrative staff from the Country Support Unit (CSU).

### Information Technology and Communication

The country maintained its website at <http://www.afro.who.int/en/zambia/who-country-office-zambia.html> and <http://www.who.int/countries/zmb/en/>. Zambia made

great strides in Information Technology (IT). Improvements included upgrades of equipment and migrations in March 2015, from the Alcatel telephone system to Cisco Unified Communications Management (CUCM) system which has vital features such as unified services in voice, video, messaging, mobility and web conferencing. This system provides a single unified communications infrastructure to help staff to communicate effectively wherever they are on any device and the system bandwidth on the backup link from the local internet service provider was increased to achieve faster connectivity, performance and video streaming. In



*WHO Staff at the retreat*



In addition, the office replaced the old Security Gateway with new hardware and requested Airbus Group the providers of VSAT services to perform a technology upgrade of the VSAT network to the next generation Terralink platform. The new system allows more flexibility for line trainings and meetings and has improved performance for connectivity services for VSAT, the main internet link for WHO traffic.

### Programme Budget

WHO globally implements a two year budget cycle. WHO's financial contribution to the health sector decreased from US\$12,519,159 in the 2012-13 biennium to 9,807,187 in the 2014-15 biennium. The total amount that was spent was US\$9,500,585, representing an implementation rate of 97%.

### Direct Financial Contribution (DFC)

Direct Financial Contribution represents funds that are disbursed to cover the cost of implementation of activities in the technical cooperation programme between WHO and the Government of the Republic of Zambia. In 2015, most of the DFC transactions were for the Ministry of Health and the Ministry of Community Development Mother and Child Health and a limited number went to other suppliers. A total of 405,625 USD was disbursed to the government of the Republic of Zambia as DFCs.

### WHO Golden Jubilee

The World Health Organization has been in Zambia since 6th January 1965. Thus, the year 2015 marked the 50<sup>th</sup> anniversary of WHO's presence in Zambia. The golden jubilee

celebration highlighted WHO's achievements and its commitment to continued support to government in its efforts of improving the health of the Zambian people. The Regional Director of WHO for the African Region, Dr. Matshiditso Moeti was part of the Jubilee celebrations. During her official visit she met with the Head of State, His Excellency, Edgar Chagwa Lungu and other senior government officials. The Regional Director indicated that the country was making good progress towards achieving MDG targets related to HIV and AIDs and commended government for the increased investment in health infrastructure which she said would improve service delivery especially for maternal and child services.

### Transport

The WHO Country Office maintained 11 vehicles and made significant efforts to manage the vehicles efficiently.

### Major Coordination Meetings

- General staff meetings were held on a monthly basis;
- The WHO Representative is a board member of the Tropical Diseases Research Centre (TDRC) and attended meetings held at TDRC in Ndola, Copperbelt Province;
- The WHO Representative attended Heads of UN Agencies monthly meetings and
- The Country Office was also represented at MOH policy meetings, Partner's meetings and the Health Advisory Group meetings which were held twice a year to support





*(Right) L-R The WHO Representative, Dr. Joseph Mufunda, Foreign Affairs Minister, Hon. Harry Kalaba and the WHO Regional Director for the African Region, Dr. Matshidiso Moeti during her official visit to Zambia*

government ownership and leadership for the implementation of the National Health Sector Plans and to coordinate national policy dialogue and technical support on strategic issues.

### **Staff Retreat**

The WHO Country Office organized a retreat for all staff within the auspices of the Staff Association from 4<sup>th</sup> – 8<sup>th</sup> August 2015 at Sky View Lodge, Siavonga in Southern Province. A facilitator from WHO/AFRO and the WHO Representative for Tanzania joined the team to support the discussions on key issues such



# CHAPTER 4:

## Lessons learnt, challenges and recommendations

as the WHO/AFRO Transformation Agenda, human resources issues and total quality management. The retreat sought to renew the spirit of the office in its collective effort to move WHO's agenda in Zambia more effectively and efficiently.

### Lessons Learnt

1. The end of the MDG era at the close of 2015 and the fact that most of the health related MDG targets were not met points to the need for further strengthening of health systems in order to remove barriers which can limit the achievement of the national health targets and other regional and global goals.
2. Delivering as One UN showed many advantages and synergies that could be maximized and harnessed in terms of complementing resources. An enhanced partnership involving bilateral and multilateral cooperating partners and NGOs offered several benefits. For example, the partnership between WHO, UNICEF and USAID on Schistosomiasis control and trachoma mapping enabled pooling of technical expertise and funding for programme implementation. Equally, the joint efforts in implementing of the Canada, UN H4+ Initiative by MOH, UNFPA, UNICEF and WHO led to efficient use of funding, stronger collaboration and improved outputs in line with expected results.
3. Lessons from the Ebola outbreak of 2014-2015 in West Africa call for better preparedness at all levels for a more effective response in any outbreak. Good communication, involving communities and strengthening surveillance systems are important lessons for other countries including Zambia.
4. Advocacy for integrated delivery of health services helped to mobilize funds for various programmes by WHO both internally and externally. therefore, should be done on a continuous basis.
5. Sharing information on effective actions for health financing and social protection in the country has proved valuable in developing strategies for attaining universal coverage.
6. The continued reliance on user fees by some health facilities means that there is still considerable inequality which threatens exclusion of some vulnerable populations.
7. Availability of seed funding and technical support from WHO is critical and facilitated the initiation and continuation of existing programmes.

8. While at global level advocacy results into increased awareness and generated new levels of consensus on key issues, the translation of global and regional commitments into concrete actions lags behind at country level for some areas.

## Challenges

1. The critical shortage of health workers remains a major challenge and constraining factor for the health system at all levels. Reproductive, Maternal, Newborn, Child and Adolescent Health are among those services mostly affected.
2. The lack of a comprehensive human resource information system also poses a major challenge to Human Resources for Health (HRH) management.
3. Limited financing adversely affects actions at district, provincial and national levels. This also negatively affects efforts aimed at achieving universal intervention coverage.
4. Limited resources and capacities to address communicable diseases and diseases of pandemic/epidemic nature.
5. Delayed release of funds including voluntary funds to implement the planned activities and budget ceilings also constrained implementation.
6. Competing priorities at all levels also negatively impacted on timely implementation of activities.

## Recommendations

1. Following the end of the MDGs era and the ushering in of the Sustainable Development Goals in October 2015, WHO's agenda at the country level in support of the National Health Strategic Plan will be reflective of the SDGs. The 2016-2017 biennial action plan and the Country Cooperation Strategy will also embrace the SDGs agenda.
2. Disease outbreaks continue to occur in different parts of the country and in neighboring countries. The need for strengthening surveillance and preparedness and response actions at all levels is critical.
3. WHO will continue to promote collaboration and involvement of all stakeholders in policy dialogue and formulation and work with MOH to enhance collaboration among health sector Cooperating Partners (CPs) and to foster synergism that will avoid duplication of efforts. For example, there is need to sensitize key stakeholder in policy formulation if optimal results are to be attained in the pharmaceutical sector as was evidenced during the review and updating of the Essential Medicine List.
4. It is important to maintain and establish partnerships with a range of stakeholders that have interest in ethics, equity, trade and social determinants of health, human rights and health legislation in order to address various aspects of health issues holistically.
5. Sustainable financing is needed to



facilitate policy development and implementation of recommendations at country level.

6. WHO should be prepared to strengthen its own human resource base and capacities to respond to requests for programme support appropriately. Continuous consultation with the regional office is needed for harmonization of various activities.
7. The high disease burden in the country and emerging issues necessitate constant review of disease trends and updating of health workers' knowledge. There is a high cost for carrying out nationwide surveys. WHO will therefore continue to support Country-wide STEPwise Approach surveillance on major risk factors for NCDs, Malaria Indicator survey, TB Prevalance survey, Tobacco surveys and others across priority programmes in order to provide baseline data for planning, implementation and monitoring.
8. In order to strengthen the health system, WHO will strive to ensure timely response to requests for support, particularly for capacity building in policy, strategy development and programme implementation at national, provincial and district levels.

# Annex section

## Annex 1: WHO Country office Zambia staff list as at 31 December 2015

No	NAME	TITLE
<b>A</b>	<b>COUNTRY REPRESENTATIVE</b>	
1	WHO Representative	Dr Jacob Mufunda
<b>B</b>	<b>COUNTRY SUPPORT UNIT</b>	
2	Operations Officer	Mr Mbaulo Musumali
3	WR Admin Assistant	Ms Flovian Chituta
4	Budget and Finance Assistant	Ms Annie Sikazwe
5	Budget and Finance Clerk	Ms Rosemary Chabala
6	Procurement & Travel Assistant	Ms Mutembo Siboonde
7	ICT Assistant	Ms. Jessie K. Chime
8	Human Resource Clerk	Ms Charity Sipangule
<b>C</b>	<b>PROGRAMME OFFICERS</b>	
9	National Professional Officer – Disease Prevention and Control	Dr Peter Songolo
10	National Professional Officer – Tuberculosis	Dr Mwendaweli Mabushe
11	National Professional Officer – Health Promotion	Ms Nora Mweemba
12	National Professional Officer – Malaria	Dr Freddie Masaninga
13	National Professional Officer – Making Pregnancy Safer	Dr Sarai Malumo
14	National Professional Officer – EPI Logistician	Mr Abrahams Mwanamwenge
15	National Professional Officer – HIV and AIDS	Dr Lastone Chitembo
16	National Professional Officer – Managerial Process for health development Networks	Mr Solomon Kagulula
17	National Professional Officer- Routine Immunisation	Dr Penelope Kalesha Masumbu
18	National Professional Officer- Child and Adolescent Health	Dr Mary Katepa Bwalya
19	National Professional Officer – Essential Drugs and Medicines	Mr Billy Mweetwa
20	National Professional Officer – Nutrition	Ms Chipso Mwela
21	National Surveillance Officer (Southern & Western regions)	Mrs Anne Mtonga
22	National Surveillance Officer (Northern and Luapula regions)	Mrs Patricia Mwambi
23	National Surveillance Officer (Copperbelt, Northwest and Central regions)	Dr Rufaro Chirambo
24	National Surveillance Officer (Lusaka and Eastern regions)	Mr Belem Matapo
25	Laboratory Scientist	Mrs Idah Ndumba
26	Laboratory Scientist	Mrs Mazyanga Liwewe



27	National Professional Officer- Gender	Ms Taonga Rita Nacidze
<b>D</b>	<b>PROGRAMME SUPPORT STAFF</b>	
28	EPI Secretary	Mrs Annie Zulu
29	EPI Data Clerk	Ms Edna Banda
30	Driver	Mr. Ignatius Tembo
31	Driver	Mr. Mike Njeleshi
32	Senior Driver	Mr. Worried Mwansa
33	Driver	Mr. Mufalo Situmbeko
34	Driver	Mr. Stanley C. Simposya
35	EPI Driver	Mr Chipego Chiputa
36	EPI NSO Driver	Mr Bernard Samake
37	EPI NSO Driver	Mr Swarty Hichimi
38	EPI NSO Driver	Mr George Sinkamba
39	Secretary	Ms Mwiche Nachizya
40	Office Clerk	Mr Jerry Katobemo

## ANNEX 2a: Selected Technical Mission to Zambia 2015

Date	Objectives/Purpose of the Mission	Name(s) of Traveller(s)
<b>23 March - 1 April</b>	Technical support for the World Health Organization (WHO) Dual Testing for Elimination of mother to child transmission of Congenital Syphilis and HIV project in Zambia	Ms Laverty Maura WHO consultant
<b>26 March - 2 April</b>	Documentation of Best Practices (IBP) in Family Planning in Zambia	Suzanne Marleen REIER Technical Officer May, Ados
<b>22-24 April</b>	To provide technical support for the Multi-Sector Nutrition Retreat.	Dr Adelheid Onyango Werimo, Nutrition Advisor, AFRO
<b>20-25 April</b>	To support social mobilization for the African Vaccination Week.	Ms Zorodzai Machekanyanga, Social Mobilisation Officer, WHO/ AFRO, IST/ESA
<b>18 - 19 May</b>	Programme Implementation Management (PIM) Tool Training and monitoring of Chadiza District GRZ H4+ Canada MNCH Initiative	Hemant Dwivedi Jean-Pierre Monet, UNFPA HQ
<b>22 June - 03 July</b>	Orientation of Health personnel on Growth Assessment and Infant Feeding Counseling.	Mr Admire Chinjekure National Professional Officer – Nutrition, WHO, Zimbabwe Country Office
<b>5 - 8 June</b>	To Support communication activities for the Regional Director's Official visit to Zambia.	Ms Zorodzai Machekanyanga, Social Mobilisation Officer, WHO/ AFRO, IST/ESA
<b>19 August - 5 September</b>	Technical Assistant in the Development of the Monitoring and Evaluation Plan for the 1000 Most Critical Days Program	Mr. Hilary Kipruto National Professional Officer M&E – Kenya Country Office
<b>28 September - 12 October</b>	To analyze the storage, distribution and quality of Oxytocin Injection through the Medical Stores Limited supply chain system as part of support to RMCH Trust Project	Laroche Sophie, Technical Officer, HQ/HIS/EMP/PUA
<b>12 - 16 October</b>	RMNCAH Partnership Board meeting	Dr Flavia Bustreo Dr Anshu Banerjee WHO HQ
<b>17 - 23 October</b>	Costing of the Ministry of Health National Cervical Cancer Strategic Plan	Dr Eric G. Bing Dr. Ann Levin Dr. Dele Abegunde
<b>16- 19 November</b>	To support development of a social mobilization strategy for the Second Year of Life Initiative (2YL).	Ms Zorodzai Machekanyanga, Social Mobilisation Officer, WHO/ AFRO, IST/ESA

## ANNEX 2b: Selected Technical Missions by WCO to other countries 2015

Date	Country visited	Objectives/Purpose	Name(s) of Traveller(s)
<b>10 April - 26 May</b>	Liberia	To support Social mobilization activities for the Ebola Virus disease response.	Nora Mweemba, NPO/Health Promotion
<b>10 April - May 15</b>	Liberia	Administrative support for the Ebola Virus disease response.	Mrs Charity Sipangule
<b>3 May - 2 October 2015</b>	Zimbabwe, WHO/AFRO/IST/ESA	Provided support in various areas of TB control implementation such as PMDT, Prevalence surveys and DOTS to countries in ESA	Dr. Mwendaweli Maboshe, NPO/ Tuberculosis
<b>11 - 17 April 2015</b>	Brazzaville, Congo	Experts meeting to finalize the cervical cancer prevention and treatment toolkits	Dr. Sarai Malumo, NPO, Making Pregnancy Safer
<b>15 - 19 June 2015</b>	Addis Ababa, Ethiopia	Sub-Regional Implementing Best Practices (IBP) Meeting	Dr. Sarai Malumo, NPO, Making Pregnancy Safer
<b>26 - 30 October 2015</b>	Addis Ababa, Ethiopia	Workshop on operationalizing the Global Strategy for Women's Children's & Adolescent Health - Best Practices and Lessons Learnt from the RMNCH Scorecard & the RMNCH Fund	Dr. Sarai Malumo, NPO, Making Pregnancy Safer
<b>18 -31 December 2015</b>	Dar-as-Salaam, Tanzania	To support social mobilization for the Cholera outbreak	N. Mweemba, NPO Health Promotion



## ANNEX 3: World Health Days and health campaigns in 2015

<b>Dates</b>	<b>Health Day/Campaign</b>	<b>Theme</b>
<b>4 February</b>	World Cancer Day	<i>"Not Beyond Us"</i>
<b>27 March</b>	World TB day	<i>"Reach, Treat, Cure Everyone"</i>
<b>7 April</b>	World Health Day	<i>"Food Safety - from the farm to the plate make food safe"</i>
<b>25 April</b>	World Malaria Day	<i>"Invest in the future: Defeat malaria"</i>
<b>24 - 30 April</b>	African Vaccination Week	<i>"Vaccination, a gift for life".</i>
<b>25 - 31 May 2015</b>	Safe Motherhood week	<i>"Woman's dignity begins when fistula ends"</i>
<b>4 June</b>	World Blood Donor Day	<i>"Thank you for saving my life".</i>
<b>11 - 13 June</b>	Pharmacy Awareness Week, led by Pharmaceutical Society of Zambia	<i>"Diversifying the role of pharmacy in improving health care system"</i>
<b>31 August</b>	African Traditional Medicine Day	<i>"Regulation of Traditional Health Practitioners in the WHO African Region"</i>
<b>Second and last quarter of the year</b>	Child Health Week	<i>Immunisation, Vitamin A supplementation, Growth monitoring, deworming, malaria control, etc.</i>
<b>1 - 7 August</b>	World Breastfeeding Week	<i>"Breastfeeding and work – Lets make it work"</i>
<b>25 November - 10 December 2015</b>	16 days of activism against GBV	<i>"From peace in the home to peace in the world. Making Education safe for all".</i>
<b>1 December</b>	World Aids Day	<i>"Zambia's future, Getting to Zero New HIV Infections."</i>





**The enjoyment of the highest attainable  
standard of health is one of the fundamental rights of every human  
being without distinction of race, religion, political belief, economic  
or social condition.**

**Preamble to the WHO Constitution**



**World Health  
Organization**

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who-country-office-zambia.html](http://www.afro.who.int/en/zambia/who-country-office-zambia.html)